# Emotional Freedom Techniques for Food Cravings and Weight-Loss

# An Overview of the Australian Clinical Research



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#### 1. 4-week EFT Trial

96 overweight and obese adults with severe food cravings were randomly allocated to either a 4-week EFT treatment program (2 hours per week for a total of 8 hours) or a wait-list (where they did receive the EFT treatment but only after the other group finished).

Weight and body mass index, the degree of food cravings, each individual's perception of the power of food over them, and their restraint capabilities and psychological symptoms were measured at the start, end, 6 months later, and 12 months later.

Every factor measured significantly improved at each time-point. The average weight loss over the 12 months was statistically significant (approximately 5.05 kilograms, or 11.1 pounds). All psychological improvements remained after 12-months.

# 2. Comparison to Cognitive Behavioural Therapy (CBT)

There were 83 overweight or obese adults who were randomly allocated to an 8-week EFT or CBT intervention. Both were 2-hours per week for 8 weeks (total of 16 hours). Overall, EFT and CBT demonstrated comparable effectiveness in reducing food cravings, one's responsiveness to food in the environment (power of food), and dietary restraint, with Cohen's effect size values suggesting moderate-to-high practical significance for both interventions. These gains were also maintained 6 and 12 months following the interventions.

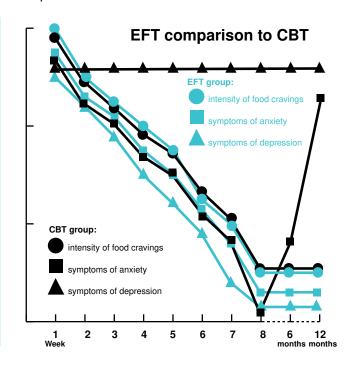
This was quite an achievement as it showed EFT could be as effective as a *gold standard approach*.

However, there were some differences between the two groups for the psychological symptoms.

Anxiety: The CBT group had significantly lower anxiety scores at the end of the eight-week group program, but this effect was <u>not maintained</u> at 6- and 12-month follow-up points. It was not significantly different at those time points than levels before CBT.

The EFT group reported a significant decrease in anxiety and this reduction was maintained at 6- and 12-month follow-ups. Effectively the EFT intervention was better at impacting the anxiety symptoms than the CBT treatment.

Depression: While the CBT group participants had significantly higher depressive symptoms prior to starting their treatment, they did not report any significant decreases in their depression scores from the start to any follow-up measurement point. The EFT group, however, reported significant decreases in their depression symptoms over the eight weeks and all follow-up points.



Somatic symptoms: The CBT participants had significantly higher somatic symptoms at the start of their treatment and reported significantly decreased somatic scores across the eight weeks, and this was maintained at 6- and 12-month follow-up points. The EFT group did not report any significant decreases in symptoms at all. This may have been a function of having lower symptoms to begin with, which affects whether any change occurs.

Weight: Both groups lost weight during the trial. The EFT group lost an average of 3.15 kilograms over the 8-weeks, 4.28 kilograms after 6-months, and 3.32 kilograms after 12-months. The CBT group was slower initially, losing 0.90 kilograms after 8-weeks, 2.90 kilograms after 6-months, and 5.10 kilograms after 12-months.

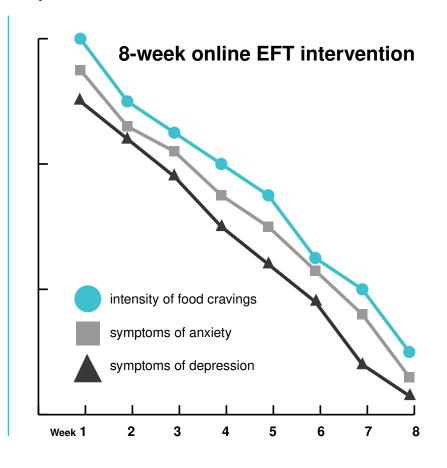
# 3. Online Delivery

Participants completed an 8-week online EFT intervention targeting food cravings, dietary restraint, the subjective power of food, weight, somatic symptom severity, anxiety, and depression symptoms. Participants accessed 32 video lessons across seven modules and self paced through the program. This was a worldwide study of 314 adults (96.17 percent females) in the EFT treatment, and a wait-list control group of 254 adults.

Participants were able to repeat the lessons as many times as they wanted and review past videos at any stage in the course. The length of the recorded lessons varied between approximately 2 and 15 minutes, and participants were required to complete a lesson quiz before progressing to the next video in each module. This ensured all videos were viewed and participants did not avoid any.

Significant reductions on all of the outcome measures for participants in the EFT condition occurred, with no significant differences for participants in the wait-list control group. Follow-up analyses at 6 and 12 months revealed the significant reductions across the eight weeks remained significantly improved a year later.

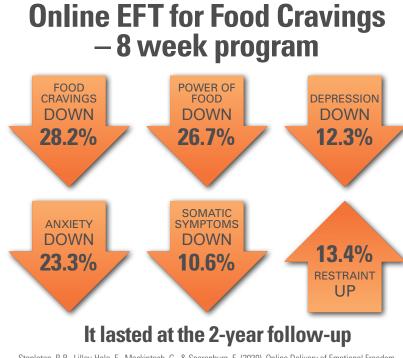
Analyses also revealed that as individuals' food cravings improved, their symptoms of anxiety and depression improved.



#### 2-Year Follow-up

This group was followed up again after 2-years, and is the first EFT study with this length of followup.

Results indicated significantly reduced scores for food cravings (-28.2%), power of food (-26.7%), depression (-12.3%), anxiety (-23.3%), and somatic symptoms (-10.6%) from the 8-week program until the 2-year follow-up period. Significantly improved scores for restraint (+13.4%) also occurred. Further improvements were experienced for carbohydrates and fast food cravings between 6 months and 2 years. Body Mass Index and weight significantly decreased from the start of the program to 12 months follow-up and was then maintained at the 2-year point.



Stapleton, P. B., Lilley-Hale, E., Mackintosh, G., & Sparenburg, E. (2020). Online Delivery of Emotional Freedom Techniques for Food Cravings and Weight Management: 2-Year Follow-Up. Journal of Alternative and Complementary Medicine, 26(2), 98-106. https://doi.org/10.1089/acm.2019.0309

# 4. Comparison of Treatment Length

A comparison of the 4-week versus 8-week in person programs showed the outcomes of significant reductions in food cravings, subjective power of food, dietary restraint, body mass index, and weight occurred for <u>both</u> interventions. There were no significant differences between the groups. Ultimately, the findings indicated that a briefer, 4-week EFT intervention achieved *comparable results* to a longer, 8-week EFT program.

However, for food cravings, the 8-week program produced effects that were maintained at the 6- and 12-month follow-up, while the 4-week intervention did not maintain this effect at 6-months. The longer program may have resulted in more improved cravings.

# 5. Comparison of in person versus online delivery

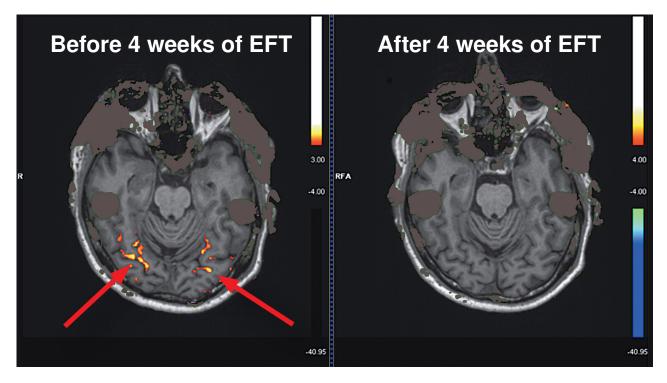
A comparison of the in person versus online 8-week versions of the EFT program indicated both modalities were comparable in effectiveness and both groups experienced significant reductions in all outcomes from pre-intervention to post-intervention (over 8 weeks). The outcomes included food cravings, the subjective power of food, dietary restraint, weight, somatic symptomology, anxiety, and depressive symptoms. There were some differences over 12-months:

- For food cravings and dietary restraint improvement, there were no differences between the two modes they both achieved significant outcomes.
- The average weight loss for the online group from over 12 months was 2.39 kilograms while for the in-person group it was slightly higher at 3.83 kilograms. The online group experienced a greater overall reduction in somatic symptoms over 12 months (-31.5%) than the in-person group (-16%).
- For anxiety, the in-person group had an overall reduction of 53% over 12 months. The online groups' scores had an overall reduction of 46% after 12 months.

# 6. Brain Scan Study

This was a pilot study of 15 obese adults; 10 were allocated to an EFT treatment, and 5 to a control group (where they received no intervention for their cravings). They were all scanned using fMRI imaging before and after a 4-week EFT treatment phase. While they were in the machine, they viewed images of high-calorie food (e.g., chocolate cookies, burgers and fries, ice-cream sundaes) and we recorded what parts of their brains activated.

After the 4-week EFT treatment, all were scanned again, with the same images of food to see if anything changed. There was a significant decrease in the activation in the EFT participants; and in some of them, there was no activation at all. The control group still had activation in the parts of the brain associated with reward and loss.



### 7. School Trial

At the invitation of a Gold Coast school, We 44 students aged 13 to 15 years engaged in a 6-week EFT program during school time. This was with school, parental, and education-department approval. The students were randomly allocated to an EFT group or a wait-list group. The students learnt how to use EFT for body-image concerns, resilience, and self-compassion. We also covered how to use EFT for drinking more water (and less soda), to increase their interest in exercise, and to help their sleep patterns. They did learn how to apply it to cravings, and also how to set goals.

After the wait-list demonstrated no changes occurred for them at all, they too received the 6-week program. Then both groups were analyzed and followed up 11 weeks later (which was the end of the school year).

The EFT treatment resulted in a significant decrease in the consumption of *unhealthy drinks* (soda) after the six-week program, and this was still significantly low at 11 weeks follow-up. The group also reported a significant decrease in *unhealthy food choices*, and this too stayed changed at 11 weeks.

There were clinically valid decreases in the psychological distress scores (but not a statistical significance). Results also indicated the students had significantly higher self-esteem and also self-compassion scores after the program.

### **EFT Trial Timeframes**

The years the EFT trials were run:

- 1. 4-week trial 2008-2010
- 2. CBT comparison 2012-2014
- 3. online delivery 2015–2017
- 4. comparison of treatment length 2016
- 5. in person vs online 2018
- 6. brain scan study 2017
- 7. school trial 2014.

#### **Disclaimer**

This research overview outlines an impressive personal improvement tool however, it is not a substitute for training in psychology or psychotherapy. The author does not assume responsibility for how the reader chooses to apply the techniques herein. The outcomes in this document are not intended as a substitute for consultation with your professional health care provider. The information here is not intended to be used to diagnose, treat, cure or prevent any disease or disorder. If you have any questions about whether or not to use EFT, consult your physician or licensed mental health practitioner.

### **About the Author**

Peta Stapleton, PhD, has 25 years of experience as a registered clinical and health psychologist in Queensland, Australia. Peta has also spent the last 15 years in academia and is associate professor in psychology at Bond University. She is a published author, certified practitioner of Neuro-linguistic Programming, Timeline Therapy, and Emotional Freedom Techniques (and an EFT Trainer). Peta is the Hay House author of The Science Behind Tapping: A Proven Stress Management Technique for the Mind and Body, and is Australasia's leading EFT researcher and academic.

Peta is a world leader and researcher in EFT. In 2014, she was awarded the Harvey Baker Research Award for meticulous research in Energy Psychology and also became a Gold Coast Business Events Ambassador for Gold Coast Tourism. In 2015, she received the Global Weight Management Congress Industry Professional Award of Excellence, and was named the Gold Coast Women in Business—Woman for Change Winner. In 2016, she was awarded the greatest contribution to the field of Energy Psychology by the Association of Comprehensive Energy Psychology. In 2018 Peta was named the Gold Coast Women in Business Innovation and Technology winner for her online therapy trials and work. In 2019 she was named Psychologist of the Year by the Australian Allied Health Awards.

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Research publications:

https://research.bond.edu.au/en/persons/peta-stapleton

Dr. Stapleton's clinical food craving program based on research trials: <a href="http://www.weightmanagementpsychology.com.au/onlinecourses/tappingforweightmanagement">http://www.weightmanagementpsychology.com.au/onlinecourses/tappingforweightmanagement</a>

