SilentHands: a new therapy for specific phobia. A pilot study.

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Abstract

Specific phobia is a form of anxiety disorder in which one has an unreasonable fear and/or anxiety response to a specific object, situation or animal such that it impacts ones daily life. SilentHands is a new therapy developed by Rogier Gielen that aims to treat people with a specific phobia. The therapy is based on an individual hand movement that, according to Gielen, neutralizes the emotions evoked by the specific phobia. This study is a pilot study to investigate the effectiveness of SilentHands in people with a specific phobia.

This is a pretest-posttest control group design. A Dutch translation of the Severity Measure for Specific Phobia – Adult is used to determine the anxiety symptoms. Results of non-parametric tests show no differences in age, SES and pretest between both groups. A significant decrease of scores in the experimental group is seen between the pretest and posttest ($Z=1.0$ $p=0.017$), while there was no difference seen in the control group ($Z=4.0$, $p=0.715$). This pilot study indicates that SilentHands seems promising, but more research with a bigger sample size is needed to determine the effects of SilentHands and to find out its underlying mechanisms.

Keywords

Anxiety disorder	A disorder defined in the DSM-5 as having an unreasonable fear, an immediate anxiety response, avoidance of the situation, the phobia limiting one's life, having the fear for at least 6 months and the symptoms not being caused by another disorder
SilentHands	A new therapy, developed by Rogier Gielen, that is based on an individual hand movement and tends to neutralize the emotion
Specific phobia	A form of anxiety in which one is afraid of a specific object, situation or animal

Introduction

In the Netherlands, 28.6% of all people face some form of anxiety disorder once in their lifetime (Ten Have et al., 2023). Anxiety disorders are further specified into generalized anxiety disorder, specific phobia and panic disorder (Bernstein, 2015, p. 504; Gray & Bjorklund, 2018, p. 591). Specific phobia is an irrational fear for a specific object, situation or animal, like spiders, escalators, flying, heights or blood. Social phobia is a form of specific phobia, in which one is afraid of being judged by others or being publicly embarrassed. Criteria to diagnose specific phobia according to the DSM-5 are having an unreasonable fear, an immediate anxiety response, avoidance of the situation, the phobia limiting one's life, having the fear for at least 6 months and the symptoms not being caused by another disorder (American Psychiatric Association, 2013).

Anxiety disorder may be caused by several factors, although there is not yet unanimity about which factors affect anxiety disorder. Recent models describe factors as stress, adverse life experiences, other conditions like diabetes or depression, heritability and personality traits that may affect the presence of anxiety disorder (Adwas et al., 2019; Shri, 2010). These factors are also interacting, and different forms of anxiety may be caused by different factors (Mash & Wolfe, 2015, p. 387). Another causing factor found is the perception of stimuli. People with anxiety may perceive neutral stimuli more often as a threat (Okon-Singer, 2018; Sussman et al., 2016). The amygdala is an area that is associated with emotion processing, and especially with recognizing fear (Gazzaniga et al., 2018, p. 444; Martin, 2012, p. 394). Hu and colleagues (2022) conclude that the amygdala plays a role in anxiety behavior, based on their review of several animal and human studies about stress-induced inflammation of the amygdala. The amygdala and other related brain structures project into higher order structures. An altered connectivity between these areas and an abnormal amygdala connectivity may result in an attention bias, meaning that people with anxiety disorder orient faster towards surrounding stimuli and disengage slower from potential threats (Cisler & Koster, 2010; Okon-Singer, 2018). Thus, due to this attention bias, they may perceive more threats around them than people without this bias.

People with anxiety disorder suffer from it in daily life. Anxieties are more intense, take longer and are irrational. The anxiety impacts one's daily functioning on several aspects. People suffer from restlessness, impaired concentration, irritability, fatigue, muscle aches or

difficulty sleeping (American Psychiatric Association, 2013). This may result in changes in behavior, like avoiding specific situations, withdraw from social situations or experiencing physical pain or chronic stress. This results in high costs for society, for example costs of professional healthcare, loss of productivity at work and sick leave at work (Zorginstituut Nederland, n.d.).

Besides the prevalence in general population, anxiety is also a big topic in (elite) sports. Mental health used to be a taboo in sports, but the importance of this topic is growing. Athletes start to be more open about it, and the amount of registered sport psychologists and published articles about it are increased (Sport en Geneeskunde, 2015). An example is Simone Biles, who took a step back during the Olympics of 2020 because of mental issues. She struggled a lot with anxiety, resulting in so-called twisties (Neporent, 2023). Twisties is a term for a mental block that leads to losing control about one's body because of a loss of spatial awareness during a twist or turn in the air. She took a break and learned how to cope with her anxiety: "getting the mental health therapy that I need has been really relieving for me" (Kallingal, 2021). Biles recently competed again and feels less pressure: "as long as I'm out there twisting again and finding the joy for gymnastics again, who cares?" (Carayol, 2023).

The most common therapies for anxiety disorder are Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and Exposure Therapy. CBT is a therapy focused on changing thinking and behavioral patterns. The focus lies on what is currently going on in one's life rather than what has happened. The psychologist and patient work together to develop a strategy to achieve the desired outcome (American Psychological Association, 2017). EMDR is a therapy in which patients think about their trauma or anxiety, while they make bilateral eye movements: the therapist is moving its fingers back and forth and the patients follows this movement with their eyes (De Jong & Ten Broeke, 2009, p. 19). There is not yet unanimity about how EMDR works. One of the theories concerns reciprocal inhibition (Forster, 2021). This theory holds that an anxiety and a relaxation response cannot exist at the same time. So EMDR replaces the anxiety response for relaxation by means of eye movements while the patient is thinking about the traumatic event. Another theory is the orienting response. The orienting response states that the traumatic event results in an

automatic response and that this response can be changed with EMDR (Forster, 2021; Landin-Romero et al., 2018).

In Exposure Therapy, the patient faces the anxiety inducing stimulus. The idea behind this is that after the patient is confronted multiple times with the stimulus while nothing bad happened, the anxiety reaction will be replaced for a neutral reaction (Abramowitz et al., 2019). Another therapy for anxiety is the Emotional Freedom Technique (EFT) (Clond, 2016). In EFT, patients tap on acupressure points with their fingertips, while thinking about a specific memory or event. This therapy combines CBT, exposure therapy and somatic stimulation. Using EFT is found to be an effective way to reduce anxiety symptoms (Clond, 2016). Even though the above mentioned therapies are frequently used and studies have found them to be effective (Otte, 2022; Yunitri et al., 2020), relapse rates are high. For example, the relapse rate for anxiety disorders after CBT ranges between 14% and 23.8% (Levy et al., 2021; Lorimer et al., 2021). There are no studies about relapse rates of EMDR in anxiety disorders yet. Altmeyer and colleagues (2022) found a relapse rate of 26% for EMDR therapy in patients with depression, but it is not sure if these rates are similar in people with anxiety disorder.

Since the abovementioned therapies seem to be effective but still have a high relapse rate, a new therapy is developed. SilentHands is a therapy combining aspects of reprocessing, exposure and somatic movements. SilentHands has been developed by coach and therapist Rogier Gielen. While treating people with different kinds of problems, he sometimes saw an immediate relief of stress happening, a sudden shift of perception. He tried to figure out what was causing this immediate relief and saw a correlation with people making specific hand movements. Rogier Gielen developed the SilentHands method based on these hand movements. According to Gielen, everyone has a personal, unconscious hand movement that can be used in this therapy. During the sessions, he first discovers this personal hand movement of the patient and then the patient will practice with it in several situations to conquer the problem the patient is experiencing, for example anxiety. Gielen describes the hand movement as a movement of surrender that results in a feeling of relief, with signs of relief such as sighing, yawning or getting goosebumps. Examples of hand movements are making a supination, or an exorotation of the shoulder while the elbow is flexed. During the sessions, the patient learns to use its hand movement during moments of feeling anxiety,

which is suggested to result in an immediate disappearing of the feeling of anxiety. Gielen is now using SilentHands for 16 years already and saw anxiety disappear in many people by using his SilentHands technique.

SilentHands consists of just a few sessions, since Gielen experiences that the problem is solved within a few sessions. In the first session, the SilentHands Discovery Session, the hand movement is being discovered by the therapist and made conscious to the person with anxiety symptoms. In the following sessions, the person practices with its personal hand movement to neutralize the emotion of anxiety that comes with exposure in vitro. In these sessions, the SilentHands movement is applied to neutralize emotions of thoughts of negative experiences in the past, possible anxieties of the future and the last step is to apply SilentHands in situations in the present. A last session consists of practicing with SilentHands during exposure in vivo.

The SilentHands hand movement can be performed during situations that evoke anxiety, because it is a simple hand movement that can be executed anytime. According to Gielen, performing the hand movement during situations in which someone feels anxiety provides an immediate feeling of relief. SilentHands is thus based on a physical hand movement, however imagining this movement might evoke the same reaction as performing the hand movement physically. Imaging the movement instead of physically performing the movement makes it possible to use the therapeutic action in social situations without anyone noticing.

Besides that SilentHands might be useful for the treatment of anxiety, Gielen also uses the SilentHands therapy for patients with other problems, like temper tantrum, pleasing behavior, PTSD, addictions, negative thoughts and compulsive behavior. Gielen sees that most problems are solved after just a couple sessions, with low relapse rates. However, these experiences are practice-based and not yet scientifically proven. The experiences of the therapist sound promising, however until now no studies on this method have been performed. Therefore, this method needs to be researched to determine its effect.

The aim of this research is to investigate whether SilentHands is an effective therapy to treat anxiety symptoms. It is expected that treatment with SilentHands can reduce anxiety symptoms in people who suffer from anxiety symptoms from a specific phobia and want a treatment for it. Moreover, it is expected that the relapse rate will be low.

Method

Design

This is a pilot study to look at the effectiveness of SilentHands. This study is a pretest-posttest control group design. Participants were randomly divided into an experimental group or a control group. The experimental group received SilentHands therapy, the control group was placed on a waiting list. Participants in the experimental group filled out a questionnaire before the therapy, immediately after the therapy of 4 weeks, and 2 months after the therapy as a follow-up. Participants in the control group filled out a questionnaire when they were placed on the waiting list, at 4 weeks and at 3 months. The questionnaire is called Severity Measure for Specific Phobia – Adult and it measures anxiety symptoms through several propositions about anxiety symptoms.

Participants

Participants were recruited at the IPZO Anxiety Treatment Centre in Nijmegen. Inclusion criteria was the presence of anxiety symptoms of a specific phobia in a way that it impacts the participant's daily life. Participants applied voluntarily for a treatment at the IPZO clinic, meaning that they suffer from the anxiety such that they want a treatment. Another inclusion criteria was to be able to practice the specific phobia with exposure in vivo. Therefore specific phobias that were included are fears of bridges, enclosed spaces, all animals and insects, heights, blood, needles, injections, choking or vomiting. Specific phobias that were excluded because of the feasibility of exposure in vivo are fear of flying, driving and weather conditions. Last inclusion criteria was that participants need to be 18 years or older. All participants applied voluntarily for the treatment. For half of the participants, SilentHands was their first therapy. The other half already received therapy at IPZO but without success, i.e. they have had at least 3 consecutive session at IPZO without improvement, according to their therapist. Treatment at IPZO consisted of psycho-education and exposure therapy, and if necessary CBT and/or EMDR. Participants received a letter of information and sign a letter of consent (see appendices A and B). Ethical approval will be provided by the Vaste Commissie Wetenschap en Ethiek of the Vrije Universiteit Amsterdam.

In total, 15 participants applied to take part in this study. Two participants started another therapy while they were on the waiting list. One of them started an anxiety-specific therapy

and was therefore excluded from the study. The other participant started a therapy that was not specifically related to anxiety symptoms and this participant was therefore not excluded from the study. At the time of writing, only 5 of the 14 included participants already filled out the follow-up questionnaire and 13 of the 14 participants filled out the posttest. Therefore, this study consists of 13 participants. Eight of the participants were placed in the experimental group, five of the participants were placed in the control group. See table 1 for the characteristics of the participants, including age (in years), sex, a parameter for Socio-Economic-Status (SES), and how many have had therapy without success before at IPZO. SES is indicated by education level, based on the Dutch education system. A Mann-Whitney U test indicated that there was no difference in age of the participants in the experimental group (median = 47.5) and the control group (median = 43.0) (U=13.5, p=0.354). A Mann-Whitney U test also indicated that there was no difference in SES between the participants in the experimental group (median = 4.5) and the control group (median = 3.0) (U=13.0, p=0.354). Table 2 shows the specific phobias the participants experienced.

Measures, equipment and experimental set-up

The questionnaire used is the Severity Measure for Specific Phobia—Adult (Craske et al., 2013). This questionnaire measures anxiety symptoms and behavior occurred in the past seven days, for specific phobias. The questionnaire consists of 10 questions related to symptoms or behavior that may occur as a result of the specific phobia. The questions were scored by the participant on a 5-point Likert scale. The total score is a summation of these points, a higher score meaning more and more severe anxiety symptoms. The maximum score of this questionnaire is 40, meaning very severe anxiety symptoms. The minimum score of the questionnaire is 0, meaning no anxiety symptoms were experienced by the participant.

The questionnaire is translated into Dutch, since all participants are native Dutch (see appendix C). Translation was done by the researcher and checked by the coresearcher and therapist. The questionnaire was sent to the participants through e-mail, in order to let the participants fill out the questionnaire without the presence of the therapist and developer.

Table 1. *Characteristics of participants*

		Experimental group	Control group	Total
N		8	5	13
Age[a]				
	Mean ± SD	46.0 ± 13.7	37.2 ± 13.6	42.6 ± 13.8
	Median	47.5	43.0	45.0
Sex[b]				
	Females	7	5	12
	Male	1	0	1
SES[c]				
	Mean ± SD	4.4 ± 0.7	3.4 ± 1.7	4.0 ± 1.2
	Median	4.5	3.0	4.0
Treatment before[d]				
	Yes	4	3	7
	No	4	2	6

Note. Characteristics given per group and in total. SD = Standard deviation.
[a]Age in years.
[b]Number of females and number of males per group
[c]SES is indicated by Dutch education level on a 5-point Likert scale. 1 means the highest finished education of the participant is primary school, 5 means a masters at an university.
[d]The number of participants who have had a treatment before for their specific phobia at the IPZO Anxiety Treatment Centre in Nijmegen. People who have had treatment before, finished this treatment without success.

Table 2. *Specific phobias of participants*

Fear of:	Experimental group	Control group	Total
Driving, flying, tunnels, bridges, or enclosed spaces	2	2	4
Animals or insects	3	2	5
Heights, storms, or water	0	0	0
Blood, needles, or injections	1	1	2
Choking or vomiting	0	0	0
Loud noises	1	0	1
Social situations	1	0	1
Total	8	5	

Note. Number of participants per category of a specific fear.

The Severity Measure for Specific Phobia—Adult is part of the DSM-5 Dimensional Anxiety Scales. The Severity Measure for Specific Phobia—Adult is found to be valid (MacLeod, et al., 2022). Möller & Bögels (2016) performed the DSM-5 Dimensional Anxiety Scales in a Dutch sample. They found convergent validity for the Specific Phobia scale ($\rho = 0.32$, $p < 0.01$) and high internal consistency ($\alpha = 0.93$).

Age and sex were asked at the pretest. Educational level was asked as an indication for SES. Educational level is based on the Dutch educational system and transformed into a 5-point-Likert scale. The score 1 means the highest education the participant has finished is primary school, a score of 5 means that the participant has finished a masters at an university.

The experimental set-up consisted of the SilentHands therapy, provided by therapist and founder Rogier Gielen. The therapy consisted of a maximum of 4 sessions, one per week. The first session was a SilentHands Discovery Session of 90 minutes. The following sessions focused on practicing with the hand movement according the past-future-present strategy, these took 60 minutes. In the last session, SilentHands was practiced in an exposure in vivo

setting. The amount of sessions could vary. If the anxiety symptoms have mostly disappeared after 3 sessions, the therapists decided together with the participant that only 3 sessions were given.

Procedure

Participants were registered at the IPZO Anxiety Treatment Centre in Nijmegen. Half of the participants finished a treatment at IPZO without success and half of the participants haven't had any treatment before. Jan van den Berg selected potential participants and judged whether the potential participant fulfilled the inclusion criteria. When the potential participant indeed met the criteria, he/she received an information letter and informed consent through an e-mail from the researcher. The potential participant was able to ask questions and had enough time to decide whether he/she wanted to participate. When the participant decided to take part in the research, an informed consent was signed by the participant and researcher. Then, participants filled out the questionnaire as pretest, that was sent by the researcher through e-mail.

After this, participants were randomly assigned to one of the groups (i.e. experimental group or waiting list condition). Participants in the experimental group went to Amsterdam where the SilentHands Institute is based. They received the SilentHands therapy from Rogier Gielen. The therapy consisted of 3 or 4 sessions of which the last one was an in vivo session. After the sessions, participants filled out the questionnaire as posttest. The questionnaire was sent by the researcher through e-mail, so that the participants filled out the questionnaire independently of the therapist. Two months after the posttest, participants received the last questionnaire as follow-up, again by e-mail from the researcher.

Participants placed at in the control group were on a waiting list for the therapy. One month after they have filled out the pretest, they received the second questionnaire as posttest. And two months after the posttest, they again filled out the questionnaire as follow up. Both questionnaires were sent through e-mail by the researcher. After they filled out the follow-up questionnaire, they received the SilentHands therapy.

Data analysis and statistical analysis

Data was analyzed with IBM SPSS Statistics. Descriptive data consisted of age, sex and education level. The outcome measurements were the scores of the Severity Measure for Specific Phobia—Adult questionnaire. Average, standard deviation and median of the descriptives and outcome measurement were calculated. Difference scores were calculated by scores on posttest minus scores on pretest. A positive difference score means an increase of the score on the questionnaire, which indicates an increase in anxiety symptoms. A negative difference score means a decrease of the score on the questionnaire, which indicates a decrease in anxiety symptoms. Data was explored by looking at missing values and outliers. Non-parametric tests were performed due to the small participant group. Wilcoxon signed-rank tests were performed to look at the differences between the pretest and posttest in the experimental group and in the control group, Mann-Whitney U tests were performed to look at the difference in posttest between the experimental group and the control group, and at the difference in pretest between the experimental group and the control group. A Mann-Whitney U test was also performed to compare the difference scores between the experimental and control group.

Data management

All participants took part in this research anonymously. This was done by giving each participant a code. All questionnaires were filled out and stored under this code, so they are not traceable to the participant. A document with the couples of the participants' names with their codes is stored in a secured place that is only accessible by the researchers. This storage is in a different map than the research data.

Results

Data exploration

Not all participants filled out the follow-up questionnaires yet. Five of the thirteen participants filled out the follow-up, the other data points of the follow-up are missing. Visual data exploration shows one outlier in the posttest of the experimental group (see figure 1), however there is no reason to exclude this participant.

Descriptives

All data points are plotted in figure 1. Scores of the questionnaires are plotted for the pretest, posttest, difference scores and follow-up. Red lines represent the participants in the control group, blue lines represent the experimental group. Table 3 shows the mean, standard deviation and median of the scores per group.

Statistics

Wilcoxon signed-rank tests are performed to compare the scores between the pretest and the posttest in both the control group and experimental group. This test indicated that there is no difference in the control group between the ranks of the scores on the posttest (median = 26.0) and the ranks of the scores on the pretest (median = 26.0) (Z=4.0, p=0.715). The test indicated that in the experimental group the ranks of the scores on the posttest (median = 2.0) are significantly lower than the ranks of the scores on the pretest (median = 24.3) (Z=1.0, p=0.017).

Mann-Whitney U tests are performed to compare the scores on the pretest, posttest and difference scores between the control group and the experimental group. This test indicated that there is no difference between the pretest scores of the experimental group (median = 24.3) and the pretest scores of the control group (median = 26.0) (U=26.0, p=0.435). The test indicated that the posttest scores of the experimental group (median = 2.0) are lower than the posttest scores of the control group (median = 26.0) (U=37.0, p=0.011). Last, the test indicated that the difference scores of the experimental group (median = -23.3) are lower than the difference scores of the control group (median = -1.0) (U=36.0, p=0.019).

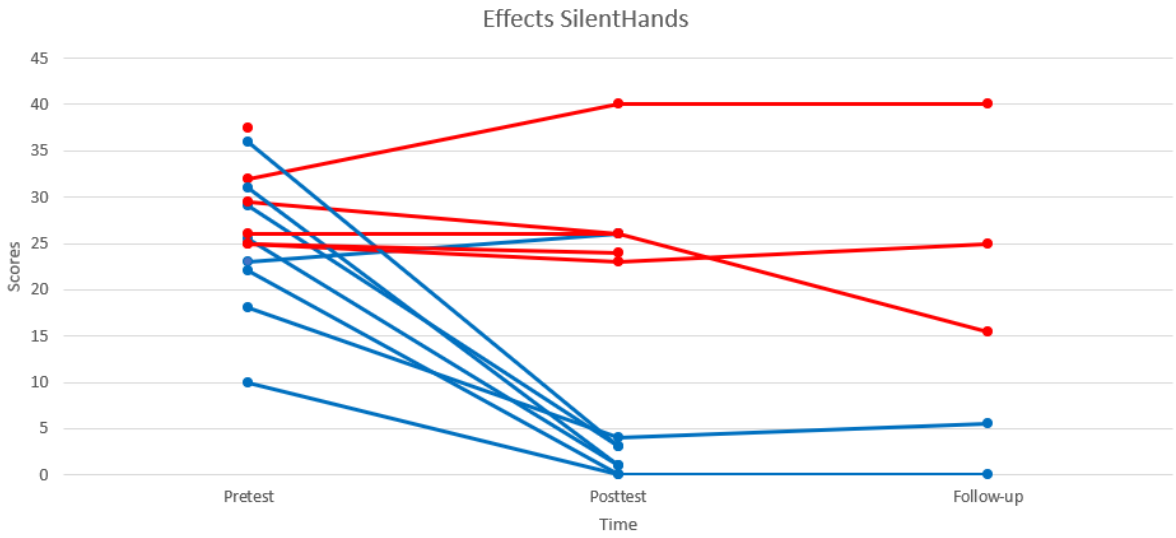

Figure 1. *Data points of participants. Red lines are participants in the control group, blue lines in the experimental group. Not all participants filled out the follow-up questionnaire yet.*

Table 3. *Descriptives of the scores*

		Experimental group	Control group
Pretest			
	mean ± SD	24.3 ± 8.1	27.5 ± 3.1
	median	24.3	26.0
Posttest			
	mean ± SD	4.8 ± 8.7	27.8 ± 6.9
	median	2.0	26.0
Difference scores[a]			
	mean ± SD	-19.6 ± 11.9	0.3 ± 4.5
	median	-23.3	-1.0
Follow-up			
	mean ± SD	2.8 ± 3.9	26.8 ± 12.4
	median	2.8	25.0

Note. Scores of the Severity Measure for Specific Phobia—Adult given per group. SD = Standard deviation

[a]Difference scores are calculated by scores on posttest minus scores on pretest

Discussion

This study was a pretest-posttest control group design that investigated whether SilentHands therapy reduces anxiety symptoms in people with a specific phobia.

Main findings

The results show that, at the pretest, there was no difference between the experimental group and the control group in age and SES, and that both groups did not differ on scores on the questionnaire. The scores of the experimental group decreased significantly at the posttest, while the scores of the control group between the pretest and posttest did not differ significantly. The difference scores of the experimental group are significantly greater than the difference scores of the control group, showing more decrease in scores in the experimental group. These results indicate that SilentHands therapy reduces anxiety symptoms, compared to a control group that didn't receive any therapy. The hypothesis was that SilentHands therapy reduces anxiety symptoms in people with specific phobia. Results show that this hypothesis is supported.

This study also intended to look at the scores of the questionnaire at 2 months after the therapy, which would indicate the relapse rate of the therapy. There was not enough data to conduct statistical tests of this follow-up meeting. The two participants that did fill out the follow-up meeting show a consistent score at the questionnaire, compared to the posttest. However, no conclusions could be drawn from this small data set.

This first results seem promising, out of the 8 participants in the experimental group, 7 participants significantly decreased their anxiety symptoms. Studies have also found CBT and EMDR to be effective in treating anxiety disorders (Otte, 2022; Yunitri et al., 2020). Four of the participants that received SilentHands therapy have received a therapy at IPZO before, without success. Anxiety symptoms decreased after SilentHands therapy in three of these participants. Also the relapse rates of CBT in anxiety disorders are between 14% and 23.8% (Levy et al., 2021; Lorimer et al., 2021). The hypothesis was that the relapse rate of SilentHands would be low. This study aimed to investigate the relapse rate, but there is not enough data yet to draw conclusions from.

Participants

This study was a pilot study. There were several participants to discuss in this section. First, there is one outlier seen in the experimental group. This participant was the only one that did not reduce anxiety symptoms from the therapy. Instead, there was a small increase of the symptoms. The questionnaire does not give insight in possible explanations for this, however the therapist did have an explanation. During the therapy, participants need to think about their fear and experience the anxiety in order to find their SilentHands movement and practice with it. However, this participant was not able to retrieve her anxiety during the therapy sessions and therefore couldn't neutralize memories nor practice with her SilentHands movement. This might be a result of the fact that there was no assessment before starting the therapy. Assessment beforehand gives an indication whether the participant is able to retrieve anxiety while thinking about it. EMDR also uses an assessment beforehand to see if someone is able to retrieve the emotion that comes with anxiety (De Jong & Ten Broeke, 2009, p. 146). If the assessment indicates that someone is not able to do that, EMDR cannot be given yet and the therapist first need to work on emotional tolerance. An assessment like this could also be helpful for SilentHands, to make sure the participant is able to practice with its hand movement.

Two participants started another therapy while they were on the waiting list for the SilentHands therapy (i.e. in the control group). One of the participants started a therapy that aimed at reducing anxiety symptoms. This participant was therefore excluded from the research, since her scores on the questionnaire would be affected by the other therapy. Another participant started a therapy called haptotherapy while she was on the waiting list. This therapy is not specifically aimed at anxiety symptoms, but is aimed at feeling and the ability to feel (Klabbers et al., 2024). Klabbers and colleagues (2024) describe several specific and nonspecific effects of haptotherapy, but not for specific phobias. This participant was not excluded, because this therapy was not aimed at specific anxiety symptoms. This participant did show a small decrease in scores on the questionnaire between both pretest and posttest as well as between posttest and follow-up (see figure 1, the red descending line). This participant started with haptotherapy between the pretest and posttest.

Even though haptotherapy does not have specific factors for specific phobia, nonspecific factors play an important role in psychotherapy. Nonspecific factors are factors that are

present across different therapies and have a positive effect, for example a good therapist-participant relationship or positive expectations of the participant about the therapy (Cuijpers et al., 2019; Huibers & Cuijpers, 2015). These factors are also present in SilentHands. The control group in this study was placed on a waiting list and did not get another therapy. If the control group would have received another therapy, nonspecific effects are present in both groups (Huibers & Cuijpers, 2015), and specific effects of SilentHands could be observed. Half of the participants in this study already received a therapy at IPZO but without success. Several nonspecific effects are also present at the therapy at IPZO, for example the therapist-client relationship. However, participating in a study with a new therapy might have resulted in high expectations about the therapy.

One of the participants was initially placed in the control group, however she explicitly asked the researchers to be placed at the experimental group. Because of the already small sample size, it was decided that she could be placed in the experimental group. But this might have resulted in a placebo effect, since this participant was really eager to get the therapy (Button and Munafò, 2015). This participant had high expectations of the therapy, which is also a nonspecific therapy factor (Cuijpers et al., 2019).

Implications

This pilot study shows possible effects of the SilentHands therapy. If this therapy is indeed as effective as this pilot study indicates, the therapy could have a big impact on the life of people with a specific phobia. This therapy would reduce anxiety symptoms within 4 therapy sessions. Some participants needed only 3 SilentHands sessions, and one participants only received 2 sessions. There were also participants who finished a therapy at the IPZO clinic without success, whose anxiety symptoms decreased after 4 SilentHands therapy sessions.

Future research

This study was a pilot study, but to determine the effects of the SilentHands therapy, more research is necessary. Future research should include more participants. The effects of SilentHands could also be compared to a control group that receives another therapy, to be able to rule out effects of nonspecific factors. Future research could also include interviews with the participants, to gain a more complete image of the participant's anxiety and how

they have experienced the therapy. Moreover, future research could investigate possible working mechanisms behind the therapy and possible theoretical explanations.

Limitations and strengths

The biggest limitation of this study is the small sample size. Another limitation was that the questionnaire sometimes did not tie in with the situation of the participants. Participants needed to check the box of the category of the specific phobia they experience. There were three participants that experienced a fear that did not match one of those categories. These participants did meet the inclusion criteria and the participants were therefore nonetheless included. This caused some confusion among the participants, whether to fill out the questionnaire for another fear or to not check a specific box. The last limitation was the fact that participants sometimes responded very late at mails sent by the researcher. Because of this, the timeline of the questionnaires filled out was sometimes not as it was planned beforehand.

Strengths of this research are the fact that this was the first research to look at the effect of SilentHands. Another strength is the fact that participants were placed randomly in the experimental or control group, and that there were no differences in age, SES and scores on the pretest. Last, this study also intended to look at the effects of the therapy after a couple months to look at its long term effects.

Conclusion

To conclude, this pilot study shows promising results for the effect of SilentHands. The participants who were randomly assigned to the experimental group showed a significant decrease on their scores of the anxiety questionnaire, compared to the participants in the control group. However, more research with a bigger sample size is needed to be able to determine the effectiveness of SilentHands.

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Appendix

Appendix A: letter of information

Onderzoek naar de effectiviteit van SilentHands bij angstklachten

Geachte deelnemer,

Met deze informatiebrief willen we u vragen of u wilt meedoen aan ons onderzoek. In deze brief krijgt u uitleg over wat het onderzoek inhoudt. U leest hier wat het doel van het onderzoek is, welke gegevens we willen verzamelen, hoeveel tijd of inspanning het onderzoek van u vraagt en wat de voor- en nadelen zijn van deelname aan het onderzoek. Lees deze informatie rustig door en vraag de onderzoeker om uitleg als u vragen heeft.

Als u de informatie goed hebt doorgelezen en uw eventuele vragen hebt gesteld, kunt u beslissen of u wilt deelnemen aan het onderzoek. Meedoen is vrijwillig. Als u mee wilt doen, vul dan het toestemmingsformulier in dat u vindt in de bijlage.

1. Doel van het onderzoek

In dit onderzoek kijken we naar de effectiviteit van SilentHands therapie voor mensen met angstklachten. SilentHands is een therapie bedacht en uitgevoerd door Rogier Gielen. Angstklachten worden gemeten door middel van een vragenlijst. De vragenlijst wordt op meerdere momenten ingevuld, hierdoor kan gekeken worden of de angstklachten veranderen door de therapie. Ook wordt gekeken of deze angstklachten enkele maanden na de therapie nog zijn veranderd.

De Vrije Universiteit Amsterdam heeft dit onderzoek opgezet. De Vrije Universiteit Amsterdam voert dit onderzoek uit in samenwerking met SilentHands en Angstbehandelcentrum IPZO Nijmegen.

2. Wat is de achtergrond van het onderzoek

SilentHands wordt al 16 jaar gebruikt door Rogier Gielen voor de behandeling van onder andere angstklachten, maar er is nog geen wetenschappelijk onderzoek naar gedaan. SilentHands kwam in contact met Angstbehandelcentrum IPZO Nijmegen voor de behandeling van angstklachten. Samen

met de Vrije Universiteit Amsterdam is een onderzoek opgezet om op wetenschappelijke manier de effectiviteit van SilentHands op angstklachten te onderzoeken.

3. Hoe verloopt het onderzoek

Stap 1: Komt u in aanmerking voor deelname aan het onderzoek?

We willen eerst weten of u in aanmerking komt om mee te doen aan het onderzoek. Daarom stelt de onderzoeker u een aantal vragen. Er wordt u gevraagd naar eerdere behandelingen voor uw angstklachten en waarvoor u angstklachten heeft. Wij vragen u naar eerdere behandelingen zodat wij in ons onderzoek mee kunnen nemen of SilentHands uw eerste behandeling is geweest of dat u al eerder (tevergeefs) een behandeling heeft ondergaan tegen angstklachten. De aard van de angstklachten is belangrijk voor de vragenlijst naar de angstklachten. Tijdens de vragenlijst wordt gevraagd naar de angstklachten die u ervaren heeft. Met sommige angsten worden participanten niet regelmatig geconfronteerd, zoals een vliegangst. Voor de vragenlijst is het belangrijk u regelmatig te maken krijgt met de angst.

Stap 2: De aard en opzet van het onderzoek

Voor dit onderzoek maken we 2 groepen:

Groep 1: De mensen in groep 1 krijgen SilentHands therapie vrijwel direct na aanmelding voor dit onderzoek. Deze therapie zal bestaan uit maximaal 4 sessies van 60 tot 90 minuten. De sessies worden 1 keer per week gegeven, dus in totaal duurt de therapie 4 weken. De precieze planning en data worden met Rogier Gielen besproken. Voor, direct na en 2 maanden na de therapie vult u een vragenlijst in over uw angstklachten.

Groep 2: De mensen in groep 2 krijgen in de eerste 3 maanden geen behandeling. Nadat de behandeling en nameting in groep 1 is afgerond, ontvangen mensen uit groep 2 de SilentHands therapie. U wordt wel gevraagd om de vragenlijsten in te vullen in de maanden voordat de behandeling begint.
Loting bepaalt in welke groep u komt.

4. Wat wordt er van u verwacht

Voor de therapie moeten de participanten maximaal 4 keer naar de praktijk van Rogier Gielen in Amsterdam komen, aan de Johannes Verhulststraat 154. Tijdens de therapie zal er met u over uw

angstklachten en emoties gepraat en geoefend worden, dit kan mentaal belastend zijn en zou als intens ervaren kunnen worden. Er wordt van u een actieve participatie tijdens de sessies verwacht. Ook wordt er van u gevraagd dat u 3 keer een vragenlijst invult. Deze vragenlijst wordt naar u via e-mail gestuurd. U wordt geacht deze vragenlijst binnen een week in te vullen en terug te sturen.

5. Mogelijke voor- en nadelen

Voordelen van deelnemen aan het onderzoek kunnen zijn:

- Deelname aan dit onderzoek kan bijdragen aan uw behandeling voor uw angstklachten.
- Uw deelname draagt bij aan meer kennis over de effectiviteit van SilentHands.

Nadelen van deelnemen aan het onderzoek kunnen zijn:

- Extra tijd die het u kost. Voor dit onderzoek gaat het om een tijdsinvestering van 4 sessies van 60 tot 90 minuten, die plaatsvinden in de praktijk in Amsterdam. Er wordt van u gevraagd om zelf en op eigen kosten naar de praktijk te komen.
- U dient bij alle sessies aanwezig te zijn en alle vragenlijsten in te vullen.
- Tijdens de sessies en door de vragenlijst wordt u geconfronteerd met uw angst en de bijbehorende emoties. Dit kan tot ongemak leiden.
- De eventuele bijbehorende ongemak en/of vervelende gevoelens die u krijgt tijdens de therapie kunt u bespreken met de therapeut. Hij zal hier op ingaan en u de nodige begeleiding geven.
- Resultaten worden alleen op groepsniveau teruggekoppeld, het onderzoek wordt anoniem verwerkt. Het nadeel daarvan is dat dit voor u geen individuele informatie oplevert.

6. Als u niet wilt meedoen of wilt stoppen met het onderzoek

U beslist zelf of u meedoet aan het onderzoek. Deelname is vrijwillig. Als u besluit niet mee te doen, hoeft u verder niets te doen. U hoeft dan niets te tekenen. U hoeft ook niet te zeggen waarom u niet wilt meedoen. Als u wel meedoet, kunt u zich altijd bedenken en toch stoppen. Ook tijdens het onderzoek. De gegevens die tot dat moment zijn verzameld, worden gebruikt voor het onderzoek.

‘

7. Einde van het onderzoek

Uw deelname aan het onderzoek stopt als alle metingen voorbij zijn, als u zelf kiest om te stoppen of als de onderzoekers het beter voor u vinden om te stoppen. Het hele onderzoek is afgelopen als alle deelnemers klaar zijn. Na het verwerken van alle gegevens informeert de onderzoeker u over de belangrijkste uitkomsten van het onderzoek. Dit gebeurt ongeveer een half jaar na uw deelname.

8. Gebruik en bewaren van uw gegevens

Welke gegevens worden verzameld?

Voor communicatie tussen u en de onderzoeker wordt uw e-mail adres gevraagd. Communicatie met de therapeut gebeurt ook via e-mail.

Voor het vergelijken van de angstklachten vult u een vragenlijst in. De antwoorden van deze vragenlijst worden anoniem bewaard.

Hoe beschermen we uw privacy?

Om uw privacy te beschermen geven wij uw persoonsgegevens, zoals uw naam en soort angst, een code. De code bewaren we op een beveiligde plek. Als we uw gegevens verwerken, gebruiken we steeds alleen die code en niet uw persoonsgegevens, zoals uw naam. Ook in rapporten en publicaties over het onderzoek kan niemand terughalen dat het over u ging. Al uw gegevens blijven vertrouwelijk. Alleen de onderzoekers weten welke code u heeft.

Wie kunnen uw gegevens zien?

Sommige mensen mogen uw persoonsgegevens inzien. Dit is om te controleren of het onderzoek goed en betrouwbaar is. Mensen die uw gegevens kunnen inzien zijn onderdeel van het onderzoeksteam vanuit de Vrije Universiteit Amsterdam. Soms werken ook studenten mee aan het onderzoek. Zij tekenen van tevoren een privacyverklaring om met de gegevens te mogen werken. Degenen die uw gegevens kunnen inzien, houden uw gegevens geheim. Als u de toestemmingsverklaring ondertekent, geeft u toestemming voor het verzamelen, bewaren en inzien van uw persoonsgegevens door deze personen.

Hoelang bewaren we uw gegevens?

De onderzoekers zijn wettelijk verplicht om uw gegevens 10 jaar te bewaren.

Verzekering voor deelnemers

De Vrije Universiteit Amsterdam heeft een verzekering afgesloten voor deelnemers aan dit onderzoek

9. Vergoeding voor meedoen

Deelname aan het onderzoek kost u niets. U wordt niet betaald voor het meedoen aan dit onderzoek. U krijgt ook geen vergoeding voor uw reiskosten.

10. Ethische toetsing en klachten

De onderzoeksopzet is beoordeeld door de Vaste Commissie Wetenschap en Ethiek van de Faculteit der Gedrags- en Bewegingswetenschappen, Vrije Universiteit Amsterdam en voldoet aan de ethische richtlijnen van de faculteit. Heeft u klachten, dan kunt u zich in eerste instantie wenden tot de onderzoeker. Is uw klacht daarmee niet opgelost, dan kunt u een klacht indienen via vcwe.fgb@vu.nl. Met vragen over privacy van uw gegevens, kunt u contact opnemen met *functionarisgegevensbescherming@vu.nl*

11. Heeft u vragen?

Bij vragen kunt u contact opnemen met:

Uitvoerend onderzoeker: Floor Stehouwer, f.m.stehouwer@student.vu.nl

Hoofdonderzoeker: Claudia Emck, c.emck@vu.nl

12. Hoe geeft u toestemming voor dit onderzoek?

U kunt eerst rustig nadenken over deelname aan dit onderzoek. Daarna vertelt u de onderzoeker of u de informatie begrijpt en of u wel of niet wilt meedoen. Wilt u meedoen? Dan vult u het toestemmingsformulier in dat u bij deze informatiebrief vindt.

Appendix B: letter of consent

Onderzoek naar de effectiviteit van SilentHands bij angstklachten

Verantwoordelijke onderzoeker	naam: Claudia Emck email: c.emck@vu.nl telnr: 0613962599
Uitvoerende onderzoeker	naam: Floor Stehouwer email: f.m.stehouwer@student.vu.nl telnr: -

Geachte deelnemer,

Wilt u dit formulier goed doorlezen en als u akkoord bent met alle genoemde punten, dit formulier ondertekenen?

Te lezen en in te vullen door de deelnemer

- Ik heb de informatiebrief gelezen. Ook kon ik vragen stellen. Mijn vragen zijn goed genoeg beantwoord. Ik had genoeg tijd om te beslissen of ik meedoe.

- Ik weet dat meedoen vrijwillig is. Ook weet ik dat ik op ieder moment kan beslissen om te stoppen met het onderzoek. Ik hoef dan niet te zeggen waarom ik wil stoppen.

- Ik geef de onderzoekers toestemming om mijn gegevens te verzamelen en te gebruiken. De onderzoekers doen dit alleen om de onderzoeksvraag van dit onderzoek te beantwoorden.

- Studenten werken mee aan dit onderzoek en kunnen mijn persoonlijke gegevens inzien, nadat ze een privacyverklaring hebben getekend. Ik geef deze studenten toestemming om mijn gegevens in te zien.

- Ik weet dat de gegevens vertrouwelijk zullen worden behandeld en dat resultaten van het onderzoek alleen anoniem aan derden bekend gemaakt zullen worden.

- Ik geef toestemming om mijn gegevens nog 10 jaar na dit onderzoek te bewaren.

- Ik wil meedoen aan dit onderzoek.

Naam deelnemer:

Handtekening: Datum : __ / __ / __

In te vullen door de uitvoerende onderzoeker

- Ik verklaar dat ik deze proefpersoon volledig heb geïnformeerd over het genoemde onderzoek.

- Als er tijdens het onderzoek informatie bekend wordt die de toestemming van de proefpersoon zou kunnen beïnvloeden, dan breng ik hem/haar daarvan tijdig op de hoogte.

Naam onderzoeker:

Handtekening: Datum: __ / __ / __

De deelnemer krijgt een volledige informatiebrief mee, samen met een kopie of duplicaat van het getekende toestemmingsformulier.

Appendix C: Dutch translation of the questionnaire

Vragenlijst naar Ernst van Specifieke Fobische Klachten - Volwassene

Participantnummer: [in te vullen door de onderzoeker]

Leeftijd: Klik of tik om tekst in te voeren.

Geslacht: ☐man

☐vrouw

Hoogst afgeronde opleiding: ☐Basisonderwijs

☐Vmbo, havo-, vwo-onderbouw, mbo1

☐Havo, vwo, mbo2-4

☐HBO-, WO-bachelor

☐HBO-, WO-master

Datum: Klik of tik om een datum in te voeren.

De volgende vragen vragen naar gedachtes, gevoelens en gedrag dat u misschien heeft gehad in verschillende situaties. Kruis hieronder het item aan dat u de meeste angst geeft. Kies slechts 1 item en baseer uw beoordeling op situaties met dat item.

☐Rijden, vliegen, tunnels, bruggen, of afgesloten ruimtes	☐Dieren of insecten	☐Hoogtes, stormen, of water	☐Bloed, naalden, of injecties	☐Verstikking of overgeven

Geef antwoord bij elke vraag door één vakje per rij aan te kruizen.

	Gedurende de **afgelopen 7 dagen**, had/heb ik…	**Nooit**	**Soms**	**Helft van de tijd**	**Meestal**	**Altijd**	
1.	momenten gevoeld van plotselinge verschrikking, angst of schrik in deze situaties	☐0	☐1	☐2	☐3	☐4	
2.	me gespannen, bezorgd, of nerveus gevoeld over deze situaties	☐0	☐1	☐2	☐3	☐4	
3.	gedachtes gehad over gewond raken, het overspoeld raken door angst of dat er andere	☐0	☐1	☐2	☐3	☐4	

	erge dingen gebeuren in deze situaties						
4.	hartkloppingen, voelde ik me zweterig, had ik moeite met ademen, viel ik flauw, of voelde ik me beverig in deze situaties	☐0	☐1	☐2	☐3	☐4	
5.	spierspanningen, voelde ik me gespannen of rusteloos, of had ik moeite om te ontspannen in deze situaties	☐0	☐1	☐2	☐3	☐4	
6.	deze situaties vermeden, niet opgezocht of niet benaderd	☐0	☐1	☐2	☐3	☐4	
7.	weggegaan van deze situaties of heb ik deze eerder verlaten	☐0	☐1	☐2	☐3	☐4	
8.	veel tijd gespendeerd aan het voorbereiden of het uitstellen van deze situaties	☐0	☐1	☐2	☐3	☐4	
9.	mezelf afgeleid om het denken over deze situaties te vermijden	☐0	☐1	☐2	☐3	☐4	
10.	hulp nodig om om te gaan met deze situaties (bijvoorbeeld alcohol of medicijnen, bijgelovige voorwerpen, andere mensen)	☐0	☐1	☐2	☐3	☐4	
						Totale score:	[In te vullen door de onder-zoeker]