

Research Paper

Effectiveness of EFT on Suicidal Ideation among Young Adults

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ABSTRACT

The present study examines the effectiveness of Emotional Freedom Technique (EFT) as an intervention for suicidal ideation among young adults. Suicide has been documented in various literature wherein its definition has constantly changed. So has the definition of suicidal ideation. As a result, there is no universally accepted consistent definition for either. An enormous part of our society including the young adults, commit suicide every year. The current situation calls for an easily assessable and effective intervention that can be implemented to deal with suicidal ideation, and eventually suicide. Respondents between the age of 18 and 40 years were assessed for the presence of suicidal ideation using Columbia-Suicide Severity Rating Scale at the beginning and end of intervention. 8 participants out of 20 respondents were provided with intervention. Participants were taken for initial EFT session to get better insight in their distress causing issues that lead them towards suicidal ideation and to provide them with the grasp of how EFT is conducted. Participants were then instructed to practice EFT on themselves on daily basis for next 21 days. In post intervention assessment EFT not only proved to be effective on suicidal ideation but it also provided participants with necessary insight, created and enhanced self-love and made them self-aware and efficient in handling their emotions. EFT is cost effective, easy to use technique that can be used for all emotions and body pains anytime, anywhere and any number of times.

Keywords: EFT, Suicide, Young Adults, Suicidal Ideation

Suicide has been a part of long and colossal human history since recorded time. Suicide as a word is of recent origin. This word does not appear in The Old Testament nor in the early writings of Christians and not even in one of the earliest English language works defending suicide, the *Biathanatos* (Donne, 1664)¹. The Romans used different phrases and most common phrases used were *sibi mortem consciscere* (“to produce his own death”), *vim sibi inferre* (“to cause violence to himself”), or *sua manu cadere* (“to fall by his own hands”) (Evans et.al.,1998:15)¹. As stated in Oxford English Dictionary suicide, as a word, was first used in English in 1651, derived from modern Latin word *suicidium* which was produced by combining the Latin pronoun for “self” and the verb “to kill” (Evans et.al.,1998:15)¹. Suicide is a barbarous word, more precisely derived from *sus*, a sow, and from pronoun *sui* as it were a swinish (means, beastly) part for a man to kill himself (Philips,

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1662)¹. In 1752, almost a hundred years later this word appeared in France, in the *Dictionnaire de Trevoux* (Evans et.al.,1998:15)¹.

Suicide

Durkheim, a French sociologist, gave his definition of suicide as “the termination of an individual’s life, resulting directly from negative or positive act of the victim himself, which he knows will produce this fatal result” (Durkheim,1897)². Suicide is also defined as “the act of voluntarily or intentionally taking one’s own life” (Encyclopaedia Britannica, 1994-1997)¹. Edwin S. Schneidman, considered as father of contemporary suicidology, emphasized the idea of pain as an important part in suicidal thinking and behaviour. (Schneidman,1993)³. Suicide has become a major problem related to public mental health conditions (National Institute of Mental Health 2019)⁴. ICD-10-CM defines suicide as the act of intentionally killing one-self ⁵. It also defines and differentiates between Suicidal Individuals and Suicide Attempters, and both cases are identified by ICD-9-CM or ICD-10-CA diagnoses codes.

Suicidal Ideation

The act of terminating one’s own life is result of suicidal ideation formation. Suicidal Ideation is defined as thinking about, considering or planning suicide as provided by Centres for Disease Control and Prevention, (Crosby et al.,2011)⁶. It is also a formation of passive thoughts about wanting to be dead or active thought about killing oneself, not accompanied by preparatory behaviour (Posner et al., 2007)⁷. Three-step theory (3ST) of suicide shows potential to improve understanding and predictions of suicide, suicide behaviour and suicide ideation. Pain and hopelessness, connectedness and suicidal capacity are key concepts of 3ST (Klonsky et al., 2015) ⁸.

The Columbia-Suicide Severity Rating Scale (C-SSRS)⁹ was administered for assessment of suicidal ideation. Two versions of C-SSRS, ‘Lifetime and recent Version’ and ‘Since Last Visit version’ were used in the present research. ‘Lifetime and Recent version’ was used for pre intervention assessment and ‘Since Last Visit version’ was used for post intervention assessment.

Intervention

American Psychological Association ² defines psychological intervention as “any action on part of a psychotherapist to deal with the issues and problems of a client. The selection of intervention is guided by the nature of the problem, the orientation of the willingness and ability of the client to proceed with the treatment”.

Emotional Freedom Technique (EFT) was used as an intervention in this research. Inspired by the works of Dr. Roger Callahan, a clinical psychologist who worked on healing phobias, trauma, stress etc., Gary Craig ¹⁰ (his student) developed tapping technique called Emotional Freedom Technique (EFT) which is a body/mind self-help method. It combines gentle touch together with mindfulness and vocal attention to thoughts and feelings ¹¹.

Rationale

The rate of suicide among young adults is an axiomatic fact to assign all possible psychological tools and interventions that effectively assess suicidal tendencies and help prevent suicide. Several published researches show effectiveness of EFT on different mental health conditions. To the best knowledge of the scholar, none of them had suicidal ideation

as core of the research and most of them were from other countries. He could find only three Indian publications that have used EFT and one conference presentation.

REVIEW OF RELATED LITERATURE

Klonsky et.al. (2016)⁶ describe suicidal ideation in The Three Step Theory (3ST) stating that it starts with pain regardless of its source. However, pain alone will not cause suicidal ideation.

Turner et.al. (2012)¹² showed that risk of suicidal ideation was 2.4 times greater in youth who experienced peer victimization in the previous year, 3.4 times greater among those who were sexually assaulted, and 4.4 times greater among those who were exposed to maltreatment, relative to children who were not exposed to such types of victimisations. According to Dugas E. et.al, (2012)¹³ depression symptoms in grade 9, 10 and 11 were found to be independent predictors of suicidal ideation in young adults. Armstrong et.al. (2013)¹⁴ found that depression, anxiety and suicide represent important mental health problems in India. Dalglis et.al. (2015)¹⁵ have showed that suicidal ideation was associated with job insecurity, lifetime unemployment and recent unemployment. Hatchel et.al. (2019)¹⁶ highlighted that LGBTQ exhibit high risk population for suicidal ideation and behaviour. Study done by Park, SY. (2020)¹⁷ revealed that immigration and language factors influence depressive symptoms and suicidal ideation. Ernst et.al. (2020)¹⁸ reported that loneliness was the predictor of severe anxiety symptoms and suicidal ideation in long-term childhood cancer survivors

Moore-Hafter et.al. (2019)¹⁹ reported that EFT allows people to release and transform the way uncomfortable feelings like hurt, guilt, fear, or anger affect their proper functioning and experiences. Church et.al. (2011)²⁰ conducted research to test the effectiveness of EFT in reducing the intensity of traumatic memories in abused adolescents of juvenile homes and the study showed that EFT was fast and effective intervention for reducing psychological trauma. Boath et.al. (2012)²¹ reviewed the quality of randomised controlled trials known as RCT's (Randomized controlled trials are prospective studies that measure the effectiveness of a new intervention or treatment ²²). Literature search showed EFT to be effective in treatment of PTSD, Fibromyalgia, Phobias, test anxiety and athletic performance. Only EMDR was found to be superior to EFT. Sebastian et.al. (2016)²³ performed meta-analysis to determine the effectiveness of EFT in the treatment of PTSD and found that four to five EFT sessions are an efficacious treatment for PTSD with a variety of population. Nelms et.al. (2016)²⁴ systematically reviewed and found that Clinical EFT (evidence-based practice combining elements of cognitive and exposure therapies with the manual stimulation of acupuncture points) was highly effective in reducing depressive symptoms in a variety of settings and population. Warriar A. (2018)²⁵ conducted study to test the effectiveness of EFT on anxiety and Quality of Life and her results supported the potential of EFT as a cost-effective intervention to reduce anxiety and thereby help improve quality of life. According to Jasubhai et.al. (2018)²⁶ EFT treatment produced marked improvement in depression in subjects suffering from anxiety and depression. Pandey (2020)²⁷ conducted research using case study method to examine the extent to which EFT is effective as a tool in resolving anxiety showed promising results.

Despite its proven effectiveness with issues like chronic pains, phobias, anxiety, trauma, depression, fear of public speaking, academics, PTSD and many more, efforts to study the efficacy of EFT in India is in its early stage.

METHODOLOGY

Hypothesis: EFT will minimise the suicidal ideation among young adults.

Variables: EFT (Independent Variable) and Suicidal Ideation (Dependent Variable).

Tools: Columbia-Suicide Severity Rating Scale (C-SSRS) Lifetime and Recent Version for pre intervention assessment; Columbia-Suicide Severity Rating Scale (C-SSRS) Since last visit Version for post intervention assessment.

Sample size: Out of 20 respondents between the age range of 22 and 33 (both males and females), 10 respondents were found with suicidal ideation and 8 (1 male and 7 females) agreed to participate in the intervention program using EFT. Purposive sampling method was used for data collection using multi method research design both qualitative (case study) and quantitative (pre-test and post-test). Inclusion criteria: Participants having lifetime history and/or recent suicidal ideation as per C-SSRS guidelines and who consented to practise EFT for minimum 21 days.

Procedure

Participants went through initial EFT session(s) at the beginning of which they assessed their current subjective unit of distress (SUD). SUD is an introspective technique for experienced emotional and psychosomatic discomfort, on a scale from zero to ten, ten being the highest level of distress and 1 or 0 being is no distress. The aim was to bring SUD down to either zero or one. Later they practiced on their own for 21 days consistently to make it a habit, since it takes at least 21 days for new habit to develop (Dr. Maxwell Maltz, 1960)²⁸. According to Hebb's rule ²⁹ synaptic efficacy increases due to persistent and repeated stimulation of post synaptic cell by pre synaptic cells which result in formation of stronger neuronal pathway. Hence, the consistent practice of EFT will result in eradication of old catastrophic neuronal pathways causing emotional imbalance and conflicts. The researcher was in contact with each participant through telephone taking feedback. Post intervention assessment was done after 21 days of EFT practice.

RESULT ANALYSIS

Table 1: Details of Participants Including the Pre-Intervention C-SSRS Assessment Outcome

S. NO.	NAME	AGE	GENDER	SIS	SIIR	HOSA	HOSH
1	XXX11	32	F	5	25	YES	NO
2	XXX12	22	F	4	12	NO	NO
3	XXX13	22	F	4	16	NO	NO
4	XXX14	24	M	4	16	YES	NO
5	XXX15	22	F	4	11	NO	NO
6	XXX16	22	F	4	13	YES	YES
7	XXX17	22	F	4	11	YES	YES
8	XXX18	24	F	4	15	YES	NO

*Data shown here was collected after briefing participants about confidentiality clause.

Abbreviation used:

SIS – Suicidal Ideation Score

SIIR – Suicidal Ideation Intensity Rating

HOSA – History of Suicide Attempt.

HOSH – History of Self Harm.

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Table 2: Details of Initial EFT Session(s) Conducted on Participants

S NO.	NAME	NOS	NOR	TTT	PRE – SUD	POST - SUD
1	XXX11	1	4	104min	7	0
2	XXX12	1	5	91min	10	3
3	XXX13	1	3	48min	5	3
4	XXX14	1	2	51min	10	1
5	XXX15	3	6	115min	10	2
6	XXX16	1	1	50min	3	0
7	XXX17	1	5	60min	8	0
8	XXX18	1	1	80min	7	3

*SUD was noted both at commencement and termination of session.

Abbreviations used:

NOS – Number of Sessions

NOR – Number of Rounds

TTT – Total Time Taken

SUD – Subjective Unit of Distress

Table 3: Pre and Post Intervention C-SSRS Suicidal Ideation Score (SIS) and Suicidal Ideation Intensity Rating (SIIR) of Participants

S.NO	NAME	PRE- INTERVENTION	POST INTERVENTION
1	XXX11	SIS = 5 SIIR = 25	SIS = 0 SIIR = 0
2	XXX12	SIS = 4 SIIR = 12	SIS = 0 SIIR = 0
3	XXX13	SIS = 4 SIIR = 16	SIS = 0 SIIR = 0
4	XXX14	SIS = 4 SIIR = 16	SIS = 0 SIIR = 0
5	XXX15	SIS = 4 SIIR = 11	SIS = 0 SIIR = 0
6	XXX16	SIS = 4 SIIR = 13	SIS = 0 SIIR = 0
7	XXX17	SIS = 4 SIIR = 11	SIS = 0 SIIR = 0
8	XXX18	SIS = 4 SIIR = 15	SIS = 0 SIIR = 0

*Post intervention assessment was taken after the gap of minimum 21 days.

Abbreviation used:

SIS – Suicidal Ideation Score

SIIR – Suicidal Ideation Intensity Rating

Hypothesis – EFT will minimize the suicidal among young adults.

Table 4: Paired T-Test Analysis of Suicidal Ideation Pre-test and Post-tests.

VARIABLES	N	MEAN	SD	t	p value	SIGNIFICANT
SIS PRETEST	08	4.125	0.35	33	0.05	YES
SIS POST TEST	08	0				

Abbreviation used

SIS – Suicidal Ideation Score.

SD – Standard Deviation.

$p < 0.05$, significant at one tailed.

RESULT DISCUSSION

Hypothesis i.e., EFT will minimise the suicidal ideation among young adults has been accepted. The mean score of suicidal ideations in pre-test and post-test are 4.125 and 0 respectively. The standard deviation is 0.35 and 0 respectively at *df* (degree of freedom) 7 and which is significant at level of $p < 0.05$. Therefore, we can say that EFT is effective in lessening the suicidal ideation among young adults (Table 4).

Aim of the study was to assess Effectiveness of EFT as an intervention for Suicidal Ideation among Young Adults. It included the respondents who were found with suicidal ideation after the initial C-SSRS assessment (Table 1) and consented to participate in the intervention (N=8).

They were given the initial EFT session(s) using their most pressing issue. This gave them exposure and idea of how EFT is conducted. EFT session(s) consisting of many rounds brought down their SUD to a significantly lower level (Table 2). It also provided them with insight into their unhealthy negative thought-emotion patterns.

Participants either had history or had recent issues resulting in suicidal ideation or both. The most common issues leading to suicidal ideation were hopelessness, helplessness, anxiety, fear, loneliness, meaninglessness, guilt and dissatisfaction or disappointment with people around them, with themselves that further lead towards other issues and caused a lot of emotional pain and distress.

“I can’t love myself” or “I hate myself” were commonly observed statements during the sessions instead of “I love and accept myself”. Feelings of emptiness, crying, neglected, abandonment, fear, anxiety, confusion, distortion of thoughts, sinking, heaviness, sadness and loneliness were most prominently reported emotions. This shows how negative schema and resultant emotions affect individuals so deeply. These emotions were acknowledged and brought down significantly. Physical distress in various body parts like in the head, back of neck, spine, calf, chest and hands was also reported and were taken care of then and there. Session was terminated when post session SUD levels were lower than pre session level.

Post intervention assessment results showed absence of suicidal ideation and suicidal behaviour in each and every participant. Increase in self-esteem, self-awareness, emotional balance, tolerance and insight was commonly reported by the participants after the completion of intervention.

Tapping on certain accupoints while focusing on the distress releases troubling emotions. Through verbalisation, participants take ownership of their situations and thoughts as the root cause of their issues come into their conscious awareness. Persistent practice of EFT conduces changes in thought patterns, emotions and subsequent behaviour by breaking the old catastrophic pattern/s. Thus, creating new mental postulate along with new neuronal pathways. Eradication of old pathways and creation of new ones generally takes 21 days (Maxwell Maltz), therefore minimum 21 days was required to measure effectiveness of EFT as an intervention for suicidal ideation which was evident in post intervention assessment (Table 3).

CONCLUSION

The primary condition required for any therapy to work effectively is the readiness to change in individual who is in desperate need of it. This need results in motivation,

commitment, discipline and honesty which guides individual towards changes that are progressive, constructive, self-empowering and insightful. In researcher's own experience, an individual might be aware of a situation through past experiences, but the realisation of certain aspects of the same experience provides insights and it is completely up to an individual whether he or she is ready to utilise those insights by internalizing them with time and practice to bring profound changes in their life. This three-step process of knowing, realising and internalizing is extremely effective and helpful for any individual to break patterns, be it at thought level or emotional level or both.

EFT effectively reboots our personal energy system at a steady pace appropriate for us. Once rebalancing is initiated, we start feeling better, more relaxed, peaceful and serene in reference to our specific issues. Uncomfortable emotions, thoughts, feelings and body responses change with persistent and prolonged use of EFT.

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Conflict of Interest

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