The Effects of EFT on Long-Term Psychological Symptoms

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Abstract
Previous research (Salas, 2000; Wells, et al., 2003), theoretical writings (Arenson, 2001, Callahan, 1985, Durlacher, 1994, Flint, 1999, Gallo, 2002, Hover-Kramer, 2002, Lake & Wells, 2003, Lambrou & Pratt, 2000, and Rowe, 2003), and many case reports (www.emofree.com) have suggested that energy psychology is an effective psychotherapy treatment that improves psychological functioning. The purpose of the present study was to measure any changes in psychological functioning that might result from participation in an experiential Emotional Freedom Techniques™ (EFT) workshop and to examine the long-term effects. Using a time-series, within-subjects repeated measures design, 102 participants were tested with a short-form of the SCL-90-R (SA-45) 1 month before, at the beginning of the workshop, at the end of the workshop, 1 month after the workshop, and 6 months after the workshop. There was a statistically significant decrease ($p < .0005$) in all measures of psychological distress as measured by the SA-45 from pre-workshop to post-workshop which held up at the 6 month follow-up.

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Energy psychology is the application of the principles of acupuncture (without needles) to psychological issues (Gallo, 1999, p. xi; Gallo & Vincenzi, 2000, p. 3.). Various theoretical writings and treatment manuals have suggested that energy psychology is a potent treatment for numerous psychological problems. See Arenson, 2001, Callahan, 1985, Durlacher, 1994, Flint, 1999, Gallo, 2002, Hover-Kramer, 2002, Lake & Wells, 2003, Lambrou & Pratt, 2000, and Rowe, 2003. Several studies and hundreds of case reports (see www.emofree.com) have supported the efficacy of energy psychology treatments.

Salas (2001) compared a form of energy psychology, EFT (Craig & Fowlie, 1995), to a rational placebo, abdominal breathing, in treating various specific phobias such as fear of heights, snakes, spiders, roaches, and needles. In her study, she administered both the active treatment (EFT) and the placebo treatment (abdominal breathing) in turn to each subject, randomly alternating which treatment went first. This was a well-designed within-subjects, balanced cross-over design. She found a highly significant difference between the two treatments supporting the efficacy of EFT in the treatment of specific phobias.

In a similar well-designed study, Wells, et al. (2003) examined the effectiveness of EFT and abdominal breathing in the treatment of animal phobias. They randomly assigned phobic participants to one of two treatment groups – EFT or abdominal breathing. The results indicated that a 30 minute EFT treatment produced significantly greater improvement than placebo and the improvement was maintained for six to nine months.

As reported in *Energy Psychology Interactive: Rapid Interventions for Lasting Change* (Feinstein, 2004), Joaquin Andrade conducted an energy psychology research program in South America involving 11 treatment centers over a 14-year period. In one of these studies, 5000 patients were randomly assigned to an energy psychology treatment or a standard cognitive-behavioral therapy treatment (CBT) combined with medication. The energy psychology treatments were found to be superior to the CBT/medication treatments. The length of the energy psychology treatment was also significantly shorter than the CBT/medication treatment.

Swingle, Pulos, and Swingle (2000) reported the results of two treatments of EFT for PTSD symptoms. They found significant positive changes in brain waves and stress symptoms at a 3 month follow-up. In another study, Swingle (2000) treated children diagnosed with epilepsy with EFT. After two weeks of daily in-home EFT treatment, Swingle found significant reductions in seizures and improvement in the EEG.

The present study examined the long-term effects of group EFT treatments on psychological symptoms. The hypothesis was that there would be a decrease in psychological symptoms after group EFT treatment.

Method

Participants

Participants were recruited from a list of registrants for an advanced EFT workshop (Borrowing Benefits) conducted by Gary Craig in Flagstaff, AZ, in May 2003. There were five testing periods: one month before the workshop (Pre 1 Month), at the beginning of the workshop (Pretest), at the end of the workshop (Posttest), one month after the workshop (Post 1 Month), and six months after the workshop (Post 6 Months). Table 1 shows the number of participants at each testing stage and their characteristics.

Table 1 Sample Demographics

	Testing Period					
	Pre 1 Month	Pretest	Posttest	Post 1 Month	Post 6 Months	All 5 Periods
No. of Participants	144	259	247	206	177	102
Male	38	66	65	52	45	26
Female	106	193	182	154	132	76
Mean Age	53.04	54.61	54.9	54.1	53.8	53.9
Age Std Dev	9.0	8.8	8.9	8.7	9.2	8.8
Age Range	28 - 73	28 - 78	28 – 78	32 - 78	28 - 78	32 - 73

Research Design

This study used a convenience sample of attendees at Gary Craig's Borrowing Benefits Workshop. The workshop involved frequent group EFT self-treatment (Craig & Fowlie, 1995) by workshop participants throughout the three-day workshop. The three days of EFT self-treatment by the participants was considered the intervention. Two baseline measures were taken, one 30 days before the workshop (Pre 1 Month) and one at the beginning of the workshop (Pretest). Post-treatment measures were taken at the end of the workshop (Posttest). Two follow-up measures were taken, one 30 days after the workshop (Post 1 Month), and another 6 months after the workshop (Post 6 Months). The resulting study was a time-series, within-subjects repeated measures design.

Measures

Demographic data were collected via an ad hoc form. Psychological symptoms were measured with the Symptom Assessment-45 (SA-45). The SA-45, a 45 item self-report inventory, is a short form of the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1993). The SA-45 measures a person's psychological distress over the past week. Each item is rated by the participant on a 5 point Likert-type scale ranging "from not at all" (0), to "extremely" (4). The SA-45 has two global scales, Global Severity Index (GSI) and Positive Symptom Total (PST) and nine primary symptom dimensions ranging from anxiety to psychoticism. The Table 2 defines the scales.

Table 2

SA-45 Scales		
	Scale Name	**Description**
ANX	Anxiety	Nervousness, tension, panic, apprehension
DEP	Depression	Feeling down, hopeless, lonely, worthless, loss of interest in life
OC	Obsessive-Compulsive	Unwanted, but irresistible, thoughts, impulses, actions
SOM	Somatization	Distressful perceptions of bodily dysfunctions, bodily equivalents of anxiety.
PHO	Phobic Anxiety	Irrational fear of specific person, place, object, or situation. Similar to agoraphobia.
HOS	Hostility	Aggression, irritability, rage, resentment.
INT	Interpersonal Sensitivity	Feeling inferior, self-conscious.
PAR	Paranoid Ideation	Suspicious of others.
PSY	Psychoticism	Disordered thought, hallucinations, belief in thought control.
GSI	Global Severity Index	Measure of overall psychological distress.
PST	Positive Symptom Total	Measure of the breadth of symptoms regardless of intensity.

Procedure

Participants were tested one month before the workshop (Pre 1 Month) via the internet. They completed consent forms, demographic forms, and an electronic version of the SA-45. At the beginning of the workshop (Pretest), all workshop attendees had the opportunity to volunteer to participate in the study. The SA-45 paper and pencil form was completed by all research participants and consent forms and demographic forms were completed by participants who had not participated in the Pre 1 Month data collection. At the end of the workshop (Posttest), all research participants were asked to complete the print version of the SA-45 again. After one month (Post 1 Month), research participants were asked to complete the electronic version of the SA-45 via internet. After six months (Post 6 Months), research participants were asked to complete the electronic version of the SA-45 via internet.

Treatment

Gary Craig taught the three-day workshop by lecturing and demonstrating advanced EFT techniques with volunteers from the audience in a format he calls “Borrowing Benefits” (Craig, 2004). As Craig worked with a volunteer on stage, the audience members self-treated on their own issues. Most audience members treated a number of issues during the 3 days.

Statistical Analyses

Since 11 psychological dimensions were measured for five time periods for each participant, a repeated measures multivariate analysis of variance (MANOVA) was run to test for overall statistically significant change over time. Once it was determined that the multivariate test was significant, univariate repeated measures ANOVAs were run on

each scale for the five periods. Paired samples t tests were run as a post hoc test to determine which time periods were significantly different.

Results

Assessment of Hypothesis

The hypothesis was that group EFT self-treatment from participation in a three-day experiential EFT workshop would result in a reduction in psychological symptoms as measured by the SA-45.

The repeated measures MANOVA test was significant, $F=7.80$, $p<.0005$ indicating a statistically significant change from baseline measures to post-treatment measures. Mauchly's test of sphericity was run to test for violation of assumptions for valid MANOVAs. The resulting adjustment to degrees of freedom was used in Tests of Within-Subjects Effects with no change in the significance. This indicates that the data sufficiently met all the assumptions necessary for a valid MANOVA.

Once the overall MANOVA test showed significance, univariate repeated measures ANOVAs were run on each scale. Table 3 shows the results.

Table 3 ANOVA Results

Scale	**df**	**F**	**Significance**
ANX (Anxiety)	4	35.12	.000
DEP (Depression)	4	41.39	.000
OC (Obsessive-Compulsive)	4	53.70	.000
SOM (Somatization)	4	29.31	.000
PHO (Phobia)	4	16.85	.000
HOS (Hostility)	4	22.33	.000
INT (Interpersonal Sensitivity)	4	48.90	.000
PAR (Paranoia)	4	36.02	.000
PSY (Psychoticism)	4	14.38	.000
GSI (Global Severity Index)	4	100.60	.000
PST (Positive Symptom Total)	4	92.10	.000

The changes in all the scales across the 5 time periods were significant at $p<.0005$. The global measures, GSI and PST, were particularly significant.

To investigate significant changes across the various time periods, t-tests were run. The hypothesis predicted a change as a result of the intervention between Pretest and Posttest. Therefore, t-tests were run on Pretest vs. Posttest scale T-scores. See Table 4.

Table 4 Pretest vs. Posttest t-tests

Scale	Mean Pretest	Mean Posttest	Change in Mean	t	Sig. (2-tailed)
ANX	58.31	52.16	-6.15	13.97	.000
DEP	56.05	51.23	-4.82	12.58	.000
OC	59.09	51.90	-7.19	16.65	.000
SOM	58.23	52.86	-5.37	13.26	.000
PHO	60.90	59.49	-1.42	6.64	.000
HOS	57.85	54.65	-3.21	9.93	.000
INT	58.51	53.90	-4.61	12.85	.000
PAR	54.95	50.16	-4.80	11.52	.000
PSY	61.17	59.53	-1.64	7.69	.000
GSI	56.81	48.32	-8.49	20.35	.000
PST	57.65	48.92	-8.73	18.84	.000

The changes in all the scales between Pretest and Posttest were significant at $p<.0005$. The largest reductions were in GSI and PST.

Long-Term Follow-Up

To investigate whether the changes seen at posttest held up after 6 months, t-tests were run comparing Pretest vs. Post 6 Months. These results are presented in Table 5.

Table 5 Pretest vs. Post 6 Months t-tests

Scale	Mean Pretest	Mean Post 6 Months	Change in Mean	t	Sig. (2-tailed)
ANX	58.40	54.46	-3.94	7.49	.000
DEP	56.46	54.11	-2.34	4.84	.000
OC	59.49	55.38	-4.11	8.28	.000
SOM	58.46	55.33	-3.13	6.31	.000
PHO	60.99	59.80	-1.19	4.07	.000
HOS	57.91	55.41	-2.50	6.76	.000
INT	58.83	53.75	-5.08	11.34	.000
PAR	55.54	51.69	-3.85	9.01	.000
PSY	61.06	59.65	-1.41	5.32	.000
GSI	57.28	51.67	-5.61	12.89	.000
PST	58.18	52.74	-5.44	11.85	.000

The decreases in all scales from the end of the workshop to 6 months later were statistically significant, $p<.0005$. The largest changes were in INT, GSI, and PST.

Discussion

Intent of Study

This study examined the long-term effects of group EFT at a workshop on psychological symptoms as measured by the SA-45. All constructs measured by the SA-45 showed highly significant reductions from the baseline period before the workshop to the end of the workshop. While these reductions subsided somewhat after 6 months, they remained highly significant suggesting long-term beneficial effects of group EFT treatments.

Generalizability of Results

Caution must be exercised in generalizing these results. While the results are consistent with hundreds of case studies and previous research, the sample was a convenience sample of workshop attendees. It was not likely representative of the general population or clinical populations encountered in mental health practices. Further studies are needed to determine if such results are generalizable.

Suggestions for Future Research

While these results appear promising, future research should compare the effect on psychological symptoms of other group experiences with group EFT. Participants at workshops provided by other group leaders should be tested to examine the results across treatment providers.

There are many components to the typical EFT treatment. Additional studies could tease out the critical components.

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