

About EFT and *The EFT Manual*

Welcome to the world of EFT and to *The EFT Manual*. You're about to go on a grand adventure with a technique that has helped millions of people worldwide. Just how many millions? A review of Google Analytics showed that in June of 2013 there were 9,143,000 searches worldwide for terms such as "EFT tapping, EFT therapy," and related terms (Google Trends, 2013). Analysis of traffic to the five most-visited EFT websites showed 6,965,000 unique visitors that month (Traffic Estimate, 2013). Over a million people suffering through natural or human-caused disasters have been treated with EFT, according to charities that offer aid to these victims (Capacitar, 2013; TREST, 2010; Veterans Stress Project, 2013).

All this activity involves grassroots connection, with people telling other people about EFT. There's no government organization dedicating to delivering EFT, no corporate promotional department advertising EFT, no brilliant social media guru creating buzz about EFT, and no drug company pushing EFT. Those millions of people tell their friends each month for one simple reason: EFT works. This manual exists to show you the many ways in which EFT helps those millions of people, tell a few of their stories, show you how EFT can help you, and

train you in the basics of Clinical EFT, the science-based EFT method that has been validated by dozens of clinical trials.

As you discover EFT, and how it can benefit you and everyone around you, you're likely to have questions about where EFT came from and why it's set up the way it is. This first section of *The EFT Manual* addresses those questions. If you'd like to dive straight into using EFT, start with Chapter 3, EFT's Basic Recipe, which gives you step-by-step instructions in how to use EFT.

Roots in Modern Psychology

EFT has deep roots in modern psychology as well as the ancient science of acupuncture. The two approaches from psychotherapy from which EFT draws most are cognitive therapy and exposure therapy. Cognitive therapies address how we see the world through thoughts or “cognitions” that also shape our behavior. Exposure therapies focus on the therapeutic value of remembering traumatic life events. Chapter 2, “The Science of EFT,” covers in detail the contribution of cognitive and exposure therapies to EFT.

Acupoint Tapping

EFT is often called “tapping” because a central feature of EFT involves tapping with your fingertips on acupuncture points on your body. These acupuncture points are usually referred to as “acupoints.” Research has shown that pressure on acupoints, or “acupressure,” can be as effective as acupuncture itself (Cherkin, Sherman, & Avins, 2009). Acupuncture theory teaches that energy flows through our body through pathways called meridians. Disease can be caused by a blockage or interruption of that flow, and acupuncture or acupressure can be used to remove those blockages. Chapter 2 has more information on how and why acupressure can be so helpful in healing.

The idea that stimulation of the physical body (also called “somatic stimulation”) could play a role in psychological healing arose gradually in the second half of the 20th century. In the 1920s, a colleague of Sigmund Freud, psychiatrist Wilhelm Reich, coined the term

“muscular armour” based on his observations that emotional trauma can result in rigidity in certain regions of the body (Reich, 1927). A pioneering psychiatrist named Joseph Wolpe (1958) treated veterans of WWII who had posttraumatic stress disorder (PTSD), searching for a cure. He tried various forms of physical stimulation and eventually found that diaphragmatic breathing (breathing deeply using the diaphragm muscle below your lungs) while recalling a traumatic memory such as a combat experience (exposure) could remove the emotional content from the memory. You still have the memory, but it no longer triggers a big emotional reaction.

In the early 1960s, an American chiropractor named George Goodheart was introduced to acupuncture. He discovered that he could treat physical conditions successfully by tapping on acupuncture points or stimulating them manually, without the use of needles (Adams & Davidson, 2011). He called his method “Applied Kinesiology” (Goodheart, 1991).

Combining Acupoint Tapping with Exposure

A breakthrough occurred when a clinical psychologist called Roger Callahan combined tapping on acupoints with exposure. Callahan studied Applied Kinesiology, and along with other pioneers such as psychiatrist John Diamond, began to apply acupoint tapping to psychological problems. Callahan first discovered that it could cure phobias. Later, he applied it to other psychological conditions including anxiety, depression, and PTSD. His method is called Thought Field Therapy or TFT (Callahan, 2000). Other therapists also experimented with the stimulation of acupressure points and developed various methods. Clinical psychologist Fred Gallo, PhD, made a notable contribution with his method EDxTm (Gallo, 2000). He coined the term “energy psychology” to describe all the modalities that use acupressure and similar techniques to correct energy imbalances in order to treat psychological disorders.

One of Callahan’s students, an engineer and performance coach named Gary Craig, simplified Callahan’s TFT method and called

it Emotional Freedom Techniques or simply EFT. While TFT uses elaborate diagnostic methods to determine which acupoints to tap and in which order, EFT simply taps on 12 points in any order. It dispenses with the diagnostic part of TFT. In collaboration with colleague Adrienne Fowlie, Craig published an online manual from which increasing numbers of people learned EFT. This was the first edition of *The EFT Manual* (Craig & Fowlie, 1995). It was later published in book form (Craig, 2008/2010). After Craig announced his retirement in 2009, the same configuration of EFT became available as a free online download in the form of *The EFT Mini-Manual* (Church, 2009/2013).

Between the first online publication of the manual (1995) and the first book edition of the manual (2008), an abbreviated form of EFT's Basic Recipe came into widespread use by practitioners. The second edition of the manual (2010) reflected this change. The Full Basic Recipe appeared as Appendix A in the second edition, with the abbreviated Basic Recipe the primary method taught. Many practitioners find the original Full Basic Recipe very useful, especially for treatment-resistant conditions like PTSD, so it continues to appear as Appendix A of this third edition of the manual.

This current edition also incorporates a number of EFT techniques previously described only curriculum for Level 1, 2 and 3 workshops, and in the Tutorial section of the online EFT archives. The first of these four chapters focuses on psychological trauma. It describes three methods called the Gentle Techniques that are useful when working with memories that are too traumatic to recall directly. These are described in Chapter 6. Chapter 7 shows how to apply EFT to common personal challenges, like identifying your core issues, interrupting your habitual patterns, and counteracting the self-sabotage that gets in the way of your best intentions. Chapter 8 summarizes professional techniques used with special populations such as children, athletes, and addicts. Chapter 9 covers techniques useful for the experienced practitioner such as reframing, insight, different methods for

testing your results, and guidelines for working with clients with serious diseases. Packaging these techniques in this manual rather than in the supplementary materials brings them all together in a single handy reference guide.

Clinical EFT

As EFT became more popular in therapy and coaching circles, it attracted the attention of researchers. They conducted studies of EFT and found that it was extremely effective for mental health problems such as phobias, depression, anxiety, and PTSD (Lane, 2009). Because the manual was freely available, all this research was conducted using a uniform version of EFT, which we call Clinical EFT. This is the form of EFT taught in this manual.

The use of a manual is necessary to ensure that a treatment is applied uniformly from study to study. The Clinical Psychology division of the American Psychological Association (APA) has published guidelines for research. These guidelines determine whether or not a therapy is “empirically validated” (Chambless & Hollon, 1998). There are seven “essential” criteria that are required in order for a study to be considered valid, and one of these is the use of a written manual. This ensures that when a scientific study is replicated, researchers are comparing apples to apples. Studies usually contain a sentence similar to this: “The EFT protocol is described in *The EFT Manual* (Craig, 2008); fidelity to the method was assessed by means of written checklists submitted by coaches to investigators” (Hartung & Stein, 2012). In this way, researchers confirm that they are using the same manualized form of the method that has been tested in other studies.

Uniformity is particularly important in the case of EFT. As it has become more popular, and because the basics are so easy to use, hundreds of websites have sprung up and thousands of YouTube videos have been posted demonstrating EFT. A few use EFT as described in the manual, but most introduce variations and innovations developed by those who created them. Some of these EFT variants are probably as effective as the original method while others may not be. Few of them

have been tested in research studies, so it is difficult to determine their effectiveness.

It is possible, however, to assess the effectiveness of Clinical EFT, the method taught in this manual, because it carefully adheres to the same version of EFT that has been used in the studies that validate the method. When you use this manual to learn EFT, you can rest assured that you are learning a tried and true technique that dozens of scientific studies have shown to be effective. You're not using a variant that may or may not be effective. There are 48 techniques described in Clinical EFT. This manual gives you a basic understanding of all 48. More detailed descriptions can be found in *The Clinical EFT Handbook, Volume 1* (Church & Marohn, 2013).

To ensure that users always get the same proven EFT formula validated in research, all EFT books in this series have the same “common chapter” on how to perform EFT's Basic Recipe, found here in Chapter 3. Whether you're a fibromyalgia patient reading *EFT for Fibromyalgia and Chronic Fatigue* (Church, 2013b) or a dieter reading *EFT for Weight Loss* (Church, 2013d), you're guaranteed to get the same successful formula demonstrated in all those studies.

APA Standards for Evidence-Based Treatment

All the books in the EFT Series embrace the evidence-based standards defined by the American Psychological Association Division 12 (Clinical Psychology) Task Force (“APA standards” for short). These define an “empirically validated treatment” as one for which two controlled trials have been conducted by independent research teams. For a treatment to be designated as “efficacious,” the studies must demonstrate that the treatment is better than a placebo or an established efficacious treatment.

To be designated as “probably efficacious,” a treatment must meet these criteria in one study, have been shown to be better than a wait list in two studies, or meet these criteria in two studies that were conducted by the same research team rather than two independent teams. The APA standards advocate that studies contain sufficient subjects

to achieve a level of statistical significance of $p < .05$ or greater, which means that there is only one possibility in 20 that the results are due to chance. This threshold is the level of proof most commonly accepted in the scientific community.

The current status of EFT as an “evidence-based” practice is summarized in this statement published in the APA journal *Review of General Psychology*:

A literature search identified 51 peer-reviewed papers that report or investigate clinical outcomes following the tapping of acupuncture points to address psychological issues. The 18 randomized controlled trials in this sample were critically evaluated for design quality, leading to the conclusion that they consistently demonstrated strong effect sizes and other positive statistical results that far exceed chance after relatively few treatment sessions. Criteria for evidence-based treatments proposed by Division 12 of the American Psychological Association were also applied and found to be met for a number of conditions, including PTSD. (Feinstein, 2012)

This manual and other Energy Psychology Press publications use the APA’s style guidelines (American Psychological Association, 2009).

Listing Statistical Significance

Each chapter quotes the scientific studies on the material that is the subject of that chapter, with references listed at the end. Often, the percentage of change in a symptom is listed, as in “pain dropped by an average of 68%.” Every percentage quoted in this manual is “statistically significant” at the level of $p < .05$ or better.

I do not, however, quote the degree of statistical significance in the text. The reason for this omission is that this manual is intended primarily as an introduction to EFT, rather than a professional textbook. So while it is based on sound science, technical details such as p values are omitted. They can be found in professional publications such as *The Clinical EFT Handbook, Volume 1* (Church & Marohn, 2013).

Developing EFT

EFT continues to grow and evolve. Over the past decade, thousands of users have reported their experiences with EFT, contributing to a large archive of case histories and stories. Some 5,000 in the English language are posted on the user archive at EFT Universe (www.EFTUniverse.com), and thousands have been translated into other languages, including French, German, Spanish, Portuguese, Bulgarian, Russian, Chinese, Japanese, Arabic, Dutch, Hebrew, Korean, Polish, Turkish, and Italian. An online conference called the Tapping World Summit (TappingSummit.EFTUniverse.com) attracts over half a million participants each year. Over two million people have downloaded *The EFT Manual* (Craig & Fowlie, 1995) or *The EFT Mini-Manual* (Church, 2009/2013). The numbers continue to grow.

On the solid foundation of Clinical EFT, EFT is now being extended to other areas of psychology such as marriage and family therapy, dreamwork, and organizational development. It is making its way into primary care facilities such as hospitals and veterans centers. It is likely to have a major impact on health care as the 21st century progresses. It is so proving to be so effective in treating emotional and physical disorders that it promises to make a large difference in health care costs (Church, 2010a).

Now that you understand where EFT and this manual came from, let's get started with EFT itself. First we'll explain the scientific underpinnings of Clinical EFT, showing that it's a stable and reliable method grounded in solid science. Then we'll clearly explain how to do EFT yourself. We'll then show you how it is applied to various problems, and how you can get the most out of it in your own life. We hope you'll experience the same health and performance benefits as the millions of others who have used EFT as their gateway to emotional freedom.

Resources

- TappingSummit.EFTUniverse.com