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Practical Application of Emotional Freedom Techniques for Food Cravings

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Abstract

Emotional Freedom Techniques (EFT) has been shown to have a lasting effect on food cravings, power over food and restraint ability, and ultimately results in weight loss. This paper discusses the approach utilised in a recent food craving clinical treatment trial (Stapleton, Sheldon, & Porter, 2012; Stapleton, Sheldon, Porter, & Whitty, 2011), and highlights the case of a single participant. Sessions are described in detail and specific recommendations are made for the application of EFT to food cravings in overweight and obese individuals.

Keywords: Emotional Freedom Techniques (EFT), food cravings, obese, overweight, treatment

Practical applications of EFT for food cravings

The physical effects of being overweight or obese are well established. Obesity increases cardiovascular disease risk factors (Colditz, 1999; Must et al., 1999; Pi-Sunyer, 2002), type 2 diabetes (Health, 1996), and overall mortality (Flegal, Graubard, Williamson, & Gail, 2005; Haslam, Sattar, & Lean, 2006; Muennig, Lubetkin, Jia, & Franks, 2006). Obesity is rapidly increasing in the world of westernized lifestyles. Current approaches to addressing this epidemic have included combined dietary and physical activity approaches (Fujioka, 2002; Klem, Wing, McGuire, Seagle, & Hill, 1997; McGuire, Wing, Klem, Lang, & Hill, 1999) and behavioural strategies to influence the weight loss process, such as motivation strategies (Armstrong et al., 2011; Bandura, 1986; Prochaska & DiClemente, 1983). Dealing with obesity is widely acknowledged to be a difficult problem, and no single approach or combination of approaches has been very successful.

Important factors that may influence appetite control are food cravings (Blundell et al., 2005; Strachan, Ewing, Frier, Harper, & Deary, 2004; Waters, Hill, & Waller, 2001). The overwhelming urge to consume a particular food appears strong in overweight dieters, and many theories have posited why this is so. The nutritional and homeostatic roles of food cravings are described by physiological

theories and explain why cravings might be more present in people who are deprived of food (Wardle & Beales, 1987).

- The psychoactive abilities of certain foods to trigger cravings are likened to a self-medication behaviour and thought to relieve a central serotonin deficit (Wurtman & Wurtman, 1986).
- Psychological theories stress the role of negative emotions, such as anger, as triggers for cravings (Rogers, 1999).
- Learning theories claim that cravings are a positive learnt response to cues (sensory, situational) and giving in to a craving results in a pleasurable consequence (Rozin, Levine, & Stoess, 1991).

What is evident here is that food cravings are multi-dimensional and complex occurrences, and in any individual, may involve aspects of any or all of the proposed theories.

Current treatment approaches

It is critical to address the nature and power of food cravings in obese individuals in order to prevent unhealthy and excess food consumption, emotional distress and probable long term negative health consequences. Current treatments for obesity have focused on behavioural approaches, which include dietary restraint, more nutritious eating habits and physical exercise. However, long term meta-analyses and follow-up studies indicate that weight loss is usually not maintained–and indeed the more time that elapses between the end of a diet and the follow-up, the more weight is regained (Mann et al., 2007).

Behavioural strategies in these approaches often target food cravings and would include removing trigger foods from the home or work environment (Brownell, 2000). Cognitive strategies also attempt to reduce the frequency and intensity of food cravings in such programs, and would include techniques to restructure craving related thoughts and distraction (Brownell, 2000). Unfortunately the long-term effectiveness of such strategies is questionable and often attempting to control food craving thoughts results in an increase of their frequency and intensity (Borton, Markowitz, & Dieterich, 2005; Marcks & Woods, 2005; Wegner, Schneider, Carter, & White, 1987).

Energy Psychology techniques

Although Energy Psychology (EP) is a relatively new term, it has been hypothesised that its strategies change emotional, behavioural and cognitive concerns by combining physical interventions which target the body's electrical or energy fields, often with a cognitive element (Feinstein, 2008). Addressing symptoms in this way is in its infancy in modern, evidenced-based approaches, but such practices have been recorded for thousands of years in eastern traditions (Meyers, 2007).

Emotional Freedom Techniques (Craig, 2011; Craig & Fowlie, 1995) is one such EP strategy. This is a type of exposure therapy that includes a somatic and cognitive component for altering the cognitive, behavioural, and neurochemical foundations of psychological problems. Craig and Fowlie (1995) (1995) likened the strategy to acupressure. EFT uses the body's meridian energy system to counter negative or distressing sensations. While acupuncture uses fine needles to stimulate the end points of the meridian system, EFT uses a tapping technique (with two fingers).

It is widely understood that the parts of the brain involved in hyperarousal include the amygdala, and recent studies of the use of EFT have indicated a decrease in activity in the amygdala (Dhond, Kettner, & Napadow, 2007). It would appear that the mechanism at work here has an effect on physiological systems in the body that regulate stress, and EFT treatment may influence emotional intensity and associated neural transmission frequencies (Diepold Jr & Goldstein, 2009).

There is now evidence that emerging complementary techniques such as EFT can have an immediate and lasting effect on food cravings. Between 2007-2009 the present authors conducted a randomised clinical trial, which offered a four-week treatment program to 96 overweight and obese participants with severe food cravings. Progress was assessed at six- and twelve-months after treatment ended (Stapleton, et al., 2012; Stapleton, et al., 2011). The EFT treatment group and waitlist group after they received EFT were combined for statistical analysis. Degree of food craving, perceived power of food, restraint capabilities and psychological symptoms were assessed at pre-EFT, post-EFT and twelve-month follow-up for the collapsed groups. Significant improvements occurred in weight, body mass index, food cravings, subjective power of food, craving restraint and psychological coping for participants from pre- to twelve-months ($p<0.05$).

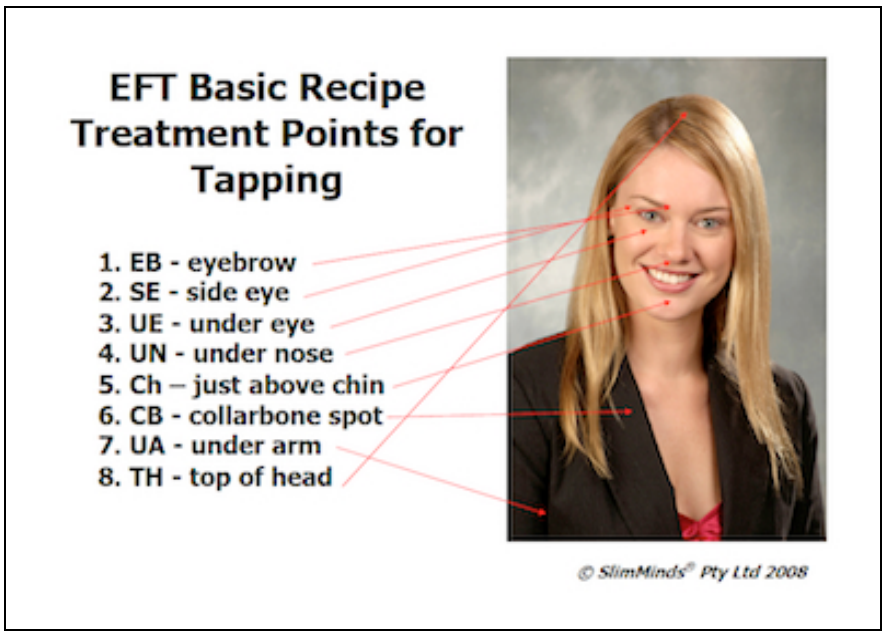
Overview of the four-week food craving program

The EFT and food craving program was divided into four main areas:
1. Psycho-education about EFT and how it works;
2. The nature of food cravings and how they can be addressed with EFT
3. Feelings and Food/ treatment with EFT, and
4. Relapse prevention; using EFT for stress and relaxation, and goal setting /treatment with EFT.

Throughout the program cravings were defined as “an emotionally and physiological intense urge (to eat); feeling tension or an unpleasant yearning in the mouth, throat, or body; and a preoccupation with thoughts of the craved food or drink until the desire is satisfied.”

Eight EFT points were used as the treatment formula in this trial. These were based on standardised treatment protocols (Craig, 2011; Craig & Fowlie, 1995) and full instructions and safeguards are described in Flint, Lammers and Mitnick (2005). In the present study, acupucnture points one to seven (eyebrow, side of eye, under eye, under nose, chin, collarbone, under arm) and the top of the head (eight) were used (see Figure 1).

Figure 1



Weekly session outline

The focus of this paper now is to offer insight into the weekly sessions through an individual study participant, and to discuss in depth the elements that were addressed and responded to the EFT technique.

MH was a 49 year-old male, divorced and living on his own. He was secondary school trained and working in the telecommunications field. In the food craving trial, MH chose to target carbohydrate foods (specifically peanut butter/paste on bread), which he was eating on a daily basis. MH's original Subjective Units of Distress Scale rating (SUDS) was 9 out of 10, with 10 being the highest possible rating.

Session 1
This session reviewed the mechanisms of EFT and the nature of food cravings. Common emotions people may have that trigger food cravings and food consumption were explored. These included: Deprivation, Abandonment, Loss/Grief/Sadness, Loneliness/, Emptiness, Anxiety/Stress, Guilt, Fear, Anger, Shame, and feeling Inadequate/Not Good Enough.

Personal issues in the present life of MH were addressed, such as specific foods craved, problem times of the day, and current feelings about weight, size or shape).

Potential 'future' issues were also addressed, such as "Imagine yourself in the future at an event or at a usual trigger time. Imagine yourself not eating your food craving food. How do you feel?".

The application of EFT was discussed and its potential benefits, such as that EFT can reduce immediate food cravings; can target and eliminate the negative or distorted body images; can neutralise issues from the past that have led to overeating; and can be used to target future situations that might trigger a relapse.

Participants were instructed to review the information provided and use the technique at home in between sessions for practice. They were particularly instructed to think about the issue at hand, such as "I am craving chocolate right now," and ask themselves how they felt about it (anxious or desperate) and then to 'tap' or use the EFT methodology on the feeling.

Session 2
This session was focused on in vivo exposure. Participants were asked to bring into the group session their chosen food that caused their most severe craving. Having the food available meant they could continually check on SUDS ratings and intensity of the craving. Needless to say, these sessions were humorous and light-hearted, but at the same time extremely effective.

A specific focus of session two was addressing emotional issues which arose after participants were asked to dispose of the craved food when their SUDS was 2 or less on the scale of 10. The most common issues raised were feelings of loss and guilt over food wastage. Often participants highlighted messages from their childhood, as in: "I feel guilty if I throw food away, because there are other people who are hungry.". Similarly, feelings of loss resulted from being disloyal to a faithful friend (the food). Not seeking comfort in the food left participants with a sense of emptiness and unhappiness.

MH: "When I was first introduced to EFT I was quite sceptical. However, I like to keep an open mind on most things, so I proceeded with the food craving experiment. We were asked to bring in foods that

we found desirable and to work on our food cravings using EFT. I brought in some pizza (I ate pizza every weekend at this stage) and a fresh white bread roll with lashings of butter AND peanut butter. (I found the combination irresistible.) I went through several rounds of tapping, holding the food item under my nose and soon got my craving down from 9 out of 10 down to 3 out of 10. Then I introduced a little humour (emotion) into my follow up statements: "This yummy yumbo peanut butter roll - it makes me feel sooo goood!" And it was suggested I take a bite to see how I felt. I didn't even feel like tasting it. On both occasions, I threw them straight in the bin. I didn't eat peanut butter for a number of months. A jar used to last about four days at my house. Then, when staying at a hotel, I thought I'd try a taste with my toast. I didn't even finish it. A similar experience was to be had with pizza. I now enjoy both items on occasions as anyone would – but the compulsive feeling never returned.

Sessions 3 and 4

Because the majority of participants had reduced their SUDS ratings to negligible numbers, session three and four focused on how EFT could be used for other sensations in everyday life. The rationale for this was the notion that the EFT technique has an impact on the amygdala in the brain, which is responsible for many intense emotional reactions, like stress. Participants throughout the trial also commented at this point that they had already been using the technique for strong emotions such as anger and frustration. A few participants commented that they had chosen to use EFT in their own time on their personal alcohol and marijuana addiction problems and reported positive results.

The final section of the trial focused on teaching participants how to use EFT for relapse prevention. This included positive and choice ("I choose") statements, originally pioneered by Patricia Carrington (2001).

The intention when using EFT with positive statements is to increase the intensity of the positive sensation/feeling and/or belief, which is the reverse of the goal when using EFT for problems. The rating initially given to the emotion was still lower than10, but participants were instructed to 'tap' to increase the sensation to a possible 10/10 or the maximum. For example, if the problem was of "fear of change," the initial feeling of fear was targeted to reduce it to a 0 out of 10 and then a round of the eight points were tapped on with positive phrases relating to the issue, with the goal of increasing the belief in these positive statements:

Eyebrow: I do want to change
Side of Eye: They can handle it
Under Eye: I could be safe embracing this change
Nose: I love realising my potential
Chin: I deserve ……
Collarbone: I appreciate all the abundance I have already
Under arm: I appreciate who I am
Head: I feel free to release this conflict once and for all

In a similar vein, positive choice statements or "I Choose" statements were discussed such as, "Even though a part of me is afraid to change, I deeply and completely accept all of me and I choose to succeed anyway." The "Choices" method was used to consolidate and make enduring the beneficial changes brought about by EFT.

MH: Since the trial I have worked successfully on a number of emotional issues with Peta (some going back 30 years) and never ceased to be amazed at how effective EFT can be. I think EFT works on everything.

Some Final Comments on Applying EFT to Food Cravings

Throughout the trial, EFT was consistently applied to issues that resulted from food cravings[; for example,]using it for body shape change and fat burning. EFT was successful in highlighting conscious and unconscious irrational beliefs participants held about these areas of their lives, and was strategic in targeting and eliminating the negative or distorted body images that reinforced participants' positive image of self. It was used to neutralise emotions related to memories from participants' past and issues in the present that had led and were still contributing to, overeating. EFT was also used to target future situations that might trigger a relapse.

More unusual situations were also discussed and targeted, such as possible benefits to staying overweight, as well as perceived costs to reaching a goal body weight or shape. When a participant lacked belief in achieving a weight loss goal, or power over food cravings, EFT was applied to increase the belief level on the participants subjective scale of 0 to 10.

This trial was successful in assisting participants to immediately reduce their cravings, and over time (six- and twelve-months) showed that the cravings did not return, nor did they indicate craving substitution for that food category. After one year participants indicated an average weight loss of 5.05 kilograms or 11.1 pounds, and the mean difference was statistically significant when compared to pre-treatment ($p<0.05$).

Specific recommendations for applying EFT to food cravings

Treating this problem successfully requires that we recognise that food cravings have a plethora of contributing behaviours and beliefs that both cause and maintain the cravings. Ensuring that all of these aspects are addressed and treated with EFT along with planning for potential relapse situations will improve outcomes and increase long-term success. Having the client practise EFT as much as is possible and helping them develop a practice regimen will ensure that clients generalise the use of EFT into their everyday life, thus increasing successful outcomes.

The practice regimen is very supportive of clients sharpening their awareness of the triggers associated with their craving. The idea of sharpening their awareness and senses seems attractive to many clients and is a helpful concept to encourage the establishment of the practice regimen. Such awareness allows the client different choices when confronted with their craving, such as immediately using EFT, rehearsing setup statements for later use or immediately distancing themselves from the triggers.

As practice progresses the client will often report noticing the onset of the craving, other feelings or thoughts, and their environmental circumstances at the time or closer to the time the craving arises. Many clients report this as a profoundly different and empowering experience to their previous habit of a single-minded pursuit of the craved item that is often followed by a growing sense of failure, guilt and shame after consuming the item.

Providing the client with techniques such as EFT for intercepting the feelings or thoughts before or during the escalation of the craving helps them to experience the craving as having less power over them and offers options for beneficial outcomes that are within their control.

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