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CLINICAL EFT – Emotional Freedom Technique

Outline

Introduction

Uncovering what we know about Clinical EFT

How to use Clinical EFT

My personal experience with Clinical EFT

Conclusion

References

Introduction to Clinical EFT

The idea that stimulation of the physical body could influence healing arose gradually in the second half of the 20th Century. It was Roger Callaghan, a clinical psychologist, who started to tap on acupuncture points whilst helping his clients with their psychological problems.

He called it Thought Field Therapy, or TFT. It was one of Roger Callaghan's students, Gary Craig, who refined the technique and called it Emotional Freedom Technique (EFT). As studies began to emerge, a uniform version of EFT was developed and is now referred to as Clinical EFT.

The technique of Clinical EFT is a self-applied stress reduction tool which can be taught to anyone, even children as young as 5 years old. EFT is often called "tapping" because it involves tapping with your fingertips on acupuncture points on your body. The technique is described in more detail later in this paper.

Clinical EFT has deep roots in modern psychology as well as the science of acupuncture. However, until a few years ago, tapping was seen as "woo woo" by some psychologists, psychotherapists and general public. How could something which seems so simple and involve no drugs be so effective?

As a Clinical EFT Practitioner, I have been trained to use Clinical EFT to help clients relieve the symptoms associated with stress, worry, physical pain, insomnia and phobias. It has also proven effective for curbing food cravings and weight management/reduction. Clinical EFT is something anyone can do on their own but working with a practitioner is proven to achieve deeper and more lasting results. Clinical EFT is a powerful tool which produces measurable effects leading to greater levels of wellbeing and happiness for clients.

The reviews and meta-analyses of Clinical EFT support it as a well-established, evidence-based modality for treating anxiety, depressions, phobias, etc. As more and more studies are published, the data suggest that Clinical EFT is associated with a broad range of improvements across many physiological systems. Examples include positive changes in body chemistry as well as improvements in the physics behind the basic body functions.

Uncovering what we know about EFT

What is actually happening during a Clinical EFT session and how do we know this? There are over 275 peer reviewed studies in English and additionally, a further 70 are peer reviewed in other languages. The significance of Clinical EFT is that it can influence our biochemistry, our brain signalling, even our DNA.

When we are experiencing a stress response, our amygdala in our brain fires and floods the body with stress hormones and the effect of this over time causes changes and susceptibilities to nervous system dysregulation and adverse immune system effects. With Clinical EFT, we can influence the stress response very quickly, effectively quieting the amygdala. We can also uncover some very uncomfortable and deep-rooted issues using a tapestry of very gentle Clinical EFT techniques.

From a study (4) in 2020, it was found that using salivary cortisol markers, Clinical EFT can be an efficient and effective brief treatment for reducing biological markers of stress. In this 2020 study there were 53 participants randomly allocated to one of three 60-minute group interventions, being EFT, psychoeducation and no treatment. Salivary cortisol assays were administered 30 minutes pre and post intervention to testing cortisol levels. The study found that the EFT group experienced a significant decrease in cortisol levels and even greater than the results found in the original study which was carried out in 2012.

From another peer reviewed study in 2020 (2), it was found that it was the actual stimulation of the acupressure points which was key for overall effectiveness, i.e. it was the active ingredient that contributes to the overall favourable health effects. When we teach the techniques, we tend to over compensate by covering the right acupressure points by using at least two to three fingers on each acupressure point and so the area of acupressure (or meridian points) will be covered whereas with acupuncture, accuracy would have to be much more precise.

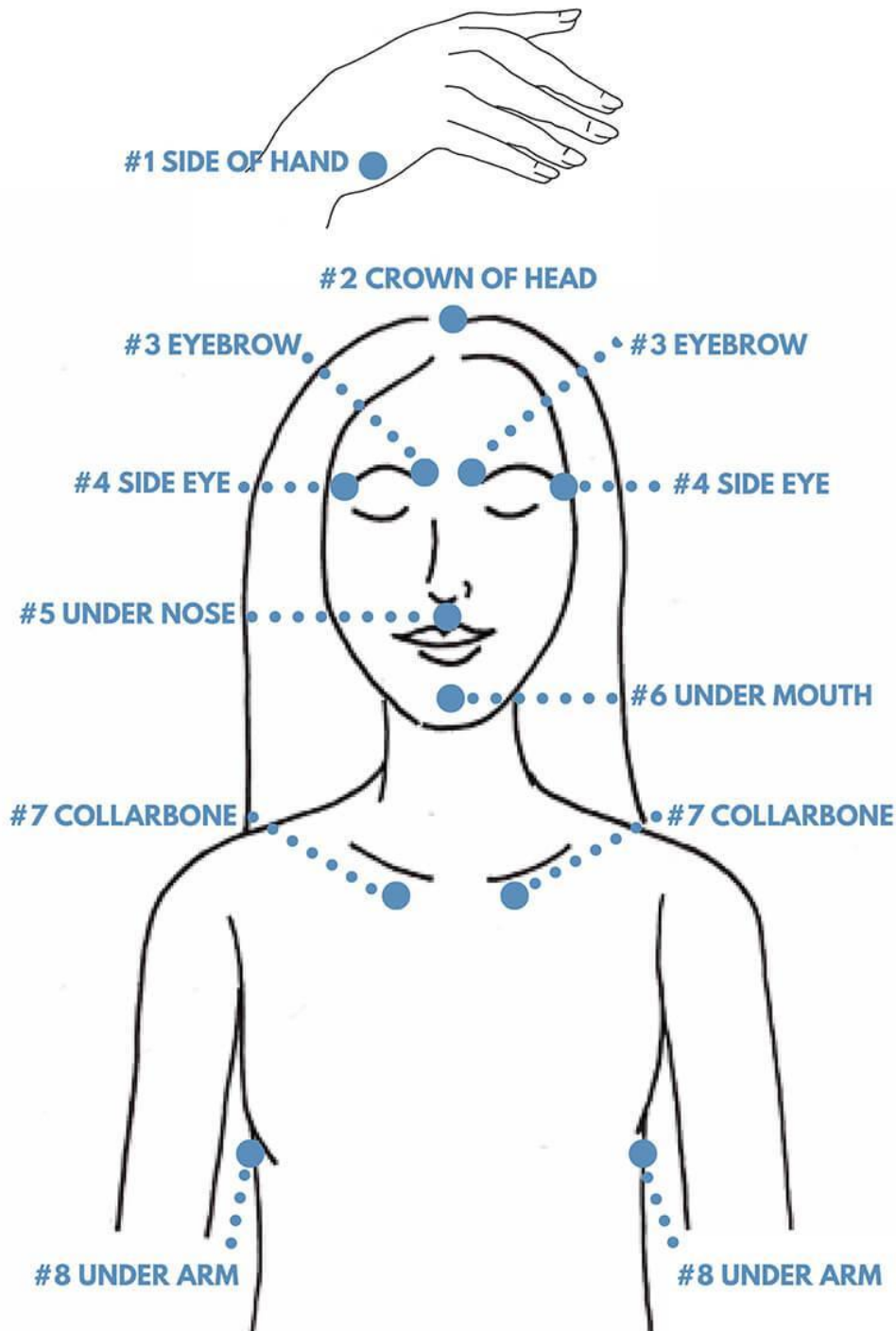
A study in 2016 (6), looked at Clinical EFT and Resiliency in Veterans at Risk for PTSD. This study examined the progression of symptoms in 21 subclinical veterans. Participants were randomized into a treatment as usual, a wait-list group (no other treatment) and an experimental group who received the same wait list (no other treatment) plus six sessions of Clinical EFT. Symptoms were assessed using the Posttraumatic Checklist-Military (PCL-M) on which a score of 35 or higher indicates increased risk for PTSD. It was found that Clinical EFT can be protective in nature against an increase in symptoms and a later PTSD diagnosis so it was found to be a useful element in a resiliency programme for veterans and active-duty warriors.

There have also been studies to show that it can change gene expression (epigenetics), turning off inflammatory genes and upregulating gene anti-inflammatory markers. Dr Dawson Church showed (6) that there was significant differential expression of 6 genes when comparing the expression levels before and after the intervention period in participants receiving Clinical EFT.

A study was undertaken of food cravings using brain scans (3). This was a study into brain activation in response to food craving stimuli using functional magnetic resonance imaging. Brain activity was mapped using fMRI measures and there was a relative deactivation in the Superior Temporal Gyrus and lateral orbito-frontal cortex from the Clinical EFT treatment group only. The control group showed continued activation. The Clinical EFT treatment group attended for four weeks, and tapped for 2 hours per week. Two years later, their food cravings have not returned. The findings indicated that Clinical EFT may decrease limbic region brain activity and reduce food related cravings in overweight/obese individuals.

Even with a single tapping session effect (1), researchers noted that there is an immediate reduction of self-rated psychological distress when using an app to guide a tapping session and this was from a sample of 270,461 app users.

How to Use Clinical EFT



Infographic by kind permission of Kurt Anderson Subconscious EFT (subconciouseft.com)

Before we start to tap, we establish the level of discomfort or distress felt in the mind or body (commonly known as a SUD or Subject Unit of Distress level), rating this from 0 (no level of discomfort) to 10 (a high level of anxiety or distress). We may use any of the senses to rate this level.

Initially, while tapping on the side of the hand point simultaneously referring to the current issue or problem, saying “Even though, I have this *issue or problem*, I deeply and completely accept myself” and we repeat this three times, whilst tapping initially on the side of hand. Thereafter we complete the tapping sequence using all the points referenced on the infographic. There are more tapping points, but the infographic shows the main ones we use.

We then check in and discover if the SUD level has changed at all. It may have gone down or up. We continue with the tapping until the SUD level has reduced to a 0 or close to 0.

My personal experience with EFT

I was originally taking an Energy Medicine course through Mindvalley and this was led by Donna Eden and David Feinstein. They introduced me to various techniques, chakra work, reiki, medical intuition and tapping. One of the presenters was Dr Dawson Church and he was demonstrating Clinical EFT on another well-known presenter Margaret Lynch Raniere. I was fascinated. how could something seemingly so easy, could make a person feel so much better, brighter and even happier in just one session, helping to let go of all sorts of pains, difficult memories, troubling life events and thoughts. Dr Church has now led many studies into the effects of tapping which has helped to bring it into more mainstream use rather than thinking of it as a woo woo technique.

I started to want to know more and in May of 2020, I enrolled in the EFT Universe next intake of trainee practitioners. This led to certification in July 2021, after mentoring and completing 40 live case studies. With my own autoimmune issues, my niche has become how to help those clients with their autoimmune issues. Within Clinical EFT or tapping, we use a multitude of techniques including “tearless trauma”, “movie technique”, “chasing the pain”, or looking for “secondary gain” to name just a few. We also incorporate some energy psychology as well which does include IFS (Internal Family Systems or Parts Work).

During my training, under mentorship, I tapped with clients presenting with issues with fibromyalgia, pre-diabetes, rheumatoid arthritis and eczema.

My clients typically come to me with these autoimmune problems and they have been through the traditional western medicine treatment route and have plateaued for a variety of reasons. They have often been told by their specialist doctor that there is nothing more that can be done.

My own journey was very like this. My dermatologist was determined to give me more and more cortisone cream despite the fact that it simply became a sticking plaster or crutch and it certainly was not healing my skin. During one consultation, I found myself saying to my consultant, “I think we should now agree to disagree because I do not want to take these creams any longer”. I told her I thought I was suffering from anxiety. She said there was no correlation between anxiety and eczema! She did however refer to me to psychologist who determined that because I had no suicidal tendencies, I did not need treatment apart from perhaps trying some Cognitive Behavioural Therapy.

I was right back to where I had started in my early 30’s, looking for answers to heal my skin. At that time, to help me, I used Chinese medicine and a strict diet, no alcohol, no dairy, no gluten. But I knew there was more. I started to incorporate daily meditation (following the work of Dr Joe Dispenza) and together with the Clinical EFT or tapping, my skin started to improve greatly. I had found huge

stability practising both techniques (a shift to inner wholeness and happiness) and my skin was almost “normal”.

Roll forward to August 2021. I had watched the Biology of Trauma summit, principally because I recognised that one of my own clients, a 19-year-old student, had significant early trauma and this was presenting itself, I thought, as chronic eczema and I knew that I needed to become more informed about trauma to help her. What I didn't realise was that by taking the 21 Day Journey to Calm Aliveness and then the actual Biology of Trauma modules, the All Parts of Me and Art Therapy writing modules, how much all of this new knowledge was not only helping my client (after 10 weeks of tapping and somatic work with me, her eczema went into remission) but personally, my rashes have disappeared for the first time in my adult life and I am 61! I have to say my 19-year-old client was not really impressed with the Clinical EFT or tapping in the first few sessions, but she was compliant and she continued to tap with me for 10 weeks and began to understand her body and how her thoughts and felt senses were influencing her whole physiology. Her trauma had started in utero and also in the first 8 weeks of life. But we didn't need to go back there for her, we just tapped on the day-to-day issues which she presented with and this gave her nervous system a chance to come out of the freeze or sympathetic responses. Gradually it began to get easier for her and she was understanding that tapping and the somatic work which she also enjoyed was really helping her feel better. It was her own doctor who had commented after the 10 weeks, that what she was doing to help her skin which had improved so much. When she mentioned that she was practising Clinical EFT or tapping, he said he wanted to know more.

Also, my personal experience is that every time I tap, I know that I get benefits with either tapping on myself and even when I am working with a client. It's amazing. Personally, I have conquered a very strong craving for chocolate! For 16 weeks now I have no craving at all to chocolate. I was practising tapping with one of my fellow practitioners (we practise every few weeks on each other as we are both building up our tapping businesses) and I said that I really wanted to overcome my very strong need for dark chocolate after lunch and dinner. Whilst not a “bad” food, it was adding too many calories and I simply couldn't keep to one or two squares. We tapped on the deep-rooted reasons of why I had this compulsion as there was no way that I could use willpower to overcome it.

It turned out that I associated chocolate with my grandmother. Whenever I was with her, I felt great, happy, whole and she used to hand out a small piece of chocolate after a meal. This ritual invoked in me those happy hormones and perpetuated my desire to keep eating chocolate even when I didn't really want any. We tapped on all of this, releasing the connection and encouraging me to focus on thinking of that happy feeling and my grandmother, all at the same time but without the chocolate thought. We then focussed on the chocolate itself and we began to associate it with something I didn't like which for me is cows' milk. That association has stuck for now over 16 weeks. I pass by the chocolate in grocery store and if I think of it after a meal, I think of milk now and there is no craving at all. I am actually astounded at the power of tapping.

Conclusion

Moving forward, I can see so much potential in using tapping together with somatic and parts work when working with clients who are stuck in their own Biology of Trauma. There are so many techniques I now have at my disposal and perhaps most importantly, I am starting to understand the missing link of what is happening at the cellular level, even of the how and why the genes are expressing themselves through epigenetics. As discussed above, there are plenty of published, peer

review studies to confirm that tapping is helping the nervous system to calm down. My own personal experience and that of my clients corroborate my own understanding of the importance and helpfulness of tapping to simply help us feel better, more grounded, happier.

Using all the information from the Biology of Trauma modules and somatic and parts work, I can now understand so much more as far as the available leverage to help our clients move towards their health goals, their inner happiness, and I know that I can assist them to encourage their nervous systems to stay out of overwhelm and the freeze response. Inevitably, our nervous systems have suffered so many insults but we now have the tools to help. I also recognise that this is a journey that needs “attention” every day. I know personally that I will always need some tapping and somatic practice to encourage greater resiliency as I move through life.

My vision through the Mighty Network of Trauma informed practitioners is to assist those on the directory on the medical side, working with their clients using Clinical EFT or tapping and somatic/parts work therapies. This can also work the other way, when I have a client who needs lab work, or further investigations, or even prescriptions, to be able to refer a client on to a trauma informed doctor or prescribing practitioner whilst maintaining the support for my client through tapping and somatic practice.

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