

Emotional Freedom Techniques (EFT) as a Constructivist Psychotherapeutic Approach: Epistemological Reflections from a Qualitative Experiential Study

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Abstract

This article presents the first theoretical and methodological analysis of the practice of a contemporary psychotherapeutic technique called Emotional Freedom Techniques (EFT), to be discussed in academic literature. This analysis has emerged from an epistemological reflection on a qualitative research study that explored users' experiences of EFT for deepening physical chronic disease healthcare. This study was underpinned by a biopsychosocial view of health, and a personhood approach to healthcare. In establishing the methodological framework for this study, the researcher analyzed the EFT therapeutic approach against the principles of constructivist psychotherapeutic approaches. The analysis suggested that the EFT practice borrows at least four key facets of constructivist psychotherapeutic approaches, namely: 'exploration and resolution of early life issues', 'construction of new meanings', 'client as a change agent', and 'outlook towards emotions'. Each of these facets is explored in this article, in light of some participant case examples from the study. The analysis presented in this article may assist the conceptualization and design of future qualitative and mixed-methods research studies involving EFT.

Key words: Emotional Freedom Techniques (EFT), constructivist psychotherapy, epistemology, alternative therapy

Introduction

The reflection presented in the current article relates to a qualitative research study that explored experiences of people with chronic physical diseases and of healthcare practitioners using a contemporary psychotherapeutic tool called Emotional Freedom Techniques (EFT) to support chronic disease healthcare. Some of the findings from this study have been published in Kalla, Simmons, Robinson, and Stapleton (2018), and Kalla (2016).

Qualitative research aims to deliver rich and detailed understanding of a given context or research aim. Qualitative studies often focus on the close association of the researcher and the researched, as well as the contextual or situational opportunities and limitations that underpin a research study (Denzin & Lincoln, 2008). Therefore, it is important for researchers to describe their participation in the research, to acknowledge their prior experiences, as well as their opinions and perceptions which may influence both the conduct of the research and the emergent findings.

One of the aspects that a researcher must identify before commencing qualitative research, is their 'epistemological position'. 'Epistemology' refers to the theory of knowledge (Crotty, 1998), acknowledging the various modes of knowing the world (Green & Thorogood, 2014). Epistemology helps us identify what kinds of knowledge can be achieved and considered valid (Feast & Melles, 2008). Defining one's epistemological position is crucial for any research, but has particular implications and importance for qualitative research. According to Carter and Little (2007), epistemology informs the methods used in qualitative research, guides the researcher and participant relationship, as well as the analysis and representation of emergent findings. For instance, a researcher who adopts an epistemological standpoint which aims to establish 'facts' using the scientific method (e.g. 'positivist' epistemology) may see the

researcher as being 'separate' from the research. Such an epistemological standpoint will guide the researcher to take all appropriate measures to instill 'objectivity' in the researcher and the research. On the other hand, an epistemological standpoint (e.g. constructivist) which sees knowledge as a construction between the researcher and the researched, will view the researcher's subjectivity, prior knowledge and theoretical worldviews as adding strength to the research process. Such an epistemology will view research as a co-construction between the researcher and the participant. Following from that, a positivist researcher may aim to 'discover' new knowledge, while a constructivist researcher may aim to 'construct' new knowledge.

The rigor in qualitative research often stems from the compatibility between a researcher's epistemological position, the study aim and objectives, and the research methodology and methods (Crotty, 1998). For the current study, a 'constructivist' epistemological position was adopted. Broadly, 'constructivism' suggests that individuals do not passively consume data, but they use that data to construct impressions and meanings (Schwandt, 2007). In other words, individuals construct, rather than discover meanings (Grey, 2014). A detailed discussion on the constructivist theory will be provided in the subsequent sections of this article.

In order to better understand participant experiences, it is crucial to explicate underlying methodological and epistemological assumptions. As previously mentioned, the current study aimed to understand patients' and practitioners' experiences of the EFT intervention. The purpose of the current article is to provide a reflection on the researcher's analysis of EFT as a constructivist psychotherapeutic approach. This article begins with a description of the study's theoretical underpinnings, and the EFT therapeutic process. Subsequently an overview of the study's design, in particular the 'constructivist' epistemological position is provided. This is followed by an analysis of how the EFT therapeutic approach may be influenced by principles of the constructivist epistemology.

In order to elucidate the aforementioned analyses, I have provided the following:

- an overview of the tenets of constructivist psychotherapeutic approaches as discussed in extant literature;
- a general description of the influences of the above tenets that can be observed in the EFT therapeutic process; and
- several examples of participant accounts from the study, illustrating the influences of each of those constructivist tenets in the EFT therapeutic process.

The study's theoretical underpinnings

Biopsychosocial view of health

As noted above, this study aimed to explore EFT practitioners' and chronic disease patients' experiences of using EFT to support chronic physical disease healthcare. The provision of psychological support to people with physical illnesses may not appear very novel when health is viewed from a biopsychosocial perspective. This view of health takes into account psychological and social dimensions of health in addition to the biomedical aspect (Engel, 1977). The biopsychosocial model of health suggests that people with chronic disease may benefit from more 'holistic' healthcare approaches that focus not only on the biomedical dimension and the diminishing or elimination of physical symptoms, but also on psychological and social aspects, such as enhancement of overall well-being (Slade, Amering, Farkas et al., 2014), and improvement of patients' ability to engage in meaningful social, civic and economically functional lives (Webb, 2012; Whitley & Drake, 2010).

For example, some chronic illnesses (e.g. pulmonary diseases) can hamper people's ability to perform day to day tasks, including continuing paid employment (Walker, 2010). This level of daily impairment is likely to impact a person on more than just a physiological level. The inability to undertake paid employment, and subsequent financial stress may leave people questioning their social identities and experiencing reduction or loss in their self-esteem. In this scenario, the absence of psychological and social support can severely affect people's quality

of life and coping ability and even result in comorbidities (Walker, 2010). As such, providing psychological support to people with chronic diseases may be desirable or even necessary to support a functional state of health and wellbeing.

Personhood approach to healthcare

The study also took into account a personhood approach to healthcare. Broom, Booth and Schubert (2011) suggest that rather than considering mind and body as separate entities, it may be beneficial to see them as representations of the 'observed' and 'experienced' aspects of personhood. Broom et al. (2011) suggest that in adopting a personhood view of an illness, one must concurrently consider both the bodily diagnosis ('body'), and people's meanings ('mind') that they attribute to their experiences of their illnesses.

Adopting a personhood view of illness, Broom (2002) discusses a clinical phenomenon, 'Symbolic Disease'. Symbolic disease focuses on the pathology of a disease in terms of organ systems affected or involved in, or clinical phenomenology of the disease and its apparent congruence with the patient's life story, history, personal meanings, and behaviors (Broom, 2002). In other words, this personhood approach to healthcare addresses the resonance of a patient's life story in his or her bodily health, and the unfolding of their illness in the context of their life experiences (Broom et al., 2011). The aforementioned concepts invoke a view of the patient as an individual undergoing an illness experience, rather than as the subject of a disease (Mead & Bower, 2000). Mead and Bower (2000) emphasize the importance of viewing the patient as a 'person' with a unique story and experiences. This means that each person's manifestations of the disease are unique to that person. The expressions and development of the disease within the person's life need to be identified, brought to the patient's awareness, and addressed as part of the clinical process of treatment. In this treatment process, the 'patient' is engaged as a person who plays an essential part in her or his own process of identifying, exploring and developing the required treatments. Similarly, in the EFT therapeutic process, treatment is not administered to a passive patient who waits for the caregiver's treatment to bring about the required changes; instead treatment is a collaborative process between the therapist and the patient. Further information on the EFT therapeutic process is provided in the following section.

EFT and the Therapeutic Process

EFT, also known as 'tapping therapy,' is a contemporary psychotherapeutic tool which combines principles of Western psychotherapy with Eastern acupressure. EFT involves stimulation of certain acupressure points on the face, upper body and hands. In a general round of EFT, a subject first rates the intensity of a specific emotion, symptom or feeling etc. on a scale of '0' (not at all) to '10' (the worst it could be). This score is called a 'subjective units of distress' (SUD) score. A setup statement is first verbalized, focusing one's attention on an emotional trigger, such as a traumatic memory, object of a phobia, or other troublesome issue. While gently tapping on the standard series of acupressure points, after focusing on thoughts and feelings associated with the problem being addressed, the subject then voices statements of self-acceptance. The SUD score is then assessed again. For instance, a person might say, "*Even though I have this fear, I accept myself*". Subsequently, the person taps on the acupressure points in the series that is used in EFT. After that, until the score reaches zero, the subject taps on the acupressure points while continuing to focus on the issue and related emotions, and repeating an abbreviated reminder phrase, such as "this fear". This process is repeated until the intensity of the emotion decreases to zero or reduces significantly (Craig & Fowlie, 1995; Church, 2013).

In the EFT approach, the therapeutic process is usually informed by the client's emotional and thought trail. In working through one emotion, the subject may start to experience another emotion, or remember another associated memory or trauma, which may or may not be deemed by the therapist to be connected to the original trigger. The therapist guides the tapping process based on the thoughts, emotions, memories and so on, that surface for the

patient, until the SUD scores of the entire series of problem thoughts and emotions reduce significantly or go down to zero (Church, 2013).

Studies and review articles investigating the usefulness of EFT therapy for various psychological and physical health problems have been published in peer-reviewed medical and psychology journals. Studies have been conducted investigating the effects of EFT on physical chronic health problems such as tension headaches (Bougea, Spandideas, Alexopoulos, Thomaidis, Chrousos & Darviri, 2013), obesity (Stapleton, Sheldon & Porter, 2012a), traumatic brain injury (Church & Palmer-Hoffman, 2014), chronic pain (Ortner, Palmer-Hoffman & Clond, 2014), and psoriasis (Hodge & Jurgens, 2011). Meta-analyses of clinical trials indicate a large treatment effect of EFT therapy for psychological problems such as anxiety, depression, and PTSD symptoms (Clond, 2016; Nelms & Castel, 2016; Sebastian & Nelms, 2016; Feinstein, 2012).

There are several proposed hypotheses in relation to the mechanism of action in EFT. EFT is thought to have potential effects on the body's physiological systems that regulate stress, emotional intensity and associated neural transmission frequencies (Diepold and Goldstein, 2008). Stapleton et al. (2012b) indicate that EFT appears to decrease activity in the amygdala, leading to calming of the 'fight, flight, freeze' threat response to emotional triggers. Brattberg (2008) further suggests that similar to Cognitive Behavioral Therapy and Mindfulness, EFT relies on the premise that acceptance of, rather than resistance to, a particular condition can reduce suffering.

Having now discussed the EFT therapeutic approach and formerly, the theoretical framework for this study, i.e. the biopsychosocial model of health, and a personhood approach to healthcare, both of which corroborate the provision of psychological support (in this case, EFT), to people with chronic physical illnesses, let us now review the methodological framework adopted for this study.

Epistemological position: Constructivism

For this study, a 'constructivist' epistemological position was selected, which is primarily focused on the processes within the individual mind (Gergen & Gergen 2008). A constructivist perspective suggests that individuals actively engage in meaning-making and construct knowledge, rather than passively receive it (Jones & Brader-Araje, 2002). The common thread running through the various philosophical meanings and theories of constructivism is the active part played by an individual in meaning-making and knowledge generation (Jones & Brader-Araje, 2002).

Using a personhood approach to healthcare, this study aimed to explore participants' personal subjective meanings, perceptions and experiences of the EFT therapy. The view of patients, not as 'bodies to be treated,' but as 'whole-persons' going through an illness experience, invoked the need for an epistemological position which was commensurate with individuals' subjective and personal meaning-making and knowledge generation. A constructivist position was thus deemed suitable for this study.

Swiss psychologist, Jean Piaget is often considered to be a founding figure of the constructivist theory (Jones & Brader-Araje, 2002). Piaget talks about constructivism in the context of individual learning. He emphasizes the active part played by an individual in the learning process. Piaget (1967) also suggests that individuals constantly reconstruct and update new knowledge in light of new experiences. Therefore, reality is a constant construction actively undertaken by an individual, rather than a collection of pre-existing structures of truth and meaning that are independent of the person perceiving, experiencing, interpreting and responding to their personal reality (Piaget, 1970).

There are wide varieties of schools of thought in relation to how these meanings are constructed. Some broad examples of how these meanings are theorized to be constructed

include interpersonal interactions, cultural beliefs and practices, language, history and personal interpretation (Schwandt, 2007). Several varieties of constructivism are extant in the literature, e.g. radical constructivism (von Glasersfeld, 1995), social constructivism (Derry, 1999; McMahon, 1997), and critical constructivism (Larochelle, Bednarz & Garrison, 1998). For the purpose of the present study, a radical constructivist approach was chosen.

Radical constructivism, as proposed by philosopher Ernst von Glasersfeld, recognizes the role of an individual's subjective interpretation of their experience (Jones & Brader-Araje, 2002). Von Glasersfeld's (1995) constructivist view posits that people receive knowledge through their senses and/or communication, and interpret and actively construct their reality based on their experiences and interactions with their environment. In other words, knowledge is not transmitted from one person's mind to another's. Instead, each person interprets their experiences in accordance with their personal references of what is for them, true and viable. Therefore, according to Von Glasersfeld, the true reality about 'what actually occurs' cannot be known, because "knowledge does not reflect an objective, ontological reality but exclusively an ordering and organization of a world constituted by our experience" (1984, p. 24).

Von Glasersfeld (1989) suggests that cognition is adaptive, i.e. it helps people organize their experiential world reality, rather than discover the absolute truth, or objective reality. As noted before, constructivism postulates that the meanings created by people are continually tested against previous knowledge, and either reinforced, or modified in line with new experiences (Schwandt, 2007). Von Glasersfeld (1995) proposes the concept of 'viability', wherein the focus is not on an absolute truth that accurately matches an objective reality, rather, "concepts, models, theories, and so on, are viable if they prove adequate in the contexts in which they were created" (p. 8).

After addressing meaning-making, and the testing, reinforcement and modification of those meanings, the researcher contextualized EFT psychotherapy in the current study within a constructivist thought paradigm. Constructivist psychotherapeutic styles have emerged in the post-modern world, which are characterized by the focus on exploratory, creative and intensely personal approaches that aim to facilitate changes in patients' personal narratives and general constructs as opposed to instructive, disorder-specific and corrective traditional cognitive approaches (Neimeyer, 1993). A discourse on the placement of psychotherapy, in particular EFT within a constructivist thought paradigm is presented in the following section.

Constructivism in Psychotherapy and EFT

Mahony and Granvold (2005) discuss the role of constructivism in psychotherapy. Influences of constructivism can also be observed in the EFT approach, which also makes constructivism an appropriate epistemology for the exploration of EFT experiences.

Exploration and resolution of early life issues

Cunningham and Watson (2004) propose the theory of development of psychological predisposition to disease during childhood. This theory is based on the premise that chronic stress experienced while growing up can result in the development of a predisposition to disease from childhood. From an epistemological standpoint, constructivism suggests that children behave like scientists, making sense of their world and adapting to their environments based on the meanings of their experiences that they have constructed in their minds (Piaget & Cook, 1952).

Early life events are also often explored and addressed in many psychotherapeutic approaches, including EFT (Church, 2013). According to some psychological theories as well, children may construct unproductive meanings or decisions about themselves, another person, or the world, in light of perceived threats or negative experiences (Young, Klosko & Weishaar, 2003). In some psychotherapeutic approaches, these meanings are referred to as 'early maladaptive schemas'. Early maladaptive schemas are "self-defeating, emotional and cognitive patterns established from childhood and repeated throughout life" (Young et al., 2003, p. 6).

Early maladaptive schemas are like 'filters' constructed in early life, through which an individual may see his or her subsequent life experiences, and reinforce that meaning (Young et al., 2003).

Early maladaptive schemas often stem from unmet emotional needs in childhood and can cause unhealthy patterns later in life, such as addictions, health problems or other mental health issues (Young et al., 2003). Unmet emotional needs could be a result of suboptimal parent-child relationships/interactions or adverse life circumstances, such as loss of a close elder/parent, among others.

Once constructed, these meanings and related patterns of behavior can deeply entrench themselves into the core of people's lives (Mahony & Granvold, 2005). According to the constructivist philosophy, different people may have different reactions to the same event, and different interpretations of the same phenomenon (Grey, 2014). This variety of reactions to, and interpretations of, the same event can be attributed to the notion that individuals construct their realities against the backdrop of different meanings that they have created.

Case examples

In the study described in this article, EFT practitioner, Rachel described how exploration of what may appear to be a surface level issue experienced in the present moment often lead to addressing of childhood events, for example:

In the course of treatment, it usually emerges that a person has some limiting beliefs or behavior patterns or emotional response patterns (e.g. addictive responses to food) that are... harming them. And so, I'll use EFT on, for example, feelings of low self-worth, difficulties in standing up for themselves. And so we start using EFT on that and then it often emerges that you know, [for example] their parents were... very over controlling and they weren't allowed to make decisions for themselves and then we end up, working on their relationship with their parents ... It almost always ends up going a lot deeper ... and penetrating into their earlier childhood experiences. (Rachel, EFT Practitioner)

Chronic Fatigue Syndrome (CFS) patient, Fleur also described her use of EFT for addressing difficult experiences from childhood, including both major traumatic events as well as seemingly 'unimportant events':

Because I was already doing all the other good stuff for myself... I think I just started tapping on anything that came up initially, umm... but it led me to resolving some abuse that had happened to me in my childhood, to resolving things that I never even thought were a problem. You know, little things that as a child, like there was an occasion where I thought, that I had carried with me clearly, I thought my dad was being really unfair about a bike that he was going to buy me [laughs] and you know, just little random things that I had obviously become attached to and created a story about. And, I know over the years, the story had built up and become quite a big thing. (Fleur, Chronic Fatigue Syndrome)

The study's participants also described their awareness of beliefs that they had supposedly developed during childhood, which they realized led to unproductive behavior patterns over the years, as illustrated in the following brief excerpts:

I learned also as a child, I had to take care of everything myself if I wanted it done, or done the way I thought it should be done ... So, there's something about, I would have to do it, all anyway ... if things were gonna get done, which is not very useful and adds to your fatigue, so you know I really had to deal with some of that. (Cassandra, Chronic Fatigue Syndrome)

I cleared [the belief] that I don't deserve love ... As a child, as a young child, I would get sick to get attention. (Hannah, Crohn's disease)

Construction of new meanings

Constructivist psychotherapy relies on the reorganization or transformation of people's meanings and mental constructs about themselves and their social relationships. These approaches aim to help clients and their therapists collaborate to make sense of people's lived experiences through an interpretative process, and to co-construct positive, more productive meanings about difficult experiences or circumstances (Mahony & Granvold, 2005). EFT is also often used to help 'reframe' the meanings given by individuals to their circumstances, to help them view their lives from alternative, more positive lenses and to facilitate healing (Church, 2013).

Case examples

The study's patient participants, despite having gone through difficult illness experiences, often described positive meanings that they had constructed about their illness experiences. Paradoxically, some even said that they were grateful for the illness experience. For example:

Even though having suffered with the CFS that was horrendous, I am actually grateful for it, because I was just surviving before. I was literally surviving, and that was all. And now, I feel like I am thriving. And it has taught me so much about life because before, well, I think, we all think that you need to just get up, go to work, have 2.4 children... this ideal of you know earning money, and having a nice car, and doing all this stuff, that actually most of us are not happy doing... So... having the illness has... it really changed what I thought about life, what I thought about myself. What I want in life... so and that's why I help other people now, as well, because, I don't think life is just for surviving. I think life is for thriving. And I think it is important to live in harmony with ourselves, and each other, and the planet and things like that. (Fleur, Chronic Fatigue Syndrome)

Patient participants often described their experience of illness and using EFT to support their healthcare as having been transformative:

I am not the same person that I was. I am just a completely different person. I can't even describe the change. It's like my... it's like I have been turned inside out. My whole direction of living has sort of reversed... I have sort of got this new belief system where everything is okay. Even when things are not okay, everything is okay, and I will get through it. And I have always managed to get through it. So, I *will* get through it. It is just sort of this belief, this knowledge that everything is okay, so that I can handle anything that happens, in a much more sensible way, in a much more healthy way. (Kayley, Chronic Fatigue Syndrome)

Another participant, Rhea also described having developed more positive meanings and beliefs:

The outlook changed completely. And the focus changed, and once you know, I become happier, then I see the world differently. (Rhea, Arthritis)

Client as a change agent

Traditional psychotherapeutic models were based on the notion that the therapist and the therapeutic process are the most important factors in the client's healing (Bohart, 2000). For example, Grenavage and Norcross (1990) suggest that the client's primary role was considered to comprise the act of seeking help and to have a positive expectation/hope for the therapeutic process. In contrast, Bohart (2000) argues that the client is an active self-healing agent who receives the therapist's input and adapts it to achieve her/his own ends. The therapist is a facilitator for the client, and the therapeutic process is best focused on collaboration and dialogue (Bohart, 2000).

Constructivist psychotherapies emphasize that humans are active participants in their lives, and capable of self-efficacy. A constructivist approach to psychotherapy sees the client as an active change agent who can drive the therapeutic process in collaboration with the aid of a therapist possessing clinical expertise, and not as a subject to whom therapy is administered (Mahony &

Granvold, 2005). In EFT, the therapist is often viewed as a facilitator, and like other constructivist approaches, faith is placed in the 'wisdom' of the client (Church, 2013; Neimeyer, 1993; Mahony & Granvold, 2005). For example, in this study, EFT Practitioner participant Samantha stated, "I am just the facilitator".

Case examples

In the EFT approach, the therapeutic process is usually guided by the client's emotional and thought trail (Church, 2013). The therapist guides the tapping process based on what presents for the patient, often regardless of the apparent connection or lack thereof, to the original presenting problem (Church, 2013). This is also in line with the concept of 'free association' whereby a client is encouraged to freely share thoughts, emotions or memories that come to mind, irrespective of their coherence or relevance to the target subject matter. For example, while endeavoring to resolve fears associated with an illness diagnosis, if the client is reminded of a seemingly unrelated childhood event, the therapist will follow this thought/emotion trail and aim to resolve whichever memories or emotional triggers surface for the client (Church, 2013).

For example, EFT practitioners, Donna and Abigail, reported:

When we are tapping on the emotion, we are bringing the emotion up, we are bringing the memory up, and we are getting into the subconscious, but the person is conscious. You know, they'll go, "I just remembered this", and "Oh! this just came up!", and "Oh, I feel that here in my shoulder". (Donna, EFT Practitioner)

We just have a "errr" feeling in our body, and so we tap on that "errr" feeling, and before we know, our subconscious is throwing forward a memory. And, so it doesn't take much to get memories coming up, that we can then address, and I don't think that it's as easy as that with general Talk Therapy and counseling. I don't think the memories roll out that fast. (Abigail, EFT practitioner)

The recommended use of EFT for self-care by patients also corroborates the 'client as a change-agent' premise of constructivist psychotherapeutic approaches. For example, EFT practitioner, Abigail, said, that she recommends that her clients become self-aware so they can take charge of their own wellbeing:

The focus is more on, "this is now time for you to be very self-aware, and observe everything and anything that is coming up for you, how are you responding to life? So, your husband looks at you in a certain way. He is totally distracted, he is not meaningful. But, it makes you cross, or it upsets you. Tap on that. Or, [if you] learn that your son is stressed about going to school tomorrow, Tap on that. Whatever it is, get tapping, and use these as opportunities to tap. (Abigail, EFT practitioner)

CFS patient, Kayley, described her use of EFT for self-care:

With EFT, I feel a lot more empowered. There is always something there to fall back on. So, I don't feel unsafe any more. I feel secure and safe. There are things that can happen which will make me feel unsafe, but then I always have some way of dealing with that, and reminding myself that I am okay. That I will be okay. (Kayley, Chronic Fatigue Syndrome)

Outlook towards emotions

Neimeyer (1993) suggested that traditional cognitive therapies view negative emotions as arising from distorted thinking, and as problems that need to be resolved, or at least controlled. In contrast, in constructivist psychotherapeutic approaches, negative emotions are seen as informative tools which can act as valuable signs of challenges to existing mental and emotional constructs. In EFT, as described previously, the therapist often follows the client's trail of emotions (or thoughts or memories), facilitating the tapping process until there is a perceived reduction in the intensity of the said emotional trigger. In other words, the client's

emotional trail is seen as a guide in the EFT therapeutic process, rather than a 'problem' or 'hindrance' to healing.

Mahony and Granvold (2005) also argue in the context of constructivist therapies, that feelings and emotions are pivotal to the human experience, and that resisting one's feelings can negatively impact health and well-being. Therefore, a person's relationship with his/her emotions and feelings can be as significant as those feelings themselves (Mahony & Granvold, 2005).

Case examples

Based on a similar premise, EFT is also often used to facilitate acceptance of negative emotions (Church, 2013). For example, Fibromyalgia patient, Candace described her use of EFT to deal with fear emotions in the face of a symptom relapse:

You can reverse the process of panic and fear... Instead of going into a downward spiral, you can actually... in that moment [of pain], you have... choice. And, when you continue Tapping, and you stay with whatever is going on in you... you have more clarity, and answers ... and that's why it is so powerful. (Candace, Fibromyalgia)

EFT practitioner, Taylor, described the use of EFT for facilitating acceptance in a patient:

There was one client I worked with, who had back pain. She was really quite debilitated. She was a mother of three young children. She had been off work for about 12 – 14 months when I started working with her. And so there were a lot of complicated emotions about guilt, not being a good mother, not providing for the household... [a] lot of high expectations about what was achievable in a 24 hour day, in terms of just laundry and school trips and all of that kind of stuff. So, the starting point was just kind of like, soft EFT, where we were not really doing full-on tapping, because she was really sensitized. So, doing that, she felt would have been too much stimulation. So, we just [started] tapping across the collarbone points [with statements such as] "Even though, I am struggling, I am okay"... So, in the beginning, it was just "even though I am having this experience, and I am in this amount of pain, 'failing as a mother', 'failing as an employee', I am alright", was a significant step in managing the pain, bringing down the intensity just a little bit, maybe from a 9 to a 7. So, we did that for a good few weeks, until she was more stable ... So that was quite liberating for her, and she responded quite well to that. (Taylor, EFT Practitioner)

Another practitioner, Samantha described her use of EFT for facilitating acceptance in her client:

She was quite shocked. So, we had to deal with the shock of it, what does it mean, or the meanings or the beliefs around it... "I am only in my twenties" and "people don't get this when they are this age". So... we worked on all the surrounding beliefs and aspects and emotions to do with having rheumatoid arthritis, and we even did just a few rounds of... just saying the words "rheumatoid arthritis", "I have it", "I have it", you know, then there would be a shift, a cognitive shift, into "yeah, I have it", you know, "now what can we do about it?" (Samantha, EFT Practitioner)

Summary and Conclusions

This article presents a methodological reflection on a study that explored users' experiences of a contemporary psychotherapeutic technique called EFT for supporting physical chronic disease healthcare. Studies and review articles investigating the effects of EFT therapy on a variety of health problems, such as tension headaches (Bougea et al., 2013), obesity (Stapleton et al., 2012a), traumatic brain injury (Church & Palmer-Hoffman, 2014), chronic pain (Ortner et al., 2014), and psoriasis (Hodge & Jurgens, 2011) have been conducted. There are also varieties of proposed hypotheses in relation to the mechanism of action in EFT, e.g. regulation of stress and emotional intensity (Diepold & Goldstein, 2008), calming of the 'fight, flight, freeze'

threat response (Stapleton et al., 2012b), and fostering of 'acceptance' to reduce suffering (Brattberg, 2008). However, to my knowledge, a theoretical and methodological analysis of the practice of EFT has not previously been explored in academic literature. I understand that this is the first such analysis to be presented in academic literature that puts a theoretical and methodological lens on the practice of EFT.

EFT is a contemporary therapeutic modality with an emerging evidence base and theory on health practice. An analysis of the EFT therapeutic practice against the principles of constructivist psychotherapy, as explained by Mahony and Granvold (2005) and Neimeyer (1993) suggests that the EFT therapeutic practice adopts at least four facets of a constructivist psychotherapeutic approach: exploration and resolution of early life issues, construction of new meanings, the view of client as a change agent, and the outlook that negative emotions can be useful tools in the therapeutic process. The current article presents an important first step in the development of a theoretical perspective on the practice of EFT, and may consequently support the incorporation of the EFT intervention in mainstream psychological practice. The analysis presented in this article may also help inform the conceptualization and design of future qualitative and mixed-methods research studies on EFT.

Acknowledgements

The author thanks her PhD supervisors, Dr Margaret Simmons, Dr Anske Robinson, and Dr Peta Stapleton for their guidance on her PhD research project, which has informed the current article.

Conflicts of Interest

The author declares no conflicts of interest.

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