

Borrowing Benefits: Clinical EFT (Emotional Freedom Techniques) as an Immediate Stress Reduction Skill in the Workplace

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Abstract

Clinical EFT (Emotional Freedom Techniques) is an evidence-based practice that has demonstrated efficacy for anxiety, depression, and PTSD. While a literature search identifies over 100 EFT papers, none thus far report on its use with business executives. The current study assessed psychological indicators in business owners ($N = 39$) over 50 years old and whose companies grossed US\$9 million or more annually. Participants attended a daylong seminar combining psychoeducation with EFT delivered in small group format using a manualized protocol known as Borrowing Benefits. All members of each group used EFT while witnessing sessions conducted by a certified Clinical EFT practitioner. After treatment, the severity of psychological symptoms such as anxiety and depression declined by 34% ($p < 0.0008$). Pain was reduced by 41%, and cravings for problem food and drink items by 50% (both $p < 0.0001$). The study focused on EFT's immediate stress-reduction effects and did not include a follow-up assessment. Consistent with the literature on Borrowing Benefits, EFT produced large reductions in stress symptoms when delivered in group format. As businesses seek methods of reducing stress in professional settings, Clinical EFT groups offer a fast and effective technique to improve both the physical and psychological dimensions of employee well-being.

Keywords

Workplace, Anxiety, Depression, Stress, Pain, Cravings, EFT, Emotional Freedom Techniques, Group Therapy

1. Introduction

Many in the workforce, including business executives, suffer from work-related

stress, burnout, and mental health issues and stress. These disturbances in psychological well-being can lead to health and economic burdens on the employee, the organization, and the general community (Goh, Pfeffer, & Zenios, 2015). Many business executives identify with their work so that the failures or successes of the company become their own (Kisfalvi, 2000). Depression, anxiety, burnout, and similar conditions can develop as a result of disappointments at work. Job stressors such as a limited sense of personal control, a lack of perceived social support in the worksite, and qualitative job demands can lead to psychological disturbances and addictions. A study of young workers found that stress resulting from high workloads and extreme time pressures precipitated anxiety and depression in previously healthy participants (Melchior, Caspi, Milne, Danese, Poulton, & Moffitt, 2007). Workplace conditions likely to cause stress—such as long hours, high pressure, and lack of managerial direction—are 75% more likely to correlate with clinical depression or generalized anxiety disorder (Tennant, 2001). Similar studies show that long hours, heavy workloads, time pressure, lack of a sense of control, and poor social support all indicate an increased likelihood of mental health challenges and burnout.

Burnout affects personal and family relationships, contributes to a negative explanatory framework, and is associated with the onset of depression (Iacovides, Fountoulakis, Kaprinis, & Kaprinis, 2003). An epidemiological study of 3276 Finnish workers found burnout and depression to be closely related (Ahola, Honkonen, Isometsä, Kalimo, Nykyri, Aromaa, & Lönnqvist, 2005). Half of those with burnout tested positive for a depressive disorder. Major depression and burnout were significantly related. Workplace stress is not localized to the individual or family but affects the wider community (Tennant, 2001). A longitudinal study over 10 years in a cohort of 7732 British civil servants demonstrated an association between repeated job strain and the risk of developing depression (Stansfeld, Shipley, Head, & Fuhrer, 2012). High job strain (2 of 3 occasions versus none) predicted 2.19 higher odds of developing major depressive disorder. Low social support was also associated with major depressive disorder. After adjusting for earlier psychological distress, repeated job strain was still associated with major depressive disorder.

Economic disruption and company dislocations due to globalization, competition, and changing business models can produce negative health effects in those involved. In companies that are downsizing, the frequency of employee absences due to sick leave doubles (Goh, Pfeffer, & Zenios, 2015). Eighty percent of those laid off reported a negative effect on their health within the subsequent year, and the risk of death rose by 44%.

Negative emotions are not confined to the individual in leadership, but are transmitted to other members of an organization as well, a phenomenon referred to as “emotional contagion” (Hatfield, Cacioppo, & Rapson, 1994). Analogous to the manner in which infectious diseases are passed from person to person, emotions are contagious. When a friend laughs, we’re likely to laugh

along, whereas interacting with a depressed colleague can depress our own mood. Emotional contagion is characteristic not just of negative emotions such as fear, stress, and sadness, but also of positive emotions such as joy, enthusiasm, and contentment (Chapman & Sisodia, 2015). For all these reasons, techniques that foster positive affect and reduce negative affect are important to a successful workplace.

Emotional contagion is present in group dynamics. Positive emotions can lead to improved cooperation, enhanced task performance, and decreased conflict; “Emotional contagion, through its direct influence on employees’ and work teams’ emotions, judgments, and behaviors, can lead to subtle but important ripple effects in groups and organizations” (Barsade, 2002). It is important for leaders to be aware of the effect their stress levels are producing on those around them (Barsade, 2002). The ability of leaders to regulate their emotions is associated with greater effectiveness (Edelman & van Knippenberg, 2016). Positive emotion and mood in a leader enhances performance in the team as the ripple effect of positive emotional contagion spreads throughout the organization. Organizations that establish a successful internal culture of stress reduction and positive emotional contagion are more likely to attract and retain top talent, and possess other competitive advantages.

Emotional Freedom Techniques (EFT) is an evidence-based psychotherapy self-help method that has been validated in many studies. An online research bibliography lists over 100 publications in peer-reviewed medical and psychology journals (Research.EFTuniverse.com). It uses elements of established methods such as cognitive and exposure therapy, but combines these with somatic stimulation in the form of acupressure. Studies demonstrate that in very short treatment time frames ranging from one to 10 sessions, it effectively remediates depression, anxiety, posttraumatic stress disorder (PTSD), and phobias (Church, 2013).

Many review papers and meta-analyses of EFT have contributed to the literature. Here we consider a limited number of these relevant to the psychological conditions commonly associated with workplace stress. A meta-analysis of EFT for anxiety found 14 randomized controlled trials (RCT) that met the quality criteria of the American Psychological Association’s Division 12 Task Force on Empirically Validated Treatments (Chambless & Hollon, 1998). It used Cohen’s *d* to measure the effect size of treatment, on which a score of 0.2 indicates a small treatment effect, 0.5 a moderate effect, and 0.8 a large effect (Cohen, 1988). EFT was found to have a treatment effect of 1.23, while the controls had an effect size of 0.41 (Clond, 2016). EFT intervention had a significant reduction effect on the anxiety scores, even after the control effect size was factored out. A meta-analysis of 20 studies of EFT for depression also found a large effect size of 1.31 (Nelms & Castel, 2016). A third meta-analysis, this time of 7 RCTs of EFT for PTSD, measured an effect size of 2.96 (Sebastian & Nelms, 2017). EFT therefore demonstrates large effect sizes for a variety of psychological conditions.

Feinstein & Church (2010) argue that the new science of epigenetics renders many psychological diagnoses biologically irrelevant, since they share similar biological profiles at the level of DNA and mRNA expression. While anxiety, depression, and PTSD are very different psychological diagnoses, they share similar genetic characteristics. A randomized controlled trial of veterans with PTSD found that after 10 sessions of EFT, the expression of stress-related genes had changed significantly (Church, Yount, Rachman, Fox, & Nelms, 2016). A pilot study using a whole-genome array found 72 genes differentially expressed after a one-hour EFT session (Maharaj, 2016). Broadly characterized, the genes identified in these two studies regulated inflammation and were implicated in heightened immunity. The acupuncture protocol employed in EFT appears to downregulate the activity of the limbic midbrain structures, which are responsible for memory formation and emotions.

While a literature search revealed no prior studies of EFT for executive stress, it did find studies measuring EFT's effects in other relevant occupational groups. One examined burnout in a group of schoolteachers using the same inventory as the large-scale Finnish study outlined previously. Reynolds (2015) compared a group of teachers self-applying EFT with a control group using sham acupuncture points. Both groups were given a list of common occupational stressors to focus on for their self-treatment programs, such as receiving poor evaluations, needing to complete meaningless paperwork, tense interpersonal relationships, office politics, and unhelpful administrators. The study found significant differences between the groups, with lower levels of burnout in the EFT group. Several dismantling studies find that the acupuncture component of EFT is an active ingredient, and that sham and other placebo controls do not produce the same effects (reviewed in Church & Nelms (2016)).

A study of 216 healthcare workers such as psychotherapists, doctors, nurses, chiropractors, and alternative medicine practitioners examined their levels of depression, anxiety and other psychological conditions before and after a one-day EFT training seminar (Church & Brooks, 2010). In the general measures assessing mental health across all conditions, symptoms dropped by a mean of 45%. Pretest scores were just one point less than the clinical cutoff, while posttest scores were significantly lower ($p < 0.0001$). A replication found similar results (Palmer-Hoffman & Brooks, 2011).

Both studies employed an EFT technique for group work called "Borrowing Benefits" described in *The EFT Manual* (Church, 2018). The leader of a Borrowing Benefits group works with one participant in front of the group, while the other group members self-apply EFT. Even though other members of the group may have issues that are quite different from the issue being addressed by the participant, their scores on anxiety and depression assessments tend to go down. Borrowing Benefits has been used in many other studies. One of these examined PTSD symptom levels in 218 veterans and their spouses attending one of six seven-day retreats (Church & Brooks, 2014). Pretest, 82% of veterans and

29% of spouses tested positive for clinical symptom levels. Posttest, this had dropped to 28% and 4% respectively. Scores declined ever further on six-week follow-up.

Another high-performing population with whom the effects of EFT have been measured is athletes. A randomized controlled trial in which an elite basketball team received just 15 minutes of EFT found a 38% improvement in free throws compared with placebo controls (Church, 2009). Similar effects were found in soccer players (Llewellyn-Edwards & Llewellyn-Edwards, 2012), volleyball players (Church & Downs, 2012), and golfers (Rotheram, Maynard, Thomas, Bawden, & Francis, 2012).

According to a literature review, effective interventions can reverse burnout and psychological risks among workers (Michie & Williams, 2003), providing a rationale for the examination of the effects of EFT in high-functioning business owners.

2. Methods

2.1. Participants and Procedures

Participants were members of a social network for senior business owners. They completed pretest assessments at the start of the event. The morning session included presentations on the effects of stress on the body, and an explanation of EFT. Presentations were made by trained and experienced EFT practitioners, including one clinical psychologist, one licensed clinical social worker, and two life coaches. Borrowing Benefits, a group therapy technique detailed in *The EFT Manual* (Church, 2018) was described to participants. After a break, participants divided into five smaller groups with approximately 10 participants each, each led by a practitioner. For the rest of the day, participants practiced Borrowing Benefits in their groups. The practitioner worked with one of the small group members while the others watched and used EFT on their own issues. After each round of practice, group members provided feedback on their experiences and asked questions. The event concluded with a general feedback session involving all participants at which they completed posttests.

2.2. Measures

Participants were assessed using the SA-45 questionnaire, which is a short form of the Symptom Checklist-90 (Maruish, 1999; Davison, Bershady, Bieber, Silversmith, Maruish, & Kane, 1997). The SA-45 provides a brief yet thorough measure of psychiatric symptomatology using two global scales that measure symptom severity (Global Severity Index, GSI) and symptom breadth (Positive Symptom Total, PST). The SA-45 also contain nine subscales: anxiety, depression, obsessive-compulsive behavior, hostility, interpersonal sensitivity, paranoia, somatization, phobic anxiety, and psychoticism.

A subset of participants ($N = 23$) rated their subjective level of distress (SUD; Wolpe, 1958) via a Likert scale from 0 (minimum) to 10 (maximum) using an assessment titled Somatic and Emotional Indicators (SEI). They reported their

degree of distress in three areas: 1) an area in the body with pain or discomfort (Matheson, 1998), 2) an emotional experience from childhood (Church, 2018), and 3) a substance craved habitually, such as chocolate, pasta, bread, cake, alcohol, or tobacco (Church & Brooks, 2013). Measures for the SEI were collected before and after Borrowing Benefits sessions for those conditions, about half an hour apart.

2.3. Statistical Analysis

Changes between pre- and posttest measurements were evaluated using multivariate analysis of variance, one-way ANOVA, and post hoc paired *t*-tests. Changes in the SA-45 subscales, GSI, and PST over time were evaluated with one-way ANOVA followed by post-hoc paired *t*-tests using the Bonferroni adjustment. Changes in the social and emotional indicators (SEI) were evaluated using MANOVA and followed up with paired *t*-tests using the Bonferroni adjustment. All statistical analyses were performed using R software.

3. Results

3.1. Participant Characteristics

A total of 39 participants completed the pre- and posttests. Either pre or post was unavailable for 11 participants. They ranged in age from 46 to 84 years old with an average age of 62.87 years ($SD = 9.64$). The total sample consisted of 25 females (64.10%). The cohort consisted of 9 individuals (23.08%) who had a high school level of education, 25 individuals (64.10%) with college or master's level education, and 5 individuals (12.82%) with doctoral degrees (Table 1).

3.2. Pre-Post Psychological Symptom Changes

One-way ANOVA with repeated measures showed significant differences in pre-

Table 1. Demographic characteristics of study participants.

	Demographics and Baseline Characteristics		
	Subjects	Male	Female
N	39	14 (35.89%)	25 (64.10%)
Age			
Mean	62.87	64.43	62
Standard deviation	9.64	10.41	9.29
Min	46	49	46
Max	84	84	77
Education			
High School	9 (23.08%)	3 (21.42%)	6 (24%)
College	25 (64.10%)	9 (64.29%)	16 (64%)
Doctorate	5 (12.82%)	2 (14.29%)	3 (12%)

and posttest scores for all SA-45 subscales, except somatization and psychoticism, and for GSI and PST measurements (Table 2) (Figure 1). The addition of age, gender, and education level as covariates did not influence the significance of the time effect for the SA-45 measurements (data not shown). Statistical significance was maintained following post hoc pairwise *t*-tests with Bonferroni adjustments. Despite the lack of statistical significance, both somatization and psychoticism show downward trends with *t*-statistics equal to -1.30 (pretest Mean = 56.51 ± 7.5 ; posttest Mean = 55.08 ± 6.65) and -1.48 respectively (pretest Mean =

Table 2. ANOVA and post hoc pretest and posttest *t*-test results ($N=39$).

Scale	Pretest, Mean \pm SD	Posttest, Mean \pm SD	Change in Mean	$F_{(1,38)}$	<i>P</i> -value	<i>t</i> (38)	<i>P</i> -value
Anxiety	56.54 \pm 7.52	51.05 \pm 5.82	5.49	20.30	0.0001	-4.51	0.0006
Depression	53.97 \pm 6.44	50.18 \pm 5.17	3.79	16.29	0.0003	-4.04	0.0053
Obsessive-compulsive	57.46 \pm 8.67	52.1 \pm 6.65	5.36	16.01	0.0003	-4.00	0.0030
Hostility	57.44 \pm 4.38	55.28 \pm 2.16	2.15	9.95	0.0031	-3.15	0.0074
Interpersonal sensitivity	53.64 \pm 5.79	50.56 \pm 4.05	3.08	8.58	0.0057	-2.93	0.0081
Paranoia	53 \pm 6.68	50.28 \pm 5.03	2.72	6.43	0.0154	-2.54	0.0459
Phobic anxiety	60.26 \pm 3.42	58.21 \pm 0.89	2.05	13.68	0.0007	-3.70	0.0005
Somatization	56.51 \pm 7.5	55.08 \pm 6.65	1.44	1.69	0.2009	-1.30	0.3737
Psychoticism	60.33 \pm 3.06	59.62 \pm 1.46	0.72	2.18	0.1478	-1.48	0.1905
GSI	53.79 \pm 7.88	47.9 \pm 6.95	5.9	25.85	<0.0001	-5.08	0.0008
PST	53.64 \pm 8.33	48.23 \pm 7.46	5.41	18.51	0.0001	-4.30	0.0034

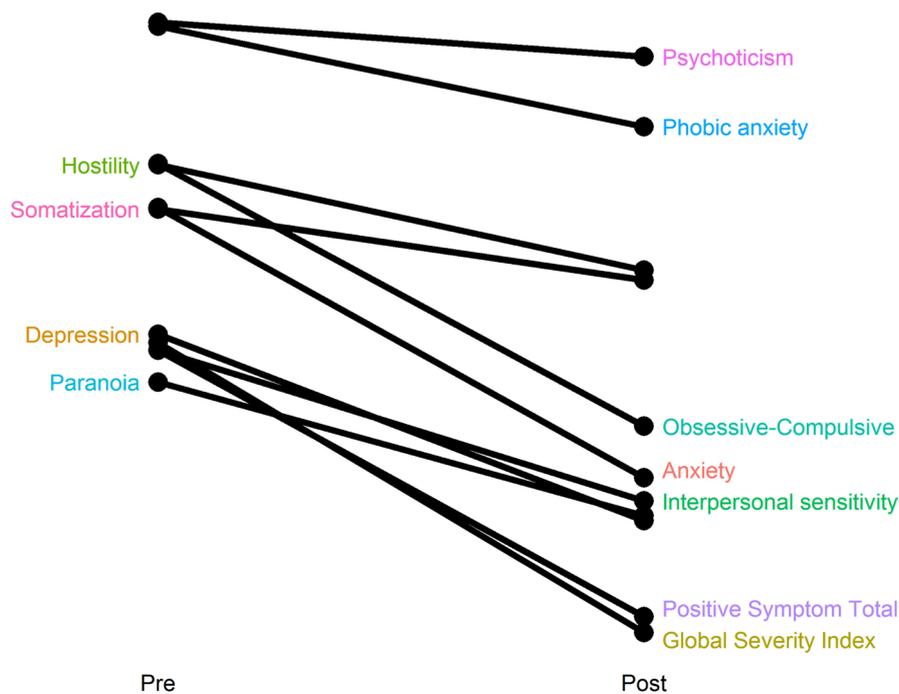


Figure 1. Pretest and posttest scores ($N=39$).

60.33 ± 3.06; posttest Mean = 59.62 ± 1.46) (**Table 2**). When examined as a percent decrease in psychological distress, symptom severity (measured by GSI) improved an average of 34% from the lowest possible normal baseline levels, and symptom breadth (measures by PST) improved an average of 30%.

3.3. Pre-Post Changes in Somatic and Emotional Indicators

The multivariate test for pre- and posttest changes in Somatic and Emotional Indicators (SEI) was significant ($F_{3,36} = 7.0744$, $p < 0.001$), and statistical significance was maintained following post hoc t -tests ($p < 0.001$) (**Table 3**). Reductions in pain, emotional memory, and cravings were observed (**Figure 2**). No adverse events were noted.

4. Discussion

The results of the present study have several important implications for the treatment of psychological disturbances in working populations. The decreases in anxiety, depression, obsessive-compulsive, hostility, interpersonal sensitivity, paranoia, and phobic anxiety symptoms are consistent with a large body of literature showing similar effects from EFT treatment in other occupational groups, suggesting that the results can be generalized to business executives. Furthermore, the decreases of symptom severity and breath were significant, as were the reductions in pain, emotional memory, and cravings. The results are similar to those reported in other studies, suggesting that EFT is an effective method for the treatment of immediate psychological disturbances in the workforce.

Table 3. Pretest and posttest paired t -test results for somatic and emotion indicators ($N = 23$).

Indicator	Pretest, Mean ± SD	Posttest, Mean ± SD	Change in Mean	$t(22)$	P -value
Pain	4.22 ± 2.19	2.48 ± 2.43	1.74	-4.8	0.0001
Memory	5.43 ± 2.52	3.19 ± 2.18	2.24	-4.95	0.0001
Craving	5.27 ± 2.1	2.64 ± 2.17	2.64	-6.54	<0.0001

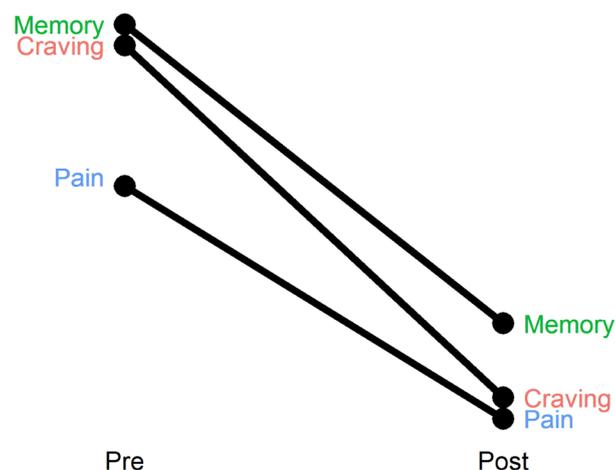


Figure 2. Pretest and posttest social and emotional indicators ($N = 23$).

The reductions in emotional memories, physical pain, and cravings were substantial, and both statistically and clinically significant. This provides insight into the interaction of psychological and physical factors. Traumatic emotional memories may contribute to anxiety and depression. When anxiety and depression reduce, the urge to self-medicate with craved substances may decline. Perceived physical pain also reduces. These interactions have been noted in numerous EFT studies (Church & Brooks, 2010; Palmer-Hoffman & Brooks, 2011; Church & Brooks, 2013; Church & Brooks, 2014).

The present study had a number of limitations. The sample size was small and the sampling method used was convenience sampling. The business executives that chose to participate in the social networking event may have been more motivated to change than other employees. Their socioeconomic status is consistent with a high degree of motivation, in contrast to studies that find a high degree of employee disengagement from work. The sample consisted of a higher percentage of older women. A future study could include a sample randomly selected from the general population of the workforce, to lower the risk of sampling bias. In addition to the small sample size, the attrition rate was substantial (28.21%), similar to that observed by Brattberg (2008). This reduced the power of the study, making it impossible to detect relationships between EFT and two of the indicators (somatization and psychoticism). The sample was not representative of the workforce as a whole, comprising as it did entrepreneurs who had built multimillion dollar companies.

The assessment did not have any observer-rated measures, and the sample is unlikely to be representative of a clinical population seeking treatment for diagnosable conditions such as anxiety and depression. Expectancy and therapist allegiance are likely to have skewed the results in a positive direction. A further limitation includes the absence of a control group, which restricts the conclusions that can be drawn from the study.

Future studies could employ a randomized sampling technique, a larger N , and a cross-section of occupational groups. Reducing the attrition rate would further increase the sample size. Since the present study investigated only the immediate effects of EFT, it would be of interest to observe whether the reduction in psychological distress holds over an extended period of time, as was the case in other studies. The minimum duration of the EFT practice associated with the greatest benefit that lasts over six months could be determined by an extension of this study. It would also be of interest to determine the percentage of employees using EFT after the workshop, and whether the frequency of EFT use is correlated with further reductions in symptoms.

Given reports of the high degree of employee disengagement at work and the high levels of stress reported by those in many occupations, there is an urgent need for techniques to address this epidemic. EFT is easily taught and learned. It has been used in many other demographic groups, including schoolteachers, students, hospital patients, war veterans, refugees, athletes, obese patients, can-

cer patients, mothers, healthcare workers, dental patients, fibromyalgia sufferers, diabetics, insomniacs, pain patients, geriatrics, seminarians, war victims, and motor vehicle accident victims. Its effects are broadly similar across these widely disparate demographic groups, with a commonality regarded as its ability to reduce stress. For this reason, EFT can be considered a first-line intervention for preventing employee burnout and disengagement.

5. Conclusion

This study examined the psychological effects of a one-day EFT seminar in a group of business owners. Participants demonstrated a large immediate reduction in indicators of psychological distress. Pain, the intensity of emotional memories, and cravings also diminished significantly. The results are consistent with a large body of evidence indicating that applying EFT's Borrowing Benefits technique in groups is both effective and cost-efficient, especially in settings where individual counseling may not be feasible or may carry a stigma. The study demonstrates that a modest investment of time and resources in the form of EFT training may lead to statistically and clinically significant improvements in mental health in professional and workplace settings. As an evidence-based technique that is inexpensive, quickly learned, and effective in groups, EFT can be used in a variety of workplace settings to reduce stress and promote well-being.

Conflicts of Interest

The first author derives income from publications and presentations relative to the technique assessed. The second author declares no conflict of interest.

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