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Emotional Freedom Techniques—How to Make it Mainstream; a Thematic Analysis of Practitioners’ Views

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Abstract

Background: Emotional Freedom Techniques (EFT) is proposed as an effective therapy for the treatment of common mental health problems. It has, however, been met with criticism and is not presently considered a mainstream treatment option for conditions such as anxiety or trauma. Conversely, both cognitive behaviour therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) have achieved recognition in advancing into mainstream status, yet EFT is still perceived as an alternative treatment option despite evidence of effectiveness, in more than 100 clinical trials and 40 research reviews and meta-analysis.

Aims: This project aimed to explore the barriers and the facilitators to EFT becoming a mainstream treatment option available on the NHS in treating common mental health problems by examining the views of trained practitioners.

Method: Semi-structured interviews were conducted (N=12) exploring views of EFT practitioners. Transcripts were then subjected to thematic analysis.

Results: Analysis of participants’ views resulted in three themes: (1) Research as an asset and a challenge, (2) public perceptions of EFT as a therapeutic modality and (3) EFT training standards. For EFT to become mainstream, these themes are perceived as interlinked. Findings from this study indicate further research evidence is required that is more widely disseminated to enable increased awareness to the public and those within the medical profession of EFT as a potentially beneficial adjunct intervention. Importantly, training for EFT therapists needs to be improved and standardised.

Implications: Based on the results a series of recommendations are discussed that aim to address the barriers identified.

Keywords: EFT, emotional freedom techniques, professionals views, qualitative, thematic analysis

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Emotional Freedom Techniques (EFT) is considered to be one of the primary modalities in the field of energy psychology. EFT has its origins in Thought Field Therapy (TFT), devised by Roger Callahan in the 1970s (Feinstein, 2012). In 1995, Gary Craig simplified Callahan's technique calling it Emotional Freedom Techniques (Craig & Fowlie, 1995). EFT stimulates certain acupoints (acupuncture points) with light pressure with fingertips (as in acupressure) rather than acupuncture needles. The client is asked to focus on a fear response or traumatic memory and to talk through the presenting problem while gently tapping on these points to stimulate certain areas (Church, 2014). EFT is said to borrow components from established interventions such as cognitive therapy and exposure therapy but adds a somatic element of acupoint stimulation (Church, 2014) and uses the Subjective Units of Distress (SUD) scale developed by Wolpe (1958) to test results throughout treatment.

Research indicates that EFT relieves symptoms of psychological distress such as anxiety, panic attacks, and depression by disrupting the response to elicited traumatic memories (Patterson, 2016). It is postulated that, during EFT, in reaction to a perceived threat from an elicited traumatic memory, the amygdala signals the body to launch a stress response, as it does when facing an actual threat; the mind makes no distinction between the real and perceived threat (Ortner, 2013). EFT is purported to work with this process by interrupting impulses sent to the autonomic nervous system, thus reducing the response to a threat or negative arousal (Feinstein, 2018). In effect, it is suggested that the emotion derived from the original trauma is interrupted via impacts across neural pathways; in fMRI studies, acupuncture needling quiets activity in the amygdala and other areas of the limbic system (Dhond, Kettner, & Napadow, 2007; Fang et al., 2009; Hui et al., 2000, 2005). EFT has been shown to reduce levels of the stress hormone cortisol (Bougea et al, 2013; Church, Yount, & Brooks, 2012; Maharaj, 2016). Research has also demonstrated that EFT exerts epigenetic effects, specifically the differential expression of genes related to immunity and inflammation (Church, Yount, Rachlin, Fox & Nelms, 2016).

A randomized controlled trial (RCT) conducted by Church, Yount, and Brooks (2012) examined changes in cortisol levels and symptoms of psychological distress pre and post-intervention for participants randomly assigned to an EFT group receiving an hour treatment, a psychotherapy group receiving supportive interviews (SI), or a no-treatment group (NT). The EFT group showed a significant reduction in anxiety and depression and experienced a significant decrease in cortisol compared to non-significant changes in the SI and NT groups. This study has now been replicated (a gold standard in research); the results support the original study's findings, concluding that EFT is "an efficient and effective brief treatment for reducing biological markers of stress" (Stapleton, Crighton, Sabot, & O'Neill, 2020).

Research demonstrates the efficacy of EFT in treating an array of physical and mental health issues, with over 100 studies published in peer-reviewed journals (cf. Bach et al., 2019; Church, 2014; Church & House, 2018; Church, Sparks, & Clond, 2016; Church, Stern, et al., 2017; Clond, 2016; Gaesser & Karen, 2017; Gilomen & Lee, 2015; Geronilla, Minewiser, Mollon, McWilliams, & Clond, 2016; Karatzias et al., 2011; Sebastian & Nelms, 2016).

The first clinical trial demonstrating EFT's efficacy was conducted by Wells et al. (2003) to treat phobias of small animals. The EFT group showed significant reductions in fear responses compared to the control group; results were maintained at six-and nine-month follow-up, demonstrating sustained effectiveness. Since then, research has demonstrated that EFT is effective in the amelioration of a range of mental health conditions, notably anxiety (Boath, Stewart, & Carryer, 2012, 2013; Church & House, 2018; Clond, 2016; Jones, Thornton, & Andrews, 2011; Sezgin, & Özcan, 2009; Thomas, Cutinho, & Aranha, 2017), depression (Church, 2014; Church & Brooks, 2010; Church, De Asis, & Brooks, 2012; Nelms & Castel, 2016; Stapleton, Devine, Chatwin, Porter, & Sheldon, 2014), and posttraumatic stress disorder (PTSD; Church & Feinstein, 2017; Church & Palmer-Hoffman, 2014; Church, Stern, et al., 2017; Geronilla, Minewiser, Mollon, McWilliams, & Clond, 2016; Sebastian & Nelms, 2016).

One study compared meridian-tapping (MT) with progressive muscle relaxation (PMR) in the treatment of Obsessive Compulsive Disorder (OCD, thereafter) (Moritz et al., 2011). The researchers cited EFT as a form of MT. The study concluded: “Whereas subjects found MT more helpful than PMR in retrospect (39% versus 19%) and would continue to use it in the future (72% versus 48%), there was no evidence for a stronger decline of OCD symptoms under MT [...] while self-help MT may enhance the well-being of a subgroup of participants, its potential for OCD appears to be small.”

EFT, however, has been criticised for being based on research that lacks control groups and comparison to other established therapies, such as CBT (Bakker, 2013, 2014), despite the contrary evidence (EFT vs CBT: Benor, Ledger, Toussaint, Hett, & Zaccaro, 2009; Zhang, Feng, Xie, Xu, & Chen, 2011; EFT vs. EMDR: Benor, Ledger, Toussaint, Hett, & Zaccaro, 2009; Karatzias et al., 2011). Further, the criticism by Bakker does not apply to research published subsequently (e.g. CBT: Chatwin, Stapleton, Porter, Devine, & Sheldon, 2016; Gaesser & Karan, 2017; Nemiro & Papworth, 2015; narrative therapy: Al-Hadethe, Hunt, Al-Qaysi, & Thomas, 2015).

In one study, 46 participants who had been diagnosed with PTSD were randomized into an EMDR or EFT group (Karatzias et al., 2011). Results indicated both interventions produced significant therapeutic gains at posttreatment and at three-month follow up. Similar treatment effect sizes were observed in both treatment groups, although a slightly higher proportion of participants in the EMDR group produced substantial clinical changes compared to the EFT group.

In general, energy-based modalities receive scepticism (Herbert & Guadiano, 2001). Bakker (2013) argues it is scientifically implausible that energy fields exist, suggesting that they cannot be quantifiably or explicitly measured. However, in 1962, Korean researcher Bong-Han Kim demonstrated the existence of the acupuncture meridian system as a physical entity, which he termed the primo vascular system (PVS). In 2009 a team of Korean researchers confirmed Kim’s findings, identifying the PVS in various organs, and further research has likewise confirmed the existence of the PVS (Kim, 1962; Lee et al., 2014; Soh, 2009; Soh, Kang, & Ryu, 2013). Further,

Feinstein (2018) postulates that electrical signals are produced by way of “mechanosensory transduction,” which is supported by imaging studies showing that electrical energy is discharged via stimulated cells (Bai et al., 2011; Finando & Finando, 2012).

A systematic review and meta-analysis of comparative studies addressed the question of whether tapping on acupuncture points is an active ingredient in EFT (Church, Stapleton, Yang, & Gallo, 2018). The researchers found that the outcomes for the acupressure groups were “moderately stronger” than the outcomes for the controls. Regarding whether tapping is an active ingredient in EFT, they concluded: “Meta-analysis indicated that the acupressure component was an active ingredient and outcomes were not due solely to placebo, nonspecific effects of any therapy, or non-acupressure components.”

Two other meta-analyses revealed efficacious findings when examining EFT for the treatment of psychological distress (Sebastian & Nelms, 2017; Gilomen & Lee, 2015). Sebastian and Nelms (2017) reviewed RCT studies of EFT in the treatment of PTSD. They evaluated the RCTs according to evidence-based standards published by the American Psychological Association Division 12 Task Force on Empirically Validated Therapies. Seven RCTs met the criteria. The meta-analysis concluded that four to 10 EFT sessions provides “an efficacious treatment for PTSD with a variety of populations.”

The objective of the meta-analysis by Gilomen and Lee (2015) was to determine the effect of EFT in the treatment of psychological distress. They reviewed 18 RCTs published in peer-reviewed journals and involving 921 participants. The result of the meta-analysis was that EFT “appears to produce an effect.” Methodological shortcomings prevented the researchers from determining, however, whether that effect was from the acupoint stimulation or aspects of EFT common to other long standing therapies such as CBT.

Although EFT is 25 years old, has over 100 clinical trials, and is used worldwide, acceptance by mainstream psychology has not yet occurred. It might be important to explore the journey of other therapeutic modalities from their origin to becoming mainstream as key lessons

could be learned and applied. For instance, following years of initially theoretical and subsequently clinical research CBT now enjoys a special status as the recommended treatment option in the UK (and around the world) for a wide range of mental health problems – although its effectiveness has recently been challenged (Laws, Darlington and Kondel, 2018). Similarly, EMDR was initially met with scepticism (Beutler, 2001; Acierno, 1994), but it is now a recommended by the NICE intervention for the treatment of children and young adults (7 to 17 years of age) who are diagnosed with PTSD and whose symptoms do not seem to improve with trauma-focused CBT (NICE, 2018).

EMDR research, in particular, began in 1989 and focused on the treatment of PTSD. Further studies were conducted and Shapiro continued to develop the treatment approach by incorporating feedback from clients and clinicians using it (Shapiro, 1996). In the early stages, EMDR had not received independent verification through controlled studies, thus remained at the experimental stage. However, Shapiro starting teaching EMDR to licensed clinicians and standardised the training (Shapiro, 1995). It is understood that at the time there was no treatment for PTSD that was established and empirically validated (Chambless, et al., 1998). EMDR was then reviewed by the Clinical Psychology Division of the American Psychological Association and it was identified as a treatment option with “probable efficacy.” Since then, numerous case studies and controlled outcome studies have been published, with some comparing EMDR and CBT in terms of efficacy (Khan et al., 2018).

Similarly to EFT, critics referred to EMDR as ‘pseudoscience’. However, it is argued that the quality and validity of research has addressed many identified weaknesses (Sikes and Sikes, 2003); with one being the inconsistent practice in terms of formal supervised training. Given the complexity of EMDR, the improvement and refinement of training programmes are said to have combatted this and it has been suggested that training should be restricted to licensed mental health practitioners and advanced trainees (Greenwald, 1994). Arguably, these lessons could be applied to the advancement of EFT. Although EMDR has been met with criticism, it is now recognised as efficacious in the treatment of PTSD.

It could be postulated that EFT could learn from both these modalities to support its progression as a mainstream treatment option, especially after its recent consideration by NICE (2018) for the treatment of adults with PTSD. The guidelines recommended that EFT is in a position to merit government research funds for the treatment of PTSD. However, to our knowledge, no research has been identified that examines the barriers and facilitators in EFT becoming a mainstream therapy for the treatment of common mental health complaints.

Aims and Objectives

This project investigated views of EFT practitioners in exploring what helps and hinders EFT in becoming a mainstream treatment option for people experiencing psychological distress including depression, anxiety and trauma. Results will inform the development of recommendations with the view to support initiatives by relevant representative EFT organisations in identifying the strategies required so that EFT becomes a treatment option available via the mainstream healthcare providers for people experiencing symptoms of psychological distress.

Method

Design

Qualitative research was undertaken to establish participants' perspectives about their knowledge and experiences (Hammarberg et al., 2016). Views are considered within the wider societal context. The research was, therefore, conducted from a social constructivist perspective (Braun and Clarke, 2006). This epistemological position is appropriate as study aims were based on participants' perspectives, which were then interpreted through a systematic analysis of the data (Braun, Clarke and Hayfield, 2015). Given this social constructivist standpoint, thematic analysis (TA) was the most suitable method (Braun and Clark, 2006). Semi-structured interviews were conducted as this offered a flexible approach to comprehensively explore views as well as keeping interviews focused (Young, Rose, Mumby, Benitez-Capistros, Derrick, Finch et al., 2018) with emerging trends being uncovered to explore participants' views on the barriers and facilitators to EFT becoming

mainstream. This qualitative research paper is reported in line with Consolidated Criteria for Reporting Qualitative Studies (COREQ) guidelines. COREQ is a reporting guidance for qualitative research which uses interviews as part of its research (Tong, Sainsbury and Craig, 2007).

Participants

A purposive sampling strategy was followed to ensure that suitable participants were identified (Robinson, 2014; Bolderston, 2012). Participants were recruited by an advertisement that was disseminated on the social media platforms Twitter and LinkedIn. The lead researcher created a poster inviting qualified EFT practitioners to take part in the study. Two gatekeepers were also contacted to assist with recruitment. The gatekeepers were the lead researcher's EFT trainer and the chair of the EFT International (EFTi) research team. Both, subsequently disseminated the poster on behalf of the researcher to assist in the recruitment of participants.

To participate, therapists had to have a minimum training of one year and be certified by an EFT regulatory body and not been known to the primary researcher. The latter point was decided at the design stage of the project to safeguard against potential undue influence to participate being exercised (although no such individual came forward). EFT practitioners could also be trained in other modalities of psychotherapy. Individuals coming forward who met the inclusion criteria were interviewed on a first-come-first-served basis. Participants were based in the UK, Ireland and America and they had all received ongoing CPD by way of annual mentoring and supervision. In total, 12 EFT practitioner took part, which is sufficient and methodologically sound for this type of research. Specifically, Guest et al. (2006) suggest that by the 12th participant approximately 95% of data saturation is achieved and no further new codes are generated after this point. (Guest et al., 2006). Participant demographic characteristics can be found in Table 1.

[insert Table 1 here]

Data collection

Interviews were semi-structured and conducted by the lead researcher via the video conferencing platform 'Zoom'. They consisted of open-ended questions aided by a topic guide (see Table 2),

lasting no more than one hour (longest interview 58.01 mins; shortest 38.32 mins; mean 50.93 mins). All interviews were audio-recorded and anonymised. Participants' views were expressed and not led by the interviewer which helped eliminate the potential for researcher bias (Willig and Stainton-Rogers, 2017).

[insert Table 2 here]

Data analysis

An inductive form of TA was conducted as theoretical and epistemological independence and flexibility are advantages of this approach (Braun and Clarke, 2006; Willig and Stainton-Rogers, 2017). Led by the participants' voice, this allows for meaning to be identified within the data resulting from emerging trends of participants' thoughts and views. Remaining as close to implicit understandings within the data which are shaped by participants' prior knowledge and experiences is the focus of this research (Braun et al., 2015; Willig and Stainton-Rogers, 2017). This approach is not, therefore, conjoined to any intrinsic epistemological position (Braun and Clarke, 2006).

This research incorporates a latent form of TA. This considers meanings based on societal and political constructs, which lay under the surface of how experiences and knowledge shape the framework of the worldview of participants, which participants may not explicitly be aware of (Braun et al., 2015). Further, the researchers cannot eliminate themselves from their theoretical viewpoint, given their position and active role because 'the data is not coded in an epistemological vacuum' (Braun and Clarke 2006, p.84).

The lead researcher is a trained EFT practitioner, conducted the interviews and led the analysis, supervised by an academic psychologist with no prior experience of EFT. It is believed that this diverse background enhanced the rigour of the analysis as pre-existing worldviews and other sources of bias could be challenged. Further, the lead researcher kept a reflective log. These positionalities and strategies enabled the authors to manage sources of bias, ensure rigour, transparency and objectivity (Willig, 2013; Willig and Stainton-Rogers, 2017).

Upon data being collected, the six phases of TA were adhered to as described by Braun and Clarke (2006). Data analysis was facilitated by the use of N-VIVO software (Version 11).

Ethical considerations

All study procedures complied with the British Psychological Society (BPS) ethical procedure (BPS Code of Human Research Ethics, 2014) and were approved by the Manchester Metropolitan University Faculty of Health, Psychology and Social Care Research Ethics and Governance Committee (FREGC No 5556). The management of personal sensitive data adhered to GDPR. The names of all participants have been changed in this study to preserve anonymity.

Results

Three overarching themes emerged: public perceptions of EFT, research as an asset and a challenge, and specific challenges around training. These are explored along with subordinate themes. Table 3 provides a summary of the results and Figure 1 depicts the relationships of themes and subthemes.

[insert Table 3 here]

[insert Figure 1 here]

Public perceptions

This overarching theme describes practitioners' experiences in terms of public perceptions of EFT. Three sub-themes emerged, awareness and acceptance, scepticism and language used.

Awareness and acceptance

Awareness and acceptance are regarded as both a facilitator and a barrier to the advancement of EFT. Practitioners describe that the public is more aware of EFT in recent years, as explained by Maria: "There is now more of an awareness of EFT. It's less woo woo then it was nine or ten years ago." Growth of the modality has raised awareness, which has also been aided by increased media attention as described by Chris:

“It's approaching the edge of mainstream here... because of the age of technology and information, it's so much bigger than it was 20 years ago. We're hearing this mentioned again and again on the media.”

Four of the twelve participants are actively engaged with initiatives that enhance awareness and acceptance, as highlighted by David's experience: “I just taught at a university in New York, they are now collaborating and reaching out to other licensed mental healthcare providers.” Acceptance and awareness are also linked to the subordinate themes advance in research and academic credibility, acting as a facilitator. Participants are of the view that the acceleration of EFT is due to advancing research and the support of mainstream speakers and presenters. Commonly discussed is the research by a prominent academic whose influence has had a major impact on raising awareness and acceptance of EFT, and which resulted in the advancement of EFT. As David reports:

“[name of academic]'s research has been a primary one, in [country of practice] the difference is palpable...spearheaded by a psychologist and a mainstream academic institution. There is an influence and acceptance of EFT.” (David)

In contrast, lack of awareness and acceptance is viewed as a barrier due to a lack of familiarity or understanding of the modality. Participants argue that, particularly within the medical profession, EFT does not fit in with the current medical model “Within the medical profession... they haven't got the knowledge or experience of using it, they are not open to it I don't think” (Julie). Joanne concurs: “The principles behind EFT are different of modern medicine... you tell most medical people who perhaps don't believe in the principles as to why EFT works.” It is possible that medical professionals are not familiar with EFT.

Participants believe influencers in the field and practitioners have an onus to raise awareness further collectively “I think we as clinicians need to up our game... I think there is definitely an onus on us as well as the NHS and the academic community to bring that forward” (Maria).

Scepticism

Participants commonly report the public view EFT with scepticism in terms of what it looks like referring to it as ‘strange’ or ‘woo-woo’. This acts as a barrier and is linked to the subordinate theme, awareness and acceptance, as described by David “There is a natural scepticism towards what the technique looks like... tapping on the skin of the face, and how that changes beliefs and feelings.” Public perceptions are not helped by online resources which refer to EFT as a pseudo modality; “The people at [online publicly available encyclopedia] have been given all the evidence, the trials and it will not change the entry in [the online publicly available encyclopaedia] which basically says EFT is a sham therapy” (Mary).

How quickly EFT can achieve results has also been attributed as another area of public perceptions that is key. Specifically, people have been questioning EFT’s level of perceived credibility, as described by Bob:

“Many people think it's a lot of hocus-pocus, they are very sceptical about it because if it is pretty quick and remember counselling has been around for years, people go for years and years.”

Those who are sceptical are legitimately likely to require scientific validity backed by a wealth of research to support claims made, thus linked to other themes identified within this study.

Language used

Participants refer to the nature of the language used by EFT practitioners as another source of a barrier that affects public perceptions and particularly the word ‘energy’. Sarah was “cautious about how it’s [EFT] demonstrated and framed in terms of the language” (Sarah). Paula was also mindful of the language she uses:

“I am a licensed clinical social worker, we were always taught speak the language of the client, don't speak your own language. When they start saying that EFT fixes your energy system, I never use those words.” (Paula)

This view is shared by Julie: “Making the language of bit more grounded... when you're talking about things like energy. I use language that's appropriate such as light-touch acupressure not acupuncture, it's very relaxing getting out of the sympathetic nervous system of fight-flight or freeze.”

Research as an asset and a challenge

The need for more and of higher quality research was a theme identified in participants' narratives. Meanwhile, on one hand, research is regarded by participants as an asset, whilst on the other hand, as a challenge. They are, therefore, of the view that research acts as both a facilitator and a barrier. Subthemes included academic credibility and advances in research.

Academic credibility

Participants discussed the importance of academic credibility as a key contributor to EFT becoming a mainstream intervention of choice. Participants emphasised the importance of evidence-based practice and provided examples where this has been successful. By engaging with evidence-based practice, participants believed that public awareness would also improve. Indicatively, Chris said:

“[Name of academic] in [country of practice] is doing some great work, I think getting behind that will propel things forward a little bit more, I think it will become a tipping point where the establishment won't be able to ignore it anymore.”

Participants also considered the impact of the origins of EFT and draw parallels between EMDR and EFT, by noting that EMDR was developed by a qualified academic. Conversely, EFT was proposed as a self-help tool for personal development by Gary Craig who did not originate from a psychology background nor was he working in conjunction with academic institutions during the conception of EFT. This, the participants stressed, hinders the academic credibility of EFT. Maria said: “Gary Craig isn't medical, I think that's proven as a barrier in terms of health”.

Advances in research

Participants repeatedly emphasised the positive implications of the advancements in EFT research in recent years; “There has been more scientific research in the last 10 to 15 years... the more

people see evidence that it works will get into mainstream treatment” (Julie). Participants appeared hopeful for the future as research on EFT is now starting to be replicated as referred to by David:

"We just had a replication of [name of academic]'s study on cortisol. We are finally having our first MRIs... and genetic stuff, that raises the spectre of acceptance, by both mainstream and academia.” (David)

Participants report, however, that while advancement in research is more promising, a stronger research momentum is required to support a move to mainstream practice, as described by Joanne: “I think they need more gold-standard studies, big number RCTs, there's quite a lot of smaller studies.” Finally, David saw a potential barrier that hinders EFT becoming mainstream is that it is often conducted by people with a vested interest; “Certainly in relation to the research we need to have more research done, by those people without a vested interest” (David).

EFT training

The third theme identified was related to the level and quality of training received. Sub-themes including standardisation of training and poor training standards and certification. Specifically, participants vocalised their concerns that one can become an EFT practitioner with a minimal amount of training and reported poor regulation: “the general public sees EFT practitioners who take a weekend course” (Michelle). Compared to other psychotherapeutic modalities, EFT training is regarded as limited with less accountability. Further, participants report concerns regarding standardisation of training:

“It depends who you train with, you've got a variation, there are people like EFT International who are credible. It's three days training then 50 hours of case studies, you don't have to do that though... you there are trainers who have no accountability.”

(Mary)

This is particularly challenging as EFT training requirements mostly depend on the country that one chooses to attend the training and in effect, in those countries that do not have a standardised provision of training, an EFT qualification is not comparable to that held by other mental health

practitioners that practice mainstream interventions (e.g. the duration and rigour of EFT training in the US is comparable with certification in CBT or EMDR).

Training standards concerning regulation, certification and ethical consideration were collectively viewed as problematic: “I think the ethical perspectives can be quite different... the levels of training really differ...there are no DBS (Disclosure and Barring Service) checks, or scrutiny” (Joanne). However, there are now some initiatives that aim to address some of these objective barriers. Specifically, Mark highlights that these concerns have been formally recognised by representing organisations and work has started with the view to support the development of appropriate systems that can safeguard the quality of training and provision: “EFT International are doing really well because they are tidying up CPD requirements.” However, David explains “There should be some sort of standardisation of training and this should be recognised, [that] the profession is self-policing itself.

Discussion

This project aimed to identify what prevents and facilitates EFT from becoming a mainstream modality for the treatment of symptoms of psychological distress. Three overarching themes emerged from the TA: public perceptions of EFT (awareness/acceptance, language and scepticism), research as an asset and a challenge (academic credibility and research advancement), and EFT training (standardisation of training and poor training standards and certification). We understand these themes and subthemes are interrelated to one another. EFT becoming a mainstream intervention, therefore, would be the product of work that addresses the challenges identified systemically. Although participants collectively thought that the status of EFT is changing, it is still an intervention that requires a stronger evidence-based before formally being considered as a mainstream intervention. Meanwhile, EFT training requires the attention of all practitioners and organisations supporting EFT so that the significant challenges currently present are streamlined. By addressing the research and the training challenges, it is believed that public perceptions will also change. According to participants’ narratives, the public appears to be more aware of EFT than in the past. This cannot be attributed exclusively to the advances of EFT. Although not assessed in this study, it is also

possible that people are seeking alternative treatment options and be willing to pay privately too, due to the significant delays for accessing care in public providers (Kelner and Wellman, 1997). Su and Li (2011) examined data from a National Health Interview Survey in America from 2002 to 2007 and observed those who had access to conventional care restricted. For example, they were subject to a long waiting list or were never able to access treatment because it was not available or accessible, so they then sought alternative treatment options.

Wiese and Oster (2010) suggested that an increase in consumer demand for Complementary and Alternative Medicine (CAM) has led to the integration of alternative interventions into mainstream healthcare. In 2007, Giannelli et al. concluded that despite consumer demand, a paucity of clinical evidence and limited CAM awareness hindered referrals by general medical practitioners. A study published in 2020, however, found that over half of 5,622 US physicians surveyed had recommended at least one complementary health approach (CHA) in the past year. Among the most commonly recommended were massage at 30.4% and acupuncture at 22.4% (Stussman, Nahin, Barnes, & Ward, 2020).

The implication of an intervention supported by a strong evidence base cannot be emphasised enough, even when it may not be perceived as conventional. Similarly to EFT, EMDR had originally been met with controversy (Acierno, 1994), with some evidence portraying EMDR as inconclusive or indifferently effective compared to other interventions (Hubbard, 2013). Although by 2008, further research was conducted into the efficacy of EMDR, the Institute of Medicine reported more empirical evidence was required for the treatment of PTSD. Subsequently, further research was published, which led to the therapy being recommended as an effective treatment for trauma by organisations including the American Psychological Association (APA) (Shapiro, 2014). It could, therefore, be argued that further research is required for EFT to become accepted as a mainstream treatment option. Although more recent research has now been conducted, especially more notably in the last 5-10 years, perhaps this can once again be presented to the necessary bodies such as the APA and NICE during any further reviews to demonstrate progress made about the efficacy and validity of EFT.

The effectiveness of EMDR in treating PTSD has undergone the scrutiny of several meta-analyses which has led to recognition by the World Health Organization (WHO) (2013) as psychotherapy of choice in the treatment of PTSD in children, teenagers, and adults (Valiente-Gomez et al., 2017). This has resultantly increased clinical interest in EMDR within psychology and psychiatry worldwide, thus lending itself as a mainstream treatment option. It could be argued, once EFT follows similar scrutiny, this could lead to its acceptance by the relevant bodies.

EMDR is now regarded as one of the fastest-growing treatments in the history of psychotherapy (Cook et al., 2009) and, in the UK, one of the recommended interventions for the treatment of PTSD (NICE, 2018). Advances in EFT research, therefore, are considered of critical importance. In fact, this study showed that a stronger evidence base of clinical effectiveness would most likely enhance public perceptions and reduce scepticism.

This study also highlighted that the type of language used to describe how the intervention works, (such as the term ‘energy’) might be confusing to individuals interested in engaging with the intervention and alienate them. Indeed, Bakker (2013) perceived references to ‘energy systems’ as problematic and our study showed that, as a result, practitioners often report changing their language. Boroditsky (2011) argues the language affects how we view our world and shapes our thought processes, it is central to our experiences and defines our decision making. Changing the way we explain the operations of EFT with the public could arguably support the advancement of EFT.

The theme research as an asset and a challenge suggests that while more efficacious research supports the advancement of EFT, a stronger momentum of high-quality research that is not conducted by researchers with a vested interest is needed. For example some of the existing research are small scale pilot or feasibility studies. It could be argued more extensive, larger scale trials are conducted to demonstrate research validity. Empirical evidence that supports an intervention is fundamental to effective practice (Rousseau and Gunia, 2016) and promotes a universal theoretical model adopted by clinicians (Cook et al., 2017). Specifically, RCT’s, acknowledged as the gold standard of clinical effectiveness, measure the efficacy of a treatment modality comparable to another intervention, with individuals randomly assigned to

clinical or control group to measure the impact of an intervention (Hariton and Locascio, 2018). Looking at the numbers alone for indicative purposes, a review of PubMed (US National Library of Medicine) of Cognitive Behavioural Therapy AND clinical trial revealed 14,898 articles. Arguably, no other form of psychotherapy has been shown to be systematically superior to CBT (David, Cristea, and Hofmann, 2018). If there are systematic differences between psychotherapies, CBT is typically favoured (David et al., 2018). It is difficult to suggest how many more clinical trials are required for EFT to become accepted, as it is not possible to identify the number of successful trials at the time that CBT started to be favoured by policy-makers. It could be argued larger clinical trials are required and EFT should continue the research momentum.

Another key finding in this study relates to the major disparities in trainer practices which significantly hinder the advancement of EFT into mainstream practice. High-level training in the delivery of mental health interventions is fundamental for the implementation of empirically supported treatments (Boyd, Scott, Krendl and Lyon, 2017). Trainers are in the propitious position to influence the success of the training. It is reported, therefore, that effective training includes a combination of academic learning and a set minimum number of hours of supervised practice. This is a standard requirement when learning a new intervention that is thought not to be rigorous enough within EFT training. Trainer characteristics, effective teaching skills and dissemination of evidence-based practice are all said to be fundamental requirements of trainer delivery (Alsultan, 2011). When exploring the desirable attributes for an EFT practitioner, Stapleton and Chatwin (2017) found that adequate training is required which includes the importance of standardisation of EFT training and the supervision process.

To become accredited to practice as a CBT therapist as part of the British Association for Behavioural and Cognitive Psychotherapies (BABCP), it is a requirement to have relevant mental health professional training to degree level or equivalent. Accredited therapists must also have ongoing CBT clinical supervision, including regular live assessment of practice. To be accredited as a psychotherapist through the British Association for Counselling and Psychotherapy (BACP), therapists must have completed and graduated from a BACP accredited course, or professional counselling or psychotherapy

training that included at least 450 hours of supervised practice and tutor contact hours over one year in full-time practice or over two years part-time. A supervised placement is also required and is integral. Therapists must also have been in practice for a minimum of three years. Ethical frameworks and professional codes of conduct are also adhered to. The EMDR Academy (2019) requires that to become an accredited EMDR therapist, it is mandatory to have a background in clinical practice in mental health. Accredited EMDR training is limited to psychologists, psychiatrists, registered mental health nurses and registered mental health social workers. Counsellors and psychotherapists must be accredited by professional bodies such as BABCP or BACP.

EFT training, therefore, should be safeguarded from any unregulated provision by professional EFT associations (e.g. EFT International); whilst seeking to develop proved skills-based competency curricula that enable parity across provision (Van Zanten, Boulet and Greaves, 2012). Besides, there appears to be a diversity in the modality by which EFT training is delivered; from unregulated online courses to fully accredited training courses. While this diversity of training and quality of training exists in many other interventions or the field of psychotherapy regardless of whether they are delivered online or not, for anyone to practice CBT, for instance, a minimum set of standards need to be adhered to. EFT International has developed systems to provide accreditation of training, but based on our participants' accounts more regulatory work is needed that safeguards the implementation of these processes and procedures. It was evident that stringent accreditation processes are not in place for EFT practitioners as they are for other interventions, which could arguably be one of the fundamental barriers to any further advancements in EFT's pursuit into mainstream practice.

Strengths and Limitations

Participants in this study were interviewed on one occasion only. Arguably, additional interviews with participants could have been conducted (Young et al., 2018) to confirm/disconfirm and/or strengthen themes, thus enhancing reliability (Willig, 2013). However, there were no opposing views among participant to suggest the need for such an approach. Besides, the diverse expertise

and positionality of the members of the research team have strengthened the interpretation of the data as it ring-fenced against biased interpretation based on personal worldviews.

Another limitation of this study was the lack of public involvement in the design of the study. Although the expertise of the lead researcher could, to some degree, have accounted for this, it is important to emphasise that similarly to studies in health research (e.g. Chatzidamianos, 2015), the involvement of practitioners from the original conceptualisation of the study would have enhanced the project significantly. This is of particular importance as to our knowledge no similar such research has been conducted in the past.

Methods were employed to ensure this project was rigorous, however, we must account for intersubjectivity. The researchers' preconceptions and ideas about the topic area would very likely influence and bias the data given the researchers' position (Willig and Stainton-Rogers, 2008). To eliminate this risk, any future research should be undertaken by those not within this field. It should be acknowledged, however, from a social representations perspective, such disparity between researcher and participant perspective can in itself become an important research tool as assumptions can be challenged (Willig and Stainton-Rogers, 2008).

Recommendations

Based on our research findings the following provides a summary of key recommendations that may help with addressing the barriers in EFT becoming a mainstream intervention for the treatment of psychological distress.

While it is accepted that there is now increased awareness of EFT, the public continues to entertain ideas that do not necessarily reflect what EFT actually is. To that effect, EFT organisations worldwide should consider developing a coherent and consistent media and social media strategy, ensuring prominence on a minimum monthly basis. This can be achieved through those proponents and public figures who already have favourable coverage within the field and those with established

media contacts. If a decision was made to maintain a strong presence across media and social media with frequent, interesting and original content, research has shown this is more likely to incite the public's engagement and interest (Ashley and Tuten, 2015).

Further, this investigation proposes that research both helps and hinders the advancement of EFT. Addressing this barrier requires the involvement of many partners and a strategic plan. Drawing on the expertise of leading research authorities could be utilised to act as a blueprint to support the advancement of research that is then supported by the media strategy with the view to communicate the EFT research findings effectively to both the general public and health officials.

Finally, our participants overwhelmingly talked about the importance of standardising and regulating EFT training. In countries where training is not currently standardised and on a par with other established psychotherapeutic approaches, based on the findings within this research, a full review of current training practices is recommended to ensure the following:

- Explore the stringency of how other modalities such as CBT and EMDR regulate their training and trainers through governing bodies. Guidance and criteria to be adapted to create a new model of practice.
- Across the three main organisations EFTi, EFT Universe (EFTU) and the Association for Comprehensive Energy Psychology (ACEP), all trainers are provided standardised training. Consideration should then be given to disseminating this to all EFT training providers so there is standardisation top down.
- All delivery meets with current EFTi, EFTU and ACEP requirements, including in-person classroom delivery, ongoing mentoring hours and required CPD hours.
- All trainers are following guided training requirements by conducting observations during training sessions.
- It was also apparent in our findings that EFT is practised by individuals or organisations that are not regulated or accredited. Improved accountability and regulation across provision

should act as a driver to ensure standardisation across other countries where new training is being rolled out.

An area of interest for future research would be to explore the views of the general public, medical professionals and non-EFT practitioners.

Conclusion

This project explored the views of EFT practitioners with the view to identify the barriers and facilitators for EFT becoming a mainstream treatment option freely available at the point of delivery for the treatment of common mental health complaints. Findings revealed three overarching themes; public perceptions, research is an asset and a challenge, and EFT training. The present findings, add to the body of evidence-based literature that EFT is of need. We have also provided a series of recommendations. It is acknowledged that we have not assessed the implications of the recommendations. Future research, therefore, should seek to explore how these recommendations can be operationalised along with further qualitative work on the views of the public, medical professionals and non-EFT practitioners to explore the facilitation of EFT being delivered through mainstream healthcare services.

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