Application of Emotional Freedom Techniques

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Abstract

This paper describes an intervention called Emotional Freedom Techniques (EFT). EFT is a brief exposure therapy combining cognitive and somatic elements and focuses on resolving emotional trauma that might underlie a presenting condition. Research indicates that EFT is an effective treatment for anxiety, depression, posttraumatic stress disorder, phobias, and other psychological disorders, as well as certain physical complaints. This article describes the techniques, how EFT is taught in a workshop setting, and provides case examples. The clinical benefits of EFT and future research directions are discussed.

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The most widely used form of energy psychology[a] is Emotional Freedom Techniques (EFT).[2] EFT was developed by Gary Craig in the early 90s as an abbreviation of the methods used in Thought Field Therapy, an earlier energy psychology method developed by American psychologist Roger Callahan that used elaborate diagnostic and treatment protocols.[3] Craig came to the conclusion that a brief standardized protocol could treat most of the problems encountered in energy psychology without the need for lengthy diagnoses, and he organized these points into an easily administered method.[4(p108)]

EFT is practiced with considerable consistency because Craig's *The EFT Manual* has been available as a free online download since the mid 1990s and is also available in print. Fidelity is enhanced by a research consensus summary of the method that has been used in reported studies of EFT (See the Figure).

Previous research indicates that EFT is an effective treatment for anxiety, depression, phobias, and other psychological disorders.[5(p227)-10] Studies have demonstrated the efficacy of a single 30-minute EFT treatment for specific phobias, with the treatment effects sustained over a period of 6 months or more.[9-10] Studies of EFT used with victims of natural or human-caused disasters[11] and veterans suffering from posttraumatic stress disorder[12] have reported similar positive changes in psychological distress. Improvements in anxiety, depression, hostility, and phobias have been found following both weekend and half-day EFT workshops, with the effects maintained for 3 to 6 months.[8,13-14] Normalization of electroencephalogram patterns in both the frontal lobes and the hindbrain was observed in a shorter timeframe for users of EFT than that observed with cognitive behavioral therapy.[4(p108)] Case studies are also available showing the effect of EFT on various psychological and physical symptoms.[b]

Clinical reports suggest that by reducing emotional trauma, EFT can have an effect on physical conditions, including joint pain, allergies, chronic fatigue syndrome, fibromyalgia, rashes, arthritis, colds, influenza symptoms, and toothaches.[4,15,16] No adverse side effects have been reported.[5,6] The present paper describes the technique as taught in a workshop setting and provides case examples from EFT workshops.

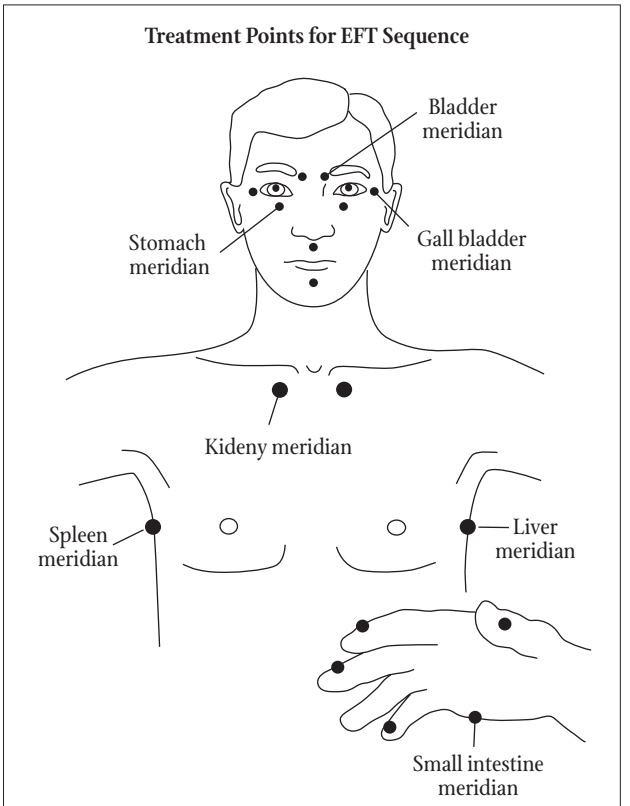

Figure 1. Emotional Freedom Techniques

Emotional Freedom Techniques

EFT has both cognitive and somatic components. For the purposes of these reported case studies, the following protocol was observed: Participants stated their negative cognitions,

[a] Energy psychology can be defined as a set of interventions, which, by (a) tapping on selected acupoints (meridians) or (b) doing imaginal exposure, will "quickly and permanently reduce maladaptive fear responses to traumatic memories and related cues."[1]

[b] Cases are searchable on www.Emofree.com.

identified a particular emotionally traumatic event associated with them, and paired these with a statement of self-acceptance. This is called the "setup statement," as in, "Even though I have [PROBLEM STATEMENT], I deeply and completely accept myself." While thinking of the problem, the participant identified a part of the body where the feelings of distress were focused and rated the degree of emotional intensity on a Likert-type scale from 0 (minimum) to 10 (maximum). This scale is referred to as the Subjective Units of Distress Scale (SUDS).[16] If a physical pain was felt, the participant also reported on the pain intensity with a Likert-type scale from 0 to 10.

The somatic component of EFT involved tapping specific parts of the body in 2 phases. In the first phase, participants tapped the fleshy outside part of the opposite hand (called the karate-chop point; see Figure) while saying the setup statement 3 times. In the second phase, they tapped 11 additional points (5 on the head, 2 on the trunk, and 4 on the hand) 5 to 7 times each while repeating a brief phrase, called the "reminder phrase," that evoked the traumatic memory. This is referred to as a "round" of EFT "tapping." After completing such a tapping round, the participant recalled the original memory and rated their distress via a SUDS score and, if relevant, a pain score. Rounds of EFT tapping were repeated until the SUDS and pain scores were 0 or close to it.

When taught in a conference or group setting, participants were requested to "tap on" traumatic memories that underlie their own issues while a demonstration subject or the workshop leader self-administered EFT. This technique is called "borrowing benefits." The concept of borrowing benefits is that, while tapping along with another on their issues, a person may achieve resolution of their own issues. The following case illustrations are drawn from workshops, and the psychological distress outcomes will be described in a future companion paper.

Emotional Freedom Techniques in Practice: Case Illustrations

Individual Case 1: Limited Range Of Motion

A 67-year old woman had limited range of motion (ROM) in her right arm She could place her left arm behind her back easily but could not do so with her right arm. The ROM in the left arm joint, between the humerus and the radius and ulna, was 66˚ as measured using a goniometer and recorded by a physician attendee. The ROM in her problematic right arm was limited to 80˚ (in this case, a smaller number indicates increased range of motion) and had been so for most of her life.

This woman expressed great frustration with her ROM limitation. When asked where the frustration came to focus somatically, she indicated her solar plexus, with a SUDS score of 8. When asked to recall a traumatic incident, she said that she had been unjustly served with detention in elementary school, which angered her.

She was treated with 1 round of EFT and the ROM in her right arm improved to 75˚. After a second round of EFT, the goniometer reading in her right arm was 68˚; the ROM difference between the 2 arms had become indistinguishable. When asked about how she felt in her solar plexus about the unjust detention, she reported a score of 0.

Individual Case 2: Broken Wrist

A 52-year-old female physician presented with a broken wrist that had occurred on a camping trip 2 weeks earlier. The pain was self-reported as 7 on a scale of 1 to 10. When asked to identify an emotionally triggering incident associated with the fracture, she stated that there was none. When asked to review the circumstances around the fracture for possible emotional factors, she said, "I was camping with my daughter. I didn't want to go hiking that day, but she made me go with her. I was resentful." On the actual hike, however, she reported that she had been "having a good time." When asked to recall the incident with her daughter, she pointed to her solar plexus, and rated the emotional intensity as a 7.

She was then asked to recall the first time she had felt that same feeling in her solar plexus. She unhesitatingly replied that it was when she was in elementary school. She had scored second in her class during the first test of the school year. She took her examination results home and proudly presented them to her father. His comment was, "Why weren't you first?" The participant rated this incident as 10 out of 10 in emotional intensity. She tapped on various aspects of the particular experience with her father as well as on general statements such as "My father was harsh" and "My father was doing the best he could." The participant was then asked to assess the intensity of the feeling in her solar plexus; it was now 0. She was then asked to rate her wrist pain. Initially she was unable to locate any pain but eventually rated it as a 2.

Group Setting Cases

Women with pain in the following areas were treated in a group setting:

Bone spur: The first had a bone spur, with a pain level of 8. Her emotional issue occurred during high school, when classmates walked behind her and taunted her about the way she walked and the shape of her body. Although she is now a dancer and dance instructor, she still had a SUDS emotional charge of 9 around the incident. After 1 administration of EFT, her pain score dropped from 8 to 5 and her emotional intensity score from 9 to 2. After a second round, both scores were 0.

Back pain: The second group participant had had back pain since she was a teenager, with a pain intensity of 4. Her emotional issue was feeling unsupported by her family. She had been able to play freely at neighbors' houses while a small child, but around 12 years old her father had forbidden her to play outside the family's backyard. She felt so alienated from her family that she often wondered, as a child, if she was adopted. Her SUDS emotional intensity score was 8. After a single session of EFT, both her back pain and emotional intensity ratings were 1.

Sacroiliac pain: The third participant had sacroiliac pain after a recent fall. Her pain level was rated as 7. Her emotional issue was vulnerability, which was felt most strongly in her chest. She described being held down by an uncle when she was a toddler. Her uncle was only 4 years older, so the relationship was more akin to that of a brother. Her uncle would cover her mouth

and nose so she could not breathe, and she came close to suffocating. Her SUDS score was also 7. After EFT, both her pain and SUDS emotional intensity scores were 2.

Discussion

EFT studies have shown it to be efficacious whether taught one-to-one, in a small group, or in a large conference setting, making it a versatile technique applicable to many settings and audiences. Once learned, EFT is typically self-administered.

The number of treatment hours required for efficacy is lower than for many other interventions. Studies demonstrate improvements in both psychological and physiological functioning, making it a cost-effective intervention. EFT can simultaneously address common physical and psychological symptoms, such as pain, anxiety, depression, and cravings, due to its usefulness in reducing affect.

EFT research to date has often been conducted on small samples, sometimes using what are called "within-subjects" designs that obtain pre- and postintervention measurements from each subject. Fortunately, an increasing amount of research is now being done using randomized control-group designs across multiple samples and problems, so we will see studies being published that yield more generalizable results.

[sub 1] Conclusion

EFT is a brief and effective method for reducing the disorders associated with intense emotional memories that may underlie physical symptoms. The case examples shown here provide typical scenarios of how EFT can relieve such symptoms in individual and in group settings. As more research results become available, EFT is showing itself to be a fast, efficacious, cost-effective, and easily taught means of addressing disorders such as anxiety, depression, and posttraumatic stress, as well as physical symptoms such as cravings and pain.

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