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The Effectiveness of ''EFT - Emotional Freedom Techniques'' in People with Phobias

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Abstract

This research is a qualitative study that investigates the experience, symptoms and difficulties faced by people with phobias and the effectiveness of EFT-Emotional Freedom Techniques as a treatment method. Seven people who received an EFT session for their phobia participated in this survey. For the participants' interviews, the researcher used a semi-structured interview guide and the Interpretation Phenomenological Analysis method to process the data. The results showed that EFT is a significant and effective treatment and self-assistance method, with a range of effects, possibly associated with a variety of factors. Specifically and practically, three people reported complete and immediate treatment, others mentioned improvement to varying degrees, while one did not comment. This research study aims to contribute to the bibliographic deficit on qualitative research concerning the EFT method. The findings could have significant expansions related to the individualized enhancement and application of EFT as a therapeutic method.

Keywords: *EFT-Emotional Freedom Techniques, Phobias, personal experience, Interpretation Phenomenological Analysis*

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Introduction

1.1 The EFT Method

Emotional Freedom Techniques (EFT) is a Clinical Method that combines effectively Western Psychotherapy with Chinese Medicine. It is a brief exposure therapy, widely applied in Energy Psychology. Specifically, EFT aims at the mental activation of a targeted psychological issue [1-3] using western psychological techniques, such as exposure and cognitive restructuring, originating from Cognitive and Exposure Therapy. It combines remembrance-focus on the problem-trauma, through gradual and controlled exposure to the phobic stimulus or psychosomatic symptom with the repetition of specific phrases. These phrases related to the specific symptom focus on cognitive restructuring and self-acceptance. Generally, it summarizes established principles and learning by researchers such as Pavlov, Skinner, Wolpe (SUDS scale) and Beck (dysfunctional knowledge). On the other hand, EFT uses Chinese techniques such as "meridian tapping". This is a two-fingered sequence protocol, applied at specific acupuncture points of the human head and upper torso. It stimulates the human meridian system without needles and, therefore, it is called "emotional or psychological acupuncture" [4-7]. The patient's involvement and focus are vital for therapeutic success [4, 8].

Generally, Energy Psychology and EFT focus therapeutically on the mental-body-energy system. They are based on the interaction between bioenergy systems, mental functions, neurophysiological and electromagnetic processes. All these include thoughts, emotions, senses and behaviours. These systems interact both individually and interpersonally, while are also influenced by cultural and environmental factors [9-11].

Clinical EFT was proven a safe and reliable method, clinically and scientifically effective, superior to "placebo" or other methods [5, 12-13]. The acupuncture-tapping procedure also constitutes an important effective and active factor rather than "placebo" [5, 6, 14]. EFT is used to alleviate and manage health problems, psychological and emotional disorders and self-limitations, while contributes to self-improvement and personal development [8, 15-16]. Particularly, EFT is used in Medicine and Psychotherapy for a) health issues, including relief of physical pain and symptoms, asthma, insomnia and sleep disorders [17], constipation, lupus, ulcerative colitis, allergies, blood pressure, respiratory problems, disorders of epileptic seizures [18], gynaecological issues (menstruation, pregnancy nausea, childbirth facilitation) [15], serious illnesses, from migraines up to cancer [8, 19], skin rashes, autoimmune diseases such as psoriasis and fibromyalgia [4] and burnout [20-21]. b) Psychological issues: Anxiety Disorders [5, 22] such as stress, panic attacks, phobias (animals, heights, claustrophobia, elevators, needles etc.), Trauma and Post Traumatic Stress, Mood Disorders such as depression [23], Eating Disorders [24-25], emotional hunger, weight control and loss, Addictions (nicotine, alcohol, coffee, chocolate, sugar) [5, 26], Abuse [5, 27] and other cases such as: aggression [28], mourning, anger [29], guilt, fears, nail-eating, sexual abuse, human relationships etc. [8]. c) Performance in school, sports, academic, sexual and professional issues: fear of public exposure and speech, exam or school performance anxiety in pupils and students [5, 8, 21, 30-33] and general emotional issues related to children [34].

EFT can be applied to a variety of psychosomatic symptoms, associated or not with the main symptom [35, 7]. Research has indicated that EFT is often extremely effective in treating multiple diagnoses and symptoms simultaneously, in multiple domains, as, according to researchers, most patients are diagnosed with comorbidity [5, 36].

It can be applied either by a trained therapist, practitioner or life coach or by people trained to use it as a self-help method. It can be combined with other traditional psychotherapies as well [5-8]. It can be applied to children or adults, men and women, either individually or in groups [5] and has no side-effects. It can be taught in a short period, through individual or group training. Each individual can extend EFT application to other areas of daily stress-related life, promoting good health and quality of life [7, 37-38].

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1.2. EFT and the Human Meridian System

For over 2.500 years acupuncture has been used in Traditional Chinese Medicine to treat various diseases and physiological dysfunctions in clinical practice. It remains an active treatment due to its effectiveness, being recommended by the World Health Organization since 1980 as an effective alternative treatment for 43 different disorders [39, 1]. There is a direct connection between acupuncture and the human meridian system, a complex network of "energy channels". A form of physical vital energy called "chi", connected with breathing, runs within the meridians through the human body, controlling all physical functions on a 24-hour basis. The meridians connect the various regions and organs of the body, internally and externally. They are classified into 6 groups. The most known 12 main meridians are named after the specific organs of the human body they are responsible for (Heart Meridian) (see Image 1) [38, 40].

Despite the initial rejection by medical science in 19th-20th century, basically due to lack of sufficient equipment for scientific examination and proof, Modern Medical Science can nowadays explain the energetic function of the human body and measure consistently biological energy. The reason for this is the progress in technology, physics, electromagnetism, quantum mechanics and bioenergy research. The EDST device, based on electro-acupuncture developed by German Voll in the 1960s, is capable of defining, both quantitatively and qualitatively, a large part of the meridian system. Thus it provides valuable information for almost every aspect of physical function. EDST could be characterized and used as an instrument for measuring biological energy, equivalent to thermometer and blood pressure monitor. In the future, it could be possible to map even higher human functions, including emotional, cognitive and psychosomatic aspects, using the non-invasive and economical EDST device, after further testing and improvements.

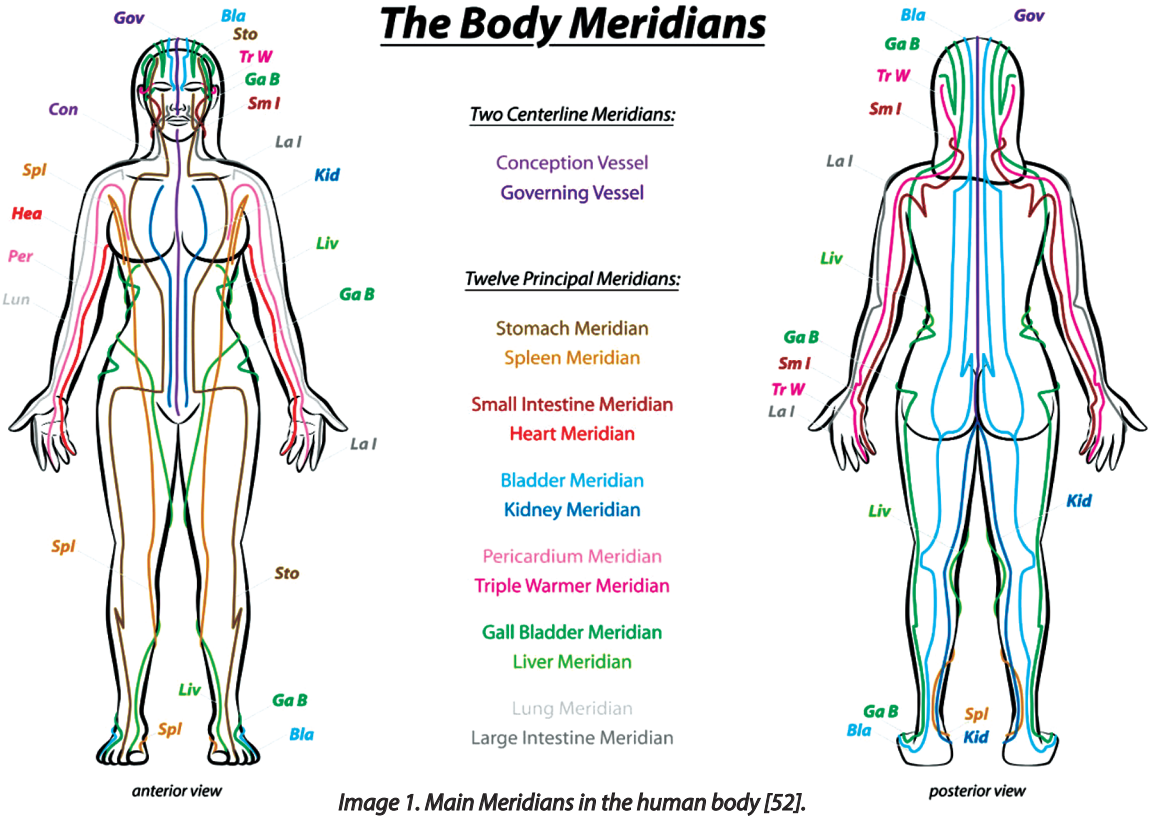

Image 1. Main Meridians in the human body [52].

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According to Bioenergy Medicine, energy processes, including electromagnetic processes, vibrational resonance and biophoton emissions, are essential for life processes. Bioenergy acts as a "bioinformatics" carrier and is vital to biological self-regulation. On this basis, an organ, with its physical structure and function, creates an electromagnetic field. It transforms energy, containing information about the organ and its activity. This affects the power and quality of the energy, and by extension the corresponding meridian. Consequently, an imbalance in one meridian can bring imbalances and affect others or even the meridian network as a whole [40]. This function mechanism is linked to the EFT method, as psychological and physical disorders are attributed to blockages of the meridian energy system [4, 41].

The functional mechanism of EFT and its effectiveness on reducing levels of anxiety, fear, depression and stress hormones (norepinephrine, adrenaline, and cortisol) [45-46] has been investigated and proven through Electroencephalogram (EEG) [42], Electromyogram (EMG) [43] and fMRI (Functional Magnetic Resonance Imaging) [44]. EFT affects the tonsil and the hypothalamus [46-49] and regulates the HPA axis (hypothalamic-pituitary-adrenal) [5]. It reverses the "fight-flight" response and the brainwave frequencies associated with stress to those associated with calm and relaxation [4, 50]. Therefore, by ''tapping" at specific acupuncture points and focusing simultaneously on a particular emotional problem, EFT can deactivate and unblock the energetic body field and restore balance [51, 4], as it mostly affects the emotional not the cognitive part of the brain [35]. Through ''tapping", piezoelectric impulses reprogram the human brain, dissociating, permanently in most cases, the connection of the organism's stress response with its causing memory, sending a soothing safety signal to the brain. Likewise, EFT has a positive effect on reducing physical problems and illnesses, by disconnecting and releasing from the human neurological system the emotional memories associated with the symptoms. Consequently, it reduces the stress response, usually by 2/3^{rds}. Thus, it allows the body to heal. This is supported by scientific research that has revealed a strong association between illnesses like cancer, heart disease, high blood pressure, obesity and diabetes and high emotional trauma in childhood [4].

Practical Implementation of Clinical EFT

The "Basic Technique" of the Clinical EFT Method follows specific steps:

a) Initially, by applying the "exposure" technique, the patient focuses on and connects with the problem and the corresponding emotion or the psychosomatic symptom.

b) The patient is asked to rate the intensity of the emotion or physical symptom on a 10-point scale (SUDS: Subjective Units of Distress Scale), from "zero" (no intensity at all) to "ten" (maximum intensity).

c) Then either the therapist or the patient repeats empathically for several times a cognitive phrase such as: "Although I feel/ I have... (referring to the particular emotion or problem)... I deeply and completely accept myself". Simultaneously he/she is tapping with two fingers of one hand at point 9 of the other hand (Karate Chop Point) (see Image 3). In general or severe cases, one or both of the points in the chest (Sore Spots) can be rubbed instead of point 9, repeating the same phrase. Thus, exposure to traumatic memory is combined with cognitive restructuring and acceptance of self and reality. This aligns with Exposure and Cognitive Therapies respectively, which aim to modify the patients' dysfunctional cognitive and emotional responses to events [4, 5].

d) Tapping with two-fingers follows for approximately seven times at each acupuncture point from 1-8 (see Image 2). At the same time, a cognitive phrase is repeated by the therapist or the patient, summarizing the particularity of the problem or emotion during the "exposure" procedure. This aims to keep the mind activated and focused on the specific problem. If the patient needs further relief the tapping sequence can be extended to the A-D points of the fingers (see Image 3). In certain cases and whenever necessary, the protocol with the nine ''brain-stimulating actions" contained in ''Full Basic Technique" is implemented Simultaneously,

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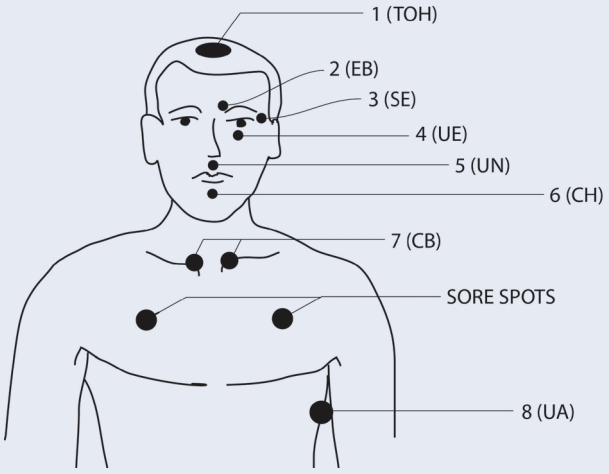
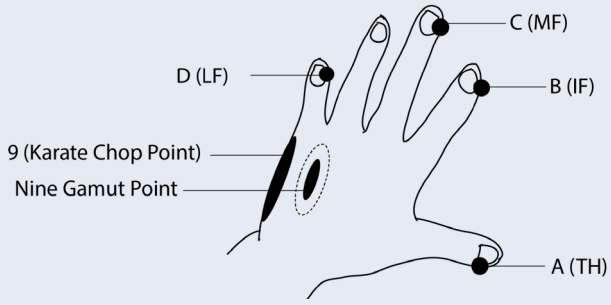


Legend: 1) TOH = Top of Head, 2) EB = Eye Brow, 3) SE = Side of Eye, 4) UE = Under Eye, 5) UN = Under Nose 6) CH = Chin 7) CB = Collar Bone, 8) UA = Under Arm, 9) KC = Karate Chop.

Image 2. EFT Tapping Points [54].



Legend: A) TH = Thumb, B) IF = Index Finger, C) MF= Middle Finger, D) LF = Little Finger,

Image 3. EFT Tapping Points [54].

"tapping" is applied continuously at Nine Gamut Point (see Image 3) to balance the two hemispheres of the brain [4, 8].

e) Usually, after applying three rounds of tapping sequence, the patient re-evaluates the intensity of the emotion or the psychosomatic symptom on the 10-point scale. (f) If there is still great emotional intensity, the process is repeated from the beginning with adjustment of the cognitive affirmations to respond to the remaining emotion or problem, until the scale number is as close as possible to zero: "Although I still feel ... (referring to that particular feeling or problem) ... I deeply and completely accept myself" [4-5, 7-8, 53-54].

Bibliographic review

2.1. The origins and scientific evolution of EFT

EFT originates from the simplification of TFT-Thought Field Therapy method, invented by the American Clinical Psychologist Dr. Roger Callahan. Through systematic research in the 1980s, he developed TFT, based on a sequence tapping protocol, called "algorithms". He applied this protocol at specific acupuncture points, associated with specific malfunctions and diseases. His aim was to discover therapeutic ways to cope with unfounded fears, phobias, traumas, anxiety etc. Gary Craig in 1991 [36] was taught TFT by Dr. Callahan. After five years of research, application and practice Craig developed the EFT Method, creating a single algorithm for all cases. In 1995 he published the basic manual "The EFT Manual" [5, 7].

Despite the variety of EFT types that has been developed through the years, "Clinical EFT", which recognizes forty-eight different techniques, has prevailed in scientific research. "Clinical EFT" has been evolved over the last twenty years to an autonomous "evidence-based" practice, as it has been validated by the American Psychological Association's (APA) Division 12 Task Force, according to proof standards and methods of "empirically validated therapies" and their effectiveness. Clinical EFT training is also accredited for CE for doctors (American Medical Association), nurses, social workers, psychotherapists and other professions.

Additionally, it is confirmed that EFT Method also meets the practice standards based on the US Government's National Registry of Evidence-Based Programs and Practices (NREPP) [55]. Most EFT studies have been carried out after the revision of the Institutional Review Board (IRB). IRB procedures require research studies to be designed and conducted in a manner that provides participants with protection. It also includes the requirement that participants are monitored for adverse events. Overall, over 1000 subjects

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have participated in EFT studies without reporting a single adverse event, indicating a high degree of safety [5].

A number of studies have set the scientific and clinical bases, demonstrating that EFT meets all seven criteria of the American Psychological Association (APA) Standards: 1) Randomized controlled trials (RCTs). 2) Adequate sample size to detect statistically significant differences ($p < .05$ or more) between the treatment of interest and the comparative conditions. 3) It was ensured that the participants who were tested met clearly predefined diagnostic criteria by qualified clinicians through reliable and valid psychometric tests and measurements. 4) Assessment tools have proven to be reliable and valid in previous research. 5) All interview assessments were conducted by interviewers who were blind to group assignment 6) Treatment Manuals were used to clarify the nature of the specific treatment under study. 7) Each paper provided sufficient data for the study's conclusions and their appropriateness, regarding specific criteria in accordance with the study's design aim (sample size, instruments which detect changes, the magnitude of statistical significance) [5].

The effectiveness of EFT is demonstrated through a large number of relevant studies [56], mainly in cases of post-traumatic stress, anxiety, depression, eating disorders, phobias, sports and academic performance. More than sixty researchers have been involved with EFT internationally, and research has been published in more than twenty scientific journals, including the Journal of Clinical Psychology, The APA Journals Psychotherapy: Theory, Research, Practice, Training and Review of General Psychology, and the Journal of Nervous and Mental Disease. Many leading research institutes have contributed to EFT research, including Harvard Medical School, University of California at Berkeley, City University of New York, Walter Reed Military Medical Centre, Texas A&M University and JFK University in the USA, Staffordshire University and Lister Hospital (UK), Lund University (Sweden), Ankara University (Turkey), Santo Tomas University (Philippines), Cesar Vallejo University (Peru), Griffith University and Bond University (Australia) [13].

Specifically, according to the research literature, several clinical trials were conducted in the health field, with the participation of Iran, USA, England, Indonesia, Gaza etc. The research of Babamahmoodi et al. [57] showed that EFT can improve the immune system and the proliferation of lymphocytes in war veterans with Pulmonary Disease from a chemical cause. It can also improve mental health and quality of life. In addition, EFT reduces physical symptoms, anxiety, insomnia and social dysfunction. It can increase IL-17, a pro-inflammatory cytokine that has a key role in defence against microbial infections, such as mycobacteria in tuberculosis. Generally, it can help control the immune and inflammatory reactions. A second study [58] has shown that EFT, as a self-help tool, can help manage the side effects of hormonal therapies for breast cancer. The results of a third research supported the effectiveness of EFT in lowering blood glucose levels in diabetic individuals. It agrees with other studies conducted by Abel (2012), Budwig (2007), Church (2012), Clarke and Goosen (2009), Look and Wilkes (2005), Pauling (2007) (as cited by Hajloo, Ahadi, Rezabakhsh & Kraskian, 2014, p. 1284) [59]. One aspect of the multiple research of fifty-nine war veterans [60] showed a significant decrease in Traumatic Brain Injury (TBI) levels and somatoform symptoms in just three sessions. The results were maintained at both three- and six-month follow-ups. Further research shows also similar results [6, 61-63].

Regarding weight loss and "emotional hunger", research supported the effectiveness of EFT [64]. One study found that EFT improved self-restraint in salty and sweet foods, which was maintained six months later [65]. A second study showed that participants who followed an EFT weight loss program for one year lost an average of 11.1 pounds [66]. As reported in Church (2013, p. 648) [5], the studies of Church and Brooks (2010), Church and Wilde (2013) and Sojcher, Perlman and Fogerite (2012) showed similar results. In comparison with Cognitive-Behavioural Approach, the EFT method has proven to be of comparable effectiveness in reducing the 'lust for food', anxiety and depression levels [67, 68] as well as in self-discipline and dietary self-restraint regarding obesity. Another research [69] showed an improvement in eating habits, along with self-esteem and compassion. This research classified EFT into effective therapeutic strategies

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aimed at enhancing healthy eating behaviours and improving weight-related psychopathology.

Concerning addictions, research findings have shown that EFT is a promising and useful strategy in reducing impulsivity and longing for smoking [70]. The EFT application in a group for two days can be an effective help tool in the treatment of addiction, reducing the severity of the general symptoms of psychological distress [26].

In the field of Mental Disorders and Psychopathology, research has been conducted on anxiety, phobias, depression and post-traumatic stress. Concerning Anxiety Disorders, several clinical trials have indicated the efficacy of EFT. A study in ten schools regarding adolescent students and stress reduction in USA, compared to Cognitive Behavioural Approach, showed that EFT is an effective intervention, according to the Revised Children's Manifest Anxiety Scale 2 (RCMAS-2). It reduces stress in high-ability students, with no major discrepancies between the two approaches [71]. A study conducted in Korea involved three patients with diagnosed Panic Disorder according to DSM-IV. They were assessed with scales and psychometric tests (Panic Disorder Severity Scale (PDSS), Visual Analogue Scale (VAS), Beck Depression Inventory (BDI), Beck's Anxiety Scale (BAI) before and after therapeutic intervention. This study concluded that EFT is an effective treatment for patients with Panic Disorder, as both physical and psychological symptoms were reduced [72]. A third study was conducted by [14] on university students, who received an approximately twenty-minute EFT group session for stress management. Nine common stress symptoms were assessed by the researchers. The results showed that reduction on stress symptoms were four times higher in the EFT group compared to the group that received a similar treatment, but with false acupuncture stimulating points. This demonstrates that acupuncture-tapping is not "placebo" in EFT therapy. A meta-analysis of fourteen studies from 2015, that met the criteria of the APA Division 12 Task Force, showed a significant decrease in anxiety levels in the EFT treatment group [73]. Temple & Mollon [74] conducted a research in adults with anxiety due to impending dental examination. They were assessed according to an 11-point Likert Scale and subjective reports and received a ten-minute EFT session. Even with a brief EFT intervention, a statistically significant decrease in anxiety levels was revealed, with an average reduction of five points in the subjective anxiety of all patients. Another study concerning anxiety on nursing students is aligned with the above results [75]. Nursing students and generally students in health professions, along with female population are included in the populations with the highest rates of anxiety. In a 2009 study by Sezgin & Özcan (cited in Church, 2013, p. 647) [5], high school students, who were anxious about exams, were taught and self-applied EFT at home. They showed significant improvement. Similar results have been reported by other studies [5, 22, 76-78].

Concerning Depression, clinical studies conducted with the participation of Australia and USA [79-81] in a meta-analysis of twenty studies [82-83] between 2005 and 2015 showed that EFT, applied either in a group or individually, in a range of 1-10 sessions, was significantly more effective than the usual psychopharmacological and psychotherapeutic treatments, following the criteria of APA Division 12. The results showed an overall improvement regarding depressive symptoms and a change of diagnosis for each participant. It was proven an effective treatment for depression, with results maintained at follow-up three months later compared to control groups. The first pilot study compared EFT with the Cognitive Behavioural Approach and showed that both had significant reductions in depressive symptoms and anxiety levels. However, the results were not long-term sustained for the CBT treatment. On the contrary, the group who received EFT therapy reported a delayed but significant reduction in symptoms, as the follow-ups showed after three and six months. The fourth study reported significant reductions, not only in depression but also in compulsive behaviour, paranoid ideation, somatization ($P<0.05$), interpersonal sensitivity, psychosis and hostility. For the last three, results were maintained during follow-up even a year later.

Several studies have also been conducted on Post Traumatic Stress Disorder (PTSD) with clinical symptoms. Stud-

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ies carried out on war veterans, with the participation of the USA, England and Israel [84-88] showed that six one-hour EFT sessions reduced quickly, low-cost and effectively post-traumatic stress symptoms and a wider range of symptoms, compared to Treatment As Usual (TAU). The results were maintained six months or a year later. There are also further studies in the same direction [1, 5, 42, 45, 78, 89-101] that include survivors from earthquake, genocide, car accidents and attack on a mall, who showed symptoms of post-traumatic stress. The above studies used Objective Tests and Assessment Scales (PTSD Checklist or PCL, PCL-M etc.).

According to research, therapists dealing with victims of Child Sexual Abuse preferred methods of Energy Psychology, such as EFT, compared to Speech Therapy, because they found the risk of disintegration lower [5]. Mollon [102] reports a general reduction in the patient's discomfort during tapping, while [103] note the lack of disintegration when using Energy Psychology methods. Another study [27] involving male adolescents with symptoms of family abuse, assessed with the Subjective Units of Distress Scale (SUDS) and the Impact of Event Scale (IES), indicates that a single EFT session is a fast and effective intervention to reduce psychological trauma in young people. The results were maintained after one month.

As far as the athletic performances are concerned, three clinical studies are presented. In the first [104], four two-hour EFT sessions were applied to a single disabled golfer who suffered from a movement disorder called "Yips", in an attempt to help him overcome his performance difficulties. There were improvement in the disorder's symptoms concerning all measures of the dependent variables. "Social validation data" showed that these improvements were transferred to the competitive state on the golf course. In the second study [105], a twenty-minute EFT session was applied to ten women athletes, who showed a decline in their athletic performance due to the emotional impact of traumatic memories associated with a critical event. Significant post-intervention improvements were noted in emotional and physical measurements, according to the athletes' personal reports and the objective assessment tests (Subjective Units of Distress Scale (SUDS), Critical Sport Incident Recall (CSIR) questionnaire). That makes EFT a useful tool in the sports field for reducing the emotional and physical discomfort. The third survey [106] was conducted with teams of basketball athletes, men and women, showing that a fifteen-minute EFT session can improve performance on free shots.

Regarding comorbidity, a study was conducted by Brattberg [76] in Sweden. Eighty six (86) women with fibromyalgia received online EFT therapy and showed significant improvements in depression, pain, anxiety, vitality, social functioning, mental health and performance problems at work or other activities due to physical, emotional and stress factors and symptoms. In addition, pain relief measurements, such as rumination, magnification and the sense of helplessness, were significantly reduced. The results were similar for hospital patients, war veterans with post-traumatic stress [107], trauma women survivors from Congo, who found EFT to be equally effective with Cognitive Behavioural Therapy concerning depression (Nemiro, 2013, cited in Church, 2013, p. 647) [5]. There is agreement in other studies as well [90, 108-109].

In conclusion, according to research [2, 10-11, 46, 93, 108] "Clinical EFT" 1) improves physical symptoms and 2) reduces symptoms in a range of psychological conditions, contributing significantly to coping with comorbidity. 3) It helps to reduce emotional hunger and weight loss. 4) It has a positive impact on the normal regulation of the autonomous nervous system and the HPA (hypothalamic-pituitary-adrenal glands) axis, which are related to stress-cortisol levels. 5) It is safe, either self-applied or by others. 6) It is efficient, economical and effective. 7) It has an immediate and fast impact, with the time efficiency ranging from one session for phobias to six sessions for post-traumatic stress. The results are maintained in the long-term. 8) Early evidence demonstrates its effectiveness when applied online through the internet and other electronic means of communication. 9) It can play an important role as an early intervention in human and natural disasters [1, 5].

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2.2. Phobias – Theoretical Framework

According to DSM-IV Phobias are included in Anxiety Disorders, with common characteristic the particularly high or frequent anxiety. Phobias are distinguished in: a) Specific Phobias, when a person is exceedingly afraid of particular objects or situations, which do not pose a real risk, such as fear of flying and heights or fear of certain insects or animals; (b) Social Phobia, a persistent exaggerating fear of social situations, where one fears exposure to strangers or that he will suffer thorough control by them [110-111]. According to the individuals' personal assessment when they are out of the phobic situation, the specific phobia has no reasonably valid cause, while the fear and the stress are not equivalent to the potential imminent danger. Despite this awareness, the phobic person cannot eliminate the fear or overcome the tendency to avoid the phobic situation. Indeed, according to Burton, the closer one is to the phobic situation, the more his/her realistic appreciation reduces because of the experienced cognitive distortion [112]. Avoidance is regarded by Brenner as a defence mechanism and the only common element in phobias [113], as the cause is never clear. The distinction between fear and phobia usually lies in the magnitude of the risk and the potential harm which may arise from the phobic situation. It has been observed that the general spread of phobias follows the fears of the non-phobic population, but at different degree of intensity [112].

According to CBT-Cognitive Behavioural Theory, phobias are divided into three categories: a) The first is related to social rejection, b) the second is related to agoraphobia, and c) the third to the fear of being cut and bleeding. It is considered that some fears may also have a biological basis, as humans are genetically programmed to react with anxiety in certain situations that were critical to the evolution of the species [112].

In Psychoanalytic Theory there are two types of phobias: (a) the first is considered as a defence mechanism against a repressed anxiety-provoking impulse. An internal fear is expressed as a phobia of an external object (through split defence, projection and displacement mechanisms), in an effort to maintain the individual's internal balance; b) the second type is considered an expression of a repressed anxiety-provoking event, usually a childhood trauma. Thus external reality causes stress and imbalance. According to the Psychoanalytic Approach, phobias transport the individual to the "dead zone between reality and imagination". On the other hand, although not fully understood, phobias contribute to balancing ambivalence and intense stress. At the same time they function as a means to maturity, development and evolvement through their practical and symbolic overcoming. Phobias are attributed to the complexity of the phobic object and the interaction of deeper, perhaps, subconscious situations from various stages of the individual's development (birth, separation, despair, threats to physical integrity, death of one's self etc.). Psychoanalysts generally believe that the conflict originated in childhood and was either repressed or displaced onto the feared object. The object of the phobia is not the original source of the anxiety. Psychoanalysis questions the effectiveness of the Behavioural Approach because, despite its immediate effects, the individual is unable to express and process the underlying anxieties, with the risk of the last being adhered to another object or symptom [113].

Historically, there has been a different focus concerning phobic objects and situations due to socio-political changes and technological developments. So new types of phobias have been created, like fear of radiation exposure, while older phobias such as the phobia of demons, observed extensively in the 16th century, have largely disappeared in western societies [112].

According to the bibliography, few clinical, mainly quantitative, studies have been conducted, concerning the application and efficacy of EFT in relation to phobias. All of them, with prior examination and subsequent follow-up, showed that a single thirty to sixty minutes session was sufficient to resolve phobia and that participants' phobic symptoms remained significantly lower compared to pre-treatment status [5]. Specifically, the research conducted by Wells et al. [114], following appropriate criteria and measurement tests, involved forty-six individuals with phobias to a small animal,

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divided into two groups. The team that had a thirty-minute EFT session under controlled conditions showed an immediate decrease in levels of fear of the particular animal and behavioural change, in four of the five measurement criteria. The results were maintained six to nine months later, based on follow-up. On the other hand, the team that was given the Diaphragmatic Breathing Treatment showed a relative decrease in fear levels, but the results were not maintained.

A pilot study [115] was conducted with twenty-two students who met the Specific Phobia criteria. They were assessed by the Behavioural Approach Test (BAT), Subjective Units of The Distress Scale (SUDS) and the Beck Anxiety Inventory (BAI). Each of them received an EFT session with five two-minute rounds. The results were consistent with previous studies and showed that EFT significantly reduced phobia-related anxiety (BAI P = .042, SUDS P = .002) and increased subjects' ability to approach phobic stimulus (BATP = .046), either applied as an initial treatment or followed by the application of Diaphragmatic Breathing. The results were retained during the comparative intervention.

In the mixed - quantitative and qualitative approach - research by Boath et al. [116], university students were assessed on specific subjective and objective scales concerning the Presentation Anxiety Syndrome: a) Subjective Risk Scale (SUDS) and b) Anxiety and Depression Clinical Scale (HADS). They received a fifteen-minute EFT treatment session focused on their fear of public speaking. After the presentation, they were invited to a personal interview concerning their emotions about the implementation of EFT. The majority of the participants showed a significant decrease in anxiety levels (SUDs and HADS), but not in the Depression Scale. A similar study [117], with a larger sample of university students, showed similar results. There was an additional reference to the analysis of qualitative data related to the EFT usefulness, through group intervention, to stress reduction, staying calm, focusing and the possible increase in academic performance. Both studies focused on the fact that EFT could serve very effectively as a self-administered treatment method and extend to other aspects of participants' lives.

Similar conclusions, such as academic stress reduction and enhancement in public speaking ability for students, were also reached by Boath et al. [118] through the academic program 'Skills Lab', supporting the development of communication skills and the transition to professional social work. A similar study showed that students with Public Speaking Anxiety (PSA), who received a 45-minute EFT session, resulted in a significant reduction in PSA in all subjective and behavioural measurements (Jones, Thornton & Andrews, 2011 [119].

Finally, a pilot study by Lambrou et al. [43], focused on the implementation of TFT, a precursor to EFT, with a possible difference in the "algorithmic formula", showed that specific physical and psychological changes were occurring for the claustrophobic individuals who received a 30-minute TFT session. The results were maintained at two-week follow-up. The four participants, who underwent appropriate psychometric tests, the State-Trait Anxiety Inventory (STAI), Electroencephalogram (EEG) and Electromyogram (EMG), body evaluation measurements, such as heart rate, respiratory rate and the conductivity of acupuncture meridians, were compared with four normal subjects.

Methodology

3.1. The aim of the present research

From a qualitative perspective, the present study aims to explore the lived experience and meaning of the EFT impact in people with phobias, serving a contributing effort to the qualitative scientific and bibliographic deficit [120]. The purpose of the present research is to gain insight, to develop an understanding and interpretation of how the participants experienced and made sense of their personal phobias; why they chose EFT and how they perceived the effectiveness of EFT method on their quality of life; what is the meaning attributed to all the above events and procedures for each of the participants. This research gained detailed information about the thoughts, emotions and results observed before, during and after applying the EFT method. The results and interpretations of this research are correlated with the relevant international research literature.

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Bibliographically, there is a large number of quantitative studies concerning the impact and effectiveness of EFT on adults and minors of both sexes, in cases of stress, post-traumatic stress, phobias, abuse, depression, eating disorders, physical symptoms, athletic performance etc. However, there is no respective amount of qualitative research, which is suggested in the bibliography for forthcoming research [5].

The basic question examined in the present research is: 1) how people with phobias experience the effectiveness of EFT correlated to the symptoms they experienced in their daily lives? Secondary research questions answered through this study are: 2) what are the specific symptoms deriving from these particular phobias and how are the participants affected by them in their daily lives? 3) How does each person perceive the experience of the EFT method when applied by their therapist to treat these symptoms? 4) What emotions and thoughts are emerging during and after the application of the EFT method, as well as on a longer-term daily basis? 5) What consequences did each individual observe on his/her daily functionality?

3.2. Qualitative Research Methodology

The Qualitative Research Methodology was selected to serve the purposes of this scientific study. Qualitative research comprises different orientations and approaches, various intellectual and disciplinary traditions grounded, often, in different philosophical assumptions. All these different orientations, approaches and assumptions generate new data-gathering and analysis strategies. Qualitative researchers try to study and understand people's experiences in their natural setting, in real rather than experimentally controlled conditions.

They try to analyse the data without preconceived hypotheses or ideas, find the meaning or allow multiple interpretations of the phenomena [121]. Qualitative research is considered idiographic, focusing on an in-depth analysis of a case or culture, based on internal criteria and its uniqueness within a system. It is divided into three main analytical categories: (a) the philosophical, epistemological foundation of qualitative research, (b) research methodology and (c) particular methods and techniques used. Qualitative research uses verbal and visual methods, like observations, interviews, oral narratives, focus groups, photographs, films, videos, unlike quantitative research which focuses primarily on the numerical data.

Qualitative methodology serves the needs of the present research, as it aims to investigate and study the subjective experience of the individuals who tried the EFT method, through an authentic, dynamic and holistic approach. It highlights the uniqueness of personal experience and meaning, in order to understand and answer the "why" and "how" questions regarding human behaviour and way of thinking [122].

3.3. Sampling

The participants for this study were selected through a combination of purposive sampling and snowball technique, after the written approval of a private therapist. The study sample included seven adults, five women and two men, aged 32 to 60 years, with an average age of 46 years. All the participants met specific pre-determined criteria related to the research questions and purpose. They were all Greek from the wider area of Thessaloniki Prefecture, regardless of their professional, educational and socio-economic background. They all had a specific phobia and received a one-hour EFT session by a trained therapist.

3.4. Data Collection Method

The semi-structured interviewing is one of three data collection strategies and it was selected to better support the objectives of this study. It was based on an interview guide with ten basic open-ended questions. This one-on-one interviewing strategy encourages the participants to describe and explore their personal experience and perception. It allows the researcher's flexibility for further inquiry through a curious and facilitative attitude, while it ensures that information is gathered on areas of interest to the researcher. Furthermore, it is considered appropriate for conducting

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and analysing results according to interpretive phenomenological analysis [123].

The interviews were conducted in April and May 2018, in the participants' personal living space, to provide them with a greater sense of security and comfort and avoid external distractions. The duration of the interviews ranged from 20-30 minutes. A digital tape recorder was used for each interview. All of them were transferred afterwards to a computer as audio files. The researcher listened carefully to each interview for several times. Transcription, decoding and result analysis followed afterwards.

3.5. Interpretative Phenomenological Analysis

In the present study, Interpretative Phenomenological Analysis (IPA) [124-125], an approach to qualitative research, was selected as a data analysis method. IPA has its theoretical origins in Idiography and Hermeneutics. Idiography puts emphasis on the insight of personal experiences, perception and significance of important events, as well as the semantic interpretation of these. It aims to clarify a phenomenon by understanding how a particular person experienced it in a specific socio-historical context. Hermeneutics is a method of interpreting phenomena or our particular place in the world. Personal perspective and perception influence this procedure by giving a unique personalized conceptualization. Generally, IPA focuses on meaning-making and the process rather than facts and causes, as it is required from the researcher to collect detailed, reflective, subjective information from each participant and interpret this information within a specific psychological context. In this process, the researcher's personal biases, concerns and assumptions will inevitably be infiltrated, forming the researcher's interpretation [123, 126].

The process of analysing (coding) and interpreting the data involved several readings of the transcribed texts, for the researcher to consider the multiple meanings and formulate a general and understandable interpretative framework. Then, each interview was studied and decoded separately in considerable detail. During the analysis procedure, the researcher identified and grouped specific categories of emerged meaning patterns. These repetitive patterns of meaning (ideas, thoughts, emotions) throughout the text, are related to the participants' experiences and views of their world. Finally, the researcher reorganized and labelled the emergent themes, producing three "Superordinate Themes" and eight "Subordinate Themes" (see chapter 4.1).

3.6. Ethics

This research obtained approval from the Ethical Research Committee of the Post Graduate Program of the Psychology Department. A private therapist, through whom the researcher contacted the participants, also consented to this research. The participants were informed via an Informed Consent Document, accompanied by the researcher's personal information. This document provided information about nature, purpose and procedure of the research. The voluntary participation and the possibility to withdraw from the research within a predetermined time frame was made clear. The researcher assured the participants about her absolute commitment regarding confidentiality and anonymity. As a result, code numbers (like A1, A2) would accompany the individuals' transcribed answers instead of their real names. After telephone contact, the researcher obtained permission to enter the participants' private place and both sides agreed at a specific time and date. Each participant signed the Research Participant Consent Form and filled in a short Demographics Questionnaire Form. Interviewing and transcription permission was requested and secured, aiming the most reliable recording and study of the data. During the meeting, a special effort was made by the researcher to create a friendly and positive ambience. The researcher assured the participants that she had no intention of concealing information from them. They were all informed in advance that they would be given the results of the research, if they wished, through their email address. There were no potential risks for any of the participants or the researcher due to the nature of the research.

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Results and discussion

4.1 Results

After the interview analysis based on IPA, three "Superordinate Themes" and eight "Subordinate Themes" emerged. These themes regard the participants' experiences of phobia symptoms and EFT sessions, as well as the results after the EFT application. The primary emergent themes which suggest an interaction between systems, social-external and individual-internal, concern:

a) Attitude towards the New, following the stimuli of the external environment. b) Personal Experiences, Thoughts and Emotions in connection and interaction with the external environment. c) Openness to the Self and the Environment, individually and socially, through self-application of EFT and extension of its use, but also through the intention to disseminate it to others (see Table 1).

All participants received an EFT session from a trained therapist, except one who followed self-application instructions during an EFT seminar. Four participants suffered from the fear of heights and one from claustrophobia and fear of elevators. Two others were afraid of airplanes and water.

4.2. Discussion of the Results

a) Attitude towards the New - Impact of the external environment

i) Initial contact and acquaintance with EFT

All participants, although initially cautious to varying degrees, showed interest after the first stimuli from their environment. Some tried to explore and collect information online through seminars and books. Others implemented the EFT technique on personal issues, trusting and being motivated by their therapist or by people they considered familiar and reliable. One participant seems to have been motivated by the technique's name, connecting it, perhaps, with a forthcoming personal gain.

According to the bibliography and the Theory of Planned Behaviour, people often act logically and make systematic use of the available information. Thus, different knowledge and intentions result in behavioural changes. Besides, personal values, social imperatives, and control perception influence attitudes, intentions and behaviours. Additionally, according to Bandura's Social Learning Theory, people learn either by observing and imitating others or by receiving reinforcement or punishment for their behaviours from other people [127]. Specific extracts from the participants' interviews illustrate the above table.

Table 1: Superordinate and Subordinate Themes

Superordinate Themes	Subordinate Themes
Attitude towards the New – Impact of the external environment	• Initial contact and acquaintance with EFT • Thoughts and emotions about EFT • Personal Testing - Decision to change
Personal Experiences, Thoughts and Emotions – Individual level	• Personal experiences concerning phobia • Thoughts and emotions during the EFT session • Thoughts and emotions about EFT effectiveness
Openness to the Self and the Environment – Individual and Collective Level	• Openness to the Self - Expanding the use of EFT • Openness to the Environment - Intention to inform others and disseminate EFT

"I heard about EFT almost 10 years ago, through self-awareness lessons... [...]. I was informed about this method but apart from that, I started searching on the internet because I found it very interesting..." (A1)

"... Well... At first, it seemed strange to me... I said to myself "what's this new thing again"... But I was curious because I am looking for alternative methods and I really like them. Generally, I do not rely only on my first impression and especially... when something catches my attention and is so promising, I search it further... "(A2)

"... At first, I didn't pay much attention to it... I was sceptical. My

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friend's daughter, however, told me about a therapist using this technique and I thought I should try it...since there was no risk at all. I thought I had nothing to lose... She had tried it herself and said that EFT helped her."(A4)

"Yes... I heard about EFT 6-7 years ago visiting a Mental Health Counsellor...who informed me about EFT and I had my first treatment, more like a demonstration I would say and I was impressed... yes...because I felt well right away. That's why I...I always had it in my mind…I wanted to know more about EFT. I wanted to see what's going on... If there are any seminars..." (A3)

"... I liked the title "Emotional Freedom"… I was not biased either positively or negatively. I just thought I should try it. "

"A friend of mine had tried it on a particular issue that I was also concerned about...told me about the positive results and changes and... encouraged me to try it too..." (A5)

Some participants reported that they had previous experience and knowledge of alternative therapies. This feedback resulted in their positive attitude towards the new EFT method. This openness to the new could be associated with Papert's Constructivism Theory, according to which people construct knowledge on a pre-existing cognitive basis. Constructivism Theory underlines the significance of adaptation and development. It highlights the processes through which people construct deeper knowledge of the world and face dynamically environmental changes. It defines intelligence as the ability to find a balance between stability and change, closure and openness. Thus, it contributes to the formation and transubstantiation of knowledge within specific contexts [128].

ii) Thoughts and emotions about EFT

The participants reported a variety of emotions and thoughts during their first contact with EFT, ranging from an amusing-discarding attitude and cautiousness to curiosity, interest, excitement and admiration, including an escalation in some cases. Some representative examples follow:

"...I was making fun of it... I kept saying to my friend, "What is this now and..." (A6)

"Excitement… I would say curiosity and especially excitement."[…]

"Intuitively I would say... I had experience with energy therapies, so I had... I realized that it was related to them. So it was an opportunity to learn something new. And my enthusiasm was growing because I was getting very positive feedback and information which I confirmed later by testing this method."(A1)

"The more I learned about EFT, the more my interest developed and I wanted to search more… I would say it triggered my admiration and excitement, as I listened to all those cases in which this method can be helpful especially so… fast and efficiently. So eventually I tried it and discovered how immediate and effective it was ... "(A2)

iii) Personal Testing - Decision to change

Two participants reported that after the initial gathering of information, they tested the technique on themselves and confirmed its effectiveness. Some participants stated they chose to work with their phobia because they wanted to get rid of it and improve their quality of life. Besides, some expanded the EFT application on other personal issues. Others, however, trusted close and trustworthy individuals who incited them to try EFT and change. As noted in the research literature, from the experiential aspect of humanistic psychotherapeutic approaches, subjective experience can cause change and innovation, through introspection and thinking. The human being can develop and organize his/her life as he/she wants, despite the undoubted impact of social conditions [129]. One of the main human characteristics is continuous activity that causes many external and internal changes. Examples of unseen spiritual changes and processes are experience, perception, imagination, thoughts and emotions. Many psychological theories have developed to explain the motivation for change, which usually derives from the interaction between the individual's environmental stimuli and mood types, affecting behaviour and adaptability. Thus an external stimulus can trigger an internal one. Human knowledge and beliefs were once internalized through interaction with the external environment. However, the wide variety of motivations, triggered by different circumstances, needs to be associated with expressing and serving the individual's needs, while at times the individual's

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intuitive choice, temperament and personality may be involved. Moreover, emotions play an important role, not only for survival but also for long-term enjoyment and pleasure. In general, the individual can be characterized not only as an active organism that responds to environmental stimuli but also as a being that has the potential to actively seek and build environmental conditions [130]. Conclusively, it becomes clear that change is a complex phenomenon involving a variety of factors.

Generally, there are three types of change, individual, group and general. For the participants, the attitude towards the new and change seems to be connected with the first type. It is related to activities and personal development. It also constitutes an internal gradual transformation, as individuals seem to follow the three stages of change by Fullan's model: a) information entry and exploration, b) implementation and c) internalization [131]. All individuals do not necessarily complete all three stages. Usually, needs assessment, clear goals, motivation, environment [132], striving for control and commitment or release from a goal are prerequisites for successful change [130]. Two basic factors that can boost change are self-trust and self-confidence [80]. Misinformation or lack of information, fear of failure and the unknown, reluctance to experiment, considering change as a threat to people's abilities, authority and power distribution are common sources of resistance to change [132].

"... So fear of heights was not actually an obstacle in my life, but I wanted to get rid of it completely. I knew it wasn't mine, but it was created later in my life." (A1)

"It wasn't the first thing I did with EFT, so I pretty much knew the process..."[…]

"... Well...after gathering all the information I needed for EFT, I decided to go to a therapist to work on some issues with EFT... and one of them was fear of heights because I wanted to get rid of that fear." (A2)

"I wanted to make my life easier. And after trusting the method, after seeing the results, seeing...I said what else is there to do but EFT ... and I was right." (A3)

The "Openness to Experience" and "New", according to "The Big Five Theory", is one of the five main Personality Traits. It is used in the study and specification of individual differences and personality assessment. The other four traits are "Agreeableness", "Conscientiousness", "Extraversion-Introversion" and "Neuroticism". "Openness" features six characteristics: imagination, aesthetic sensitivity, monitoring of internal emotions, preference of variety and intellectual curiosity. Some of these aspects are also present in the participants' comments. The high degree of "Openness to Experience" usually characterizes people who enjoy the adventure, going beyond their personal boundaries and usually seeking new, unconventional and innovative experiences, ideas and perspectives. They are more willing and bold to try innovative activities. Consequently, these individuals usually place themselves in environments where they are more likely to acquire new knowledge. "Openness" is often associated with high intelligence and intellectuality, according to Personality Tests, as well as creativity, imagination, appreciation of aesthetic experiences and the ability to monitor and process complex stimuli. It also affects the individual's self-image of intelligence.

Of course, this trait seems to be influenced by age, as it decreases during adulthood. However, it is relatively stable per person, regardless of changes in facts and circumstances. It is also associated with "extroversion", "neuroticism" and gender. When the status of "openness" is separated from the intellectuality, women seem to have the advantage, despite some conflicting correlations. As far as cultural differences are concerned, "openness" is observed in a wide range of populations worldwide, despite cultural differences and divergences [130, 133-137].

b) Personal Experiences, Thoughts and Emotions - Individual level

i) Personal experiences concerning phobia

Most participants reported that their phobia did not cause them any particular difficulties in their lives. It did not affect their functionality, as they were not obliged to submit themselves to similar phobic situations (contact with sea-water, extreme high-altitude conditions). However, if sometimes they had to face the phobic situation, they either endured

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it along with the consequent intense negative emotions or attempted to avoid it and limited their choices due to fear and other negative emotions, specific physical symptoms and thoughts:

"…It didn't affect me much in my life. The first incident that stopped me was Mount Olympus." […]

"I thought… the girls are moving to the top and I have to go back. I got upset a lot at that moment... I can't go on now because I'm scared. And I feel my legs a bit... now that I remembered it... "My legs were cut off"… I don't want to look down. I said to myself: "Go back now"... I had reached my limits." […]

"... I felt stiffened, sweaty and tensed…"(A6).

"The next day I tried to go out to the balcony of my house and it was impossible. So I realized I had a problem that wasn't mine. For years I had been trying to overcome this fear by marking on the balcony floor...well... the floor is mosaic, those old colourful floors. So, I always marked the small stone I had reached each time. I had improved a lot, but I wasn't... the fear was still there. I couldn't get over it." […]

"... Our house is on the first floor. So I can't say it was that hard for me. That is, I could stand on the edge of the balcony and look down, with caution and tension of course. But on higher floors… no way. I couldn't even go out to the balcony."(A1)

"… Every time I was on the 3rd floor or higher, I felt fear and didn't even go close to the railings… […]

...and this (specific stories and incidents) further enhanced my fears...made them more realistic... And every time I approached the railings, even on the 2nd floor...I was thinking that the balcony might collapse and I would fall... I didn't tell anyone... And when I was with my family I was trying to think "everything is fine" and that "all these are just thoughts in my head"... But from the 4th floor and up I wasn't even going close to the edge... I avoided it... And that was happening even when I was an adult..." (A2)

"...The symptoms...were tachycardia, tightness in the stomach and chest. Generally, a tension in the body, like stress...." […]

"…When I was little I had climbed up to the roof, […] and looked down. I felt fear... and thought I was going to fall." […]

"… Mmm… Vertigo..."(A5)

"Tachycardia, fear, trembling... dizziness..."

"...I have to take the stairs... and go to other areas where banks don't have this type of doors... [...] I have enough trouble in my life ..."

"...I force myself to take the stairs up to the 6th floor ... (A7)

According to the bibliography, the first characteristics observed in a phobic person are severe anxiety or physical symptoms such as tachycardia, palpitation, dizziness, nausea, fainting. Mouth dryness and sweating may also occur. Two participants reported tightness and two others tension in the body. The second characteristic observed in a phobic person is the strong desire to escape or avoid the phobic situation, limiting thereby their normal daily activities. If the situation is unavoidable, the individual either overcomes the phobia or develops chronic anxiety. People with fear of elevators often appear in clinical practice. Although this phobia is not considered particularly dramatic, still it impedes the lives of phobic individuals, as they are forced to restrict their choices regarding the place of residence, work, etc. As far as the fear of airplanes is concerned, bibliography indicates that phobic individuals feel great anxiety before or during the journey. Some fear they might feel suffocated or lose control of themselves and feel humiliated, ashamed or embarrassed due to stress and physical reactions in front of the other passengers. They may fear that the plane will crash and they will die or they might develop agoraphobia [112].

Some participants attributed the emergence of phobia to an external traumatic event during their childhood [113]. They felt fear because of this event and began to avoid these particular phobic situations. However, by avoiding to face the phobia, it often reinforces internally [112]. Apart from being triggered by a traumatic event in childhood [138], phobia may also appear during adulthood, without any precedent event [112].

"Well...when I was a little kid, at elementary school...I remember I went to the terrace at my aunt's house...on the 5th floor... And as I was walking around...I approached the railings to look down... and at that moment my cousin came behind me and scared me saying "bam" and pushed me a bit... I was so scared and thought I was going to fall down because at that moment I was just looking out of the railings and I was overwhelmed with awe... And when my cousin said "bam"... I was so scared and... "(A2)

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"…when I was a little kid, we went to Italy with my parents visiting the Pisa Tower… My dad and I climbed up to the second floor."[…]

"We walked around the building to the floor side where there were no railings…and…when we reached the leaning side, as a kid I was afraid I would fall. I felt the fear at that moment... then we returned to Greece."(A1)

Two individuals seem to have mentioned what in the bibliography is called "body depiction" [112], which is related to individuals with acrophobia and the phobic person's depiction of falling from high altitude.

"... I was scared and I remember thinking... "ah, I'm falling now"... and I had a picture in my mind that I was falling from that height..."(A2)

"...The thought was "what if I fall". How much... I already feel awful and how awful I would feel during the fall."(A5).

In bibliography is referred that some individuals with fear of heights, apart from the usual symptoms, such as fear of high altitudes or peaks of hills and mountains, acrobatic fear on bridges or subway rails, fear and worry of falling and getting injured or even an uncontrollable impulse to jump from a high point, they may also experience visionary fantasies of falling with consequent physical sensations, despite they are safe in stable ground [112]:

"And...later I saw the movie "Matrix"… […] the hero is being chased after, coming out of the skyscraper window into a narrow sill. I identified myself with the hero... and put myself in his place and I felt the emotions that he felt... and that I would fall..."(A5)

ii) Thoughts and emotions during the EFT session

All individuals reported that they focused, more or less, on specific images and emotions associated with the phobic situation. This seems to be related bibliographically with the "exposure" to phobic stimuli [4, 8]. This is also used in the Cognitive Behavioural Approach for Phobia Treatment, where the individual connects gradually with the phobic situation and may experience some negative emotions [112]. Two individuals mentioned that they experienced the EFT session like meditation. One of them connected it with the body and with greater relaxation. However, some people, at least initially, noticed that they found it difficult to focus on unpleasant emotions and memories:

"...it is like meditation...like when we meditate... it's the familiar steps... But because it has to do with the body, I think I have more immediate relaxation than with meditation." (A6)

"There was a pleasant mood, not anything particularly intense. That... I mean... EFT was… I knew it... that it gives me well-being... that... And I let go... That is, I didn't notice anything particularly intense... I focused on this incident and I followed... It's ... I'd say like a meditating situation ..."(A1)

"...Well... I don't know... I trusted her... I followed the procedure and let go ..."(A2)

"It was a little intense at first and difficult because I had unpleasant things in my mind that I didn't want to think about. Slowly, though, I calmed down and felt better." [...]

"I remember feeling scared when I was thinking about the incident and the sadness… Slowly, though, I calmed down and the fear subsided."(A4)

Despite the initial difficulty in remembering and focusing and the tendency to avoid it, the "exposure" to traumatic memory becomes gradually easier for the phobic individual and the habitual avoidance behaviour is reversed [4]. This often provides the patient with greater familiarity and security [35, 8].

Moreover, all participants reported that the process was relaxing. It helped them to reduce fear and other negative emotions and they felt relieved [37, 8]. Despite the relaxation, one person reported that at some time felt discomfort at Sore Spots (see Image 3). According to the bibliography, if this point is characterised "painful", tolerable though for the individual, without exceeding the pain threshold or causing unjustified discomfort, it indicates that there is lymphatic congestion, which may disappear along with the "pain" after a few repetitions [8]. Generally, during the EFT session, the individual may experience some physical sensations, such as relaxation, tension, yawning, temperature change, lightness in the head or temporary dizziness, tears, change in breathing etc., which indicate rapid changes in the state or specific systems in the body. Specifically, Corey observed

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in 2011 that yawning is directly related to changes in temperature and blood flow to the brain. It may also be related to changes in alertness and cognitive status [35].

"I felt relaxed... Especially the fingers and eyes... Although at some point I felt a little pain here (points to Sore Spots)..." (A6)

"Well... it was quite a relief... the intensity of the emotion, of this fear, diminished gradually during tapping…" […](A5)

"I felt relief, but... of course I was yawning, and I felt..." (A3)

"I felt relaxed and calm..." (A7)

There are two techniques in EFT, "Tell the Story Technique" and "The Movie Technique", which help the individual to identify particular events that may have escaped the attention, to determine the extent of emotional burden that each event causes and reduce it through EFT, resulting in the overall treatment of the problem. In the second technique, the patient can project an event in his/her mind as if it were sequential scenes of a movie. The advantage is that he/she can avoid revealing personal details about the problem's nature, which could cause shame, embarrassment or other negative emotions [4].

"I found something I hadn't realised before because it was like virtual reality. I mean... we went through all the steps… (from booking the tickets and taking off until landing)[…] And finally, I found something I hadn't realized until then. That my biggest fear was at the moment... firstly, when the wheels come out and secondly, when they touch the ground. That is when the braking begins. At that moment, I was crazy... So I realized how complex phobia is, that it has different stages, for me... "(A3)

iii) Thoughts and emotions about EFT effectiveness

All participants reported that they benefited from the EFT technique. They relaxed, became calm and their fears subsided during the session, as well as daily [37, 8]. Some individuals eventually experienced a complete change in real phobic conditions, even though they initially felt no difference. According to patients' testimonies in bibliography, EFT influences not only the conscious but also the human subconscious. It can retrieve and reduce the intensity of emotions or even treat repelled subconscious traumatic or painful events and recordings [35].

"…We left the seminar, ok… and I didn't have it mind at all. However, a couple of weeks later I was in Chalkidiki with a friend… There is a place there called Gremia (cliff).... As we were walking, I went close to the edge, looked down very naturally as if I was walking straight… […] And then I realized that I had completely got over the fear of heights." […]

"…I noticed that it was over and that I could go up to higher floors from that time on."(A1).

"A... it helped me a lot and I'm not scared anymore… even above the 4th floor…" […]

"... I consider it a very good and effective treatment ...a very handy tool for any moment because you can learn it and even use it outside with the short tapping sequence, for […] say chocolate or smoking... Also for many issues of everyday life ... physical… psychological...deeper subconscious matters...because as you work on a subject, images, experiences, thoughts...may come out of the subconscious... You may not have thought about them at all… EFT helps you solve these issues and go deeper where they were initially created… it takes you straight to where you need to go and solve your issues."(A2)

"When I was thinking about the incident in the sea… […] I was no longer afraid, the fear was gone. But I don't think that if I'm in the sea again I won't be scared... I think I will be able to overcome my fear only if I learn to swim and rely on myself... "(A4)

"Well... I noticed that the emotion and the physical symptoms were the same... I was sweating... However, the emotion was moderate compared to other times... I have experienced even more intense situations and emotions. Well... and this time I came a little closer to the railings than before... "(A6)

"A few times I needed to get into an elevator… because it didn't happen many times... At first I couldn't even think about it... However, not long afterwards, although I didn't get in, I felt a little better... I mean, I was thinking to get in... Let's say, that is one step for me...or half step... one step is to get into the elevator..."(A7)

In the bibliography, there are cases where there may be a lack of progress with the EFT technique. The possible cause might be the "Psychological Reversal", which corresponds to the psychological term "secondary gain". This term suggests that there may be some social and interpersonal non-obvious benefits that often lead individuals to maintain and perpetuate negative situations and psychopathology. Often,

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"secondary gain" is supported by complex processes, deeply rooted in the subconscious, and it can produce resistance during psychotherapy [139, 140]. It is mainly observed in chronic diseases, addictions, treatment situations where resistance is present, and generally, in people who have no progress, even with a wide variety of treatments, despite their strong desire to be cured. So, the EFT Basic Technique includes the correction of the "Psychological Reverse", even preventively. This happens while performing the third step, by tapping point 9 (Karate Chop Point) (see Image 3 and Chapter 1.3 above) [4]. Also, other cases where there can be limitations to EFT effectiveness are: if the mind does not stay focused or the person does not consciously feel the emotion, even though it emerged. Or when there is lack of recognition or difficulty in distinguishing between several emotions that are present at the same time, despite specific sensations in the body. Additionally, there may be difficulties and restrictions when the problem is complex and consists of many aspects [112], which may not have been identified or treated. Also when the person's defences have been activated. It has been observed that in individuals, who have undergone psychotherapy or psychoanalysis, these defences have been strengthened and it is more difficult to work with EFT [35].

However, there are cases that permanent instantaneous cure has occurred, even for chronic illnesses or phobias [35, 8]. Moreover, it has been observed that when the emotional burden has been treated for a particular event, some patients also report a decrease in the intensity or even cure of some other problems associated with a similar emotional imprint [4]:

"I have the feeling, without being completely sure, that my stomach didn't bother me again... maybe a side benefit?" (A3)

c) Openness to the Self and the Environment - Individual and Collective Level

i) Openness to the Self - Expanding the use of EFT

Some participants reported they expanded the use of EFT in their daily lives. As they consider EFT an important tool to address many personal issues, they self-implemented it on other personal matters or applied it to their relatives [5]. However, others did not use it further in their daily lives.

"I consider myself lucky because I had the opportunity to know that EFT exists. Well... as I said I use it daily. I think it's a method of liberation […] human empowerment [..] a very powerful tool to face many issues, physically, emotionally, to overcome stress. […] If something happens and you get angry you have the option to stay much less angry, for much less time I mean."

"I really like EFT. I use it for a lot of things, to clean, to reduce tension. It's something I've been using for 10 years every day because I can reduce daily tensions I might feel at work. So I can relax a lot easier. I consciously search for my childhood experiences and apply the EFT method to see if there are still any emotions or tensions left. Sometimes I find, sometimes I don't... Generally, I feel that it contributes to my well-being, release and relaxation."(A1).

"I told you...it's a great method... I adore it... and I went to a seminar to learn more about EFT because I saw that I needed to apply it also to my kids..." […]

(It helps me)"...In pain, in migraines... I remember ...one night I had no painkillers at home, no "depon" or "ponstand" and I said to myself: "You have nothing to do but EFT". And I didn't believe in my eyes […] that I was well. It helps me a lot to relax... to control my worries…"[…]

"With my kids, we talk on Skype and we do EFT together for anything they are concerned about..." (A3)

"I haven't tried it out of procrastination... I haven't applied it and I can't tell you..."(A6)

"…These times that I applied EFT I felt calm… but the truth is I didn't try it often…"[…]

"Of course I applied it for other things... I did it for anger... and I calmed down..." (A7)

ii) Openness to the Environment - Intention to inform others and disseminate EFT

Almost all interviewees indicated that they would recommend EFT to other people, for a variety of reasons. Either for them to simply know that they have a choice or to help them face their problems at a personal level. According to the bibliography, in a sense, each human orientation in-

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cludes the "principle of pleasure", without this contradicting the principle of reality. Experience is usually defined according to pleasant or unpleasant expectations. Often the "morally good actions" characterises human motivation, associated with utility and service. Many of the highest virtues in society are linked to the two qualities above ("principle of pleasure" and "morally good actions"). They originate from humans and expand to the universe. Thus human being can be seen as a member of a wider society that uses symbolic action within the communication frameworks [132].

"And I consider it purpose of my life to communicate it to other people." […]

"Of course I would recommend it for a lot of reasons […] Because you are liberated, emotionally, physically, you regain your sovereignty, you are empowered. It is a tool that may seem strange, but it can help us evolve in many things in our lives. I think the list of reasons is endless... I think it's one of the tools that especially today, with all the tensions, the rapid changes... it's like... if you don't know EFT it's like you don't know the alphabet nowadays... And I think it will be one of the very powerful healing tools from now on. "(A1)

"Yes, I would recommend it... to apply it on themselves... I'm not an expert to tell them how to do it..." [...]

"Of course... I would suggest it because it's an alternative way to leave the tightness and relax ..." (A6)

"Hmm… Ah… because it works with… it can help them with… some of their own issues of course. It is what the title says "Emotional Freedom". It will help them alleviate the tension of whatever they are facing. I think it's a good method to do that."(A5)

"Of course I would recommend it... I would recommend it to everyone. For what reasons... because it has immediate effects. How can I be angry at one moment and then nothing... How can I be scared for years and then instantly be cured... Well... at first when I heard about instant cures due to EFT, I said: "this is for me"... And... So even only for that reason... for people to feel better and ... to have... quality of life..."(A3)

Analysing the participants' answers, there seems to be a circular process of incoming and outcoming information from and towards the environment. After personal processing and implementation, people seem to have the intention to render help and re-feed the environment in a beneficial way. Adler focused on man's social interest and connection as part of his overall psychological health. People have the will and desire to change for the better, develop themselves, overcome problems, evolve and work together on common goals in a two-way process of beneficial guidance and rotation [133].

4.3. Researcher's reflections

According to Phenomenological Analysis Interpretation, it is required from the researcher to identify his/her perspective on the phenomenon under study and to reflect on how his/her position and attitude "filter" and conceptualize the whole process, influencing the research course and interpretive data analysis [141]. In this research study, the researcher's perspective resulted in producing a specific interpretative theoretical framework regarding the research data, according to her perception and interpretation. In parallel, the design and execution of the research itself influenced her in various ways and levels.

Specifically, this is the researcher's first research endeavour. Due to lack of prior experience, the research process and objectives regarding research design may have been influenced. There were anxiety and ambivalence about separating, refining and selecting the necessary and appropriate information to process. Although the research process was interesting, it was quite time-consuming for the researcher to find and encounter the interviewees, as well as analyse and interpret the research data afterwards. Also, the semi-structured interview method, which requires prior experience from the interviewer, as well as increased communication skills to create a trusting and friendly atmosphere for the interviewees [142], caused anxiety and uncertainty to the researcher. However, these difficulties were overcome quite quickly after the first contacts and interviews. The researcher also encountered difficulties in finding bibliography on qualitative approach research concerning the EFT method, the analysis of the emerged ''Superordinate and ''Subordinate Themes" and the interpretive decoding of the interviews.

More specifically, it was difficult enough to find the proper

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candidates for the interviews. Besides, there was a long delay before I came in contact with the participants. As I had already completed the theoretical part of my research study, this delay caused me a great deal of anxiety, stress, worry and sometimes frustration because the success and outcome of the dissertation depended on other peoples' availability. During the interview process, thoughts were crossing my mind on how I could gain the participants' trust; how could I make them open up to me and reveal their thoughts, emotions and experiences, some of which could be traumatic. However, after the first interviews, I felt very relieved because the participants shared, more or less, their personal information with me. I felt gratitude and joy for that, as well as for their intention to help me with my research.

At the same time, I noticed that the interview process required from me to be alert and very attentive towards the participants; to ask clarifying questions and make appropriate interventions; to adapt to each person's temperament and non-verbal communication signals; to help them express and share their thoughts and emotions and elicit their deeper personal experience. The objective was to extract as much adequate data and accurate conclusions as possible. Further interviews helped me to gain experience, more flexibility and adaptability during the flow of the interviews. Thus, I acquired more self-confidence.

My interest in conducting this research was triggered by the previous knowledge and experience I had and the proven effectiveness of the EFT method. These two factors made me consciously think about whether and to what extent my personal perception and "filters" could influence my stance, my interventions and my personal interpretation of the interviews and the research data. I consider it important, based on the Interpretative Phenomenological Analysis, to be able to reflect and identify my own interpretive lens and the subsequent results. Therefore, I endeavoured, as much as possible, to maintain an objective view during the processing and interpretation of the data. On the other hand, due to bibliographic limitations, I was deprived of a vital supportive tool for guidance and reference. That resulted in difficulties in processing, correlation of the research data, interpretative choices and extensions.

However, from the overall research process, as far as the learning-educational benefits are concerned, I gained the knowledge and experience of organizing and conducting scientific research, including all the relevant steps, as well as how to prevent, with greater ease and experience, impending obstacles and difficulties.

Regarding the literature review, I found this process to be one of the easiest and most enjoyable parts of the research process. Deepening in knowledge, organizing, systematizing and planning, without being overwhelmed by the volume of theoretical knowledge are some of my strong personality points. As a result, I have greatly enriched my theoretical and cognitive background and attempted to capture and interpret the broader holistic picture through the inevitable fragmentation of knowledge. Through the study of interview material and related literature, I came across some extensions I had not imagined and the challenge of bringing new specialized knowledge of the human psyche and behaviour. That broadened my horizons and sharpened my mind and critical ability. Of course, the difficulty in finding bibliography regarding the interpretation of the research data caused me anxiety, worry and impatience, combined with the lack of experience. Fortunately, they were eventually overcome. Overall, I have concluded that researcher's prior knowledge and theoretical grounding is vital and very helpful for more safe and qualitative gathering and process of the research data.

In addition, through the interviews and contact with phobic individuals, apart from developing and improving my communication skills, I gained a greater understanding and empathy for this particular population. I participated in their personal experiences and difficulties. Through this research endeavour, I have obtained a clearer picture of what phobic people are experiencing. My attitude has now become more sensitive and empathic to these individuals. That could provide these people with better support on my behalf as a future therapist. Also, the participants' reports about their experiences with EFT are a valuable guide in understanding, improving and treating future patients with this method.

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Conclusions and limitations

5.1. Conclusions

The overall analysis of the data showed that all participants, despite their initial cautiousness, were receptive and open to the new. They were interested in learning about EFT and testing it personally. Some of them associated EFT with their prior knowledge of alternative therapies. Through personal implementation or by trusting familiar people, they decided to change and improve their lives; to abolish the phobias and the subsequent restrictions they faced. Regarding their chronic phobias, all participants referred to their symptoms and emotions. They mentioned the changes and avoidance behaviours that limited their choices and activities, while others described the experience of being forced to undergo a phobic situation. All these references are consistent with the bibliography [112-113, 138].

All participants stated that they focused on thoughts and images regarding their personal phobic experiences. Despite their initial intensity and difficulty in some cases or the tendency to avoid remembering and re-experiencing negative emotions, they benefited from EFT. They felt relief, relaxation and reduction of intense emotions and especially fear during the application of the technique. One participant reported that, through EFT, managed to detect the real stimulus behind the fear of airplanes and subsequently to overcome the phobia immediately. That was at the time of landing when the wheels come out and touch the ground. Overall, three people reported complete treatment of their phobia (fear of heights and airplanes), after one EFT session, with long-term maintained results.

Two others mentioned that although they had experienced intensive emotions during the EFT session, they observed decreased intensity when exposed to the real phobic situation (fear of heights). Thus they were able to reduce the proximity distance to the phobic stimulus. One person reported that although not having felt ready to enter the elevator, observed a decrease in fear intensity regarding thoughts and hesitation to attempt it, which was previously unthinkable. Finally, one person had not yet been exposed to the equivalent real phobic situation and could not comment on the effectiveness of the technique.

Some participants benefited greatly by the EFT method and were enthusiastic. After being trained, they incorporated EFT into their daily lives for many years since the initial contact. They implemented EFT on many personal issues or extended its application to their relatives.

Three said they had not implemented EFT into their daily lives, either due to procrastination or other reasons. Two mentioned they needed time to see results on personal matters after self-application, before recommending it to others. The majority of the participants found that EFT is a very effective method for managing many physical and psycho-emotional issues. They were very willing and positive to inform or recommend the method to other people, considering that it could be proven a useful means to smoothen or eliminate negative emotions.

To sum up, EFT is a significantly beneficial and effective method of managing and treatment for a variety of phobias and patients. According to research studies, the results vary between immediate and instantaneous treatment, even to chronic phobias, (see Chapter 2.2) and more limited effects. This may be due to a variety of factors, such as problem complexity, patients' psycho-emotional background and temperament etc.

5.2. Research Limitations

For the needs of this qualitative research, the sample of seven participants was an adequate number that achieved data saturation on specific subjects. The emerged pictures and findings were quite interesting and various. However, the recruitment of participants with the same type of specific phobia was not possible. That aroused difficulties in extracting more clear generalized and representative conclusions. Additionally, due to the qualitative research bibliography limitations on this subject, the comparison of the findings was restricted.

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5.3. Suggestions for Further Research

Given the above, more qualitative studies on EFT, including new diseases or psychological disorders, should be conducted in the future to explore personal experience, characteristics, and difficulties encountered by the patients using this method. Cases with a limited response to the EFT method could be studied, including "Psychological Reversal", "Secondary Gain", comorbidity or nutritional factors. Research cases that EFT will be the only therapeutic method applied would provide more clear results about this method. It would be enlightening if mixed-type studies, quantitative and qualitative, were conducted on patients with the same specific phobia or other condition.

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