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Emotional Freedom Techniques (Tapping) to Improve Wellbeing and Reduce Anxiety in Primary School Classrooms

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Abstract: The use of Emotional Freedom Techniques (EFT) as a class exercise was investigated to ascertain its effectiveness for student wellbeing. Although EFT has been validated in clinical settings, studies have not yet established whether this approach could be applied in classrooms to curb anxiety and improve wellbeing. A pragmatic, mixed methods study was conducted with 138 students in northern Australian primary schools. Student anxiety dissipated over two stages of intervention. Aside from class tapping sessions, students sometimes tapped surreptitiously, and teachers applied tapping for themselves on occasions. Students generally preferred a quieter, individual approach during class tapping sessions. Broader themes derived from student and teacher data suggested that tapping is a mechanism for change, the skills are transferable, and unsurprisingly, tapping is not always effective. EFT supports social and emotional learning and aligns with the Australian school curriculum. Findings suggest EFT used in classrooms can benefit students and teachers.

Introduction

As the rates of childhood anxiety have increased and manifested at younger ages, children's mental health has become a burgeoning concern in primary schools (Headley & Campbell, 2013), even prior to the additional impact of the covid-19 pandemic. Mental health problems have become a leading cause of disability worldwide for young people aged 10-24 years (McGorry et al., 2014; Mokdad et al., 2016), and anxiety has been documented as the most prevalent mental health disorder in childhood (Platt et al., 2016). Fifty percent of all lifetime mental health disorders emerge by 14 years of age (Kessler et al., 2005; World Health Organization [WHO], 2020), with the median age of onset of anxiety disorders estimated to be 11 years. Finding methods to improve children's sense of wellbeing by reducing their levels of anxiety and the associated risk of impairment of their future development is an imperative for schools.

Emotional Freedom Techniques (EFT) belongs to the branch of psychology known as energy psychology, that combines somatic stimulation of particular points on the body, known as acupoints, with psychotherapeutic procedures, such as cognitive therapies and exposure methods. In applying EFT, individuals direct their attention to the problem, whilst tapping on acupoints—specific points on the body that purportedly connect to the pathways that direct the flow of energy, known as meridian channels (Leung, 1998; Stanway et al., 1979). To assist in maintaining focus, individuals articulate the problem, followed by a positive self-acceptance statement. The technique is uncomplicated and can be readily learnt

and self-administered by individuals or can be applied clinically during psychotherapy sessions. When the EFT protocol is used, an individual's discomfort or distress may dissipate, enhancing relaxation and wellbeing. Because EFT involves both cognitive procedures and meridian stimulation, conscious as well as unconscious aspects of a problem may be included in regulating the body's response (Church, 2013).

EFT is a treatment modality that is growing in popularity among clinicians, due to the speed with which improvements in clients are perceived, and the enhanced effectiveness in the treatment of complex issues (Feinstein, 2021). Research in the field of energy psychology is also growing and is showing promise in reducing anxiety and improving wellbeing in clinical settings and among student groups (Boath et al., 2013; Gaesser & Karan, 2017; Sezgin & Özcan, 2009; Stapleton et al., 2017). In other populations also, research is mounting regarding the efficacy of EFT (Church et al., 2018; Clond, 2016; Dincer & Inangil, 2021; Feinstein, 2019, 2021; Gilomen & Lee, 2015). To date, as reported by the Association for Comprehensive Energy Psychology (ACEP, 2022)—the organisation that accumulates research in energy psychology—over 125 research studies have been conducted in several countries on the efficacy of EFT across a range of physical and psychological conditions.

Although most of the research in EFT has involved adult populations, some researchers have investigated the effect of EFT on younger individuals and student groups. A study on test anxiety conducted by Benor et al. (2009) found that EFT, in just two sessions, significantly reduced psychological distress among Canadian university students with moderate or severe test anxiety, compared with cognitive behavioural therapy (CBT), which reduced test anxiety in five sessions. Qualitative responses from participants further supported the positive quantitative outcomes, with students also reporting their willingness to use EFT for stress reduction in other aspects of their lives.

A pilot study conducted by Gaesser and Karan (2017) investigated the effects of EFT and CBT on anxiety in high-ability students ($n = 63$) in American middle and high schools—Grades 6-12. To compare the two interventions, students who scored in the moderate to high anxiety level on the Revised Children's Manifest Anxiety Scale-2 (RCMAS-2) were allocated to an EFT, CBT, or a waitlist control group. The intervention consisted of three sessions, generally 1 to 2 weeks apart. The researchers found that students in both the EFT and CBT protocol groups experienced a reduction in anxiety; however, only the EFT group showed a significant reduction in anxiety compared to the control group ($d = .74$).

In an Australian study (Stapleton et al., 2017), researchers investigated EFT as a universal intervention to diminish academic fear of failure in Year 10 high school students ($n = 204$) enrolled in advanced programs. Students were recruited from two schools for the study, with students in one school ($n = 80$) comprising the EFT group, and students from the other school ($n = 124$) acting as a no-treatment control group. The EFT sessions were 75 minutes duration in school time, conducted over 5 weeks at weekly intervals. For both groups, measurements on the four scales of self-esteem, resilience, strengths and difficulties, and performance failure were gathered before and after the intervention and at 12-months after the intervention. Additional measurements were gathered at the 6-month follow-up period for the intervention group. The most significant finding of this study was the reduction in fear of failure from pre-intervention to 12-month follow-up ($p = .020$) for the EFT group, suggesting that treatment gains may extend beyond the immediate treatment period.

The current research raised the question as to whether EFT may be effective for reducing anxiety and improving student wellbeing when applied as a class technique in a primary school environment. The research topic arose from the first author's experiences of positive clinical outcomes, both reported and observed in her psychology practice, when individuals and groups have used tapping. The study is purportedly the first exploration of the EFT treatment as a whole class application in primary school class settings. Thus, whether

the benefits of EFT persist when embedded within the complex physical and social dynamics of a classroom remains to be substantiated.

The objective of this research was to investigate the effects of EFT on anxiety symptoms and wellbeing states in primary school children. The study evaluated the effectiveness of EFT when applied across class groups, with teachers administering the techniques as a class activity. Specifically, this research examined: a) the perceptions of Year 5 and Year 6 students in four Northern Territory (NT) primary schools related to using EFT in class; b) whether EFT is effective in reducing anxiety and distressing symptoms in Year 5 and Year 6 students; c) the perceptions of teachers about using EFT, with particular focus on the effects of EFT on the class, such as any changes in behaviour, performance, and concentration, as well as the effects of EFT on teachers themselves; d) the value and effectiveness of using EFT as a class activity, including consideration of barriers and challenges; e) whether EFT is used by students and teachers beyond the classroom sessions; and f) the value of EFT in supporting the social and emotional learning curriculum.

Supporting the social and emotional learning curriculum in primary schools was central to this study. All new class applications must align with school curriculum and classroom practices to be considered an effective modality for classes and schools. The Personal and Social Capabilities Learning Continuum (PSCLC) set by the Australian Curriculum, Assessment and Reporting Authority is the foundation for the Northern Territory Department of Education Social and Emotional Learning framework. The continuum, summarised in Table 1, is organised into four elements of self-awareness, self-management, social awareness, and social management, with competencies for enhancing students' social and emotional skills and practices.

PSCLC domains	PSCLC competencies
Self-awareness	Recognise emotions; recognise personal qualities and achievements; understand themselves as learners; develop reflective practice
Self-management	Express emotions appropriately; develop self-discipline and set goals; work independently and show initiative; become confident, resilient, and adaptable
Social awareness	Appreciate diverse perspectives; contribute to civil society; understand relationships
Social management	Communicate effectively; work collaboratively; reach effective decisions; negotiate and resolve conflict; develop leadership skills

Table 1: PSCLC Domains and Competencies

Methodology and Methods

The research used a pragmatic methodology with mixed methods (Cherryholmes, 1992; Dewey, 1929; Tashakkori & Creswell, 2007). An evaluative approach was applied to assess the effectiveness of EFT as a universal class intervention to enhance student wellbeing. The intervention in schools was implemented over two phases—Stage 1 and Stage 2—after the preparatory phase of engaging schools in the research. The preparatory phase focused on gathering support for the research from the two main educational sectors in the NT—Department of Education and Catholic Education—and two schools from each sector were recruited for the research.

Emails distributed to chief executives described the research proposal and included a short video clip of students tapping, to assist their understanding about the technique. This

communication was followed by meetings with the executive officers, in which support was given for the project. Procedures for recruiting the schools were outlined by the executive leaders that entailed the first author directly approaching school principals, or a principals' consultant, to ascertain interest in participating in the study. All school principals who were contacted agreed to participate in the study. There was common agreement among principals about the importance of exploring methods that would assist students to better manage their wellbeing levels and assist students and teachers in the classroom in the area of social and emotional wellbeing. The main concern expressed by some principals regarding the research project was teachers feeling overburdened. The study was designed within a pragmatic framework to cause minimum disruption and burden to teachers and classes.

Participants

The population for the research, The Tapping Project, was 138 primary school students—76 girls and 62 boys—in Years 5 and 6, and nine teachers—two males and seven females—across eight classes. Emotional literacy was considered an important attribute for participants in the research, with older students in primary school conceivably possessing a broader language base for expression of the research concepts of anxiety and wellbeing.

The four schools were located in diverse geographic areas that represented differences in socio-economic advantage. The Australian Bureau of Statistics (ABS, 2022) allocates a Socio-Economic Index for Areas (SEIFA) according to relative advantage or disadvantage of the population. The decile ranking of SEIFA scores for the areas of the four schools in the study were 1, 4, 8, and 8, where a low score indicates a relatively high incidence of disadvantage and a high score indicates a relatively low incidence of disadvantage. The population of the NT comprises around 30% of people who identify as Aboriginal and Torres Strait Islander Australians (ABS, 2018). Respective to the SEIFA rankings of the four schools, the percentages of Aboriginal and Torres Strait Islander identified students were 80%, 13%, 22%, and 8%, and these students were predominantly English as a Second Language (ESL) learners. Of the nine teachers in the project, four had accrued over 10 years' experience as a primary school teacher, two had accrued between 5 and 10 years' experience, and three teachers were in their first year of primary school teaching, however, one of these teachers had been a secondary school teacher.

Instruments

Quantitative Measures

Quantitative measures were administered to students only. Two quantitative measures were used to assess children's anxiety levels before and after the intervention: the Subjective Units of Wellbeing Score (SUWS) and the Revised Children's Manifest Anxiety Scale - second edition (RCMAS-2) (Reynolds & Richmond, 2008).

The Subjective Units of Wellbeing Score (SUWS).

The SUWS has been adapted from the Subjective Units of Distress Score (SUDS), which is a measure of individuals' direct perception of their distress levels. SUDS is a widespread measure of assessment when using EFT as well as many other psychological and medical interventions (Tanner, 2012). Individuals rate themselves between 0 and 10, where 0

indicates no perceived level of distress and 10 indicates extreme perceived level of distress. Adapting this scale to a wellbeing measurement—SUWS—a reversal of scores was applied, where 10 is the greatest perceived level of wellbeing—feeling great—and 0 is the lowest perceived level of wellbeing—feeling poorly or not great.

The Revised Children's Manifest Anxiety Scale - Second Edition (RCMAS-2).

The RCMAS-2 is a questionnaire in which students indicate whether they experience worry, physiological, or social symptoms, such as feeling nervous or scared. For example, one item in the social anxiety subset is “*I fear other kids will laugh at me in class,*” to which students respond with either yes or no. The RCMAS-2 instrument is a well-established measure for assessing children's levels of anxiety (Ang et al., 2011; Kamphaus & Mays, 2013). Reynolds and Richmond (2008) reported Cronbach's alpha estimates to be .92 (very strong) for Total Anxiety, and subscale estimates ranging from .75 to .86 (strong), indicating strong to very strong internal consistency reliability. As evidence of validity, high scores on the RCMAS-2—71 and above—tend to coincide with extremely problematic levels of anxiety. The RCMAS-2 has also been found to be a reliable measure for anxiety across genders, ethnic backgrounds, and ages (Ang et al., 2011; Reynolds & Richmond, 2008; Varela & Biggs, 2006). The second edition of this instrument is based on the Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1978), for which construct validity is supported by extensive factor analysis (Reynolds & Paget, 1981; Reynolds & Richmond, 1979). In consideration of a younger cohort and to minimize disruption to classes, this study used the RCMAS-2 Short Form, a subset of the RCMAS-2, comprising ten items.

Qualitative Methods

Qualitative methods included: semi-structured individual interviews with a random selection of students from each class; focus group interviews with teachers and staff in each school; comments provided by students in their project books; anecdotal stories reported by students, teachers, and school staff; and personal observations. The guiding questions for interviews (Appendices A - D) were formulated by the research team and were based on the professional experience of the first author as a primary school teacher and psychologist. Because of limitations in school resources and constraints in the timelines, questions were not piloted systematically before the intervention was launched. However, similar questions have previously been administered to children in past studies. The first author conducted all interviews, which were recorded and transcribed verbatim.

Protocol Used in the Program

The EFT protocol used in this study was based on the standard protocol developed by Gary Craig, founder of the EFT modality (Craig, 2008), and also included the tapping point on top of the head, illustrated in Figure 1.

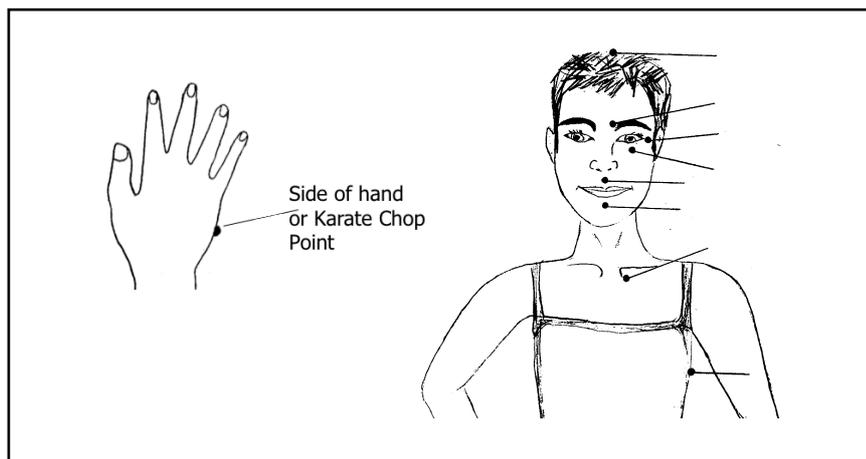


Figure 1: Tapping Points

The wellbeing statement that students used with the tapping protocol was *Even though I feel anxious / not great / great, I accept myself completely*. In the first stage of the project, students were asked to select from the words *anxious*, *not great*, or *great*, that best matched their feelings at the time of tapping. In the second stage, students were asked to select their own word, rather than the prescribed words.

In applying the tapping protocol, students tapped on the side of hand point while repeating their wellbeing statement twice. Following the wellbeing statement and side of hand tapping, students tapped on each of the head and body tapping points, whilst saying a reminder word or phrase, such as *feeling anxious*, or *feeling great*. Counting the number of taps on each point was not required, as students tapped for the length of time required for their statements and phrases.

Procedure

Teacher Training Sessions and Introduction of Tapping to Students

Two 1-hour training sessions were arranged with the research class teachers prior to introducing EFT to students and were delivered by the first author. Following teacher training sessions, The Tapping Project was introduced to each of the eight classes by the first author. As well as presenting the tapping technique to the students, the lesson provided a model for teachers in applying tapping in the class context. Table 2 presents the content that was covered in the introductory lesson.

Item	Content
1	An explanation of the research and the concept of tapping
2	Administration of the RCMAS-2 anxiety assessment instrument, administered to students prior to any tapping sessions, to assess pre-intervention anxiety levels
3	Discussion of feelings and the different words used when people feel upset or not great. In discussing the vocabulary for feelings, anxiety and its synonyms were assigned to one group and labelled <i>Anxiety</i> , and the remaining words were assigned to a second group and labelled <i>Not Great</i>
4	Discussion of the purpose and benefits of using techniques to help alleviate difficult or distressing feelings
5	Introduction of <i>The Tapping Project</i> book, designed for students in the research, and how students may use the book
6	How to measure wellbeing levels on the 0-10 SUWS
7	The tapping points and how to tap
8	The first tapping session for the project

Table 2: Content of the Introductory Session

Stage 1

Following the introductory lesson, teachers were requested to administer the tapping sessions with the class at the commencement of each day, immediately after recess and lunch breaks, for a period of four weeks, the period of Stage 1. Tapping sessions involved the following sequence: a) assessing and recording wellbeing levels and associated feelings, b) performing the tapping protocol, and c) re-assessing and recording wellbeing levels. The project book was designed for students to record wellbeing levels along with associated feelings and any comments they may wish to document.

Half-way through Stage 1, the first author visited each class again and administered a tapping session. During this session, students were also encouraged to try tapping for themselves on other occasions, such as before a performance in school activities, before sporting events, or while feeling upset in the playground or at home. A more discrete form of tapping—secret tapping—was taught to students, whereby points on the thumb and fingers could be used instead of the main points used in the class protocol. Students were encouraged to use either form of tapping for their own purposes outside of the class tapping sessions.

Student data were collected at the end of Stage 1 and entered into an Excel spreadsheet before being transposed to SPSS for analysis. Following Stage 1, student and teacher interviews were conducted using prepared open questions as a guide (Appendices A and B).

Because the study was set within a pragmatic framework, and not a clinical trial, feedback was encouraged from teachers about the appropriateness of the Stage 1 program's administration for classrooms. Based on this feedback, modifications to the program were incorporated into the Stage 2 administration. These modifications were considered minimal to the tapping exercise: instead of saying the words out loud in unison, students spoke softly so they weren't distracted by other students' words; students also chose their own words for describing how they felt, rather than saying the prescribed words.

Random selection of students for interviews was conducted using the website www.randomizer.org, and class teachers approved students who were selected for interview.

Approval by teachers was considered important for various reasons, such as competency in English, an ability to understand the interview questions and concepts, and attendance over the period of the project; students who seldom attend the sessions would not gain enough experience in using tapping. A total of 24 students across all classes were selected for interview and, where possible, at least one boy and one girl from each class were selected.

Stage 2

The 4-week tapping program of Stage 1 was repeated in the following term—Stage 2—and students were issued with a new project book. As with Stage 1, the first author introduced each class to the Stage 2 program. At the completion of Stage 2, student project books were collected and all data were recorded. The RCMAS-2 anxiety questionnaire was again administered to all students.

A second set of interviews was conducted after completion of Stage 2 in each of the schools. Wherever possible, the same students interviewed in Stage 1 were interviewed at the end of Stage 2. If the same students were not available, other students were randomly selected for interview and approved by class teachers. A total of 23 students were interviewed following Stage 2. Teacher interviews were conducted in school groups following Stage 2, guided by the prepared questions in Appendix D.

A third administration of the RCMAS-2 instrument was carried out approximately ten weeks after students had ceased daily class tapping sessions to ascertain whether anxiety levels of students varied significantly when the daily tapping practice had discontinued.

Results

Quantitative Results

Findings showed the RCMAS-2 scores diminished significantly over time—the highest anxiety scores were found in Time 1 and the lowest in Time 3 (Table 3)—and this effect varied across classes.

Time	Mean	SD
1	50.21	8.37
2	48.80	8.82
3	47.76	8.81

Table 3: Means and Standard Deviations of RCMAS-2 Scores for All Students on Each Occasion (Time) Administered

To ascertain whether this change across time was significant, a mixed-model linear analysis was conducted. RCMAS-2 scores were designated as the criterion, time was designated as a fixed factor, and age was designated as a covariate. Because students were nested in classrooms, the analysis included both random intercepts and random slopes across the classrooms and across the students nested in classrooms. An Heterogenous Toeplitz matrix was utilized to represent the covariances across these random intercepts and random slopes in each step. Finally, to facilitate interpretation, Time 1 was designated as the reference.

Table 4 presents the B coefficients that this model generated. The analysis revealed that RCMAS-2 differed significantly across time. In particular, the negative B values associated with Times 2 and 3 indicate that RCMAS-2 was highest in Time 1. Only the term

associated with Time 3 was significant, indicating that RCMAS-2 was significantly lower in Time 3, but not significantly lower in Time 2, relative to Time 1.

Parameter	B coefficient	Standard error	T value
Intercept	63.48	13.44	4.72***
Time 1	^a		
Time 2	-2.09	1.26	-1.65
Time 3	-2.70	1.30	-2.08*
Age	-1.21	1.24	-.98

Note. * $p < .05$, *** $p < .001$; ^a Indicates the parameter was redundant and thus set to 0.

Table 4: Output from the Mixed-Model Linear Analysis with Random Effects to Explore Whether RCMAS-2 Diminished Over Time

Qualitative Results

Inductive thematic analyses were conducted by the first author for the two data groups: teachers and students. Themes were identified from the data, with reference to the research questions, and guided by the steps proposed by Braun and Clarke (2006) for undertaking a thematic analysis: familiarity with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

Initial codes were generated from line-by-line examination of the transcriptions. Key concepts, based on the relationship to research questions and other phenomena raised by students and teachers that were relevant to the research topic, were extracted from the student and teacher data sets, and became the initial codes. Concepts comprised actual words used by participants—such as *calming* and *breathing is good*—and these expressions were entered into a table in order of occurrence. One table for each project stage was created for the student data set, and individual tables were created for each of the teacher transcripts, corresponding to each of the schools, for the separate project stages. This attention to the individual data sets ensured that the analysis of one teacher focus group was not influenced by the concepts that were extracted from the transcripts of other focus groups.

The tables comprising initial codes were inspected to uncover overlapping or related concepts. A colour-coding method was used to assist the identification of similar codes. The seven categories created in the student data set were: *effective*, *what was good about tapping*, *thoughts about tapping*, *doesn't always work*, *type and time of tapping*, *extend tapping*, and *what I don't like about tapping*. For the teacher data set, five categories were created: *tapping is beneficial*, *problems with managing tapping sessions*, *suggestions for improvement*, *extend tapping*, and *Stage 2 was better*.

The themes contained in the data were defined with reference to understanding how the established categories fitted in to the study's broader topic and research questions (Braun & Clarke, 2006). Theme names were created that were characteristic of the complete data set and contained in the data extracted through the coding and categorising processes. Main themes and sub-themes, listed in Table 5, were identified as representative of the student and teacher data sets, respectively, with capacity to answer the research questions posed in the study.

	Main theme	Subtheme
Students	Tapping as a mechanism for change	Affective change Physical change Cognitive change—confidence and academic focus
	Transferability of skills	In school Outside school Communicating knowledge
	Tapping is not always effective	Contradictions
Teachers	Tapping as a mechanism for change	Students Teachers
	Transferability of skills	Students Teachers
	Tapping is not always effective	Contradictions

Table 5: Themes and Subthemes

Students

Tapping as a Mechanism for Change. This theme was noted as the dominant theme because of the many ways in which change appeared in the student data set. Feeling calmer after tapping was the most common response from students across all classes in both stages, and students used words and phrases such as “relaxed,” “less stressed,” “chilled,” “chill-out,” “pipe down,” and “helps with stress and nervous feelings,” to describe these changes. The following quotes are some excerpts from student interviews related to this theme.

After recess and lunch, it would be like—it would calm me down after playing soccer or rugby. It’d help settle me, or when I was feeling a bit down, it would help me put my score up a little bit... and other times, like I’ve been using the tapping before my rugby games (Simon, Class B3).

It helps me calm down when I’m angry. In the afternoon and just after recess [is better] because it’s later in the day and when it’s later in the day you feel a bit tired and you get angry and sad easier, so it helps you calm down when you do it (Maddie, Class B2).

When we do our work it’s kind of confusing and frustrating, and then when we were tapping, it was much easier to focus on things (Geraldine, Class C1).

When I’m stressed, my hands shake but after tapping, they stopped shaking and it’s easier to do my class work ’cause I can—my head’s clear (Ben, Class B1).

Transferability of Skills. The second main theme included the ways in which students transferred their tapping skills to other contexts as well as communicated their knowledge of tapping to other people. Even if some students did not find tapping beneficial, all students suggested that other students should learn tapping. Students engaged in tapping outside of the regular class sessions only if they felt confident using the techniques or if they found the class tapping sessions beneficial. Students stated:

I found it really useful because I had a test one day and I was quite scared I might have got it wrong, and I just started tapping and I wasn't stressed (Alfred, Class C2).

I've noticed throughout the class, a lot of people, ever since The Tapping Project started, they start to use tapping when they get frustrated, tired, and for other reasons as well (Simon, Class B3).

[I tapped] when I was at home and I was angry at my sister or at my parents and family (Julianne, Class A).

It's helped me a lot. Recently I had a competition. I was a little nervous, so I did the tapping and it made me feel a lot better. It calmed my nerves for the whole comp (Tina, Class D).

I think it could be [good to teach others], 'cause I taught my mum and my brother, and it seemed to work for them to (Tina, Class C1).

Tapping is Not Always Effective. The third main theme presents the unsurprising outcome that tapping, like any psychological intervention, does not benefit every individual on each occasion. Some students who reported feeling better after tapping on some occasions also reported days when tapping was ineffective, and a few students stated that they felt worse after tapping on some occasions. Tapping also appeared to be less effective for students when they recorded low SUWS, which was indicative of higher levels of stress or unpleasant emotion. Some of the student comments were:

It's like that it's calming and it's kind of like meditating but sometimes it doesn't work, 'cause ... I can be sometimes really really angry and it won't work (Neridah, Class B3).

Sometimes it did help, and others, like I was having a really bad day and just wrote down a three and it would just stay that number the whole day (Julianne, Class A).

Teachers

Tapping as a Mechanism for Change. All teachers noted that some students in their classes clearly benefitted from tapping. For example, some teachers commented:

My class has been a lot calmer but I don't know that it was just they're maturing as a group and feeling more comfortable as a group. But generally, across the board, they were a lot calmer and there were less outbursts—none of those lunch time dramas (Teacher, Class B3).

I was sceptical at first, but it actually [works]. After recess and lunch, we come in and do silent reading, or read-colour-draw, something to settle them. And then we were coming in doing tapping, and then we started off still doing that. And I found that actually towards the end, we didn't need to do silent reading or read-colour-draw, because after tapping they were ready to go. ... [Tapping] settled them quite nicely (Teacher, Class D).

It was a calming exercise where they [students] would come in, do their tapping, then they'd be quiet because it wouldn't be a whole class disruption. And then they would get on to their next activity (Teacher, Class B1).

And I could physically see Kendrick's body language change. When he took that deep breath in at the end and breathed out, you could physically see him settle and relax (Teacher, Class C1).

Most teachers reported the tapping effects of feeling calmer or more relaxed for themselves also. The tapping conducted with students in class was noted by several teachers to reduce their own levels of anxiety and stress.

Transferability of Skills. On several occasions, teachers observed students tapping in the classroom or elsewhere in the school, outside of the scheduled tapping sessions:

... he'd sit there and he'd be looking, and the next thing you'd see, he's tapping, not talking, just tapping. He'd go through the whole routine (Teacher, Class B1).

Some of the kids, I've seen them going off and just doing the tapping by themselves when they need it (Teacher, Class C2).

We were writing a review on the school concert, and little Paulo said he was really nervous getting on the stage, so he did some tapping (Teacher, Class B4).

I definitely heard my kids saying they were doing it at home (Teacher, Class B4).

On occasions, outside the scheduled class tapping sessions, two teachers reported that tapping reduced their own discomfort of headaches, and other staff stated that tapping assisted with their sleep.

Tapping is Not Always Effective. Most teachers noted that tapping was not effective on each application. The busy school program was also the reason that some teachers perceived tapping as ineffective.

It was hard to remember [to do tapping], 'cause there were so many things on after recess and lunch all the time (Teacher, Class B2).

Teachers thought that the book requirement for the project was an impediment to the possible effectiveness of tapping.

Some students, I think are tired of it—I think maybe we did it too often throughout the day ... and the process maybe of having to write with some of our reluctant writers. For some of them, it might have been an extra—got to write again. But generally, I think most of them were keen in my room [to tap] (Teacher, Class B3).

Some teachers expressed the opinion that tapping is not suitable for everyone, and that the activity was more effective for individuals than groups.

[Tapping's] definitely for individual kids. I can see that it could be useful for small groups or individual kids. It's certainly good for some kids, and it's good to have that time for kids to calm down and just take time, but maybe tapping's not everyone's thing (Teacher, Class B2).

Peer pressure was identified by many teachers as the reason that some students did not engage in tapping:

Isaac really got quite a lot out of it, even though he wouldn't document it. Ronny, I think he liked it as well—he bagged it, but was doing it when he thought no one was watching. It's about peer pressure, a lot of it (Teacher, Class B3).

Although teachers indicated that tapping benefitted some students, but not all students, all teachers considered tapping to be a simple and useful strategy that primary school students across all year levels should learn. Teachers further considered that students could initially be taught tapping as a class technique and, as competence levels increased, Year 5 and Year 6 students could be encouraged to use tapping in a more independent manner.

Discussion

Although this research is the first to explore the use of EFT as a class technique in primary schools, the results of this study have shown similar findings to other studies that have evaluated EFT for individuals in educational environments (Benor et al., 2009; Gaesser & Karan, 2017; Stapleton et al., 2017). Specifically, consistent with previous studies, this research found EFT assists students in feeling less anxious.

Feeling calmer after tapping was the most common response of students in this study, and tapping was also associated with enhanced concentration and focus, and a reduction in physical discomfort. Reduced anxiety and enhanced concentration may be associated with a reduction in fear of failure, given that a common element of academic anxiety is fear of failure (Stapleton et al., 2017). Improvements in students' emotional states were found after applying EFT as a universal class technique among the cohort of Year 5 and Year 6 students in the current study, and among the Year 10 student cohort in the study by Stapleton et al. (2017), despite different applications of the technique. The application of EFT in the Year 10 study involved weekly sessions of 75 minutes duration over 5 weeks, administered by a clinical psychologist or psychotherapist. In contrast, the application of EFT in each stage of the current study involved short sessions—approximately 5 minutes duration—3 times a day over 4 weeks, administered by the class teachers. Although generalisations are not possible based on the limited research to date, the benefits derived from student groups using EFT through different approaches suggest the technique is worthy of further exploration.

In the current study, students tapped to calm themselves in a range of situations, such as academic work, sporting events, and other performances. In particular, quantitative results showed that students who specified they were anxious before performing the tapping protocol were likely to feel better after tapping, although this outcome was not found in students who specified other words while tapping.

Statistical analysis showed that students who were least anxious experienced the most pronounced benefits from tapping. This result was also supported by qualitative data from students who stated that tapping did not improve their state or mood when they felt extremely

low, as expressed by one student: *“When I get close to zero (feeling really bad) and I do the tapping, it just doesn’t help. But when I’m up to five, it does help sometimes.”*

Most students were less anxious after tapping than they were before the project commenced. Quantitative results showed that student anxiety dissipated over the two stages of tapping, although significance in anxiety reduction was limited in a subset of classes. Qualitative results from some teachers also revealed that students in classes were calmer over the course of the project, and students in one class decided to continue tapping after the project was completed. Furthermore, beyond the term of the project, one school embarked on a whole school tapping program; another school implemented tapping training for teachers of the younger years—pre-school to Year 2; and a third school nominated a tapping program for Year 2 classes. In addition, staff from other schools that were not in the research project have initiated discussion regarding the implementation of a tapping program, as a result of learning about the current study.

Some of the reported quantitative measures recorded in student project books did not align with comments that students wrote about the effects of tapping. For example, some students recorded an increase in wellbeing scores after tapping, yet their comments suggested that tapping was ineffective or compromised their mood. Conversely, some students recorded the same scores before and after tapping, or a lower score after tapping than before tapping, suggesting they felt no different or they felt worse after tapping, yet their comments suggested they felt better. Eliminating discrepancies in children’s perceptions, arising from their verbal and written records, may not be possible; however, future research may use participant selection and research methods that mitigate the occurrence of inconsistent responses. Student ages and developmental levels are relevant considerations for this issue.

Central to this study was the evaluation of EFT as a class treatment that may support the social and emotional learning curriculum in primary schools. The current research showed that EFT aligns with the competencies outlined in the PSCLC, shown in Table 6, and can, therefore, be considered an appropriate modality for the national social and emotional learning curriculum when administered as a primary school class activity.

PSCLC domains	PSCLC competencies	Relationship between EFT and PSCLC competencies
Self-awareness	Recognise emotions; recognise personal qualities and achievements; understand themselves as learners; develop reflective practice	Students are more attuned to their emotional states through the reflective practice of the tapping activity
Self-management	Express emotions appropriately; develop self-discipline and set goals; work independently and show initiative; become confident, resilient, and adaptable	When students are calmer, they can express themselves more appropriately (Sun et al., 2015), feel more confident (Gudykunst & Nishida, 2001), and improve their focus on academic work and in other performance contexts (McCraty et al., 2012)
Social awareness	Appreciate diverse perspectives; contribute to civil society; understand relationships	Self-compassion and kindness towards other people is associated with a calm emotional state and social connectedness (Kirschner et al., 2019)—states that may be achieved by EFT

Social management	Communicate effectively; work collaboratively; reach effective decisions; negotiate and resolve conflict; develop leadership skills	Students develop more appropriate and effective communication through reduced emotional responses, as a result of the calming effect of tapping (Gudykunst & Nishida, 2001)
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Table 6: PSCLC Domains, Competencies, and Relationship of EFT

In summary, tapping was unanimously endorsed by teachers and students as an effective technique to introduce to all students, that aligns with the social and emotional learning curriculum. Teachers’ perceptions supported the benefits of applying tapping for students and themselves. Importantly, no harmful effects were experienced by participants from tapping.

The mixed methods study provided support for EFT’s efficacy. Over the three administrations of the RCMAS-2, student anxiety reduced. Additional quantitative findings were students who specified they felt anxious before tapping were especially likely to feel better after tapping, and students who reported higher levels of wellbeing felt most improved after tapping.

As an ongoing technique, the quieter and more individual style of tapping was preferred by students and teachers. The majority of students and teachers indicated that Stage 2 tapping—where students were encouraged to quietly use their own words to describe how they felt, while applying tapping—was preferable to Stage 1—where students spoke louder, in unison, and were provided with a limited selection of words to describe how they felt.

Strengths and Limitations of the Study

The study was approached from the first author’s experiences of positive outcomes with individuals and groups using tapping, and may, therefore, be considered to contain researcher bias. Additional bias may also be present, arising from the researcher’s experience as a primary school teacher, with the selection of methodology for the study. However, this influence may be considered a strength of the study because of the professional knowledge and understanding that assisted the undertaking of the study. The study’s processes were anchored by the researcher’s experience in schools and the need to be adaptable and flexible amidst the changing demands within school environments. Comments from schools stating that the research was “well organised” (teachers, School B) and “seamless” (principal, School C) supports the value of the researcher having professional knowledge about, and experience in, working in schools.

Because this study adopted a pragmatic paradigm, some of the results can be ascribed to temporal changes, spurious variables, and treatment confounds. Nevertheless, these preliminary results justify the possibility of undertaking a cluster randomised control trial to circumvent these limitations, preferably applying the principles of realist evaluations to accommodate the multifaceted nature of these techniques.

In this pragmatic study, the sample was not randomised. Rather, schools for the research were engaged through personal knowledge of school executives, which may have encouraged their participation in the study. The teacher and student participants were therefore convenience samples, drawn from schools that were directly approached. Students performing tapping were not randomised—all students in the class performed the same tapping procedure, because teachers decided that a uniform process was considered the least intrusive method for busy schedules. Only data from consenting students and their parents

were gathered for the study. Future research may consider a cluster selection for participant engagement, which would reduce selection bias. Furthermore, participants in classes could be randomly divided into two groups, where one group performs the tapping protocol and another group, a different protocol using alternative points, or some other routine. Cluster groups with random allocation of students to the EFT exercise and different or alternative techniques would reduce the possibility of results containing innate characteristics that exist between similar groups, thereby increasing the validity of the study.

Consistency in the program application across classes was a limitation of the study. This limitation was expected due to varying teacher schedules, priorities, professional approaches, and the differences in geographic locations of the schools. The study's impact on teacher loads was a primary consideration in the pragmatic research approach. Consistent with the tenets of pragmatism, after the initial training sessions, measures were not introduced to constrain how teachers applied the techniques because the researchers were interested in exploring how tapping practices may evolve over time and vary across teachers.

The time allocation for teacher training sessions may have been insufficient for teachers to feel adequately qualified for administering the tapping sessions in class. Teachers were not assessed on their levels of competence with tapping. Future research may extend and formalise teacher training and assess teachers' levels of competence and confidence in administering tapping sessions with students which may improve fidelity in delivery of tapping sessions.

A strength of the study is the use of mixed methods methodology that was able to provide a broader understanding about the use of tapping in classes than a single method approach would have provided. Alignment of results gained independently, through both quantitative and qualitative methods, strengthened the study's validity. However, each of the overarching methods presented limitations. Quantitatively, a single psychometric test for anxiety was administered to students. The study would have been strengthened by administering more than one standardised test for anxiety, or testing other traits that tapping may have affected, such as student levels of self-efficacy, and future studies may incorporate additional quantitative measures. The inclusion of additional measures, however, poses pragmatic implications for classroom management, particularly in primary schools, where schedules are busy and constantly changing. In addition, students' emotional, cognitive, and literacy levels are not as developed as students in secondary schools, and this issue warrants consideration for future researchers.

The second quantitative measure used in the current study was the student SUWS. This self-reporting measure was completed before and after tapping, and students' SUWS were recorded into student project books. As the study progressed, both students and teachers found the books a hindrance to the tapping procedure. Future studies may record SUWS through means that are less cumbersome than the process of distribution or retrieval of student books. For example, a more streamlined method that has been introduced in one school is an electronic version of SUWS that includes the date, time of day, and a range of emoticons from which students chose their SUWS before and after class tapping sessions. This instrument has been developed by a local teacher for student iPads, and is more elegant for busy classroom use, where students quickly click through the date and time of day, and select their before and after SUWS from the emoticons menu.

Conclusion

EFT was found to be an effective wellbeing technique that supports the Australian Curriculum, Personal and Social Capabilities Learning Continuum and the Northern Territory Department of Education Social and Emotional Learning framework. Unanimously, students and teachers in this study suggested that students in all primary school classes learn tapping. EFT, like any technique, may not appeal to, or be effective with, all students. Therefore, a range of techniques presented to students for managing their emotional states will benefit schools. Importantly, as EFT supports national educational social and emotional wellbeing policies, it may, therefore, be a valuable addition to school programs.

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Appendix A

Student Interview Guiding Questions – Stage 1

1. Now that you have done it, what do you think about tapping?
2. Did you notice whether you felt any different after tapping? if so, can you try to explain what was different?
3. How did you feel doing your class work after tapping? Did you notice whether it was easier or harder or no different to concentrate on your school work?
4. Did you use tapping outside of the class tapping sessions? (If so) what were the situations you used it for, and how did you feel after you tapped?
5. What are some thoughts you experienced when the concept of tapping was introduced? What are some thoughts you experienced while tapping? Did these thoughts change over time?
6. What do you like about the experience of tapping? And what do you not like?
7. Would you like to change anything about the program?
8. Why did you continue to tap—or not continue to tap—outside the classroom?

Appendix B

Teacher Focus Group Guiding Questions – Stage 1

1. What was your experience of using EFT with the class? Did you notice any different in wellbeing/behaviour/concentration/etc. of the students?
2. Did you notice any differences in yourself (emotionally, cognitively, motivationally) after using EFT? Can you describe the differences?
3. Do you think EFT would be effective as an ongoing technique for students and teachers? If so, what might be the benefits - for individuals? For classes?
4. What are some of your concerns about tapping in the classroom?
5. Would you like to change anything about the program?

Appendix C

Student Interview Guiding Questions – Stage 2

1. Now that you have completed stage 1 and stage 2, what do you think about tapping and The Tapping Project?
2. Did you notice whether you felt any different doing tapping in stage 2 – the program you've just done, compared with stage 1 – the tapping program last term? (If so) can you try to explain what was different?
3. Can you tell me whether you preferred the way you did tapping in the class in Stage 1 or Stage 2? Do you know why?
4. Did your thoughts about tapping change from last term now that you've done Stage 2? If yes, can you explain what is different for you thinking about tapping?
5. How did you feel doing your class work after tapping? Did you notice whether it was easier or harder or no different to concentrate on your school work?
6. Did you tell anyone about tapping? If yes, who did you tell and what did they think?

7. Can you tell me whether you noticed any thoughts came to you while you were doing the tapping?
8. Now that you've finished the project, do you think it's a good idea or not to introduce other classes and schools to tapping?
(If yes) what do think are the benefits. If no, why not?
9. Would you change anything about the program if it were to be introduced to other classes and schools?
10. Did you use tapping outside of the class tapping sessions? (If so) what were the situations you used it for, and how did you feel after you tapped? What type of tapping did you use? - the normal class technique or the secret tapping?
11. What do you like about the experience of tapping? And what do you not like? Will you continue to use it for yourself now that the project has finished?

Appendix D

Teacher Focus Group Guiding Questions – Stage 2

1. What was your experience of Stage 2 of the Tapping Project with the class?
2. What differences, if any, did you notice with the wellbeing or behaviour or concentration etc. of the students with Stage 2 of The Tapping Project?
3. How would you evaluate the effects of tapping during Stage 1 and tapping during Stage 2?
4. Did you use tapping yourself? And if so, what differences (emotional, cognitive, motivational, physical) did you notice after tapping?
5. Do you think EFT would be effective as an ongoing technique for students/teachers/schools? If so, what might be the benefits - for individuals? classes? schools?
6. How do you think tapping could be best introduced in classes and/or schools?
7. What are some of your concerns about tapping in the classroom?
8. Are there any changes you would like to see to the program?