EFT FAQ

- What is EFT?
- How easy is EFT to learn?
- Does EFT have side effects?
- How does hypnosis differ from EFT?
- Are there any research studies on EFT?

Answers to Frequently Asked Questions

What is EFT?

Emotional Freedom Techniques (EFT) is a very simple and safe approach to dealing with emotional baggage, chronic stresses, past failures and current anxieties. EFT is one of the easiest ways to relieve pain, heal trauma, maximize your success at weight loss and improve your performance. It involves self-tapping on acupuncture meridian points while repeating short statements about a particular emotional experience or belief. Activation of the energy meridians in this fashion deletes the body memory of the issue connected to the memory in the brain allowing anxiety to be replaced by emotional freedom.

How easy is EFT to learn?

Nine different acupoints are used during EFT, each on different meridians. There are 5 on the face, 3 on the chest and 1 on top of the head. Once you learn where they are, the process takes just a few minutes. You tap seven times on each of the acupoints with your index and long fingers while repeating short phrases summarizing your issue. You report your Subjective Units of Distress (SUDS) before and after tapping on a scale of 0 to 10, with 0 being no distress and 10 being the worst you can imagine. Some issues go to 0 and disappear immediately after the tapping never to return, especially those relating to situations from the past. Others take persistence, particularly when they relate to ongoing stressful situations.

Does EFT have side effects?

EFT is safe and can be repeated on your own as often as needed. There are no side effects, but tapping on deep emotional issues can bring up unexpected feelings. The most people usually experience is a few tears related to difficult subjects that they are tapping on, but that quickly shifts to feelings of relief. There is no catharsis or drama. Once negative beliefs are deleted, positive beliefs can be tapped in. EFT can be applied to a variety of physical and emotional conditions related to past trauma, often decreasing the need for medication and the side effects that go with it. One of the side benefits of EFT is that sometimes other issues resolve that you are not even specifically tapping on.

How does hypnosis differ from EFT?
Hypnosis can be thought of as the opposite of EFT, since the focus is on installing positive suggestions in the subconscious mind while EFT focuses on deleting deeply held negative beliefs. Hypnosis also uses an altered state of consciousness in the form of trance while EFT is done in normal waking consciousness. EFT is usually performed prior to hypnosis, since the positive suggestions work more effectively once the negative beliefs are deleted. Sometimes simple imagery with a minimal degree of trance is used during EFT prior to more formal trance induction with hypnosis. Self-hypnosis is also taught as an easy-to-use self-healing technique.

Are there any research studies on EFT?


   Abstract
   Previous research (Salas, 2000; Wells, et al., 2003), theoretical writings (Arenson, 2001, Callahan, 1985, Durlacher, 1994, Flint, 1999, Gallo, 2002, Hover-Kramer, 2002, Lake & Wells, 2003, Lambrou & Pratt, 2000, and Rowe, 2003), and many case reports (http://www.emofree.com) have suggested that energy psychology is an effective psychotherapy treatment that improves psychological functioning. The purpose of the present study was to measure any changes in psychological functioning that might result from participation in an experiential Emotional Freedom Techniques (EFT) workshop and to examine the long-term effects. Using a time-series, within-subjects repeated measures design, 102 participants were tested with a short-form of the SCL-90-R (SA-45) 1 month before, at the beginning of the workshop, at the end of the workshop, 1 month after the workshop, and 6 months after the workshop. There was a statistically significant decrease (p < 0.0005) in all measures of psychological distress as measured by the SA-45 from pre-workshop to post-workshop which held up at the 6-month follow-up.


   Abstract
   With a large number of US military service personnel coming back from Iraq and Afghanistan with posttraumatic stress disorder (PTSD) and co-morbid psychological conditions, a need exists to find protocols and treatments that are effective in brief treatment timeframes. In this study, a sample of 11 veterans and family members were assessed for PTSD and other conditions. Evaluations were made using the SA-45 (Symptom Assessment 45) and the PCL-M (Posttraumatic Stress Disorder Checklist - Military) using a time-series, within-subjects, repeated measures design. A baseline measurement was obtained thirty days prior to treatment, and immediately before treatment. Subjects were then treated with a brief and novel exposure therapy, EFT (Emotional Freedom Techniques), for five days. Statistically significant improvements in the SA-45 and PCL-M scores were found at posttest. These gains were maintained at both the 30- and 90-day follow-ups on the general symptom index, positive symptom total and the anxiety, somatization, phobic anxiety, and interpersonal sensitivity subscales of the SA-45, and on PTSD. The remaining SA-45 scales improved posttest but were
not consistently maintained at the 30- and 90-day follow-ups. One-year follow-up data was obtained for 7 of the participants and the same improvements were observed. In summary, after EFT treatment, the group no longer scored positive for PTSD, the severity and breadth of their psychological distress decreased significantly, and most of their gains held over time. This suggests that EFT can be an effective post-deployment intervention.


Abstract
This study explored whether a meridian-based procedure, Emotional Freedom Techniques (EFT), can reduce specific phobias of small animals under laboratory-controlled conditions. Randomly assigned participants were treated individually for 30 minutes with EFT (n = 18) or a comparison condition, Diaphragmatic Breathing (DB) (n = 17). ANOVAs revealed that EFT produced significantly greater improvement than did DB behaviorally and on three self-report measures, but not on pulse rate. The greater improvement for EFT was maintained, and possibly enhanced, at 6 - 9 months follow-up on the behavioral measure. These findings suggest that a single treatment session using EFT to reduce specific phobias can produce valid behavioral and subjective effects. Some limitations of the study are also noted and clarifying research suggested.


Abstract
Energy psychology utilizes cognitive operations such as imaginal exposure to traumatic memories or visualization of optimal performance scenarios—combined with physical interventions derived from acupuncture, yoga, and related systems—for inducing psychological change. While a controversial approach, this combination purportedly brings about, with unusual speed and precision, therapeutic shifts in affective, cognitive, and behavioral patterns that underlie a range of psychological concerns. Energy psychology has been applied in the wake of natural and human-made disasters in the Congo, Guatemala, Indonesia, Kenya, Kosovo, Kuwait, Mexico, Moldavia, Nairobi, Rwanda, South Africa, Tanzania, Thailand, and the U.S. At least three international humanitarian relief organizations have adapted energy psychology as a treatment in their post-disaster missions. Four tiers of energy psychology interventions include 1) immediate relief/stabilization, 2) extinguishing conditioned responses, 3) overcoming complex psychological problems, and 4) promoting optimal functioning. The first tier is most pertinent in psychological first aid immediately following a disaster, with the subsequent tiers progressively being introduced over time with complex stress reactions and chronic disorders. This paper reviews the approach, considers its viability, and offers a framework for applying energy psychology in treating disaster survivors.

Abstract
The aim of this study was to examine if self-administered EFT (Emotional Freedom Techniques) leads to reduced pain perception, increased acceptance, coping ability and health-related quality of life in individuals with fibromyalgia. 86 women, diagnosed with fibromyalgia and on sick leave for at least 3 months, were randomly assigned to a treatment group or a waiting list group. An eight-week EFT treatment program was administered via the Internet. Upon completion of the program, statistically significant improvements were observed in the intervention group (n=26) in comparison with the waiting list group (n=36) for variables such as pain, anxiety, depression, vitality, social function, mental health, performance problems involving work or other activities due to physical as well as emotional reasons, and stress symptoms. Pain catastrophizing measures, such as rumination, magnification and helplessness, were significantly reduced, and the activity level was significantly increased. The number needed to treat (NNT) regarding recovering from anxiety was 3. NNT for depression was 4. Self-administered EFT seems to be a good complement to other treatments and rehabilitation programs. The sample size was small and the dropout rate was high. Therefore, the surprisingly good results have to be interpreted with caution. However, it would be of interest to further study this simple and easily accessible self-administered treatment method, which can even be taught over the Internet.


Abstract
Motor vehicle accidents (MVA) are a common cause of post-traumatic stress disorder (PTSD). Energy psychology (EP) approaches such as EFT (Emotional Freedom Techniques) are a new form of exposure therapy used to treat PTSD from a variety of different causes. These techniques provide an attractive alternative to more well-established approaches such as cognitive behavioral therapy (CBT) due to the potential for accelerated healing similar to what has been demonstrated with eye movement desensitization and reprocessing (EMDR). There are only a few reports in the literature of the use of EP for the treatment of PTSD resulting from MVA. This clinical report presents three case histories documenting the use of single session EFT for the treatment of acute psychological trauma immediately after a car accident, urticaria as a component of acute stress disorder (ASD) two weeks after a car accident, and PTSD and whiplash syndrome 11 months after a car accident. These cases are discussed in the context of a review of the current literature on PTSD after MVA followed by recommendations for future research.

For an up-to-date list of all the scientific research on EFT see:
https://www.eftuniverse.com/research-studies/eft-research
https://www.energypsych.org/page/Research_Landing