

DOSSIER · THERAPY

EFT (Tapping Acupressure, Emotional Freedom Techniques)

This page summarises the state of research on **EFT (Emotional Freedom Techniques)**, a tapping acupressure procedure. The research focuses on psychological distress, but shows methodological weaknesses that limit the strength of the evidence. The most interesting finding: Controlled studies suggest effects on **stress and anxiety**, yet the mechanisms remain unclear.

165

STUDIES IN
TOTAL

113

IN HUMANS

66

OF WHICH
CONTROLLED

2

IN ANIMALS

0

IN THE LAB

Figures from the IHR study database · Last updated 2026-10-04

How to Read This Dossier

ESTABLISHED

measured in humans, with a
comparison group

PLAUSIBLE

supported by mechanism, animal
studies or observation

HYPOTHESIS

a likely connection that still needs to
be tested

EFT (Tapping Acupressure, Emotional Freedom Techniques) at a Glance

ORIGIN:

EFT (Emotional Freedom Techniques) is a tapping acupressure procedure that combines elements of Traditional Chinese Medicine (TCM) with modern psychotherapeutic approaches. Developed in the 1990s by Gary Craig on the basis of Thought Field Therapy (TFT) by Roger Callahan, it is based on the assumption that psychological distress arises from disturbances in the body's energy flow. Application takes place through light tapping on defined acupuncture points while the user focuses on a specific emotional or physical problem.

EVIDENCE BASE:

165 evaluated studies · 66 controlled human studies · 47 observational studies · 22 review articles · 2 animal studies · 0 cell-culture studies

STRONGEST EVIDENCE:

- Cognition and psyche Controlled studies showed highly significant reductions in stress, anxiety and burnout after a single EFT session ($p < 0.001$). Meta-analyses report large effect sizes (Cohen's $d = 1.85$) for PTSD, anxiety and depression, albeit with heterogeneous study quality and missing long-term data.
- Exhaustion and stress RCTs provided an indication of significant improvements in PTSD symptoms (veterans) and stress-related tension headaches, comparable to EMDR. A meta-analysis (18 RCTs) showed moderate effect sizes (Hedge's $g = -0.66$) for psychological distress, yet few comparisons with established therapies.
- **Oncology:** An RCT with 121 cancer patients (EMOTICON study) showed significant reductions in cancer-related cognitive impairment (sr-CRCI) after 16 weeks of EFT ($p < 0.01$), but no long-term data or comparisons with cognitive training methods.
- Biochemical markers Two preclinical animal studies reported significant cortisol reductions (up to 43.24 %). The clinical relevance of these changes and their transferability to humans have not been examined.
- Culture-specific syndromes An RCT with 40 patients with Hwabyung (Korean syndrome of suppressed anger) showed significant improvements in symptoms (-13.95 %), anxiety (-12.57 %) and depression (-32.11 %) after 4 weeks of EFT, but no long-term data.

LIMITATIONS:

- Methodological weaknesses such as small sample sizes, lack of blinding and absence of active control groups limit the strength of the findings. Many studies compare EFT with wait-list controls, leaving specific efficacy unclear.
- Unclear mechanistic foundations: Biochemical changes (e.g. cortisol) could result from non-specific effects such as attention or relaxation rather than the tapping itself.
- Missing long-term data and direct comparisons with established therapies (e.g. CBT, exposure therapy) complicate assessment of the relative efficacy of EFT.

CLASSIFICATION:

EFT is a tapping-acupressure procedure with short-term efficacy for psychological distress such as stress, anxiety and PTSD. The methodological weaknesses, missing long-term data and unclear mechanisms of action require further research, particularly direct comparisons with established therapies and mechanistic studies.

EFT (Emotional Freedom Techniques) is a **tapping acupressure** procedure that combines elements of **Traditional Chinese Medicine (TCM)** with modern psychotherapeutic approaches. It is based on the assumption that psychological distress arises from disturbances in the **body's energy flow**. The procedure is typically carried out in several steps: identification of the problem, rating of emotional intensity, formulation of an affirmative statement and repeated tapping on the points, accompanied by verbal engagement with the issue. EFT is frequently used in **individual sessions** or as a **self-help technique** and originally derives from **Thought Field Therapy (TFT)**, a method developed by Roger Callahan.

For understanding the evidence base it is crucial that **EFT is not a standardised procedure**. Execution varies according to therapist, setting and target group. Some studies use **manual protocols**, others combine EFT with **cognitive behavioural therapy (CBT)** or **mindfulness exercises**. Effects are usually measured via **psychometric scales** (e.g. anxiety or depression inventories) or **biochemical markers** (e.g. cortisol levels). Because EFT is often employed as a **complementary method**, distinguishing it from other therapeutic approaches in studies is difficult. In addition, **long-term data** or **comparisons with established therapies** are frequently absent, which complicates interpretation of the results.

EFT (Emotional Freedom Techniques, tapping acupressure) is a procedure developed in the 1990s by Gary Craig on the basis of Thought Field Therapy by Roger Callahan. It combines elements of exposure therapy, cognitive reappraisal and somatic stimulation. During application the person focuses on a distressing feeling, memory or physical symptom, names it in a sentence and simultaneously taps a fixed sequence of points on the head, face, torso and hands with the fingertips. These points are taken from traditional acupuncture theory. EFT is taught both as therapist-guided treatment and as a self-application technique.

The procedure aims to release emotional blockages and alleviate physical and psychological symptoms. It is used in various contexts, including anxiety disorders, trauma-related disorders and somatoform complaints. Application usually takes place in individual sessions or as a self-help technique; the tapping sequence is standardised while the naming of the symptom is individually adapted.

The direct evidence base for EFT comprises 113 human studies, of which 66 are controlled trials, together with a total of 165 publications. The results are heterogeneous: some studies show significant effects on anxiety, stress and post-traumatic symptoms, while others fail to demonstrate superiority over control conditions or placebo interventions. Methodological quality varies widely, and meta-analyses point to publication bias as well as small sample sizes. The evidence is therefore insufficient to classify EFT as an established procedure, but it offers starting points for further research.

When few or no studies exist for a procedure, this says nothing about its effect—only about the state of research. We therefore examine what is known about the building blocks of the procedure: 349 studies on related procedures and mechanisms, of which 172 are controlled human trials. The references lead to the source list at the end of the page.

PROVEN Exposure therapy and cognitive reappraisal are effective components in the treatment of anxiety disorders and PTSD. Digital or peer-supported variants of these therapies achieve comparable effects to traditional settings.

PROVEN Acupressure and auricular stimulation demonstrably reduce pain, anxiety and inflammatory markers.

PLAUSIBLE Somatic self-regulation through touch or stimulation can modulate physiological stress responses. Mechanistic studies suggest that acupressure increases heart-rate variability via vagal stimulation and influences the hypothalamic-pituitary-adrenal axis. The combination of exposure with somatic stimulation could enhance extinction learning, as shown in animal models ²⁵.

PLAUSIBLE Self-administered acupressure relieves functional gastrointestinal symptoms. A randomised study in irritable bowel syndrome (IBS-D) shows that targeted acupressure improves symptom severity, stool consistency and accompanying psychological symptoms ²⁴. The results support the assumption that somatic stimulation influences visceral sensitivity and autonomic regulation.

HYPOTHESIS The combination of exposure, cognitive reappraisal and somatic stimulation could produce synergistic effects. While the individual components have evidence, controlled studies that systematically test the specific combination of these elements in EFT are lacking. The assumption that tapping accelerates cognitive processing remains hypothetical.

HYPOTHESIS EFT combines three mechanisms of action: (1) exposure through focusing on the distressing event, (2) cognitive reappraisal through naming the symptom and (3) somatic stimulation through tapping. Cognitive reappraisal resembles techniques of cognitive therapy, yet in EFT it is less structured and not explicitly directed at dysfunctional thoughts.

HYPOTHESIS Somatic stimulation through tapping could act via two pathways: (a) distraction from the emotional burden, which reduces symptom intensity in the short term, or (b) direct modulation of physiological stress responses. The assumption that stimulation of specific points (e.g. acupuncture points) is necessary is relativised by studies showing non-specific touch to be equally effective. The mechanism of action therefore remains speculative, as the combination of the three elements in EFT has not been systematically tested against its individual components.

1. What EFT (Tapping Acupressure, Emotional Freedom Techniques) Is

The procedure thus integrates three central components: **focusing on a specific problem (exposure), verbal naming and cognitive reappraisal, and physical stimulation through tapping**. The sequence of tapping points follows a standardised pattern that remains the same regardless of the individual concern. EFT is used in various contexts, including anxiety disorders, phobias, traumatic memories, pain and stress-related complaints.

2. Direct Evidence Base

The direct evidence base for EFT comprises 113 human studies, of which 66 are controlled trials, together with a total of 165 publications. The results suggest possible efficacy for various psychological and physical complaints, albeit with heterogeneous quality and partly small sample sizes. The evidence is not yet sufficient to classify EFT as an established procedure, but it provides a basis for further research.

3. Related Evidence: What Studies in the Same Direction Show

Proven: Exposure therapy and cognitive reappraisal are effective components of trauma therapy. Studies show that prolonged exposure (PE) and cognitive processing therapy (CPT) lead to significant symptom reductions in post-traumatic stress disorder (PTSD). For example, ³¹ demonstrates the efficacy of digital PE in complex PTSD, while ³³ and ³⁷ evidence the effects of PE and CPT on individual PTSD symptoms such as avoidance behaviour and hypervigilance. These procedures form a central component of EFT, whose efficacy is thus partly based on established mechanisms.

Proven: Acupressure and touch reduce pain, anxiety and physiological stress parameters. Controlled studies demonstrate the efficacy of acupressure for acute and chronic pain (²⁹, ³⁵), anxiety before medical procedures (³⁰, ³⁵) and withdrawal symptoms. Meta-analyses further show that auricular stimulation has anti-inflammatory effects and lowers stress markers such as cortisol (³²). These results support the assumption that somatic stimulation in EFT can produce physiological and psychological relief.

Plausible: Somatic self-regulation can influence emotional processes. The combination of physical stimulation and cognitive focus in EFT resembles approaches such as auricular acupressure, which is effective for sleep disorders (³⁶) and irritable bowel syndrome (²⁴). Mechanistically, activation of specific body points could act via the autonomic nervous system or modulation of neurotransmitters (e.g. GABA). However, direct studies examining this transfer to EFT are lacking.

Plausible: Digital and self-administered therapy forms are feasible and effective. Studies such as ³⁴ show that self-directed exposure therapies (e.g. written trauma exposure) lead to clinically relevant improvements in PTSD and sleep disorders. This suggests that EFT could potentially be effective as a self-help tool, provided the exposure component is adequately implemented. However, dropout rates in digital therapies are high (³⁴), indicating limits to self-application.

Hypothesis: The combination of the components could act synergistically. While exposure and cognitive reappraisal have been well studied in isolation, it is unclear whether the additional somatic stimulation in EFT provides added value. Studies such as ²⁵ suggest that different exposure processes (e.g. inhibitory learning vs. habituation) can lead to similar outcomes. Whether tapping in EFT enhances the efficacy of exposure or merely functions as a non-specific calming mechanism remains an open question.

4. Mechanism of Action

Hypothesis: EFT combines three mechanisms of action whose interplay is not yet fully clarified. The exposure component – naming and focusing on a distressing topic – corresponds to the principles of prolonged exposure, whose efficacy in PTSD and anxiety disorders is proven ^(31, 33). However, EFT lacks the systematic, repeated confrontation with the trauma that is usual in PE. Instead, exposure is combined with cognitive reappraisal (e.g. “Even though I feel anxious, I accept myself”) and somatic stimulation. This combination could facilitate emotional processing by promoting cognitive distancing while simultaneously reducing physiological arousal.

Plausible: Somatic stimulation could act via non-specific calming mechanisms. Studies on acupressure show that stimulation of certain points relieves anxiety and pain ^(29, 35), possibly through activation of the parasympathetic nervous system or release of endorphins. In EFT, tapping could produce similar effects by reducing physical tension and thereby facilitating cognitive reappraisal. However, it is unclear whether the specific tapping points play a role or whether any form of rhythmic touch would produce similar effects. The meta-analysis on auricular stimulation ⁽³²⁾ suggests that point selection may be relevant, yet direct comparisons are lacking.

Hypothesis: Cognitive reappraisal in EFT could enhance exposure. The verbal formulation of an acceptance statement (e.g. “I accept myself despite my anxiety”) resembles techniques of cognitive therapy that question dysfunctional thoughts. Studies such as ³³ show that CPT and PE set different emphases in symptom reduction (e.g. PE acts more strongly on avoidance behaviour). In EFT, the combination of exposure and cognitive reappraisal could act synergistically by promoting both emotional processing and cognitive reappraisal. However, studies directly testing this hypothesis are lacking.

5. What the Studies Show in Detail

The supporting human studies and the most important reviews — by application area, with population, duration, preparation, measure and result, as the original works report them. Numbers appear only where the work states them.

Distribution of **controlled human studies** by application area — the numbers are not additive, as one work may be assigned to several areas:

APPLICATION AREA	CONTROLLED STUDIES
Cognition and psyche	51
Fatigue and stress	41
Safety and tolerability	10
Oncology	8
Musculoskeletal system	6
Viral infections	1
Inflammatory processes	1
Immune system	1

Cognition and Psyche

Participants were randomised to an intervention group (n=35) or an untreated control group (n=37). The intervention group showed highly significant reductions in stress ($p < 0.001$), anxiety ($p < 0.001$) and burnout ($p < 0.001$), whereas the control group showed no statistically significant changes ($p > 0.05$). The study demonstrated the short-term efficacy of a single EFT session but includes no follow-up measurements to examine the sustainability of the effects ¹.

In RCTs the effect size (Cohen's d) was 1.85 post-intervention, 1.21 at follow-ups under 90 days and 1.11 at follow-ups over 90 days. The results provide an indication of sustained efficacy; however, study designs and the quality of the included studies varied considerably, limiting comparability ³.

In an RCT with 16 veterans with clinically relevant PTSD symptoms, the effect of 10 one-hour EFT sessions was examined. Participants were randomised to an EFT group (with additional standard treatment) or a wait-list group (standard treatment only). The study showed biological and psychological effects but is limited in its evidential value due to the small sample size (n=16) and the absence of an active control group ⁵.

Another RCT with 21 veterans with subclinical PTSD symptoms compared EFT (6 sessions) with a waitlist group (standard treatment). The effect size (Cohen's d) was 1.99, indicating a strong effect. The study showed the sustainability of the effects; however, a comparison with established therapies such as cognitive behavioural therapy (CBT) is lacking ⁶.

In a pilot study with 63 gifted adolescents (10–18 years) EFT was compared with CBT and a waitlist group. The participants received three individual sessions. EFT led to a significant reduction in anxiety scores (measured with the Revised Children's Manifest Anxiety Scale-2), comparable to CBT. The study provides an indication of an effect in adolescents; however, follow-up data on long-term effects are lacking ⁷.

A replication study with 53 participants examined the effect of a 60-minute EFT group session on cortisol levels and psychological distress. The EFT group showed a significant reduction in cortisol levels of 43.24% ($p < 0.05$), while the control groups (psychoeducation and no treatment) showed smaller or no changes. However, the subjective psychological distress scores showed no significant differences, indicating a discrepancy between biological and subjective measures ⁸.

In an RCT with 159 pregnant women who had experienced a prenatal loss, EFT was compared with music therapy and a control group. EFT was applied twice every two weeks, followed by independent continuation. The EFT group showed significant reductions in subjective anxiety and cortisol levels as well as an increase in post-traumatic growth and well-being ($p < 0.005$). EFT was more effective than music therapy; however, data on the long-term maintenance of the effects are lacking ⁹.

A meta-analysis of 10 RCTs on the treatment of PTSD with EFT showed large effect sizes compared with waitlist groups (Cohen's $d = 1.38$ – 2.51) and similar effects to other evidence-based therapies (Cohen's $d = -0.15$ – 0.79). The study confirms the efficacy of EFT in PTSD; however, it points to the heterogeneity of the included studies and the lack of direct comparisons with CBT or exposure therapy ¹⁰.

In an RCT with 88 postmenopausal women with mild to moderate depression, EFT (2 training sessions + 8 weeks of daily use) was compared with a sham acupuncture control group. The EFT group showed a significant reduction in depression scores (BDI2) from 20.93 ± 4.6 to 10.96 ± 4.38 ($p=0.001$), while the control group showed only a small change. The study provides an indication of the efficacy of EFT in depression in this population; however, follow-up data are lacking ¹¹.

In an RCT with 40 patients with Hwabyung (Korean syndrome of suppressed anger) EFT was compared with progressive muscle relaxation (PMR). Both groups received 4 weeks of group therapy. EFT led to significant improvements in Hwabyung symptoms (-13.95%), anxiety (-12.57%) and depression (-32.11%) ($p < 0.05$), while PMR showed similar effects but without significant improvement in trait anger scores. The study shows that EFT is effective in culture-specific syndromes; however, long-term data are lacking ¹⁴.

HYPOTHESIS The present studies suggest that EFT could be effective for a variety of mental health burdens (stress, anxiety, depression, PTSD, culture-specific syndromes), both in individual and group settings. The effects are often detectable after only a few sessions. However, direct comparisons with established therapies such as CBT or exposure therapy as well as follow-up data are frequently lacking, which complicates the classification of relative efficacy and sustainability.

Exhaustion and Stress

In a controlled comparative study with 46 participants with PTSD, EFT was compared with Eye Movement Desensitization and Reprocessing (EMDR). Both groups received 8 weeks of therapy. Both interventions led to significant improvements in PTSD symptoms, with EFT achieving similar effect sizes to EMDR in the same number of sessions. However, EMDR showed a slightly higher rate of clinically significant changes. The study provides an indication of the efficacy of EFT; however, follow-up data on sustainability are lacking ².

In an RCT with 35 patients with chronic tension headaches, EFT (twice daily for 2 months) was compared with a standard-treatment control group. The EFT group showed a significant reduction in perceived stress, an improvement in quality of life (measured with the Short-Form-36) and a lower frequency and intensity of headaches. The salivary cortisol levels measured in the participants remained unchanged, which does not permit conclusions about clinical effects. The study provides an indication of the efficacy of EFT in stress-related physical symptoms; however, data on long-term effects are lacking ⁴.

A meta-analysis of 18 RCTs ($N=921$) examined the effect of various acupuncture-point stimulation techniques, including EFT, on psychological distress. The techniques studied showed a moderate effect size (Hedge's $g = -0.66$), which remained significant after exclusion of outliers ($g = -0.51$). The analysis included 12 studies with waitlist groups, 5 with adjunctive treatments and only 1 comparison with an alternative therapy. The study suggests efficacy within this group of techniques; however, it cannot clarify whether the effects are due to acupuncture-point stimulation or other therapy components ¹³.

In an observational study with 218 veterans and their partners (6-week retreats), EFT was used in combination with other complementary medical methods. PTSD symptoms (measured with the PCL) decreased in veterans from 61.1 to 41.8 ($p < 0.001$) and in partners from 42.6 to 28.7 ($p < 0.001$). Follow-up data ($n=63$) showed a further reduction in partners, while the effects in veterans remained stable. The study provides an indication of the efficacy of multimodal approaches that include EFT; however, control groups and standardised implementation protocols for EFT alone are lacking ²⁶.

HYPOTHESIS EFT could be effective in stress-related disorders such as PTSD, tension headaches and general psychological distress. The effects appear comparable to those of established therapies such as EMDR; however, direct comparisons and long-term data are frequently lacking. Whether combination with other complementary medical approaches produces synergistic effects remains to be clarified.

Oncology

In a randomised waitlist-controlled study (EMOTICON) with 121 cancer patients suffering from self-reported cancer-related cognitive impairment (sr-CRCI), the effect of EFT was examined. The intervention group (ITG) received EFT over 16 weeks, while the waitlist group (WLC) began EFT only after 8 weeks. After 8 weeks the ITG showed a significant reduction in sr-CRCI (measured with the Cognitive Failures Questionnaire, CFQ) compared with the WLC (40.8% vs. 87.3% with sr-CRCI; $p < 0.01$). The WLC group showed similar improvements after starting EFT. The study showed the efficacy of EFT in sr-CRCI; however, data on long-term effects and comparison with other cognitive training methods are lacking ¹².

In oncology patients EFT showed significant improvements in anxiety, depression and pain in individual studies. A review article examines *EFT in various mental and physical complaints* ²⁸. Further oncology-specific RCTs that deal exclusively with EFT would clarify the question.

HYPOTHESIS EFT could be a promising intervention for cancer-related cognitive impairments and accompanying mental health burdens. The available controlled studies focus predominantly on subjective outcomes. Further studies with objective cognitive tests and longer follow-up periods remain to be conducted.

Further Investigations

In a pilot study with 15 university students with exam anxiety, EFT, a hybrid method of EMDR and EFT (WHEE) and CBT were compared. All three methods led to significant reductions in exam anxiety, with EFT and WHEE showing similar effects after two sessions to those of CBT after five sessions. The participants reported high satisfaction and transferred the techniques to other stress areas. The study provides an indication of the rapid effect of EFT; however, it is limited by the small sample size and the lack of a control group.

In an RCT with 83 overweight or obese adults, EFT was compared with CBT for the treatment of binge-eating episodes and secondary psychological outcomes. Both groups received 8 weeks of group therapy. EFT led to significant reductions in anxiety and depression that remained stable after 6 and 12 months, while CBT showed significant effects only for depression. The study showed the efficacy of EFT in psychological accompanying symptoms of obesity; however, data on long-term effects on weight are lacking ¹⁵.

In an RCT with 60 older patients with sleep disorders, EFT was compared with sleep-hygiene training (SHE). Both groups showed improvements in sleep quality (measured with the Pittsburgh Sleep Quality Index), with SHE being somewhat more effective (100% vs. 73.3% with good sleep quality; $p=0.005$). However, EFT led to a stronger reduction in cortisol levels. The study shows that EFT can be effective in sleep disorders; however, data on sustainability are lacking ¹⁶.

The study showed the efficacy of EFT in specific phobias; however, follow-up data and comparisons with established exposure therapies are lacking ²⁷.

Inflammatory Processes

A 2017 review examined manual stimulation of acupuncture points (as in EFT and other procedures) in PTSD and other mental disorders. The analysis included RCTs and meta-analyses on various methods. It showed that such methods can lead to regulation of stress hormones and limbic functions as well as epigenetic effects such as upregulation of immunity genes and downregulation of inflammation genes. The study suggests biological mechanisms that could explain the efficacy of such procedures; however, specific studies that directly correlate these effects with inflammatory markers and refer exclusively to EFT are lacking.

HYPOTHESIS The manual stimulation of acupuncture points in EFT could exert anti-inflammatory effects via neurobiological and epigenetic mechanisms. The data available on this are indirect and derive predominantly from studies on PTSD and psychological distress. A first pilot study provided specific investigations on inflammation parameters (e.g. CRP, cytokines) with EFT application, yet systematic research is still outstanding.

Overall Picture

A portion of the controlled studies shows that EFT can be effective for a wide range of psychological and stress-related disorders. The application in PTSD, anxiety, depression and stress-related physical symptoms such as tension headaches is particularly well studied. Some of the randomised controlled studies report large effect sizes that are comparable to established therapies such as CBT or EMDR.

The data situation on specific areas of application such as oncology or inflammatory processes is still limited. While initial studies point to positive effects on cancer-related cognitive impairments and accompanying psychological burdens, the samples are often small and the endpoints are predominantly psychometric. Systematic investigations of biological markers (e.g. inflammation parameters, gene expression) are rare and limited to indirect indications. There is an urgent need for research here to better understand the mechanisms and long-term effects of EFT.

Methodology of the Study Situation

A portion of the randomised controlled studies on EFT uses waiting-list or active control groups (e.g. CBT, EMDR, psychoeducation). Typical study durations range from a single session to 16 weeks, with some studies already showing significant effects after 4–10 sessions. Frequently used endpoints are psychometric scales (e.g. PCL for PTSD, BDI for depression, CFQ for cognitive impairments) as well as biological markers such as cortisol. Systematic weaknesses include small samples, missing active control groups in many studies and short follow-up periods. In addition, standardised implementation protocols are often lacking, which limits the comparability of the results. Particularly rare are studies that directly compare EFT with established therapies or examine long-term effects (>12 months).

EFT: Efficacy or Non-Specific Therapy Effects?

The
CONTROLLED STUDIES

on EFT show **effects on psychological distress**, yet the **distinction from non-specific therapy effects** is difficult. Many works compare EFT with **no intervention** or **waiting-list controls**, which does not permit conclusions about the **specific efficacy of the tapping**. Even in studies with **active control groups** (e.g. cognitive behavioural therapy) the differences are often **small or non-significant**. In addition, studies are lacking that could clarify whether the **frequency or duration of tapping** influences the outcome. The **most frequently cited works** (e.g. on stress in nursing staff or PTSD in veterans) show **positive effects**, yet the **methodological quality** of these studies is **inconsistent**.

A central problem is the
LACK OF STANDARDISATION

of EFT. Implementation varies greatly between therapists, and there is **no uniform protocol**. Some studies combine EFT with **other therapy elements** (e.g. mindfulness, breathing exercises), which makes **isolation of the tapping effect** impossible. In addition, **placebo controls** are generally difficult to implement in psychotherapy research, as **non-specific factors** such as **therapist contact or expectation** play a major role. The **review articles** emphasise the **effects on anxiety and depression**, but point out that the **evidence base is not yet sufficient** to classify EFT as an **established therapy**. The **mechanistic hypotheses** (e.g. influence on energy flow) are **not scientifically proven**.

6. How Robust the Research Is

Research on EFT comprises a series of human studies, including controlled trials. Most investigations focus on **psychological distress: cognition, fatigue and safety** dominate the areas of application. Individual studies examine EFT in **oncology patients, musculoskeletal complaints or immunological questions**, yet these areas are significantly less researched. The most frequently cited controlled studies investigate **stress, anxiety and post-traumatic stress disorder (PTSD)**, often in specific populations such as **nursing staff, veterans or pregnant women**. Review articles and meta-analyses summarise these results, although many of these works consider EFT together with other therapeutic procedures.

The robustness of the data is **limited by methodological weaknesses** in a portion of the controlled studies. Some show **small samples, lack of blinding or no active control groups**. Works with **waiting-list controls** reduce the informative value regarding specific efficacy. In addition, **long-term observations or replication studies** are frequently lacking. The **mechanistic foundations** of EFT are unclear: while some controlled studies measure **biochemical changes** (e.g. cortisol levels), it remains open whether these are due to the tapping itself or to **non-specific therapy effects** (e.g. attention, relaxation). The **review articles show indications of effects on anxiety and PTSD**, but point to the **heterogeneous study quality**.

7. What Is Frequently Claimed — and What the Data Support

STATEMENT	STUDY SITUATION
EFT has been investigated for the treatment of chronic pain; the results are inconsistent and do not permit clear conclusions. Most works on pain are observational or anecdotal .	The data situation regarding chronic pain is still being built up . There are only a few controlled studies on the musculoskeletal system, which do not allow clear
EFT has been compared in studies with no therapy or waiting lists. There are insufficient data showing that EFT is equivalent or superior to established procedures such as cognitive behavioural therapy .	Controlled studies usually compare EFT with no therapy or waiting lists . There are insufficient data to show that EFT is equivalent or superior to established p
Individual studies examined biochemical changes such as cortisol levels; the results are inconsistent. Whether these effects are due to the tapping itself or to non-specific relaxation is unclear .	Individual studies measure biochemical changes , but the results are inconsistent . Whether these effects are due to tapping itself or to unspecific relaxation is

STATEMENT	STUDY SITUATION
The data situation on children and adolescents is limited . There are only a few controlled studies on anxiety in adolescents, yet long-term data or replications are lacking.	The data situation regarding children and adolescents is limited . There are only a few controlled studies on anxiety in adolescents, yet long-term data or replications are lacking.

Experience base, no studies: 3 experience reports from 1 public source, evaluated according to occasion, result, duration and side effects. Result according to report: 2× better, 1× partially better. Experience reports are not controlled, not representative and subject to the selection of those who write — they show what people experience, not what the procedure achieves.

Therapy recipients predominantly report positive experiences with EFT in acute anxiety and panic states. Two of three experience reports describe a subjective improvement in symptoms after regular use, particularly in reactive anxieties or situational stress. The duration of use varies: some use EFT only for acute episodes, others apply it preventively. Side effects are not mentioned, although the effect is described as limited when generalised anxieties or complex traumas are present.

The reports show a pattern: EFT is perceived as helpful for short-term relief, but not as sufficient for long-term or profound psychological changes. A contradiction exists in that users perceive the method as effective while simultaneously criticising the lack of classification of the effect. Self-application appears easy to implement, yet requires discipline and is often combined with other techniques.

Evaluated sources: www.psychic.de

DIMENSION	POINTS	RATIONALE
Direct Studies on the Procedure	●○○ 1/3	The direct study situation shows heterogeneous results with methodological weaknesses, but initial indications of efficacy for specific symptoms.
Related Evidence	●●○ 2/3	The related evidence on exposure, acupressure and somatic stimulation is robust, but the transferability to EFT is limited.
Mechanism of Action Versus Known Studies	●○○ 1/3	The mechanism of action combines plausible individual mechanisms, but their synergy is not proven and remains hypothetical.
Experience of Treated Individuals	●●○ 2/3	Erfahrungsberichte zeigen konsistente subjektive Besserung bei akuten Symptomen, aber keine langfristigen Effekte.
Safety and Tolerability	●●● 3/3	EFT is non-invasive, has few side effects and is well tolerated as a self-help technique.

A planned randomised controlled trial with three arms (EFT versus exposure therapy versus placebo tapping) could examine the efficacy of EFT in PTSD or generalised anxiety disorder. Primary outcome measures would be symptom reduction (CAPS-5, GAD-7) and physiological stress markers (cortisol, heart-rate variability). The intervention should run over 8–12 weeks with follow-up at 6 months to capture short- and long-term effects. An active control group (e.g. non-specific tapping) would clarify whether the specific point sequence or somatic stimulation itself is effective.

Innovations rarely have studies — conventional opinion then says “that does not work”. We say: this is an open question, and here is how it can be answered. Universities, training institutes and practices that have investigated or are investigating this procedure can submit their work via info@ih-research.com; we will include it in the evidence base and update the profile.

8. Experiences of Treated Individuals (Forums and Blogs)

Result according to reports: 36× better, 4× partially better, 3× unclear, 2× unchanged.

The experience reports on EFT show a heterogeneous pattern with predominantly positive feedback, particularly for acute anxiety and stress states. 36 of 45 reports describe an improvement in symptoms, including panic attacks, stage fright, phobias (e.g. needle phobia, blood sampling) and emotional blocks. EFT is frequently described as helpful in acute situations, for example for self-calming when panic arises or for preparing for stressful events (e.g.

medical procedures). Duration of use varies widely: some users report immediate effect after one session, while others require regular applications over weeks or months. Side effects are rarely mentioned; however, individual users report emotional overload during therapy or lack of effect in chronic complaints (e.g. sleep disorders, generalised anxieties).

Contradictions and limitations of the experience reports appear in the subjective evaluation and the lack of standardisation. While some users describe EFT as a “powerful tool” or “alternative to medication”, others remain sceptical or report unchanged symptoms (e.g. 2 of 45 reports). Efficacy appears to depend on the type of complaint: acute, situational anxieties (e.g. panic attacks, stage fright) respond more frequently than chronic or complex problems (e.g. illness anxiety, sleep disorders). In addition, EFT is often used in combination with other therapies (e.g. psychotherapy, psychokinesiology), which makes attribution of effects difficult. The experience reports suggest that EFT is perceived as a self-help tool whose effect, however, depends strongly on individual application and expectation.

Evaluated sources: www.eft-berlin.de · www.hilferuf.de · www.ich-habe-auch-angst.de · www.psychic.de · www.psychic.de · www.pta-forum.de

9. Plausibility Profile (FAIR)

Plausibility: high — 12 of 15 points

The profile is not proof of efficacy. It answers a different question:
COULD IT BE THAT THE PROCEDURE ACHIEVES SOMETHING, EVEN IF STUDIES ON IT ARE LACKING?
Five dimensions, each 0 to 3 points, each with justification. It is recalculated as soon as new studies or reports are added.
Status: 12.09.2026 · direct human studies: 113 · related studies: 349 · experience reports: 45

DIMENSION	POINTS	JUSTIFICATION
Direct Studies on the Procedure	●●○ 2/3	66 controlled studies show indications of efficacy, but with heterogeneous quality and small sample sizes.
Related Evidence	●●● 3/3	The components exposure, cognitive reappraisal and acupressure are individually well supported, which supports the plausibility of EFT.
Mechanism of Action Versus Known Studies	●●○ 2/3	The combination of the components is mechanistically plausible, but the synergistic interplay has not been sufficiently investigated.
Experience of Treated Individuals	●●○ 2/3	Frequent positive reports for acute complaints, but subjective assessment and lack of standardisation limit the evidential value.
Safety and Tolerability	●●● 3/3	Side effects are rarely reported, and the procedure is considered low-risk, provided it is not used as a substitute for indicated therapies.

10. Call for Research: Who Will Examine This?

****A randomised controlled trial with three arms (EFT versus prolonged exposure versus B. CAPS-5, GAD-7) as well as physiological stress markers (e.g. cortisol, heart-rate variability). Secondary outcomes could include quality of life, sleep quality and use of self-help tools. Intervention duration should be at least 8 weeks, with follow-up measurements at 3 and 6 months to capture long-term effects. A direct comparison with established procedures (e.g. PE) would also clarify whether EFT offers added value or merely achieves non-specific effects.**

11. The Most Robust Studies

Ordered by strength of evidence, not by familiarity. The complete evaluation comprises considerably more studies; the most robust ones are listed here.

Controlled Human Studies

- ¹ The effect of Emotional Freedom Techniques on nurses' stress, anxiety, and burnout levels during the COVID-19 pandemic: A randomized controlled trial (2021)
- ² A controlled comparison of the effectiveness and efficiency of two psychological therapies for posttraumatic stress disorder: eye movement desensitization (2011)
- ³ A Systematic Review and Meta-Analysis of Randomized and Nonrandomized Trials of Clinical Emotional Freedom Techniques (EFT) for the Treatment of Depression (2016)
- ⁴ Effect of the emotional freedom technique on perceived stress, quality of life, and cortisol salivary levels in tension-type headache sufferers: a randomized controlled trial (2013)
- ⁵ Epigenetic Effects of PTSD Remediation in Veterans Using Clinical Emotional Freedom Techniques: A Randomized Controlled Pilot Study (2018)

- ⁶ EFT (Emotional Freedom Techniques) and Resiliency in Veterans at Risk for PTSD: A Randomized Controlled Trial (2016)
- ⁷ A Randomized Controlled Comparison of Emotional Freedom Technique and Cognitive-Behavioral Therapy to Reduce Adolescent Anxiety: A Pilot Study (2017)
- ⁸ Reexamining the effect of emotional freedom techniques on stress biochemistry: A randomized controlled trial (2020)
- ⁹ The effect of emotional freedom technique and music applied to pregnant women who experienced prenatal loss on psychological growth, well-being, and c (2023)
- ¹⁰ Emotional freedom techniques for treating post traumatic stress disorder: an updated systematic review and meta-analysis (2023)
- ¹¹ The effectiveness of emotional freedom techniques (EFT) on depression of postmenopausal women: a randomized controlled trial (2022)
- ¹² A randomised wait-list controlled trial to evaluate Emotional Freedom Techniques for self-reported cancer-related cognitive impairment in cancer survivors (2021)
- ¹³ The efficacy of acupoint stimulation in the treatment of psychological distress: A meta-analysis (2015)
- ¹⁴ Effect of the Emotional Freedom Techniques on anger symptoms in Hwabyung patients: A comparison with the progressive muscle relaxation technique in a (2020)
- Pilot study of emotional freedom techniques, wholistic hybrid derived from eye movement desensitization and reprocessing and emotional freedom technique (2009)
- ¹⁵ Secondary psychological outcomes in a controlled trial of Emotional Freedom Techniques and cognitive behaviour therapy in the treatment of food craving (2017)
- ¹⁶ Effectiveness of emotional freedom techniques (EFT) vs sleep hygiene education group therapy (SHE) in management of sleep disorders among elderly (2022)
- ¹⁷ Anxiety and Anger Symptoms in Hwabyung Patients Improved More following 4 Weeks of the Emotional Freedom Technique Program Compared to the Progressive (2015)
- ¹⁸ Effect of Emotional Freedom Technique Applied to Patients Before Laparoscopic Cholecystectomy on Surgical Fear and Anxiety: A Randomized Controlled Trial (2024)
- ¹⁹ A Randomized, Controlled Trial of Wholistic Hybrid Derived From Eye Movement Desensitization and Reprocessing and Emotional Freedom Technique (WHEE) (2017)
- ²⁰ The Effect of Emotional Freedom Technique on Fatigue among Women with Multiple Sclerosis: A Randomized Controlled Trial (2021)
- ²¹ A randomized clinical trial of emotional freedom techniques for chronic pain: Live versus self-paced delivery with 6-month follow-up (2025)
- ²² Thought Field Therapy Compared to Cognitive Behavioral Therapy and Wait-List for Agoraphobia: A Randomized, Controlled Study with a 12-Month Follow-up (2017)
- ²³ Thought Field Therapy (TFT) as a treatment for anxiety symptoms: a randomized controlled trial (2012)

EFT demonstrates consistent effects in controlled studies on psychological burdens such as stress, anxiety, PTSD and depression. Efficacy is already detectable after a few sessions and remains stable in short-term follow-ups. Applications in specific populations such as veterans, nursing staff and pregnant women are particularly well studied. Biochemical markers such as cortisol levels indicate preclinical physiological changes; however, their clinical relevance in humans has not been investigated.

HYPOTHESIS EFT could be used as a complementary method for mental and stress-related disorders, particularly when established therapies are not available or accepted. The combination with other approaches (e.g. CBT, mindfulness) could have synergistic effects, but this would need to be systematically investigated. The rapid efficacy and simple applicability make EFT a potentially low-threshold intervention, for example in self-help or in multimodal settings. **Hypothesis:** The effects could partly be due to non-specific therapy components such as attention or relaxation, which underlines the necessity of active control groups in studies. Culture-specific syndromes (e.g. Hwabyung) suggest that EFT could also be effective in non-Western contexts, which requires further research.

Future studies would need to compare EFT directly with established therapies such as CBT or exposure therapy to clarify relative efficacy. Long-term data are essential to evaluate the sustainability of the effects, particularly in chronic conditions such as PTSD or depression. Mechanistic studies should clarify whether the observed biochemical changes (e.g. cortisol) are specifically due to tapping or to non-specific effects. Standardised implementation protocols would improve comparability. In addition, studies on objective outcomes (e.g. cognitive tests in oncological patients) and on applications outside mental stress (e.g. immune system, inflammatory processes) are lacking.

12. Summary

The data comprise 66 controlled human studies showing symptom reductions, often after only a few sessions. Meta-analyses indicated large effect sizes (Cohen's d up to 1.85), albeit with heterogeneous study quality and missing long-term data. Particularly in PTSD and anxiety disorders, effects were comparable to established procedures such as EMDR, yet direct comparisons with cognitive behavioural therapy (CBT) or exposure therapy are lacking. The use of EFT in various populations (veterans, cancer patients, adolescents, culture-specific syndromes) provides indications of broad efficacy, although the samples are often small and the study designs inconsistent.

While exposure therapy and cognitive reappraisal have been shown as effective components in the treatment of anxiety disorders and PTSD in controlled studies, the specific role of somatic stimulation remains unclear. Studies suggest that acupressure can modulate physiological stress responses, for example through vagal stimulation or influence on the hypothalamic-pituitary-adrenal axis. **Hypothesis:** The combination of these elements could have synergistic effects, yet systematic studies testing EFT against its individual components are still outstanding. **Hypothesis:** The observed effects could partly be due to non-specific therapy effects such as attention, relaxation or placebo, especially since biochemical changes (e.g. cortisol) cannot be unambiguously attributed to tapping.

To strengthen the evidence base for EFT, methodologically robust studies would be required that address the following aspects: (1) Direct comparisons with established therapies such as CBT or exposure therapy to clarify relative efficacy. (2) Long-term follow-ups to examine the sustainability of the effects. (3) Active control groups that control for non-specific therapy effects (e.g. attention, relaxation). (4) Systematic investigations of the mechanisms of action, particularly the role of somatic stimulation compared with non-specific touch. (5) Standardisation of implementation, as EFT in studies is often combined with other procedures (e.g. mindfulness, CBT), which complicates the differentiation of specific effects. In addition, larger samples and blinded designs would be necessary to increase the informative value of the results.

13. What Remains Open

- **Mechanisms:** How tapping on acupuncture points **triggers psychological effects** is **not clarified**. The hypothesis of an **energy flow** is **not scientifically proven**.
- **Long-term effects:** There are **no sufficient data** on the **effects of EFT over months or years**. Most studies end after **weeks or a few months**.
- **Comparisons with established therapies:** Whether EFT is **equivalent or superior to cognitive behavioural therapy or EMDR** has **not been systematically investigated**.

Frequently Asked Questions

Can EFT be used as a standalone therapy for PTSD?

The state of research shows **effects of EFT in PTSD**, yet the **methodological quality** of the studies is **inconsistent**. Most studies compare EFT with **no therapy or waitlists**, not with **established procedures** such as **EMDR or trauma-focused CBT**. There are **insufficient data** demonstrating that EFT is **equivalent or superior** to these therapies. EFT can be used **complementarily**, but should not be considered a **standalone therapy** for severe trauma-related disorders.

How long does an EFT session last, and how often should it be applied?

The **duration and frequency** of EFT sessions vary widely across studies. A session typically lasts **30 to 60 minutes**, with the **tapping itself** taking only a few minutes. The **frequency** ranges from **single applications** to **multi-week programmes**. There are **no standardised protocols**, and the **optimal dosage** has not been **systematically investigated**. Most controlled studies use **weekly sessions over 4 to 12 weeks**.

Are there risks or side effects associated with EFT?

The **safety data** on EFT are **limited**. Controlled studies **rarely report side effects**, yet systematic surveys are lacking. Theoretically, **emotional distress** could arise from engaging with traumatic memories. In addition, EFT is **not suitable for all patient groups**: In cases of **severe mental illness** (e.g. psychoses) or **acute crises** it should not be used as a **standalone method**. Most studies exclude such patients.

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Research, put in context. Every statement leads to the original paper; the decision in the individual case rests with the treating professional.

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