

Tapping for PEAS: Emotional Freedom Technique (EFT) in reducing Presentation Expression Anxiety Syndrome (PEAS) in University students.

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Abstract

Presentation anxiety is one of the most common fears that people express. Emotional Freedom Technique (EFT) which is also known as tapping is an emerging complementary therapy that has been used to treat a variety of phobias. Participants were a convenience sample of 25 3rd year Foundation Degree level complementary therapy students undertaking a Research Module. The module included an assessed presentation, which was known to generate anxiety among students. The students were given a 15 minute assignment workshop. They then received a 15 minute lecture introducing EFT and were then guided through one round of EFT focussing on their fear of public speaking. The students were assessed using the Subjective Units of Distress (SUDs) and the Hospital Anxiety and Depression Scale (HADS) pre and post EFT. Immediately following their presentation, the students were invited to take part in a brief face to face interview to explore their use of and feelings about EFT. Twenty one of the total sample of 25 students (84%) participated in the research. There was a significant reduction in SUDS ($p=0.002$), HAD ($p = 0.048$) and HAD Anxiety Subscale ($p=0.037$). There was no difference in the HAD Depression Subscale ($p=0.719$). The qualitative data were analysed using a framework approach which revealed 3 themes: nerves, novelty and the practical application of EFT. Despite the limitations of the study, the results suggest that EFT may be a useful addition to curricula for courses that include oral presentations.

Introduction

Glossophobia is the fear of public speaking (Hancock *et al* 2010) and comes from the the Greek *glōssa*, meaning tongue, and *phobos*, fear or dread. It is extremely common and intense and research has shown that three out of every four people suffer from public speaking anxiety and that is the single most common fear that people express (Furmark, 2002; Pollard & Henderson, 1998). Fear of public speaking affects the speaker physiologically e.g. dry mouth, increased blood pressure, blushing, sweating and irregular breathing and emotionally, as they fear humiliation and looking foolish (Kushner, 2004). Women also report higher rates of public speaking anxiety than men (Furmark, 2002; Pollard & Henderson, 1998).

EFT (Emotional Freedom Technique) which is also known as tapping therapy, is a new and emerging complementary therapy. It is a gentle therapy that can be used for a variety of issues, such as those outlined below. Subjects gently tap with their fingertips on acupressure points (mainly on head/hands) and relate this to the voicing of specific statements. (Callahan & Trubo, 2001; Craig, 2011)

Research to date has indicated that EFT (Craig, 2011), and its predecessor, Thought Field Therapy (TFT; Callaghan & Trubo, 2001) has been used in treating problems and phobias such as needle phobia (Darby 2001), claustrophobia (Lambrou et al 2003), fear of small animals and insects and other phobias (Wells, 2003; Salas 2010), fibromyalgia (Brattberg, 2008), weight loss maintenance (Elder et al, 2007), social phobia and agoraphobia (Irgens, Uldal, & Hoffart (2007). EFT has also been used to treat teacher burnout (Reynolds & Walden, 2010), anxiety (Andrade & Feinstein, 2004), post traumatic stress disorder (Karatzias et al., 2011) and a wide range of other conditions. EFT is currently the subject of several ongoing trials and studies, including one addressing the effects of EFT on Stress Hormones (Cortisol) and the impact of EFT on depression (Soul Medicine Institute, 2011).

A review of the preliminary evidence for EFT and TFT has been carried out (Feinstein 2008). This review included a range of evidence from anecdotal reports to randomized clinical trials and highlights the preliminary nature of the current evidence base for EFT and TFT, as well as the limitations of the research to date.

A systematic review of EFT is currently underway by the authors, who have identified 6 randomised controlled trials of EFT to date. Preliminary analysis of these papers to date suggest that EFT research is limited by low sample size, poor quality randomisation, failure to assess compliance, high dropout rates as well as lack of standardised outcome measures.

Despite these research limitations, there is however, an emerging literature that suggests that EFT is a feasible treatment for test and presentation anxiety in students. For example, EFT has been used to treat test anxiety in Canadian University students. These students also successfully transferred their EFT skills to other stressful areas of their lives (Benor et al, 2006). Schoninger (2004) used TFT to treat public speaking anxiety and Sezgin & Özcan (2004) treated test-taking anxiety with EFT. EFT has also been adopted by a Health Promotion Department at in the USA as part of the curriculum for a stress management course. Sezgin and Ozgin (2009) investigated the effect of EFT and Progressive Muscular Relaxation (PMR) on test anxiety in high school students and found beneficial results in the EFT group.

Many students report high anxiety levels around presentations whether assessed or not. Much research has been carried out into interventions for public speaking anxiety in students including internet self-help (Tillfors et al., 2008; Botella et al.,2010; Botella et al., 2009; Botella et al., 2007), virtual reality therapy (Harris et al 2002; Lister et al., 2010), self-modelling interventions (Rickards-Schlichting et al., 2004), biofeedback and speech skills training (McKinney et al 1982), voice and diction and general communication skills (Hancock et al., 2008). This paper aims to assess the impact on EFT on a cohort of complementary therapy students' public speaking anxiety.

Experiential learning has been shown to enhance research skills and competencies, raising research awareness, improve critically appraise skills, enhance students' confidence and ability to recognise good quality research and enable them to review the implications of research within practice (Irvine et al., 2007). It has also been shown to stimulate learning, increase knowledge and to improve performance in research related assessments (Veeramah, 2004).

Research has also shown that EFT is effective with large groups of people (Rowe, 2005) and so has the potential to offer very efficient and cost effective interventions to student groups.

Experiential learning is particularly important for complementary therapy students as research into complementary and alternative medicine (CAM) obtains less than 0.003% of research funding nationally and so opportunities for CAM students to obtain research experience is very severely restricted (Lewith, 2011).

Students undertaking a Therapy Practice Research Module receive no hands on experience of research and so EFT was used for two purposes; to provide an active experience of participating in research, while receiving an intervention that might reduce their presentation anxiety and hence improve their performance.

Methodology

A convenience sample of 25 3rd year complementary therapy students undertaking a Therapy Practice Research Module as part of a Foundation Degree were invited to participate in the project. 21 out of 25 (84%) of the cohort agreed to participate and gave written informed consent. The students were required to deliver a 10 minute presentation which formed an important summative component of their degree. The students were given a 15 minute assignment workshop outlining the requirements for their assessed presentation. They were then asked to rate their subjective units of distress (SUDs; Wolpe, 1958) and to complete the Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983). Next, they received a 15 minute lecture introducing EFT and explaining the tapping points and the theory behind it. Following this, they were guided through the tapping process by TS, a qualified and experienced EFT practitioner and completed one round of EFT focussing on their fear of public speaking. The EFT protocol used followed the 'basic recipe' (Craig, 2011) tapping on 12 acupuncture points (5 on the head, 2 on the torso and 5 on the hand) while tuning in to the anxiety about presentation. The students were instructed that they could continue to use EFT on themselves any time they wished during the nine weeks between the EFT training session and their oral presentation. Students were not directly instructed to continue tapping, but were told that they could use EFT on themselves, and were asked about this post presentation.

Immediately after giving their presentation, the students were invited to take part in a brief face to face interview in which they were asked if they had used EFT prior to their presentation, how effective they felt it had been and if they would use EFT in future. Responses were captured verbatim in writing. The qualitative data were analysed using a framework approach (Richie and Spencer, 1994).

The quantitative data were entered into SPSS. Data were screened for normality using the Shapiro-Wilk test. SUDs and total HAD were found to be normal and were analysed using the paired t-test. Anxiety and depression were non-normal and therefore the non-parametric equivalent, the Wilcoxon Signed Rank Test was employed. Before and after mean scores (SUDs and total HADS) were compared using paired t-tests and the anxiety and depression subscale were compared using the Wilcoxon Signed Rank Test. Where P-values were <0.05, the differences were considered statistically significant.

Ethical approval was obtained from Staffordshire University Research Ethics Committee.

Results

SUDs data and the Hospital Anxiety and Depression Scale (HADS) scores were collected before and after the intervention. A total of 21 (84%) complementary therapy students

participated in the research. 19 (90%) students completed the pre and post SUDS and 15 (71%) completed the pre and post HADS.

Table 1 shows that means for SUDS, Anxiety Subscale and total HADS were significantly lower after the EFT intervention. There was no significant difference in the depression subscale.

Table 1. Results of inferential analysis pre and post EFT

| Measure | Time | Mean (SD) | Mean paired diff. (SD) | t | p |
|------------|--------|---------------|------------------------|-------|-------|
| SUDS | Before | 5.11 (2.447) | 1.789 (2.123) | 3.673 | 0.002 |
| | After | 3.32 (2.358) | | | |
| Anxiety | Before | 11.33 (3.288) | 2.333 (3.811) | - | 0.037 |
| | After | 9.00 (4.811) | | | |
| Depression | Before | 5.47 (5.397) | 0.670 (1.710) | - | 0.719 |
| | After | 5.40 (5.138) | | | |
| Total HADS | Before | 16.73 (7.601) | 2.200 (3.932) | 2.167 | 0.048 |
| | After | 14.53 (8.999) | | | |

12 students who completed the anxiety subscale scored 8 or above on the HAD anxiety subscale (scores 8-10 cause for concern and 11-21 probable clinical case).

The qualitative data produced richer insight about students experience of EFT. Seven (33%) students indicated that they had not carried out any EFT since the initial session. The remaining 14 students gave positive feedback about their experience and these were characterised by three overarching themes, one relating to nerves, one to an appreciation of its novel approach and another to the practical application of EFT. Quotes are presented to illustrate the themes; names have been changed to maintain confidentiality. Click on this link below to see a brief interview with a student.

ADD LINK TO STUDENT INTERVIEW ABOUT HERE

Theme 1: Nerves

It was evident from the data that EFT produced a calming effect for students which helped to reduce their pre-presentation nerves, as illustrated by the following data extracts:

I found the EFT we received during our session extremely effective. I was under a high level of stress that evening due to personal events which had occurred at home. The EFT calmed me down, and enabled me to take in a lecture about understanding statistical data that I otherwise would never have been able to

have comprehended... I've used it since, really helped with presentation anxiety. (Tina)

Did tapping. I was still really nervous, but it really helped me loads. (Margaret)

I was much calmer than normal. EFT has really helped me I have used it lots over the last few days (Jane)

Theme 2: Novelty

As well as the therapeutic effect of EFT, the students highlighted their appreciation of the novelty of EFT, which as the ensuing quotes demonstrate, they found to be fun, clever and innovative:

I went home, bought EFT books and started tapping right away. It was wonderful... made me laugh. It was alien to us, but it was great. It was really clever. (Tina)

EFT gives you focus. It's very calming. It's also fun. (Lisa)

Theme 3: practical application

The participants talked of the practical application of EFT. It appears that this is a process that can be used in various settings with little disruption to everyday life:

You can use it whenever. We did the EFT as a group, but it's great that you can use it yourself for anything, anytime and anywhere you want and you don't need anyone to help you. (Kath)

Did tapping. I am normally terrible with presentations and in the bathroom more than anywhere else! EFT helped. Not in the bathroom this time for the first time when doing a presentation. I will use it again. (Helena)

Discussion

This small pilot study explored the feasibility of group EFT in reducing presentation anxiety in University students. The results suggest that group EFT is an effective intervention in reducing presentation anxiety as measured using SUDS and HADS. Indeed, the anxiety reducing effects of EFT reported in this study are consistent with the findings of previous research that has used EFT to reduce exam stress and presentation anxiety in high school and university students (Schoninger, 2004; Sezgin & Ozgin, 2009; Feinstein 2008).

The qualitative data analysis revealed three themes: nerves, novelty and the practical application of EFT. Students on the whole felt that EFT was useful in reducing their anxiety, enjoyed the novelty factor of the intervention and liked the fact that they could apply it themselves; wherever and whenever they needed it. This last theme is an important consideration, as therapeutic intervention is not routinely available prior to assessed presentations and so EFT is a very useful brief self-intervention that students can use whenever needed without the need for a therapist to be present. This was also highlighted as a plus point of EFT in the study of exam stress in high school students (Sezgin & Ozgin, 2009).

There was no significant difference in pre and post EFT depression scores. This reflects the focussed nature of EFT and the fact that the tapping was aimed at reducing anxiety and not depression.

In line with other EFT research, there were no ethical or safety issues identified during the study.

Although the results suggest that EFT is an effective group treatment for presentation anxiety, these are tentative due to the limitations of the study as outlined below.

Limitations of the study

The use of a convenience sample of complementary therapy students may have meant that many were more inclined towards the use of complementary therapy than students studying for other courses. Indeed the authors' clinical experience suggests that many people find the idea of EFT absurd, let alone the idea that this can also have an impact on their psychology and other research supports this assertion (Burkeman, 2007; Gaudiano & Herbert 2000).

The students were all women, which is consistent with the gender balance for complementary therapy practice (Carryer, personal correspondence). Indeed public speaking anxiety is often reported to be greater in women than in men (Furmark, 2002). However, further research should consider the impact of EFT in reducing presentation anxiety in male as well as female students.

The sample size in the current study was small (n=25) and in addition there was no control group. The question therefore arises as to whether the findings from this small select group of female university complementary therapy students could generalise to a wider population of students. In order to explore this funding has been obtained to carry out a RCT of EFT versus no intervention using a much larger cohort of male and female students doing a sports science degree.

There was a long period (9 weeks) between the EFT training session and the presentation. Students were not directly instructed to continue tapping, but were told that they could use EFT on themselves, any time they wished and were asked about this post presentation. Seven students (33%) did not carry out any further EFT and this is similar to rates of 'dropout' in other studies that have used EFT (Karatzias et al 2011(39%); Brattberg, 2008 (40%). The forthcoming RCT will explore the reason for not continuing with EFT. For the 14 students who did continue tapping, the frequency and duration of tapping was not assessed. Future research could employ a diary method to record this and also explore the duration of treatment effects. Indeed, Wells et al (2003) demonstrated that a single 30 minute EFT session was effective in reducing specific phobias and that the results were maintained over a period of 6 months.

Twelve students who completed the anxiety subscale scored 8 or above and this highlights the high level of anxiety they felt in relation to their presentation. Anxiety levels post-intervention were still above what is considered 'normal'. It is, however, possible that a further round of EFT may have resulted in further reductions in anxiety levels (Craig, 2011).

The HADS assesses feelings of depression and anxiety over the past week. A scale such as the Spielberger State-Trait Anxiety Inventory (STAI; Spielberger, 1983) that distinguishes between the temporary condition of 'state anxiety' and the more general, long-standing 'trait anxiety' may have been a more appropriate choice of outcome measure.

The scales used were both self-report and although the results highlighted high levels of anxiety in both groups, the sample was not therefore derived from a clinically diagnosed anxious population. The HAD and SUDS did not address presentation anxiety per se and so scales assessing apprehension, confidence in public speaking and communication competence such as Personal Report of Communication Apprehension, Personal Report of Confidence as a Speaker and Self-Perceived Communication Competence (cited in Hancock et al., 2008) would be valuable future outcome measures.

Although there was an immediate effect on SUDS and the anxiety subscale, the evidence for long term effects was not addressed in this study. Future research should assess students using the HAD and SUDS immediately prior to and after their presentation.

Sezgin and Ozcan (2009) found that students scored higher on examinations post EFT. Although the quotes given by the students, suggested that they felt that the EFT was effective in reducing their anxiety. The effect that this had on their presentation performance was not assessed. In future it would be useful to assess the impact that EFT has on the students' marks.

The scales used were both self-report and although the results highlighted high levels of anxiety in the students, the sample was not derived from a clinically diagnosed anxious population.

The lead researcher (EB) was not blind to treatment group. The researcher who collected the data (EB) and interviewed the students was also the class tutor for the group and was therefore known to the students. They were aware that she was training to be an EFT practitioner at the time of the study and this may have influenced students' responses via verbal or non-verbal cues. TS is a highly experienced EFT practitioner and administered the EFT and has a strong allegiance to EFT. This may also have influenced students' responses.

The interviews with the students were not audio recorded and responses were noted verbatim. Future research should consider expanding the qualitative aspects of EFT and recording the interviews verbatim to allow for full transcription and more detailed systematic content analysis.

Conclusion

Despite the limitations of the study, the results highlight the potential role of EFT in reducing presentation anxiety in University students. In addition, given that it takes a very short time to train students to use EFT, and that once learned, EFT can be very effectively self-administered suggests that EFT may be a useful addition to curricula for courses that include oral presentations. Furthermore, EFT can easily be transferred to other aspects of student life, for example exam stress and financial pressures and so could be used to enhance student health and wellbeing.

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Conflict of interest

None

Ethical approval

Ethical approval was obtained from Staffordshire University.

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