

EFT: TAPPING INTO NEW SOLUTIONS

After an initial period of scepticism – “I have a background in science and am suspicious of new ‘fads’ unless they have good evidence base” – Masha Bennett trained in EFT and has become a convert. She explains how it can help clients.

Complementary and holistic therapies are not new in supporting treatment of substance dependency – auricular acupuncture is used by many services for alleviating cravings, as well as general relaxation and stress management. Other complementary approaches encountered in addiction treatment are aromatherapy, nutritional therapy, massage, yoga, meditation and sometimes homeopathy (Peters, 2005).

EFT – Emotional Freedom Technique – is a therapeutic approach and self-help tool developed in the 1990s in the US by Gary Craig, from the previous work of Dr Roger Callahan on Thought Field Therapy. It is a simple procedure which can be learnt in a short time for self-help purposes. At its most basic, EFT combines stimulation of acupressure points with affirmations.

When I first trained, I was employed as a drug worker then as a drug-treatment manager at HM Prison Styal. I began to gain confidence in the effectiveness of the technique, having witnessed some startling results with anxiety and anger management, pain relief, and reduction in cravings for a variety of substances. So I gradually started to teach it to prisoners and some staff.

One of the ‘listeners’ who came to my introductory workshop – listeners are prisoners trained by Samaritans who “listen” to other prisoners in distress – soon told me that the two women whom she had taught the basic EFT procedure have since stopped self-harming.

Another prisoner noted how much the technique helped to relieve intense negative emotions from the break-up of her relationship.

I saw many prisoners use EFT for relief from anger, anxiety, pains and aches associated with substance withdrawal. When I gained more experience, I was able to help the women gain relief from some of their difficult past memories.

It appears that the effects of EFT are comparable to those of EMDR, Eye Movement and Desensitisation Reprocessing, another unusual therapeutic approach, recently recommended by the National Institute for Clinical Excellence for post-traumatic stress disorder.

WHY TRY ANOTHER TECHNIQUE?

There is extensive anecdotal evidence for EFT giving relief from a wide variety of physical and emotional conditions.

Numerous case studies where EFT is claimed to have been used successfully include: addictive cravings, anxiety, back pain, depression, obsessive-compulsive disorder, phobias and PTSD. Beginnings of scientific research show promising results with EFT and related ‘meridian therapies’ (Johnson *et al* 2001, Feinstein 2005, Sutherland 2000, Wells 2003).

“My clients have found EFT useful and helpful, and left with a tool they can rely on to lower their emotional arousal, and face fears,” notes NHS counsellor Peter Woods.

“EFT is accessible, safe, enjoyable and easy to learn, regardless of the issue being worked with or the age or cultural/educational background of the client,” adds Phil Reed, who works with adolescents at risk of exclusion in inner city schools in London. “EFT is inclusive, in that it is a neutral tool, which respects and acts as a powerful catalyst for other effective self-development strategies, attitudes and belief systems.”

Nikki, who has worked as an occupational therapist in mental-health services for over 10 years, states that “I have found EFT to be far more effective and to provide results far quicker than any other form of therapy I have used or seen used in mental health”.

Many practitioners have also found EFT invaluable as a self-care and stress management tool. “I’ve used EFT successfully with my own physical symptoms – notably dizziness, aches and pains, cramp in my foot, and tiredness,” explains Veronica Williams, a complementary practitioner and teacher. “It helped me through a very difficult time at work. I was amazed how my mood could shift from negative back to positive so quickly.”

Many workers appreciate the ease and accessibility of EFT, with even beginners often reporting good results in managing anxiety, everyday upsets, physical aches, tensions, and cravings for a wide range of substances.

PSYCHOLOGICAL APPROACHES.

In addition to the routine of tapping acupressure points, EFT uses some conventional psychological approaches, such as identifying and acknowledging the problem or issues, developing self-acceptance and self-esteem and reframing negative thinking patterns. Experienced practitioners often use humour and ‘paradoxical’ interventions akin to Frank Farelly’s Provocative Therapy.

Identification of triggers for substance use and high-risk situations allows us to apply EFT to specific circumstances relevant to the particular client, and to reduce the intensity and likelihood of automatic reaction to these stimuli. Behavioural experiments are an important part of testing the results, with the client trying new behaviours previously too frightening or difficult for them to attempt – such as saying “no” when under pressure, visiting an area linked to a traumatic past experience, taking a test or visiting a dentist.

EFT practitioners need skills for helping the client to identify difficult emotions and other triggers. They use the 1-10 SUD – Subjective Unit of Distress – scale to evaluate the intensity of the negative emotion, thought or physical sensation. As with other therapeutic interventions, reflective listening, Socratic questioning, motivational and rapport-building skills are all important for an EFT therapist, to achieve robust treatment outcomes with clients.

HOW DOES IT WORK?

There is no clear scientific explanation of how the EFT procedure works. Sceptics acknowledge that EFT appears to be effective, but point out that as the procedure involves some psychological techniques akin to cognitive behavioural therapy (for example, reframing the problem), it might be that those approaches produce the results. But in a recent survey of about 60 professional and lay users of EFT, experienced CBT therapists who introduced ‘tapping’ into their work stated that the addition of EFT significantly enhanced the effectiveness of their therapeutic interventions.

John Bullough, who has extensive experience



of work with addictions, notes: "My clinical practice as a counsellor/psychotherapist has historically been based on integration of approaches such as cognitive behavioural therapy, rational emotive behavioural therapy, person centred counselling, NLP and hypnotherapy. But I noticed significantly improved success rates since integrating EFT into the mix in 2005".

Provisional results of the survey show that at least two thirds of the practitioners experienced in both CBT and EFT found the latter more effective of the two, or at least as effective as CBT (Bennett 2008). Similarly, most person-centred counsellors and hypnotherapists taking part in the survey rated EFT as more effective than their second therapeutic approach.

The common explanation of how EFT works, adopted by many holistic practitioners, relies on the belief in our body's 'energy system' originating in traditional Chinese medicine. It is thought that the energy – known across various cultures as chi, prana, life force, etc – runs through meridians or channels through our body. When we are not well, cannot cope with everyday problems, over-react to situations or self-sabotage, it is said that the energy is out of balance in our body. EFT is said to restore the balance in the meridian system in relation to a specific problem or issue.

Argentinean Dr Andrade conducted EFT trials with thousands of anxiety patients. He proposed a neurological explanation of how EFT and related techniques could work.

The tapping, or other types of pressure, on acupressure points stimulates mechanoreceptors in our skin. These points have been shown to have a high concentration of mechanoreceptors and free nerve endings. The signal generated when tapping eventually reaches specific locations in the brain, such as the amygdala, hippocampus, and other structures where the emotional problem is thought to "reside", and the signal seemingly

disrupts established patterns.

Enhanced secretion of serotonin, one of the 'feel-good' hormones, also correlates with tapping specific points, a well researched aspect of acupuncture (Feinstein 2005).

Russian psychotherapist Oksana Korsunova suggests another explanation of the efficacy of EFT. She proposes that tapping on the points combined with the mental focus on the issue helps to balance the activity of sympathetic and parasympathetic nervous systems, with the former involved with the 'fight or flight' response, and the latter linked with rest, calm and relaxation.

SELF-HELP.

One of the most valuable features of EFT is that, after just a brief introduction, clients can use the technique on their own for relief from cravings, anxiety, pains, aches and other withdrawal symptoms. In my experience, people recovering from substance addiction, chronic anxiety and other conditions, who learn EFT for self-help, often become so enthusiastic about it that they eagerly teach the technique to friends and family.

As it is proactive, EFT might be especially useful for 'activist' clients, or those suffering with ADHD who find it difficult to be still long enough to practise conventional relaxation methods. EFT is often used in self-help groups and can be easily combined with both 12-step and CBT-based therapeutic group work.

EFT can be an empowering tool for people who used to feel helpless and powerless to deal with their issues, as they now have a technique literally at their fingertips to help relieve some symptoms. "I teach EFT to every client," enthuses psychotherapist and hypnotherapist Helen Ryle. "Most enjoy using it very much... It is also useful to give to clients as homework; they feel they are contributing to their own therapy rather than having it done to them."

MASHA BENNETT was a drug worker and prison drug treatment manager and now manages the Well Being Centre in Stockport. She is trained in neurolinguistic psychotherapy, is an advanced practitioner and international trainer in Emotional Freedom Techniques, and has developed the skills-based training for drug & alcohol professionals, EFT for Addictions. Bennett also runs a therapy and training practice – see www.practicalhappiness.co.uk.

DIARY DATES.

Bennett will share her techniques on a very practical level with delegates at the UK/European Symposium on Addictive Disorders in London, 14-16 May 2009. Don't miss the opportunity to take away some new skills – details at www.ukesad.org. The first 2-day training on EFT for addiction treatment will be 25-26 February 2009 in Manchester – see www.eft4addictions.co.uk.

REFERENCES.

1. Bennett, M. (2008) *Use of EFT Survey*, in preparation for publication.
2. Bennett M, 2007: *Emotional Freedom Technique (EFT)* in Aslan M & Smith M: *The Thrive approach to mental wellness*. Clifford Press / crazy diamond, pp43-44.
3. Craig G. *The EFT Manual*.
4. Feinstein D, 2005: *An overview of research in energy psychology*.
5. Johnson C, Shala M, Sejdijaj X, Odell R & Dabishevi K, 2001: *Thought Field Therapy – soothing the bad moments of Kosovo*. in *Journal of Clinical Psychology*, 57, 1237-1240.
6. NPS, 2008. *EFT and Anxiety*. *Anxious Times* in the *Quarterly Magazine of the National Phobias Society*, Issue 67, pp6-7.
7. Peters, Prof D (editor-in-chief) 2005: *New Medicine*. Dorling Kindersley, 428-431.
8. Sutherland C, 2000: *Neuro-Somatic treatment for depression: A preliminary report on a group treatment program*. Lifeworks Group Pty, Research Division.
9. Wells S, Polglase K, Andrews HB, Carrington P & Baker AH, 2003: *Evaluation of a Meridian Based Intervention, Emotional Freedom Techniques (EFT), for Reducing Specific Phobias of Small Animals* in *Journal of Clinical Psychology*, vol 59(9), 943-966.