

# The Role of Emotional Freedom Techniques (EFT) in Addressing Emotional Triggers for Enhanced Weight Management Outcomes

*Written by Michelle McCosker*



Weight management is frequently addressed by natural healthcare practitioners. Underlying issues such as emotional eating, food cravings and metabolic disorders are known to hinder results (Frayn et al., 2018) (Chu & Chu 2021). Aside from practitioner encouragement and patient willpower the right tools to address these problems are lacking. While dietary advice and lifestyle changes are foundational for sustainable weight loss, the psychological and emotional factors are often unaddressed in weight management, leaving the patient and practitioner feeling like a failure. For these cases, there is a discrepancy in relation to the effort and result. Emotional Freedom Techniques (EFT) may be the answer for natural therapists, to enhance client outcomes by tackling underlying emotional triggers that drive overeating, food cravings, and poor body image. Furthermore, the adverse childhood experiences (ACEs) study shows

stressors or traumatic events have psychological and physiological effects that extend into adulthood. Biological, psychological, and environmental factors provide a method to link ACEs with adult obesity however an ACE score of 4 or more increases the possibility of obesity and diabetes in adulthood (Chu & Chu 2021). Awareness of the ACEs study and the physiological effects that influence weight management enables practitioners to support their clients needs from a different perspective.

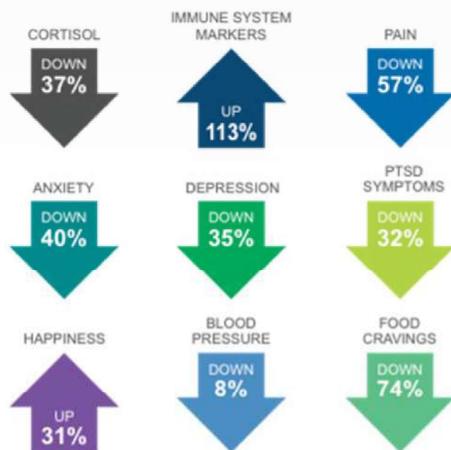
The heightened desire to consume a specific food (food craving) and weight management have been a research topic in the field of Emotional Freedom Techniques (EFT) for many years, delivering significant positive outcomes. Clinical EFT is the version that has been tested in clinical trials, while there are many hybrids, few have been thoroughly tested. EFT is a brief psychophysiological intervention



combining elements of exposure and cognitive therapy with somatic stimulation using a two-finger tapping process. EFT may be referred to as tapping or psychological acupuncture (without needles) (Stapelton 2019). Furthermore, EFT has been shown to reduce cortisol, increase immune system markers, including sIgA, reduce pain and PTSD symptoms (Bach et al., 2018).

The application of EFT in the highlighted research discussed in this article is Clinical EFT, it was meticulously replicated from study to study, using standardised protocols and the interventions were delivered by Accredited Clinical EFT practitioners (some were also psychologists). The method involves acupuncture points on the eyebrow, side of eye, under eye, under nose, chin, collarbone, under arm and top of the head. The treatment involved either direct exposure to problem foods or visual images of foods and thinking about eating those foods. Participants focused on a specific problem food craving and an emotion related to that. They were also asked to rate the craving giving a subjective unit of distress (SUD). A set-up statement was used and reminder phrases whilst tapping on the relevant acupuncture points. The set-up statement concentrates on the problem or difficulty, including the emotion and self-acceptance phrase at the end, all said aloud. Example: Even though I have a strong desire to eat this chocolate, I deeply and completely accept myself. The set-up statement is repeated three times whilst tapping on the side of hand point. Then working through the 8 tapping points, reminder phrases stating words the client has shared in relation to the issue

### Clinical EFT Improves Multiple Physiological Markers of Health



© Mind Heart Connect 2018. Bach, D., Groesbeck, G., Stapleton, P., Barton, S., Blickheuser, K., & Church, D. (2018). *Journal of Evidence Based Integrative Medicine*.

are stated aloud and include sensory, affective and cognitive words. Each acupressure point is tapped approximately 7 times. This is repeated until the SUD is a zero (Church & Marohn 2013). During initial rounds of tapping if additional information is shared, new set-up statements may be used. Example: Even though I feel so restricted when I'm not allowed to have chocolate, I choose to make healthy choices. Tapping on acupressure points has been found to be as efficacious as acupuncture (Cherkin et al., 2009).

Shaw et al's study (as cited in Stapleton et al., 2018) showed psychological and behaviour interventions produce an increased weight reduction in overweight or obese adults.

A negative relationship with food may be set up in adolescence and shaped by factors such as, negative emotions, parental modelling, social influence, access to healthy food and exposure to food advertising (Stapelton et al., 2016a). Ackard et al's study (as sighted in Stapelton et al. 2016) revealed that students had engaged in overeating in the past year with 17.30% girls and 7.8% boys from a sample of approximately 4700 participants and that unhealthy weight control behaviours had been used by 57% of girls and 33% of boys. Neumark-Sztainer et al's study (as sighted in Stapleton et al. 2016) discusses the aetiology of poor eating habits in youth involves easy access to hyperpalatable unhealthy foods, nutritionally deficient diets and eating to excess (Stapelton et al., 2016a) suggesting these issues form part of the problem for adults having weight management challenges.

A 2016 study of adolescents explored Emotional Freedom Techniques in the treatment of unhealthy eating behaviours and related psychological constructs. From pre to post intervention in the EFT group there was a significant decrease in consumption of unhealthy drinks ( $P=.015$ ) and unhealthy foods ( $P=.001$ ) and an increase in self-esteem ( $P<.001$ ) (Stapelton., 2016b).

In the areas of reducing food cravings, dietary restraint and individuals' responsiveness to food in the environment (power of food), similar efficacy was established between EFT and Cognitive Behavioural Therapy (CBT). Over 12 months, both treatments also produced significant decreases in depression and anxiety scores. A longer lasting effect was seen in the areas of dietary restraint, reduced food cravings, and individuals' responsiveness to food in

the environment (power of food) from EFT compared to CBT (Stapleton et al 2016b, Stapelton, Sheldon & Porter 2012)

An fMRI study investigated the neural changes in overweight adults with food cravings (Stapleton et al., 2018). The intervention for the treatment group was 2 hours of EFT per week over 4 weeks and no intervention for the control group. The areas activated in the brain by anticipation of food were analysed using fMRI scans. Participants were told to imagine they were eating the foods depicted in the images in front of them. There is currently no known single area that is the primary response to food. The superior temporal gyrus (associated with cognition) and lateral orbito-frontal cortex (associated with reward) showed significant activation in all the pre-intervention scans (Figure 1). A marked reduction in both these areas was noted in the post-intervention scans in the EFT group, whilst the control group continued to have activation in these areas (Figure 2) (Stapleton et al., 2018). Other studies including those using functional imaging, in the absence of hunger, demonstrate thinking about food and seeing food can stimulate limbic and paralimbic regions. Greater brain activation in these regions is noted in obese participants and when using high calorie images as opposed to lower calorie images. This study supports the benefit of incorporating EFT with weight management strategies through the reduction of neural activity after a total of 8 hours treatment (Stapleton et al., 2018).

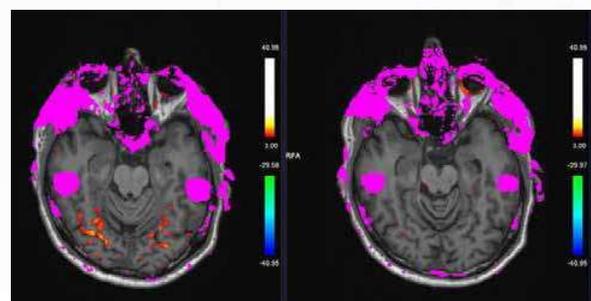


Figure1: Pre and Post fMRI for subject in EFT Treatment Condition

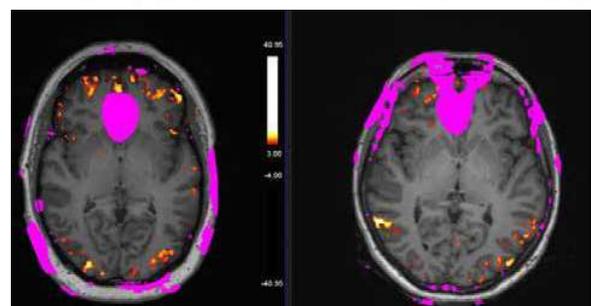


Figure 2: Control group example fMRI scan



Further research by (Stapleton et al., 2020) using online delivery of an 8-week EFT intervention evaluated subjective power of food, dietary restraint, food cravings, weight changes, and self-reported symptoms (e.g., somatic, anxious, and depressive). At the 2-year follow-up, improvements in somatic symptoms, depression, food cravings and perceived power of food endured. At the 12-month follow-up BMI, weight, anxiety and restraint capabilities, significant reductions were seen however, they remained unchanged at 2 years (Stapleton et al., 2020) An interesting point to note, is online delivery of this program achieved significantly reduced measures, like those of in person interventions, of pre to post intervention.

Linarden et al. and Castelnovo et al discuss (as cited in Stapleton et al., 2020) adherence to traditional behaviour treatments for the suggested 12 months in relation to long-term weight loss is poor, mostly due to expense and commitment. Dysfunctional eating practices come with underlying cognitive beliefs and the current method of treatment, CBT has limited compliance due to commitment and financial factors. This extends the advantage of the inclusion of EFT alongside weight loss approaches. Along with a relatively short timeframe of treatment to achieve a result and less financial commitment, this makes EFT an appealing option for both practitioner and clients.

All participants in a group delivered CBT and group delivered EFT controlled non-inferiority trial achieved weight loss, with the EFT group losing an average of 3.15 kg pre to post, 4.28 kg pre to 6- months, and 3.32 kg pre to 12-months (Stapleton et al., 2017). The CBT group initially lost 0.90 kg on average pre to post, 2.90 kg pre to 6- months, and 5.10 kg pre to 12-months. Additional measures of depression and anxiety scores decreased in the EFT group for pre-intervention to post-intervention and were maintained at 6- and 12-month follow-up. Even though the CBT produced lower anxiety scores at post-intervention this was not maintained at follow-up of 6 and 12 months (Stapleton et al., 2017).

Natural healthcare practitioners may hypothesise, the addition of EFT delivered as a one-hour session for 8 weeks in addition to their chosen method of weight management may improve patient outcomes in short- and long-term areas of weight loss, temptation, food cravings, the use of will power, feelings of deprivation, missing out, being out of control and the power of food. This same technique can be used to increase desire, which would be a significant benefit to natural healthcare providers for issues such as low water intake, supplement prescription compliance and motivation to exercise, however research in this area is not established.

# Michelle McCosker Biography

Michelle McCosker is a highly regarded Evidence-Based EFT (Emotional Freedom Techniques) trainer and mentor, driven by her passion for training and mentoring therapists and natural healthcare practitioners. After completing a Bachelor of Health Science in Naturopathy and working in private practice for 13 years, Michelle discovered EFT, which became the final piece of the puzzle, transforming her practice. Now, EFT is her sole treatment method, helping clients achieve optimal outcomes. She is an accredited Clinical EFT practitioner through EB EFT, specializing in physical issues such as chronic pain, fertility challenges, pregnancy concerns, and birth trauma, using EFT, Matrix Reimprinting, and Matrix Birth Reimprinting.

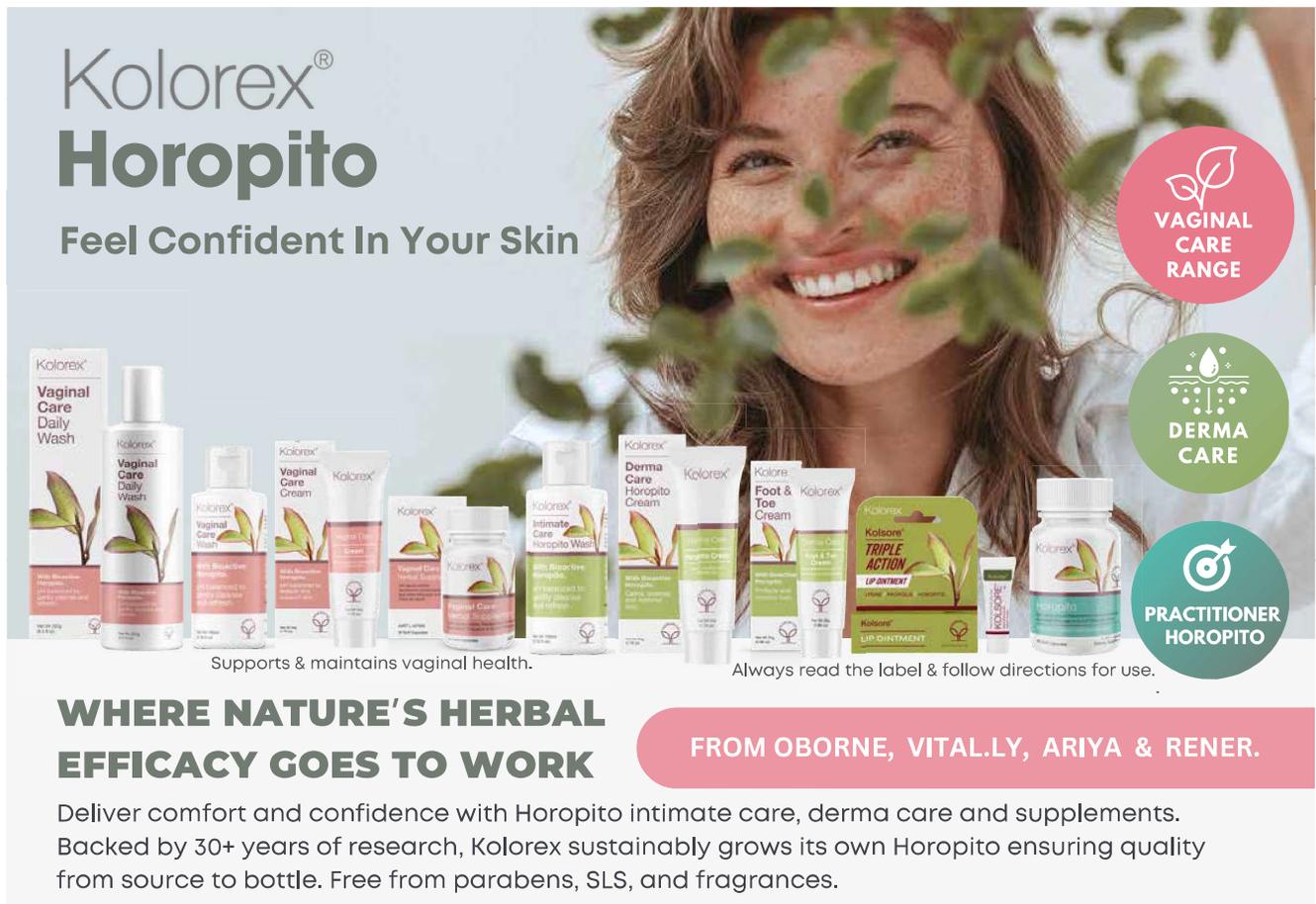
In addition to her private practice, Michelle leads psychoeducation and psychological interventions for clinical research trials involving cancer and chronic pain patients, led by Dr. Peta Stapleton at Bond University. She is also an international presenter, including her 2024 ACEP conference presentation, where she shared how EFT can help chronic pain sufferers overcome their challenges. Michelle's unique combination of expertise, passion for training and mentoring, and experience in coaching and lecturing makes her a true leader in the field.

For more information regarding Michelle, EFT and practitioner trainings go to:

<https://nurturehealthsolutions.com.au/events/>

## References

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