

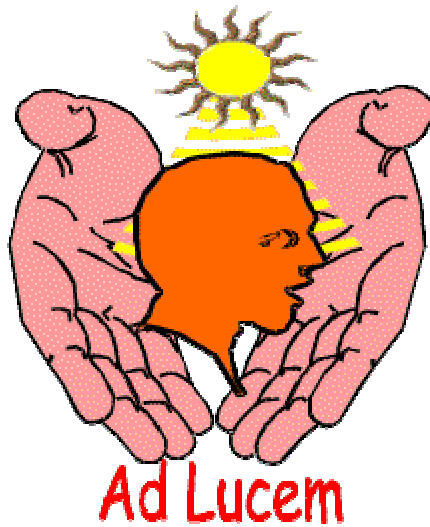
EFT and Cognitive Therapy

Original work of Mary Llewellyn-Edwards

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EFT & COGNITIVE THERAPY

(Utilising Biofeedback)

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About the Author

In 1974 I discovered a few things about my brain, I was then 29, a mother of three children. Up until that time things had just happened to me in my life. Now it became evident that my life could change and be the other way around, my brain could help me make things happen in my life. First of all, I experienced the incredible support of self hypnosis for the birth of my fourth baby in 1975. The amazing effect of this help in my babies' birth inspired me to want to share the little knowledge I had gained. I wanted to pass this experience on to help other people with their problems. I continued to study my brain and at the same time, opened a private practice in 1980. I subsequently obtained an honours degree in psychology and postgraduate training in the field I was already using, psychotherapy and hypnotherapy. Since then I have continued to work full time (and study) with individuals, groups, in the commercial setting as well as training others to do likewise. This has been in the UK and elsewhere. To this day I continue to be amazed by the processes of the mind body relationship. Each day opens up new opportunity and possibilities. EFT too, was one of those opportunities which created a very dramatic effect on my life and work.

Details and further information on Mary's work and her clinic in the UK can be found on her web site: at <http://members.aol.com/TickhillHealth>. Mary can be contacted by e-mail on: MairLL@aol.com.

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Introduction

This booklet is intended to share with you, the reader, personal ways in which I use EFT, and cognitive therapy within my practice as a psychotherapist. It is assumed that you already practice cognitive therapy and have some knowledge of EFT, or that you are in a caring role as a therapist.

Initially I was resistant to the use of EFT, having a very successful psychotherapy/hypnotherapy practice of almost 20 years. In addition to this resistance I found I was also uncertain as well as fearful. This appeared to be due to the fact I had studied a considerable amount of cognitive therapy and positive thinking techniques, and the idea of using a negative affirmation in the set up statement felt very unnatural to me. However, I found after using it on myself with dramatic affects I was inspired to share it with my clients. The results I am continuing to achieve do nothing but commend this wonderful

combination. It is my desire, in writing this, that you too come to find the considerable benefits of combining EFT with the psychotherapy that you practice. I will start by outlining both EFT and cognitive therapy and introducing how each therapy works on individuals then I will discuss the ways that I have found of combining the two therapies to complement one another.

At the end of this booklet, I introduce some case studies from my practice to illustrate how both therapies are combined to provide a unified holistic therapy for the client.

Background to EFT

Emotional Freedom Techniques (EFT) is founded in the very ancient Chinese Art of Acupuncture. In China health providers have used the system of Acupuncture for at least 5 000 years. Eastern practice believes that energy flows through all living things and that this flow can only take place correctly within an organism if the opposing forces within the body (known as yin and yang) are in harmony or balanced. If there is any disharmony or unbalance the flow cannot take place efficiently and the Chi cannot regulate our vital functions. This lack of correct flow is defined as "illness".

The Chi is said to flow along fourteen invisible interconnecting main channels, referred to as meridians on each side of the body. These meridians are sometimes deep in the tissue, but surface at various points in the body called acupoints. In traditional Chinese Acupuncture there are at least 360 such points, but there are believed to be many more not identified.

In traditional Acupuncture, these points are stimulated by inserting needles into them. The needles are inserted in a combination of points specific to the problem presented to the therapist. It is the Acupuncturist's intention to clear blockages in the flow of the Chi by balancing the Yin and Yang. Once the flow is again free the body soon becomes healthy again.

Based on this ancient theory other therapists developed the parallel therapy of Acupressure. This was based on similar theories to Acupressure, but instead of inserting needles the same points are stimulated by applying pressure.

The therapy Emotional Freedom Techniques (EFT) was developed outside the field of Acupuncture and Acupressure, but it rests on a similar theory in that it seeks to stimulate acupoints by tapping, rubbing or very gentle pressure. The range of points employed in EFT is much smaller and only a dozen or so points are used and these are mostly around the face and hands.

Although there is a similarity between EFT and the two earlier therapies, EFT is more specifically psychologically based. The patients are taught to tap gently on their own acupoints, while using affirmations and key phrases to focus their minds on the problem.

The new concept that EFT brings is that of "Psychological Reversal". This suggests that if the natural energy flow becomes reversed due to shock, stress or trauma, healing (which is the body's natural function) cannot take place easily as the body is fighting against the natural healing process. It is in this situation when we find people accused of 'having no will power' or 'not wanting to get better'. It is not that they have no will power or do not want to get better, but that they cannot heal themselves. In other cases, where therapy is unaccountably not producing results, or only producing results very slowly, psychological reversal must be suspected.

EFT seeks to correct psychological reversal. As the patient gently taps or presses on an acupoint neural receptors under the skin convert this pressure to an electrical impulse that is transmitted to the brain and it is these signals that are intended to correct psychological reversal.

It is in these areas that modern science and classical Chinese Acupuncture theory begin to converge.

There is no convincing physical evidence of meridians in the body, but microscopic inspection of acupoints shows that they have a greater concentration of nerve endings than do other skin locations (This can also be shown simply by observing that acupoints tend to be painful if pressed too strongly).

Western science's explanation of Acupuncture – which is clearly effective as an analgesic – is that the stimulation of these acupoints causes the release of opiates, known as endorphins, within the brain.

These natural substances reduce a person's perception of pain. This conventional explanation seems to be converging on the concepts behind EFT

In the few years since its conception, EFT has proved successful in the treatment of an ever-widening range of conditions. Starting with the treatment of simple phobias, it has shown itself to be suitable for the alleviation of pain and in the rapid treatment of deep psychological problems such as PostTraumatic Stress Disorder.

Just as does any therapy, EFT has areas where it may be difficult to apply safely and effectively. In the alleviation of pain, for instance, we must understand that pain is a useful and necessary function of the body. It serves to identify a problem to the brain and in some cases to act as a defence mechanism so that a damaged part is not further damaged by movement. In these cases, and for safety sake in all

cases, the therapists must be sure that they are not removing a pain to such an extent as to allow the body to be further damaged nor to allow a patient's condition to deteriorate without the warning that pain may supply. When treating pain therapists must always be cognisant of the fact that the pain had a specific causation, and they must always seek to treat the cause of the pain as well as the pain itself. There is a similar difficulty when EFT is used to remove phobias and fears. In many cases the fear or phobia is irrational and serves no useful function (such as the fear of spiders in the UK or a phobia about touching wool garments). However, in some cases (such as the fear of water) therapists must take care to remove the unnatural and unnecessary fear without allowing patients to become reckless in their normal life.

EFT has proved to be successful in the removal of complex psychological problems, but this is often a difficult and long task as the removal of one problem simply uncovers another one beneath. Such patients are particularly difficult to deal with and should be treated only by experienced therapists and even then with great care.

Background of Cognitive therapy.

Cognitive therapy suggests that psychological disorders centre around certain errors of thinking. The purpose of psychotherapy is to offer the client effective techniques to overcome individual distortions, blind spots, generalisations and self-deceptions. Finding out where clients respond realistically and effectively to situations not related to their problems provide an example. These provide competencies they may key into. In these areas of life the client shows high levels of response, and good skills in problem solving. These psychological skills, which are client based, can be applied to areas where they lack competence or are applying erroneous thinking. This transfer of knowledge, skills and competences from one situation involving their thinking to another can be defined as cognitive therapy. The aim is to reduce psychological distress through the process of correcting faulty perceptions and inner signals. Even though cognitive therapy focuses on thinking this does not mean that emotions and feeling are not considered. By working at the thinking level, emotional reactions or excessive feelings are acknowledged. Frequently, clients gain insights into where rules that have governed their lives have been deceiving them. Should's and ought's come in here. The approach of cognitive therapy is powerful and flexible enough for them to experiment with what is currently happening and try different ways of working.

My background to the above therapy has been gathered from many sources. The last 30 years of my life has been spent in studying simplistic ways of implementing more worthwhile thinking strategies within myself and my clients. These sources range from my tutors in psychology and psychotherapy and from books, journals, magazines and tapes. This process has produced a whole kaleidoscope of ideas that have become flexible and adaptable to my clients needs. What works for one person may not work for another. For cognitive therapy to work it is essential to listen to what is currently happening, within your client. What is being said, not said and how it is actually being communicated. The aim is to bring into conscious thinking what is happening at the other than a conscious level. The strategies I use to do this are effective and simple. Having said that, I am constantly tweaking them to ensure a closer fit to what is happening. They are required to seamlessly adapt to individual needs and provide a framework from which to work. This ensures that both client and therapist can learn and grow.

Care needs to be taken when applying cognitive therapy to clients. Maladaptive thoughts may be applied to thoughts or images that cause unnecessary internal disharmony, or thoughts that produce self-defeating behaviour or suffering. It is important that the therapist does not impose their own value system on their clients. The term maladaptive thoughts would be applicable if both the client and the therapist agree that these automatic thoughts interfere with important client objectives.

Continuing Healing and Proxy Tapping

When my client leaves I hold them in my mind and I feel a warm glow as I imagine the healing continuing. At anytime they come to mind I do the same. Combining this with proxy tapping has magnified the positive effect of healing within my mind as well as for my family, friends and clients.

Proxy tapping is not only healing for the person being tapped for but also for the one doing the tapping. Personally I find it is a perfect way to formulate a positive intention and then to release it and let it travel to where it is needed.

Frequently it is not possible or appropriate to tap. A small baby, a very sick person, a loved one in need at a distance. A person or animal close by who is frightened or resistant all benefit from these healing intentions. Not knowing what is needed need not be a stumbling block. The not knowing can be used in the set up statement. Wisdom can be transmitted with the positive intention as well.

Of all the uses that EFT and cognitive therapy offer, I have found that the benefits of proxy tapping to be most exciting. The possibilities are limitless.

First Consultation

On my client's arrival, I listen to an overview of their background, what is currently happening and what they are wanting from therapy. We discuss what we can do together, and how it works which includes a brief introduction to psychotherapy, hypnotherapy and EFT. Over the time I have been working with clients I have found that using recordings to assist the cognitive therapy process is helpful. To this end, I ask my clients to do some homework between session one and two as well as throughout follow up sessions if these sessions are needed. A tape recording of this part of the consultation makes what we do together more effective and it provides greater understanding and support for any further therapy whatever type of therapy is used.

Client homework

The homework is set within a context which keys into whatever my client is bringing to the therapy so that it can be related to at all levels of individuality.

We begin by talking about simple models of how the mind works. I mention that I am currently talking to their conscious mind. The part of their mind that is logical and rational. The rational part of their mind analyses what I am saying in the light of their knowledge and experience. On the other hand, the other part of their mind, the sub conscious or unconscious mind, does not have the same power of analysis or criticism it is a repository of experience, memories and patterns of thinking right from their early life, and its job is to keep them as they are. Life would be very tedious if we had to learn and relearn things over and over again. In view of the foregoing, it is difficult to change unwanted reactions that have over time become knee-jerk responses. Automatic reactions relate to client perceptions and these perceptions lead clients into filtering the world in relation to their expectations. These inner perceptions lead to their feelings, emotions and actions. At this point we are able to relate what they have come for to this filtering mechanism. Learning any skill, generally occurs by repetition (except "one trial learning experiences" such as a phobic response). Repetition enables skills to be transferred from the conscious mind to automatic unconscious competence. In view of this, in order for my client to get from their present state of being, to their desired state we need to work through all the representational systems of their brain - auditory, visual and sensory based, (which include taste touch and smell). The primary aim of therapy is to create balance and harmony between the conscious and unconscious mind.

Willpower

At this point we discuss why willpower and pulling ourselves together does not work. This is because willpower type mechanisms are conscious, whilst the responses our client wants to change or develop are unconscious. Pulling ourselves together would be like this – if we were travelling from Hull to Rotterdam on the North Sea Ferries and the captain had plotted the course, the ship would keep going in that direction. Perhaps we could go up onto the bridge of the boat and manually override the system and aim the ship at Zeebrugger. However, we discover after a while the craft drifts back to the course plotted to Rotterdam. In this way pulling oneself together consciously is hard work, and really does not work very well anyway. An easier more effective, less stressful way is to change the programmed course of the boat. Working through the brains representational systems through beliefs, values, thoughts images and feelings facilitates a change of the course of direction within the clients mind moving it closer to the way the client really wants to be. Cognitive thinking therapy proposes that the brain does not differentiate between negative & positive – of what we want, or do not want. The brain faithfully carries out what we ask it to do. The thinking processes lead to feelings and the feelings lead to actions. Unfortunately, no one taught us at school how to use our brains effectively. As a result of this, we frequently achieve end results more by accident than on purpose. If what my client is getting at the moment is not what is wanted we need to work at their cognitive (thinking, perceptual) level.

A good example of how a thought can affect an action occurred when I went on a training course to Scotland where my partner and I, along with other pupils, were learning to fly birds of prey. In the course of our tuition our teacher gave us an instruction. The instructional words he used were "don't, let the birds go". On hearing this message, our brains processed it literally so we all did, let the birds go. The tutor was very puzzled as well as annoyed, he said, "why did you do that?" With hindsight, if he had said what he wanted us to do such as, "hang on to the birds," there would not have been a problem.

Keeping a journal

Keeping a journal is one of many ways that we can become more familiar with the internal messages, mind music, images and feelings we are continually mulling over in our minds. A journal can avail us of a more conscious chance at working at the other than conscious level. There are three levels of working at the journal. The front of the journal is written at any time by the client. The front of the book is what the client is wanting to achieve out of therapy or for the future. Time taken to write in this part of the journal is their investment in their desired objective, or what they are wanting to move towards. The middle of the book gives the opportunity to celebrate day to day blessings or good experiences. This part of the book can be written in as and when the client wishes according to personal time and preferences. The back of the book helps with cognitive analysis.

Front

The front of a book is a good place to begin. Your client has come with various needs, desires and objectives from therapy. The front of the book can be a place to write these in. Planning and goal setting appears to be well accepted within the commercial setting but is rarely carried out on a personal basis consciously or intentionally. I wonder why this is. I believe we goal set naturally and effectively in areas of our personal lives where we feel confident. In areas of uncertainty or in fearful areas we often let things happen or use the ostrich approach. Where we goal set we generally feel OK, but not always. A natural automatic situation, would be – “I think I will go to Leeds tomorrow and on the way back visit my daughter”, “I want the new kitchen to be warm, terracotta would be good.”

I suggest to my client that they write different headings in the front of their book. Each heading would cover one aspect of their life so that their development maybe in balance. Under these headings it is suggested they write what they would like to achieve. What they write they decide for themselves, however the way that they write it is important. Goals or affirmations written in the front of the book need to be written in the first person, present tense in positive terms. For example, under the heading of professional competence my client may write, “During my public speaking engagements I feel inspired (sensory)”, or, “my communication strikes a chord /is coherent (verbal)”, or, “I look vivacious (visual).” The front of the book is intended to define what we are wanting even though we do not at this point know how we are going to get this. The front of the book defines what my client is wanting to move towards.

Back

Writing in the back of the book is different from what is written in the front of the book. The back of the book is a place given to reflection on what seems to be happening. Writing in the back of the book may be a way of considering a current problem, habit or reaction. It may be a place to write a response, or responses that my client is wanting to move away from - feelings of frustration an obsession, or a distorted perception for instance. Often these reactions that are being written down are totally different from the end results my client is actually wanting in their life. The subject matter written in the back of the book is opposite to what is being written in the front of the book. An example of the writing in the back would be, “I am frightened of going blank in a public speaking situation,” or, “I worry I will faint when I deliver my speech”.

The routine connected with the back of the book is done in a particular way. This routine in its completeness is what ensures its effectiveness, with obvious scope for adaptability. These ideas are being adjusted all the time. I suggest to my client that they use an elastic band to help them with this. The elastic band assists in reminding clients to work at their thinking, in addition to their perceptual processes. It involves them wearing an elastic band around their wrist all of the time. For at least a four week period that is, and often they choose to do this for longer because they find it so helpful. In fact, I think if we all did this routine as a matter of habit we may well benefit by it! (Therapists and clients alike) So, here we are with an elastic band which is not too tight or too loose, and a fairly wide one too. If anyone asks about this band it is suggested that the client says, “It is to remind me about something”. Only to disclose more detail if it would be appropriate to do so.

The timing of this routine is also important. Each morning, early in the morning, would be the ideal time to write in the back of the book. In the morning whilst writing in the back of the book it is recommended that the client sits in the same special location. It is to be written in a particular chair or corner of a room in order that the client associates and confines this type of thinking to this location. This special chair is only used for this exercise, not a chair to watch the TV from nor for eating breakfast in, but a chair that is designated as their worry, sad, frustrating or negative chair. A time limit is set for this exercise of writing in the back of the book. The time is limited in order to ensure that this process is made as manageable as possible. In this place, time and consideration are given to thoughts, feelings and emotions so that are recognised and acknowledged, rather than ignored or swept under the carpet. Thereby bringing into consciousness what may be an unnoticed, ignored, unconscious or repressed process.

The writing in the back of the book may consist of a string of unconnected thoughts, or coherent words, sentences and feelings. The experience of letting go and releasing resentful, revengeful and angry

feelings that my client may well have every right to feel can be a very liberating experience. On many occasions my clients have written down in a letter what they wanted to say to someone, this maybe a letter that is never sent. In working with bereavement, for instance, it is often very healing to write to a loved one things never said or done. My clients report the feeling of a sense of being freed from the past. Of being able to get on with their lives through this writing. Many report that their mind clears, enabling them to know exactly what they need to do. Others really enjoy limiting the worry part of their lives to five minutes a day. Frequently this idea is shared with their colleagues and whole teams in organisations. Parents or children share with the family group. Each nucleus gathering together in a united way to accomplish results.

Throughout therapy, the back of the book becomes a source of knowledge to work around. This knowledge maybe of where my client is distorted in their perception, is attempting to read other peoples minds, to generalise or to delete relevant information. This knowledge opens up possibilities to overcoming perceptual barriers. Psychotherapy can have the greatest impact on problems, because the therapist is not emotionally involved, and is looking more objectively at the client response pattern. The therapists ability to pinpoint the problems, their skills in providing a systematic structure as well as simple steps to change ensure a more manageable approach for their clients.

The back of the book, and the elastic band can also work together to become a thought stopping technique. As a thought stopping tool, it becomes a means by which a client may stem the unwanted flow to a downward spiral, a technique for breaking into a client's negative cul de sac of thinking. When this happens the band is flicked which enables the client to work on their current thinking processes. The elastic band idea is used throughout the day. An example of this would be on the way to giving the talk. For instance flicking the elastic band helps to break into destructive thought processes. At times when it is discovered that the thinking is being too generalised, for instance, saying something like, "I just know I will dry up" - twanging the band here as a reminder. This helps the client to think, "What would I rather do than dry up?". I know, "My ideas/words flow freely".

Initially, clients say they are frequently flicking their bands, discovering just how often they talk negatively or in a distorted way to themselves. The band not only works on the inner conversation, or self talk side of thinking but also the visual pathways and sensory recognition too. Distorted or fearful images of seeing themselves achieving what they really do not want - sensory feelings of failure, blushing and embarrassment for instance. Between session one and two, clients predominantly say they feel happier and have felt more confident or that they have experienced that their state of mind has improved. More frequently they say their partner, boss or friends have noticed differences. This process of manageable achievement or of stepping stones to change opens up a vista of possibilities within their minds. The success of this part of the therapeutic technique appears to be due to the fact that the homework is filtering into and impacting upon all aspects of daily life. This enables new learning or possible changes to be made in an ongoing state of flow.

The middle of the journal

This part of the book can be done at anytime and can be a resource of inspirational ideas, sayings and tidbits. The client can record blessings, achievements, every day experience to celebrate in this portion of the book. I have discovered that the middle of the book helps in the validation process of cognitive thinking. The middle of the journal is useful as a way of reframing. Resources for this part of the book are frequently found through interactions with other people. These insights lay down new conceptual pathways within the brain for future reference. Even though this exercise seems simple, this simplicity does not limit its potential. Working at the middle of the book alone can be an extremely worthwhile and uplifting experience.

In summary, the centre of the book can be applied to testing personal hypotheses, of gathering information from other people's perceptions. Reliable knowledge depends on having sufficient information so that choices can be made.

Second Consultation

The process of the second session of therapy is dependent on the client, in this session, they share feedback from their homework. The homework that they feel comfortable sharing with me. This structure enables open discussion of possible problem solving techniques. This session may also illustrate when skill based training would be helpful. On their first visit clients were asked to highlight points and problems which came up frequently or even those they thought were trivial. I make a note of this here because I often find that what the client does not share is very relevant to the success of their therapy. Often nobody has listened to what they think, how they feel or their analysis of what is happening. When my client is safe to disclose thoughts or feelings that they feel maybe trivial, it often surprises them when I consider these to be of great importance. These so called trivial ideas could be where they are deleting

information of relevance. The point of this is to gain more insight about my client - to discover exactly where my client may be distorting their perception of reality. Often their perception differs from one part of their mind to the other - conscious logical mind and the sub conscious mind. Many cognitive strategies may be used here to assist a more objective or workable view. The same process applies to generalisations in their perceptions. The way that my client and I work from here on in will be a very dynamic process. A snapshot of some of the therapeutic processes can be seen in later case studies.

Combining EFT, Cognitive Therapy and Utilising Biofeedback

These paragraphs give some insight into the way that I combine cognitive therapy and EFT. In the second session when we work with what the client brings to therapy, both the journal, (client's cognitive processes) and EFT have a very important part to play. In addition to cognitive therapy and EFT, I find the use of biofeedback during this session invaluable. A biofeedback machine adds another dimension to the client's subjective experience in their self report. My clients often say it makes what we are doing together more meaningful and assists them in working with the mind body relationship. Another way in which it helps is that it validates their feelings which, up until now have been difficult to quantify. Monitoring the physiology also helps in our assessment of the treatment. It is an abstract way of testing the level of emotional trauma my client is experiencing and of being able to watch how the Subjective Units of Disturbance (SUDS) are responding to the work we are doing.

Beginning the treatment

All of my clients are positively responsive to using biofeedback as we are working for the reasons already stated. I let them experiment and feel comfortable on their own whilst I am out of the room, with various machines that I use. In this time they learn to raise and lower the levels and to recalibrate the machine so that it is just a tool we use to help us both. The ability to raise and lower their stress levels gives my clients an opportunity to practice getting in touch with their emotions. I believe that being able to get in touch with their fears, emotional issues facilitates the effectiveness of the EFT. During this second session, my client will usually work through some of the issues written in their journal with me.

From session one to session two clients have often gained major insights through the cognitive processing they have been doing. This insight has already empowered them to react, or to perceive in new ways. Occasionally these major shifts are sufficient to enable clients to be free, without further psychotherapy. Following on from the work that they have been doing, we are able to pinpoint their SUDS through self report and the Galvanic Skin Response Meter (GSR) (one of my bio feedback machines). It is important to note here that the clients perceived emotional response takes far higher precedence than any machine. One of the machine's values is to illustrate how when thoughts or perceptions are changed this achieves a shift of the mind and body in the same direction. This exercise is not the same as trying hard or pulling themselves together, but of experimenting with how thoughts create emotions.

We have explored the feelings and the effects physiologically we are listening to how these feelings are being described as well as quantified. We come to a point in time when my client and I are ready to go through the steps of EFT together. The Set up statement is arrived at through all of these evolving stages. Their statement should touch the very heart of their issue and should be one which resonates within the client. Generally I will rub my tender spot, thereby showing them how to rub their tender spot and then we discuss a reminder phrase together before we go through the rest of EFT together. After this, we go through it together in a way that feels alright for them. I have discovered that either, tapping, rubbing or pressing the points seems a very personal choice.

One of the major benefits of using EFT with cognitive therapy is that it can be used at times when our clients are psychologically reversed (see more details of psychological reversal under background to EFT). This reversal could be for a number of reasons such as when they feel undeserving, times when there are hidden secondary gains, fear of success, or of failing. Another surprisingly frequent block to health and good feelings is the fear of being happy. Usually as a child, when they or the family, were somewhere happy something bad or frightening happened. The connection between the two, happiness and sadness has been embedded as a link. They are now frightened to be happy because of what may happen as a result. EFT and cognitive therapy works together wonderfully to find this link, and to free the client.

Cognitive therapy enables the therapist and the client to look at the trees within the forest. This combination of the two therapies of EFT and Cognitive Therapy assist in discovering various aspects of the problem. The knowledge gained may involve working through one issue and clearing it. Then beginning on another which maybe an aspect that has surfaced that is part of the original problem - another facet. When working on another aspect of the problem, the therapist needs to be sensitive to what the client is saying. Changing the set up statement recognises this part of the issue that has just been uncovered.

I have frequently noticed that whilst a client is rubbing the sore spot quite spontaneously changes in the wording can occur. This is not always relevant or important but it can be something to notice. At this point in EFT the client maybe drifting into a dream like state so that with each successive time they rub their sore spot a deepening in the trance may occur. Therefore, spontaneous changes in the wording can be a source of information from the unconscious mind. When the SUDS level has been reduced it is helpful to either rub in the positive statements or work at imagining themselves, in the future, with guided imagery. At this time positive affirmations will be assimilated more readily due to the following:-

- 1) The EFT routine has assisted in removing psychological reversal and may have produced a natural trance state.
- 2) This state of mind, and guided imagery assists the process of bypassing the conscious critical sensor
- 3) Cognitive therapy homework has helped in defining needs, and ensures the client is actively involved in their own healing.
- 4) EFT has released and cleared the emotional blocks to change.

Conclusion

EFT, Cognitive therapy and Biofeedback have proved to be a very complementary combination. Each one enhances the effectiveness of the other. Through the use of this combination my clients and I enjoy unprecedented success. Success that I would never dreamed was possible when using each of these therapies in isolation. I feel very excited and privileged to be involved as a therapist at this time, working with clients. Watching the joy of liberation from past problems become evident. It is a moving experience. If I could pick out the most beneficial part of these therapies, it would be that it gives the client the tools to use to help themselves. The experience of success from solving one problem, frequently inspires the client to approach and confront others. The confidence engendered enables them to tackle difficulties, which had up until that time had appeared to be insurmountable. The advantage of successful therapy is not only freedom from the original fear or problem, but the energy to explore further challenges in life. These individual experiences open the door to enjoying life in all its fullness.

Case History Introduction

The following four case histories are clients who have come to me over the last six months. In all these cases, I have used cognitive therapy, EFT and other types of therapy. In addition to this I frequently use Bio Feedback machines. I am an eclectic therapist, therefore, the lines between cognitive therapy, hypnotherapy, and psychotherapy may be blurred. Details, names and places have been changed in order to maintain client confidentiality. For the sake of brevity much detail has been eliminated. The purpose of sharing is to highlight a significant insight, however large or small, both the client and I gained from the experience. It is hoped that these will illuminate some points I wanted to express. In my work as a therapist I offer the support of telephone contact with my clients at anytime even though this might not be mentioned in the following case histories. Frequently appointments are made for future follow up even if everything appears to be working out well. These appointment enable future 'phone contacts prior to an appointment time. This phone contact helps the client to feel supported, often without the need for an actual appointment. Client independence and support balance together well in this way.

Case History 1 – Obsessional Compulsive Disorder (OCD)

This client came to see me before I started practising EFT. During earlier sessions of psychotherapy we had been able to uncover many of the underlying causes of her obsession. This process of uncovering had helped her a lot in her understanding of herself. There were considerable improvements in her feelings about herself and a reduction in her levels of anxiety. Unfortunately, however, she was still suffering from some of the symptoms of her disorder.

In view of the foregoing it was particularly interesting to use EFT with this client. It came at a time in therapy when therapy was helping but not achieving the total liberation we were wanting for her. When I introduced EFT to her she was extremely interested in the philosophy behind the therapy and took to it well on the first session. Prior to coming for this session of therapy she had, only that week, come across an obsessional reaction which had caused her a lot of anxiety. As this problem was so fresh in her mind she was easily able to get in touch with the emotions, as well as see the images. Initially, we began by conceiving an affirmation which came to mind for her. One she could identify with and which encapsulated what had been happening on that day. The SUDS level she said was 12 out of 10 so we begun the process of tapping. We used the basic recipe and after two rounds of tapping she reported the anxiety had completely gone. Testing the results was difficult given the circumstances of the problem.

The biofeedback machine was measuring a calm state of mind. Imagining the problem, and trying to get in touch with the emotions all kept the SUDS level at nought. My client was very happy with these results and left with details of how to tap for future problems or aspects.

The second visit following the use of EFT, brought another factor to light which I had not even considered. This obsessional problem is a complex issue surrounding the subject of germs and cleanliness. It is multi faceted. For the purpose of reporting here I will not go into the detail. Suffice it to say that my client had discovered that when she had a problem her hands were part of the contamination, she had been unable to tap her face and upper body with her "contaminated" hands. This became evident due to her need to limit her overall contamination. Unfortunately this meant that often when something upset her, the use of tapping as we know and use it, had not been accessible to her.

This visit was taken up with the practice of EFT. The value of using EFT in practice would be used, in the future, to help with her problem of perceived contamination. During practice, we focused on the sound of the tapping and her feelings during tapping. In addition to the auditory and sensory focus we incorporated visual experience. My client imagined watching herself in a mirror doing the tapping. As she watched herself, she linked all three modalities to the part of the face and body she could visually see she was tapping. Thereby developing all of her senses for future reference when it was not possible to perform the tapping. My client imagined the sensation of being tapped from the outside (although I did not actually do this for the same OCD reason) and went through the routine of me the therapist tapping in an imagined sterile way. We did this going through all of her senses to embed it within her mind. She reported that when she did this she could visualise connecting in a sensory way on the inside of herself with this therapy being administered, either by her or another. Finally, we combined it all together - linking the feeling of being tapped, with the sensation of a lower SUDS level, focus on her affirmation, reminder phrase and so on.

Future planning was made for a possible external physical form of intervention. One method was of using a pencil with a rubber stuck on the end. My client decided to buy some pencils and try this out in practice. If they worked OK she said she would keep a new one of these with her in her bag and left me full of cheerful optimism. A couple of days following the session my client rang and thanked me. During that telephone conversation she said, "That session had been very helpful". When I asked her why she felt it was so helpful she said "That in the last thirty years no one had ever been as interested in her as I had". One month later on her third visit my client was very pleased with the results she was getting from the tapping. Yet despite this positive result I was slightly concerned that the effects she was reporting were not lasting. In order to gather more information I decided to introduced some muscle testing to help us ascertain more information to find out just what was going on at the other than conscious level. At this point we conclude this case study as this booklet is primarily about combining cognitive therapy and EFT. Therefore, the details of the muscle testing procedure are not included in this case study. However, as a cognitive/EFT therapist, the reader may decide to look at secondary gains, unconscious feelings of being worthless. Other options in the future could be using set up statements such as "even though I don't know why my problem returns" or "Even though I cannot imagine being ok". Most importantly, using a statement that your client says equals to what is going on within their mind.

Case History 2 – In Vitro Fertilisation (IVF)

This client presented many aspects relating to why she was having difficulty becoming pregnant and wanted help with being more positive about her IVF therapy. During the time of using cognitive therapy to uncover some of her problems we decided to work on her unconscious fear of the panic she felt during the delivery of her first child. Apparently at the point of the delivery the midwife and carers involved went into a blind panic around her. This obviously unnerved her and appeared to be unconsciously affecting her ability to conceive again. As there was no physical cause to her infertility and as she had had several unsuccessful attempts with IVF, the clinic had referred her to me. We tapped using an affirmation that resonated with her fear and during these rounds of tapping her state of mind visibly shifted and her SUDS returned to zero. Other aspects to this case involved the dislike of introducing the drugs to help her pregnancy, the unnaturalness of making love to order and the effect that this was having on their otherwise good relationship. Each of these aspects was tapped upon in turn and she left feeling she had had a really good session of being released.

On her second visit she reported vast improvements in her love life and her joy at being free in her body. For this session, she wanted to tap on any niggling doubts she had about her ability to conceive naturally (at this time she was reluctant to embark upon further IVF treatment). Following her work on her fear of panic in the delivery room, she was convinced that her body would now respond positively and naturally to conceiving. After tapping on individual niggling fears she felt comfortable and happy to rub in positive affirmations regarding her natural inborn ability to conceive, carry and deliver a healthy baby.

On her third visit to me she had found tapping useful leading up to and during her menstruation. Cognitive therapy techniques have been helping her to be more optimistic about life generally. EFT and her journal have helped her to be more realistic as well as calmer in her expectations of becoming pregnant. She discussed that, instead of repressing sad or fearful thoughts. She had different tools to help her to release, as well as to feel much more in control of what was happening. She was also thoroughly enjoying doing imagery particularly last thing at night she saw her body functioning naturally and effortlessly. A fourth visit has been arranged for two months time should it prove to be necessary.

Case History 3 – Eating Disorder

This client presented with a continuing mainly anorexia problem of and past experiences of bulimia. Until now she had had support from many doctors, clinics hospitals as well as complementary therapists. The most useful help she received was unfortunately cut short when her supportive psychologist left the district. Following this, she had been reluctant to trust anyone. Every time she needed help since then, she had found going through case history intakes daunting and distressing. No sooner had she seen a community psychiatric nurse (CPN) three or at the most four times that person was replaced by yet another carer. She came to me on her Psychiatrists recommendations mainly because local psychiatry departments use this clinic for consistent support when changes in the client's routine would disrupt the therapy provided for them. However, despite this recommendation she felt reluctant to embark upon "another therapy". The first session involved discovering what had been helpful with the psychologist she trusted and where we could build upon this success. She became very animated when she discussed the results they had managed to achieve together. This resourceful feeling was tapped into and gave us a good springboard from which to work. Her home life was very obviously stressful and yet she appeared to cope well with this. Signs of Obsessional Compulsive Disorder (OCD) were also present which can often become a part of the complexity of an eating disorder. Cognitive therapy generally works exceedingly well with eating disorders, but I was also keen to give her as many tools as possible in order to help her become independent of me. Using EFT would support her through this process very well.

When I introduced EFT and why and how it worked to the best of my current ability she appeared to be very open to using it having found that acupuncture had frequently given her temporary relief from her anxieties. I wanted to use EFT on a feeling or emotion which had a fairly high SUDS level which was as clear, and as well defined as possible in order to establish a good mind set about the process. Watching the changes in the Biofeedback machine helped us here. She said she would like to work on the emotional effect of a recent split with a boyfriend. When we teased out the emotions she was feeling regarding this they were based largely on her perception of her self worth. When she said, "I don't think I am worthy of love", we tapped on this. Prior to tapping she said her sad feelings were around an 8 or 9. The wording of the second part of the set up statement made her laugh because it was so contradictory (I suspect it was also very unfamiliar/embarrassing to her given her level of self esteem) but very soon, she managed to get into the feeling of saying it with real meaning.

During this time much emotion flowed and she rubbed her sore spot for sometime silently at first due to her emotions. As we continued doing this together in a type of meditative state she became peaceful, serene almost. In between rounds of tapping she discussed what had been coming up for her. When we begun again she reported that her SUDS level was around a five. Following another round of EFT tapping she smiled and said, "I feel good about myself now. Can we do that again?" When I asked her what number she was on she said maybe a two or perhaps a one. After changing the set up statement to "Even though I still feel a little unworthy of love, I love and respect myself" we continued with her final round. She jubilantly said, "I feel free now to get on with my life." When I asked her what she meant she said, "My eating habits have been tricking me into thinking they bring me emotional happiness, and they never have, I now feel stronger and freer to let go".

The results of this experience astounded me, I have worked for many years with clients with eating disorders and I have never experienced something as dramatic as this. We made another appointment for the following week to support her in what she was doing in her life. On the day before her appointment was due, she rang me to say she could not believe how much more positive and free she felt and asked if she could postpone her appointment to another week. Later that day her Mother rang whilst she was out with her friends to say how thrilled she was that she felt her daughter had been given back her life. Apparently her friends had also said she looked absolutely wonderful, and asked if she had been on holiday?

Since her first and only visit, I have been in regular contact with her. No further appointment has been necessary, and the phone contact continues.

Case History 4 –Performance Management

A very distraught mother rang me up regarding her son's performance in sport. He had been a consistently high achiever. He had been British Champion in his sport. Suddenly, one day he said he did not want to pursue his sporting opportunities any further. There was no obvious problem the mother could identify. This reaction puzzled the family because right up until that time he had been really well. Only two weeks previously he had been recommended for a much higher challenge he was thrilled about. Now, he was backing out of competing without even saying why.

Following that telephone conversation, I heard nothing more and the 'phone call slipped out of my mind. Then, a couple of weeks later when I had completely forgotten about it, someone rang and asked for an appointment to help with improving their performance in sport. The whole family arrived and all of them (including the client) wanted to have the first session of therapy together. I found it was very easy to gain rapport with the entire family, as we chatted together things started to fall into place. It appears that many things were going on around the extended family (which was not present). Grandma had died not long ago and, everyone, especially Grandfather was taking this very badly. During this first family session, we were also able to uncover some negative suggestions Grandfather had inadvertently given to the client when he was younger. My client had also, unfortunately, experienced bullying when he was younger. Originally it appeared that the Grandfather was the main coach. He himself, had been successful in this same sport and he obviously realised it would help his grandson's confidence if he could do something really well. For many years Grandfather travelled and devoted much time to support and coach his grandson. There was obviously a very strong bond between them. Several events happened which rocked the boat and had contributed to several fears taking hold of the client. Cognitive therapy and EFT were well suited to helping him with his recovery. At this point in the session, now that he was feeling more comfortable, I attached the GSR (Bio Feedback) machine to let him receive feedback on what we were doing. In fact the whole family had a go so that we could all become accustomed to how it worked. To assist in the psychological reversal that appeared to have occurred we needed to acknowledge his fears. When I discussed the principles surrounding EFT he was very interested. Mainly because he realised he could press or rub points whilst he was waiting to compete and no one need know what he was doing. Time was of the essence because at the end of the week he was competing in a big challenge. He was raring to go but worried about a number of issues. He knew there were some aspects of his sport that he did better in training than in competition so we began to tap on this. Prior to tapping, his SUDS level was around an 8 or 9. The set up statement was "Even though I don't perform as well in competition as I do in training, I respect myself." As he wanted to use the Karate chop (two for the price of one) instead of his sore spot to set up we began by using this. His reasoning was that he could legitimately do this whilst warming up with no questions asked and no strange looks. As we worked through the basic recipe he was miles away and at the end when we took another reading of his SUDS level he said "I could see myself performing as well in competition as I do in training". We only did one round because he said there was no problem there now, but he asked if he could work on something else that had been coming up through that round of tapping. He recalled how uncomfortable he felt, during a competition when the cameras were around. He said, "They kept trying to interview me", "I find this intrusive and distracting." Yet, he knew that some of the other competitors are not bothered at all, but he is.

A set up statement was decided upon, using his words that reflected his feeling of the cameras being intrusive and distracting. His SUDS level was very high as he got into imagining the cameras and the feeling of being out of control he thought it was 12 out of 10 if that was possible. During the first round of tapping his emotions remained the same and on discussion he said he was imaging them interviewing him before the competition and not having anything to say. That image was terrifying to him. We changed the set up statement to reflect this fear and as he did the karate chop I noticed his breathing becoming slower, the sound of the rhythm was more even. Apparently it transpired that sometime ago in the past he had had a bad attack (somewhat like a panic attack when he hyperventilated and his coach threw some water on him which stopped it).

Even though we were getting good results with each round of tapping. I felt as each aspect came up he was being overwhelmed by them. We stopped a moment and discussed just what was happening within him. He liked the idea of doing the karate chop and asking his sub-conscious mind to form an orderly queue. I suggested that as he was familiar with using the Karate chop we could now use his tender spot for the next round. I was keen to see if using the sore spot would clear things more cleanly for him. We then proceeded with working through the distraction of the camera, his fear of a panic attack as well as the fear of not being able to breath enough in.

At the end of the session I recorded some cognitive thinking techniques to take away as homework and a short session of guided imagery like a template with blanks on that he could use to strengthen the

positive images he had already seen during our time of doing the EFT. I find this activate the cognitive process using ideas, symbols, sounds or images that they themselves have created. This activation process lays down traces in the brain so that in a future scenario they find themselves naturally following through the way they have imagined. On Thursday the same week I saw his again, he said he felt so great, he nearly cancelled the appointment but he wanted to share his excitement about what had been happening since his first appointment on Monday. His training had gone well, his breathing had been naturally unconscious and he had been interviewed regarding the coming competition on Saturday and regarding another event in two months time, and he had been absolutely fine.

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