

“Everything smells like poo, landfill, and rotten food”: A Retrospective Case Report Using Clinical Emotional Freedom Techniques (EFT) for Parosmia Following COVID-19

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Abstract

Parosmia is a disorder of scent that has affected millions of people worldwide following their recovery from COVID-19. Parosmia post COVID-19 can be long-term and has a negative impact on quality of life. Despite this there is limited evidence for effective treatment strategies. This retrospective case report details the use of Clinical Emotional Freedom Techniques (EFT) to address parosmia following COVID-19 with a single client over three sessions. The sessions addressed specific food, drink, and odors that were having a major negative impact on the

client’s quality of life, psychological well-being, physical health, weight, and relationships. By the end of the three sessions, the client was able to tolerate certain scents and eat foods that the client selected to tap on. The client’s quality of life improved to the point where she was able to eat, go out to restaurants, socialize, and ultimately return to work. Whether EFT can be successfully applied to other people experiencing parosmia following COVID-19 or parosmia caused by other conditions is not clear and requires further research.

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Parosmia is a smell disorder where the perception of odors becomes distorted (Hernandez et al., 2023). For example, once nice-smelling things often smell foul, rotten, off, or of feces. Pre COVID-19, data on the incidence of parosmia were generally lacking, but estimates suggest that approximately 4% of the general public and around 12%–24% of ear, nose, and throat (ENT) patients experienced parosmia (Ohla et al.,

2022). Cases of parosmia escalated in the wake of COVID-19, however, and research reported that parosmia post COVID-19 affects up to 47% of people (Ohla et al., 2021). An initial conservative estimate suggested that over a million people worldwide may be experiencing parosmia post COVID-19 (Ohla et al., 2021). However, recent clinical modeling projected that smell and taste dysfunction post COVID-19 may affect between 12 and 15 million people worldwide (Tan et al., 2022). Parosmia can be long term; Tognetti et al. (2021) reported that, up to 18 months after recovery from COVID-19, almost half of their sample of 100 people still complained of parosmia (UK data: Gokani et al., 2023; Lechner, Liu, Counsell, Gillespie, et al., 2023. US data: Lechner, Liu, Counsell, Yan, et al., 2023).

Lynne* is a healthy, non-smoking, triple-vaccinated (Astra Zeneca), 50-year-old female administrator living in England with her husband and children. She tested positive for Delta Variant

*The name of the client and client details have been changed to maintain confidentiality.

COVID-19 in August 2021, based on a positive real-time polymerase chain reaction (RT-PCR) COVID-19 test. During the period of COVID-19 infection, she reported experiencing anosmia (loss of smell), one of the key symptoms of COVID-19, which lasted for two to three weeks. She noticed that over the next month her sense of smell returned. However, over the next few months, she reported that everything started to “smell like poo, landfill, and rotten food.” She reported no history of nasal or scent issues and did not report any previous parosmia, phantosmia, or hyposmia. Her case history and timeline are in line with the description of a typical severe case of parosmia following COVID-19 (Walker et al., 2022).

In line with the experiences of others, as reported by Watson and colleagues (2021) and Fjaeldstad and Smith (2022), parosmia had a negative impact on Lynne’s daily life, psychological well-being, physical health, weight, and relationships. Fjaeldstad and Smith (2022) reported that parosmia is associated with a high incidence of weight loss. In Lynne’s case, she had to force herself to eat and had lost “well over two stones” in weight and her diet was limited to a few things she could manage to “force down without gagging.” Lynne also noted that cooking for her family was highly problematic as she “kept gagging and having to leave the kitchen” and eating with her family was impossible as she couldn’t stand the smell of their food (Fjaeldstad & Smith, 2022). Lynne further reported that her social life was severely affected as she could not go out to restaurants. Shopping was also a problem as “even the smell when passing a coffee shop is enough to make me gag” (Fjaeldstad & Smith, 2022).

She was on sick leave from work and was concerned about going back to work as “someone drinking coffee in the office or wearing perfume would make me feel really sick.” She also reported that the smell of her son’s aftershave, a scent she had previously loved, was “a major issue” for her, as she didn’t want to upset him by telling him, and so she was actively avoiding being in the same space with him if he was wearing it.

Parosmia is a symptom with limited evidence for effective treatment strategies (Philpott et al., 2021). Lynne, like most other people experiencing parosmia, had sought treatment (Lerner et al., 2022). Although it has been highlighted that parosmia should not be overlooked by health professionals (Watson et al., 2021), it often still

is (Ball et al., 2021). Indeed, in Lynne’s case, her doctor did not recognize her parosmia as a symptom of long COVID-19 but suggested it was stress related and informed her it would eventually resolve itself, but gave her no reassurance or indication of the time frame for recovery.

A family member had searched for ways to support her and had recently told her about a moderated Facebook group for parosmia run by the UK Charity AbScent, but Lynne had not yet accessed the group. Her sister had also told her about olfactory training using essential oils, which has since been shown to be effective in the treatment of parosmia following COVID-19 infection (Altundag et al., 2022). This involves scent training applied twice a day for five minutes each day for a total of 36 weeks (Altundag et al., 2022). Lynne had not tried scent training, however, as she felt she wouldn’t be able “to stand the smells” and didn’t feel she could wait nine months to recover. Desperate for a solution, she approached the lead author about Emotional Freedom Techniques (EFT).

Clinical EFT is a manualized evidence-based technique that uses elements of cognitive therapy combined with physical tapping of acupressure points (Church, 2018). For this reason, EFT is often referred to as “tapping.” The process involves a Setup Statement consisting of a reference to the current situation combined with a self-acceptance statement and tapping. The wording of a typical Setup Statement for parosmia might be: “Even though everything smells foul, I deeply and completely accept myself.” During the Setup Statement, the client taps on an acupoint on the side of the hand. For the remainder of the process, the client repeats a Reminder Phrase, which is an abbreviated version of the Setup Statement (for example, “smells awful”) while tapping gently with two fingers on the eight acupoints, which include: start of the eyebrow, side of the eye, under the eye, under the nose, chin crease, an inch under the collarbone, under the arm, and top of the head. Completing this process comprises one round of tapping.

To determine the impact of EFT, the intensity of the awful smell is rated by the client using the Subjective Units of Distress (SUD) scale (Wolpe, 1990), which is an 11-point Likert scale ranging from 0 (no awful smell) to 10 (maximum awful smell). SUD ratings are taken frequently during each single EFT session to highlight any change and to guide the EFT practitioner in determining the next step in the tapping process. Although

SUD scoring appears simplistic, Church and Downs (2012) highlight the research that shows that increased SUD scores are associated with heightened arousal of the sympathetic nervous system. They also outline that when an intervention lowers the SUD level, physiological signs of stress also decrease, and that the SUD score correlates with heart rate, respiratory rate, and galvanic skin response.

The first author had not heard of parosmia before. An extensive literature search, including the gray literature and contacting experts, revealed no research on EFT for parosmia. Typically, with food cravings, clients smell the craved item and, as they tap, one of the first things they comment on is that the food item doesn't smell as strong as it did before tapping (Stapleton et al, 2019). Given my previous experience in using EFT for food cravings, I hypothesized that if EFT could be used to reduce food cravings, by changing the "lovely smell" to "no smell," it might also be able to change the perception of foods that "smell awful" to having no smell.

Three Clinical EFT sessions were held in the client's home as she was unable to go out and felt more control of smells in her home. In this way, she could avoid "gagging" at smells in other environments and also have access to foods she used to like and wanted to eat again. I was mindful not to wear perfume; used unscented shampoo, shower gel, and deodorant; and avoided eating strong-smelling foods such as garlic and onion prior to our sessions.

I explained Clinical EFT to Lynne in the first session and guided her through two rounds of tapping without the presence of food, focusing on the Setup Statement: *Even though everything smells of poo, landfill, and rotten food, I deeply and completely accept myself.* Her choice for Reminder Phrase was "smells of poo."

I then asked her to identify one food she would like to be able to eat again and that she felt she could tolerate nearby without feeling sick. She selected bread and so we tapped on bread, using Basic Recipe Clinical EFT (Church, 2018). I asked her to smell the bread, which she did very gingerly, and her SUD level was "100! It's off-the-scale poo!"

We did three rounds of tapping using the Setup Statement "*Even though this bread smells disgusting and of poo and landfill and it makes me feel sick ...*" when Lynne reported that the "disgusting poo smell has begun to disappear" and "weirdly, it actually smells not as bad." Her SUD

level had reduced from 10 to 8. We continued tapping for a further two rounds on "*this bread smells not as bad.*" Lynne reported the bread had started to "smell a bit like bread" and her SUD level had reduced to 4. We carried on tapping for a further two rounds on "*it smells a bit like bread.*" Her SUD level was now 2 and she asked if she could taste the bread. Very tentatively, she did and, with a huge smile, said, "I can't believe it, it actually smells like bread and it tastes like bread!"

She next wanted to tap on butter to go with the bread. Again, the smell of butter was "off the scale rancid." With three rounds of tapping, this reduced to 8, but the butter still smelled "off." After four more rounds of tapping on "*the butter smells rancid,*" her SUD score had dropped to 3 and she reported the butter had started to smell "less off and more like butter." We continued tapping for two more rounds until her SUD score dropped to 1 and she wanted to try eating bread and butter. She took a very small nibble and was again hugely surprised that "it actually smells and tastes like bread and butter."

Buoyed by her success with this, she wanted to tap on ham, so she could have a sandwich. Again, her SUD score was "off the scale." Over 10 rounds of tapping on variations of "*this ham smells rotten,*" her SUD score gradually reduced from 10, to 8, to 6, to 3, and finally to 1. At 1, she felt she wanted to taste the ham. She reported it smelled and "almost tasted like ham" and she felt able to eat it.

At our second session, one week later, Lynne reported she had been tapping every day to help her deal with "*the COVID smell*" and that she had been able to self-administer EFT to help her "*to open the fridge and to make a sandwich.*" During this session, she wanted to tap on the smell of coffee. She reported that she drank only one cup of coffee in the morning pre COVID, was not missing it, and didn't want to drink coffee again, but she wanted not to gag when she smelled someone else's coffee or walked past a coffee shop.

Smelling coffee out of the jar was enough to make her gag and again the "COVID smell was off the scale." We did three rounds of tapping on "*this awful COVID coffee smell*" while she smelled the coffee. Her SUD score gradually reduced over seven subsequent rounds of tapping to 2 until it "smelled a bit chemically, but like coffee." At this point, she offered to make me a cup of coffee and while she did not want to drink it herself, she

reported it smelled okay and she felt she could cope with passing a coffee shop or being in an office with someone drinking coffee. I suggested some EFT “own work” where she walked past a coffee shop and used EFT to allow her to get closer and closer until she could stand outside it.

She also wanted to tap on paté as she had previously enjoyed this and eaten it often. Again, she reported her SUD level as “off the scale 100.” After five rounds of tapping on “*this paté smells like poo*,” her SUD level reduced to 2 and she was able to eat a little paté with bread.

At the third session, Lynne reported she had been able to walk past a coffee shop without “gagging” but had not yet been able to go inside. This week she wanted to focus on the smell of her son’s aftershave. As noted previously, this was a scent she had once loved but now could not tolerate and she did not want to upset her son by telling him it made her feel sick, so she had been avoiding being in the same space as him when he wore it. Part of the emotional labor of coming to terms with parosmia is how challenging it is to explain and how difficult it is for friends, colleagues, family members, and clinicians to understand (Watson et al., 2021).

Even without opening the lid of the aftershave bottle, her SUD score was “off the scale.” We tapped on “*this aftershave makes me gag*.” After six rounds of tapping, she opened the lid and continued tapping for another four rounds, focusing on “*it makes me gag a bit*,” until finally, after another seven rounds of tapping, she felt able to smell the aftershave and reported it smelled “not as nice as she remembered, but tolerable.”

Unfortunately, Lynne experienced a family bereavement and our sessions ended while she focused on her grief and her subsequent return to work. However, at a follow-up six months later, she reflected, “Although I didn’t think it would actually work, I was absolutely delighted that EFT helped me so quickly. I also kept tapping by myself. EFT certainly helped me to eat lots of foods again, to smell my son’s aftershave, to socialize and go out for dinner.” She also reported she is now able to eat in restaurants, go to coffee shops, go on holiday, and laughed that she has now put on so much weight, she is planning on using EFT for weight loss.

Discussion

EFT has been used for weight loss and food cravings (Church, Stapleton, & Raynor, 2022;

Stapleton et al., 2019) as well as a plethora of other psychological and physiological conditions (ACEP, 2023; Church, Stapleton, Vasudevan, & O’Keefe, 2022). Furthermore, EFT has been successfully used for other conditions relating to COVID-19 including anxiety, depression, insomnia, stress, fear, and burnout (Dincer & Inangil, 2021; Okut et al., 2022; Tambunan et al., 2023).

This anecdotal retrospective case report is, however, the first-known published paper using EFT for parosmia. The authors’ anecdotal experience suggests the use of EFT for this purpose is promising. The paper therefore highlights a previously unknown use of EFT and highlights EFT as a potential new, simple-to-learn, effective, and efficient intervention for parosmia.

Limitations

Although Lynne sought medical support, her doctor did not recognize parosmia or provide a diagnosis of post-infectious olfactory dysfunction. EFT was carried out by the first author, an experienced Certified Advanced EFT practitioner, and so the therapist effect cannot be ignored. Given that this is a retrospective case report, no outcome measures were used and so a prospective case study is currently being carried out with ethical approval and using: the SUD scale; the Olfactory Disorders Questionnaire (ODQ), a 32-item, self-report validated measurement of olfactory-specific quality of life (Langstaff et al., 2019); and the Sniffin’ Sticks Parosmia Test (SSParoT) pre and post EFT to facilitate a score for Hedonic Range and Hedonic Direction and thus assess changes in olfactory function over time (Liu et al., 2020). The Client Change Interview–EFT (Boath, 2023) will also be used to explore the client’s views of the EFT intervention after the final EFT session and again at three-month follow-up. If successful, further research of EFT for parosmia may be warranted.

Research using fMRI scans has revealed the impact EFT has on the brain in relation to food cravings and chronic pain (Stapleton et al., 2019, 2022). Although it is not clear how EFT may be impacting on parosmia, an fMRI study of parosmia pre COVID revealed activation in the thalamus, putamen, and ventral striatum (Douaud et al., 2022; Iannilli et al., 2019). It is therefore feasible that EFT is impacting on the putamen, which has been linked to the perception of contempt and disgust; the ventral striatum, which has been shown

to be involved in the processing of odor valence; and the thalamus, which has been implicated in directing attention in the sense of smell. Further research using fMRI scans would offer the opportunity to explore whether EFT impacts directly on these or other areas of the brain.

Support for Parosmia

Support for people experiencing parosmia can be obtained via the following charity:

Fifth Sense, www.fifthsense.org.uk

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