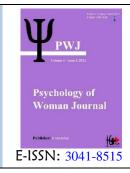


Article history: Received 10 September 2023 Revised 17 October 2023 Accepted 29 October 2023 Published online 01 December 2023

Psychology of Woman Journal



Volume 4, Issue 4, pp 92-101

The Effectiveness of Emotional Freedom Techniques on Reducing Symptoms of Post-Traumatic Stress Disorder among Women Affected by Marital Infidelity

Mehdi. Ghezelseflo¹, Shokouh. Navabinejad^{2, 3*}, Mehdi. Rostami³, Kamdin. Parsakia³

¹ Assistant Professor, Department of Psychology, Faculty of Literature and Humanities, University of Gonbad-Kavous, Iran
² Professor of Counseling Department, Faculty of Psychology and Counseling, Kharazmi, Tehran, Iran
³ Department of Psychology and Counseling, KMAN Research Institute, Richmond Hill, Ontario, Canada

* Corresponding author email address: m.ghezelsefloo@gonbad.ac.ir

Article Info

Article type:

Original Research

How to cite this article:

Ghezelseflo, M., Navabinejad, S., Rostami, M., & Parsakia, K. (2023). The Effectiveness of Emotional Freedom Techniques on Reducing Symptoms of Post-Traumatic Stress Disorder Among Women Affected by Marital Infidelity. *Psychology of Woman Journal*, 4(4), 92-101.

http://dx.doi.org/10.61838/kman.pwj.4.4.11



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ABSTRACT

Objective: This study aimed to examine the effectiveness of Emotional Freedom Techniques in reducing symptoms of PTSD among women affected by marital infidelity.

Methods and Materials: The present research was an experimental case study utilizing a multiple baseline design across subjects. The study population consisted of all women affected by marital infidelity who had sought help at the Mehravar Counseling Center in Tehran during the fall and winter of 2021 due to various clinical symptoms arising from their spouse's infidelity. A total of 5 women were selected through purposive sampling based on the results of the self-report PTSD symptom scale (Foa, Riggs, Dancu, & Rothbaum, 1993) and clinical interviews. The Emotional Freedom Technique by Church (2014) was individually administered over 6 sessions lasting 30 to 45 minutes each to the sample group. Data analysis was conducted using visual analysis (charting), the Reliable Change Index, and the percentage of improvement formula (percentage increase).

Findings: Results, obtained through visual analysis (charting), the Reliable Change Index, and the percentage of improvement formula (percentage increase), showed that the Emotional Freedom Technique led to a reduction in PTSD symptoms during treatment and follow-up stages.

Conclusion: According to the study's findings, it is possible to reduce PTSD symptoms in individuals affected by marital infidelity using the Emotional Freedom Technique.

Keywords: Marital Infidelity, Post-Traumatic Stress Disorder, Emotional Freedom

1. Introduction

onstructive and lasting relationships have widespread positive effects on emotion regulation, stress, physical and mental health, and life expectancy (Hamburg & Pronk, 2015). Despite the numerous advantages that monogamy and committed, enduring relationships offer in marital life, research has reported that maintaining committed relationships in marriage over a long period is not easy, and even individuals who have intimate relationships with their spouse find it difficult to avoid being attracted to others (Ueda et al., 2018). One of the primary reasons for marital disputes among couples is infidelity by one of the partners (Wilson et al., 2017). Marital infidelity is a shocking event and a crisis for couples and families, considered a behavioral disorder that creates various damages and problems for both the unfaithful spouse and the injured spouse (Warach & Josephs, 2021). Couples who have experienced infidelity often report poorer functioning in marital relations, greater cognitive dissonance, and more severe emotional detachment compared to couples who have never experienced infidelity (Golestani & Mohammadi, 2018).

Research has identified marital infidelity as the primary cause of separation in 160 different cultures (Pronk et al., 2011). Although the majority of people consider extramarital relationships undesirable and unethical (Negash et al., 2019), marital infidelity is a common occurrence in marriages (Marín et al., 2014). Marital infidelity can have severe emotional effects on couples. Research has reported that women who have been cheated on often experience emotions such as disappointment, low self-esteem, anger, depression, feelings of worthlessness, and loss of identity (Balderrama-Durbin et al., 2017). Such relationships lead to symptoms that constitute the clinical picture of Post-Traumatic Stress Disorder (Roos et al., 2019). Upon discovering infidelity, the injured party experiences shock, distrust towards the world's order and justice, physiological changes in the nervous system and cognitive activities, and intense arousal ((Gharadaghi, 2020).

Post-Traumatic Stress Disorder (PTSD) is a common and significant psychiatric disorder in which the individual is exposed to a severely traumatizing event that would be distressing to anyone, accompanied by responses of intense anxiety, helplessness, and fear (Alamdar Baghini et al., 2021). Symptoms of this disorder include: distress from reexperiencing the traumatic event through dreams or waking thoughts, persistent avoidance of reminders of the trauma and numb response to such reminders, and persistent excessive arousal (St. Cyr et al., 2014).

Based on research findings, Emotional Freedom Technique is one of the effective methods in assisting those suffering from psychological wounds due to traumatic experiences, anxiety, unpleasant memories, and Post-Traumatic Stress Disorder, among other emotional issues (Dincer & Inangil, 2021). Emotional Freedom is used for representing and addressing suppressed emotions; this therapeutic method is somewhat similar to acupuncture, with the difference that the Emotional Freedom Technique uses hand tapping to free existing neural pathways (Church, 2014; Church et al., 2016; Church et al., 2018; Church et al., 2017). The technique for releasing suppressed emotions is based on the theory proposed by Gary Craig (Akbari et al., 2023). Gary Craig believes that humans' quality of life is directly linked to their health; mental health is the foundation of self-esteem and a primary factor for success in life (Sebastian & Nelms, 2017). This therapy focuses on emotional awareness skills of identifying and recognizing one's own and others' emotions, properly expressing emotion in accordance with social situations "emotion understanding", reducing the intensity of negative emotions before responding "emotional regulation", and impacts anxiety and other intense negative emotions (Church et al., 2018; Church et al., 2017).

In Emotional Freedom Technique, it is posited that emotions inherently have an adaptive potential that, if activated, can help clients change their problematic emotional states with their unwanted experiences (Clond, 2016). This perspective believes that emotion is an inherent adaptive system that aids our survival and advancement; emotions represent the most essential human needs and quickly alert individuals about their well-being (Church et al., 2018). They also prepare individuals and guide them in important situations to act towards fulfilling needs; hence, emotions are primed for an initial state of processing in action (Sebastian & Nelms, 2017).

Research findings have shown that Emotional Freedom has a significant impact in reducing anxiety and Post-Traumatic Stress Disorder symptoms in patients suffering from this disorder (Akbari et al., 2023; Church et al., 2018; Minewiser et al., 2016; Sebastian & Nelms, 2017; Yavari Kermani et al., 2020). However, no research has been conducted on the effect of this technique on women affected by marital infidelity. Therefore, the aim of the current study is to examine the effectiveness of the Emotional Freedom Technique in reducing the symptoms of Post-Traumatic



Stress Disorder following emotional trauma in women affected by marital infidelity.

2. Methods and Materials

2.1. Study Design and Participants

The methodology of the current study was an experimental single-case design, specifically utilizing multiple baseline designs across subjects. Multiple baseline designs focus on two or more behaviors in one individual, a specific behavior in two or more individuals, or behavior displayed by an individual in different environments. The study population consisted of all women affected by marital infidelity who had sought help at the Mehravar Counseling Center in Tehran during the fall and winter of 2021 due to various clinical symptoms arising from their spouse's infidelity. A total of 5 women were selected through purposive sampling based on the results of the self-report PTSD symptom scale and clinical interviews. These women underwent treatment in individual sessions of the Emotional Freedom Technique by Church (2014) over 6 sessions lasting 30 to 45 minutes each, with two follow-up stages. Participant inclusion criteria were: presence of symptoms resulting from betrayal in the marital relationship, having at least a high school diploma, not concurrently participating in any counseling or psychotherapy sessions or other sessions, the emotional affair has ended, and no more than 6 months have passed since its duration. Exclusion criteria included: use of tranquilizers and addictive substances, participation in other concurrent therapy sessions, and absence from more than one therapy session.

2.2. Measures

2.2.1. Post-Traumatic Stress Disorder Symptoms

This scale was designed by Foa, Riggs, Dancu, & Rothbaum (1993) for diagnosing PTSD and includes 17 items. The scale encompasses three groups of items, including re-experiencing, avoidance, and hyperarousal. Questions 1 to 5 measure the re-experiencing aspect, questions 6 to 12 measure avoidance, and questions 13 to 17 measure arousal. The total score range of the questionnaire is from zero to 51. This 17-item scale measures the severity of each PTSD symptom on a four-point Likert scale. The scoring for questions is as follows: 0= never, 1= a little bit, 2= sometimes, 3= often (Foa et al., 1993). Treadwell & Foa (2004) reported an internal reliability of .92 for the entire questionnaire, and .78, .94, and .84 for the re-experiencing,

avoidance, and arousal dimensions respectively, and a testretest reliability for PTSD diagnosis using the Kappa coefficient in a sample of 110 participants as .74, and also a 87% agreement percentage between diagnoses at two points in time, indicating a high degree of reliability (Treadwell & Foa, 2004). In Iran, in a study by Mirzamani et al. (2007), an alpha coefficient of .84 and a test-retest reliability of .76 were reported. In the current study, Cronbach's alpha for the entire questionnaire was .85, and Cronbach's alpha for the re-experiencing, avoidance, and arousal subscales were .76, .80, and .83, respectively (Karimi et al., 2013).

2.3. Interventions

2.3.1. Emotional Freedom Techniques

Emotional Freedom Technique: In this study, based on the Emotional Freedom Technique, a training package by Church (2014) was structured for 6 sessions lasting 30 to 45 minutes once a week and was executed as follows (Church, 2014):

Session 1: Introduction and therapeutic relationship with the client, description of anxiety and its symptoms, introduction of the Emotional Freedom Technique. Assignment: The client should identify their problem and fear and focus on it.

Session 2: Defining the physical factors of anxiety and the body's functioning during anxious moments, evaluating the anxiety problem on a scale of 0 to 10. Assignment: The client should rate their discomfort on a scale of 1 to 10.

Session 3: Discussion about suppressed emotions resulting from trauma, assisting the client in a) acknowledging their problem, b) self-acceptance despite the problem. Assignment: Recognizing emotions.

Session 4: Continuing to review and address negative emotions, assisting the client to understand that emotions are temporary and to recognize where these emotions come from, teaching tapping on 10 key body points that are pathways of anxiety flow. Assignment: Based on the training received on how to tap key body points, the client should tap on key points based on the emotions felt due to arising thoughts.

Session 5: Practicing imagery combined with tapping key body points focusing on problems and discomforts causing anxiety, re-evaluating the problem's severity on a scale of 0 to 10, if anxiety does not decrease, the tapping process is retaught to the client. Assignment: The client was asked to review the ten-fold tapping exercise throughout the week,



assess the problem's intensity, and record it in an event log worksheet.

Session 6: Re-evaluation of the client's problem, assisting in self-acceptance despite the problem. Assignment: At the end of the sessions, the contents of the previous sessions were summarized in a final review, and a post-test was administered.

2.4. Data analysis

Data analysis was conducted using visual analysis (charting), the Reliable Change Index, and the percentage of improvement formula (percentage increase).

3. Findings and Results

Regarding demographic characteristics, the first participant was 28 years old with a Bachelor's degree; the second participant was 33 years old with a Bachelor's degree; the third participant was 32 years old with a high school diploma; the fourth participant was 38 years old with a high school diploma; and finally, the fifth participant was 29 years old with a Bachelor's degree. The current study's baseline phase included three parts, the intervention phase comprised three sections including the end of the second session, the end of the fourth session, and the end of the interventions, and finally, the follow-up phase included 1month and 2-month follow-ups. The tables and figures

Table 1

Changes in Re-experiencing Subscale Scores in the Research Sample

below report the scores obtained at each stage, the percentage of score changes, and the Reliable Change Index (RCI) for each of the subscales and the overall scale.

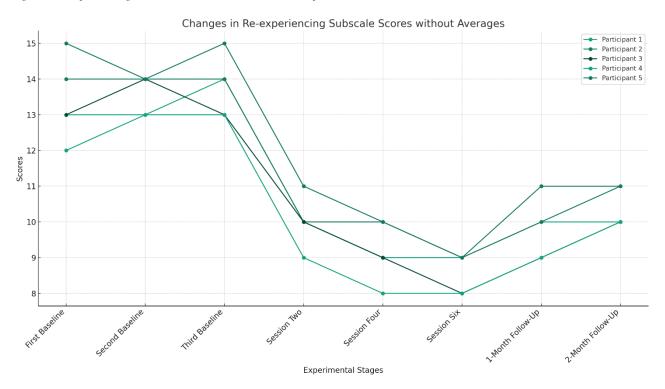
Based on the contents of the Table 1 and according to the Figure 1, the scores for the re-experiencing subscale in all research participants decreased from the baseline phase to the end of the treatment phase and did not change intuitively from the intervention phase to the end of the follow-up phase. Therefore, the Reliable Change Index (RCI) was used to examine the significance of changes at each stage. If the value of this index is 1.96 or higher, it is considered as significant changes, and conversely, if its value is less than 1.96, it means that the score changes were not significant. Accordingly, the reported findings in the above table show that the RCI for the treatment phase compared to the baseline phase for all participants for the re-experiencing subscale indicates the significance of the changes made (P < 1.96). Therefore, it can be concluded that the Emotional Freedom Technique treatment had a significant effect on reducing the re-experiencing of participants. Additionally, the RCI for the follow-up phase (compared to the intervention phase) for all participants in the re-experiencing subscale was below 1.96, meaning that the changes in scores in the follow-up phase compared to the treatment phase were not significant, and thus it can be concluded that the effectiveness of the Emotional Freedom Technique in reducing re-experiencing in the study sample has had appropriate durability.

Experimental Stages	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
First Baseline	13	14	13	12	15
Second Baseline	13	14	14	13	14
Third Baseline	14	14	13	13	15
Baseline Average	13.33	14	13.66	12.66	14.66
Session Two	10	10	10	9	11
Session Four	9	10	9	8	10
Session Six	9	9	8	8	9
Treatment Average	9.33	9.66	9	8.66	10
Reliable Change Index	0.91	3.75	3.99	3.78	3.85
% Change in Re-experiencing	-30.00	-30.92	-34.11	-31.59	-33.28
1-Month Follow-Up	10	10	9	9	11
2-Month Follow-Up	10	11	10	10	11
Follow-Up Average	10	10.50	9.50	9.50	11
% Change in Follow-Up (Compared to Treatment)	8.07	8.69	5.55	9.69	10
Reliable Change Index	1.60	1.66	1.42	1.73	1.80



Figure 1

Changes in Re-experiencing Subscale Scores in the Research Sample



Based on the contents of Table 2 and according to the Figure 2, the scores for the avoidance subscale in all research participants decreased from the baseline phase to the end of the treatment phase and did not change intuitively from the intervention phase to the end of the follow-up phase. Therefore, the Reliable Change Index (RCI) was used to examine the significance of changes at each stage. If the value of this index is 1.96 or higher, it is considered as significant changes, and conversely, if its value is less than 1.96, it means that the score changes were not significant. Accordingly, the reported findings in the above table show that the RCI for the treatment phase compared to the baseline

Table 2

Changes in Avoidance	Subscale Scores	in the Research Sample	

phase for all participants for the avoidance subscale indicates the significance of the changes made (P < 1.96). Therefore, it can be concluded that the Emotional Freedom Technique treatment had a significant effect on reducing avoidance in participants. Additionally, the RCI for the follow-up phase (compared to the intervention phase) for all participants in the avoidance subscale was below 1.96, meaning that the changes in scores in the follow-up phase compared to the treatment phase were not significant, and thus it can be concluded that the effectiveness of the Emotional Freedom Technique in reducing avoidance in the study sample has had appropriate durability.

Experimental Stages	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
First Baseline	20	17	19	20	18
Second Baseline	21	18	20	19	18
Third Baseline	20	18	20	20	19
Baseline Average	20.33	17.66	19.66	19.66	18.66
Session Two	17	14	15	14	15
Session Four	14	11	12	14	11
Session Six	13	10	10	11	8
Treatment Average	14.66	11.66	12.33	13	11.33
Reliable Change Index	2.59	3.64	3.89	3.62	3.95
% Change in Avoidance	-27.88	-33.97	-37.28	-33.87	-39.28
1-Month Follow-Up	15	11	13	13	11

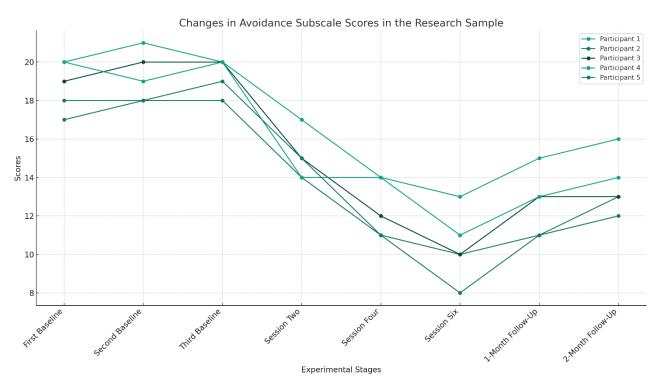




2-Month Follow-Up	16	13	13	14	12
Follow-Up Average	15.50	12	13	13.50	11.50
% Change in Follow-Up (Compared to Treatment)	5.72	2.91	5.43	3.84	1.50
Reliable Change Index	1.19	0.68	1.15	0.73	0.49

Figure 2

Changes in Avoidance Subscale Scores in the Research Sample



Based on the contents of Table 3 and according to the Figure 3, the scores for the hyperarousal subscale in all research participants decreased from the baseline phase to the end of the treatment phase and did not change intuitively from the intervention phase to the end of the follow-up phase. Therefore, the Reliable Change Index (RCI) was used to examine the significance of changes at each stage. If the value of this index is 1.96 or higher, it is considered as significant changes, and conversely, if its value is less than 1.96, it means that the score changes were not significant. Accordingly, the reported findings in the above table show that the RCI for the treatment phase compared to the baseline

phase for all participants for the hyperarousal subscale indicates the significance of the changes made (P < 1.96). Therefore, it can be concluded that the Emotional Freedom Technique treatment had a significant effect on reducing hyperarousal in participants. Additionally, the RCI for the follow-up phase (compared to the intervention phase) for all participants in the hyperarousal subscale was below 1.96, meaning that the changes in scores in the follow-up phase compared to the treatment phase were not significant, and thus it can be concluded that the effectiveness of the Emotional Freedom Technique in reducing hyperarousal in the study sample has had appropriate durability.

Table 3

Changes in Hyperarousal Subscale Scores in the Research Sample

Experimental Stages	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
First Baseline	13	14	15	12	14
Second Baseline	13	15	14	13	14
Third Baseline	13	14	15	12	14
Baseline Average	13	14.33	14.66	12.33	14
Session Two	10	11	11	10	11
Session Four	9	9	10	8	9

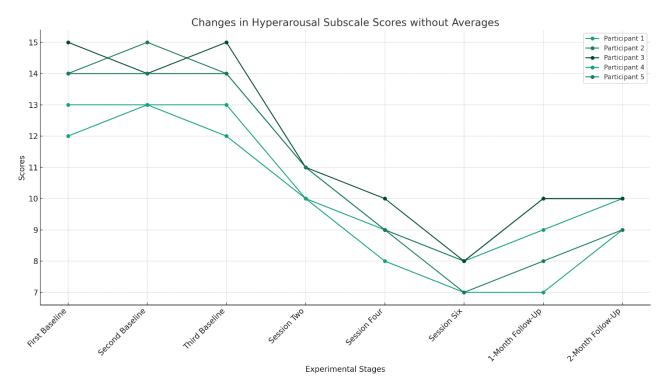




Session Six	8	8	8	7	7
Treatment Average	9	9.33	9.66	8.33	9
Reliable Change Index	2.66	3.59	3.47	3.16	3.74
% Change in Hyperarousal	-30.76	-34.89	-34.10	-32.44	-35.71
1-Month Follow-Up	9	10	10	7	8
2-Month Follow-Up	10	10	10	9	9
Follow-Up Average	9.50	10	10	8	8.50
% Change in Follow-Up Phase (Compared to Treatment)	5.55	7.07	3.83	-3.96	-5.55
Reliable Change Index	1.33	1.42	0.94	0.99	1.33

Figure 3

Changes in Hyperarousal Subscale Scores in the Research Sample



Based on the contents of Table 4 and according to the Figure 4, the scores for the Post-Traumatic Stress Disorder (PTSD) symptoms subscale in all research participants decreased from the baseline phase to the end of the treatment phase and did not intuitively change from the intervention phase to the end of the follow-up phase. Therefore, the Reliable Change Index (RCI) was used to examine the significance of changes at each stage. If the value of this index is 1.96 or higher, it is considered as significant changes, and conversely, if its value is less than 1.96, it means that the score changes were not significant. Accordingly, the reported findings in the above table show that the RCI for the treatment phase compared to the baseline

phase for all participants for the PTSD symptoms subscale indicates the significance of the changes made (P < 1.96). Therefore, it can be concluded that the Emotional Freedom Technique treatment had a significant effect on reducing PTSD symptoms in participants. Additionally, the RCI for the follow-up phase (compared to the intervention phase) for all participants in the PTSD symptoms subscale was below 1.96, meaning that the changes in scores in the follow-up phase compared to the treatment phase were not significant, and thus it can be concluded that the effectiveness of the Emotional Freedom Technique in reducing PTSD symptoms in the study sample has had appropriate durability.



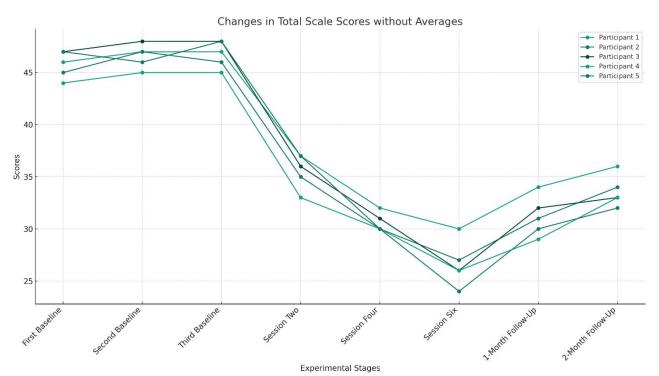
Table 4

Changes in Total Scale Scores in the Research Sample

Experimental Stages	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
First Baseline	46	45	47	44	47
Second Baseline	47	47	48	45	46
Third Baseline	47	46	48	45	48
Baseline Average	46.66	46	47.66	44.66	47
Session Two	37	35	36	33	37
Session Four	32	30	31	30	30
Session Six	30	27	26	26	24
Treatment Average	33	30.66	31	29.66	30.33
Reliable Change Index	2.74	3.56	3.79	3.81	3.88
% Change in Total Scale	-29.27	-32.33	-34.95	-35.06	-35.46
1-Month Follow-Up	34	31	32	29	30
2-Month Follow-Up	36	34	33	33	32
Follow-Up Average	35	32.50	32.50	31	31
% Change in Follow-Up Phase (Compared to Treatment)	6.06	6.00	7.01	4.51	2.20
Reliable Change Index	1.32	1.31	1.40	1.22	0.75

Figure 4

Changes in Total Scale Scores in the Research Sample



4. Discussion and Conclusion

The results of the current study demonstrated that the training in Emotional Freedom Technique led to a reduction in the symptoms of Post-Traumatic Stress Disorder (PTSD) following emotional trauma in women affected by marital infidelity. No study directly corresponding to the present research focused on PTSD symptoms in women affected by

infidelity was found; however, this study aligns with the previous findings (Akbari et al., 2023; Alamdar Baghini et al., 2021; Church, 2014; Church et al., 2016; Church et al., 2018; Church et al., 2017; Clond, 2016; Dincer & Inangil, 2021; Gaesser, 2020; Minewiser et al., 2016; Nicosia et al., 2019; Sebastian & Nelms, 2017; Study, 2017; Yavari Kermani et al., 2020).

According to Church (2014), the Emotional Freedom Technique, focusing on thoughts, negative emotions, and



goal-setting for identifying behaviors step by step and impacting the body through tapping, reduces the physical arousal caused by anxiety in social situations and cognitive arousal from negative thoughts, thereby reducing PTSD symptoms. It emphasizes skills in identifying a spectrum of one's and others' emotions and how to adjust and manage negative emotions, enhancing effective coping with these emotions (Church, 2014).

It should also be mentioned that the Emotional Freedom Technique is based on the latest psychological methods and medicine and assists the patient in solving psychological and physical problems using affirmations and tapping on specific points (Church et al., 2017). According to the Emotional Freedom Technique, the human body has energy; therefore, it's sufficient to place your foot on the carpet and then touch a piece of metal; also, if you touch something hot, you quickly feel the burn because it moves at the speed of electricity in your nervous system, and this message reaches the brain. Thus, the Emotional Freedom Technique believes the nervous system methodically moves this energy flow in the body (Church et al., 2018). This method addresses the real cause of the problem and not just the symptoms, through the connection between mind and body (Alamdar Baghini et al., 2021).

Many psychologists believe that delivering gentle, calculated taps on particular body points creates a balance in the body's energy system. This method focuses on reconstructing the nervous system and releasing unpleasant emotions; when an individual fully accepts themselves, they have traversed half the path and expend less energy hiding their problems and flaws (Gaesser, 2020).

5. Limitations & Suggestions

Considering the explanations provided, it can be summarized that the Emotional Freedom Technique led to a reduction in PTSD symptoms in women experiencing marital infidelity. Therefore, utilizing this therapy in cases where an individual is experiencing anxiety along with other disorders such as depression can aid in the simultaneous improvement of both issues.

Among the limitations of this research was the nonrandom selection of participants, which challenges the generalizability of the findings. Thus, it is recommended that future studies employ random sampling and that the sample selected be broader. Moreover, this research was conducted in Tehran, so it is suggested that similar studies be carried out in other geographical areas.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This study has been registered with the Institutional Ethics Board of KMAN Publication Institute, under the registration code KEC.2023.10A1, ensuring compliance with all ethical standards and protocols for research.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

The research has been financially supported by Iran University of Gonbad-Kavous (Grant Number: 71654).

Authors' Contributions

All authors contributed equally to this article.

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