

Emotional Freedom: How to Liberate Patients from Negativity

A Teleseminar Session with
Judith Orloff, MD
and Ruth Buczynski, PhD

The National Institute
for the Clinical Application
of Behavioral Medicine

nicabm
www.nicabm.com

Emotional Freedom: How to Liberate Patients from Negativity

Contents

Tapping the Power of Emotional Freedom.	3
The Power of the Negative: How to Help your Patient Counteract the Emotional Drain in Her Life	10
The Intuitive Power of Dreams	15
Why Helping your Patient Know Her Emotional Type Can Enhance Her Emotional Growth	17

A complete transcript of a Teleseminar Session
featuring Judith Orloff, MD and conducted by Dr. Ruth Buczynski, PhD of NICABM

Emotional Freedom: How to Liberate Patients from Negativity

with Judith Orloff, MD
and Ruth Buczynski, PhD

Dr. Buczynski: Hello everyone! Welcome back to our series on Women's Health. Wherever you are calling from - we have practitioners calling from all over the world - I know you are calling from *many* different time zones and it is morning, and night, and in the middle of the night even for many of you. Thanks for taking the time to be part of this call.

We are practitioners as well; we are a wide, wide range of practitioners. We are physicians, we are nurses, we are psychologists, and social workers, and counselors and marriage and family counselors; and physical therapists, and occupational therapists, and clergy, and dieticians - we represent a huge range of practitioners, all gathered together to look at women's health.

Our guest tonight is Dr. Judith Orloff. Judith is the author of many books but I am most excited to tell you about her most recent book which is called *Emotional Freedom - Liberate Yourself from Negative Emotions and Transform Your Life*. How's that for a book that is relevant and important to women?

I can't wait to get started in this call - so, Judith, welcome to our series.

Dr. Orloff: Thank you, I'm happy to be on it!

Dr. Buczynski: So I'd like to jump right in because we have kind of planned a long agenda, and I am going to orient my questions to your most recent book since that is so fresh and new, and there is *so* much there for practitioners. So let's get started. The words "emotional freedom" carry a lot of meaning and power. Can you explain how *you* define emotional freedom?

Tapping the Power of Emotional Freedom

Dr. Orloff: Yes, emotional freedom is the ability to own the moment in any interaction so that you care not simply reactive. It is about being mindful about how you react, and then coming from a place of love and clarity, rather than being off-center.

The primary motivation of emotional freedom is to not let negative emotions overrun your life in a way where it stops you from being joyous and free, or being a clear practitioner because you are so full of projections because of all the emotions that your patients are evoking in you.

"It is about being mindful about how you react, and then coming from a place of love and clarity, rather than being off-center."

So, yes, I present emotional freedom as a path of spiritual and intuitive awakening. As a psychiatrist, you know, going through my traditional medical training - I had mainly a biological training where I was taught to give out medication, Prozac, anti-psychotics, anti-anxieties for various emotional disorders.

That was my orientation -but with emotional freedom, I just want to say that there is the neurobiology of emotions, there is the spirituality of emotions, there is subtle energy of emotions and the psychology.

So with each emotion, now the exciting thing is with emotional freedom that you get to look at it from all those angles.

"...with emotional freedom, I just want to say that there is the neurobiology of emotions, there is the spirituality of emotions, there is subtle energy of emotions and the psychology."

Dr. Buczynski: So throughout your book you have included a variety of action steps. I think these are particularly helpful; practitioners may actually want to recommend your book to their patients, or if not at least check out the action steps as something that they could use. I think there are times, there are places that a family physician could use it, or a nurse or someone.

In one of them you are talking about the exercise of heart-centered meditation to counter negative self-talk. Let's just focus on that for a minute.

Dr. Orloff: Yes, this is such a useful tool in my own practice and when I teach other healthcare practitioners, this is like a basic tool to deal with emotions. And it is particularly helpful with anxiety attacks.

It is a three-minute meditation only so it won't scare people that they have to meditate for forty-five minutes. It is about learning to breathe, center yourself, calm yourself, breathe out the stress, and put your hand over the heart which is the energy center for unconditional love.

That is not the anatomic heart; that is the energetic heart which is in the middle of the chest - not to the left of the chest, which is the anatomic heart - and putting your hand over your heart, breathing, being quiet, focusing on something you love - activates that beautiful heart energy.

To me this is the healing energy. It is the healing of the heart; it is something palpable, it is something that you have to activate consciously. This is something I teach all my patients. And practitioners need to learn how to open their hearts and feel the energy.

It is not just theoretical; it is literally warm, beautiful, soothing, positive energy flowing through your body, up through your chest, out through your arms and hands. And it could go into your patient or into yourself, to calm yourself down.

"Particularly helpful with anxiety attacks...is a three-minute meditation only...about learning to breathe, center yourself, calm yourself, breathe out the stress, and put your hand over the heart which is the energy center for unconditional love."

I practice this three-minute heart meditation throughout my day when I am seeing patients; I do it in between patients, to center myself, to bring me back to the kind of place I want to be.

Dr. Buczynski: Now you have talked also about four secrets for empowering emotional life. The first was reprogramming the biology of emotions. So let's focus on that a little bit. I think perhaps the language with which you explain it might be useful for people when they are talking to *their* patients. So, the biology of emotions.

Dr. Orloff: The biology of emotions is basically what I was trained in; what happens to the neurobiology, when you go through different emotions such as depression, anxiety, anger, stress.

It is important to know that we can all harness our own biology; that through various strategies and actions we can harness it and change our biochemistry. And so with each emotion I go through - whether it be fear, anger, frustration - be able to work with those emotions to calm your biology.

"The biology of emotions is...what happens to the neurobiology, when you go through different emotions such as depression, anxiety, anger, stress."

Basically what happens during fear or stress is that you experience the stress and then the stress hormones start flowing through your body; the adrenaline and the cortisol. And that causes a cascade of reactions, from constricting your blood vessels, increasing your blood pressure; cold, clammy, sweaty, shallow breathing, acid going in the stomach, muscles clenching.

With fear, with stress - whether it is high or low burn - that is what is going on in your body. So I have a diagram of what happens to stress in the body, when you get stressed. I give this to all my patients because I want them, you know, to be aware and discerning that this is what happens when stress is going on!

"You need to get the endorphins flowing, the feel-good neuro chemicals, opiate-like neuro chemicals that come through for instance being in the zone..."

And how do you turn it around? You need to get the endorphins flowing, the feel-good neuro chemicals, opiate-like neuro chemicals that come through for instance being in the zone, when you are an athlete, or when you are running, or when you are walking; or meditation which can get the endorphins flowing; or laughing can get the endorphins flowing.

So you have to know what is endorphin-related, what is stress hormone-related - and choose to calm down the stress response. That is what is so empowering to people, when they see it is not just the runaway train; that they could turn it around. My patients love this because then they feel really empowered.

Dr. Buczynski: Okay. I am going to focus on each one of them. So let's take the second one - and that was uncovering the spiritual meaning of emotions. Talk more about that.

Dr. Orloff: Yes, so the basis of emotional freedom is seeing *every* emotion that you go through as a path to spiritual awakening. I see emotions as energy. So what you want to do is work with the emotions you are given and begin to transform it - but not to undermine any experience.

If you are going through a deep, dark depression, now that is a spiritual experience. If you are going through anger, that *is* a spiritual experience if you look at it is a vehicle to transform anger into compassion.

You see, I feel it is important to pair emotions, where I talk about transforming fear *with* courage, or transforming anger *with* compassion, or transforming envy and jealousy *with* self-esteem. So there is the emotion, and then there is the goal of transformation. It is like alchemy; you are turning that into gold. It is a way that we can work with ourselves from a spiritual standpoint.

"I feel it is important to pair emotions, where I talk about transforming fear *with* courage, or transforming anger *with* compassion, or transforming envy and jealousy *with* self-esteem."

A patient came to me and said that they wish they could be coming to me with something more spiritual than an anxiety attack. I said that to me anxiety attacks are the most spiritual things in the world because that is the gift for spiritual development; you begin to work with what you are given - everybody.

Dr. Buczynski: So how did your work with that patient go? What was your, after you said that, how *did* you work with her anxiety attacks?

Dr. Orloff: First of all I framed it from a spiritual perspective so she didn't think it was just a cause of suffering she wanted to get rid of, like most people think. She has this anxiety and she began to wrap her mind around it in a different way, that somehow this is going to help her soul develop, and that we are going to get to the bottom of it and this will help her soul develop.

So, number one, I taught her biological techniques to calm down the anxiety, you know, in terms of what aggravated it. For instance, she was having insomnia and that was causing her not to sleep; and she would be more anxious.

I had her track her sleep patterns and I saw that she watched the eleven o'clock news before she went to sleep. So I told her not to do that and to create more of a peaceful environment before she slept, so she can have a deeper sleep instead of agitating herself.

Plus she would argue with her husband before sleeping and so... and also pay her bills - which is a terrible thing to do! But most people don't know this. I look at sleep and dreams as revolutionary states of consciousness that can create *enormous* healing.

Dr. Buczynski: We will get to that in a minute - but before we do, I just want to make sure we have covered the early part of your work, the four secrets. And so the second one was to uncover the spiritual meaning of emotions. The third one was to learn the energetic *power* of emotion. Can we focus on that and save the thoughts on sleep to just a little bit later?

Dr. Orloff: Oh yes, of course. Well, the third aspect of emotions is having to deal with the energy. That is each emotion - fear, anxiety, worry - they all have different frequencies of energy. These frequencies, you have to get used to them in order to transform them. Part of the emotional freedom I am talking about is the freedom to transform rather than get mired.

For instance with that patient who had anxiety, the next thing I would teach her is how to put her hand on her heart, to begin to generate the self-soothing heart energy to calm down her anxiety on her own.

"...third aspect of emotions is having to deal with the energy. That is each emotion - fear, anxiety, worry - they all have different frequencies of energy."

First I would do work in my office; I would lay her down and do energy work on her where I would help open her heart chakra with my own hand so *she* could know what it felt like. You know, somebody has to

know what it feels like to have that heart energy open, in order to generate that in themselves as a kind of feedback mechanism.

And then once she - oh, it is such a beautiful feeling, those of you who are listening who don't know about this, you must know it is just a beautiful feeling to open the heart through meditation, through your actions, however, that is the goal, the healing goal of life - but I taught her how to do this.

Then I sent her out to practice. She would get very anxious at social gatherings and so I taught her when the anxiety was just beginning to build, to turn it around energetically by doing this heart meditation in the bathroom; calming herself down again and then going back out into the social situation from that perspective.

"She is being given an active part in her own reversal of anxiety, which is so empowering, as opposed to just taking a pill."

She is being given an active part in her own reversal of anxiety, which is *so* empowering, as opposed to just taking a pill.

Dr. Buczynski: And your fourth secret involves your parents, and reexamining the relationship with the parents.

Dr. Orloff: Yes.

Dr. Buczynski: The psychology of emotions - can we talk about that and maybe, if it is relevant, relate it to the same patient we are talking about?

Dr. Orloff: Yes, exactly. Well, with that same patient, the psychology of emotions is very important - and that often involves backtracking to childhood to see where the origin of the emotion comes from.

And with this particular patient, she had a mother who had anxiety attacks and she always tried to take care of the mother and would try to calm the mother down. She is what I call an "intuitive empath" - somebody who is an emotional sponge and tends to be very sensitive and open but absorbs other people's energy.

And so for years she sat at her mother's bedside trying to calm her down, when in fact she was just absorbing the energy of anxiety and shouldering the burden of her mother's anxiety and the patterning that came from that original trauma of sitting there.

"...the psychology of emotions is very important - and that often involves backtracking to childhood to see where the origin of the emotion comes from."

Once we backtracked to that, it is like sometimes you get these "Aha's!" from psychological insights that are *very* transformative - and she never looked at it that way.

Our goal was then for her to detach from the mother and be herself, rather than, through guilt, through over-identification, through just the experience of trauma, people take on the anxiety of their parents without even knowing it; or the depression of their parents, or the fears, or the negative attitudes.

We helped disengage that, and that psychological insight helped to free her more so that she wasn't so captured by the anxiety.

Dr. Buczynski: And you have talked about guidelines for helping a patient look at their parents - both the good and the bad unhelpful behaviors. Can you share some of those?

Dr. Orloff: Yes. I mean, it is important to see your parents clearly. And so I suggest you do an inventory of your parents' positive and negative traits. You know, a lot of people can't even remember it any more and they block out parts of their childhood. But you try and help those patients, you know, just very gently, remember things.

"The parents have both qualities. You want to emulate the positive qualities and then discard the negative ones."

It is important not to demonize the parents or make them into saints. The partners are humans. The parents have both qualities. You want to emulate the positive qualities and then discard the negative ones. But see them clearly.

I believe that there is a huge spiritual meaning to parenthood and who our parents are - these are our spiritual teachers, our parents. And these are huge teachers, if you look at them that way.

Even if you have had a difficult childhood, even if there was abuse, even if there was trauma - you know, again, with emotional freedom you have to look at *whatever* it is you experience with kindness, with compassion and as a way to open up your own spiritual development and your heart. What can you learn from these parents?

So, to look at your parents also with compassion. I mean, this is the hardest psychological work I do with patients, where patients have abusive parents, let's say, and they want to get to a point of forgiveness. You know, that takes a big stretch of the heart! But they want to go there, you see. So little by little I want to help them get there.

What I stress is not that you are forgiving the horrible abusive acts of the parents or anybody else, but you are forgiving the suffering that caused your parents to do these acts. Not that you will ever put yourself in an abusive situation - but the point is, with the emotional freedom, you want to be free. And if you are carrying around anger, resentment, bitterness that doesn't move; if it just freezes energetically, then that is going to hold *you* back.

"...you are forgiving the suffering that caused your parents to do these acts."

And I am very interested in aging, I want to say, because I want to age with the lightness of being. And it is *impossible* to age with the lightness of being if you carry around all these emotions - you know, forty, fifty, sixty, seventy, eighty years of resentment.

Can you imagine what that does to the body energy and the posture, and the face; the beauty, the lightness of being, the heart energy? You can't age in a different paradigm without freeing yourself.

So this quest for the heart and for forgiveness is so touching to me. With some of my patients - this is very frequent - where the abusive parent is dying and the child who was abused, who is now an adult, has a choice to help the parent die. And they are, oh, this just gives me chills because they always say, "Should I do it? Should I not do it?" because of all the mixed feelings.

I always leave it up to them; you know, there is no obligation to help a parent who has abused you. But if you *want* to, if your heart is saying, "Do it" then it is very helpful for both parties concerned.

"...you see it is very liberating for that person because they have transcended. They are not stuck any more. They are free."

You know, interestingly, most of my patients who were abused choose to help the abuser over to the other side. You know, it is just what they want to do. But there is never any obligation to do that. You don't *have* to. I mean, if you are not at a place to do it, don't do it. You can't ever force anything like that.

But if the person *wants* to do it, you see it is very liberating for that person because they have transcended. They are not stuck any more. They are free.

Dr. Buczynski: So the patients that come to you - and I would suspect at this point you are so well-known that it is a selective... that people self-select when they come to you - because I was going to say do you get much resistance from patients who really *don't* want to see their parents with compassion?

Dr. Orloff: Yes, yes, absolutely. You know, if they are not ready to do that is not time. This isn't something you can force or break through resistance - I never work that way. It is something a patient has to *want* to do. And if they are not ready to do that, then they *can't* do it. And so I go on to something else. I mean, there are so many different levels of working with patients.

I have just... I am a psychiatrist and I am an intuitive, so intuition is a great love of mine. And I wait to see when, with intuition, when a window is open, when a door is open. I don't crash anything down. You know, if someone says, "I'm not ready. I don't want to do it" I usually just go with that - unless I get an intuition not to pursue it more.

But people who come to me, I mean, yes it is self-selected in a lot of ways but that doesn't mean they don't have incredible resistance to things, you know!

Resistance: I kind of honor. I think resistance, I dealt so much with that in the medical community because I speak a lot to doctors and physicians, and all kinds of... nursing groups, tumor groups, everything... hospitals... and there is tremendous resistance to intuition in that sphere, and so I have come to look at it as a challenge and just as part of what I have learned to do; to work with people.

"I think [of] resistance... as a challenge and just as part of what I have learned to do; to work with people."

In fact before I speak to a group with a lot of resistance I go and I sit in front of that group for ten minutes and just sit there - they don't know what I'm doing - and I'm channeling heart energy because I want to create a heart-centered environment with which to give my talk so there is not just prickly resistance.

"...in terms of speaking to groups with resistance, you have to pump out that heart energy so that you pave the way for a more beautiful discussion.."

They do not know what hit them, you know, because they are not used to transforming spaces with energy, you know, which is just so essential in terms of speaking to groups with resistance, you have to pump out that heart energy so that you pave the way for a more beautiful discussion.

Dr. Buczynski: Okay. I want to focus a little bit on negative emotions - or another way to put it is negative relationships. Some relationships can cause a huge drain on both our emotional and

our physical energy, and you have kind of used an interesting phrase; you call it “emotional vampires.” That is quite an evocative picture! Let’s go through them and talk about and just identify the vampires that you have identified.

The Power of the Negative: How to Help your Patient Counteract the Emotional Drain in Her Life

Dr. Orloff: Yes, I read a lot about relationships and emotional vampires because I have found that with my patients once of the biggest sources of energy drain is relationships. And people need to learn in therapy - and least in the kind of therapy I practice, and energy psychiatry - how to deal with relationships from a calm, centered place, and how to negotiate their energetic needs in relationships so that they are not drained all the time.

It is very important. It is a hard topic. It is touchy because they are afraid of offending their mate; say they are with a mate who is draining them, how do you possibly talk about that?

But an emotional vampire - which I give the solution to - but an emotional vampire is someone who sucks your energy dry. And how do you know if you are around them? You feel like taking a nap; your eyelids get very heavy, you feel like taking a nap, you feel drained, you feel toxic, you feel agitated, you feel anxious; you feel not good.

It can be sudden. You just get in their energy field and suddenly you feel a drop, a sinking feeling - as opposed to people with positive energy where you are around them and you want to get closer to them; you want to hug them, you feel energized; you feel warm, and loved, and not judged and all the goods things.

“...an emotional vampire is someone who sucks your energy dry.”

So, emotional vampires, you know, just intuitively you can teach your patients how to identify these people in their minds by taking an inventory of the people who give you energy versus the people who drain you. And to be honest about it, just make a list - and then decide what to do. You can use the strategies we will talk about, you know, what to do about it.

Also realize that we all can be emotional vampires. I have a quiz, *How do you know if you are one?* We all can be. But my point is that we *all* slip into being a victim, or being negative, or being hopeless, or being angry - or whatever; whatever we slip into. But with the emotional freedom, the great thing is that we can catch ourselves sooner and shift out of it. And we can be non-defensive if somebody calls us on it.

A friend of mine called me on something recently where I was going on and on about my condominium association, and all the frustrations with the building. And I was going on and finally she said to me, she goes, “You know, I don’t want to hear about this any more!” And coming from the other end - because I am really good at limit and boundary setting which is a tool to use for emotional vampires - that, you know, coming from the other, I was like “Whoa!”

She loves me and we are good enough friends that she could be honest with me. And yes, I was going on, and on, and on. So there you go! In healthy friendships I think we need to be able to say this to each other in a loving way. Not in a blaming or a critical way.

But my point is that I am not targeting those people out there who are draining. We all have the capacity to do it. But we need to catch ourselves more quickly. And so the types of emotional vampires I talk about are 1) the narcissist, 2) the victim or complainer, 3) the controller, 4) the criticizer, 5) the borderline personality, or the splitter - and then there is 6) the chronic talker, the bane of my existence.

"The types of emotional vampires I talk about are 1) the narcissist, 2) the victim or complainer, 3) the controller, 4) the criticizer, 5) the borderline personality, or the splitter 6) the chronic talker..."

Oh, those are the hardest ones for me. Each one of us has our own buttons. But the chronic talker just, oh, I've really had to learn to deal with them because those people do not attend to non-verbal cues; like when you take two steps backward from them they always... they tend to talk in your face, too, which really bothers me because I have a big sphere of personal space around me that I like honored. But you take two steps back and they take two steps forward. And when you are crossing your legs, or you are looking irritated, they don't care!

So what you have to do is interrupt the chronic talker. Which has always been very hard for me; I have never been good at interrupting. But I have had to learn because I get cornered a lot when I go to parties and... you know, people tell me their life stories at parties. And this is totally inappropriate because I am on my free time, I don't want to hear life stories. And so I have to interrupt!

Dr. Buczynski: So how do you pick up the thread and interact rather than... like how do you interrupt the life story at the party, to interact?

Dr. Orloff: You have to say, "You know, I'm so sorry I have to interrupt you but, you know, I need to go on to the next person / I have to do this / I have to go to the bathroom. But I'm so sorry I have to interrupt" is the...

"So what you have to do is interrupt the chronic talker...you say it with a calm, firm, loving tone; neutral, in and out."

And you say it... but, Ruth, the point is - and I want everyone to know this - is that you say it with a calm, firm, loving tone; neutral, in and out, quickly. The way you deal with emotional vampires is you just say it quickly, shortly - and you're out of there. You don't get into a big discussion with them. And you don't blame.

The energy of tone is *so* critical because if you can get across the hardest concepts with the best energy. And so everyone, you know, with your clients, with your friends, with your family, you have to teach the patients how to use the energy of the voice to communicate difficult things so people don't feel judged or criticized.

You know, I had a boyfriend for many years, Colman - I think you met him - who came from the South. And he was so good at boundary and limit-setting but he had this southern accent and he goes, "You know, I'm so sorry - I just can't do that." but he would say it in such a way that it was this lilting southern poet tone that was just a gift! You'd go, "Okay..."

Dr. Buczynski: But how did you manage your inside? I notice like if I felt, "I just have to interrupt this person, that my fear at doing it would come across in some kind of a harsh way - but it would really be just my "uncomfortabilty" with... maybe it would be somewhat my anger that I have to *be* uncomfortable. But

how do you do that; how do you manage your internal experience when you are trying to get your tone to that softer, kinder place?

Dr. Orloff: Right, well what I do with patients is I do a psychodrama where I am the energy vampire and I will really, you know, amp-up and they have to practice interrupting me. And it is very hard! But you practice with somebody else. You just don't... I mean, you could practice in the field and go out and do it, and just learn, you know, with people.

"It is better to practice with smaller ones...work up to it - because it is scary to interrupt."

It is better to practice with smaller ones, you know, the ones that don't bug you as much; work up to it - because it is scary to interrupt. I mean, for me that was a big thing because of my family upbringing. I used to go to these family dinners and both my parents are very, you know, articulate, and big energy - and I would sit there quietly and I would never know how to interrupt.

See that is why emotional freedom is such a healing, such awakening, because these emotional vampires, the chronic talkers, I began to heal the part of me that didn't feel worthy to interrupt.

Dr. Buczynski: I see. Well let's take another one then. How about the narcissist? Can you first give us your take on how you recognize that that is the kind of vampire you are seeing, and how do you deal with that one?

Dr. Orloff: Well the narcissist I believe is the most lethal of all of the emotional vampires because they lack empathy. A narcissist is "me, me, me." They can be extremely charming, extremely intelligent and they know how to play you like a fiddle because they have this preternatural intuition that just knows how to read people and tell you *exactly* what they want to hear.

They see your vulnerable points; they know how to get to you, they reel you in with their charm. But then the minute you don't go along with their program, they get cold, withholding and punishing. And they lack empathy.

And this is the *hardest* thing for my patients to get, is that they don't care what you are feeling. You know, when you say, "Oh, but I'm feeling this / I'm feeling that," that doesn't matter to them. And what does matter to them is how you can fit into *their* purpose, whatever it is.

"A narcissist is "me, me, me." They can be extremely charming, extremely intelligent...But the minute you don't go along with their program, they get cold, withholding and punishing."

So, you know, I have worked with many patients, a lot of women, who have been hooked-in to a narcissistic man - and it is so hard to get out of the relationship, once you have kids, once you are hooked-in. It is *so* hard.

I have to work with those women in order to build up their self-esteem, because a narcissist, year after year, pounds your self-esteem so that you think you are crazy - because they have the trickiest way of turning everything around to wrong you.

I wrote a *Huffington Post* blog on this and I got something like six hundred responses of women and men who were involved with narcissists, and just what they went through and how they got out of it. I mean, it is a huge epidemic.

“...in therapy, it is very hard to get a narcissist to change, even if they want to.”

I recommend to my patients, “Never fall in love with one - as charming as they are, run the other way.” Because in therapy, it is very hard to get a narcissist to change, even if they want to. And most of the time they *don’t* because they don’t see it as their problem.

So I did not get many emails from people saying, “Oh, but I want to try compassion. Won’t love and compassion work with a narcissist if you just love them enough?” You ask those women who have been in a relationship with a narcissist for twenty years if that works!

You know, I would love to say it works. But it doesn’t. I mean, a full-blown narcissist is what I am talking about - I am not talking about people with narcissistic traits here and there. I am talking about a diagnosis of narcissism.

And just be aware; and if you are in a work environment, let’s say, where the head of the hospital ward is a narcissist, how do you deal with that? You can’t get out, there they are. No, unfortunately you just have to frame things in terms of how it will benefit *them*. That is the only thing they respond to.

If you want a vacation, and you are tired, and you have been working 24-hour shifts three days a week, you are tired, you just need a vacation. That is just not a good enough reason for a narcissist. But if you say, “Well it is really going to benefit the ward if I take vacation at such-and-such a date,” *then* they will give it to you.

“I go through strategies of what to do with a narcissist, and how to lower your limitations and your expectations of who they are.”

So, you know, I go through strategies of what to do with a narcissist, and how to lower your limitations and your expectations of who they are. That is so important, to lower your expectations, because they are not who they seem.

Dr. Buczynski: Okay. How about the victim?

“The victim is somebody who is not willing to take responsibility for their actions and sees the world as out to get them, and to blame.”

Dr. Orloff: Yes, the victim is somebody who is not willing to take responsibility for their actions and sees the world as out to get them, and to blame. And they often call you up on the phone and get you into these lengthy conversations about, you know, “The boyfriend broke up with me for the tenth time / my mother doesn’t understand me / the boss overlooks me all the time.”

When you bring up solutions they always go, “Yes, but...” That is the MO of the victim; “Yes, but...” because they don’t want solutions, they just want to wallow, basically.

And this isn’t, of course, if someone is going through an acute crisis. Of course they want to wallow; of course they want to express themselves. But I am talking about more like the fiftieth time they have gone around over a period of months.

Then you have to set clear limits and values to this emotional vampire and the others. That is the main strategy. Like learning how to say to a friend on the phone, “You know, I love you. You are my friend. But

I can only listen for five minutes, unless you want to get into solutions.” And you say it, again, the tone is critical, with the loving, firm tone, in and out, neutral, matter of fact, non-blaming.

And, you know, they might come back with, “What kind of friend are you that you don’t want to listen to me?” because victims often try and guilt you out. And then you say, “I’m a loving friend. Really, I adore you. But I just don’t want to talk about the same things over and over because it makes me tired and if you want to get into solutions, I would be more than happy.”

Dr. Buczynski: Let’s do one more. Let’s talk about the borderline, the splitter.

Dr. Orloff: Yes. The borderline splitter is somebody who makes people good and bad basically, because they... either you are the angel from heaven or you are the devil from hell. And you don’t want to get on a borderline’s bad side because they are *extremely* angry and vicious, they can be.

And they often, in emergency rooms, when I worked at UCLA emergency room every third night for so many years, you know, the borderlines would come in, having slashed their wrists after the argument with a family member, and it was a way, on one level, to get back at the family member because this is the level of the anger. And it is because they feel so fragile, and like *nothing* inside, that even the pain in self-mutilation gives them a sense of something that they didn’t have.

So they tend to act out, they tend to cut their wrists. They are sometimes successful with suicide - but more often it is just an attempt to get back at somebody through their anger.

“The borderline splitter is somebody who makes people good and bad basically, because they... either you are the angel from heaven or you are the devil from hell.”

I can’t work with borderlines, by the way. I’m too sensitive. I never learned to do it. So I refer them out. I just realize my limitation with that because borderlines you need somebody that has a temperament that... I am an emotional sponge; I am what I call an “emotional empath,” where I absorb energy. And so I really have to be very discerning on what clearly are my energetic boundaries.

Borderlines are just too stressful for me. I have never figured out how to work with them and be effective. And I know people who *are*; they have a different type of energy than I am - they are a different emotional type, as I discussed. So, you know, I have just had to learn to refer those patients out.

And I want to give everyone permission, you know, if there is a type of patient that you are not particularly good with it is *fine* to refer them out, you know. It’s fine - just refer them. You have your own strengths.

“It is *extremely* empowering once you have a plan. But most people don’t have a plan, so they get mowed over all the time by these emotional vampires.”

But with a borderline, you can’t let them split. You know, on inpatient wards, psychiatric inpatient wards, we would always have group session talking about borderlines and how we have to be careful not to let them turn us against one another because they can turn an inpatient ward into *havoc*, you know, if people start buying into it. So you just have to deal with it in a strategic way.

That is what I write about in terms of developing practical strategies to deal with these everyday solutions. It is *extremely* empowering

once you have a plan. But most people don't have a plan, so they get mowed over all the time by these emotional vampires.

Dr. Buczynski: Now, I want to make sure we take some time for sleep because we mentioned that earlier and I said let's put that off just a little bit. But that is really important. And the intuitive power of dreams with sleep that you... you have got a quote there: "Sleep is the chief nourisher of life's feast."

Dr. Orloff: Yes.

Dr. Buczynski: Let's talk some about how sleep revives the body and the spirit.

The Intuitive Power of Dreams

Dr. Orloff: I write extensively about sleep and dreams. The first thing I do when I wake up in the morning is I write down my dreams - and I have done this since I have been a little girl because dreams are so important in terms of the messages they convey.

Sleep not only nourishes physiologically; I believe that during the sleep state, our spirits are transported to different realms so we can have different levels of experience other than the mundane earth realm. And every night we have that experience, to shift into a different level of awareness.

If you look at it that way rather than, "Oh, I'm just going to sleep" - you know, that is how the Western mind looks at it, "Oh, I'm just going to sleep" - like it's nothing. You know, it hurts me to hear people talk about sleep that way because it is just such a *sacred* place of transformation, to go into the sleep realm.

"Sleep not only nourishes physiologically; I believe that during the sleep state, our spirits are transported to...a different level of awareness."

We get to give up our egos for eight hours or six hours, however long you sleep. And people don't realize what a gift that is, to be free of your ego every night. You have your ego taken from you. And do you realize how beautiful that is?

Most people don't in the West. But without the ego, you get to experience different levels of reality. You can fly in dreams; you can learn all kinds of psychological insights about yourself in dreams. You can have healing dreams, you can have premonitions, predictive dreams that actually predict the future sometimes.

"...and I really support this dream technique of asking a question before you go to sleep at night, then...in the hypnagogic state between sleep and waking, and then writing the dream down in the dream journal, and then seeing how that answer reflects on the question."

I write about all these different kinds of dreams because they are important to know what they are and how to learn from them. I just did an interview with the *LA Times* on recession dreams; on patients of mine that were having dreams about the recession, and how I worked with them on how to use the dreams to find solutions.

So I ask my patients - and I really support this dream technique of asking a question before you go to sleep at night, then going to sleep, then in the morning

spending five minutes quiet, in the hypnagogic state between sleep and waking, and then writing the dream down in the dream journal, and then seeing how that answer reflects on the question.

I worked with one patient with recession dreams where he couldn't find a job, couldn't find a job; he was getting very demoralized. And then he asked a question, "How can I find a job?" before he went to sleep at night. And then in the morning he just had a vision of this one little newspaper in Pasadena where he insisted it wasn't a very prestigious paper but he had a vision of it. So he went and he tracked it down and he looked in this paper - and he found a job there!

Dr. Buczynski: Wow!

Dr. Orloff: So it gave him a creative solution during times of recession. Dreams are problem-solvers, particularly in hard economic times, or when people going through hard times, when their ego or their personality is so full of fear and worry; or if you are going through an illness and you can't get out of the fear state or whatever, you can always go to your dreams to break through that. It is another therapeutic tool that practitioners can use in themselves, and teach their patients.

You know, I have a hard time remembering people's names - but I always remember their dreams when they tell me!

Dr. Buczynski: You know, the whole concept of "sleeping on it," it is like it is another way - whether a person is a practitioner, or a manager - if you are faced with a problem, sleeping on it is a whole other side to wisdom and information about how to manage something.

"Dreams are
problem-solvers,
particularly in hard
economic times..."

Dr. Orloff: Absolutely! There is an article on my website from *Science* which is called *Action without Deliberation* - it was a Dutch study I believe - and it proved that when you are making big decisions it is better to sleep on it than over-think it. And this is such a basic truth.

For smaller decisions it doesn't seem to matter very much - like going out and buying a new vacuum cleaner; but if you are thinking about moving, if you are thinking of changing your job, it is better to sleep on it than it is to over-think it and just try and figure it out. So it is a wonderful double-blind study that can't be refuted. So I love that!

Dr. Buczynski: I know for me when something bad happens - let's say, I don't know, an employee resigns and I'm like, "Oh my God, what are we going to do? Two weeks and this person will not be here any more!" I know that if I get a good night's sleep, the next morning it will seem like a *much* more solvable problem; like something that's manageable and not too overwhelming and devastating.

Dr. Orloff: Absolutely. You should *never* try and solve a problem if you haven't had enough sleep. Never.

Dr. Buczynski: Unfortunately, for a lot of practitioners - you know think of nurses on the floors and so forth - that is not always an option, to put off until you have had enough sleep. But you are absolutely right, it sure makes a difference.

Dr. Orloff: Well what the nurses can do, or anyone who is on long shifts, is to have three-minute meditations where they go in and calm themselves down and increase the endorphins, so it is like mini tune-ups; it is not exactly sleep but it helps. It helps tremendously, rather than just being wrung-out from not getting enough sleep for all those hours.

"...anyone who is on long shifts, is to have three-minute meditations where they go in and calm themselves down and increase the endorphins, so it is like mini tune-ups."

Dr. Buczynski: You know, what I had thought of also was it makes you wonder about how we train residents because we, even though that's improving, we still keep them for very long hours without a lot of sleep.

Dr. Orloff: Let me just say one thing about that. When I went through my medical training I was on-call every third night for many, many years - and I *loved* my medical training, it was one of the best things that ever happened to me. But the most difficult part was that, because I was so sleep-deprived, I couldn't remember my dreams.

It was horrible for me; you know, where I would just try and find them but I would be so interrupted by the beeper waking me up to pronounce people dead, or waking me up for some emergency car crash, or helping people, that I missed that. I missed it terribly. And it is what some people do go through in their training, is the inability to retrieve their dreams like they used to.

Dr. Buczynski: Now, in your book, you talk about emotional types and why it is important for a person to know their emotional type - and certainly this is something that I think would be useful for practitioners to think about when they are working with patients, even for general practice, family practice and internists, to think about. So let's just spend a little bit of time going through the emotional types that you have defined.

Why Helping your Patient Know Her Emotional Type Can Enhance Her Emotional Growth

Dr. Orloff: Yes, it's very important for patients to know what their emotional type is so they can work with their positive aspects of the type and begin to heal the negative. The four types are: number one, the intellectual; number two, the empath; number three is the gusher; and number four is the rock.

These are the four types. And these are the default setting of our personalities that we go back to during stress. So it is our preference, it is where we naturally come from.

"The four [emotional] types are: number one, the intellectual; number two, the empath; number three is the gusher; and number four is the rock. "

The intellectual is somebody who is most comfortable in their head. And they are very intellectual, they are very brilliant at debating and making lists of pros and cons - you know, very brilliant minds.

But the negative part is they tend to be disembodied heads and live from the neck up and not in their bodies. And with a mate who is not an intellectual, there are a lot of problems because the mate, let's say, is going through a crisis or an emotional situation; the intellectual will always want to come in and solve the problems. That aggravates the other mate *tremendously* because they don't feel like they are being heard or empathized with.

And so the way I work with intellectuals and those kind of circumstances is to just to empathize with the feelings first to say, you know, “I hear what you’re saying, I hear your feelings;” and give the other emotional type some time to emote before they want to *solve* everything. Because solving something prematurely is extremely aggravating to another type.

So to balance the intellectual, now I encourage them to get more in their bodies; to do yoga, to do exercise, to begin to inner-sense what is going on - you know, inside, below the neck! Just to get a little bit more in touch with the emotions. I mean, they are never going to be hugely emotional - but to be more in touch so that they can empathize with others more.

The second type - and this is the type I am - is the emotional empath. The emotional empath is an emotional sponge. They can be very sensitive, and open, and loving, and connecting but they tend to have no membrane between themselves and the world so they absorb the stress of the world, and the angst, and it just goes into their body and can cause exhaustion or illness.

“The second type is the emotional empath – an emotional sponge. They can be very sensitive, and open, and loving, but they have no membrane between themselves and the world so they absorb the stress of the world, and the angst, and can cause exhaustion or illness.”

This is a very important type to know and I have so many people writing me, “Oh, I’m an empath - I found out from you I’m an empath. I finally know what I am!” Because physicians pathologize this; they consider them hypochondriacs, or malingersers, or send them to people like me, psychiatrists, for Prozac which is *not* the treatment for this.

There is a quiz I have on *Are you an emotional empath?* And some of the signs include: Have you been labeled as overly-sensitive? Do you revive your energy being alone versus being with people? That’s a huge thing. Are you overwhelmed by noise, smells or excessive talking? Because empaths tend to get over-stimulated quite easily.

Do you like to take your own car places - which is something I always do because I don’t want to get stuck anywhere because as an empath, my experience of a social situation is that, no matter how much I love someone, I am done after three hours; I am filled, done and want to get out - otherwise it is too much with me. So that is why I always bring my car places, so that I can leave.

An empath doesn’t like to get trapped anywhere. And an empath often likes to sleep in different bedrooms when they want to, or have their own space in the house. They are not into a lot of 100 percent togetherness all the time like the traditional time relationships.

You see, the empath has certain needs and they have to learn how to express limits and boundaries. They have to have their own private time - and then they’re fine. You know, once an empath’s needs are met, then they are a beautiful partner, a

“An empath doesn’t like to get trapped anywhere...They are not into a lot of 100 percent togetherness all the time like the traditional time relationships.”

beautiful friend because they are so loving and into life, and passionate. But they can be very sick and exhausted, and have diagnoses like chronic fatigue, if the empath's needs are not met in a very astute way.

So all practitioners who are listening, go through this quiz and see if your patients are empaths - and if so you can really help them! Because most likely they have *no* idea what is going on. And traditional medicine doesn't have a subtle, energetic context with which to view these kinds of experiences, so they pathologize it.

You can offer your patients a way out through limit and boundary setting, through getting more private time and space, through talking to your mates about your empathy in a way that can educate them; setting limits and boundaries, realizing "No" is a complete sentence - all these kinds of things.

It is spiritual practice. It is all, to me, all of this is spiritual practice. It is learning about who you are, what your emotional type is, and becoming empowered without judging yourself. Because society looks at empaths as kind of weaklings - and they are not (Western society only).

So you have to begin to look at it in a different way. And as a psychiatrist and an empath, it is *incredibly* helpful for me as a clinician because I can sense what is going on in other people. But my spiritual practice using emotional freedom is not taking *on* the energy of others because it is not healthy and it is not helpful.

"The rock is somebody who is strong and steady, and there for other people, and they will always show up for you. But they tend to be a little boring and lack passion and juice."

I speak in front of large groups, you know, sometimes over a thousand people, so I have to really be careful not to take on their energy. It is none of my business anyway; it doesn't help anyone and it is part of my path to learn how to set my energetic boundaries and needs.

So it is all incredibly exciting to learn all these skills - but it takes practice!

Dr. Buczynski: Right! Let's go on and talk about the rock.

Dr. Orloff: Yes, the rock is somebody who is strong and steady, and there for other people, and they will always show up for you. But they tend to be a little boring and lack passion and juice; you know, the mates are always complaining the rocks never express their feelings. They are always trying to get the rocks to express their feelings more.

So for a rock, they need to express a feeling a day - just, "I'm happy / I'm sad / I'm in love / I'm miserable" - whatever, just so they can get more used to giving and receiving; not just being supportive.

The last one is someone who really is in touch with his or her feelings; can express it, has friends, has a network - but tends to give too much information, pick up the phone too quickly; they can pull you over in the market and tell you their life

"It is learning about who you are, what your emotional type is, and becoming empowered without judging yourself."

"[the gusher] is in touch with his or her feelings; can express it, has friends, has a network - but tends to give too much information, pick up the phone too quickly."

story. So a gusher needs to learn how to use intuition more and go inside for the answers first before they just pick up the phone all the time to share.

Dr. Buczynski: Okay. I'm taking notes here - I think we've got a lot of good information, and I think that the women that we are all serving will find this useful. So the gusher tends to give out too much information and pick up the phone too quickly - and needs to learn to look inside more.

Dr. Orloff: Correct. I am so sorry we have to end now - this has been such a full agenda and we have covered so much of this but there is *so* much more. I want to just recommend to everyone Dr. Orloff's book *Emotional Freedom - Liberate Yourself from Negative Emotions and Transform Your Life*. Two ways I would recommend it: first, you might find it useful for yourself as well as to give you some thoughts on another language to use working with patients; I would also recommend that you take a look at it and see if it is a book that you might recommend to your patients.

So what I am going to do, as soon as we end, I am going to send you an email like I always do - and one of the things that we will do in that email is give you a link to the book on Amazon. You could check it out there; you could take the review and go to your library and see if they've got it, or maybe they will order it. But check out this book - it is a useful book with lots and lots of good ideas that we only scratched the surface of.

I am also going to send you a link to the Comment Board. This is our community board and it is important for us to share *our* ideas about how we are going to implement what we heard tonight. So take a moment to go to the Board as soon as we hang up here, and talk about how you are going to use what we heard tonight. Please put in your first and your last name, your city and state or country, and your profession - and then share your thoughts.

Meanwhile, thank you so much everyone for being a part of the call - Judith, especially to you, thank you. It has been good to know you all these years and to talk to you again - and thank you for being part of our call on this series. It is a great series to invite *you* to be part of; your work fits so well and is so important to what women need. So thank you, Judith, for taking the time out of your book tour to do that.

Dr. Orloff: You're very welcome!

Dr. Buczynski: Take care everyone! Bye-bye now!

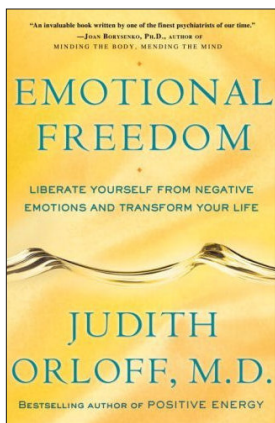
About The Speaker:



Transforming the face of psychiatry, Judith Orloff, MD is an assistant clinical professor of Psychiatry at UCLA and author of the New York Times and international bestseller *Emotional Freedom* upon which a public television special is based. She synthesizes the pearls of traditional medicine with cutting edge knowledge of intuition, energy, and spirituality to achieve physical and emotional healing. She passionately asserts that we have the power to transform negative emotions and achieve inner peace. She offers practical strategies to overcome frustration, stress, and worry and teaches people how to quiet overactive minds that won't shut off.

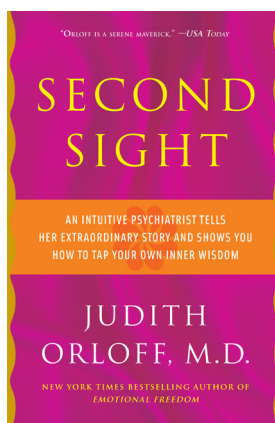
Books by Featured Speaker: Judith Orloff, MD

*Emotional Freedom:
Liberate Yourself from
Negative Emotions and
Transform Your Life*



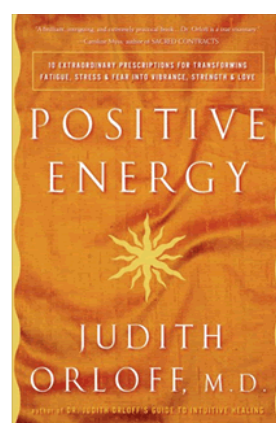
Click [HERE](#)
to Purchase Now!

*Second Sight: An Intuitive
Psychiatrist Tells Her
Extraordinary Story and Shows
You How To Tap Your Own Inner
Wisdom*



Click [HERE](#)
to Purchase Now!

*Positive Energy: 10
Extraordinary Prescriptions
for Transforming Fatigue,
Stress, and Fear into
Vibrance, Strength, and Love*



Click [HERE](#)
to Purchase Now!

Find out more about this and related programs at:

www.nicabm.com