

Quitting Smoking: How to Use Emotional Freedom Techniques

Peta Stapleton BA, PGDipPsy, PhD, Brett Porter, EFT Practitioner
and Terri Sheldon, BA (Hons)

Abstract

Emotional Freedom Techniques (EFT) have been gaining strength in the published literature as strategies to reduce arousal symptoms such as anxiety. EFT falls under the umbrella of energy psychology techniques which combine physical or somatic processes with cognitive focus in order to reduce psychological distress. This article discusses the practical application of EFT to smoking cessation, and the associated physical and psychological concerns that can be addressed.

Keywords: Emotional Freedom Techniques (EFT), cigarettes, smoking, quit smoking, energy psychology, acupuncture point, acupuncture point, tapping

Introduction

The health consequences and medical costs associated with cigarette smoking are well established and research indicates increased morbidity and mortality from cardiovascular diseases, various forms of cancer, and chronic obstructive lung diseases in those who smoke (Klesges, Meyers, Klesges, & LaVasque, 1989). Despite knowledge of these adverse risks and consequences, tobacco use remains the leading cause of preventable morbidity and mortality in the United States (Services, 2010).

The immediate negative consequences of quitting cited by smokers include increased stress, restlessness, irritability, anxiety, negative affect and cravings (Hendricks, Wood, Baker, Delucchi, & Hall, 2011; McKee, O'Malley, Salovey, Krishnan-Sarin, & Mazure, 2005). One review (Hughes, Higgins, & Hatsukami, 1990) reported ex-smokers still experienced these negative residual effects months later, and not just in the early weeks after cessation. It is little wonder then that more than 95% of smoking cessation efforts fail within a year (Hughes, Keely, & Naud, 2003), and of those who quit without treatment and abstain for one year, two to 15% relapse each year thereafter (Hughes, Peters, & Naud, 2008). It appears that the experiences in the post-quit phase are vital to an individual's vulnerability to relapse (Yong, Borland, Cooper, & Cummings, 2010), and health behavior

models suggest that new behaviors must be linked to the satisfaction of the outcomes in order to persist (Rothman, Hertel, Baldwin, & Bartels, 2008).

A myriad of strategies exist to help prepare smokers to quit and avoid relapse: pharmacological products, motivational enhancement therapies, brief advice therapy, alternative counseling modes (telephone, Internet and computer), self-help, and individually tailored treatments (Collins, Witkiewitz, Kirouac, & Marlatt, 2010). However, a recent Cochrane review indicated that insufficient evidence exists to support the use of any specific behavioural intervention for helping smokers who have successfully quit for a short time to avoid relapse (Hajek, Stead, West, Jarvis, & Lancaster, 2009). Most interventions aimed at preventing relapse typically focus on teaching new skills to cope with temptations. However, these do not appear very effective or helpful in the long-term. The review recommended focusing on supporting initial cessation attempts and reducing associated physical and psychological negative consequences (Hajek, et al., 2009).

A different approach

The most difficult consequences of quitting cited by smokers include the craving urge and situational triggers, such as smoking while drinking coffee and lighting up when others light up. Strategies which specifically target these issues may be of great benefit. Approaches which target both the cognitive (negative thoughts) and somatic systems (cravings) are showing promise in this field. Generally termed 'energy psychology' approaches, these self-help processes are based on traditional exposure and response-prevention strategies belonging to the cognitive therapies, and non-Western techniques such as tapping on acupuncture points (Feinstein, 2012). The most widely used energy psychology modality is Emotional Freedom techniques (EFT).

EFT utilises the physical somatic activity of tapping with two fingers on acupuncture points on the face and body, while focusing cognitions on the psychological problem (Craig & Fowlie, 1995). This type of exposure therapy appears to activate the amygdala, a part of the brain linked to memory storage, threat responses such as flight, fight or freeze behaviours, and emotions such as pleasure, anger and fear. Researchers at Harvard Medical School, in a 10 year research program investigating the effects and mechanisms of stimulating specific acupuncture points for trauma related issues, found that rubbing, tapping or holding pressure on these points sent de-activating signals to the amygdala (Fang et al., 2009; Hui et al., 2000). By repeating the techniques while continuing to focus the mind on the psychological problem, the amygdala reduces its stress response, the hippocampus re-records the problem/memory without the physiological anxiety symptoms, and the neural pathways initially involved amend themselves so future confrontations with the problem or memory no longer cause distress (Feinstein, 2012).

The application of EFT to smoking cessation

A single, eight-hour smoking cessation session was offered to volunteer employees of a large nutritional company in 2011, and was followed with an individual session one week later. The program was conducted within the ethical guidelines of the Australian Psychological Society's Code of Ethics (Society, 2007). The program that was delivered was based on Carol Look's (2001) smoking cessation training manual and is discussed in detail here.

Prior to beginning the program, participants completed a smoking questionnaire which examined previous successes and failures in their quit attempts, family history, emotions associated with

smoking and quitting, perceived costs and negatives of changing the smoking habit, benefits and positives of continuing to smoke, perceived health beliefs about smoking consequences, issues relating to the present, past and future that may be linked to their smoking behaviours, and personal belief in the goal of quitting. At the completion of the eight-hour session, all participants were given an EFT treatment plan which contained common beliefs/thoughts or situations, setup statements and reminder phrases for future tapping processes (See Appendix 1), and all participants had an individual 45 minute session one week after the program finished.

Overview of the EFT Smoking Cessation Program

The eight EFT acupuncture point series used in this trial were based on standardised EFT protocols (Craig, 2011; Craig & Fowlie, 1995). Full instructions and safeguards are described in Flint, Lammers and Mitnick (2005). The specific components of the EFT and smoking program included:

1. Explaining the triggers and aspects of a smoking habit – this included the craving reflex and cycle and common emotions that emerge when attempting to quit
2. Exploring beliefs, present situation emotions, past emotions and memories relating to previous quit attempts, and future concerns related to triggering situations or events
3. Psycho-education about EFT
4. The application of EFT protocols to smoking cessation, including immediate cravings, favorite time of the day to smoke, withdrawal symptoms, thoughts and beliefs, emotions and issues associated with the past, and the future that may be maintaining smoking behaviour
5. The positive benefits of drinking water during the quitting process
6. In vivo exposure where participants engaged in smoking cigarettes (outside) while doing the EFT process
7. Aspects involved in the quitting process (e.g. psychological reversal where one part of the individual wants to change and another part, energetic or subconscious, is resistant to the change; hidden benefits in continuing to smoke; or feelings of deprivation)
8. The use of positive statements and “I choose” set-up statements
9. Future visualizations of being a non-smoker, and installing positive and negative beliefs attached to success

Targeting Common Concerns

Despite the known benefits of smoking cessation, people continue to have difficulty quitting their smoking habit. What stands in their way are vital issues that EFT can address. This eight-hour program targeted all the following as common issues.

1. Cigarettes as Tranquilizers

Clients wishing to quit smoking admit that they use cigarettes to avoid, numb or suppress a variety of feelings that are uncomfortable. Some people use cigarettes to relax and calm themselves, some use them for an energy boost, while still others use them to feel safe or protected. When using EFT for smoking cessation, investigating and addressing any underlying emotions that cause the person to reach for cigarettes is essential. EFT can be aimed at any uncomfortable and unwanted feelings (physical or emotional) or thoughts (imagination, memories, or beliefs) including loneliness, emptiness, rejection, anger, fear, and unworthiness. Once these underlying emotions are detected and treated with EFT, a person's cravings to smoke and numb or distract from these feelings is reduced or eliminated.

For one male (34 years) in the group program, the feeling of something in his mouth was uncovered during the EFT process. *"I've tried to quit before and always ended up having 3 packets of soothers a day instead. I didn't realize how intense the need was to have something in my mouth."*

2. Withdrawal Symptoms

One of the biggest fears clients share before beginning a quit smoking treatment is their fear of painful or uncomfortable withdrawal symptoms; often based on prior failed efforts at quitting that they experienced themselves or observed in others. Frequently it is more helpful to interpret withdrawal symptoms as the body's way of expressing physical or emotional anxiety about "giving up" the drugs and chemicals in cigarettes. The body literally craves the drugs and nicotine, and war stories from friends who have gone "cold turkey" abound. EFT can be used for each specific symptom as well as for the fear of the future and what withdrawal may feel like.

3. Favorite Times of Day to Smoke

When people quit on their own, they can fail to acknowledge the intensity of physical and mental associations they have with cigarettes. These associations are so powerful that they can lead a person to sabotage and fail as early as the first few days of quitting. Classic associations that must be addressed and treated are (a) smoking while on the telephone, (b) smoking while in the car, (c) smoking after a meal, (d) smoking during stressful times, (e) smoking before going to bed or after sexual intercourse, (f.) smoking in social situations and (g) smoking with a favorite drink such as coffee or beer.

One male participant in the group (34 years) shared his discoveries in the group program: "I've always had a cigarette with a coffee or beer, but didn't know how strong it was. It's like I HAVE TO HAVE ONE. I want to give up but part of me doesn't. I want to know if I WANT to have one [cigarette], I can."

All of these emotional links can be eliminated with EFT while stress in general is being neutralized. Ex-smokers feel quite confident that they can handle formerly difficult scenarios or times of day after learning the EFT procedure.

The essential questions

The answers to the following two questions must be uncovered and treated in order for smokers to successfully quit. Here are some examples of answers to question 1, *What is the downside to quitting smoking*:

- I won't know what to do with my hands
- I need the cigarettes for my identity
- If I quit, I won't know how to socialize or relax
- If I quit, I will have to achieve more
- If I quit, "they" will expect too much from me
- If I quit, I'll probably gain weight
- All my friends are smokers and if I quit I may not fit in anymore
- If I quit, I'll lose my friends

Some examples of answers to question 2, *What is the upside of remaining a smoker* are as follows:

- If I remain a smoker, I can hide from others
- If I keep smoking, I will remain thin
- If I stay a smoker, I can get away from people when I smoke

- If I keep smoking, I can clear my mind on a regular basis
- If I keep smoking, I will be like my father
- If I keep smoking, I'll feel better

While there are some common issues all smokers and tobacco users need to confront, each smoker who presents has a unique set of concerns about quitting. Some fear loneliness, some fear weight gain, others fear isolation from smoking peers. EFT can address all of the following problems smokers worry about:

- Immediate cravings
- Withdrawal symptoms
- Physical associations (smoking on the telephone)
- Relapse triggers
- Fear of slowing metabolism
- Fear of the future
- Identification with other smokers
- Identity issues in general

Using EFT gives people more control, empowerment, and is a portable tool that allows them to take action whenever they notice feelings or thoughts which they would have previously managed by smoking. It provides a more thorough understanding of why they smoked and why it had been such a struggle to quit. Weight gain can be averted and withdrawal symptoms minimized.

A 40-year female client in the group shared at the end of the day: *"I have no cravings, and I'm not missing it"*. She reported a week later *"I was worried I'd replace it [cigarettes] with food, but I haven't. I still haven't missed them [the cigarettes]."*

The Group Program - Social Validity Information

The eight-hour program included a participant evaluation which indicated at the end of the eight-hour program that on a seven-point likert scale (where zero equaled not useful at all and very difficult, and six was very useful and very easy), participants found the EFT information *quite useful* (M =5.2) and *quite easy* (M=5.09) to understand.

One Week Follow-Up

All participants engaged in an individual 45-minute follow-up session one week after the eight-hour session. Only one participant had returned to smoking, although reported at a much lower frequency and quantity. "I have smoked a few [1-3 cigarettes a day], but I am not lighting up until lunchtime. I used to eat in the morning and then light my first for the day. I did think the tapping was a bit weird to start, but now it's ok." ~ 22 year old male

One participant stated he had used the technique for an associated gambling problem, and experienced similar decreases in urges to his smoking reduction. "I have had no cravings for cigarettes since Saturday [group program] a week ago. I did the tapping on McDonalds and it worked! I also used it on the pokies [slot machines, gambling], and funnily it was the same feelings like the ciggies [excitement, anticipation, ashamed]. I got to a one [SUDS rating]. It is amazing". ~ 30 year old male

Case example

CT was a 48 year old married man with 2 adolescent sons. He worked fulltime as a supervisor for a mining company. As part of the EFT smoking group program, he discussed wanting to quit smoking in order to be “fitter.” He had previously attempted to quit 12 months earlier by going “cold turkey” but had recommenced smoking as part of a celebration. He reported having smoked 30 cigarettes a day since he was 16 years old, that his sons both smoked, and that he wife used to but had quit 23 years earlier.

CT reported drinking alcohol in moderation (2 beers a night) for relaxation purposes and that he was mostly fit and healthy despite smoking. He did state though, that he felt “gluggy in the chest” most mornings, which he attributed to smoking.

CT listed the following reasons for why he enjoyed smoking:

- It was relaxing and part of his lifestyle
- It calmed his nerves
- It had a mellowing effect for him
- It gave him a reason to have a break at work

In the individual session that followed the group program, CT reported still having had a craving for cigarettes even though he had not smoked for one week, and part of him did not want to smoke. Using EFT, this craving was addressed with the statement, “Even though I want this smoke [cigarette], but I don’t, I accept myself anyway.” CT rated his SUDS as a 2 out of 10 (10 being the highest) after one round of tapping, and reported that it was not quite targeting the feeling he was experiencing. When the wording was changed to “Even though I have this habit and I don’t want to have this habit anymore, I accept myself,” CT initially rated the statement as a 9 out of 10. Three rounds later, he rated the statement as a 1 out of 10.

Using EFT, we targeted certain feeling states CT reported. These included being angry that he was quitting smoking, partly worried about his health (chest feeling), and disappointed at himself as a poor role model for his sons. He also blamed himself for their smoking habits. By addressing each of these with a tapping statement, CT experienced a deeper aspect of the anger feeling. He recalled a memory of being 12 years old himself, and his father yelling at him to complete a chore at home. CT described the anger he had towards his father at that time, for being told what to do when he didn’t want to comply, and not being able to do anything as a 12-year old. In tapping on this memory and the feelings of anger towards his father, CT described that the anger he was currently feeling towards quitting cigarettes was similar. He said he had always wondered why he never had liked being told what to do at work and at home, and laughed out loud as he realised the connection to the memory from when he was 12-years old. After tapping on these issues, CT reported a 0 out of 10 SUDS rating.

In the session, we engaged in in-vivo exposure by having CT dry drag on a unlit cigarette for the smell and sensation, to see whether this increased his intensity or craving. It did not have any effect and CT still rated his craving as a 1. He said that in the tapping on the ‘habit statement’ early in the session, he had become aware of the notion that he did not have any goals in life. Through several more rounds of tapping on this, CT reported that he had given up a life goal many years ago to become highly skilled at karate because he believed he was unfit due to smoking. He was surprised when this surfaced through the tapping.

We used EFT to address this underlying belief (“Even though I quit karate because I thought I was unfit from smoking...”) and several other aspects and beliefs emerged. These included:

- If CT no longer smoked, how would he be able to enjoy a break from work? (He believed that without smoking he did not have a legitimate reason to go outside away from work for 5-10 minutes)
- If CT no longer smoked, how would he connect with his sons outside on the veranda every morning, when they had their first cigarette and coffee of the day? (Feelings of worry, inadequacy and awkwardness surfaced.)
- If CT no longer smoked, and pursued his old goal of karate, what if he was no longer as skilled as he used to be? (Anxiety, fear and self-consciousness emerged in his awareness.)

EFT was used on all of the beliefs and emotions that emerged, until CT reached a rating of 1 out of 10 for all of them. CT reported feeling “very calm and centred” when we finished the session, and did not have any craving for a cigarette. He stated that he now acknowledged the belief shift that he deserved a break at work as much as the next person and felt confident he could act on this without smoking. No further sessions were arranged, as the original group program and individual session were offered through the workplace.

One month later, CT sent an email as an update and reported that there had been a family birthday celebration and he had lit a cigar to have as part of the merriment but had been revolted at the taste after one drag. He had not smoked any cigarettes and still felt calm about his decision to quit. He had not noticed a need to have any breaks at work, but still felt confident to take them without needing to smoke in order to do so.

Therapist Notes

The two therapists involved in the group program provided these guidelines for further thought:

Clients often presume that using EFT will be the same experience as using self-control to reduce smoking or go ‘cold turkey’ and they may be resistant to trying EFT. Using self-control to not smoke is often fraught with concern because it relies on the same limited cognitive resource as that required by the executive functioning for making choices or decision-making (Vohs, Baumeister, Schmeichel, Twenge, Nelson, & Tice, 2008). The inevitable daily depletion of this resource from running our lives results in poorer performance in decision-making and diminished self-control, and most smokers are familiar with choice or decision fatigue that accompanies efforts to cease smoking.

EFT seems to not use this limited cognitive resource and it is essential for the therapist to challenge any presumption that it does, and help the client accept the possibility that it is a different process by asking “is it possible for you to miss something if you no longer desire (long for, crave) it?” When the client has confidently concluded that it is not possible (and this can be a protracted process of client obfuscation and confusion, requiring patience from therapist), the therapist proceeds by encouraging the client to just run their own experiment with the EFT and see if they really crave a smoke after using the technique. If the craving has diminished or disappeared the client may be astonished and spontaneously discover deeper aspects; the emotions that they were managing with smoking, which may then be addressed with EFT. Clients will be significantly helped if the therapist supports the realization that the only self-regulation the client needs for EFT to work is the relatively small amount required to apply the technique.

Further, the therapist should be aware of the phenomenon of a client, who even after experiencing complete loss of desire to smoke immediately after using EFT, subsequently reports new difficulties or even a smoking relapse, for which they have not used EFT. From the client's perspective this may be characterized as "now that I know it (EFT) works, I'm not going to use it". Clients will benefit from the therapist acknowledging the client's discovery of the strength of their habits and congratulating this progress. The therapist should encouragingly reintroduce EFT, particularly as a daily routine and for lesser discomforts and annoyances, while emphasizing that their EFT for smoking is the main experiment that the client is running.

Conclusions

Smoking is an important cause of global illnesses and mortality, and the health consequences that abound will continue to affect individuals at a world-wide level unless more effective preventive and therapeutic interventions are actioned. Energy psychology strategies, specifically EFT, are demonstrating effectiveness with a range of psychological conditions and traumas (Feinstein, 2010, 2012; Stapleton, Sheldon, & Porter, 2012; Wells, Polglase, Andrews, Carrington, & Baker, 2003), and because they can be self-applied, may be a fundamental adjunct in the process of quitting cigarettes. This overview of an eight-hour program may be of use at a clinical level, and highlights the major aspects which need to be addressed for effective smoking cessation.

Clients frequently present with a strong belief and fear, usually from their own experience using willpower or self-control/self-regulation, about how uncomfortable they will be if they do not smoke. This discomfort is associated with their familiar craving to smoke and an established habit and history of smoking. Because of this they do not readily imagine a future in which they would not have the desire to smoke. Their past and present experience of craving to smoke is dominant in formulating their expectation that they will always want to smoke.

EFT as a strategy for the many aspects associated with cigarette smoking, shows promise and usefulness. Applied in a group setting or individually, EFT may assist smokers to decrease the urge and cravings associated with their habit, as well as address underlying concerns related to their patterns.

Appendix A

TAPPING PLAN - EFT for Smoking (SAMPLER)

Peta Stapleton, PhD, Brett Porter, Terri Sheldon

In this outline we provide you with a plan for tapping to help you have an organized way of dealing with your issues surrounding your smoking habit, cigarette cravings and sabotaging behaviors and beliefs.

Directions for Use:

We recommend that you **set yourself 10 to 20 minutes per day** to tap on one or more of these issues and work your way through the plan systematically. Some of the issues may not apply to you. That's ok. Move on. If you are not sure if that issue is yours, tap on it anyway. Make sure you do read all of them though and see if they resonate for you.

The plan follows this format:

1. Address and Treat the Limiting Beliefs that Block Success and Sabotage you
2. Address and Treat the Emotional Themes that you may have around smoking
3. Address and Treat the "Feelings in the Now" around smoking
4. Address and Treat the "Past Feelings and Memories" around smoking
5. Address and Treat "Future Feelings" around smoking
6. Address and Treat your Lack of Belief in your End Goal Success

1. Address and Treat the Limiting Beliefs that Block Success and Sabotage you

Common Negative Belief or Thought	Set Up Statements	Reminder Phrases
I'll never get over it	1. Even if I never get over my smoking problem, I deeply and completely accept myself	I'll never get over it My smoking problem
I don't deserve.. I'm not worthy.. I'm not good enough..	2. Even though I don't deserve/ I'm not worthy of becoming a non-smoker, I deeply and completely accept myself Even though I don't deserve to succeed , I deeply and completely accept myself anyway Even though I don't deserve to be happy/ successful ...	I don't deserve success I'm not worthy Don't <input type="checkbox"/> deserve happiness..... I'm not good enough to succeed
It's not safe for me to reach my goal or try to reach my goal	3. Even though it's not safe for me to reach my goal, I deeply and completely accept	I don't feel safe It's not safe changing It's not safe for me

	myself	
Common Negative Belief or Thought	Set Up Statements	Reminder Phrases
It's not safe for others if I change	4. Even though it's not safe for others when I quit smoking, I deeply and completely accept myself Even though I'll feel guilty if I quit and.... doesn't, I deeply and completely forgive myself	It's not safe for others They won't be happy with me They'll feel threatened They'll reject me Feel guilty
I'll feel deprived if I change	5. Even though I know I'll feel deprived if I get over this problem, I deeply and completely accept myself	I'll feel deprived I'll feel sad Smoking has been my friend
Afraid to let go of this problem	6. Even though I'm afraid to let go of this problem , I deeply and completely accept myself	Afraid to let go Afraid to change
Don't believe in myself	7. Even though I don't believe I can reach my goal, I deeply and completely accept myself anyway.	Don't believe in myself Can't reach my goal
I can't quit as no one in my family has ever successfully quit	8. Even though no one in my family has ever quit for good and therefore I can't quit Even though I think it's my destiny to be a smoker.....	I can't quit No-one in my family has quit It's my destiny I'm stuck with it
I don't trust myself	9. Even though I don't trust myself to stay quit....	Don't trust myself It won't last It never lasts

Once you have tapped until your discomfort rating is down to a 1 or 0 do a positive round to install some positive beliefs – continue to do this after every section.

The positive round:

Setup Statement: “Even though I have these limiting beliefs that have blocked my success and sabotaged me, I choose to let them go and be a non smoker, in control, safe, happy and healthy”

Reminder Phrases (tapping on the indicated points):

- 1.Eyebrow: “My limiting sabotaging beliefs”
- 2.Side of Eye: “I choose to let them go”

- 3.Under eye: "I choose to place them in the past"
- 4.Nose: "I choose to let them go"
- 5.Chin: "I choose more positive beliefs"
- 6.Collarbone: "I choose to be in control & happy"
- 7.Under arm: "I can be healthy, safe and successful"
- 8.Head: "I'm successful, happy and healthy"

2: Address and Treat the Emotional Themes that you may have around Smoking

Feeling	Examples of Set up Statement	Reminder/Shortened phrase
Deprivation	Even though I feel deeply deprived... I deeply and completely accept myself anyway Even though when I try to restrict my smoking I feel deprived, I deeply and completely accept myself	Feel deeply deprived Restriction feels like deprivation
Abandonment	Even though I feel hurt about being abandoned I deeply and completely accept myself anyway	Feel abandoned Feel hurt
	Even though I feel abandoned, alone and don't understand why they left me I deeply and completely love and accept myself anyway.	Feel abandoned Feel Hurt Don't understand Why did they leave me?
	Even though I feel the need to smoke because it's been my only reliable friend after I was abandoned, I deeply and completely accept myself.	Smoking has been my friend Smoke to help abandonment

Other common feelings to address:

- Loneliness, emptiness
- Loss, sadness, grief
- Anxiety, stress
- Guilt
- Fear
- Anger & Resentment, Rebellious
- Inadequate or Not Good Enough
- Shame - **Note: Shame is another theme that requires forgiveness**
- Boredom – Smoking keeps me entertained, stops me getting bored....
- Feeling Unsafe
- Hopelessness

- Discouraged
- Disappointed
- Fatigue
- Heartbroken

3. Address and Treat the “Feelings in the Now” around smoking

- Identify smoking problems that trigger other feelings
- Identify problem times that trigger cravings/urges to smoke
- How do you feel when you see other people smoking?
- How do you feel when you smell cigarettes?
- How often do you think/ obsess about Smoking?
- Using all your senses imagine yourself at your goal of being quit (really feel it, smell it see it etc)
- Are you aware of how you feel in your body and mind when you smoke?
- How do you feel about yourself being a smoker?
- How would you feel if someone took away your cigarettes?
- Picture yourself with only 1 cigarette for the week. How do you feel?
- Picture yourself having 1/2 cigarette and leaving the rest – how do you feel?
- Picture yourself throwing a whole packet of cigarettes away. How do you feel?
- Do you use smoking to reward yourself?

4. Address and Treat the “Past Feelings and Memories” around smoking

Many habits are rooted in the past for us. Many clients talk about behaviours or specific smoking problems that are associated with particular memories e.g. I used to smoke with dad at the pub after work. Do you have any?

- What events from the past make you feel anxious/ guilty/ ashamed?
(With feelings of guilt and shame forgiveness it is important to include in the affirmation part of the setup statement.)
- What traumas from the past are you numbing with cigarettes?
- When did you first smoke? What feelings were you trying to cover up?
- When did you first use or abuse cigarettes to alter your mood?
- What did your family or friends say the last time you tried to quit?
- What losses in the past did you smoke over?

5. Address and Treat “Future Feelings” around smoking

- What other future situations might trigger your urge to smoke?
- What other benefits are there to staying a smoker?
- What other costs or negatives are there to reaching and maintaining your goal?
- Who will be angry at you if you are successful?
- Who will be jealous of you or feel betrayed by your success?
- What other negative consequences will occur if you change your smoking habit?
- Are you afraid of leaving your Comfort Zone?

6. Address and Treat your Lack of Belief in your End Goal Success

- Picture yourself in the future at your goal (non-smoker)...how do you feel?
- Imagine yourself being somewhere and not being able to smoke. Tap for anxiety or

discomfort.

- Imagine yourself at a family gathering/work function and not smoking. Tap for anxiety or discomfort.

APPENDIX B

EFT Tapping Worksheet

Date: _____

Issue/Feeling or Problem I need to work on:

Setup statement

Reminder Phrases:

Intensity rating 0 to 10 where 10 is worst can imagine and 0 is none

Before started Tapping:		End round 4		End round 8	
End round 1		End round 5			
End round 2		End round 6			
End round 3		End round 7		Final round	

If you get stuck at any particular intensity rating for several rounds then ask yourself whether something else has come up or another aspect has become more important that you may need to focus on first. If so start again with a setup statement for this issue. Checking the FAQ's at the end of the Tapping Plan document may also give you some clues. If you are experiencing significant distress or don't know what else to do we recommend you consult with a qualified health professional or EFT practitioner.

References

- Collins, S. E., Witkiewitz, K., Kirouac, M., & Marlatt, G. A. . Preventing Relapse Following Smoking Cessation. *Current Cardiovascular Risk Reports* 2010, 4(6), 421-428.
- Craig, G. *The EFT manual*. Fulton, CA: Energy Psychology Press 2011.
- Craig, G., & Fowlie, A. Emotional freedom techniques: The manual. *Sea Ranch, CA: Author* 1995.
- Fang, J., Jin, Z., Wang, Y., Li, K., et al. The salient characteristics of the central effects of acupuncture needling: Limbic-paralimbic-neocortical network modulation. *Human brain mapping*, 2009, 30(4), 1196-1206.
- Feinstein, D. Rapid treatment of PTSD: Why psychological exposure with acupoint tapping may be effective. *Psychotherapy: Theory, Research, Practice, Training; Psychotherapy: Theory, Research, Practice, Training*, 2010 47(3), 385.
- Feinstein, D. Acupoint Stimulation in Treating Psychological Disorders: Evidence of Efficacy [NEEDS PUBLICATION DETAILS] 2012.
- Flint, G. A., Lammers, W., & Mitnick, D. G. Emotional freedom techniques. *Journal of Aggression, Maltreatment & Trauma*, 2005, 12(1), 125-150.
- Hajek, P., Stead, L. F., West, R., Jarvis, M., & Lancaster, T. (2009). Relapse prevention interventions for smoking cessation. *Cochrane Database Syst Rev*, 1.
- Hendricks, P. S., Wood, S. B., Baker, M. R., Delucchi, K. L., & Hall, S. M. The Smoking Abstinence Questionnaire: measurement of smokers' abstinence-related expectancies. *Addiction*, 2011, 106(4), 716-728.
- Hughes, J. R., Higgins, S. T., & Hatsukami, D. K. Effects of abstinence from tobacco: A critical review. In: L. T. Kozlowski, H. Annis, H. D. Cappell, F. Glaser, M. Goodstadt, Y. Israel, H. Kalant, E. M. Sellers, & J. Vingilis (Eds.), *Research advances in alcohol and drug problems* (Vol. 10, pp. 317–398). New York: Plenum 1990.
- Hughes, J. R., Keely, J., & Naud, S. Shape of the relapse curve and long-term abstinence among untreated smokers. *Addiction*, 2003, 99(1), 29-38.
- Hughes, J. R., Peters, E. N., & Naud, S. Relapse to smoking after 1 year of abstinence: a meta-analysis. *Addictive Behaviors*, 2008, 33(12), 1516-1520.
- Hui, K. K. S., Liu, J., Makris, N., Gollub, R. L., Chen, A. J. W., et al. Acupuncture modulates the limbic system and subcortical gray structures of the human brain: evidence from fMRI studies in normal subjects. *Human brain mapping*, 2000, 9(1), 13-25.
- Klesges, R. C., Meyers, A. W., Klesges, L. M., & LaVasque, M. E. Smoking, body weight, and their effects on smoking behavior: a comprehensive review of the literature. *Psychological bulletin*, 1989, 106(2), 204.
- Look, C. *Quit smoking now with energy psychology: A training manual*. New York: Author 2001.
- McKee, S. A., O'Malley, S. S., Salovey, P., Krishnan-Sarin, S., & Mazure, C. M. (2005). Perceived risks and benefits of smoking cessation: gender-specific predictors of motivation and treatment outcome. *Addictive Behaviors*, 30(3), 423-435.
- Rothman, A., Hertel, A., Baldwin, A., & Bartels, R. Understanding the determinants of health behavior change: Integrating theory and practice. *Handbook of motivation science*, 2008, 494-507.
- Services, U. D. o. H. a. H. *How tobacco smoke causes disease: the biology and behavioral basis for smoking-attributable disease: a report of the Surgeon General*. Atlanta, GA: US Department of Health and Human Services, CDC 2010.
- Society, A. P. *APS Code of Ethics*. Melbourne: Australian Psychological Society 2007.
- Stapleton, P., Sheldon, T., & Porter, B. Clinical benefits of Emotional Freedom Techniques on food cravings at 12-mnths follow-up: A randomised controlled trial. *Energy psychology journal* 2012, 4(1), 1-11.

- Vohs, K.D.; Baumeister, R.F.; Schmeichel, B. J.; Twenge, et al. Making choices impairs subsequent self-control: A limited-resource account of decision making, self-regulation, and active initiative. *Journal of Personality and Social Psychology* 2008, 94(5), 883-898.
- Wells, S., Polglase, K., Andrews, H. B., Carrington, P., & Baker, A. H. Evaluation of a meridian-based intervention, Emotional Freedom Techniques (EFT), for reducing specific phobias of small animals. *Journal of Clinical Psychology* 2003, 59(9), 943-966.
- Yong, H. H., Borland, R., Cooper, J., & Cummings, K. M. Postquitting experiences and expectations of adult smokers and their association with subsequent relapse: Findings from the International Tobacco Control (ITC) Four Country Survey. *Nicotine & tobacco research*, 2010, 12(suppl 1), S12-S19.

Peta Stapleton BA, PGDipPsy, PhD Dr Peta Stapleton has 20 years' experience and is a registered Clinical and Health Psychologist in the State of Queensland, Australia and as a Certified Practitioner of Neuro-Linguistic Programming, Time Line Therapy and EFT. Peta works fulltime as Assistant Professor in Psychology at Bond University and has been awarded many honours including the Australian Psychological Society Elaine Dignan Award for research into women's issues. Peta has recently investigated the impact of EFT in the treatment of food cravings (Association of Comprehensive Energy Psychology Seed Grant 2007), and is currently comparing EFT against Cognitive Behavioural Therapy for food cravings (Association of Comprehensive Energy Psychology Seed Grant, 2012). See www.foodcraving.com.au.



All correspondence to:
Dr Peta Stapleton
Assistant Professor
School of Humanities (Psychology)
Bond University
Gold Coast, Queensland, 4229
Australia
Tel. +61 7 55952 515, Fax: +61 7 55952 540, peta_stapleton@bond.edu.au

Brett Porter is a Certified Practitioner of NLP, Time Line Therapy and EFT. Brett has 32 years' experience working in Government and corporate agencies including 25 years as a national park ranger in Queensland, Australia.



Terri Sheldon has 26 years of clinical experience working with children, adolescents and adults as a registered Psychologist. Terri has specialist training in Eye Movement Desensitisation and Reprocessing (EMDR), and is a Certified Practitioner of EFT and NLP.



TERMS OF USE

The International Journal of Healing and Caring On Line is distributed electronically as an open access journal, available at no charge. You may choose to print your downloaded copy of this article or any other article for relaxed reading.

We encourage you to share this article with friends and colleagues.

The International Journal of Healing and Caring – On Line

P.O. Box 76, Bellmawr, NJ 08099

Phone (609) 714-1885 Fax (519) 265-0746

Email: center@ijhc.org Website: <http://www.ijhc.org>

Copyright © 2013 IJHC. All rights reserved.

DISCLAIMER: <http://www.wholistichealingresearch.com/disclaimer.html>