

**An exploration of the experiences of  
Emotional Freedom Techniques (EFT)  
practitioners**

by  
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## **Declaration**

This dissertation is an account of my own work undertaken as a student in the University of Northampton, Division of Psychology and it includes nothing which is the outcome of work done in collaboration. No part of this dissertation has been or is being submitted for any other degree, diploma or other qualification at this or any other University and specific acknowledgment is made in the text where I have availed myself of the work of others.

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**Dedication**

This dissertation is dedicated to Gary Craig, the founder of EFT; to Karl Dawson who trained me in EFT; and to the practitioners who gave me their time and the benefit of their experience. Thank you all.

**Acknowledgement**

I would like to thank everyone who has helped me on my transpersonal journey.

## **Abstract**

Emotional Freedom Techniques (EFT) is a relatively new based on stimulating acupoints on the body while talking about a distressing situation. This qualitative study used semi-structured interviews to look at the experiences of EFT practitioners. Thematic analysis was used to produce an insight of what it is like to be an EFT practitioner. The main findings are that EFT is a spiritual practice; the mind–body connection is very important in healing work; a practitioner’s way of being is important; EFT usually works. The area of experiences of EFT practitioners has not been studied in this way before; this study should provide a useful addition to the literature on EFT.

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# 1 Introduction

Human beings have always been interested in keeping their minds and bodies healthy and over the centuries many different practices have developed around the world such as Chinese traditional medicine which has been practised for over 2,500 years and embraces herbal medicine, t'ai chi and acupuncture; ayurvedic medicine has been in use for over 2000 years in India and South-east Asia. It is based on using herbs, diet, exercise and lifestyle to maintain a balance which leads to health. These practices continue to look after the health of millions of people in Asia. Another healing system is Reiki which was practised in Tibet thousands of years ago and rediscovered in Japan in the nineteenth century.

In the West, Hippocrates who was born around 460 BCE had a very powerful influence on Western medicine. He believed that the body should be treated as a whole, not as a collection of parts. He was a believer in the body's ability to heal itself given a good diet, rest, fresh air and cleanliness. He believed that healing and medicating served the same goal: balancing a person's temperament with external forces. He classified people into four temperaments: sanguine, choleric, phlegmatic and melancholic. These temperaments or humours governed a person's response to dealing with infection and disease as well as emotional reactions. Hippocrates was probably the first physician to believe that illness was caused by some natural action rather than being visited on people by the gods or spirits. He believed that physicians should do no harm to their patients and even today new doctors in the West take the Hippocratic Oath promising to do no harm.

The medical profession has advanced since then with evidence-based medicine, randomised controlled trials, a greater range of pharmaceuticals and ever more sophisticated diagnosis and treatment options. However, it sometimes seems that the emphasis is on relieving symptoms rather than concentrating on maintaining a healthy body and more and more people are looking to complementary practices to improve their health.

## **2 Literature review**

### **2.1 Introduction**

Complementary and alternative medicine (CAM) is becoming increasingly popular in the UK (Smallwood, 2005). Posadzki et al.'s (2013) review of surveys from 2000 to October 2011 found that, in methodologically sound studies, a one-year prevalence of CAM use of 26.3% and a life time prevalence of 44%. Spending around the turn of the millennium was estimated at £1.6 billion (Ernst & White, 2000).

The National Center of Complementary and Alternative Medicine (NCCAM) in the USA classifies practices that are used in addition to the biomedical model as complementary and those that are based on philosophies that are incongruent with biomedicine as alternative. The latter is used instead of biomedicine. Complementary therapies include herbs, mind and body practices such as acupuncture, progressive muscle relaxation, spinal manipulation, tai chi and yoga. It points out that true alternative practices are not common.

Energy psychology is based on the idea of energy flowing in the body which is incongruent with biomedicine so it should strictly be classed as alternative although practitioners regard it as a complementary therapy.

In spite of the popularity of CAM therapies, they are largely viewed with suspicion by the Western medical profession owing to the lack of experimental evidence that the scientific method requires, especially evidence from randomised clinical trials (RCTs). In spite of this, the NHS does support a limited number of complementary therapies such as the Alexander technique in Parkinson's disease and acupuncture for persistent low back pain (NHS Choices, n.d.). Further, the idea of the energy systems does not sit happily with the nature of Western medicine with its emphasis on biochemical reactions and the elimination of symptoms with pharmaceutical drugs. The worldview is so different.

## **2.2 Energy medicine**

Energy therapies have been used for thousands of years and in many cultures. The body comprises electrical, electromagnetic and subtle energies.

Eden and Feinstein (2008) consider that the body is a naturally healthy system. They say that there are at least nine different subtle energy systems in the body, the best known of which are the meridians, the chakras and the biofield, also called the aura. These energy systems are used in non-Western healing systems such as acupuncture and yoga. While Western techniques have not yet been able to measure or show the existence of these subtle energies, they argue that the effect of electromagnetism was known for centuries before it could be measured.

They believe that the body's energy systems such as the meridians, chakras and aura may contain all the energy types in varying combinations and some people have the ability to read the energy held in, say, a chakra. The atoms in the body contain electrons and protons that are electrically charged and everything our bodies involves some electrical activity.

## **2.3 Energy psychology**

A new discipline, energy psychology, was defined by Gallo (1999) as "the branch of psychology that studies the effects of energy systems on emotions and behaviour" (p. xi) and energy psychotherapy is involved with healing psychological problems via these bioenergy systems.

The Association for Comprehensive Energy Psychology (ACEP), formed in 1999 and now with over 1000 international members, broadens Gallo's definition:

Energy psychology (EP) is a family of integrative approaches to psychotherapy, coaching and healthcare treatment rooted in mind-body healing traditions that are up to 5,000 years old. EP methods blend the bio-energetic insights of these traditions with the best of contemporary psychological practice, and have been refined through 35 years of modern clinical experience with millions of clients throughout the world.

The meridians are associated with health and any disruptions in their energy are manifested as illness (Eden & Feinstein, 2008). According to Feinstein (2008), there are many different modalities based on energy including: Thought Field Therapy (TFT), Emotional Freedom Techniques (EFT), Eye Movement Desensitisation and Reprocessing (EMDR) and Tapas Acupressure Techniques (TAT®).

## **2.4 The development of energy psychology**

### **TFT**

In the early 1980s Roger Callahan, a psychotherapist, developed a meridian therapy called Thought Field Therapy (TFT) in which tapping on a patient's meridian points (acupressure points/acupoints) removed symptoms. He had been unsuccessfully treating a patient known as Mary for a long-standing water phobia. They were talking together near his swimming pool when he noticed that she was becoming upset by being near the water. She said, "I feel it in the pit of my stomach" (Callahan & Trubo, 2001, p. 8). Although he was not trained in acupuncture he had followed a course on applied kinesiology (muscle testing) and he knew that the stomach meridian ends under the eye. He asked her to tap under the eye while thinking about her fear. She did this and within a few minutes the phobia was gone. Callahan reports that she is free of the phobia after two decades (Callahan & Trubo, 2001, p. 10). This remarkable event encouraged Callahan to research and develop the therapy which involved a number of different disciplines including the body's energy system as understood in the East, meridian therapy, applied kinesiology and quantum mechanics.

Callahan says that, as everything is energy, thoughts are energy and everyone has their own thought field which includes negative emotions. He believes that a “perturbation” in a thought field contains “active information” (Callahan & Trubo, 2001, p. 25) that triggers negative emotions and this perturbation produces somatic effects associated with, say, anxiety. Further, he believes that TFT can collapse the perturbation almost instantly.

Callahan’s basic TFT technique relies on knowledge of the body’s meridians, the flow of energy along them and where the each meridian ends on the body. A patient thinks about a disturbing event while tapping on various acupoints on the body in a particular order. Different tapping sequences called algorithms are used for each particular condition as well as a strange routine called the gamut series which is derived from neurolinguistic programming (NLP).

## **EFT**

Gary Craig became a student of Callahan’s and he found that the complicated algorithms were not necessary. He called his simplified system Emotional Freedom Techniques (EFT) and spent about 15 years promoting its use by giving details of the technique free of charge to anyone who wanted to use it. He also wrote a manual on EFT (Craig, 1997) and produced many training DVDs. Much of his work, which he now calls ‘The Gold Standard for EFT’, is available on [www.emofree.com](http://www.emofree.com).

Craig’s method is to help a client to identify a pain or emotionally painful event and ask what their level of distress is from 0 (no distress) to 10 (unbearable). This is known as the SUD (subjective unit of distress) level and the aim of tapping is to reduce it as far as possible, ideally to 0. Craig maintains that “the cause of all negative emotions is a disruption in the body’s energy system” (Feinstein et al., 2005, p. 19).

Figure 1 shows the various tapping points on the body.

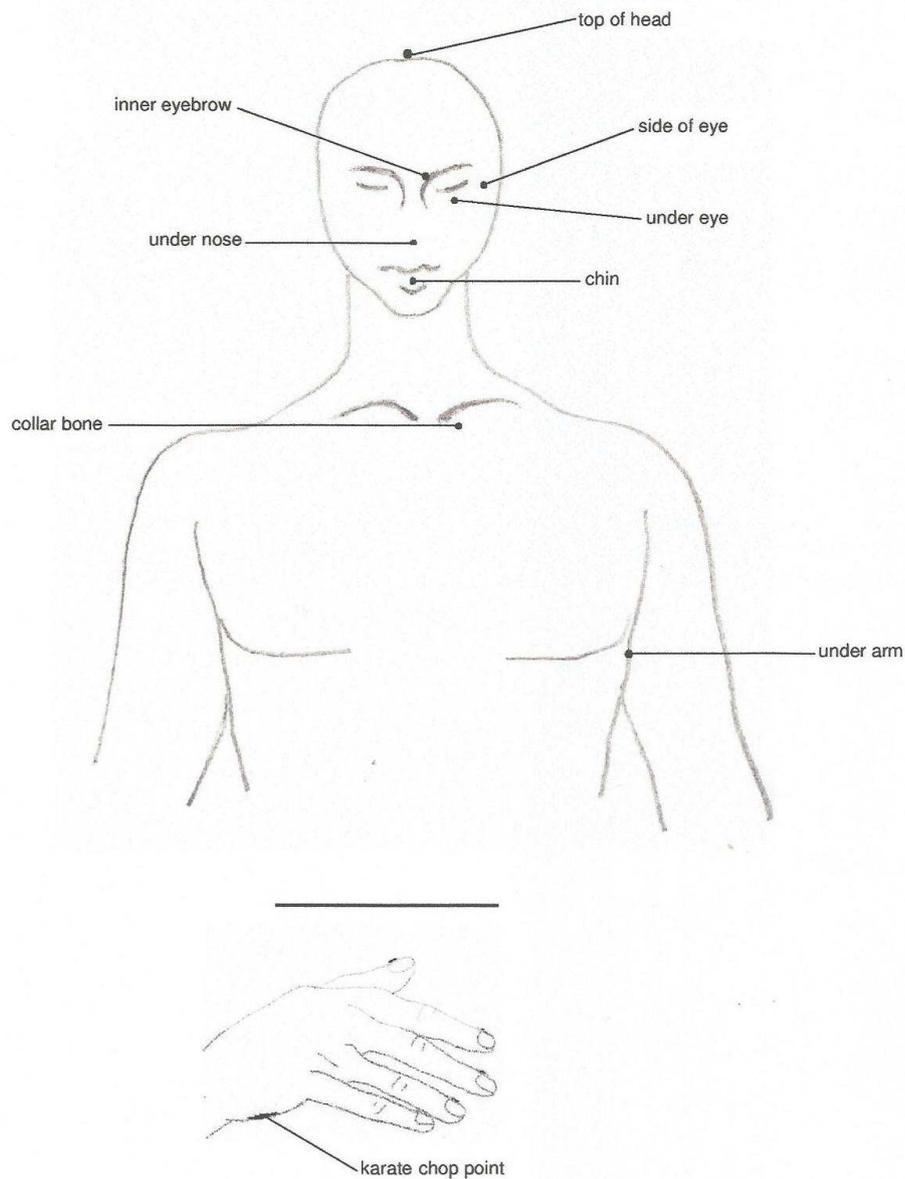


Figure 1 The acupoints used in EFT

In order to remove any psychological reversal (Craig likens this to a battery being inserted the wrong way) a set-up statement is developed and repeated three times while tapping on the fleshy side of the hand (the karate chop point). It is important to choose a memory that is emotionally charged and one that is as specific as possible. A therapist needs considerable skill and rapport to guide a client towards a specific painful memory and capture it in a set-up statement that resonates well with the client. It does not matter if there is no psychological reversal; the tapping will not introduce any; it is there to eliminate it, an insurance policy. The practitioner then asks the client to give a SUD (subjective level of distress) level to the distress felt.

The practitioner asks the client to repeat a set-up statement three times while the client taps on the karate point of their hand. This is followed by tapping lightly seven or eight times on the acupressure points on the head/body are while repeating a shortened form of the set-up statement or something relevant to how the client feels.

An example of a set-up statement might be: 'Even though I am terrified of flying in an aeroplane, I deeply and completely love and accept myself', and the short phrase could be 'fear of flying', 'claustrophobic'. After one round of tapping, the client is asked what the SUD level is. It may be lower or the tapping may have brought up other issues (aspects) which can then be tapped on. Tapping is continued to decrease the SUD level, ideally to 0.

If a problem or aspects prove recalcitrant there is a further tapping sequence that can be used while tapping on the hand. It is known as 'The 9 Gamut Procedure'

EFT is very easy to learn and many of the acupoints can be tapped unobtrusively. As Gary Craig says: 'Try it on everything!'

## 2.5 How does EFT work?

Energy psychology therapies that use cognitive, exposure and acupoint simulation include TFT, EFT and TAT. What they have in common is the exposure to the unwanted problem or experience which produces the anxiety, a statement of acceptance and a reframing statement, tapping on the body's acupoints to bring about relaxation and a subjective estimate of the distress level of the problem/experience. The last named element allows the client to see any change in their state.

Tapping on the meridian points is thought to calm the amygdala, part of the primitive brain. Our primitive ancestors had a fight/flight (FF) or a fight/flight/freeze (FFF) reaction when faced with an enemy or a predator. Today we face different threats but the old reaction remains and when we are stressed by something the FF response is activated and puts us in reactive mode where logical and rational thought is impossible. In EFT a person thinks about the stimulus that has caused pain or trauma; this creates hyperarousal. Tapping or rubbing or holding the acupoints sends signals to the amygdala and other areas of the brain that result in the hyperarousal being reduced.

Church and Feinstein (2013) suggest that EP's power (especially in PTSD) involves exposure to the trauma while stimulating the acupoints. Some evidence is given by Church et al. (2012b) quoted in Church & Feinstein (2013): the levels of cortisol, a stress hormone, in saliva was measured pre- and post-treatment in three groups: one had no treatment, one had an hour's psychotherapy plus an interview, and one had EFT. The EFT group showed a significantly reduced cortisol level. This correlated significantly with a reduction in anxiety and depression.

Feinstein (2012b) reports that research using fMRI and PET scans at Harvard Medical School has shown that when selected acupoints are stimulated using the needling technique, there is deactivation in the amygdala and other parts of the limbic system. He suggests that when in EP generally undesirable emotions are brought to mind this exposure increases arousal, while tapping on the acupoints decreases arousal. He also describes another process involving brain waves. Repeated tapping on acupoints increases the amplitude of delta waves in parts of the brain involved in memories of fear, detected by EEG. According to Harper (2012) several minutes of tapping produces amplified delta waves and these are believed to depotentiate the memories of fear. So, "sending *deactivating signals* to the amygdala and generating *delta waves* that disrupt activated memory memories" (p. 61) may be how the therapeutic effect is produced.

Lane (2009) reports that research shows that acupuncture regulates the stress hormone cortisol, increases the production of neurotransmitters, such as gamma-butyric acid and serotonin, and endogenous opioids. He further reports that Cherkin et al. (2009) have shown that acupressure produces the same results as acupoint needling.

At the moment there is no one theory that explains how EFT works. Church (2013b) says that EFT draws from many existing psychological theories and he lists 30 of them in Table 1 (pp. 60–61). This heritage gives EFT a solid base to deal with any stress-related problems, but any theory of how EFT works would need to explain all these aspects.

## 2.6 Research on complementary therapy and EFT

Complementary therapies are very wide ranging: from medicinal plants to acupuncture to energy modalities such as Reiki. The literature covers general studies on complementary medicine; for example on what patients expect from complementary therapy (Richardson, 2004; Bishop et al., 2008); making sense of illness (Cartwright & Torr, 2005), spiritual aspects (Foster, 2006), and the use of CAM by the general public (Harris et al., 2012) and medical personnel (Frass et al., 2012).

Other studies consider a particular modality to treat a specific condition, for example using CAM to manage rheumatic diseases (Macfarlane et al., 2012); using acupuncture for osteoarthritis of the knee (Vas et al., 2004). There are a number of studies that focus on using complementary therapies to live with a condition; for example, menopausal symptoms (Williamson et al., 2002; Goto et al., 2014); using CAM when living with breast disease (Balneaves et al., 1999; Chandwani et al., 2014); when living with asthma (Shaw et al., 2006). There are studies of groups of people with a common experience; for example, people with diabetes and cardiovascular disease (Canaway et al., 2014). Other studies report on the efficacy of complementary therapies, for example reflexology compared with aromatherapy (Dyer et al., 2013).

Another group of studies is on how groups of professional people use complementary therapies to help them deal with the stresses of their work; for example, midwives and nurses (Cuneo et al., 2011; Hall et al. 2012).

Other studies on energy healing (as EFT may be regarded as such) include, for example, the benefits of Reiki to a nurse or Reiki practitioner (Whelan & Wishnia, 2003); nurses' uses of Reiki for caring for themselves (Vitale, 2009); the effects of spiritual healing for women with breast cancer (Barlow et al., 2013).

Further restricting the search to EFT produces a number of studies, mainly on the efficacy of EFT in areas such as psychological health outcome studies; physiological studies; and performance improvement studies.

Psychological health outcome studies include studies on anxiety, depression, PTSD and phobias.

There are many studies are concerned with reducing test anxiety in students (Benor, et al, 2009; Sezgin & Özcan, 2009; Jain & Rubino, 2012).

As an example, Benor et al. (2009) found that in a small study (15 participants) on test anxiety students using EFT had the same benefits in fewer sessions than students using CBT; and the students who used EFT were able to use their self-treatment skills in other areas of their lives.

While many studies report a reduction in anxiety, distress and depression, it is worth noting that many of them cover a number of different mental health issues (Andrade & Feinstein, 2004; Church & Brooks, 2010; Church et al, 2012a; Kalla & Khalil, 2014; Temple & Chapel Allerton, 2011; Waite & Holder, 2003).

In a study of 5,000 patients with an anxiety disorder, Andrade and Feinstein (2004) found that of the group who had tapping therapy 90% had improved (in a control group that had CBT/medication, 63% improved) and at a one-year follow-up the students who had EFT were less likely to have a (partial) relapse. In a related pilot study, the length of time of treatment for energy therapy and associated methods was just 20% of the CBT/medication group (Andrade & Feinstein, 2004).

Post traumatic stress disorders (PTSD) have been studied extensively (Feinstein, 2010; Karatzias et al, 2011; Stone et al., 2009).

Karatzias et al. (2011) compared eye movement desensitisation and reprocessing (EMDR) and EFT in the treatment of PTSD in Scotland. Forty-six participants who satisfied the DSM-IV criteria for PTSD were randomly assigned to each procedure. The EFT session were based on the movie technique in which the participant relives the traumatic experience as if it were a movie and stops when it becomes distressing. EFT is used to reduce the distress. This process continues until the whole film can be viewed without distress. A number of participants dropped out before the procedures and before the 3-month follow up; 11 EMDR and 12 EFT participants were finally assessed. Both groups showed significant therapeutic gains and EMDR produced slightly better results than EFT.

There are many studies of phobias (Wells et al., 2003; Baker & Siegel, 2010; Salas et al., 2011). Wells et al. (2003) studied fear of small animals such as rats, mice spiders and roaches in 35 participants assigned randomly to an EFT group and to a diaphragmatic breathing (DB). Participants were tested to see how close to the creature they were prepared to get and they were asked for a SUD level. The EFT and DB participants were individually given a brief explanation of the intervention and then had a treatment session. The participants were tested before and immediately after the intervention, and after 6–9 months if available. The authors report that the results largely show that EFT does reduce fear of small animals but accept that there were some methodological shortcomings to the study.

Baker and Siegel (2010) did a partial replication of the Wells et al. (2003) study involving a group that involved a 45-minute EFT session, a supportive interview group, and a no-treatment group. The EFT group showed a reduction in fear on most measures while the control groups did not. The effects persisted at the follow-up session 1.4 years later. They postulated that EFT “brings about a novel and rapid form of desensitization or counterconditioning”.

The efficacy of EFT on physical conditions has been studied, for example fibromyalgia (Brattberg, 2008); psoriasis (Hodge & Jurgens, 2011); seizure disorders (Swingle, 2010) tension headaches (Bougea et al., 2013); brain injury (Craig et al., 2009); pain (Church & Brooks, 2010; Rowe, 2011; Salas et al., 2011).

Brattberg (2008) took a group of 86 women who had fibromyalgia and randomly assigned them to a treatment or a wait-list group. The treatment group had eight self-administered EFT sessions over the internet. The treatment group showed an improvement in anxiety, pain and depression which was statistically significant, in spite of a drop-out rate of almost 40%.

Using EFT for weight control has also been studied (Stapleton et al., 2010; Stapleton et al., 2011).

Stapleton et al. (2011) carried out a randomised clinical trial on 96 overweight or obese people. Forty-nine people were asked to keep a diary on food and drink consumed and whether they had craved the food for 2 weeks before the treatment and during the treatment. The treatment was delivered in groups of 15 and comprised four 2-hour sessions of standard EFT procedure, general education on EFT, food cravings and feelings toward food. The control group was 47 people who were placed on a 4-week waiting list (WL) and given EFT treatment after the wait. The degree of craving and various psychological symptoms were measured immediately before and after treatment and six months after the end of treatment.

For the EFT treatment group food cravings and psychological distress were reduced and measures of the power of food and craving restraint were improved between pre- and post-testing compared with the WL group. At the six-month test, when the two groups had been amalgamated and some participants lost, 46 people remained in the trial. The improvements in food cravings, the power of food measure and reduction in psychological distress were maintained. However there was no significant difference in weight loss or body

mass index (BMI). The measure of total restraint was not significant immediately after treatment but was significant after six months.

In a follow-up study Stapleton et al. (2010) looked at 43 participants from the 2010 study (23 from the original EFT group and 20 from the WL group) and found that there were significant differences between the pre-treatment, post-treatment and 12-month follow-up in weight loss, BMI, food craving, power of food and psychological distress. Although the sample was small, it seems that EFT can help to control food cravings and help with weight management.

Performance improvement studies include sports and professional performance. Studies on the fear of public speaking and presentation situations have been carried out (Boath, 2012; Jones et al., 2011). Other studies have investigated the use of EFT to improve athletic performance (Church, 2009; Church & Downs, 2012; Jain & Rubino, 2012; Llewellyn-Edwards & Llewellyn-Edwards, 2012).

Unfortunately many of these studies suffer from small sample size, lack of controls and other methodological faults. Feinstein (2008) reviewed the hierarchy of available evidence for EP, especially EFT, TFT and TAT, that ranged from anecdotes, observational studies, case studies through to RCTs and he concluded that while most of the evidence was from anecdotes and non-peer-reviewed studies only two RCTs met the APA Division 12's criteria and could be regarded as a "probably efficacious treatment".

Feinstein (2012a) conducted a review of research on acupoint stimulation (current up to April 2012) and, from over 3,000 studies in the literature search, 51 met his criteria and of these 18 were fully RCTs. From this study he considers that the use of EFT for PTSD, depression and public speaking anxiety meet the APA's criteria for "probably efficacious treatment" and phobias and test-taking anxiety for "well established treatment". Feinstein considers that research on acupoint stimulation is still at an early stage and, interestingly, three-quarters of the studies he reviewed were published in the four years after his previous review (Feinstein, 2008).

Boath et al. (2012) conducted a narrative review of 14 RCTs and they drew attention to a number of methodological flaws in them such as who funded the study, the level of experience of those who gave the EFT treatment, the clarity of instructions, and the different variations of EFT that were used. They emphasised the need for good quality research.

Church (2013a) has proposed that a definition of EFT is needed because there are now so many variations on Craig's original EFT that it is very difficult to compare studies rigorously. He suggests using the term 'Clinical EFT' which he defines as "the 'evidence-based' method that has been validated in research studies that meet APA standards". Many of the studies on efficacy have been methodologically flawed.

While most of the EFT studies referred to above are concerned with its efficacy; many also have some qualitative aspects in them but this seems incidental to the main purpose of the studies. These studies are interesting but do not give a flavour of what it is like to be a practitioner.

There are very few academic qualitative studies on practitioners who use EFT. Nicotra (2009) looks at the practitioner's point of view and describes the experiences of social workers using TFT or EFT

In order to inform fellow social workers about tapping so that they could use it if they wanted to, Nicotra conducted semi-structured interviews with 12 clinical social workers to find out their experience of using TFT and EFT. She performed a thematic analysis which identified themes of effectiveness; tapping working for anxiety, trauma and phobias; tapping working for physical pain; tapping being effective when applied to specific emotional reactions; and when tapping does not work. These themes relate largely to the efficacy of

TFT and EFT rather than on the participants' experiences. The level of training in EFT/TFT that the social workers had received was not clear; they might not have received specific training.

There are several other papers that have some connection with the practitioner's experience. Williams et al. (2010) describe a small study of five participants who underwent a healing session with one of the authors who has been a healer for some years. Sessions were recorded on CCTV and semi-structured interviews were carried out on the most memorable parts of the session. Although it was described as energy healing and specifically focused on EFT/TFT, I did not recognise much of what I know about EFT sessions. It seemed to have been adapted considerably by the healer and led in a way that is not usual in EFT. To me it did not throw any light on what it is like to be an EFT practitioner.

Breitner (2011) investigated treatments using EFT by observation and interviews. She aimed to find out what an EFT treatment was like; subsidiary questions involved the experiences of clients and practitioners. One of her conclusions is that EFT does not belong to the "realm of symbolic healing" (p. 59). She tentatively suggests that EFT is unlike other types of healing and may be used in cross-cultural situations.

Another study was conducted by McKinney (2011) to generate a theory that explains walk and talk therapy. Walk and talk therapy is a combination of physical activity, nature and therapy. She conducted semi-structured interviews with 11 walk and talk therapists and developed her theory. Although walk and talk is a different therapy, McKinney researched actual therapists' views on the process; however I am not aiming to develop any theory.

Popowitz (2014) has conducted a small survey on the experiences of five therapists using somatic interventions, including EMDR and tapping, with traumatised children. She conducted semi-structured interviews and identified three major themes: safety, embodiment and engagement; these themes related to the way the children faced their experiences. She commented that only two of the five therapists were qualified in the five somatic therapies described; it is not clear which were the most commonly used ones nor how many of the therapists actually used tapping. This study concentrated on a very specific group of people who need therapy. Interestingly, she found that the somatic interventions benefitted the therapists as well as the children.

## **2.7 Opposition to EFT and CAM**

EFT and other energy psychology techniques do not sit comfortably beside Western medicine with its reductionist focus on alleviating symptoms with medication or surgery. Medical science does not believe in the existence of subtle energy because it cannot currently be measured.

There is always resistance to new theories that do not fit within the established paradigm. I think the opposition energy psychology is suffering is because traditional scientists refuse to accept that the body has an energy that cannot be seen and measured and the actual modalities cannot be evaluated and tested in a traditional scientific way. Posadzki et al. (2013) note that there are many problems with CAM surveys and the reliability is somewhat suspect.

Most objections to EFT relate to the methodologies used. Feinstein's 2008 review on the available evidence for the efficacy of energy psychology was criticised by McCaslin (2009) and Pignotti & Thyer (2009) largely on grounds of methodology and also by excluding some studies. Feinstein (2009) replied and refuted most of the criticisms.

Thomason (2010) in Table 1 lists psychotherapies that are "unsupported, ineffective and/or potentially harmful", according to various authors. EFT, TFT and energy psychology appear several times but no details are given about why the treatments are ineffective or

harmful. A number of articles attempt to disprove or ridicule complementary therapy or psychotherapists generally. Gaudiano et al. (2012) carried out an online survey of licensed psychotherapists who use energy meridian techniques (EMTs) to explore their attitudes and practices. One of their findings was that “EMT therapists also had lower scores on a test of critical thinking”. Was their intention to discredit EMT therapists by suggesting that their critical faculties were impaired? His findings were challenged by Leskowitz et al. (2012). Bakker (2013) is dismissive of what he calls the “energy psychology movement” and criticises efficacy studies as weak methodologically. He considers any effects are placebo or nonspecific (whatever that means) ones. Online publications like the Skeptical Inquirer (for example, Gaudiano & Herbert, 2000) and websites such as [www.quackwatch.org](http://www.quackwatch.org) (for example, Barrett, n.d.) are dismissive and warn against these unconventional treatments.

I couldn't find any research that showed that EP and EFT were harmful in themselves. Mollon (2013) talks about client safety but what he says is applicable to any professional working in mental health. All EFT practitioners need to be aware of their own skill levels and ensure that they do not go where they are not sufficiently skilled to go. All EFT material emphasises that EFT is a complementary therapy which does not replace professional medical advice and one's medical practitioner should always be consulted.

## **2.8 Aim of this qualitative study on the experiences of EFT practitioners**

I am interested in this field because I am an EFT practitioner and was trained by Karl Dawson, one of the world's 29 EFT Masters. I want what I believe is the wonderful healing power of EFT to be more widely appreciated and available. There is much anecdotal evidence that EFT works for a variety of conditions, such as phobias, pain, anxiety, trauma, hay fever and addictions, but there is little academic research on EFT. I want to do research to find out the experiences of other, more experienced, EFT practitioners so that I can improve my own practice. I am also interested in how practitioners perceive the therapeutic relationship between themselves and their clients.

In my experience, it is very important to create good rapport with clients so that they will reveal exactly what thoughts and emotions the tapping process brings up. The sharing of emotions enables the practitioner to hone the set-up statement so that it resonates with what the client is feeling and I feel that this step is central to a successful outcome.

There has been little qualitative research on EFT and none to my knowledge that explores what actual EFT practitioners feel about being part of an EFT session. My study will give these practitioners an opportunity to describe their experiences of being an EFT practitioner. This exploration will enable me to answer the research question ‘What is it like to be an EFT practitioner?’.

As the exploration is about actual experiences, a qualitative study is appropriate which will allow a rich description of their worlds. This area is little researched and will add to the wider academic body of knowledge of EFT and may help other practitioners to improve their practice.

### 3 Methodology

This investigation aims to explore the experiences of Emotional Freedom Techniques (EFT) practitioners in their day-to-day work with clients. To my knowledge very little research has been done on this topic. As I am interested in experiences and the meanings practitioners attribute to their experiences, a qualitative study is appropriate. It will be an experiential qualitative study as I take a critical realism position on the ontological spectrum: only part of reality can ever be known (Braun & Clarke, 2013, p. 26) and having a number of accounts of experiences will enable a more rounded view of reality to be seen. Thematic analysis, interpretive phenomenological analysis (IPA) and grounded theory rely on the critical realist position (Braun & Clarke, 2013).

Grounded theory aims to develop a theory from observations or answers to questions. Themes are developed from the data collected and ultimately a theory is developed which fits the data (Strauss & Corbin, 1998). As the area of EFT practitioners' experiences has not been investigated before, I am not in a position to develop a theory. IPA seeks to make sense of participants' lives; in my investigation only part of the participants' lives is being investigated, their work, and I do not think this is significant enough to produce an interesting analysis. I have an open mind to what will be discovered in the study so thematic analysis, particularly experiential thematic analysis as described by Braun and Clarke (2013, p. 175) seems appropriate. It is a flexible approach and the results it produces should be widely accessible.

The research question 'What is it like to be an EFT practitioner?' is a typical qualitative one. The experiences may throw some light on more specific questions such as 'What skills does an EFT practitioner need?', 'What personal qualities help an EFT practitioner to work more effectively?' and 'How might I improve my practice as a result of hearing about the experiences of others?' The actual felt experiences of the practitioners are being explored and their words are important. Braun and Clarke (2013) say that qualitative research "uses words as **data**" (p. 3) and words describing experiences are what this study is about. I wanted to honour the experiences of all my participants. As an EFT practitioner myself I need to be aware of my subjectivity and bias. I believe EFT is a wonderful technique that can help people to overcome suffering and lead happier lives and I admire the EFT practitioners I know. I need to try to bracket off my own assumptions so that I can be as unbiased as possible. I made a list of my own assumptions and biases, as I am aware of them, and looked at it often to remind myself.

#### 3.1 Design of study

Having decided that a qualitative approach is best for this exploration, the next choice was which method to use for collecting the data. Options include interviews, focus groups, and textual material generated by surveys, diaries and story completion activities. I was keen to have direct personal contact with the practitioners so that I could get a feeling for what kinds of people they are. Hence I rejected textual materials because they would provide written data that to me would lack genuine human warmth.

I did not think I would be able to arrange a focus group as my contact with other practitioners is worldwide rather than local. I briefly considered using a conference call as a means of holding a focus group, but decided that it would be very difficult to moderate.

Conducting an interview seemed to be the best way to explore the experiences of EFT practitioners. A structured interview seemed to be too rigid because I was open to hearing things I had not thought about or experienced myself. A semi structured interview allows scope for practitioners to describe their experience in as much detail as they want while being asked a standard set of questions means that they cover common ground. The format also allows the practitioners to add anything I had not thought of asking. I was interested in how they had found EFT, in how they established rapport and built up a relationship with clients, how much of their success was due to the technique and how much to their skill and

what they experienced in sessions. I followed the advice given by Braun and Clarke (2013, Chapter 4). I was interested in what they say about virtual interviews as I planned to conduct my interviews using Skype. For me, the great advantage was being able to contact participants anywhere in the world.

## **3.2 Procedure**

### **Data collection**

I prepared a set of interview questions partly based on questions that Nicotra (2009) and McKinney (2011) had asked. The questions covered all the topics I was interested in and included one where they could talk about anything else they thought relevant. I was careful to use open questions and ensure that none of them were leading questions.

I discussed the questions with my supervisor and then trialled them with a therapist friend and altered their order a bit to improve the flow so that practitioners could talk about themselves first and then talk freely about good and bad experiences before the more specific questions were asked. The final interview schedule is in Appendix 1.

### **Finding participants**

I asked the owner/administrator of several website forums and Facebook groups that attract EFT practitioners for permission to advertise for people to help with my research. When I had been given permission, I advertised and invited people to email me to express interest. (The email conversations are in Appendices 6 and 7.) The actual procedure for selecting participants is described in Section 3.3.

The interviews were conducted using Skype (many practitioners use Skype for their work so this was not unusual). Bertrand and Bourdeau (2010) discuss the advantages of conducting interviews in this way. Skype allowed me to speak to participants at a convenient time wherever they were in the world at no cost. The conversations were recorded using a recording program called Pamela. Unfortunately I could not video practitioners but this is not uncommon when talking to clients.

### **Preparing written data**

The interviews were listened to again and then transcribed verbatim to a Word document and checked against the recording. Once a transcript had been prepared, it was sent to the participant so that he or she could check it for accuracy, amendments, deletions, clarifications, and so on. When transcripts were returned, any corrections were made to the document and any personal information in the hard copy was redacted rather than anonymised. This was because I thought it was unlikely that I would be using any extracts that contained personal information because there was very little identifiable personal information in the transcripts. However, I later amended the Word documents to remove personal names that could identify a participant.

## **3.3 Participants**

Sampling was opportunist with an element of purposive – that is, the participants had to fulfil basic criteria which were: over 18, trained or certified as an EFT practitioner and practising for at least one year. An advertisement was placed on various EFT networks such as the AAMET website and Karl Dawson's Facebook pages inviting interest in participating in the research. An information pack including a consent form was emailed to people who expressed an interest. The first 12 who met the criteria were accepted; I contacted them by email and sent them an interview pack, which included the interview schedule and the consent form, and I asked them to suggest a suitable time for an interview. Some people did not reply so more practitioners were accepted from the backup list and the same procedure followed. I had originally decided to select 12 practitioners to ensure I had at least ten interviews to analyse (allowing for one or two to drop out) as recommended by Braun and Clarke (2013, p. 50). However, the first ten practitioners, who had returned consent forms,

seemed keen so I stopped recruiting, knowing that I had other people willing to take part if any dropped out. Once I had ten interviews and once the date for withdrawing from the study had passed, I thanked the volunteers I had not interviewed.

Table 1 shows basic information about each participant (pseudonyms are used).

**Table 1** Demographic information

<b>Name</b>	<b>Gender</b>	<b>Age</b>	<b>Qualifications</b>	<b>Other modalities</b>	<b>Years doing EFT</b>	<b>Country of residence</b>
Anna	Female	70	Advanced EFT Practitioner	Matrix Reimprinting Reiki Master	11	USA
Barbara	Female	52	Advanced EFT Practitioner Advanced EFT Trainer AMT Master	Hypnotherapy Reiki Body Code Matrix Reimprinting	10	USA
David	Male	29	EFT levels 1 and 2	EMDR	5	Spain
Eleanor	Female	55	EFT Master EFT Trainer	Hypnotherapy NLP Human Givens TAT	13	England
Harvey	Male	55	Advanced EFT Practitioner EFT Trainer	Hypnotherapy NLP	11	Australia
James	Male	59	Advanced EFT Practitioner EFT Trainer	Reiki	10	England
Laura	Female	49	Advanced EFT Practitioner EFT Trainer EFT Trainer of Trainers	Matrix Reimprinting	11	USA
Rachel	Female	53	Advanced EFT Practitioner EFT Trainer	Matrix Reimprinting Matrix Birth Reimprinting Emotrance	3	England
Sheila	Female	58	Advanced EFT Practitioner EFT Trainer	Reflexologist, Reiki Master	9	England
Zoe	Female	51	Advanced EFT Practitioner	Matrix Reimprinting Matrix Birth Reimprinting Massage, Cranial Sacral, Visualisation Meditation Bodywork	2	South Africa

Interviews ranged from just under 31 minutes to almost 56 minutes; the average length was just over 39 minutes.

Most participants were complementary therapists before they discovered EFT and two had used EFT to clear long-standing issues of their own and then decided to use it professionally. Of those who were not complementary therapists, one had followed a spiritual path; another had had a spiritual awakening; yet another had a series of coincidences that led her to EFT.

### **3.4 Ethical issues**

BPS Code of Ethics and Conduct (BPS, 2009) which covers the areas of respect, competence, responsibility and integrity was followed throughout as well as BPS Code of Human Research Ethics (BPS, 2010). It is important to treat all with respect and to treat what has occurred in the interview confidentially. I redacted any personal information in the hard copy transcript, deleted personal names and references to places in the Word document and amended the transcripts if the participant requested changes.

Before the research started, I applied for and received ethical approval from the University of Northampton's Psychology Department's Ethical Committee. I produced an information pack which contained information about taking part, withdrawing, confidentiality and how no personal details that could identify them would be included in the final report. An informed consent form was also included in the pack.

The selected participants agreed to the interviews being recorded and transcripts made. I allocated pseudonyms to all the participants even though two were happy for me to use their real names. The actual names and the pseudonyms were recorded on an Excel spreadsheet that was password protected. Only pseudonyms were used from this point on.

The recordings and the transcripts were stored securely in my home. I was careful to remove all the recordings from my computer once I had finished using them although a copy was kept in a locked safe. The consent forms, the transcripts and the recordings will be destroyed once the MSc degree has been awarded.

### **3.5 Analytic approach**

As this study was an exploration I was interested in the varied experiences of the practitioners so a thematic analysis (TA) as described by Braun and Clarke (2013) seemed a good way to investigate common themes experienced by the practitioners. Thematic analysis has a number of strengths: it is very flexible, quick and easy to learn and its results are accessible to a general audience. Of course it has drawbacks as well: it is not theoretically based, it does not allow for much interpretation and it does not show the contradictions and continuity in any one account (Braun & Clarke, 2013). In spite of the drawbacks I think it is the most suitable method of analysis for my study and of the four varieties of thematic analysis identified by Braun and Clarke (2013, p. 175), Experiential TA seems most relevant to my study. The idea of the codes and themes coming out of the data is appealing. As the analysis is a qualitative one, my own experiences, bias and filters are necessarily involved.

#### **Methods of analysis**

The recordings were listened to several times so that I became familiar with what each practitioner had said. I then transcribed the interviews verbatim.

All the transcripts were read and reread so that I became familiar with the content and potential coding terms could be identified.

Each transcript was coded in discrete chunks using the coding terms and phrases that had been identified in the previous step. The transcripts were read independently and sequentially.

The different codes were then grouped into potential themes. Some were classified as subthemes and others as main themes. This stage was iterative: looking at the transcripts, possibly recoding them and regrouping themes. I allowed time for the ideas to incubate. At one point when I was struggling to identify the main themes, I followed Anderson and Braud's (2011) three visual gifts exercise (pp. 205–7). The gifts were a blue angel, gold dust and a green heart and gave me my first provisional themes: spirituality, the practitioner, the work, respectively. This helped me to think about the themes in a slightly different way. Eventually, the themes and subthemes stabilised and seemed to make sense. The themes were provisionally named and a map and a table of the themes produced.

The themes were defined and more imaginative names given to them. Some time was devoted to reading the practitioners' actual words again and seeing how they made sense of their experiences and what their assumptions were, always remembering that I was looking at their experiences through my own filters and in the light of my own experiences.

Parts of the transcripts were selected as representatives of the stories being told. By selecting some parts of the transcripts other parts were omitted. I decided that there was little point in reporting on success stories per se because numerous anecdotes and case studies exist in books and on websites, except where a story illustrated a point I was making. I kept Braun and Clarke's image of "patchwork quilting" (2013, p. 35) in mind because I wanted to showcase the practitioners' voices.

Once I had written around the themes that I had identified, I looked again at the literature with a slightly different eye, one which had been opened as a result of my analysis. This enabled me to discuss my findings and relate them to the literature as far as possible.

### **Validity**

The major concerns about validity are the production of the data, the identification of themes, and the inferences drawn. Anderson and Braud (2011) suggest that qualitative studies may be judged using "investigator validation" and "participant validation" (p. 290). For this study participant validation was important. To this end, I sent the participants a copy of the recording of their interview and the transcript so that they could verify the accuracy of the transcripts well as adding, correcting or clarifying what they had said. This was similar to what Flick (2014) suggested: a meeting after the interview for the "communication validation".

When I had identified the themes and subthemes, I sent the participants brief summaries and invited them to comment on them. Those who commented were very supportive and said that the themes resonated with them; this greatly encouraged me.

### **Reflexivity**

I wonder whether participants were encouraged to give a biased account either consciously or unconsciously. As I am an EFT practitioner my part in this has to be considered because I cannot be objective. I wanted to like the way they were. I wanted to share their love for EFT and for their clients.

No theoretical assumptions or expectations were discussed with participants before the interviews; they were encouraged to speak freely. The interpretation of the questions was entirely up to the participants. In this way I have tried to engage actively with the participants as Yardley (2007) suggests. If a participant had difficulty understanding a question I sometimes attempted to explain as in the case of the therapeutic relationship; this may have caused bias.

As the practitioners knew I am an EFT practitioner myself, in the area of weight control, we were able to speak without having to worry about using technical terms. There was an understanding that we were on the whole speaking the same language.

I have tried to describe my background where it is relevant to this study, to provide examples of my themes and I hope my report will resonate with readers (Elliott et al., 1999).

All practitioners struggled to think of times when EFT did not work and there was some consensus on why this might be: clients did not want to change because they gained some benefit from having the condition, such as getting disability benefit or getting attention. (I recently had a client who seemed very invested in her issues although she said she wanted to get rid of them. The evidence was very different.) Alternatively, they might be having a session to please someone, such as a partner wanting them to give up smoking, or they had a dismissive attitude to EFT. Barbara said it was “operator error” when it did not work.

In the early days of EFT, people thought that practitioners received benefits from all the tapping they did, they ‘borrowed benefits’ from their clients. I held this belief before I started this research. Most practitioners now believe that it would be wrong to use a client session in that way; usually they are far too busy concentrating on doing their work with the client. However several said that they had received benefits but this was a bonus.

Practitioners did not seem to understand the term ‘therapeutic relationship’ which is used in psychotherapy and counselling. I had expected that they would value their relationship with clients. They do care about their clients but they more saw their task as providing a safe haven for clients to talk about their problems.

### **3.6 Reflections on the process**

For each interview I had a copy of the interview schedule in front of me and ticked off each question as I asked it. The interviews took different directions and I sometimes felt that the interviewee had answered my next question in an earlier answer so it did not seem appropriate to ask it because it might have made the interviewee feel that I was not listening. Some interviews went in a direction of their own and in spite of having the questions in front of me I did not always ask all my questions. However I feel that there were enough shared areas to provide material for analysis.

I felt that I was mainly listening to interviewees’ answers rather than having conversations, which is how Kvale (1996) regards interviews. I was interested in hearing about other practitioners’ experiences rather than expounding my own views but if I had engaged in a more balanced conversation I might have got richer material.

Transcribing the material proved very challenging. I listened to a few words and then typed out what I had heard. When I checked back with the recording I found I had often paraphrased their words so I had a lot of correcting to do. However this meant I became more familiar with what had been said.

When the transcripts were as accurate as I could make them I coded the ideas in them. There was a fair amount of going over the material so that there was some consistency in the codes. I then wrote out all the coding terms in each interview, a total of about 500, and attempted to group them into provisional themes. Initially I came up with just under 20 themes, some of which were very similar and were amalgamated. Others were discarded because they were too limited. After a lot of iteration of this process I determined a basic thematic map which seemed to work. This did change to some extent when I started writing about the themes. It was a very organic and iterative process.

## 4 Findings

My thematic analysis revealed three main themes and each of these had three or four subthemes. They are shown in Table 2.

**Table 2** Themes and subthemes

Theme	Subtheme
Photoshop for humans	In the beginning
	The powerhouse
	Mind–body connection
Creating another world	Connection
	Safety
	Qualities
There are no words	I’m only human
	Life’s purpose
	In the flow
	Transformation

### 4.1 Photoshop for humans

The essence of this theme is how EFT can bring magical change to people’s lives. Zoe explains:

The thing that I love about EFT is that it combines mind and body work OK so by tapping on the actual meridian points and by stimulating that energy system there’s already aspects for shift and then there’s the mind stuff so it’s the words that we use, the phrases how about looking at this from a different perspective that engages the mind, so it’s such a perfect marriage of mind–body healing. (Zoe, p. 9, ll. 7–12)

#### In the beginning

This subtheme is concerned with how our beliefs are formed and often buried in our subconscious/unconscious and lost to us.

According to practitioners, beliefs are formed early in life as a result of early experiences; even unthinking words can affect a small child who does not question what has been said. These beliefs and experiences can affect us throughout our lives. It is possible for the beliefs of a 3- or 4-year-old to be running part of someone’s life. Barbara illustrates this when she tells how she traced a case of agoraphobia back to the belief of a 3-year-old girl who wouldn’t share her new doll:

... she said ‘I might die’ [if she left the house] ... I said ‘What bad thing will happen when you die?’ ... she realised that she was going to go to hell because she’s been taught in Sunday school that she must share to be Godlike and ... so when she gets to the gates of heaven no matter how much how hard she tries she is going to

forget something and ... so if she dies, she is so afraid of dying because then she'll go to the gates of heaven and realise she forgot to do something Godlike and we tapped with that ... And after the session she wanted to drive home, ... it took one session ... and no more ... agoraphobia, in one session. (Barbara, p. 5, ll. 2, 4–5, 17–26)

Practitioners have seen people who live with low self-esteem and who have had disturbing experiences such as being bullied and suffering other forms of abuse early in life. Practitioners also deal with clients who have suffered traumatic events or unpleasant experiences recently or some years ago. The beliefs laid down in early childhood at a time when we are not able to think about them critically and may adversely affect the way people live. This may have very serious consequences as Laura explains:

... making the connection between early childhood traumas and addiction rates and ... all kinds of heart disease and cancer rates and all that I think the connection is made pretty strongly that so many things start in childhood and if there if we don't resolve those things back there, then we're just going to keep repeating patterns throughout our lives ... from 0 to 6 that's when all of the belief systems are formed. (Laura, p. 4, ll. 10–16)

Many difficult experiences may be linked together because there is a tendency to repeat the same types of experience unless the cycle is broken. Sheila explains that in one case she decided to “systematically work through her [client's] trauma history and unpick all the really heavy stuff underpinning everything” (Sheila, p. 3, ll. 4–5). This led to uncovering a long-held belief:

... we finally uncovered a strong belief of hers that she has to work really hard at everything to get anything in her life at all. She does it the hard way. Once we started to explore that, it goes all the way back to her childhood (Sheila, p. 6, ll. 8–10).

Many physical conditions are caused by traumatic events or low self-worth and EFT is often able to remove the effects. Anna says:

... when people have been traumatised and you know most people walk around thinking that they are unworthy. Well where does that come from? So we get you know we go all the way back to the beginning and clear our underlying belief. Then that's no longer a thought that is releasing those chemicals causing all the problems in the body. (Anna, p. 11, ll. 7–10)

Practitioners accept that people have experiences that date back to early years and it is helpful to know about them. Harvey gets “people to complete a fairly detailed intake form that has details of particularly of childhood experiences” (Harvey, p. 6, ll. 16–17) while James has “a theory that as you go back further and further the more important things are. ... So something that happened at one year old is going to be eight times as important [as something that happened at eight years old]” (James, p. 11, ll. 6–11).

James likes to find out his clients' past experiences: “what is the trauma history, and ... any surgery the client has done, any major trauma that they've had in their lives; quite often those all relate to what the real issue is” (James, p. 12, ll. 16–18).

Knowing about these past experiences is very helpful when practitioners are trying to work out what may be causing a client's problems.

## The powerhouse

The Unconscious is not unconscious. It is only the Conscious that is unconscious of what the Unconscious is conscious of. (Francis Jeffrey, 1773–1850)

This subtheme deals with what the practitioners think about clients' stored memories and how they can be accessed using tapping.

According to practitioners, tapping on the acupoints has at least two effects: the mechanical effect that calms the amygdala and something else that allows thoughts, emotions and memories to be released from the subconscious. The mechanical part is straightforward and can get results. Harvey says "I think EFT is a very simple and effective tool and for simple problems a 12-year-old child could apply EFT and most of the time get success" (p. 5, ll. 20–21).

Eleanor goes further and says "tapping with a robot will get somewhere, tapping on your own will get somewhere, tapping with another person will get further, tapping with another person with whom you feel rapport and connection will get even further" (Eleanor, p. 5, ll. 4–7).

Once the body is calmer, a person can look at a situation and work out why it made the person upset. Barbara explains:

... tapping on the meridians calms you, it balances you ... but what it also does is by calming and balancing you, the big scary monster under the bed isn't so scary ... as soon as you are able to look at it you can handle it. ... So what happens is because tapping on the meridians regulate[s] your emotional reaction to whatever it is you can then look at it. (Barbara, p. 8, ll. 2–12)

Rachel agrees that once a person is calmer and harmful chemicals have been modulated, they are able to look at the situation in a rational and logical way:

Those are the [acupressure] points that we use for EFT. They do have a physically calming effect, they do release some of those hormones that are rattling around and that allows you to look at a situation that normally would put your body into fight and flight and allows you to negotiate with yourself and with the situation so long as you are continuing to control the physiological responses. So it does that. (Rachel, p. 12, ll. 5–9)

As well as calming the body and allowing a client to look at the situation without the fear, once tapping is combined with asking questions something else happens. According to Barbara "it opens up the energy" (p. 5, l. 6). Eleanor looks at it slightly differently: "we want to give back the person the exact words, it's exact words that tune in the energy patterns of their subjective experience" (p. 7, ll. 4–6). Zoe says: "I reflect their words back to them all the time so that's reaching into their subconscious using their words" (p. 4, ll. 13–14).

Tapping not only calms the body it seems to have an effect on the emotions and the subconscious is somehow seems to release memories from the subconscious. Eleanor says tapping allows "memories and suchlike ... emerge into consciousness" (p. 5, ll. 3–4) and she elaborates:

... you'll start tapping anyway and then suddenly there is an insight, there is a memory, there is something that emerges into awareness that emerges because the space is safe because the connection between the two of you and the recently held calm of moment creates the safety that allows that to emerge. Stuff won't emerge unless it's safe to do so. (Eleanor, p. 6, ll. 19–23)

David believes that there is a point in life when a person chooses to have a particular belief and getting in touch with the belief and testing it or clearing it can bring relief. He explains:

... to get to the root cause of it you start to understand that to have any experiences you first have to have a belief about something and this belief – you obviously have this belief otherwise you wouldn't be having this experience. And this belief usually a negative belief of course we're talking about so then it's about getting to that point in your life where you decided, chose to believe this negative belief so then the whole work is to bring or to help or to guide the person to get in contact with that moment in their life and many situations actually are from generations. (David, p. 3, ll. 11–16)

He comments further that “we are actually diving into the subconscious and looking for where the point where it started” (David, p. 3, ll. 17–18). In his view “the therapist is a guide, he's guiding you through your subconscious to get to all these, to get to the issue really to get to the cause of your situation” (David, p. 4, ll. 5–6).

Barbara has a different view: “the subconscious is a wonderful thing; if this pops up it has to be related” (Barbara, p. 5, ll. 11–12). She believes that a client's subconscious/unconscious will go to whatever needs to be tackled next, once tapping has worked its magic:

... the energy will open the subconscious. People are amazing, people are amazing, the subconscious is amazing it will tell you where to go and what to do if you just stay out of its way. I'm talking about your client's subconscious and your client themselves. If you just allow them they will tell you where to go. (Barbara, p. 10, ll. 13–17)

James has a similar belief and a technique to sneak up on a client's subconscious/unconscious mind:

... whilst their mind is superbly tuned into this issue and thinking about events I say to them ‘OK think of anything that happened, anything in your life, good, bad, indifferent, nothing to do with this pain in your knee, just tell me the first memory you can think of’ and whatever they come up with will be related to the problem. (James, p. 7, ll. 3–7)

He says that even a guess will be revealing because “the event is made up by the same mind that holds the information about whatever the real trauma was” (James, p. 8, ll. 4–6).

Harvey had an experience of accessing the subconscious/unconscious from an unexpected angle:

I said ‘What I want you to do is just close your eyes and imagine in the other room it's another time and space and there's a little girl there about six years old and what might she be wearing?’ And she started to say ‘A cheesecloth dress’ and then her face crumpled, she began to cry and she said ‘There's blood everywhere’.  
(Harvey, p. 6, l. 22 – p. 7, ll. 1–3)

This released a memory that Harvey was able to work on and clear with about 20 minutes of tapping. It was something that had had a profound effect on his client who had been having therapy for some years.

## Body–mind connection

This theme is concerned with the connection between the mind and body which all the practitioners believe in. The body and the mind/emotions are intimately connected and practitioners agree that it is essential to access the emotions to heal the body or the mind whether by using a modality such as EFT or by changing the way you think. In cases where practitioners said that EFT had not worked an inability to access emotions was sometimes the reason.

Laura tells how tapping allowed her to deal with an emotional issue that had caused an ‘incurable’ autoimmune disease:

I had been trying to heal myself of an autoimmune condition for 12 years and it was deemed incurable by Western allopathic medicine ... it was almost like the emotions of that event were still energetically trapped in my body so when I came across Gary’s manual I thought ‘Oh my God, this is it’ and I worked on myself night and day for three weeks and was able to resolve it. (Laura, p. 1, ll. 4–5 and ll. 9–12)

David uses a meta-medicine dictionary to uncover “what certain psychosomatic things seem to be behind a person’s physical condition” (David, p. 5, ll. 6–7). He tells how he treated a man who had a bad pain in his ribs. David consulted his dictionary and found that ribs are connected to relationships. It turned out that the man’s relationship with his father was not good so David helped him to tap on the relationship and after about an hour the pain had disappeared.

Practitioners believe that the mind, the body and the emotions are closely linked:

... it’s very difficult to separate the physical and emotional; it’s impossible to me to separate both out. ... someone will come in with a physical issue and it always goes to the emotional or they’ll come in with emotional things to resolve ... and ... there will be some signs of it physically ... so it’s almost like you can’t split the two. (Laura, p. 3, ll. 6–8, 10–11)

Sheila agrees and elaborates on her belief in the connection between the emotions and the physical body:

[EFT] works best for conditions that have strong emotional component but in my experience you can work with the physical stuff equally as well because it always has a strong emotional content and most doctors now will admit that a lot of disease states come from being permanently stressed which is an emotional state so if you come back to somebody being chronically stressed to varying degrees if you work with their stress symptoms and whatever’s making them stressed then by default the body has to respond and it usually does. (Sheila, p. 5, ll. 11–17)

Her belief is that “everything that manifests in the body, the minutest symptom up to the really huge stuff is all as a result of what’s going on with the person’s mind and emotional state” (Sheila, p. 11, ll. 13–15). She illustrates this with a story about when she was doing reflexology and working with the kidney reflexes:

I said ‘And what emotions are you feeling right now?’ and she said ‘I’m so angry’. So she began to talk about the anger and offload it and the pain went away and the reflex calmed down, so the body listens. The body doesn’t make mistakes. If something is manifesting at the physical level, there is something going on at the mental and emotional level as well. (Sheila, p. 11, ll. 20–21, p. 12, l. 3–4)

Thoughts in the mind create emotions which affect the physical body by producing hormones, as Anna explains:

... the whole idea of chemicals being released by the brain when we think of something, it's so obvious when we when we think either loving thoughts or more fear-based thoughts, something happens in our physical being right you can feel it, you feel a contraction or an opening. Well what is that? That's a release of chemicals in the brain and so if we change, you know this is a cliché but if we change our thoughts we change our lives and so when people have been traumatised and you know most people walk around thinking that they are unworthy well where does that come from so we get you know we go all the way back to the beginning and clear our underlying belief. Then that's no longer a thought that is releasing those chemicals causing all the problems in the body (Anna, p. 11, ll. 8–10).

Laura says that reducing the stress response in the body produces an effect “that is enough to give the body a chance to heal itself and rejuvenate itself which we're designed to do all the time” (Laura, p. 3, ll. 18–20). And Barbara believes “the body knows its own healing” (p. 9, l. 14). She uses another modality, the Body Code, as a map to help her see what the relationship between something going on in the mind and the body might be.

James finds that a physical complaint is often a good way into being able to relieve distress both by showing that the EFT process works and that body and mind are connected:

... so the physical way in is quite often a good way in, so a lot of clients I will work with both the physical and the emotional but ... most people I would say come to me with emotional problems rather than physical problems, although we will work on both during the actual session. (James, p. 5, ll. 20–22 to p. 6, ll. 1–2)

Anna sums up the connection: “[EFT] marries the mind and the body; it doesn't deny that integration ... I mean you can't separate them” (Anna, p. 11, ll. 14–15).

## **4.2 Creating another world**

This theme is about how practitioners need to create a world away from their clients' usual world; a world where the client feels safe and cherished otherwise they will not feel able to share their distress. Most practitioners emphasised that a session is the client's time, not theirs and it was up to them to provide an atmosphere that is conducive to the client sharing their problems and so be open to getting help.

### **Connection**

This subtheme is about how practitioners create a connection with clients by building rapport and trust. They mentioned techniques such as matching a client's pace, mirroring their body language, and tapping with a client which can be thought of as mirroring and therefore building rapport. Listening deeply according to Zoe means that clients “feel heard, they feel that they are being acknowledged and understood” (p. 4, ll. 15–16).

While Harvey thinks listening is important, he says that being compassionate and non-judgemental facilitate connecting:

If you don't listen you don't have rapport. The client won't trust you enough to let you into the deeper issues that are at the cause of most problems. ... I think probably the most important thing about getting rapport is personally to be in a genuine state of compassion for the client so it's important as a practitioner to be totally non-judgemental no matter what the client has done or who they are or where they're coming from and I find being in a state of compassion for the client facilitates rapport probably better than any technique that you can do. (Harvey, p. 4, ll. 6–15)

Laura's approach is to "work very slowly to establish a deeper rapport with people especially when working on something so delicate as sex" (p. 7, ll. 1–3). She says: "I think that when working with someone else, if you do not feel safe, ... if you don't feel rapport or connection with a person I think it makes it hard" (p. 6, ll. 13–15).

David was perhaps the most down to earth when he said:

I mean obviously everything has to flow but you don't have to have a great relationship with your client; you just have to connect on a certain level ... does it work? ... [be] on the same wavelength ... I can connect and feel into that person. (David, p. 12, ll. 3–5, 7, 9)

## **Safety**

This subtheme deals with how practitioners create a safe space for clients. Safety is the second level of Maslow's hierarchy of needs (Maslow, 1943, 1973), above physiological ones such as food, water and air, so it is obviously very important that clients are kept safe. Creating a connection will help clients to feel safe. If they do not feel safe, they will not be able to tell the practitioner about the deeper aspects of their problems. They need a calm and unhurried atmosphere: almost a sacred space.

Practitioners had a variety of views on how to provide this safety. Zoe explains how she goes beyond building trust with clients by helping them to find a safe place that they can go to and comments on how important it is: "if I can't create a safe space here in my room then I don't think that I can do the work as well as it can be [done]" (p. 4, ll. 3–4).

She talks of her personal qualities and draws extensively on her previous experience with other complementary therapies:

I think intuitively and naturally I am that kind of person which really, really helps and people tend to trust me and the I work with supporting them from the very beginning to connecting in their body with a safe space. I do visualisations, and once that space is, we anchor that and then I know where that safe place is for that client. So I can see that they're wobbling, I can actually then remind them to go to that space. (Zoe, p. 4, ll. 6–10)

Eleanor believes that the practitioner's and the client's systems impinge on each other and this helps to create safety:

... in holding the presence of the room, allowing such that you can stay centred, grounded and calm whatever arises in that so two systems ... will resonate with each other so that when you are calm you are creating the safety for the other person. (Eleanor, p. 6, ll. 9–12)

She emphasises that "because the space is safe, because the connection between the two of you and the recently held calm of moment creates the safety that allows that to emerge. Stuff won't emerge unless it's safe to do so" (p. 6, ll. 21–23).

Eleanor has a ritual that helps her to get into her ideal state:

[it] settles me and grounds me and centres me and then it is just being and when you are settled and centred in yourself you're able to hold the space, you're enabled to allow them to be however emotional or not they are in that space without them pulling you off your centre. It's in the sense they can be the raging river you can stand on the bank ... but I think at lot of it just comes from a human being and having a natural kindness and natural curiosity. (Eleanor, p. 5, ll. 20–27)

Rachel, when talking about being on a training course, notes: “their subconscious kind of knows that they’re entering a safe place for offloading stuff that they’ve been keeping packed down” (p. 4, ll. 18–20). This reinforces the idea that clients will only reveal sensitive information when they feel safe.

Several practitioners think that starting wherever the client is at is the way to foster a sense of safety. It may be with something apparently small, but this is not for the practitioner to judge. For Laura:

... my approach’s to is to really meet people where they’re at even if you just start on you know a broken fingernail last week. It’s a way for them to get to know the process and if they’re more comfortable with you and you and you build a lot of rapport that way. (Laura, p. 7, ll.15–18)

Sheila believes in the importance of meeting the clients where they are:

It’s very important; you’ve got to meet the client exactly where they are whether they’re coming in with a terrible life situation and working with a bereavement, you’ve got to meet them exactly where they are and validate what they are feeling which is absolutely true for them. (Sheila, p. 6, ll. 1–4)

Adopting this approach will make the client feel understood and valued and will “gradually allow access to the deeper levels” (Sheila, p. 8, l. 11) because the client will have built up more trust in the practitioner and thus feel safe to explore their feelings further.

Clients may think in a way that is different from how the practitioner expects them to be thinking. Barbara realises that the practitioner cannot know exactly how the client is thinking and how it is important to accept that what the client says is right for them:

No matter what they [the clients] say they’re right; whether they’re right or not is not important. If they say it’s raining out, it’s raining out whether it’s raining out or not and people feel that so that they can say anything and you don’t judge ever because there’s a reason why they think like that. (Barbara, p. 11, ll. 8–11)

Being non-judgemental is another way to make a client feel safe; no one would want to share a difficult life experience if they knew the listener was going to pass judgement on them or belittle their experience. Zoe elaborates: “if they’re feeling that I’m judging them then they’re not going to feel safe and they’re not going to be able to be, to drop down into that honesty of what they’re really, really feeling” (p. 6, ll. 12–14).

Harvey respects the client by not going into a place they do not want to go. He illustrates his care for his client:

I said this to her ‘Could there be an issue like this?’ and she said yes there was but she’d dealt with it. I explained to her again – this is having rapport and compassion for the client and I wasn’t going to push her there – but I said ‘Look with the results and experiences that you’re getting, it looks like that event might not have been fully dealt with, would it be okay if we test that?’ and she said yes that was okay. (Harvey, p. 6, 17–21)

## Qualities

This theme considers the personal qualities of a practitioner. The way the practitioner *is* in a session is very important. Qualities that practitioners mentioned often were open, non-judgemental, allowing, not in the way, a channel, kind and curious, grounded, holding the space, intuitive, paying attention, being in the moment, and presence as well as being able to hold the space. Anna attributes her openness and presence to the work she has done on herself:

I've done an awful lot of work on myself and I think there's a quality of openness and presence and just being with the people where they are and hearing, listening to them and acknowledging what they're saying and then just, I think, you know I think I've had clients who've come and we've done some tapping but they keep coming just to have someone to listen to them. (Anna, p. 5, ll. 10–15)

Zoe has had a similar experience with clients valuing her being able to hold the space for them:

... all I've done is tapped on them and they've walked out of there saying that was the most powerful thing I've ever had, thank you. I really believe that tapping, EFT on its own really holds that space and I've and I guess that's also because I believe it so much that I allow it. (Zoe, p. 6, ll. 17–20)

The quality of presence is very important as Anna explains:

Well it's really about being in the moment, you know whatever's happening right now is where your attention is where my attention is, not being, you know, not regretting the past and not worrying about the future but just being in this moment is what we've come to call presence. ... I don't know how else to describe presence other than just being fully available without any agenda you know without anything else clouding your attention, my attention. (Anna, p. 6, ll. 8–16)

Laura expresses being present in very practical terms and explains the benefits that can accrue. She says being present is:

not thinking about what's happening next, you're not thinking about what you are going to do for dinner, you're not thinking about the things that are going on in your own life, you're just fully in the moment and you're more open and receptive to nonlocal intuitive information when you're completely present in the moment. (Laura, p. 8, ll. 8–13)

Eleanor says that it is important “to be comfortable with ambiguity ... with not knowing ... what's going to emerge” (p. 9, ll. 3–5) and to be able to accept this uncertainty. This means that there is no planned agenda for a session; the practitioner has to be ready to accept whatever the client wants to talk about and go, or not go, where the client decides. This must, at times, demand considerable restraint on the practitioner's part.

Barbara sees herself as a facilitator, keeping her client safe, “paying attention to them” (p. 14, l. 8) and as a “mirror ... with no judgement” (p. 14, l. 14). She comments:

So if with EFT there are layers of learning that can help you be a better facilitator because that's all we're doing we're facilitating, we're sort of walking beside somebody and helping them move forward ... to be the best EFT practitioner we have to walk absolutely beside the person so that when we get to a fork in the road neither of us really knows which way to go but we're both standing beside each other so it's safe and so you don't know if you're going to go right or left until you get there because every person is different. (Barbara, p. 9, ll. 15–23)

Eleanor also sees herself walking “alongside the person” (p. 3, l. 20) and as “a kind and curious mirror giving back the power, reflecting back with the tapping the person’s subjective experience” (p. 7, ll. 7–9). This shows how the practitioners have their clients’ best interests in the forefront of their mind.

Laura aspires to hold the potential for healing just as “a shaman’s role is that of holding space so that miraculous healing can happen” (Laura, p. 12, ll. 19–20).

All the practitioners hold their clients in high regard. They respect them for having the courage to carry on and they feel privileged to be able to serve them. They keep them safe by not taking them anywhere they do not want to go. They love and honour them for what they have gone through, and they have the humility to realise that could be sitting in the client’s chair.

### 4.3 There are no words

There is no one if you knew their whole story that you could not love. (Author unknown)

This theme is about how the work makes practitioners think about spiritual matters. Doing the work often brings a deep connection with clients. All the practitioners have a well-developed sense of compassion and spirituality. For one person, it came about after a long period of searching, for another it was a spiritual awakening, for another it seemed that a change in her way of life was forced on her. For the others it seemed to have developed as they got on with their lives.

Each practitioner had a slightly different view of their experiences. Zoe talks about totally accepting her clients as they are and finding that it is sometimes ineffable:

I work from my heart and if I believe with every part of my body that whoever is sitting in my room is perfect exactly as they are, and completely lovable, acceptable, acknowledged and just the most divine being that they are that then creates a bigger kind of um ... er sort of like there isn’t the language for I sometimes I feel like I need to learn Martian um [laughs] it’s creating er an energetic space that starts from my heart space that whatever they say is totally acceptable. I am not going to judge them on any level and creating a space where they can be themselves so that they can meet themselves with honesty and integrity and authenticity. (Zoe, p. 6, ll. 1–8)

Sheila feels this as something bigger than herself which produces a very deep connection with others and a sense of oneness:

... it also seems to me that there’s something beyond that going on, this oneness thing going on, there is a deeper connection going on and in that connection we are all one, so therefore anything that a client is experiencing is part mine as well and if I can heal it for me I can heal it for them and vice versa. (Sheila, p. 13, l. 8– p.14, l.1)

Anna believes “there is no separation ... I could be sitting where they’re sitting” (Anna, p. 9, ll. 10–11). This resonates with what Sheila has said.

Laura expresses love and gratitude for her clients and appreciates what they offer her:

... although I like to say that I fall in love with all my clients. I love them because you know they point out things. I think that on some level we attract everyone into our reality for a reason and I really learn so much from my clients. I love them all. (Laura, p. 11, ll. 3–6)

It is not surprising that having such deep thoughts and feelings creates humility and the realisation that some personal growth work is in order.

## **I'm only human**

This subtheme deals with the important idea that it is necessary for practitioners to keep working on themselves both to improve their skills and to grow. This leads to self-actualisation which is the highest level in Maslow's hierarchy of needs.

Anna recognises that she needs to 'get out of the way' to enable the work to happen:

... one of the things that I really love about this work, about EFT ... is that ... there's a wisdom ... that comes through when we get out of the way and what I mean by that is that I'm more a vehicle for this work. (Anna, p. 7, ll. 5–7)

She is very specific about how she has worked on herself: "a lot of the work on myself has come from spiritual practices, meditation and mindfulness meditation is one thing; there is a practice that's really influenced my life called loving-kindness" (p. 6, ll. 2–4) and she shows that she has made great progress in getting herself out of the way when she says that she is a vehicle for the work.

Practitioners are clear that they face challenges when a client's issue triggers them and that they need to keep working on themselves to reduce these reactions. This leads to starting to heal oneself. Barbara works on herself by tapping "along with DVDs, this is why I tap along with YouTube, this is why I tap along with frigging everything" (p. 15, ll. 3–4). Sometimes she is surprised in a session because a client has a similar issue to work on:

... you're essentially vibrating at the same level they are because you have the same problem. ... So by working with somebody who has the same problem that you have, by working with somebody who has the same problem that you have, you're able to help yourself because you're not you, don't have any of your own filters, you're helping them and there's no judgement. And poof you have your solution because you helped somebody else. (Barbara, p. 16, ll. 14–15, 19–22)

Laura also believes that it is important to work on clearing whatever is distracting her and keeping her from being truly present with the client:

I think it really is important for the therapist to work on themselves and not be triggered and be completely present and that the brilliance of EFT too is that you can you can do that, you can do that inner work and see what it is that's, that's triggering you and go back and work on it. (Laura, p. 6, ll. 15–18)

Rachel realises that this work is never ending: "you have to work on yourself daily and constantly ... That's permanent you know. Never ever see a therapist that says they've finished working on themselves" (p. 9, ll. 3–4). She knows: "I take on the energies of the person I'm working with so my issue is more with downtime after a session than before" (p. 9, ll. 6–7), so one of her challenges is to take care of herself and make sure she rebalances herself after a session:

You can start to mirror and duplicate some of the issues just briefly after a session, so I do need downtime then. I do a lot of earthing and grounding and personal work to release and let go and if you talk to me then I'm very much a mile a minute and not particularly focused. Scattered energies. (Rachel, p. 15, ll. 3–6)

Zoe works with women who have similar issues to ones she has had and she acknowledges that she needs to pay attention to being human and being a practitioner. It sounds as if it is an ongoing challenge to her:

I'm human, I don't come across as the guru and I know exactly what it is that they need to do and I've sat and wept with clients who've lost babies and yet I'm very conscious of constantly anchoring myself and recognising when I'm getting sucked into their story. If I can feel that I'm getting a charge I realise that I'm getting sucked in and then I'll have to bring myself out consciously. (Zoe, p. 5, ll. 2–7)

She talks about how her personal practice to be authentic, honest and full of integrity mirrors the way she wants to be with her clients,:

I am not going to judge them on any level and creating a space where they can be themselves so that they can meet themselves with honesty and integrity and authenticity and if I can be that so that's my practice to be that to myself on a daily basis and to be that within as much as I possibly can. (Zoe, p. 6, ll. 6–10)

Sometimes life presents challenging events which lead to some personal development as Harvey describes: "I've had a lot of life experiences and they weren't all totally positive so there's not much that people can come up with that I haven't had some kind of experience of and I guess that makes it easier" (p. 5, ll. 4–6).

### **Life's purpose**

This subtheme is about living your life's purpose. This might be described as feeling passionate about what you are doing, engaged, loving what you are doing, feeling that there's nothing else you want to be doing, living in the moment when you are doing it, feeling joyous and fulfilled. Laura's passion is obvious:

I feel like I'm living my life's purpose ... to find something that I'm really good at and that I'm very passionate about and I know I'm meant to be doing for the rest of my life. And so they [clients] just give me an opportunity to fulfil my mission is to show up. (Laura, p. 11, ll. 13–16)

Eleanor says: "I saw it like a vocation I'm here to serve and that's what I've done ever since" (p. 2, ll. 19–20). She feels that EFT raises her and other people's levels of joy:

I think it's very important to get people together. EFT is something that people should; they do it best when they do it together, it's like dancing. You can do it on your own but dancing with others creates the magic. (Eleanor, p. 3, ll. 10–13)

She described how she worked with some patients in a doctor's surgery: "I got them tapping, within minutes everyone's smiling, laughing, sharing stories of each other. EFT does something that just connects people" (Eleanor, p. 6, ll. 5–7). Her enthusiasm and joy in connecting people shines through.

Rachel's emotion is simply: "Joy. Absolute joy. I love it" (p. 14, l. 19).

Zoe's emotions are deep and show how she is filled with love for all:

I get filled, totally, totally filled energetically, you know, the reason why I do this is because when somebody walks out of my room saying thank you, I feel so much better, I can see light the end of my, the tunnel. I can feel connected to myself, I love myself, I love my body, I love my family; that's such a gift. (Zoe, p. 9, ll. 1–5)

David says: "I'm doing something of great value by helping the person to break through their fears" (p. 12, ll. 14–15).

Sheila suspects that her Reiki connection helps her client's energy to move and this seems in line with her life's purpose:

... I'm working like that I get a much deeper connection with them whether it's the Reiki connection happening I don't know but I always get a sense of when the energy is beginning to flow, the areas where it's stuck and stalled. (Sheila, p. 15, ll. 1–4)

For Anna: “It’s such an incredible gift” (p. 3, l. 19); she says “when we’re doing the work that we’re here to do, then we’re being naturally ourselves” (p. 6, ll. 2–6). This seems to sum up what living your life’s purpose is about: being truly yourself.

### **In the flow**

This subtheme is about receiving information from another place, intuition, and a feeling of oneness.

Zoe talks about being open to input from elsewhere:

I work on a spiritual level. I work with being open to input from the universe, from spirits, from guides, I have my own masters that I work with. And there are times that I’ll, just not times pretty much every single session, I’ll say to them I need help here guides. This is not me. I don’t know what this person needs so if you can give me any input then I’m here. So I become a basically a channel to allow the tapping to work, to allow the bodywork to do the work, to allow the crania to do the work whatever it is I try as much as possible to get out of the way so that there’s more. (Zoe, p. 8, ll. 13–19)

Eleanor speaks of a connection outside herself. She says: “I connect to the client, I connect to the wider field and I let it all flow through me” (p. 8, ll. 15–16); she is acting as a channel and there is a suggestion that there is some knowledge that she is waiting to receive.

Anna describes allowing whatever needs to be heard to come into her consciousness:

... just letting whatever it is that needs to come through in the form of questions or of the intuitive sense. I work with a lot of people ... over the phone and that’s where I see my intuition really makes a huge difference ... I think that comes with practice, it’s not something we can create, it just happens when, when we’re willing to just again be present, show up however the person you’re working with needs you to show up. (Anna, p. 7, ll. 9–16)

James expresses surprise at what comes out of his mouth when he is in an altered state of consciousness, in a “bubble”, with a client:

... in that state things come out of your mouth and you think ‘Wow that was a powerful thing to say, where on earth did that come from?’ You know all sorts of things come to you and they have a profound effect on the client and afterwards you think ‘Oh that was clever, how did I get to that point or what made me say that?’ and you’ve got absolutely no idea. (James, p. 15, ll. 1–5)

He explains: “I don’t know what it is; all I know is that it works well and if you trust yourself and go with the flow with it, it can yield some fantastic results” (James, p. 15, ll. 10–12).

Sheila describes how magical and productive such an experience can be:

When you’re in rapport with the client it’s as if you’re in a bubble with them and the whole world goes away except even the client and that’s when the magic begins to happen, that’s when the real exchanges start to happen, that’s when things begin to open up, what’s going on the roots of their problem. (Sheila, p. 7, ll. 9–13)

Eleanor tells how, at a conference on exploring consciousness, she was attached to a live EEG brainwave monitor while she was doing a session with a client:

... [the person doing the monitoring] turned to me and said 'You don't know what you're doing!' and by that she meant when I was working there was very, very little of brain waves of conscious thought. The brainwaves she was seeing in me were the deeper subconscious, unconscious brainwaves so 'You don't know what you're doing' meant 'You're not thinking here'. If I'm thinking and something gets me out of that zone altered state then I'm and I'm just go back to working procedurally mechanically and that's sort of okay but it's better when I'm not thinking. (Eleanor, p. 8, ll. 22–27 to p. 9, ll. 1–2)

This appears to be an enviable state to be in and it explains how some practitioners find it difficult to write up their session notes because they have not been in their normal state of consciousness.

Sheila raises the question of whether information is coming from somewhere outside or from one's mind. She seems to have developed herself to manage to distinguish between them:

... there does come a point in a session where information starts coming from somewhere else. I just know what the next question is to ask or I can sense what they are feeling or thinking, it's hard to say where it's coming from but with practice you get a definable sense of this is right and if something is coming from my own mind or my own experiences. There's a different feel to it so with practice you get to learn the feeling of what is coming through is true and what is coming through is just my own stuff in which case I just don't say that. I've practised to develop that kind of sense of trust and belief in intuition. (Sheila, p. 12, ll. 14–21)

Zoe also experiences the brilliance of intuition: "sometimes I feel like I'm on a roll I'm flying with intuition and input and it's like I have no idea where these ideas are coming from but wow they work" (p. 8, ll. 10–11).

Practitioners experience intuition in various ways. Barbara listens to her heart field and believes that she connects to her client's heart field:

I can pick up what the heart field is sending out so I can see if there is a change or a shift and so part of my job sometimes is to say 'What was that, did you feel something different there, how do you feel about that, what you think about this?' So I am picking up, I am reading the heart field often so I pick up their fears, whatever emotions they're sending out of their heart. (Barbara, p. 13, ll. 17–21)

She further comments:

I'm paying a lot of attention to their heart field, their body positioning, their shifts in their eyes, and because I do this over Skype or the phone their breathing, their little subtle things like hu [breath] you know that little hu [breath]. If they do that they I can feel when somebody relaxes like by their breath just these very subtle nuances that tell me there's a shift. (Barbara, p. 13, ll. 24–26 to p. 14, l. 1–2)

It is difficult to know whether this is intuition or very well-developed observation skills. Anna describes how she is able to sense when a client's energy changes by a change in her own energy: "with some people ... when they experience that release it's so visible, it's so obvious when something shifts and in that moment of their shifting, my energy shifts too" (p. 9, ll. 5–7).

Sheila has great respect for intuition especially the way it shortens the time to get to the issue:

I think we can access other people's subconscious levels quite easily. Some people are better at it than others and some people trust it more than others but the information that comes through from there seems to be true quite often. It's

remarkable. I can often say ask a question and the client will say 'How did you know?' How did I know, I don't know how I knew I just knew and a jump like that can save you hours of verbal processing because you're jumping from one level to another very, very quickly and it just cuts out all the processing in between. (Sheila, p. 13, ll. 3–12)

It is not just energy shifts or questions that appear. Harvey sometimes feels a physical sensation that reflects what a client is feeling:

I connect with my clients, I often empathically feel what they're feeling so sometimes I'll be part way through a session for example and I'll say 'Gee do you have a headache or has your neck gone tight?' and nine out of ten times they'll say 'Yeah just went tight just then' and they'll say 'How do you know?' and I'll say 'Well I'm feeling it' so I do have that experience. (Harvey, p. 10, ll. 18–22)

Intuition has a large part to play in successful EFT sessions and, although not every practitioner wanted to call it intuition, it is very valuable and as Harvey says: "any doctor or healer or counsellor who isn't using intuition is like a boxer going into the ring with his arm tied behind his back" (p. 11, ll. 12–13).

## **Transformation**

This subtheme is about transformation; the way in which clients and practitioners are changed.

Practitioners aim to make a difference to their clients' lives and ideally a transformation. Practising EFT brings transformation, both to clients and to practitioners. Anna spoke of a woman who had a severe form of fibromyalgia which meant that she couldn't touch her arms or legs. Anna worked with her and she can now have a massage. This moves Anna to tears.

Anna thinks of her contribution to the transformation of mankind:

... to make a contribution to help people and this planet be healthier and happier and that when we do our work it has a ripple effect so for each person that I can help heal their traumas, their negative self talk whatever you want to call it that they can then be kinder to the next person. It's that sort of pay it forward idea. That is how we heal ourselves and since there's really nobody else out there, it's all healing yourself. (Anna, p. 12, ll. 5–14)

There are many examples of how transformation has occurred, often with physical problems being overcome. Sheila worked with a medical student who benefitted tremendously by having EFT:

She actually worked with EFT with me a few years ago and she was absolutely in a really awful state of health when I met her; she was debilitated and having to stop work, she was just about to qualify as a young GP. A few weeks work with her over one summer and she was completely turned around and went back to work and her career took off after that point so people like that who have experienced it really know that it works. (Sheila, p.16, ll. 16–21)

Eleanor worked with a doctor who had been unable to work owing to OCD. Her problems were solved very quickly:

A medical doctor ... hadn't worked for five years because she was crippled with OCD, walking along the street she'd be convinced that she bumped into an old person or a child and she'd have to go back and find them. She couldn't drive she'd become convinced that she'd knocked over a cyclist. Within a few sessions of EFT it had gone and she was back at work. (Eleanor, p. 4, ll. 4–9)

James has seen instances where people have had remarkable changes in their physical bodies:

... there have been clients where they've been scheduled to have surgery on the pains or RSI or whatever and they've been successful, they've cancelled the surgery because there was no need any more. Clients who'd been ... having to go up and down stairs on all fours for decades and you use EFT on them and they're able to stand up straight ... and get up and down stairs ... their lives been completely transformed. (James, p. 5, ll. 1–8)

It seems that every practitioner can remember someone who has had their life transformed:

I had one client who was about to have surgery for her shoulder which was very painful and kept her out of work for two years and she was unable to lift her arm above shoulder level for those two years and after about 20 or 30 minutes of EFT she was able to lift her arm up and reach it right over the top of her head with no pain. (Harvey, p. 2, ll. 18–22)

Sometimes there is not a dramatic change but a more gradual one which results in a lasting transformation:

I do see changes in people; they can be stuck in a life situation, a job situation, in a relationship and then a couple of sessions of EFT and suddenly they start moving, they start making better decisions, they start gaining more confidence, they start standing up for themselves. It does really work with people in a surprisingly short space of time as well. (Sheila, p. 2, ll. 10–14)

Barbara feels the process empowers people and brings welcome changes:

... when you give somebody the ability to [say] 'I can handle it myself' they stop blaming everybody else and it changes everything because they feel proud of themselves, they're not a victim any more. ... They know that they can handle things and know when to get help ... they're in a whole much more powerful mode. (Barbara, p. 12, l. 27 to p. 13, ll. 1–6)

Transformation in practitioners is less easy to see because it tends not to be on a physical level although Laura's experience of overcoming her autoimmune disease was a physical one. It is more a change in the way they feel about themselves and their relationship with self and others which is probably covered by their feelings of increased spirituality, gratitude, calmness and joy. They also find that they can deal with clients' distressing stories without becoming distressed themselves while still being able to feel compassion.

Eleanor likens the transformation to Photoshop. She says:

We live in the four dimensional physical reality three dimensions of distance one of time. ... if we take an inverse, a reciprocal transform ... a Fourier transform transforms time into frequency, space into spatial frequency so it's an inverse integral over all things of all space and time with respect to all space and time bounded by all space and time.

It's turning everything upside down and inside out so we can imagine a four dimensional transform of physical reality so then that gives us a four dimensional frequency space. ... So in the four dimensional physical space all things are separate, time is separate. In a four dimensional frequency space things that are separate are connected; ... there is all space or no space; there is all time or no time and these two are exact mirrors of each other.

Something changes in one, it changes in the other, back and forth. So life events are mapped into this four dimensional frequency domain which I actually call the spirit domain and the just as we have we have the electrical side of electromagnetic energy in the physical domain, the converse the reciprocal of light is chi. .... Somehow when we tap ... chi is present.

Perhaps an easier way is to say what we are doing when we're using EFT is we are doing Photoshop for humans. [In] Photoshop we are accessing the spirit domain, we are able to edit, change the flow of what's happening in the frequency domain which then maps back to change in the physical domain. ... You can take that further and say that Rupert Sheldrake's morphic fields, morphic resonance, morphic fields are patterns in the frequency domain. (Eleanor, p. 9, ll. 17–26 and p.10, ll. 1–13)

## 5 Discussion

My research question is 'What is it like to be an EFT practitioner?' My main findings from this study are: EFT is a spiritual practice; the importance of how practitioners are; the mind–body connection is very important in healing work; EFT works. I shall now discuss these findings.

**EFT is a spiritual practice.** EFT practitioners are meeting clients who are vulnerable and possibly desperate to get a resolution of their problems. This seems to bring out practitioners' higher qualities: being totally present, accepting a client non-judgementally, being open to learning and developing intuition.

People have searched for ever to know why we are here and they have sought guidance from philosophers, seers and religious teachers. There is a search for a valid reason for our existence and this search can take the form of a spiritual journey. Zohar and Marshall (2000) talk of six paths to developing greater spiritual intelligence. Ones that seem particularly relevant are those of nurturing, knowledge, personal transformation and servant leadership. These paths involve healing, nurturing, experience, dialogue and self-knowledge. The practitioners were all aiming to their clients heal themselves and they showed how they nurture and care for them. Several practitioners mentioned being of service.

Maslow (1943/1973), one of the founders of transpersonal psychology, describes a hierarchy of needs in which the highest level is self actualisation, the optimistic task of being the best one can be in developing one's talents and taking care of one's psychological health. He extended his theory to say that self-actualisation could lead to transcendence. Victor Frankl (1965) believed that life had to have meaning and if you believe you are doing work you are ideally suited for, then you will feel there is meaning in your life.

The spiritual journey is an on-going one; according to Walsh (1999) "clear sustained vision of our sacred depths usually requires significant practice to clarify awareness sufficiently" (pp. 7–8). He regards this as "the purpose of spiritual practice" (p. 8). The practitioners seem to agree that this work is never finished, the goal is never reached, but perhaps a little further along the path.

Ryff & Keyes (1995) studied six dimensions of psychological wellbeing that included purpose in life that covered having goals, a meaning, beliefs in a life purpose, and aims and objectives for living. Ivztan et al. (2013) studied the contribution of self-actualisation, meaning, and personal growth in psychological wellbeing associated with spirituality and religion. They found that higher levels of self-actualisation and meaning in life were associated with higher levels of spirituality.

In this study, practitioners who had been Reiki attuned seemed to have a greater sense of the oneness of all. Perhaps following the Reiki path would make us all better practitioners.

A spiritual path will transform those who follow it. EFT transforms both the clients and the practitioners. The clients lose or reduce their physical and/or mental pain and the practitioners find that they experience healing for themselves and generally are calmer. The process may not produce a cure but it may allow a person to achieve acceptance of what has happened to them. The practitioner may be altered by their experience with clients. Some practitioners said that doing EFT had allowed them to hear dreadful stories and not be upset by them; this does not diminish their compassion but tends to increase it so they become more loving people.

Following a spiritual path seems central to becoming more transpersonal, reaching out to the other.

**The importance of how practitioners are.** Practitioners need to provide a place of safety for clients; this is more than a comfortable quiet room. The practitioner needs to come to the session as him or herself without a persona to hide behind.

Following a spiritual path is very closely bound up with working on oneself: working on oneself means that you recognise your human shortcomings and aim to reduce these. Welwood (2000) says “The core wound we all suffer from is the disconnection from our own being” (p. 16). This is one of the driving forces behind doing the inner work.

One reason to work on yourself is to avoid the temptation to be ‘The Healer’ or ‘The Fixer’. It is acknowledged by the practitioners that the client does the healing. Practitioners are of course human beings and, as such, have human shortcomings: being triggered by what clients say, taking on clients’ energies and getting sucked in by their stories and wanting to fix them. These are detrimental to a practitioner’s performance and so the practitioner has to work on these problems to become more open and loving and less judgemental. The practitioner is always a work in progress: a journey to finding the true self.

Lajoie and Shapiro (1992) listed many attributes that they consider transpersonal. These include states of consciousness, transcendence spiritual beyond ego, transformation, bliss and oneness. These terms were all used by practitioners. Numerous writers have talked about these qualities. Prendergast (2003) says that “nondual wisdom expresses itself as ... a radiant heart (love) and illumined mind (wisdom)” (p. 2). It expresses itself in various ways such as compassion, joy, connectedness, love and gratitude when people are able to tune into it. Buber (1958) spoke of the I–thou relationship between two people, ideally a relationship with the Divine with no separation. Fenner talks of “the unconditioned mind” (p. 29); in this state there is nothing needed. This relates, I think, to how most of the practitioners are aiming to be when they talk of being open and present.

Rowan (2005, pp. 80–81) talks about his schema of personal development: position 2 of the “Authentic Self” whose qualities include self-actualisation, growth facilitator, reliable intuition and position 3 of the “Transpersonal Self 1 (Soul)”; its qualities include allowing and constant intuition. He says “no one can bring someone to this level who has not reached it themselves” (p. 81): this a good reason to work on yourself.

Rowan’s Soul has the quality of constant intuition. Practitioners sometimes feel that they go into an altered state of consciousness when they are in a session. This seems to allow intuition to blossom; ideas, questions, feelings (both in the mind, heart and physical body) appear and guide the practitioner to what needs to be explored. It seems that working on yourself, especially by meditating (Vaughan, 1979), increases one’s intuitive ability this results in being in the flow and being able to access nonlocal information.

Intuition may be promptings from the unconscious or from the client’s subconscious if it is possible to access the subconscious of another.

Charles (2004) suggests that there are two kinds of intuition: “knowing” and “creativity” (p. 75). Knowing might prompt a practitioner to ask a question while creativity could lead the practitioner to move in a different direction. Intuition can also provide guidance about how safe it is to go deeper, knowing when to stay silent and understanding unspoken feelings and thoughts. Using intuition is something of a risk and its veracity always needs to be checked with the client. This experience will help the practitioner to distinguish between true intuition and just an idea in their mind. Improving intuitive ability is likely to increase a practitioner’s skills and lead them more directly to the true source of the problem.

Working on yourself is a form of self care and it is essential to keep the mind and body healthy. Norcross (2000) recommends a number of practices for a psychotherapist’s self care. They include being self-aware, emphasise the human element of the work and have

personal therapy. To some extent tapping on your own issues would count as personal therapy. Practitioners owe their clients the benefit of being the best they can be.

The practitioner has to be totally authentic. I could not find any literature on how EFT practitioners should behave in a session (other than the guidance provided in training courses) so I turned to psychotherapy and counselling literature for guidance.

West (2000) suggests that the practitioner holds “a space that is seen as spiritual” (p. 70). Practitioners certainly saw their client’s space as sacred and the client’s own. While a therapeutic and a spiritual path may be seen in terms of pain and suffering, the spiritual path “can involve the bliss of the spiritual experience” (p. 125). The question is whether it is for the client or the practitioner. Some practitioners said that at times they felt drawn into client’s stories and this needs to be worked on; such an experience provides an opportunity for personal growth.

Rogers (1961) says that a therapist needs empathy, unconditional positive regard and genuineness. A psychotherapy handbook suggests a number of qualities or skills a practitioner should have: being a facilitator, waiting beside the client and building up a relationship of mutual trust (Brown & Mowbray, 1994); a facilitator, showing empathy and being open at the heart level (Emerson & Schoor-Kon, 1994) ; having presence and openness. (Donnington, 1994). Donnington comments “the more deeply the practitioner has ... found her own inner space, the more she can keep the space open for another person” (p. 61). This resonates with what many practitioners said.

The British Association for Counselling and Psychotherapy’s ethical framework (BACP, 2010) lists personal qualities such as empathy, resilience, integrity, humility, wisdom, courage, fairness, respect, competence, sincerity. These are all qualities that would be expected in any professional person, not just counsellors or psychotherapists.

A number of recent studies have looked at a therapist’s personal qualities. Breitner (2011) suggests that practitioners adopt Husserl’s notion of epoché (p. 39), the idea that they put aside their knowledge and do not evaluate anything. This seems to be very much in line with EFT practitioners being present and allowing. Ryan (2011) identified authenticity and congruence which is related to genuineness and honesty. De Vries (2012) looking for the master therapist found a number of characteristics that good therapists should have such as genuineness, positive expectation of clients, empathy, collaborative work, emotional awareness, able to balance the relationship and the process. The EFT practitioners did not emphasise the relationship as such but valued being present and open; they did respect the process.

The quality of being in a practitioner seems to be very important; to be open, to be a calm presence, to accept and listen to a client without any involvement of one’s ego seems to be the ideal. Unfortunately, doing this is very hard. Allowing one’s essential unclouded self, to be seen without any mask is very challenging and needs constant attention.

**The importance of the mind–body connection in healing work.** The mind can create thoughts that produce a physical sensation in the body; exercise produces endorphins; stress causes many problems in the body. From our everyday experience we know that thinking about your favourite meal can make you salivate. Thinking about some embarrassing occasion in your life can make you feel uncomfortable and cause you to blush. Imagining a scary situation will make your heart race and taking slow breaths calms the body. A physical condition such as pain or loss of mobility can cause sadness and depression.

Most people suffer their share of trauma and traumatic events although they respond in very different ways. Scaer (2014) believes that any event that makes a person feel their

safety is threatened, is powerless and isolated is a traumatic one. So a small child who is ignored by a carer who is distracted for a moment may be traumatised with long lasting effects. The Jesuits are reputed to have said 'Give me the child till the age of seven and I will show you the man' vindication of the importance of early beliefs and influences.

All traumas leave a mark on the person and this can manifest in the mind or in the body. Scaer (2014) believes that traumatic events can cause physical illnesses. There are numerous studies linking adverse childhood experiences with illness in adult life (see, for example, Dube et al., 2003; Dong et al., 2004; Anda et al., 2006; Topitzes, 2014); anything that can ameliorate the suffering that such experiences cause is very welcome. EFT practitioners gave many examples of how tapping can help to heal the effects of traumatic events.

Pert (1997), a neuroscientist, says that "the body can and must be healed through the mind, and the mind can and must be healed by the body" (p. 274). It seems that a person's attitude, their mind, can affect their health outcome: this can be seen in the placebo effect and its opposite, the nocebo effect. Dossey (1991) describes a number of cases where a patient's mind and attitude aided their healing and Hamilton (2008) cites studies on how optimists have better health outcomes than pessimists; one included people being exposed to cold or influenza viruses.

I could find nothing in the literature on any mechanism in EFT that causes experiences to be released. I wonder if there is some parallel with dreams releasing something from the subconscious, when the dreamer is in an altered state of consciousness. Doing something repetitive, such as running, or meditating alters one's state of consciousness. It may be that tapping creates an altered state of consciousness and the physical touch somehow leads to a release of memories.

One practitioner spoke of the importance of using a client's exact words to allow memories to surface. Every word has its own vibration (Virtue & Virtue, 2010) and this vibration might resonate with something in the subconscious. In a recent study Miyake et al. (2010) found that negative body image words activated the amygdala in patients with an eating disorder. Words are powerful.

EFT is neither counselling nor psychotherapy. It gets to the heart of the issue very quickly. It may be, as Pert suggests, that talking therapies need to add the somatic element; EFT does this.

**EFT works.** It works remarkably well. There is no underpinning theory other than disease is caused by a disruption in the body's energy system. Perhaps because EFT looks so strange clients are prepared to suspend their disbelief and this may account for some of its success. Many clients who come for EFT have tried everything else and so are heavily invested in its working.

Practitioners have described some remarkable examples of suffering, both physical and emotional, being alleviated. This is consistent with anecdotes and case studies reported in the literature (see, for example, Feinstein, 2012a; Boath et al., 2012; as well as websites such as [www.emofree.com](http://www.emofree.com), [www.eftuniverse.com](http://www.eftuniverse.com)). Of course most of them are not peer-reviewed RCTs that the scientific community requires.

Practitioners have considerable trust in the process. Even if a practitioner felt a bit lost, coming back to the mechanical process of tapping would always produce some result. Indeed a couple of practitioners said that they had clients who came to sessions just for the tapping and being listened to.

One impressive aspect of EFT is its speed; most practitioners reported that issues could often be cleared in several sessions. Phobias can be cleared in a matter of minutes and even supposedly incurable conditions such as Laura's can be cured (three weeks in her case). With persistence, serious conditions such as episodic clinical depression can be controlled. Barbara worked with someone who had it and believed she would be on medication for life. However, with about five years' work, it was overcome and has not reappeared. EFT can sometimes treat conditions where medical science has not been successful; these conditions often seem to have an emotional aspect which EFT is well able to address.

**Limitations to this study.** It was a very small study using semi-structured interviews. The method of recruitment was such that the self-selected participants mainly came from a group of practitioners who were trained in the same way. It was a homogenous group and participants may think in very similar ways. They were all successful in using EFT and its more advanced form, matrix reprogramming, were the preferred modality.

It would be interesting to study people who had not been successful in using EFT or who had abandoned it, but it would probably be difficult to find a way of recruiting such people.

None of the practitioners were psychotherapists and only two had some experience of counselling. It would be interesting to repeat the study with psychotherapists and counsellors who use EFT to see what differences might exist and how the two professional groups view EFT and the extent to which they use it.

All the interviews were done using Skype; using face-to-face interviews or focus groups might have produced different results or a different emphasis.

Over the years variations of EFT have been developed; it would be interesting to study practitioners who have been trained in these slightly different submodalities to see if the results were similar.

**Implications of this study.** EFT works well provided clients can access their emotions or do not have a vested interest in maintaining the status quo. It is quick to learn and people can easily be taught to do it for themselves. There is great scope for it to be accepted by doctors and the NHS as a complementary therapy to help people cope with varying levels of distress.

Unfortunately traditional medicine does not usually consider the emotional aspects of mental or physical conditions. They are significant and at least one practitioner (Sheila) described situations where irrevocable medical procedures were carried out without considering emotional causes which might have solved the problem.

I would like EFT to be used more widely to help everyone: it is a well-kept secret that should be broadcast. Even children could learn it as a way of soothing themselves when they are upset, and to cope with bullying.

**Possible future research.** The limitations listed above suggest some areas for future research:

A larger study using participants with more diverse backgrounds and experiences to see what are the common important factors in practising EFT.

A study to understand why people have given up using EFT.

A study of people who use some of the later forms of EFT to see whether they get better (difficult to measure) or quicker results.

A study that concentrated on how practitioners look after themselves. Practitioners are exposed to hearing about many difficult situations and it is important that they take steps to maintain their own mental health. Is using EFT enough?

**Final reflections.** I hope I managed to be conscious of my biases when analysing what the practitioners had said. I believe that the extracts I selected gave a true representation of what the participants said. I know I am very enthusiastic about EFT; this may have made me a little less analytical than I might have been.

I found the ideas were very interlinked and it was difficult to tease out separate themes.

I would have liked to have asked some extra questions, especially on how practitioners look after themselves psychologically. I think the interviews would have been more valuable if they had been true conversations.

## 6 Conclusion

This study has illuminated some aspects of what it is to be an EFT practitioner. The three main themes covered EFT itself, what the practitioner brings to the situation and the spiritual aspects of the work. To me, the most important realisation is that a practitioner needs to cultivate presence and a genuine state of being. While it sounds easy to be oneself, it is not. Constant work is needed to overcome the egoic nature of human beings so that we can become more in tune with our higher self and show just who we are as a person. Cultivating this authentic person and allowing everyone to see it is probably the hardest task for anyone.

It is this task that leads me to propose that being an EFT practitioner is a spiritual practice because dealing with human beings in pain and misery puts any thinking person on a spiritual path. Being able to help a person with difficulties in their life brings forth compassion and joy, especially if a sense of oneness is felt.

When one is on a spiritual path it is likely that it will feel as if life's purpose is being lived. To me this would mean feeling I was totally involved, enjoying every part of it and being so much in the moment and in the flow so that time vanished. The practitioners who said they were living their life's purpose did seem to be living like this.

Does it matter that we do not know the exact mechanism of how EFT works? Most practitioners seemed happy that it works. Unfortunately our current scientific world demands proof of something new before it can be accepted. I think this is unfortunate. EFT seems to be able to remove so much mental distress and bring much needed relief to heal people. I hope that EFT will soon be seen as the true complementary therapy it is. It does not threaten biomedicine because it can be used alongside it and will address the emotional issues that sadly are so often ignored.

If more people practised EFT the world would be a kinder place because more people would be on their own healing journey to personal peace. The world needs the healing that EFT can bring so badly at this time.

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## **Glossary of acronyms**

CAM	Complementary and alternative medicine
EFT	Emotional Freedom Techniques
EMDR	Eye Movement Desensitisation and Reprocessing
EMT	Energy meridian techniques
PTSD	Post traumatic stress disorder
RCT	Randomised clinical trial
TA	Thematic Analysis
TAT <sup>®</sup>	Tapas Acupressure Techniques
TFT	Thought Field Therapy