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Serina Deen, M.D., MPH

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Serina Deen earned her B.A. from Princeton University, graduating magna cum laude with a degree in Psychology. She completed a dual M.D./M.P.H. program at Mount Sinai School of Medicine and graduated with a distinction in research. She is a fourth-year psychiatry resident at Columbia University, and will be starting a fellowship in public psychiatry at the University of San Francisco, California in July.

Blog Entries by Serina Deen, M.D., MPH

Tapping Away Trauma: 'Emotional Freedom' Techniques

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My medication management supervisor Dr. Tranguch and I are huddled over our chairs somewhat conspiratorially, and for once, I'm glad that there are no windows in my office. As a psychiatric resident, getting one-on-one supervision is a valuable way to learn, and right now I'm learning something quite unusual.

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My medication management supervisor Dr. Tranguch and I are huddled over our chairs somewhat conspiratorially, and for once, I'm glad that there are no windows in my office. As a psychiatric resident, getting one-on-one supervision is a valuable way to learn, and right now I'm learning something quite unusual.

I'm sitting there repeating the affirmation, "Even though I have this sadness, I deeply love and accept myself," while tapping on my temple. It's Tuesday at 10:15 a.m., our regular time for supervision. I'm supposed to be telling Dr. Tranguch about the new patients I've admitted to the clinic, and he's supposed to be advising me on what medication to start them on, dosages, and side effects. Instead, Dr. Tranguch is tapping on his face, hands, and torso while repeating key phrases, and I'm following him like a trained monkey.

I had thought of Dr. Tranguch as a hard-and-fast neuroscientist -- he did, after all, complete a Ph.D. analyzing the structure of nuclear RNA in yeast. But despite his scientific bent, he seemed to have a warm side, a set of laugh lines under his scholarly wire-rimmed glasses. Over time, I felt comfortable enough to disclose to him that I was a meditator, and while I

thought medications were absolutely essential for some patients, I also found meditation very helpful in the treatment of some of my patients, in particular those with serious conditions like borderline personality disorder. When Dr. Tranguch didn't scoff at the idea of meditation, and instead launched into an enthusiastic discussion about the benefits of alternative techniques in psychiatry, I was relieved. And intrigued. For years, Dr. Tranguch has been hypnotizing his patients, using techniques involving eye movements to treat trauma victims, and even experimenting with the Japanese spiritual practice of Reiki to heal patients.

Even more intriguing, he had been using tapping techniques called "Emotional Freedom Techniques," or EFT, which he was demonstrating on me today. When he first introduced the acronym, I thought it was ironic how close "EFT" was to "ECT," or electroconvulsive therapy. While EFT involves repeating loving self-affirmations, ECT involves inducing brain seizures via bursts of electricity to the temples. But it turns out that although these are quite different treatments, both seem to be rapid and effective ways to relieve emotional distress.

Here is how EFT works: I select a problem that causes me distress. I pick a recent loss and I name the emotion I feel (for me, sadness, as opposed to anger, anxiety, craving, etc.). I then summon up the feeling of sadness, focus on where it manifests in my body (the pit of my stomach), and rate my distress on a scale from one to 10 (it was 7/10 that day for me). Then I repeat, "Even though I have this sadness, I deeply love and accept myself" (I pause before I say this, thinking, "Do I really?") -- and I begin to tap in the nine points that Dr. Tranguch demonstrates for me, while repeating the reminder phrase "this sadness." Adding to the quirkiness, I also follow Dr. Tranguch as he rolls his eyes in different directions, counts forwards and backwards, and hums a bar of a familiar song (for me, "Somewhere Over the Rainbow"). I feel pretty silly. But I also trust Dr. Tranguch, and I try my hardest to focus on the feeling and believe what I'm saying to myself.

Dr. Tranguch tells me EFT involves techniques that combines exposure, cognitive restructuring, waking hypnosis, and physical relaxation while tapping on a sequence of pressure points and repeating key phrases out loud. The mechanism of action is unknown; but one suggestion is that physical stimulation of certain pressure points during exposure to an emotional trauma may send deactivating signals directly to the amygdala, or the "fear center" of your brain, resulting a rapid reduction of maladaptive fear.

At the end of the supervision session, Dr. Tranguch asks me conjure up the loss again: He calls upon me to focus on it and rate my sadness. But, try as I may to find the sadness, it's just not there. 0/10! I concentrate harder: still nothing. I look up at Dr. Tranguch in disbelief, and he smiles. I can tell he's had this reaction from patients and colleagues many times before. I'm incredulous, skeptical, and a little pissed off. Did that just work? Was it a trick, a distraction technique? And if that did work, why did I bother going to medical school and doing a psychiatry residency?

Fortunately for my ego and unfortunately for my emotional well-being, the effect soon wears off. Several hours later, I'm sad again. But somehow, in a way that I absolutely can't explain, my loss feels a bit less traumatic. It's still sad, but it's not as painful. And that is what EFT purports to do -- to help reduce emotional trauma, and pain.

As a now fully socialized medical professional, I immediately do a literature review on the controversial technique. There are a number of recent studies that show positive effects of EFT in depression, anxiety, PTSD, phobias, and food cravings. Some suggest that the

benefits of EFT were due to placebo, desensitization and distraction rather than the mechanisms proposed by its practitioners. But overwhelmingly, it did seem that there were benefits.

After Dr. Tranguch leaves, I contemplate whether to try this technique with my patients. It's non-invasive, rapid-acting, can be self-administered, and I did feel the benefits myself, firsthand. Would I be holding back if I didn't teach it to my patients? Or would it damage my alliance with them? Would they consider me a new-age hack? After all, I don't have the Ph.D., age, or scholarly wire-rimmed glasses that Dr. Tranguch has to bolster his credibility. I am just a resident.

It's now a year later. I ended up doing what I always do when I start something new that I'm not too sure about or good at yet (like cooking) -- I experimented on my friends. They largely had the same positive experience I had. I even did EFT on myself a few times when I felt overwhelmed with an emotion. I still haven't tried it on my patients, but I'm about to graduate in a month and become a fully-fledged psychiatrist. And I think it's about time to take a risk and start.

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Serina Deen, M.D. MPH, is completing her residency at Columbia University/New York Presbyterian Hospital. She will be pursuing a fellowship in public psychiatry at the University of California at San Francisco.

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