Success Unlimited with Energy Therapy

by
Prof Tam Llewellyn-Edwards, PhD
and Victoria Butterell, MSc

Success Unlimited with Energy Therapy

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Warning

This is not a medical text book, and the treatments are not intended to replace conventional medical or psychiatric treatment, nor are they recommended as cures for particular conditions.

Readers who are under medical supervision should consult their own medical practitioner before treating themselves using any of the procedures outlined in this book.

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Foreword to First Edition

by Gary Craig (Originator of EFT)

(Reproduced in this edition with permission)

My gratitude to Dr Tam Llewellyn-Edwards for his creative use and clear explanations of these new Meridian Therapies. We are on the ground floor of a new Healing High Rise with these stunning new techniques and Dr Llewellyn-Edwards' contribution will surely help us move upwards into the Penthouse.

Gary Craig
Founder, Emotional Freedom Techniques (EFT)
www.emofree.com

Forward to Second Edition

By Tapas Fleming (Originator of TAT)

You are fortunate to have in your hands a simple and direct guide to assisting profound healing. The clear writing and instructive examples open the door to the magical world of energy healing.

Enjoy.

Tapas Fleming
Founder, Tapas Acupressure Technique (TAT)
www.unstressforsuccess.com

Acknowledgements

As co-authors we must thank all who helped and encouraged us in the updating and expanding of this work. Particular thanks must go to Mary (Mair) Llewellyn, who did sterling work with the proof reading and to all our students and fellow therapists, all of whom had an input.

We must also thank Tam's my cat, Bagpuss, and his dog, Rufus, who endured much during the original drafting of Chapter 22.

A big thanks must go to Gary Craig who devised EFT and who gave it freely to the world. Many therapists have added to the knowledge of this wide subject over the years, and while we have acknowledged the major contributors in the text our thanks must also go to those who have also added to the fund of knowledge, and whom we have omitted to mention.

Our thanks must also go to those clients who have given their permission for their cases to be reproduced in this work (even though we have changed some identifying details to protect client confidentiality).

PART 1

1. Welcome to Energy Therapy

We want this book to enrich your life.

The First Edition, now sold out, was the beginning of a journey into the rapidly emerging world of Energy Therapy.

The original edition, entitled 'Heal Yourself and Others with Meridian Therapies', was primarily a theoretical text, suitable as a reference book for practitioners, although presented in such a way that it could equally be used by non-practitioners seeking to further their knowledge of Energy Therapies.

Energy Therapies have since developed at a rapid pace, so rather than simply reprint, we decided to take this opportunity to not only completely update the book, but also to expand it with recent advances in Energy Therapy, and by including case studies, experiences, developments and many, many practical examples.

Part 1 describes and explains Energy Therapies in detail, while Part 2 brings the Therapies to life, shows them in action and has a highly practical focus.

The new title reflects this major change of emphasis and the new, much wider scope of its content.

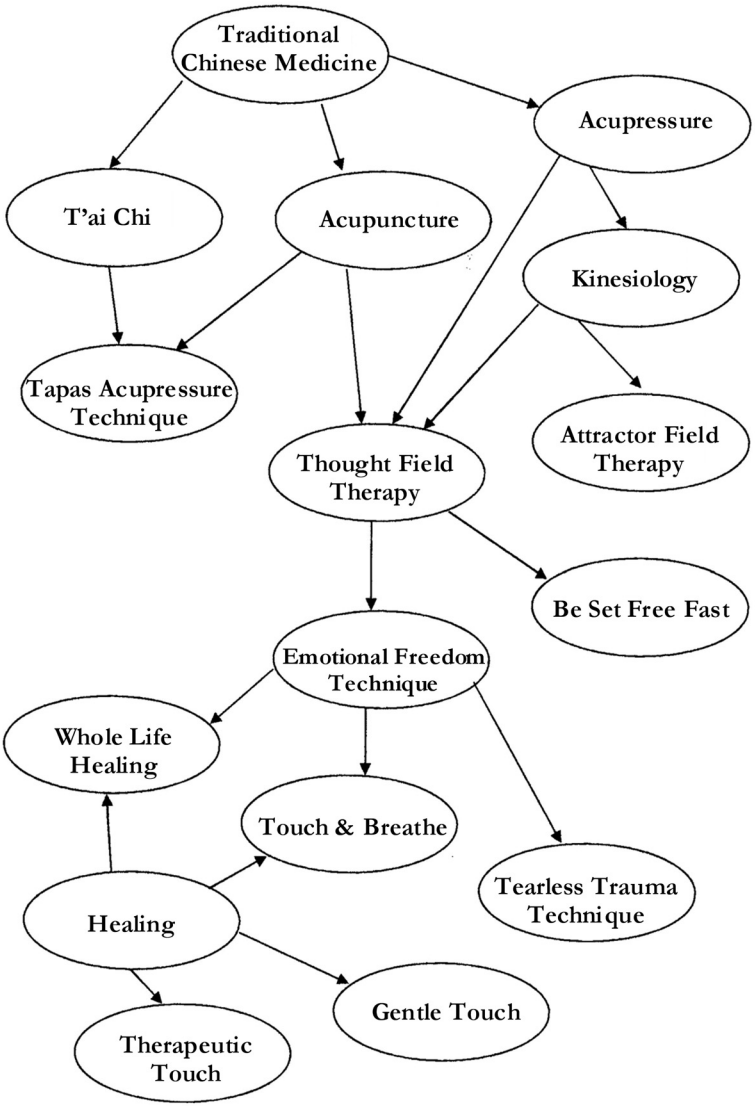
There are many Energy Therapies, in this growing field of Complementary Therapy. Whilst the detail of many of the therapeutic methods is copyright and cannot be re-published here, one of the therapies, Emotional Freedom Techniques (EFT), stands alone in that it is a non-copyrighted method given freely by its originator, Gary Craig, to the world. The EFT Manual has been published on the web in a form that allows it to be freely downloaded by all. Gary encourages this, for the good of all. The Manual can be found at 'www.emofree.com'.

Consequently, whilst this book is heavily based on EFT, other forms of Energy Therapy have been included as much as possible to complete the broader picture. In Chapter 11, in Part 1, a large selection of other Energy Therapies is presented and discussed together with details of sources of further information. In Part 2 the use of a wide range of these therapies in practical situations is presented with discussion, ideas and case studies.

We avoid complex cross-referencing, by collecting references together in the References & Resources Section (Chapter 25). Here you will also find useful addresses of active web sites to help you keep abreast of the latest developments, once the fundamental principles have been grasped from this text.

Enjoy this book
Use it for good – your good and the good of those around you
Enrich Your life and the Lives of Others

2. Background & Development



Introduction

In this book we are dealing with what could be termed 'modern meridian or energy therapies' – that is the therapies that have developed in the last two decades. On this basis, by definition, any history must be very short. However, in this chapter we will look at the historical origins of these therapies in order to see their roots and to see them in the true perspective of the thousands of years of development that lies behind them.

What are Meridians?

Many readers of this book will already be well aware of what Meridians are, where they are, and even which ones relate to specific conditions. However, no book about Energy Therapy would be complete without a simple explanation.

The Meridians are energy channels, or pathways, which flow throughout the body. They can be thought of as energy circuits. There are fourteen Meridians which run throughout the body. Points on the Meridians may be familiar through their use in acupuncture, acupressure and other healing techniques.

Energy therapies address imbalances in this complex system of Meridians. As Gary Craig so succinctly explains – "the cause of all negative emotions is a disruption in the body's energy system". Energy therapies work on these disruptions, whether an imbalance or a blockage, to leave the patient free of pain, trauma, anxiety, or whatever their negative emotion may be.

Acupuncture & Shiatsu

Fundamentally, all energy therapies can trace their earliest origins to acupressure and shiatsu, which developed independently but alongside each other in China and Japan respectively. However, similar therapeutic concepts can be traced in many parts of the world, which are equally as old as, or older, than the Chinese / Japanese therapies.

There is evidence of an acupuncture-like treatment being carried out by groups as far apart as the Bantu in Africa and the Aleut People in the Arctic, but these are difficult to date. The earliest well-dated instance seems to be a mummified body found in the Alps in 1991. The body was discovered preserved in a glacier in the Alpine Oetz Valley between Austria and Italy. The corpse has been reliably dated to about 3200 BC, and it carries 15 groups of tattoos identifying points which can be aligned with acupoints corresponding to arthritic pain, which this man had certainly suffered in life.

Early Development in China

Acupuncture is usually considered as a Chinese therapy, and rightly so as it was in China that the therapy was codified and there is a continuous history of acupuncture from at least 1000 BC, which continues to the present day.

Between 475 and 221 BC the therapy was consolidated and written into a book known as 'The Yellow Emperor's Classic of Medicine' *('Huangdi Nei Jing'),* which describes the meridians in a way which is still recognisable today. It described the use of metal needles, but it is clear that sharp stones and splinters of bamboo had been used much earlier. Development continued in an orderly way and in about 400 AD a further book appeared called 'A Classic of Acupuncture and Moxibustion' (*'Zhen Jiu Jia Yi Jing')*, which described the acupoints and meridians in detail and in such a way that it could still be effective as a text book in one of today's Schools of Acupuncture. A detailed study of over 600 acupoints was made during the Sung, Kin and Yuan dynasties (960 – 1368 AD) and resulted in a further descriptive book known as 'The Illustrated Manual on the Points for Acupuncture and Moxibustion' *(' Tong Jen Shu Xue Zhen Jiu Tu Jing').* The term 'moxibustion' used in the title of these works refers to the stimulation of the acupoints with burning mox *(Artemisia japonica).* Also, two life sized bronze figures were commissioned at this time, which were engraved with meridians and acupoints.

With the book and the figures the therapy spread widely across China and still thrives there, and is now well known and practised in the West.

In the West acupuncture took two roads. It survived (and still does) in its pure form and it was also taken into Western Medicine. It is from the fruitful fusion of the Eastern and Western ideas that 'modern' Energy Therapies sprang.

In the mid 1960's Chiropractor Dr George Goodheart began to investigate the links between apparent muscle strength, the body's organs and meridians. He developed a diagnostic therapy based on muscle testing. This work continued, drawing on studies by Kendall & Kendall on muscle testing, Chapman & Owen's work on neuro-vascular reflexes and research by Mann on acupuncture meridians. The work grew into the science of Applied Kinesiology. John Thie, a colleague of Goodheart, published a book, 'Touch for Health' in 1974 which first brought this combination of ideas to the general public.

Also in the mid 1970's a psychiatrist, John Diamond, applied his studies of Applied Kinesiology to his work in psychotherapy, naming this new field 'Behavioural Kinesiology'.

At this time a psychologist, Dr. Roger Callahan, was becoming dissatisfied with the therapeutic models available to him to help patients solve their psychological problems. He had studied Kinesiology with Diamond and was also investigating Eastern health practices, specifically those that involved tapping on meridian points, and in the 1980's he used this new therapy on a patient called Mary, who was suffering from a deep and intractable water phobia and

who had been receiving conventional therapy without significant results for some years.

A number of 'stories' have grown up about the incident that led to Mary's cure – some more spectacular than others. However, it is recorded that tapping below her eye while she focussed on her fear of water completely and rapidly removed that fear and the phobia never returned.

Callahan spent the next 10 years developing his therapy and named it Thought Field Therapy (TFT). A number of therapists who studied with Callahan went on to develop further therapies from Callahan's ideas and it is these which are the subject of this book.

Some of the therapies developed remain proprietary therapies subject to copyright restrictions and many others require extensive (and sometimes expensive) training before they can be effectively used. However, one therapy stands out as both simple and freely available to all. That is 'Emotional Freedom Technique (EFT)' which was developed by Gary Craig, a Stanford trained engineer turned 'personal trainer', who trained with Callahan in the early years of Thought Field Therapy. In this book this therapy is presented fully and it is augmented by ideas and theories from other areas where it is helpful. Tapas Acupressure Technique (TAT) is also fully presented in this book with the permission of Tapas Fleming, the originator.

In Chapter 11 a number of the other similar therapies in the field are presented in outline with an indication of where more specific information may be found.

3. Calibration – the Basis of Science

Introduction

It is calibration which separates an 'Art' from a 'Science', and although there are many who would class Energy Therapies as 'Art', in this book they are treated as 'Science' consequently in this chapter various useful methods of calibration are discussed. The intent of Energy Therapy is to reduce trauma and feeling of discomfort and to ensure that we have done so it is necessary to have a means of measuring these effects both before and after treatment – otherwise we can never know if we are succeeding.

There are a number of calibrations that can be usefully employed both before and after treatment to evaluate success and also during treatment to estimate progress. These are discussed below in no particular order, but the therapist should be aware of them all and be proficient at most, if not all, of them.

Subjective Units of Disturbance (SUDS) Scale

This is, put in its simplest terms, a measure of how bad something is – the worse it is the higher the SUDS level.

The SUDS Scale is usually an 11 point scale running from 0 (no discomfort) to 10 (highest imaginable discomfort), but some therapists prefer and use a 10 point scale from 1 to 10. At the lowest point of the scale where there is no discomfort and no emotional charge the matter (it cannot be considered a problem at this level) is of no consequence.

At the highest point the problem (it is now certainly a problem) has reached the highest imaginable level of discomfort. These readings must be largely arbitrary in nature as we cannot hope to know the point where another's discomfort becomes the worst imaginable, nor even at what level that discomfort becomes negligible or insignificant. What is important is that it is a relative reading and a client can measure their current discomfort against some previous level and report the change.

A SUDS value can be given to most problems that a client may bring to the therapist. The client is asked to estimate on a scale of 0 to 10 (10 being the worst) the level of disturbance or discomfort caused by the problem at the time of the session. It is important that it is emphasised that the reading should be taken at the instant of the therapy. It is not to be a measure of the level it has been in the past. The primary reason for estimating SUDS is to provide a before/after comparison over the treatment and if the problem is of little significance at the time of the therapy (but was great some time before) it is not possible to use a previous SUDS as a basis for judging the effectiveness of the treatment. If the discomfort level is very low at the time of the therapy the therapist must increase it – by having the client think about the problem, visualize the problem situation, run through the story of the event that brings with it the emotion or use some other therapeutic device to increase the emotional charge.

Effective SUDS rating can be given in answer to direct questions about the problem:

- How painful is your headache?
- How depressed are you?
- If you saw a spider on the floor there, how afraid would you be?
- How distressed are you when thinking of that event?
- How much do you hate Joe Bloggs?
- If you were asked to speak in public how afraid would you feel?
- How sick would exposure to perfume make you?

Sometimes difficulties will be encountered in accessing the problem. The client will easily be able to tell you how bad the headache is, but another client may be quite unable to judge how afraid they would be if there was a spider on the floor simply because they know there is no spider there. In these cases every effort should be made to raise a genuine emotion by showing pictures, videos or by producing a toy or even a live example of the object feared. Remember, however, that it is not the therapist's intention to frighten the client out of their wits, but only to raise the SUDS level to a reasonably high value.

A SUDS reading should be taken at the start of every treatment as a base line to judge the progress during the session, and further readings can be taken during the session.

In cases where the problem is one of allergy or adverse reaction it is worth raising a point of caution here. Allergic reactions can be life threatening and patients should not be exposed to substances which could cause anaphylactic shock. Therapists should also be aware that hypnotically susceptible patients may go into anaphylactic shock if encouraged to even visualise the danger situation. Great care should be taken in dealing with this class of patient.

Validity of Cognition (VOC) Scale

In matters of belief, which do not involve emotional discomfort, the SUDS scale may not be relevant. For instance, if a client truly believes that they do not deserve to get well it is difficult to scale this belief on the SUDS scale. It is simply so, and does not carry with it an emotional discomfort.

In these cases the Validity of Cognition (VOC) scale is used. The VOC scale measures the level of 'trueness' of a particular fact. This scale is a seven-step scale from 1 (where there is no belief in the fact at all) to 7 (where the belief is absolute). As a matter of convenience many Energy Therapists use a scale from 0 to 10.

This scale is useful to estimate the intensity of self-limiting beliefs and other beliefs (and disbeliefs) that are such as are causing the client distress. The VOC level is scaled at the start of treatment to give a base level, and during treatment to judge progress, in exactly the same way as the SUDS level.

Sub-modalities

Modalities is a term borrowed from NLP, where it indicates different ways in which a situation can be perceived by the senses – i.e. Visual, Sound, Smell, Touch, Taste. Sub-modalities are subsets of the modalities – e.g. Visual being split into colour, black/white, focussed/fuzzy, big/small.

These sub-modalities can also be used as a measure of intensity when no emotion is felt by the client. The client is asked to visualise the scene and then asked to describe its sub-modalities. The most important is 'associated' or 'disassociated'. That is, when the client visualises the scene, is the client actually part of the picture or are they outside the picture looking at themselves in the action. Other useful sub-modalities are colour against black/white, sharp focus against soft focus, large against small size for the picture. Other types of modalities also have sub-modalities and the client may report strong as opposed to weak smells or hard as opposed to light touch.

All these sub-modalities should be carefully recorded before the start of the tapping and then after the round is complete the client can be asked to again report them. As the sting is taken out of the memory of the scene the sub-modalities can be expected to change. Associated may become disassociated, scenes initially seen in colour may be seen in black/white or the whole scene may form a much smaller picture.

These changes can be used to measure the progress of the session in much the same way as can SUDS or VOC, and

will be a valuable guide in situations where the client can visualise a distressing scene but shows no emotion when describing it.

If clients can not visualise well, you may find they can describe the aural sub-modalities or the tactile ones more clearly and these can be used in the same way as the visual ones.

Physiological Calibration

The therapist's aim in Energy Therapy is to reduce emotional charge. This is measured using the SUDS and VOC scales discussed above, but these are not continuous readings and will not identify changes in the level of emotion during a session unless the therapist is able to stop the therapy and ask the client for a reading. In many cases the level of emotional arousal of the client will change quickly during therapy and the good therapist will be equipped to monitor this.

The ability to monitor emotional charge is important at the start of therapy when the client is discussing the problem and the therapist needs to know just what part of the problem carried the emotional charge. It is also necessary for the therapist to act to increase the emotional charge at the start of therapy. This may be by encouraging visualisation, exposing the client to the object of their fear, or by taking them through the story of some problematic experience. As this is done the therapist must remain aware of the emotional state of the client and even though the

actual level of the emotion should be evaluated by a SUDS reading the therapist will have to be aware of the correct time to call a halt and estimate the SUDS. At the other end of the process a client may, suddenly, lose the emotional charge. The therapy is then complete and can be terminated (again after a check SUDS reading), but equally important is the tapping point that caused the change and this should be recognised and noted.

Physiological calibration is the method used to monitor these changes.

The body continuously gives off a host of signals, some subtle and some less so, which indicate emotional state and it is these the therapist must learn to monitor and understand. The major ones are discussed below:

a) Overall Impression

Both humans and animals are very adept at judging another's emotional state simply by looking. This overall impression is probably no more that a combination of a host of subtle minor body signals, which individually would signify little. Humans, with the development of their other means of communication have, to some extent, lost the ability to judge emotion on sight, but the ability remains and can be developed. In some cases the therapist becomes acutely aware of a swing in the clients' emotional state, but if challenged would be unable to explain how the change was noticed. This ability should be developed. It comes with practice, and watching television news and current

affairs programmes (possibly with the sound turned down) is good practice.

Trust your intuition and use it. It can always be tested with a SUDS level reading, and you will be surprised how often you are right!

b) Body Posture

There have been many books written on the subject of 'body language', and rather than repeat the ideas here the therapist is referred to those texts. Such cues as folding the arms as a 'defence' or covering the mouth when uttering an 'untruth' are easily identified, but the energy therapist is looking for change and a significant variation in body posture is usually very easy to spot. Within this heading the therapist should watch for movements of body parts, particularly hands and feet.

c) Facial Expressions

The human face is an extremely expressive part of our body and expressional changes are largely subconscious and hence good indicators of emotion. Tears in the eyes are obvious to all, but other movements such as a set jaw or a smile are equally important. The removal of an adverse emotion can make an immense change to the look of the face and should be easily identified.

d) Incongruencies.

When a client is relating a story the body language and facial expressions should match the mood of the story. A client who says to you, "He left me, but I did not care", with tears in her eyes probably did care, and another who says, "Yes", and shakes his head is probably not telling the whole truth. A massive change in the emotional charge of a story should be accompanied with a similar change in overall body language that would be easily noticeable, and equally a change in body language not coinciding with a change in the story line is unusual. Any incongruencies indicate conflict and hidden aspects and should be investigated.

e) Skin

The colour of the skin can vary widely and is not easily controlled by the client so is a good pointer. Again the therapist is looking for change, rather than any absolute measure. Blushing and pallor are things to look for as indications of inner feelings, as is sweating.

f) Breathing

The therapist should be always aware of the client breathing. The body reacts to expected events by adjusting breathing patterns to 'get ahead of the game' in dangerous situations. As your clients come to a 'difficult' part of a story or confront a fear their breathing will change so their bodies would be better prepared to cope with an expected situation. This should easily be noticed by the therapist. Also as the fear passes (or the emotion dies away) the client

will relax and their breathing will settle and this too is a signal that the therapy is finished. In a surprising number of cases the end of a session is indicated by the client yawning. It is a genuine indication that the problem has gone if the patient is relaxed enough to yawn.

g) Voice

Tone, volume and pitch of the voice varies considerably from person to person, but the therapist should be looking out for short-term changes during the therapy. Some will be very obvious – such as a tightness in the throat when the client is hardly able to speak, or a sudden quietness as the client reaches a part of the story that they do not wish to relate. Others will be much more subtle, such as a slight change in pitch or volume. These are readily identifiable as changes even if the reason for the change is not immediately apparent.

There is a whole science of voice analysis, which is not usually available to the therapist but it is worth mentioning that Dr Callahan now uses 'voice technology' to diagnose a problem and that this can be used to identify the required tapping procedure over a telephone link.

Physical Monitoring Devices

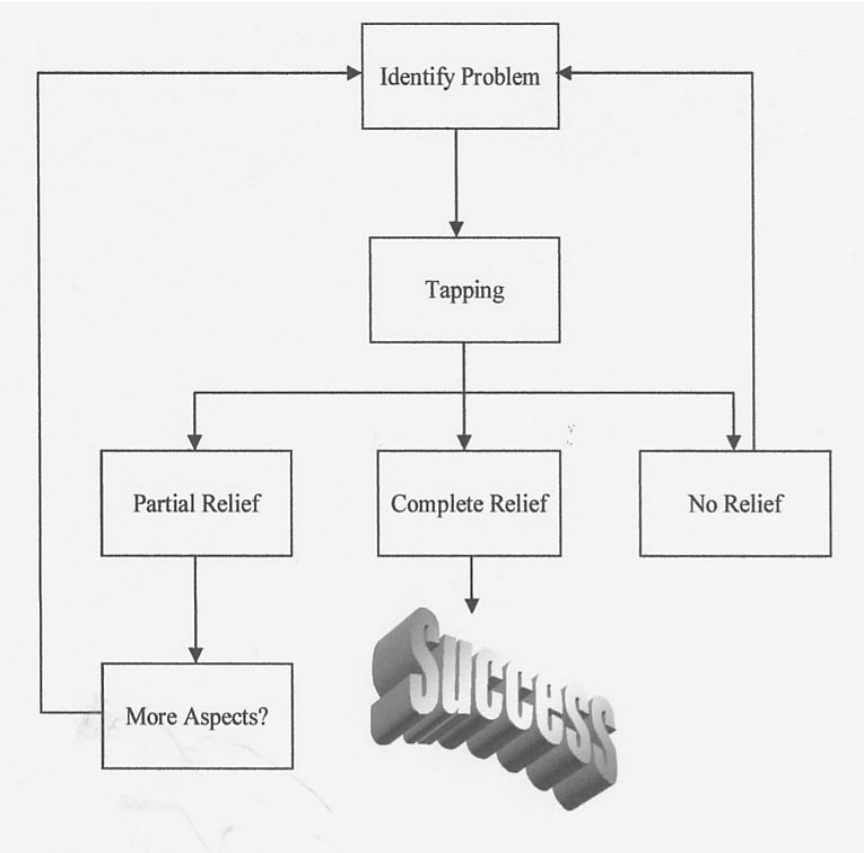
There are a number of devices that can be linked to a client during therapy. These monitor some basic physiological characteristic and if available can be a useful monitor of the client's state. Such devices are available to monitor pulse rate, blood pressure, skin resistance, respiratory rate and the like. These will provide a continuous monitoring of the subject that will alert the therapist to change.

Conclusion

Monitoring of the client, either visually or with some device, is an essential part of Energy Therapy. The therapy is intended to alter the emotional state of the client and therapists need to have some effective source of monitoring to assess progress. The final judge is the client's own assessment of their final state (usually judged by a SUDS or VOC reading), but the therapist needs to develop a routine of continuous assessment during therapy to monitor progress and to indicate strategy. This chapter gives an insight into such skills.

4. Emotional Freedom Techniques (EFT)

Introduction



EFT is one of the simplest Energy Therapies to learn and is at the same time very effective across a wide range of problems, so it is the therapy that will be used principally in this book. It will be taught first and then added to as the subject is expanded.

The basic EFT formula is made up of four sections. These are:

- The Set Up
- The Sequence
- The 9 Gamut
- The Sequence (again)

Each will be dealt with in turn in this chapter

The Set Up

This is a fundamental and critical part of EFT and will be discussed again in greater depth in Chapter 5, but it is introduced here in its basic form as part of the EFT formula.

To apply the set up phase the therapist and client agree on a statement (Called the 'Set Up Statement' or 'Opening Statement') that encompasses the problem to be addressed. It should be in the client's words and understandable to the client. The therapist's understanding of, or agreement with, the statement is not critical to the process, but it is important that the client understands it in the terms they would usually use to express it. Even though the client must clearly understand this statement it is not necessary for them to actually believe it.

Basically the statement is always in the same form - "*Even though I have this…… I deeply and completely accept myself*".

The missing piece in the middle being the problem to be addressed expressed in the client's words. A simple example for a client suffering a migraine may be:

"Even though I have this ***blinding headache*** I deeply and completely accept myself"

If the client described the headache as 'a migraine' or 'a sickly head' then that would be how it was described in the statement.

This statement is sometimes referred to as the 'Affirmation' and the second part of it is certainly an affirmation, but the initial part, being a negative thing, would be unusual in an affirmation. The form of this statement, which draws attention to the problem, is often considered strange by practitioners trained in other therapies, but it is intentionally couched in this way to draw the attention of the client's mind to the problem in hand. When dealing with simple problems, such as a headache, it is not difficult to draw the client's mind's attention to the problem as it is, quite literally, blindingly obvious, but when we are dealing with deeper emotional problems it is much more difficult to identify and focus on the real root of the problem. These aspects are considered in greater depth in Chapter 5.

The statement should be said out loud with feeling and conviction (even if it is not believed by the client). However, in social situations where it is inappropriate or where the client does not want to voice the problem out loud it can be mumbled or even said silently. Mumbling or silent repetition is quite as effective as speaking it out loud,

but it carries with it the possibility that the mind may wander and not stay focussed on the problem, and for this reason repeating the statement out loud may be more effective, so should be the line to take as much as possible.

While the statement is repeated the client should gently rub the 'sore spot'. This spot is high on the chest and can be found by placing the fingers at the base of the throat and finding the 'U' shaped notch at the top of the breastbone (*sternum*). Then move about 10 cm down towards the navel and 10 cm across the chest (to the right or left). The fingers should be then quite close to the place termed the 'sore spot'.

An alternative way of finding it is to place an index finger in the notch above the breast bone and to spread the big finger and thumb as widely as possible. The sore spot will be found close to where they touch the chest (see illustration)

To find it exactly the fingers are pressed into the chest around this point until the client identifies the exact point that is tender if pressed. It is easier if the client finds this spot for themselves. When using EFT the client is encouraged to find and use the points for themselves, but in many cases the therapist taps on the client.

In some cases the client fails to identify this spot. This is not a problem, nor is it particularly unusual. If this is the case they can place their hand on their chest over the area where it should be found and leave it in place until they can feel the heat of the hand through their clothing. Then they should gently rub the whole area while repeating the statement. A further option is to tap the 'karate chop point' while repeating the statement. This point is acupuncture point 'Small Intestine 3' and its exact location is described below in the description of the tapping point (as it is also used during the standard tapping routine in the sequence).

The Sequence

In the sequence the therapist teaches the patient to tap on each of a number of acupoints in rotation. Again it is usual for the therapist to encourage the patient to tap on themselves, but if the patient is unable (or unwilling) to do so the system works equally as well if the therapist taps on the patient. Even when the patient is doing the tapping it is best for the therapist to tap along with them tapping on their own body, but with the intention of tapping for the patient.

The tapping is done lightly with either hand, using the index and middle fingers together. Each point is tapped about seven times. As the points are tapped the patient says a 'reminder phrase' out loud. This reminder phrase is taken from the middle part of the Set Up Statement and should be quite short. In the example of the migraine used above the reminder phrase would be '***blinding headache***'. As with the set up phrase it is the intention in using this phrase that the problem is kept in the forefront of the mind during the tapping. Consequently it should, preferably, be said out loud, but the same comments as made above with respect to vocalising the set up statement are valid here. Also, in the same way as the set up statement, the reminder phrase is negative as it is intended to draw attention to the problem, and it should not be objected to on the grounds that it is 'hammering the problem in' as the problem is already there. This may be seen as detrimental in many therapies, but in EFT it is the norm and keeps the mind on the problem during the tapping.

The tapping points are as follows and are shown pictorially at the end of this chapter:

1) EB – at the beginning of the eyebrow just above the nose
2) SE – on the bone bordering the outside corner of the eye
3) UE – on the bone just under the eye
4) UN – between the bottom of the nose and the upper lip
5) Ch – midway between the point of the chin and the middle of the lower lip
6) CB – at the junction where the breastbone, collarbone and first rib meet
7) UA – under the arm about 10cm from the armpit
8) Th – on the outside edge of the thumb level with the base of the nail
9) IF – on the side of the index finger closest to the thumb level with the base of the nail
10) MF – on the same place on the middle finger
[11) RF – on same place on the ring finger] but see below
12) BF – in the same place on the little or baby finger
13) KC – on the edge of the hand (where you hit with a karate chop)

The last point is the 'karate chop point', which can be used instead of the 'sore spot' when repeating the Set Up statement.

EFT Point		Acupuncture Point
Eye Brow	EB	Bladder2
Corner of Eye	SE	Gall Bladder 1
Under Eye	UE	Stomach 1
Under Nose	UN	Governing Vessel 27
Under Mouth	Ch	Central Vessel 24
Collarbone	CB	Kidney 27
Under Arm	UA	Spleen 17
Thumb	Th	Lung 11
Index Finger	IF	Large Intestine 1
Middle Finger	MF	Pericardium 9
Little Finger	BF	Heart 9
Karate Chop	KC	Small Intestine 3
Gamut Spot	GS	Triple Warmer 3
Top of Head	TH	Governing Vessel 3
Inside Wrist	IW	Triple Warmer 4
Ankle	A	---------

The point on the ring finger is not always used, as the actual point is on the opposite edge of the finger and this makes it difficult to reach without upsetting the rhythm of the tapping.

However there is no harm in using it and some therapists do so for simplicity. This meridian (Triple Warmer) is tapped in the next phase as the Gamut point is also on it.

These points relate to acupoints on the various meridians and for the convenience of readers who are familiar with the positions of the acupuncture points (and to closely identify the exact points) this table gives the equivalent acupuncture point for each of the EFT points. The last

three points in the figure are not used in the basic EFT sequence, but are discussed in later chapters and are included here for completeness. It could be noted at this stage that the basic EFT formula involves tapping on all the meridians, except the Liver meridian. This meridian was omitted from the basic EFT formula but some therapists include it by tapping on Liver 14, which is below the breast. This matter is further discussed in Chapter 5.

The use of two fingers for tapping means that it is not necessary to find the exact point as the size of area covered by the effect of the two fingered tap means that a 'near miss' is good enough.

The sequence of tapping forms a '?' on the face and then proceeds down the body. The collarbone point is 'Tarzan' and the underarm point is his monkey. So is easy to memorise. Tapping can be done with either hand and on either side of the body. In the case of bi-lateral points there is no objection to the tapper changing hands or sides during the sequence.

The 9 Gamut Procedure

The 9 Gamut Procedure is intended to fine-tune the brain and it does so via eye movements, humming and counting. This stimulates the brain and engages both left and right sides. This is done while tapping on an acupoint, the Gamut Point. This point is on the back of the hand (either hand will do). To locate it, place a finger between the knuckles of the ring and little finger and, pressing it in, slide it towards the wrist between the bones. About 1 cm from

the start position you will feel a little hollow that your finger may jam in. This is the Gamut Point.

To carry out the 9 Gamut Procedure the client is asked to tap continuously on the Gamut Point, while carrying out the nine parts of the procedure, which are as follows:-

Eyes closed
Eyes open
Eyes hard down right
Eyes hard down left
Roll eyes in a circle clockwise
Roll eyes in a circle anti-clockwise
Hum two seconds of a tune
Count rapidly to five
Hum two seconds of a tune (again)

These parts can be done in any order, except that numbers 7, 8 & 9 must be done in a sequence, but it will usually be found more convenient to do them in the order given above. During parts 3, 4, 5 & 6 the client should keep their head still, and it is helpful if the therapist tells the client to follow his finger with their eyes and then moves it to cause the eyes to follow the correct sequence. For parts 7 & 9 any tune can be hummed and it is reassuring to the client if the therapist hums along. It is usual to hum 'Happy Birthday' as this is a tune everyone will know. If your client has a problem related to unhappy birthdays, some other tune should be suggested.

The reminder phrase is not used during the 9 Gamut, but if the client's mind is wandering the therapist can mention the problem a couple of times during the procedure.

The Sequence (again)

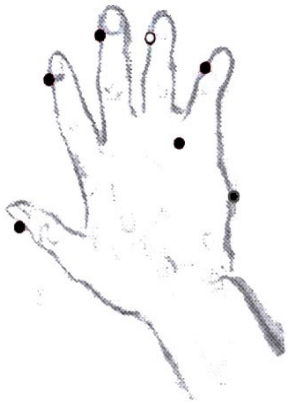
Following the 9 Gamut, the Sequence is repeated exactly as described above.

Conclusion

That is all there is to the basic EFT formula, and it should be completed in 60 to 90 seconds. There are, however, a lot of important matters which must be dealt with outside the basic formula, and there are also a number of variations on the basic formula. These will be covered in subsequent chapters, but it is important that the therapist has a thorough and easy accessed knowledge of the basic technique. Once that is grasped all the extras will fall into place.

A round up of EFT 'on a page' is provided opposite:

The Steps of EMOTIONAL FREEDOM TECHNIQUES



1) Scale Problem 1 – 10.

2) Rub the tender spot on chest or tap the karate chop and say the following 3 times with feeling: "Even though I ... (name problem), I deeply and completely accept myself."

3) Tap each point 7 times as you state the reminder phrase: Eyebrow, Side of Eye, Under Eye, Under Nose, Chin, Collarbone, Under Arm, Thumb, Index Finger, Middle Finger, Little Finger, Karate Chop.

4) While tapping the Gamut point: Eyes closed, eyes open, eyes down right, eyes down left, round in a circle one way, round in a circle the other way, hum, count 5, hum

5) Repeat points in (2).

6) Scale Problem 1-10 and repeat all of above again if necessary.

5. Evolution of the EFT System

Introduction

The Emotional Freedom Techniques were developed at a time when they could be instantly transmitted around the world via the Internet, and this medium was used extensively for their rapid dissemination. In addition, the Internet enabled extensive and often 'real time' discussion by therapists and users of the techniques. This added immense value to the techniques, by allowing modification to be proposed and tested, which, ultimately, enhanced the techniques and their efficacy.

This has led to a rapid and exciting change in the detail of the methods used by therapists across the world.

In this chapter we introduce and present those modifications which have been widely accepted as having merit. The basic system (as set out in Chapter 4) is still satisfactory in the vast majority of cases, but the improvements presented in this chapter may prove useful in difficult cases. They are set out here so that all Energy Therapists can try them themselves, and enhance their knowledge, skills and results.

Set Up and Reminder Phrases

The 'Set Up Statement' and 'Reminder Phrase', as presented in the basic EFT System are made, intentionally, so as to emphasise the problem. This has stimulated much comment amongst therapists and it is possibly this that has

led to much of the latest development in EFT being in these areas. In any event, more recently, have seen therapists experimenting with alternative forms of 'Set Up Statement' and 'Reminder Phrase'.

Emphasising the Negative

The negativity of the 'Set Up' and 'Reminder' can be used to good effect, and some variations can be used. The negative aspects of the situation are within the mind of the client so in some cases these can be emphasised with good effect. For example:

"Although I hate my school, the other children, the lousy teachers and that rotten headmistress and wish the whole place would burn down, I fully and completely accept myself."

or

"Although I know my wife will leave me and take the children, leaving me all alone, and I know it will have been my own silly fault, I accept myself, even though I do not deserve that acceptance."

These very negative statements, laying negative feelings on negative feelings, can be very effective, and can act to increase the emotional charge on the issue. This is often a good thing, but care should be taken not to cause the client undue stress by laying it on too thickly. The therapist needs to gauge the level of emotion in the client and act accordingly. The information forming the basis of these expanded statements comes from the initial consultation and is still basically in the words of the client.

Positive Reminder Phrases

In some situations it is necessary, or desirable to emphasise the positive in a 'Set Up Statement'. This is often effective in cases where the client is unconvinced that the process will be effective. For instance:

"As I tap, my body will learn how to tolerate this allergy and I will be able to enjoy the garden in Spring, and will be able to fully respect myself."

or

"I will be able to overcome these spontaneous feelings of great anger, and will be able to love and respect myself."

In the basic EFT Formula the 'Reminder Phrase' refers to the problem in an attempt to maintain the clients focus on it during the round of tapping. There was a move brought to the fore (mostly by Australian trained therapists) at the 2000 Energy Psychology Conference in Las Vegas, US to introduce a more positive aspect to the 'Reminder Phrase' whilst also retaining its focus on the problem.

For example, in the case of a golfer whose game was suffering from a sliced iron shot, the basic Reminder Phrase may have been *"This sliced iron shot"*. This phrase would have been used as in the basic formula, but in addition a comment such as "*Straight down the middle"* would have also been used during the tapping to introduce a positive aspect. The original application of this addition

was to use the positive reminder phrase just once or twice towards the end of the tapping routine.

This modification could also be added in other treatments. For instance in the case of a stiff shoulder, as well as *"Stiff shoulder"*, the phrase *"Free and easy movement"* could be added. Some therapists are now using the positive phrase as many times as the original 'problem orientated' one, and some are using the positive phrase almost exclusively, changing the 'Reminder Phrase' into an affirmation.

When this positive phrase is introduced care must be taken that it is not so 'positive' as to cause the client to reject it, consciously or unconsciously, as impossible or out of the question. To avoid this, the therapist will need to understand the client's position and use their intuition and experience.

Challenging Reminder Phrases

Following the Las Vegas Conference, Gary Craig, in his advanced Post-Conference workshop was using these positive reminders. However, he took the idea a step further by introducing challenging aspects, which he felt were 'intuitive'.

Returning to the example of the slicing golfer, it may have been guessed or inferred from early discussions with the client that not only did he often slice but he was aware that in trying to avoid a slice he often hooked. In this case the reminder phrase could be of the form:

"Sliced iron shot. Sliced iron shot. Will not hook either. Straight down the middle …"

In using this form the therapist is introducing new aspects (see Chapter 6) into the session at the tapping stage – as well as working on the problem of the slice the additional problem of a fear of hooking while attempting to avoid the slice is also addressed.

Gary Craig has taken this introduction of new aspects to a much deeper level. In one of his demonstration sessions, during that advanced workshop, he was dealing with a woman who was still suffering from her father's previous bad attitude to her doing well in her education. During the tapping stage he called the client *"A Whore"* (as her father had done years before). This led to a considerable increase in her emotional tension, which was easily seen in her body language, and this too was simply tapped away. Again an additional aspect had been identified and dealt with effectively.

Gary has a wonderful gift of understanding his client's reaction to various aspects of an ongoing therapy and he is a past master in the art of assessing the results of his actions from the body language of his client. He feels that the changing phrases he uses are 'by intuition', however he is very quick to sense changes in his clients and is able to control a situation and guide it back into safer areas if he goes too far into a sensitive area for the client. This makes it a very difficult skill to teach, and each therapist should investigate Gary's more challenging sessions to understand the process, but more than that is needed and anyone who

seeks to emulate these methods must be aware of the effect any challenging statements are having on the client and be very aware of the clients' changing states of emotion by carefully observing their body language (see Chapter 3).

These techniques are best seen demonstrated on Gary's later video tapes or CDs, 'From EFT to the Palace of Possibilities', which are available from 'www.emofree.com'. Here Gary completely replaces the 'Reminder Phrase' with a continuing dialogue drawn from the clients' words and explanations during the initial phase of the session when the clients discuss their problems. For those who do not have these tapes or CDs some idea of the method can be obtained from the following extract:

> 'Here the client, an attractive woman, sees herself as ugly because she has a few minor acne blemishes on her face.
>
> Gary: (While tapping the Karate Chop Point)
>
> *"Even though I focus on my face and completely ignore my other features, both physical and intellectual, and emotional and spiritual. I deeply and completely accept myself. Focussing on my face. Focussing on my face."*
>
> Client repeats
>
> Gary: (While doing the tapping sequence)
> *"I hate what I see in the mirror. I hate my face. I confuse myself with my face. I am completely confused. That is all I think about."*

Client repeats

Gary*: "I focus in on little indentations – scars, little scars on my face – pits."*

Client repeats

Gary*: "Even though I have pits on my face. Some people should call me 'Crater Face'. 'Crater Face' I deeply and completely accept myself. I have deeper craters on my face even than those pits – my eye and my nose and my mouth"*

Client repeats and laughs

Gary*: "Even though I do not want to see myself in the mirror. Even though the first thing I am going to look at is those pits, and say to myself ……."*

Client*: "……I'm ugly"*

Extended Story Approach

The Story Approach is a well-known and well-used method of applying EFT to the situation where a past event is causing disruption in a client's current situation (see Chapter 14). Gary Craig has recently modified this approach in that, instead of having the client narrate the story, pausing to have individual emotionally charged parts relieved by tapping, the whole story is brought out during a combined 'Set Up' and 'Reminder' phase. Gary has the client relate the story while he taps and repeats it as both a 'Set Up Statement ' and a 'Reminder Phase'.

This means that the therapist has to tap on the client (as the client is busy relating the story!), and when using this method Gary uses the Karate Chop Point instead of the Sore Spot during the 'Set Up' Phase. Again the procedure is difficult to teach and it is best to observe it directly on Gary's video tapes and CDs, but a short extract from 'From EFT to the Palace of Possibilities' is reproduced here as an indication of the method he uses. In this extract the concept of a separate 'Set Up Statement' and 'Reminder Phrase' is abandoned and Gary and the client just chat as he taps round and round:

> Gary: (Tapping the Karate Chop Point)
> *"Even though I have this fear of falling, I deeply and completely accept myself"*
>
> Client repeats three times
>
> Gary: *"Was there only one instance?"*

Client: *"Yes."*

Gary: *"Just one? OK. If it were a movie what would the title be? What would it be?"*

Client: *"Oh! God, not in this life"*

Gary: *"Was this something when you looked over a railing? Was that what it was? Was it something else?"*

Client: *"No. I fell - I 'mmmmmmmm'"*

Gary: *"OK, Even though I' "mmmmmm' ", I deeply and completely accept myself. And I accept anyone else who was involved. Was somebody else involved?"*

Client: *" Mm - someone"*

Gary: *"OK - I might even forgive them. Maybe! ……."*

As an extension of this method, on another of these tapes Gary can be seen, again using this form of the story protocol, but speaking the story himself in a general way without ever knowing the details of the story. This is an intriguing combination of the 'Private Approach' with the 'Story Approach', and an extract is reproduced here:

Gary: (While tapping the Karate Chop Point)
"Even though I feel tense about telling this story, I deeply and completely accept myself."

Client repeats

Gary: (While doing the tapping sequence)
"It was a terrible event. It's history. I know that logically, but not emotionally. My body is still carrying it around. My heart and my body still give me those messages. I deeply and completely accept myself."

Client repeats

Gary: *"Tension about telling this story – tension about just getting into it."*

Client repeats

In a case where a young boy who was being bullied at school this class of 'set up/reminder' was used:

> "Even though I am bullied by the big boys, and am too small to fight back, and the others will not help me, and even the teachers cannot stop it, and even though those big boys, especially Tom, bully everyone and are very tough – everyone is afraid of them. I am still an OK boy."

The Choices Set Up

The idea of 'Choices' was first suggested by Dr Pat Carrington (one of Gary Craig's colleagues). Aware that the 'Set Up Statement' and 'Reminder Phrase' tended to be negative, and wishing to provide a positive aspect to fill the void left by EFT's removal of some negative emotion, Pat started providing her clients with a 'choice' , a positive affirmation, to take away when they completed treatment.

This proved very successful and was extended further into the EFT 'Set Up' by the Australian Therapist, Christine Sutherland, who proposed that the positive choice should be added to the 'Set Up' statement. She called it 'Dyna-charging the EFT Process'.

There is a subtle, but essential difference between an 'affirmation' and a 'choice', which is worth bringing out at this stage. For instance, if a particular situation (or person) makes you feel angry try the positive affirmation, *"I feel calm in this situation"*. Next use the Choice Statement, *"I choose to feel calm in this situation"*. In the former case many react badly to the affirmation with the feeling that the affirmation simply is not true. On the other hand the Choice Statement may be true as we can choose to feel calm.

In using the 'Choice Set Up' this subtle difference is included in the 'Set Up' statement.

When using one of the 'Standard Set Ups' such as the form *"Even though I have this terrible problem, I fully and completely accept and love myself"*, the client often gives some resistance

as they simply cannot see how they can 'fully and completely accept and love' themselves in view of the 'terrible problem' they have just disclosed. Their subconscious just says, *"No way!"* and the impact of the session is lost. When using the Choice Set Up the statement becomes *"Even though I have this terrible problem I choose to be completely relaxed about it"*.

It has also been suggested that the two forms of the 'Set Up Statement' can be combined and the form could be – *"Even though I have this terrible problem, I completely love and accept myself, and I choose to be completely relaxed about it"*.

Gary Craig has also moved to take the internal conflict out of the 'Set Up' Statement, is some cases, as he sometimes uses a 'Set Up' in the form:

"Even though I ……, I am open to the possibility of accepting myself"

Some practitioners would suggest that the internal conflict generated by the two parts of the original 'Set Up' form are important or even essential to the EFT method, as the tapping needs to take place within the confusion of the conflict between these two phrases. It may well be that one form is better for the treatment of some conditions and the other is better for others.

More recently, Dr Carrington has extended the use of 'Choices' and developed it into a major part of the EFT system.

There are three steps in her 'Choices Protocol'. The first step is identical to the EFT Tapping Protocol and the tapping is completed on the face, body and hands, using the usual 'Reminder Phrase'. The second step follows immediately without re-assessing the SUDS and consists of the standard tapping procedure but this time the reminder phrase is replaced by a 'Choices Reminder Phrase'. The third step then follows (again without re-assessing the SUDS) and in this step the reminder phrase is alternated between the original 'EFT Phrase' used in the first step and the new 'Choices Phrase' used in the second step. The phrase being alternated each time the tapping point is changed. It is important to ensure that the last 'Reminder Phrase' used is the choices one. If, during the tapping, it appears that the final phrase to be used is not the choices one, an extra point is introduced on the top of the head to ensure the sequence finishes on the correct phrase.

It is useful if the 'Choices Phrase' includes some wording that intrigues the subconscious mind. Such as:

"I choose to be amazed that I can do so well in my exams."

"I choose to wonder at the relaxation I can achieve."

or

"I choose to wallow in the excitement of the occasion."

Dr Carrington's approach is presented in full in her book 'A New Approach to EFT' (see the Reference section in Chapter 25).

Even this very recent 'Choices Approach' is still developing and in Dr Carrington's video tape of the method, 'EFT in Action' she uses a later version of 'Choices' to great effect. The case involves a lady who was afraid of snakes. One of the aspects involved an incident long ago when her very young daughter was running in a field close to the house and stepped over a venomous snake without noticing.

The first round of tapping was the basic EFT formula with the reminder phrase:

"Even though I felt sick unto death I deeply and completely forgive and accept myself."

This was followed by a round of tapping with a positive reminder phrase:

"I deeply and completely forgive and accept myself."

and the final round was the 'Choices' round with the reminder phrase:

"I choose to remember how perfectly she survived."

This video tape is a wonderful example of the application of EFT in its most recent form and is recommended to all readers for further study.

Borrowing Benefits

From the very earliest use of EFT, therapists and those who just tapped along during workshops and demonstrations were reporting that their own particular problems were reduced or removed even though they had not been specifically tapping on them. This phenomena was most marked amongst therapists who spent a lot of time tapping along with their clients on the clients' problems. They were reporting that their lives were better and their problems were lifted even though they had not specifically tapped on them and even though in some cases they were not consciously aware of the exact nature of the problem.

This led Gary Craig to develop and use the 'Borrowing of Benefits' Protocol. This protocol is used when treating large groups. In practice it does not differ from the basic EFT Protocol except that only one person's personal problem is treated, while the rest of the group 'borrow the benefits' of that session.

Each member of the group is invited to consider which problem they wish to treat and to assess a SUDS level for that specific problem. Some care is necessary here as the therapist will be dealing, albeit indirectly, with all members of the group and will not be able to keep attention on them all. There should be a sufficient number of 'spotters' amongst the group to watch out for any group members who are having difficulties and to step in to help where necessary.

In large groups it is worth using an indirect approach. That is to tell the group members not to consider the problem but to guess how emotional they would get if they did consider the problem. Once a general problem is identified group members should be asked to pick out a 'worse' aspect of that general problem to work on. It is worth having each member of the group write down a key word identifying the problem and the SUDS score. A volunteer from the group is then brought to the front and their problem is dealt with completely and thoroughly using the complete EFT Protocol. Every aspect of the problem is dealt with in turn and each treated until the SUDS is brought down to zero.

Once the volunteer has been dealt with completely the rest of the group, who may well have had quite different and unrelated problems, are asked to re-assess their personal SUDS level as it related to the problem they had been wishing to treat. In many cases they will find that the SUDS level has dropped to zero and in some cases they will no longer be able to focus on the problem in any meaningful way.

If any of the group still have a significant SUDS level a new volunteer is taken from these and the process repeated until the whole group has been treated. If one or two group members are still showing significant SUDS levels once most of the group have been treated it may be necessary to treat these individually, perhaps in private or using the 'Private' Protocol (see Chapter 14).

Another useful protocol for groups using the Tapas Acupressure Technique is to be found in Chapter 10.

The Collar Bone Point

The EFT collarbone point (Kidney 27) is the most difficult of the EFT points to locate. Its location has been identified in Chapter 4, but it is often difficult for clients to find this point when using the system without the therapists help after a formal session. This has led to a number of attempts to modify it.

The first was introduced by Australian therapists at the 2nd Energy Psychology Conference in Las Vegas in 2001. A number of Australian therapists at the Conference were using a fist thump on the approximate position of the Collarbone Point rather than the usual two finger tap. This works on the assumption that when the whole fist is used the correct point must be covered as it covers a far greater area than the two fingers. This modification has now come into wide use.

Early in 2002, Gary Craig issued a CD, 'EFT For Newcomers', in which he did away altogether with the 'Collarbone Point' and replaced it with a 'Thump' on the centreline of the body at the top of the sternum. It is worth mentioning that the 'Thump' need be no more than a light tap This is a little higher than the 'Thymus Thump' (which is on the centre line of the body about 5 cm lower than the K27 point). This was included as a simpler point for beginners to find. That CD is no longer available but has been replaced by the CD, 'The EFT Course (Part 1a)', which returns to the

original 'Collarbone' point, and which was released towards the end of 2002.

The off centre collarbone point thump with the whole fist seems to be the method most favoured by therapists at the time of writing.

The Liver Meridian

The basic EFT Tapping Protocol did not include a point on the Liver Meridian, and this has often caused comment as the blockages on the liver meridian are often associated with anger and it was considered strange not to seek to clear such blockages.

There have been two suggestions for not including this meridian in the basic round of tapping. The first being that the end of the Liver Meridian (Liver 14) is in a 'socially unacceptable place' in that it is under the breast 5 cm or so below the nipple. The second reason often given is that in some Schools of Acupressure the Liver Meridian does not end at Liver 14 but extends upwards inside the body resurfacing at and encircling the eye. If this is the case it receives adequate tapping when the first three points are tapped. Whatever the explanation the fact remains that for a number of years EFT worked perfectly well without tapping specifically on this meridian.

In mid 2002 Gary Craig's 'EFT Manual' was re-issued as a new edition and the new edition included a tapping point on the Liver Meridian with the designation 'Below the Nipple' or BN. This point was identified by Gary in

different positions for male and female both of which were significantly above the L14 acupoint. Only one point is indicated in the new edition of the manual but on the latest CD which accompanies the manual the BN point is identified as:

> *"For a man just below the nipple and for a woman underneath the breast where the skin of the breast meets the chest wall"*

This has cased considerable confusion, but most therapists seem to have continued to omit this point and only when the SUDS level fails to fall during a session where the problem may involve a lot of anger do they include it. Many prefer to use the acupoint L13 which is vertically below the nipple on the lowest fixed rib.

Conclusions

The modifications introduced above are new and only partly tested clinically. Consequently they are not presented as the 'correct' or even the best method. In fact there may well not be a 'correct' method at all – just a collection of methods all effective in various situations. We are therapists and our work involves helping our clients, not experimenting on them. Of course, all clients are unique and will all respond differently, and in their own ways. We would recommend that readers test these methods on themselves in the first instance, and only use them on clients once they are happy with their effectiveness and only then on clients whose problems seem resistant to simpler methods.

6. Understanding the Problem

Introduction

When describing the EFT sequence it is easy to miss the importance of the Set Up Statement (also called 'Opening Statement'), and equally when considering the Statement it is easy to underestimate the difficulty in formulating a good statement. A Set Up Statement is, usually, of the form:

"Even though I have this ……(problem)…… , I fully and completely accept myself"

All that is left to do, then, is to ask the client what the problem is, pop it in the middle of the statement and get on with the tapping. Unfortunately, nothing is further from the truth. In this chapter we will discuss in detail how, in real life, clients' problems are complex systems with many different aspects, often difficult to express in words and, worst of all, are often completely hidden from both client and therapist.

Simple Set Up Statement Forms

Even the simple Set Up Statement above is only a general guide. Many similar basic statements are used which differ slightly from the one given above:

"Even though I have this ..(problem).., I deeply and completely accept myself."

"Even though I have this ..(problem).., I deeply and profoundly accept myself."

"Even though I have this ..(problem).. , I love and accept myself."

and even:

"I accept myself even though I have this ..(problem)."

These are all variations of a theme and are basically not very different. Which one is used is based more on the whim of the therapist than on any need of the methodology.

The Set Up Statement must be 'owned' by the client, and even in using those statements in the form above that fit many general cases the therapist must be aware of the effect the statement will have on the client. If the client can disown it, either consciously or subconsciously, it will not do its job. A client with an aching tooth, which is only a minor irritation while awaiting dentistry, may feel quite silly saying:

"Even though I have this toothache I deeply and profoundly love and accept myself."

It may seem well over the top and a much simpler statement will be more suitable. Perhaps:

"Even though I have this toothache, I can accept myself"

More importantly in the case of a child the concept of 'deeply and profoundly accepting' themselves may be quite alien and may not be understood at any fundamental level. Much better may be:

"Even though I have this ..(problem).. , my mummy loves me."

"Even though I have this ..(problem).. , I am still a lovable little boy."

"Even though I have this ..(problem).. , I'm OK."

"Even though I have this ..(problem).. , I'm still a cool dude."

The Set Up Statement must suit the client – it is their statement after all.

The therapist will normally be the one to make up the statement, reflecting back something the client has already said after judging the situation and the client, but in some cases the client will change the statement when repeating it. The client should be allowed to do this, provided it does not seriously alter the import of the statement, as it is usually an indication that the statement supplied by the therapist was not suitable to the client. This is a dynamic

process and slight variations in the original statement can be allowed to occur naturally as the client absorbs the process. However if the client tries to seriously alter the import of the statement, the whole situation will need to be re-considered before carrying on with the tapping. Was the suggested statement fundamentally flawed or is the client trying to dodge the issue?

Inserting 'The Problem'

Just as the form of the Set Up Statement must be in the words and style of the client, so must the phrase covering the problem that is inserted into it. Therapists who listen to their clients should have no difficulty with this in cases where the client presents with a single well-defined problem. The client states the problem, usually in their own language, and this can be slipped easily into the Set Up Statement.

If the client states he has "*acute bursitis of the right acromioclavular joint*" this could well be the case and if the client really understands such terms it will slip easily into the Set Up Statement (even if it does not slip easily off the tongue!). On the other hand the client may actually tell you that he has "*this dicky shoulder*" and this, too, is ideal for the middle part of the Set Up Statement.

However, when clients present with symptoms diagnosed by conventional medicine it is as well to be sure that before the diagnosis is fitted into the Set Up Statement that it is completely understood by the client and that it is stated in

the language the client would use in everyday conversation to describe the problem.

"*Even though I have atopic eczema, I ……"* may well be a good Statement, but it may be that the client really wants to say "*Even though my skin itches like hell, I…"*

In many cases the problem is not a simple one, and it may be that the client is not consciously aware of the true base problem. Or it may be that the problem has many facets. In these cases the formulation of the Set Up Statement is both difficult and critically important. An indication of this is the situation where an apparently straightforward problem is addressed well with EFT and the SUDS level falls at first but then sticks at a medium level (or even goes up). This is an indication that the problem was not as simple as it first appeared, and is, in fact, an amalgam of a number of quite different aspects. This is dealt with in the next section of this Chapter.

Finding the Aspects

Some problems are simple, single aspect, problems such as a headache, but many are complexes of many aspects. Many people are 'afraid of spiders', but in reality few are actually simply afraid of spiders. It may be the hairy legs, the way they move or the fear that they will bite (or all three). These are all different parts of the overall fear and are called 'aspects' of the problem. Using a Set Up Statement incorporating "fear of spiders" may work, but more than likely the SUDS level will only fall to some

medium value unless the various aspects of the problem are each dealt with in turn.

A single problem may have many aspects and it is instructive to view the problem as a forest and the various aspects as trees in that forest. The 'problem' presented by the client may be the 'forest' or it may be the 'tallest tree' in that 'forest'. If it is the 'forest' the therapist must find the 'tallest tree'.

One approach is to use the overall problem, the forest, in the Set Up Statement and attempt to reduce the height of all the trees little by little. Sometimes this works well, but it can be very difficult and slow going. It is often easier and more productive to tackle one aspect, 'tree', at a time.

The Set Up Statement (and the subsequent rounds of tapping) should be based on the 'tallest tree' or principal problem. The SUDS level will fall, and at some point the tree will no longer be the tallest tree in the forest. At that point the SUDS may stop falling (or could even increase). This is the case when the client has 'changed aspects'. The aspect tapped for is no longer the major one and some 'other tree' has taken over as the tallest one.

At this point two paths are available to the therapist, both productive. Work can continue on the tree that was once the tallest and it can be reduced to ground level. There may be some problems in holding the client's concentration on this aspect, as it will not seem of particular importance at this stage in the treatment. The alternative is to change the focus of the treatment onto the tree that now seems the

tallest. In this case it may not be necessary to use the Set Up Phrase again (see Chapter 8 on reversal), but it is recommended in the basic EFT protocol that the Set Up Phase is re-run with each aspect as it can do no harm, only takes a very short time and may be helpful. In this case the Set Up Statement will be built around the problem associated with the current tallest tree. This process continues until there are no trees in the forest (and the problem has cleared) or, to look at it in a less figurative way, once the major aspects are cleared the client's own resources are able to deal with the minor aspects.

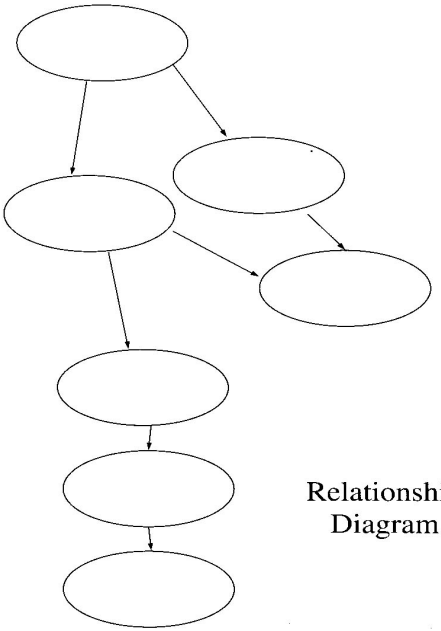
In practice, when there are a lot of aspects to the problem, it is usually not necessary to work on every one. As the major aspects are cleared the lesser ones seem to fade away without treatment. To continue the 'forest' analogy, the felling of big trees knocks down the little ones.

It is often difficult to identify and list the various aspects in a complex problem. It is advisable to formally list them on paper as they are identified and to tick them off as they are cleared. This avoids confusion if they are identified in a rush and avoids some critical aspect, escaping attention if it is identified during some other cycle of tapping.

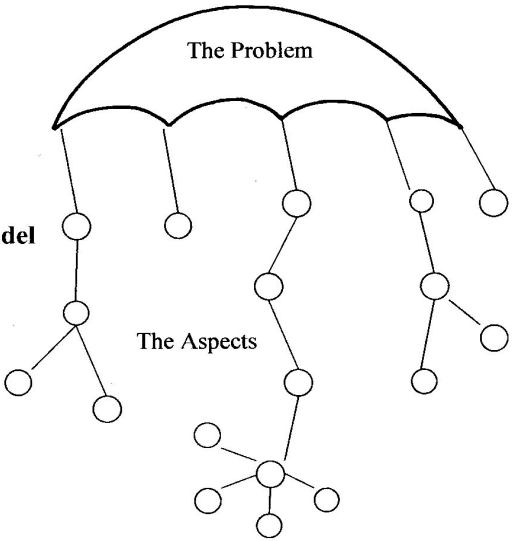
The recording of the flood of aspects that will flow from some clients who have complex problems can be a challenge to the therapist. Some simple yet effective method of recording which can be undertaken during a session without distracting from the therapist/client relationship (and one which is easily understandable to the

client) is necessary. Therapists will all have their favourite methods, but one which is easily learnt and which will suit most cases is the Relationship Diagram long used in System Engineering to record inter-related events. As each aspect is uncovered it is noted down and enclosed in an ellipse. Any aspects that relate to each other can be linked by arrows. In some cases the aspects will appear sequentially along a time line, but in other cases they will flow together from a single earlier aspect. Once the basic diagram is complete the session can proceed to solving the aspects one by one moving along the lines of the diagram. As each aspect is dealt with it can be crossed out. Later in the session, or at subsequent sessions, additional aspects can be added anywhere in the original diagram and the diagram can form a focus for a discussion of the progress of the therapy and can also be used to uncover further aspects. A sample of such a diagram is shown opposite.

Another simple and very effective method of recording was formulated by Chrissie Hardisty, one of the earliest practitioners of EFT in the United Kingdom. In this method of recording the problem to be dealt with is written on an arc at the top of the page and the principal aspects involved with it are entered below. Aspects following from these principal aspects can be drawn in below, using a convention similar to that discussed above. The figure opposite also shows a sample of the notes of a therapist using this method.



Relationship Diagram



The Umbrella Model of Aspects

Special Types of Problems

There remain a few types of problems that cannot be dealt with using the methods above, and these have been collected together here.

a) Undiscussable Problems

Some problems cannot be discussed. The client may not wish to disclose them, or the emotional charge may be so great that the client is unable to voice them. It is best to voice a problem aloud during the Set Up, so undiscussable problems are difficult to fit into this protocol. A convenient solution is to have the client hum the problem during the Set Up Phase:

"Even though I ***hum-di dum di dum mmm****, I fully and completely accept myself."*

If the client has been able to discuss the problem in the therapist/client relationship but is unable to actually speak it out loud as a formal Set Up Statement (not an unusual event) it is useful if the therapist speaks out the problem while the client hums along. After a round of tapping or two, the client's emotional charge will have reduced and they may well be able to join in during subsequent rounds.

b) Silent Set Up

If absolutely necessary a completely silent set up can be used. The client is asked to set up the problem in their own mind and to follow (still only in their mind) the therapist's wording of the Set Up Statement, which would be of the form:

"Even though I have this painful/unspeakable secret, I completely accept myself."

c) Unknown Problem

If the client cannot state the problem in a coherent form (e.g. they know or have a feeling that something is wrong but cannot see what it is) we can assume that the unconscious mind is aware of the true source of the problem and use a Set Up Statement in the form:

"Even though I have this terrible problem, I fully and completely accept myself."

In these problems where the client is unable to formulate a specific description of the problem it is often easier to use the energy therapy Tapas Acupressure Technique (see Chapter 10)

d) Possible or Future Problem

EFT often works very quickly indeed and the client cannot believe that the fearsome problem they brought to the therapist was removed so speedily and with such ease. They either fear it has been hidden somewhere or that it will re-occur. In these cases use a simple final round with Set Up Statements of the form:

"Even though I fear this problem will return, I fully and completely accept myself."

"Even if I may have some hidden remaining intensity, I fully accept myself."

Reminder Phrases

Once the Set Up Statement has been built up, using the information and techniques above, the Reminder Phrase is simple. Just steal a significant phrase from the middle section of the Set Up Statement.

If the Set Up Statement was:

"Even though I have this dicky shoulder, I fully and completely accept myself."

Use the Reminder Phrase "*This dicky shoulder*"

If the Set Up Statement was:

"Even though I have this terrible secret, I fully and completely accept myself."

Use the Reminder Phrase *"This terrible secret"*

If the Set Up Statement was:

"Even though I ***hum-di dum di dum mmm****, I fully and completely accept myself."*

Yes, you guessed it, use the Reminder Phrase "*Hum-di dum di dum mmm"* !

Conclusion

The Set Up Statement is critical to the success of the EFT process. In many cases it is quite easy to formulate but in others it is quite challenging. In this chapter many different problems in formulating the Statement have been addressed, and these need to be mastered before the therapist can be said to have mastered EFT. If any chapter in this book needs reading again and again, it is this one.

7. Muscle Testing for Energy Therapy

Introduction

Muscle testing is not an integral part of Energy Therapies, but it is used by many Energy Therapists and is a crucial back up to the technique of some energy therapies. In any event, it is a useful therapeutic tool and worth learning for the insights it can provide to the problem.

Kinesiologists have used muscle testing for many years, and have developed it to a fine art. Experienced kinesiologists can muscle test using the smallest movement and take great care in setting up correct neurological circuits and testing to verify results. To reach these levels of expertise many years of practice and study are necessary. However, such high levels of expertise in this area are not necessary to apply muscle testing effectively as an adjunct to Energy Therapy and we do not attempt to present to that level here.

Testing Relative Strength

At its basic level muscle testing uses the theory that a muscle is strong when immersed in the truth, but weak when exposed to a falsehood. In some cases muscle testing can be carried out using set up responses, and that will be dealt with later in this Chapter. The basic technique involves testing the strength of a particular muscle while

the client says out loud a statement that may be true or false. Here we outline a number of different types of muscle test based on this premise and explore a number of uses to which muscle testing can be put.

The Arm Test

This is the simplest form of muscle test, where the tester samples the strength of a client's arm muscle while various statements are spoken. It is useful, simple to use and it gives a result that can be readily appreciated by the client.

The client stands looking to the front with their strongest arm stretched out away from the body horizontally. The tester stands either in front of the client or behind, with one hand resting on the client's shoulder and the other resting lightly on the wrist of the client's outstretched arm. If the tester stands in front of the client, they should take care not to make eye contact during the test. The client is told to expect a downward pressure on the arm when the tester says *"Hold",* and the test consists of the tester saying *"Hold"* and pressing the client's outstretched arm downward and releasing it.

It must be made clear to the client that this is not a trial of strength, but simply a test as to the normal strength of the client's arm. It is best to make a number of trial tests at the start of the testing session so both the tester and the client know what to expect during the session. When carrying out tests the pressure applied to the arm should be kept as constant as possible. With this test a 'Yes' response is

characterized by the arm dipping slightly and springing back into position, while in a 'No' response the arm does not recover. In many cases this is the easiest way of separating the two responses.

Once the test has been set up and the client is aware of the procedure a series of tests should be undertaken to verify the test. The client should be asked to say:

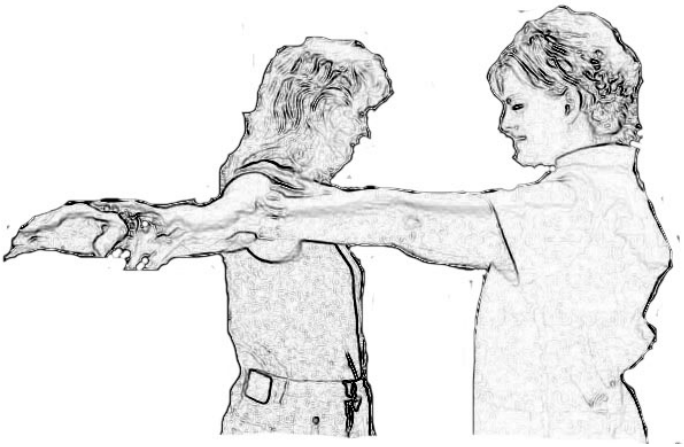
> *"My name is ----(correct name)----."*
> The subsequent test should show strong or 'Yes'

> *"My name is ---(incorrect name)---."*
> The subsequent test should show weak or 'No'

Further tests could be taken on simple unambiguous statements, such as 2 + 2 = 4 and 2 + 2 = 5.

The testing can now move onto asking significant questions relating to the problem in hand.

In all testing care should be taken to avoid the client tiring. A tiring client will still test correctly in that the 'Yes' response is stronger than the 'No', but the weakening of both responses can lead to confusion in results, although the springiness of the 'Yes' response should still be evident however tired the arm becomes. Once the client shows signs of tiredness the testing is best discontinued, or testing could be continued using another muscle



Other Arm Tests

A test which can be used with weak clients is to have the client sit with both arms held out in front at about 45°. The tester insets their arms inside those of the client and after saying "Hold" tests by pushing the client's arms outwards.

A test which is even gentler on the client and which can be used for a much longer series of tests needs the client to be seated in an armchair. The client rests their elbow on the arm of the chair with the forearm vertical and the tester does likewise in an arm wrestling position. This is not an arm wrestling competition - as the arms are relaxed at all times – it is only strengthened for an instant on the command "hold", while the tester tries to move the arm momentarily from the vertical.

Once these tests have been set up they can be verified and used just as the normal outstretched arms are tested.

Self Tests

Muscle testing can be carried out on one's own body in a number of ways. The basic technique is to test a strong muscle against a weaker one and the various tests are to measure the difference in strength between the two. Some often used tests are:

'O' ring tests

There are two forms on the 'O' ring test. In the first the thumb and index finger of each hand are made into two interlocking rings, and the test consists of pulling one ring through the other. As in all these tests the strong (or 'Yes') response is when it is difficult to break the rings apart and the weak (or 'No') response is when they break apart easily.

The other 'O' ring test is to form a ring with the thumb and index finger on one hand and to insert the index and middle fingers of the other hand into the ring. The test consists of using a scissor action of the inserted fingers to break the ring.

Finger Pressure

In this test the index finger is made to represent the arm of the arm test and it is pressed down with the middle finger. This is a very good method of self-testing, but it does take a little practice to get it right.

Devices

Some therapists prefer to use physical devices to test muscle strength when self testing. This involves testing a muscle against a physical device, rather than against another muscle. It has the advantage that the reaction of the device remains constant over time and this removes one variable from the test. A number of devices are used. Common is a simple weight, a dumb-bell or a jug partly filled with water can be used. The weight is supported by a person not being tested or is placed on a shelf (or the like) at about shoulder height. To undertake the test the full weight of the object is taken by the person to be tested and the apparent ease with which it is held is taken as a measure of the current strength of the client. The actual weight of the object needs to be carefully selected by trial in advance to ensure that it is heavy enough to produce a good test while at the same time not being so heavy as to overload the tester.

A weight can be cumbersome and many therapists prefer a smaller mechanical device based on some sort of spring. Anything which will yield to about half the maximum pressure you can put on it will be suitable. A popular device is a small Bulldog Clip, which is easily portable and of about the right strength.

Testing Using 'Set Ups'

The muscle testing described above can be carried out without any necessity to set it up, as it depends entirely upon the observed relative strength of muscles. This is why it is often used on clients during therapy sessions. However, muscle testing can also be carried out following some previously set up 'Yes/No' response. This method is often preferred when using self-testing.

Head Nod

Very simple and effective muscle test is to select a slight nod of the head for 'Yes' and a slight shake of the head for 'No'. These are reactions already well programmed into our reflexes and they can be used equally as muscle responses. The actual response may be an almost imperceptible movement or muscle twitch.

Sticky/smooth

Rub one of your finger pads across the thumb pad, or rub a finger pad across the thumb nail. The test result is judged on the feeling of smoothness that is generated. Most users use smooth to signify 'Yes' and sticky to signify 'No', but others use the reverse indications. This is a test that can be 'set up' either way. Decide in advance which answer will suit you and test to see if it produces the accurate results by using simple questions with easy 'Yes/No' answers or by simply saying *"Yes, Yes, Yes……"* and *"No, No, No…."*. These are quite simple tests, but require a lot of practice to perfect.

Ideo-motor response

Ideo-motor responses are not strictly muscle tests, but as they have so many similarities with muscle testing it is convenient to discuss them here. Ideo-motor responses were developed by hypnotherapists and were originally used in trance states to allow the client's subconscious mind to answer simple questions for the guidance of the hypnotherapist. More recently it was realized that a hypnotic trance state was not necessary for this device to work and that it could be used in the non-trance states to answer questions for the user in the same way as muscle testing.

These responses vary from person to person, but once established for a particular individual they tend to remain the same over time. To establish the baseline ideo-motor response for a client (which could well be yourself) have the client sit in a relaxed position with both hands palm down on the upper thighs. The client then asks their subconscious mind to give an indication for 'Yes', and thinks very strongly of 'Yes' ideas. The expected response is for the index finger of the dominant hand to tingle, quiver or even rise up. This response is by no means universal and in a significant number of clients the reaction will be by another finger. The same process is then carried out for a 'No' response, when the reaction is expected in the dominant hand little finger, but is not always so. It is also useful to note a response for 'Don't know' (which may also be 'Won't tell'!) and this is often one of the thumbs. Many clients will not react with the expected responses, but

this is not unusual and you simply need to note the responses that are relevant to them. In a small number of cases the responses may not be with the fingers and may even be a word or colour. This is not unusual nor a problem, but just the particular individual's standard response.

The Use of Muscle Tests

Muscle testing can be used at many points in therapy to evaluate matters not clear to the patient's mind, but before any reliance is placed on the results of tests the therapist must be satisfied that the tests will produce correct results. If the client is massively reversed all the results will be reversed and the client will even test weak to saying his correct name. As treatment continues re-tests can monitor the correction of reversal.

Clients may have a mini-reversal attached to some matter critical to the problem and this is much more difficult to spot. The client may test strong on their correct name and even be strong when asked to say, "I want to be well", as the client may, indeed, want to be well. However, when tested on "I want to get over the (particular) problem" a weak response may be obtained showing that the client has a mini-reversal about that particular problem, which needs to be addressed before continuing treatment.

Many questions can be muscle tested and some which often provide interesting answers are:

"I want to be well"
"I want to be well now"
"I deserve to be healthy"
"I know I cannot ever be well"
"I like myself"
"I no longer feel sadness"
"I release my guilt"

The list is endless and you will be amazed at what you can uncover, and so will the client.

Muscle testing can be used effectively to test a client's self-limiting beliefs. Tests on such questions as:

"I can earn more than (number) pounds a year"
"I deserve to be wealthy"
"I let go of this fear now"
"I release my anger now"
"Resentment is a thing of the past"

These can give great insight into how we (and our clients) really feel about ourselves.

Proxy and Surrogate Testing

Often it is desirable to do the muscle testing on the client, as this allows the client to experience the test and feel the answer. This is especially useful when the answer comes as a shock to the conscious mind of the client. Often when this happens the client will, perhaps grudgingly, agree that the answer was in fact true.

In other cases it is better or more convenient to muscle test on oneself as a proxy for the client. Testing on the client can be time consuming and tiring for both client and therapist, whereas proxy testing by the therapist on themselves in place of the client can be quick and simple, but when doing this the client does not have the chance to experience the test.

Surrogate muscle testing (where the therapist tests neither on the client nor on themselves but on a third party) is less common. If testing on the client is not feasible or not desirable it is usually easier for the therapist to test on themselves. However, where the surrogate and client have a strong bonding, as in the case of mother and baby or pet and owner, surrogate testing may well be advantageous.

Conclusions

Muscle testing is a useful tool, and it is in fact critical to the success of some forms of Energy Therapy. 'BE SET Free FAST' and 'TAT' both rely heavily on muscle testing. It is not difficult to learn and indeed novice muscle testers are often very accurate. Therapists should be aware, however, that it becomes more difficult and that they are likely to go through a stage of difficulty with this skill (or should it be called an art?) as they use it more often. It is difficult to remain totally objective when one is sure of the answer before the actual test, and the tester must always remain disconnected and neutral. A useful tip is that the tester should say, "I'm out of it", under their breath just before saying, "Hold", to the client.

Once learned and mastered, muscle testing is a valuable tool in the therapist's box and all therapists should try to develop a personal test which suits them well.

8. Psychological Reversal

Introduction

The concept of 'Reversal' is quite simple. The body's energy system can become disrupted to such an extent that the polarity of the flow is reversed and the result is that the body's healing processes cannot work to bring healing and in fact attempts to heal (by both conventional and complementary medicine) fail because the body is acting against healing. Everyone experiences this at some time, but it usually happens outside the subject's awareness. It is characterised by a subject moving into a state where they 'cannot be cured' by any therapy.

It was initially identified in the field of kinesiology by George Goodheart and others and it goes by many names – Polarity switching, neurological disorganisation, overenergy, energy reversal. Here we will call it Psychological Reversal (or simply PR)'. Fundamentally all these terms cover the same phenomena.

The principle of PR is that a client's natural energy flow can become reversed due to some trauma, illness or shock. Once reversed it may remain so and the reversal becomes an obstacle to cure which means that healing cannot easily take place. In fact, in cases that are heavily reversed healing becomes impossible. This obstacle to healing will prevent effective treatment by all forms of therapy, which includes

both complementary and allopathic treatment as the body is actively fighting against the healing process.

'Reversal' has been described as the Chi flowing in the wrong direction in the meridians, but this is refuted by most acupuncturists, who say that Chi can only flow one way, so this is not a good description and we should simply refer to 'energy systems' being reversed.

We have all come across people who 'Can not (or will not) get well' or who are even accused of 'Not wanting to get well'. These 'failings' are often put down to 'lack of will power', 'poor motivation' or the like, but they are not failings nor defects but the result of PR. It is not that these people will not improve but that PR is ensuring that, however hard they or their therapists try, their energy systems, being reversed, will act against healing.

PR is often the reason for a sudden drop in performance of, say, an athlete who is still fit and in training or of a musician whose playing suddenly is off peak performance. Addiction and depression are often accompanied by reversal and this can make them difficult to solve in many therapies. The client may be aware of the problem in that they are aware that they have a fear of getting over the problem, a fear that they will get over the problem, a feeling that they do not deserve to get over the problem or even that it is not safe to get over the problem. In other cases the client may be quite unaware of the reversal.

Dr Callahan introduced PR into his 'Thought Field Therapy (TFT)' as a key concept which leads to a

negativistic or self-sabotaging state. Once recognised it can usually be easily corrected (at least for a short period of time to allow effective therapy). In EFT the most basic approach to Psychological Reversal is simply to ignore it! It may seem strange that we can afford to simply ignore a key factor, but we can only do this as the basic EFT routine has within it a mechanism intended to correct any PR in the client – so when actually using the therapy we can simply assume that the client is not reversed or if they were that it has been corrected and is no longer an issue at least for long enough for us to get a few rounds of tapping in.

However, as practitioners we need to understand the concept of reversal and the mechanisms used to counter it so that we are forearmed when we encounter difficult cases where reversal is hard to clear.

Muscle Testing and Reversal

The existence of reversal may be obvious from the client's statement as they will display a negative attitude and, usually, a long list of earlier failed therapeutic interventions of many types. They will often delight in declaring themselves as a 'hopeless case'. However the existence of PR can usually be identified by muscle testing.

Types of PR

There are two quite separate types of reversal. Massive (or Global) Reversal – where the subject is completely reversed on all aspects, and Specific Reversal – where the subject is only reversed in one or two areas.

There is also what is known as 'Mini-Reversal', which is similar to Specific Reversal but only acts to prevent the subject giving up some specific problem completely. In this case the SUDS level will fall satisfactorily, but then stick at some low level. It is for consideration with respect to each individual problem if such a reversal is to be corrected to allow complete removal or if the client is to be left with some remaining vestiges of the problem. Mini-Reversal can be removed by tapping the Karate Chop point.

In cases of Massive Reversal muscle testing can be used to identify the condition simply by testing for polarity reversal. Also the client with Specific Reversal will test strong on questions such as *"I want to be miserable"* or *"I do not deserve to get well"* and will test weak on questions such as *"I want to be well"* or *"I deserve to get well"*.

Cases of partial reversal may be more difficult to identify, as the subject is not polarity reversed, and may only show reversal in some small area. Nevertheless, even this minor reversal will show up if the client is muscle tested on the aspect that is reversed. For instance a client may test strong on such questions as *"I deserve to get well"*, but test weak on some specific questions relating to their problem such as *"I want to be free of these headaches"*. In these cases a considerable

amount of muscle testing may be needed to identify the reversed aspect.

Mini-reversals will not usually show up in muscle testing as the client is not reversed at the start of the treatment, but only becomes reversed when it appears that the particular problem addressed is about to be removed completely. This type of reversal is usually identified only by the SUDS level suddenly sticking at some low level. Muscle testing at this point with a question such as "I want to be completely free of this problem" will identify mini-reversal.

Correcting PR

The EFT set up routine is designed to correct PR and basically nothing else is necessary. Once a client has completed the set up the therapist can assume that PR (if it was ever present) has been removed. Of course if the client was not reversed in the first place the whole 'Set Up' is not necessary, but as a general rule it is quicker to use the set up than it is to test for reversal so we almost always use the 'Set Up'. You may notice that experienced therapists do not always use the set up (especially in tapping rounds after the first). This is because they are confident the PR is not a factor in the case they are treating. However, it is safer to always assume reversal for the initial round of tapping, as if there was not at least a little reversal attached to a presenting problem, the problem would probably have already resolved itself.

There are at least five points that can be used to correct PR. EFT normally uses the 'sore spot', but practitioners should be aware of the others.

Well known to EFTers is the 'Karate Chop' point. This is brought into play during the normal tapping routine, but it is also recommended for use if the subject is unable to find their 'Sore Spot'. Some practitioners choose to knock the two 'Karate Chop' points together thus getting two for the price of one. Also available in our anti-PR weaponry are the thymus point (in the centre of the upper chest), the under arm points and the 'Collar Bone' points. The last two are already used in our tapping routines.

The 'Sore Spot' is rubbed (as taught earlier), but the others are tapped except for the 'Collarbone' point that is rubbed when used for the correction of PR. It is usual to rub both of the latter points at once when treating reversal specifically.

The basic EFT formula is to use the 'Sore Spot' or failing that, the 'Karate Chop' point, but practitioners should be aware of the other points and be prepared to use them. Some authorities suggest the use of the 'Sore Spot' for Massive Reversal and the 'Karate Chop' point for Minor Reversal.

Set-up Statements & Reversal

We saw in Chapter 6 how important to the success of EFT was the selection of the correct set up statement. In the case of a Reversed Client the use of the correct Set Up Statement is even more critical.

Massive Reversal is usually cleared by rubbing the "sore spot". If the sore spot cannot be identified, an alternative method is to have the subject place their hand on their upper chest in the area of the sore spot and wait for the heat of the hand to be sensed through the clothing, then start massaging gently with the flat of the hand around the usual "sore spot area". Alternatively, tapping the "karate point" can be used. With Massive Reversal, where the problem is universal, an equally universal Set Up Statement is used – such as "Even though I have these problems and limitations, I completely love and accept myself".

When the client is in Specific Reversal either "sore spot" rubbing or "karate chop" tapping are employed and all the advice and comments in Chapter 6 with regard to the set-up statement are valid.

In some cases specific reversals are the result of (sometimes unexpected) attitudes and beliefs to which the client holds. It is for discussion between the therapist and client as to whether these reversals are to be "corrected" or retained.

Recurring Reversal

In general, once removed PR is unlikely to return unless the subject suffers further trauma, but in extreme cases of Massive Reversal the technique only attains temporary removal and the subject can be found to be reversed if tested later. However, usually the subject will stay out of reversal for long enough for a few rounds of tapping to clear the aspect.

Other Techniques and Reversal

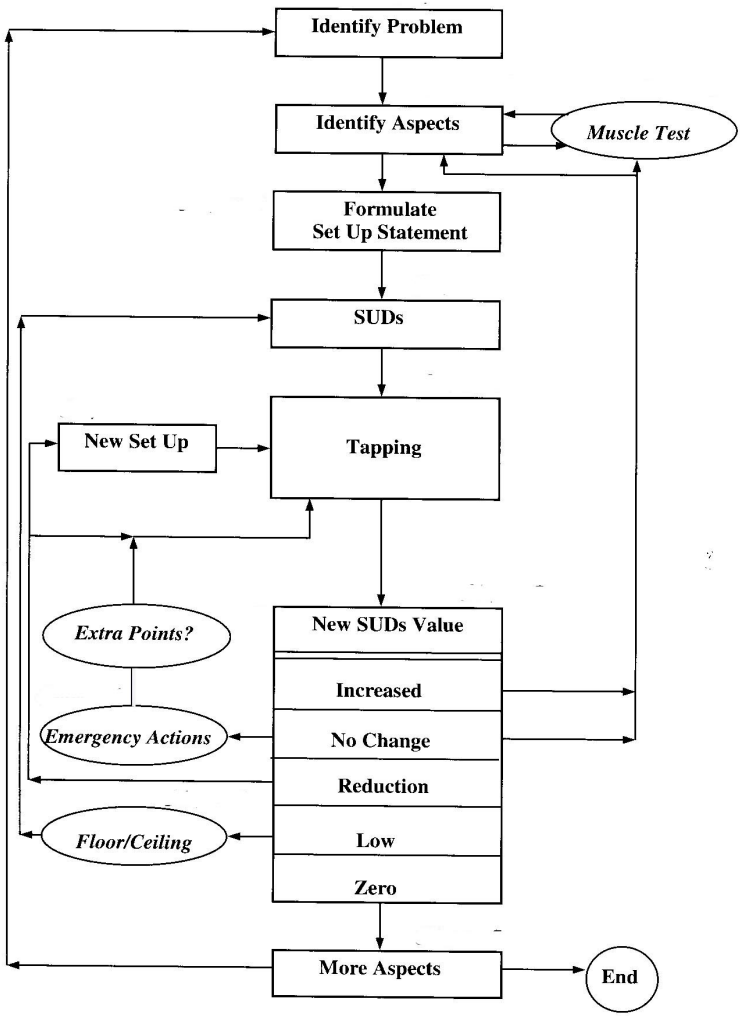
Reversal is treated differently with some Energy Therapies. In the therapy 'Be Set Free FAST' the idea of reversal is acknowledged, but it is treated as 'just another problem'. No special technique is used, but if the client is presumed to be reversed, the therapist simply treats the reversal as a problem and deals with it using the normal procedures for that technique.

In Tapas Acupressure Technique reversal is not specifically acknowledged but all treatments start with a short procedure that is designed to open the way for healing, and as such could be said to act on any reversal the client may have.

Conclusions

Reversal appears in many forms, and has been identified by many different branches of healing (and given different names). It will stand to block healing processes of all types, but in this chapter a number of useful tools to remove it have been presented.

9. Overview of EFT



Complex EFT Format

Introduction

In the previous chapters many aspects of Energy Therapies have been investigated and discussed. The discussion has, largely, been based around one specific therapy, EFT, and at this point a general presentation of this therapy as a whole will be made.

Emotional Freedom Technique (EFT)

All aspects of this technique have been given and explained earlier in this book, but here the Technique will be presented holistically.

The basic parts of the therapy are:

- The Set Up
- The Sequence
- The 9 gamut
- The Sequence

We have looked deeply into many of these steps in the earlier chapters. We have also investigated some areas which are not strictly part of EFT, but which originate in other Energy Therapies, and which, nonetheless, may be useful in some cases. The whole EFT sequence is set out in diagrammatic form on the first page of this chapter.

Short Cuts

The actual technique of EFT is very fast – the whole round of tapping can be done in 60 to 90 seconds. However, it can be shortened even more. Below are a number of ideas on how to get through a round even more quickly!

a) The Set Up

It is the Set Up which is used to correct reversal and to fix the client's mind on the problem in hand. The standard EFT routine always incorporates a Set Up Phase, but it is not strictly necessary in all cases. If you are sure the client is not reversed a set up is not necessary. It is for this reason that the Set Up is often omitted during the second round of tapping following a significant drop in the SUDS level on the first round.

It is critically important to place the client's attention on the aspect of the problem that is under treatment, and that is another important part of the Set Up. If the Set Up is omitted, the therapist must rely on the reminder phrase to do this, but this is usually adequate. In cases where the client is acutely aware of the problem (such as violent headaches) even the reminder phrase is unnecessary as the client's mind is already set on the problem.

b) The Sequence

The sequence falls easily into two parts – the facial & body points and the other points. When treating minor problems or when the client reacts well to tapping it is not always necessary to use all the points. Many therapists use only the facial points in the first round of tapping and then take a SUDS (or other level) reading before going on. If a significant fall is noted, the hand points need not be used.

c) The 9-gamut

Many therapists now do not use the 9-gamut at all. If the SUDS (or other level) reading falls significantly after the first sequence the 9-gamut need not be used at all. Any subsequent rounds of tapping need only involve the sequence.

d) Success

Often the client will disclose success during a tapping sequence (See Chapter 3). If the therapist notes a significant shift in the client during the tapping, the round can be stopped immediately. In fact, it is an advantage to stop the round immediately as the knowledge as to which point caused the shift is useful for later rounds or later sessions.

e) The 'Best' Spot

Some clients have a 'best spot', and in this case only that spot needs to be tapped. This best spot may identify itself during a tapping round, or it could be identified by muscle testing (See Chapter 7). In the latter case the muscle testing itself will take quite some time and doing it may waste more time than is saved in the tapping sequences, so this is only advisable when the therapist feels the case is one which will require a considerable number of rounds of tapping.

f) Floor to Ceiling Breathing

Floor to Ceiling Breathing is a technique that is often of great use when the client reports a rapid fall in SUDS level to a very low figure – say 1 or 2.

In this exercise the client is asked to follow the therapist's hand with their eyes (keeping the head still) while tapping the gamut spot and breathing slowly and gently. The Therapist starts with the hand low and slowly raises it high (taking about 8 seconds) and then, at the same slow speed, returns it to the low position.

This exercise can replace a full sequence of the technique, bringing the SUDS level from a low level to zero in a very short time. (This is discussed in more detail in Chapter 12)

Conclusion

This chapter provides a convenient outline of one Energy Therapy, EFT, but it should not be used as a final point of learning. Energy Therapy (and EFT) is a growing and developing field. While in its present state it is a very powerful tool the reader must remember that these techniques are in their early stages and are still growing and maturing. Many changes are expected in the next decade. Readers are encouraged to use the contacts in part 2 of Chapter 25 to keep abreast of developments and also to experiment themselves and lend a hand in furthering these therapies.

10. Tapas Acupressure Technique (TAT)

Introduction

The Tapas Acupressure Technique (known as TAT), was developed by an American Acupuncturist, Tapas Fleming, and was initially a process aimed at relieving allergic reactions. Since its inception it has moved on and is now an Energy Therapy in its own right capable of producing excellent results on a wide range of problems. In its latest form it is a therapy capable of producing healing across the whole range of problems encountered by the therapist, although it remains ideally suited to the treatment of allergies.

It does not require the drafting of a specific statement encompassing the problem, so it is ideal in situations where the client is aware of the problem but finds it difficult to express in a succinct form which would lead to a 'Set Up Statement' and 'Reminder Phrase'. The method is both simple and powerful and is set out here in full but readers are advised to consult the Tapas International Manual (see reference in Chapter 25) for a fuller explanation and practical examples.

The Technique

Basically, therapy using TAT consists of taking up and holding the TAT pose while focussing the mind on a number of matters relating to the problem. The TAT pose consists of placing the thumb and ring finger on points about 3mm above the inner corner of each eye (Urinary Bladder 1) and the middle finger on a point 12mm above the eyebrow level on the centre line of the face (The Third Eye). Either hand can be used for this and the touch should involve only the lightest possible contact. At the same time the other hand should be placed on the back of the head with the palm touching the head so the thumb rests on the base of the skull and the palm cradles the occipital bone. (see illustration at end of this Chapter)

It is usual to have the client hold the pose on themselves, but if this is not suitable or not desirable the therapist can hold the pose, but in this case the hand behind the head will be the other way up with the little finger at the base of the skull. When doing this pose on children or animals it can be adapted so that instead of touching the points on the front of the face, the whole hand is placed over the three points just clear of the surface of the face. When used with children it is often explained to them as 'putting a magic hat on' (see illustration).

The pose itself is very restful and it is rewarding for both the client and the therapist to simply take the pose and hold it for a little while.

The Steps

While holding this pose the client is asked to concentrate on a number of matters about the problem. Up to seven different steps relating to a problem can by considered this way. It is usual, but not essential, to use muscle testing to decide if any particular step is needed. The length of time the pose is held for each step is also usually assessed by means of a muscle test. If the therapist does not use a muscle test all the steps are used.

The steps are:

Put attention on the problem

Put attention on the opposite of the problem

Consider all the origins of the problem

Think of all the places in the body and mind where the problem is held

Think of all the advantages of having the problem

Put attention on forgiving all those who caused the problem

Put your attention on forgiving all those hurt by you having the problem

Each step is complete when a change or shift has taken place. This can be judged by a muscle test or by observing the client. Often the client will naturally break the pose when the time is right. If no change is noted the pose should be ended after about 4 minutes (max), but each stage usually takes a much shorter time. After each step when the client has broken the pose they should be asked to relate what happened and to discuss any feelings or changes. Then the pose should be re-taken to concentrate on the next step.

The steps remain substantially the same for all types of problems but in some cases the wording involved in the steps is varied to suit the specific problem in hand. The manual mentioned above and Chapters 16 and 18 in Part 2 demonstrate this.

If the therapist is not being guided by muscle testing, a client should not be in the pose for more than a total time of 20 minutes in any day.

Using TAT for Physical Pain & Trauma

Initially TAT was not used much for physical pain, but recently Tapas Fleming has introduced an 'all-purpose Step 1', which has worked well in reducing pain and trauma.

In this step 1 the client is asked to put their mind on 'The most influential attack to their system resulting in {*insert nature of problem*}'. It does not matter if the client cannot recall this attack as the subconscious will remember it.

Step 2 then becomes considering 'That attack happened, its over, its OK and need no longer result in {*insert the nature of the problem*}'.

The remaining steps can then be carried out, if necessary, as usual.

Conclusion

It is difficult to do justice to the complexity of the TAT system in the printed form and to become efficient in its use. Practice, especially on complex issues, exercises and training are recommended. However even beginners can obtain excellent results using this method on minor problems. Simply holding the pose while the problem bothers you and then thinking about what it would be like if the problem was not there (which is effectively Steps 1 & 2) can produce great relief.

However, remember to restrict the time in the pose to no more than 20 minutes in any day, and remember to drink plenty of water over any period you are using TAT regularly.

The Steps of TAPAS ACUPRESSURE TECHNIQUE

Step 1: "Put your attention on the problem."
"What happened?"

Step 2: "Put your attention on the opposite condition."
"What happened?"

Step 3: Either: "All the origins of this problem are healing now."
or "God (or whatever name you use), thank you for healing all the origins of this problem."
"What happened?"

Step 4: Either: "All the places in my mind body and life where this has been a problem /resonated/been held/been stuck are healing now."
or "God, thank you for healing all the places in my mind, body and life where this has been a problem/resonated/been held/been stuck."
"What happened?"

Step 5: Either: "All the parts of me that got something out of having this problem are healing now."
or "God, thank you for healing all the parts of me that got something out of having this problem."
"What happened?"

Step 6: "I forgive everyone I blamed for this problem, including God and myself."
"What happened?"

Step 7: "I ask forgiveness of everyone I hurt because of this problem."
"What happened?"

11. Other Energy Therapies

Introduction

In Part 1 of this book we have concentrated mainly on EFT from amongst the myriad of Energy Therapies that are now available. This has been done as it is EFT that has been made widely and freely available by its originator, Gary Craig. Gary has given his therapy to the world and has encouraged therapists to take it and to experiment with it to find the way that suits them best, and to help the therapy to mature and grow. The dissemination of some of the other therapies has been restricted by their originators, and therapists are required to attend specifically licensed courses to obtain the full protocols of treatment.

In this chapter we will discuss some of the many other Energy Therapies that are available. Each therapy is explained in outline together with pointers to obtaining further information.

Acupuncture

All Meridian Therapies can trace their origins back in some way to the ancient Chinese procedure of acupuncture. However, acupuncture has maintained its individuality as a separate form of treatment and a number of Schools of Knowledge exist. The basic principles of acupuncture are well known and need not be repeated here, but, fundamentally, in acupuncture the treatment consists of inserting needles into one or more specific points, which relate to the symptoms presented. There are about a thousand points and needles need to be inserted with great accuracy into specifically relevant points.

The Chinese classified the large number of acupuncture points into twelve groups joined by imaginary lines on the body known as meridians. These meridians are in pairs running on each side of the body and are named – Lung, Large Bowel, Stomach, Spleen, Heart, Small Bowel, Urinary Bladder, Kidney, Pericardium, Triple Warmer, Gall Bladder and Liver. In addition there are two further meridians running centrally down the body - the Governing Vessel running down the back and the Conception Vessel running down the front. The number of acupoints along the various meridians varies – for example the Heart Meridian has only nine points on each side of the body while the Bladder Meridian has sixty-seven on each side.

It is interesting to note that the full round of EFT involves tapping once on each of the fourteen meridians.

These points are normally stimulated by the insertion of a needle (usually of stainless steel or silver alloy), but they can be stimulated in other ways. Electrical stimuli, lasers, mechanical vibrators and magnetic oscillators are all used, and the heat on a burning moxa roll (*Artemisia japonica*) can also be used. The points can be stimulated for a short time or a longer time.

Acupuncture is a therapy in itself and it is outside the scope of this book. The training necessary to become an Acupuncturist is extensive and can take a number of years. For more information on acupuncture surf to:

www.medical-acupuncture.co.uk

Shiatsu (Acupressure)

Shiatsu is a form of oriental massage, which uses finger pressure to stimulate similar points as are used in acupuncture. Usually the massage is carried out by the therapist, but there is also a form, called *Do-in*, where the massage is done by the patient. In the West it is often called Acupressure.

Shiatsu developed in Japan at about the same time as acupuncture developed in China, and it does not have any direct link with acupuncture although there are many similarities. Shiatsu technique involves stretching, leverage and leaning the therapist's body weight on various parts of the patient's body to encourage greater harmony of energy, circulation, flexibility and postural integrity. Many of the techniques are applied to the same meridians as are used in acupuncture, although in shiatsu each meridian is considered as covering a greater area of the body.

Basically in shiatsu the therapist applies finger pressure on the acupoints in much the same way as the acupuncturist would insert needles into the same points. There are two forms of this therapy, either the patient is massaged over a specific area of the body (depending on the complaint) or the therapist uses a single finger tip to stimulate a specific acupoint.

This therapy is now gaining popularity in the West, but it is a therapy in its own right and outside the scope of this general work on Energy Therapy. More information on acupressure can be obtained from: www.shiatsu.org

Thought Field Therapy (TFT)

Thought Field Therapy (TFT) is the root from which so many of the Energy Therapies, which are now available, sprang. It was developed in the early 1980s by Dr Roger Callahan, a psychologist who had been studying Chinese medicine to increase the range of therapy he had to help his clients. It started from small beginnings with a cure for one of his clients with a water phobia and grew into an effective but complex therapy in its own right.

TFT employs a number of tapping patterns on acupoints, called algorithms. Each problem class is associated with a specific algorithm, so once the source of the problem is identified the patient taps on each of the relevant points in a very specific order, while concentrating on the problem. The SUDS rating of the problem is taken before and during the treatment to assess progress.

Therapists are trained in TFT at various levels:

- Practitioner Level (where the therapist uses existing algorithms)
- Diagnostic Level (where the therapist uses diagnostically produced personalised algorithms relevant to the patient)
- Voice Technology Level (where the patient's voice is analysed to produce an individualised algorithm)

Both Gary Craig (the inventor of EFT) and Larry Nims (the originator of BSFF) were amongst the earliest of Dr Callahan's students and were trained in TFT to the highest level before developing their own meridian based therapies.

For more information on TFT see the web sites:
www.thoughtfield.com & www.tftrx.com

Tearless Trauma Technique (TTT)

Tearless Trauma Technique (TTT) is basically a method of using EFT and as such could well be included in an instruction course on EFT. It was developed by Gary Craig as an off shoot of EFT to deal with cases where patients are suffering from a trauma, so great that it is too painful to recall. Gary uses EFT with this method but it can be equally well employed together with any Energy Therapy.

The client is told not to imagine the incident, but is asked to make an estimated SUDS level based on what the level of trauma would be if they were to imagine or re-live it. The set up phrase and reminder phrase can be quite general, such as "*Even though I suffer from this overpowering emotion…..*" and *"This emotion"*. This technique seeks to minimize emotional pain and is often criticised by therapists who feel that intense emotions are necessary to the healing process, but nonetheless the technique is extremely effective and very gentle to the emotionally hurt client.

Once the stage has been set, with the therapist still insisting that the client should not try to imagine the emotional experience, the client is led through the tapping routine (or through whatever procedure the therapist or client favours) and after each round the client is again asked to estimate what the SUDS would be <u>if</u> they imagined the emotion laden incident.

When the SUDS reading has dropped to a low level the client is then asked to actually imagine the incident and assess what the actual SUDS level is. At this stage it is often quite impossible for the client to bring up any significant emotion about the event. If any significant SUDS reading is found it is almost invariably low and can be treated using EFT (or another process) in the normal way without the client suffering greatly in the process.

This method is outlined on a web site at:
www.emofree.com/trauma/tearless.htm

Therapeutic Touch (TT)

Therapeutic Touch (TT) is a contemporary interpretation of a number of ancient healing practices. During therapy the therapist consciously directs the process of energy exchange using the hands as a focus for facilitating healing. It has a lot in common with various other forms of 'hands on healing', but is more inclined to a conscious energy based programme. It is founded on the patients' own ability to heal themselves enhanced by the ability of the therapist to direct this effort. It was brought into its present form by Dr Dolores Krieger, PhD and her colleague Dora Kunz in the early 1970s so predated most of the 'modern' Energy Therapies. More information with regard to TT can be found at:

www.therapeutictouchnetwk.com

Touch and Breath (TAB)

Touch and Breathe (TAB) is a procedure developed by Dr John H Diepold, Jr., PhD, and it can be incorporated into any energy based therapy. It involves lightly touching selected acupoints while taking one complete breath, with the client focussed on the problem.

To incorporate this procedure into the basic EFT formula the client is instructed to touch the standard EFT points in turn and at each point to take one full respiration. The set up phrase can be used to focus the client on the problem, but reminder phrases should not be used, although the therapist may repeat the reminder phrase for the patient to maintain focus.

The gamut can also be incorporated into a TAB procedure. The client touches the gamut point while taking a full respiration, then continues with the full gamut sequence while breathing normally.

When using TAB reversal can be treated using the sore spot or karate point as required while taking one complete breath and then repeating the affirmation. After the affirmation the client should maintain contact with the point for ten seconds while breathing normally. More information with regard to TAB can be found at:

www.tftworldwide.com/tab.htm

BE SET Free FAST (BSFF)

BE SET free FAST has the acronym BSFF, but its full name is also an acronym, BE SET is an acronym of 'Behavioural and Emotional Symptom Elimination Training' and FAST is an acronym of 'Fear, Anger, Sadness, Trauma'. It was developed from a basis of TFT by Dr Larry Nims, PhD. It relies very much on muscle testing to assess the progress of the therapy and the investigation of what Dr Nims calls the 'emotional roots' of the problem to be treated. These being a collection of emotional incidents impressed on the subject's subconscious mind during life, which in combination cause the problem which is to be treated. The client focuses on the problem while tapping on only three points and always in the same order. These points are the EFT 'Eye Brow point' (Bladder 2), the EFT 'Under Eye point' (Stomach 1) and the EFT 'Little Finger point' (Heart 9). These points are for clearing 'Sadness', 'Fear', 'Anger' and 'Trauma' respectively (the 'Eye Brow point is used twice). If necessary the EFT 'Index Finger' point (Large Intestine 1) is used at the end of treatment to treat 'Unforgiveness'. These points, although identical with some of the EFT points, were not developed from EFT, but rather both EFT and BSFF were both derived from the common TFT. In BSFF the finger points are usually stimulated by tapping them with the thumb of the same hand.

A significant difference between BSFF and EFT is in the treatment of 'Reversal'. In BSFF reversal is not considered as a separate problem. If it exists in a specific patient it is

treated as simply another problem with its own combination of emotional roots which is treated with tapping the three points just like any other problem the client may present.

BSFF has developed over time and has evolved into 'Instant Be Set Free Fast (iBSFF)'. Larry first suggested that it was not necessary to tap on specific points on the body and that tapping could be done on any convenient surface. Later he developed this further in that he now omits the tapping phases entirely and simply sets up an instruction to the subconscious mind to work through the sequence whenever a randomly selected key word is uttered.

Further information of BSFF (and iBSFF) can be found on the internet at:

www.BeSetFreeFast.com

Whole Life Healing (WLH)

Whole Life Healing (WLH) is a procedure developed by Stephanie Y Rothman-Strickey, and she describes it as a synergistic combination of Spiritual Connection, Energy Therapy, Breath-work and Muscle Testing.

It uses a similar set of points to those used in EFT, and as well as the fourteen basic points it uses the extra points on the top of the head and the insides of the wrists In WLH the points are not tapped but rubbed and are usually rubbed bi-laterally. However, when both hands are not available for the task (e.g. during telephone work) one-sided rubbing is used.

WLH involves a contract between the client and their subconscious mind and the subconscious is asked if it will co-operate and the answer is judged by muscle testing. The client states the issue with which they want to work and is again muscle tested to check that they are ready for treatment with such questions as *"I want to get over this issue"* and *"I give myself permission not to have this issue any more"*. There then follows the process, using all the standard points. Each point in turn is rubbed while making a statement in the form *"I am now releasing all of the … for that which is my highest good"*. The middle part of the statement changes at each point to *"and release (word associated with each point)*". E.g., the Under Eye Point releases anger while the Under Nose Point releases fear. After each statement the client stops rubbing and holds the point until they feel a shift. If no shift appears they move on after about 10 seconds.

Further details of WLH can be found via the web site:

www.wel.net/wlh.html

Attractor Field Therapy (AFT)

Attractor Field Therapy is an outgrowth of the work of Dr David Hawkins, and (although jointly based upon Hawkins work on human consciousness and Sheldrake's work on energy fields) its principals are similar in practice to those of other Energy Therapies – especially TFT and EFT.

This therapy employs tapping on meridian points and the points used are those now recognised by readers. Each point is tapped a specific number of times and the tapping points and sequences are specific to the problem addressed.

The details of this therapy are freely available to all and can be found on the AFT website. This site gives a detailed description of the points employed and the number of taps required on each, as well as listing the sequences recommended for a large range of problems.

Further details can be found at:

www.the-tree-of-life.com

Gentle Touch

The therapy 'Gentle Touch' was originated by Paul Newton.

Paul claims that muscle spasms are the common factor in almost all pain from any illness or injury. His 'Gentle Touch Therapy' focuses on this common factor and treats the spasm rather than the injury. The 'Gentle Touch' is designed to use the most efficient of many bypass channels that can be used to detect and erase muscle spasms. When the spasms are erased the pain is gone and the body can heal itself.

Further information on Gentle Touch can be found at:

www.holistichealthtools.com/gentle.html

12. Simple Energy Therapy Procedures

Introduction

Many of the Energy Therapies discussed in this book tend to be complex procedures and often the full procedures are necessary to deal with complex problems. However, in simple cases or where the problem is not too great the full force of these techniques is not necessary. In this chapter we are to introduce and discuss simple procedures which are taken from Energy Therapy and which can be used by themselves as very simple techniques, or which can stand as extra methods in the tool boxes of therapists who normally use another full therapy. These techniques, or variations of them, have been used by many therapists in many areas as part of various more complex therapeutic methods. It is not possible to identify the originators and there may have been more than one for each of these methods as they are based on simple principles of Energy Therapy.

Floor to Ceiling Breathing

This is a simple procedure used when the SUDS level has been reduced to near zero and is often effective in completing the treatment by reducing it to zero.

The technique is very simple. The patient concentrates on the problem and taps the Gamut Point continually during the exercise while following the therapist's hand with their eyes (holding the head still). The client must breathe slowly in through the nose and out through the mouth during the whole exercise.

The therapist stands in front of the client and holds her hand out in front of herself at about 45° towards the floor. Then with the patient's eyes following her hand she raises it slowly upwards until it is pointing to the ceiling and about 45° and then lowers it back to the start position. The raising and lowering should each take about 10 seconds.

The exercise can be done without the presence of a therapist as the client can raise her eyes slowly to the ceiling and down again without needing a hand to follow.

Some therapists have suggested that the ending with the eyes downcast may implant negative ideas and they prefer to start with the arm and eyes upward and move down and then up – ending with the eyes looking up.

Moving Energy Technique

This procedure is based on the concept that any pain, emotional or physical is caused by a block in the flow of life energy, vital force, ki, chi or whatever you wish to call it. Very similar techniques appear attached to a number of different therapies and, under various names. It has been around for quite a long time!

When the client is discussing the bothersome condition the therapist asks them to become aware of the place in their physical body where there is a sensation when thinking about the problem. It will usually be a knot or a pressure somewhere in the head or the body. The client should then be encouraged to concentrate on the physical sensation, not the problem itself.

The therapist can now explain that the feeling the client has is no more that a blocked energy flow and that the therapy is needed to help the body release that blockage and allow the energy to flow normally through the body.

The client is then asked to place their hand on the point of blockage and to massage the area gently so the energy can begin to flow normally. When some movement is felt the client should report it and follow the blocked feeling as it moves through the body by moving the massaging hand as the feeling moves. The direction and path of movement is not important. It may move along meridians or through chakras, but there are millions of pathways the energy can find so just let it happen for the client. Some therapists may

like to assist the process by putting their own hand in the energy field above the client's hand, but this is by no means essential.

During the process the client should be encouraged to breathe slowly in through the nose and out through the mouth. (The mantra *"Smell the rose and blow out the candle"* often helps to explain this process).

The movement can sometimes happen very quickly, but sometimes it is a slow process. Just stay focussed (both client and therapist) on the area of the blockage and let it happen.

Once the energy has flowed out of the body, the client should be asked to try to find the original physical feeling again, and if some still remains the process can be repeated. Once the physical feeling has gone you will usually find that the original problem has gone too.

The Temporal Tap

The first step in the Temporal Tap Procedure is to identify the problem to be worked on and to set up a positive and a negative statement to encapsulate how you would want to be. These do not have to be true statements, but those you wished were true.

As an example a client who panics when under stress may use the positive statement, *"When under stress I am calm, peaceful and clear thinking"*.

The negatively worded statement should say the same thing, but worded negatively. In our example it could be, *"When under stress I do not panic and my thoughts do not become muddled"*. It is a good idea to write these statements down once you are satisfied with them.

Next you do a Temporal Tap on the left side of the head. This consists of using the fingers of your left hand to tap on the side of your head above the ear starting from the temple and working back over the ear and down behind the ear. The taps should not be so hard as to hurt, but should be firm enough to feel the contact and a slight bounce. While tapping you should state the negatively worded statement in a rhythm with the tapping. This should be done about five times.

Next the same process is repeated with the right hand on the right side of the head, but this time using the positively worded statement. In difficult or stubborn cases the procedure needs to be done several times each day.

Some recent research has suggested that it does not matter which side of the head is tapped. Consequently, some therapists are now only using the positive statement on whichever side suits them, but many still insist of using the older method.

The Temporal Tap is a powerful procedure combining a number of elements of neurological programming and autosuggestion as well as affecting a number of meridians which cross this area of the head, and it is often very effective on altering patterns of behaviour which have proved difficult to alter using willpower alone.

Eye Circle Technique

This is a deceptively simple technique which is very powerful. Its main drawback is that two people are needed to use it.

The therapist stands in front of the client and moves her hand in a wide slow circle in front of the client. The client is asked to follow the hand with her eyes without moving her head, while at the same time breathing in through the nose and out through the mouth, while concentrating on the problem.

The therapist continues to circle her hand and once she can see that the client is breathing correctly and following the hand easily without any head movement, she asks the client to say when, in the circling, the problem seems worse.

The process is then repeated, but the client is asked to say when, in the circling, the problem seems best. Usually the worst position is with the hand low in the circle and the best is with it high, but this will not always be the case.

The client is then asked to follow the therapists hand with her eyes, and the therapist flicks her hand across the circle form the worst position to the best position. Then the therapist tells the client to close her eyes and once the eyes are closed the therapist drops her hand. It is important that the client's eyes are closed when the therapist drops her hand as otherwise the clients eyes will follow it as it falls spoiling the effectiveness of the procedure.

The process should be repeated until the patient cannot distinguish between the best and worse position or until the SUDS reading has fallen sufficiently to indicate the process has been successful.

Donna Eden, in her book, 'Energy Medicine' describes a similar procedure but employing a figure '8' rather than a circle, and says she has heard of these methods being passed down in various cultures for thousands of years.

Conclusion

We do not suggest that any of these techniques are suitable for dealing with deep or complex problems. However, they are quick to try and often produce good results so it is worth trying them, and they should certainly be available in every Energy Therapist's tool box. It the next chapter we will introduce even shorter techniques which can be used as short cuts in many situations.

13. Short Cuts for Even Faster Results

Introduction

Energy Therapies are usually very short techniques which often lead to very quick results, but there is still a natural drive to make them shorter, more effective and faster. A number of shortened techniques have developed from the basic methods. Some have been developed independently by a number of therapists, and others have been copied (sometimes with modification) from one therapist to another. It is no longer possible to safely attribute a specific short cut to a particular therapist, so they are presented here with no claim that they were originated by the authors and with thanks and acknowledgment to the originators whoever they may be.

The 9 Gamut

The 9 Gamut is often the cause of debate. With the rolling of the eyes, humming of 'Happy Birthday' and counting sequence, it is considered by some to be outlandish. Some users, both therapists and clients, see it as unusual and the subject of possible ridicule. Its acceptance by the client is largely a function of its presentation by the therapist and to some extent the culture of the client.

The current practice is to omit the 9 Gamut entirely. In most cases its omission does not spoil the overall results, but it remains helpful in other cases. This has been changed a number of times over the years and we do not doubt it will be back in vogue at some time in the future. It does no harm to include it and we suggest that it is held in reserve and used if progress is hard without it.

In the basic formula the ring finger is not tapped. The reasoning behind this has been discussed in Chapter 4. The Ring Fingernail point is Point 1 on the Triple Heater Meridian and it is not used in the basic formula as the Gamut point is Point 3 on the same meridian. Therapists considering not using the 9-Gamut should consider introducing a new point on the Gamut point itself or on the ring finger nail bed edge under the finger. It should be noted that the meridian point on the ring finger is on the opposite edge of the nail bed to the points used on the other fingers.

Hand Points

It has also become the practice of many therapists not to use any points on the hand, and in some quarters it has become almost routine to omit the hand points altogether. The argument against such an omission is that it leaves a large number of meridians without treatment. However, the therapist does not have to make any decision about this prior to treatment as it is convenient to teach (and demonstrate) the treatment in two stages. The first being the tapping on the face and body which is followed by an estimate of SUDS. If the SUDS fall satisfactorily there is not a need to move on to the hand points, but they remain available should the therapist need them to move a client's energy in a difficult case.

The New Points

Three new tapping points have been more recently introduced:

a) Crown of the Head (Governing Vessel 21)
b) Inside of the wrists (Pericardium 7 / Triple Heater 4)
c) Tops of the ankles inside and out (which involves a number of Acupuncture points)
(Note the last point is not recommended for pregnant clients)

Some therapists suggested that these three points are all that is necessary, and deleted all the other tapping points. However this method has fallen out of use and these points are now little used, except as an alternative to the usual points when the process is sticking.

Tapping

A number of variations of 'tapping' have appeared. The basic formula specifies tapping, but pressing as an alternative has always been used. However, you may see therapists rubbing the spots, or simply touching them lightly. Conversely, the Collarbone Point is sometimes thumped with the fist rather than tapped.

Most of the points are bi-lateral and the basic formula allows tapping on either side. However, the use of bi-lateral tapping is now common. With bi-lateral tapping the tapping of the 'Under Arm Point' becomes a hug! Bilateral tapping of the 'Karate Chop Point' and the new 'Inside of Wrist Point' can be produced by tapping the points on either hand together.

Set-up & Reminder Phrases

The set up and reminder phrases have always been a matter which set EFT apart from other therapies. The second part of the Set-up phrase is a clear affirmation, but the first part is often very negative. The reminder phrase was seen by many as repeating a negative. Both of these sit uneasily with therapists trained in other therapies.

Gary Craig's method has become very intuitive and this has led to considerable changes in these two aspects. He often now does not use a set-up (unless he 'feels' that the client is reversed) and his use of the reminder phrase has changed considerably. On occasion he uses 'reminder phrases' which are not in the words of the client and are often quite challenging to the client and which he changes during a single round of tapping. He uses the phrases which seem intuitively correct for him and produces exceptionally good results with them. His changing technique is best studied by analysing his session on the 'Steps to becoming The Ultimate Therapist' video tapes and CDs.

The beginning therapist should stick closely to the set up and reminder phrases as set out in Chapter 6, but as the therapist gains confidence there is no objection to going where their intuition leads them.

Short Procedures

When a client is given the full EFT protocol a particular point is sometimes seen as ideal for that client at that particular moment. A therapist can often see the instant change when that particular point is tapped. This single point can then be used alone in further work on the same problem, but even with the same client a different problem can often need a different point. It is possible to use some method such as Muscle Testing or a pendulum to work out specific protocols for specific occasions, but this often takes longer than the complete Energy Therapy Protocol. Nevertheless a number of short protocols have been developed by various therapists and have become widely used because they have been seen to be widely applicable. A selection of the most useful ones is given here. These should be tapped in the order stated.

Sedating Algorithm

Between the Breasts, Collarbone, Under the Breast, Karate Chop Gamut, Between the Breasts (again)

Stimulating Algorithm

Under Eye, Eyebrow, Under Arm, Third Eye, Crown of the Head

Quick Anxiety Stopper

Under the Eye, Collar Bone, Under the Arm

This algorithm has been used effectively to reduce cravings when dealing with addictions. It is also used as a quick anxiety stopper. This is known as the 'Emergency Stop' as it is often used to quickly prevent some unwanted action (such as a panic attack) building up.

Jet Lag Stopper

Westbound – Eyebrow & Collarbone (each hour during flight)
Eastbound – Under Arm & Collarbone (each hour during flight)

Anger

Eyebrow, Little Finger Nail, Collarbone

Jealousy and Envy

Middle Finger Nail, Under Arm, Collarbone

Sleep Disorders

Eyebrow, Under Arm, Collarbone, Gamut x 50

Single Points

A number of single tapping points have been shown to be successful in many instances, and these are often very useful in emergency situations or where the client would be unable to complete a longer sequence. Well established points are:

Pain – Gamut Spot and/or Collarbone

Depression – Gamut Spot

Guilt – Index Finger

Anger – Little Finger

Sadness – Under Eye

Nausea – Under Eye

Conclusion

Therapists and users are invited to take what they will from this Chapter. Energy Therapy at the start of the Second Millennium is a young and growing therapy and, as yet, we know not where it will lead. If the reader only takes one thing from this chapter let it be that Energy Therapy is a forgiving and user-friendly therapy which can be varied without its losing its impact, and which will do no harm if varied.

Use Energy Therapy exactly as the basic formula says or vary it as you will and as your intuition leads you, but use it on anything and everything and persist.

PART 2

14. Approaches

Introduction

In Chapter 4 the basic EFT Formula has been set out, and this will stand up well for all general problems. The key to the whole process is the 'Set Up Statement' and, as long as an accurate statement can be found which adequately covers the problem, the formula will work well and does not need adjustment. As mentioned above the reason for the 'Set Up Statement' is simply to focus the patient's attention on the problem to be treated. This chapter deals with cases where the statement is not necessary to focus attention, or where it is undesirable to focus attention directly on the problem. There are a number of approaches that are useful in these circumstances and each is dealt with below in turn.

Basically, these approaches were developed by Gary Craig as he developed EFT and given by him freely to therapists who wish to benefit by them. However, Gary is a master of intuitive therapy and has never needed to codify the approaches as individual sub-sets of EFT. He simply does as his intuition suggests. Most EFT therapists eventually move to this intuitive approach, but until their intuition is developed (and they learn to trust it) some guidance is required. The approaches introduced in this chapter result from the work of a number of therapist, but are all

developed from the work of Gary Graig. Nonetheless we must thank these therapists for translating Gary's intuitive therapy sessions into a series of approaches which can be taught as individual models and used as such until the therapist gains the confidence to merge them all into one resource from which the approach required for any particular case can be drawn.

Direct Approach

When the patient presents critically aware of the problem, with it firmly placed in the front of their mind, there is no need to even make up a 'Set Up Statement'. An obvious example of this would be a case with a splitting headache. If the headache is so great and so overpowering that it blanks out all other thoughts, no Set Up is needed and the therapist can get straight on with the tapping. This does not mean that the rubbing of the sore spot is not needed (the patient may well be reversed) but that it can be rubbed without voicing a set up statement. Similarly reminder phrases will not be necessary.

This approach may be used in many cases of pain, but the therapist must be sure that a particular pain is identified by the client, rather than just a general idea that pain is making life unpleasant, and the therapists must always be on their guard for cases where physical pain may have an emotional root.

The direct approach can also be used if the patient can be confronted with the source of the problem in the consulting room. The source of the phobia (for instance knives) or the item on which cravings are based (such as cigarettes) can be presented to the client during the therapy. When the client has a deep phobia this should not be attempted as, although some emotional charge about the issue is necessary, it should not be the therapist's aim to cause emotional distress. In cases of phobia it may be possible to produce a significant emotional charge without too much pain by exposing the patient to the cause of the

phobic reaction in some reduced form. This could be a photograph of the object, or the object separated from the patient by distance or some suitable barrier. This can be a very effective approach because as the SUDS level is reduced by the tapping the separation from the object can be progressively reduced to increase the SUDS again for further treatment, until eventually the patient becomes fully exposed to the problem object without distress.

Story Approach (or Relate the Film)

The Story Approach is in many ways similar to the approach of partial exposure described above. It is used in cases where some past event is driving the problem. The client is encouraged to recount the story (or replay the film) of the incident concentrating on each part as it is told. The therapist should be alert for signs of stress and the build up of emotional charge as the story is told, and at the first sign of distress the patient should be asked to estimate a SUDS value with respect to the particular part of the incident which caused the emotional build up. The story telling is then stopped and the emotion tapped away, before continuing the story. Each time the emotional charge builds up the emotion is tapped away until the whole story can be told without undue emotion.

When this approach is used and the patient becomes able to complete the whole story without distress, it is worth returning to the start of the story and re-telling it, concentrating on the parts which could be expected to cause distress and discussing them in great and vivid detail tapping away any residual emotion found.

Stepping Stone Approach

In some special cases the client's problem may have been about for so long that it has become an integral part of their life and of the lives of those about them. If it were to be removed it would cause considerable disruption and, possible, further negative emotions, which would be just as negative as those that had been removed. The very threat that the problem may be removed may cause great fear in the mind of the client, and the extremely swift removal of the problem that is offered by EFT can become a threat rather than a blessing.

In these cases we use the stepping stone approach. Rather than remove the problem an agreement is made with the client that some small (almost irrelevant) part of it be removed. A chronic agoraphobic may use the Set Up Phrase:

"Even though I cannot sit in the garden, I fully accept myself"

Together with the reminder phrase "*Sit in the garden*". The main problem of being outside and away from the safety of the home is ignored and the first stepping stone has been reached if the client becomes able to sit in the garden. Once the client is ready a further small step can be taken to the next stepping stone. Eventually the steps will become larger and soon the whole problem will be eliminated.

When using this approach the therapist should be alert for other aspects that will appear at each step. All the aspects involved with the current stepping stone should be

investigated and cleared, before the next step is taken. Somewhere along the way the real basis of the problem may appear, which may be quite divorced from the nature of the problem originally presented and which can be dealt with using any approach which seems relevant.

Non-Directive Approach

An approach applicable to those who feel that they have no particular problems is to tap for a 'general problem' using the Set Up Phrase:

"Even though, I fully and completely accept myself"

Then completing the tapping without a reminder phrase. This can be a most informative exercise as the subconscious will soon and with great eagerness provide a problem to be tapped on, which the tapper had never even considered. We all have a host of minor emotions and self-limiting beliefs, which in themselves are not too bothersome, but which, nevertheless, we would be better off without.

At the other end of the scale of emotional stress this approach is also useful. When faced with overwhelming problems pressing in from all sides, it may be quite impossible for the therapist to isolate a particular key problem for the initial round of treatment. In these cases this non-directive approach is also useful. Do a round of tapping without a specific target emotion and allow the client's subconscious mind to identify the key problem. After such a round or two the various parts of the client's problem may be easier to separate into discrete aspects, or some fundamental causal problem may surface.

Picture Release

In some cases a picture may stand to represent the problem. A problem may be poorly understood by the patient, but be known to well up when keyed by a particular picture or situation. In these cases the picture (or recall of the situation) can be used, in much the same way as the object in the Direct Approach discussed above. This enables the patient to focus on a poorly understood problem aspect. When using this approach the therapist will often find that the client becomes able to formulate and express the problem at some stage in the process and the approach can be changed to the basic formula as it is then possible to formulate an accurate and relevant Set Up Statement.

Keyword Approach

Some clients may bring to the therapist a problem that (to them) is so devastating that they cannot bring themselves to talk about it. In these cases it would be very difficult to build up an adequate and effective Set Up Statement. Even if one could be found it is more than likely that the client would avoid facing the issue even when wording the statement. It is in cases such as this that the Keyword Approach is used. The client is asked to give a keyword to represent the problem in its entirety. The keyword could be anything that suits the client. It need not be in anyway representational of the problem – all that is necessary is that the client agrees that the word, which could be quite neutral out of this context, represents the problem in its entirety. The problem need never be mentioned again and the Set Up Phrase is made up around the keyword not the problem. For instance, if the client was suffering trauma following a brutal rape 'daffodil' (which has no connection or relevance to the assault) could be chosen as the keyword and the Set Up Phrase would be of the form:

> *"Even though I have this daffodil problem, I fully and completely accept myself"*

and the reminder phrase could be:

> *"This daffodil problem"*

Other than switching the problem for the keyword, the formula would be identical to any other EFT session and the SUDS level would be reduced by tapping and with it

the problem, which need never be mentioned again by name. Should any other aspects of the problem appear during the session it would simply be given a different keyword and treated in the same way.

This approach is also useful where the client is genuinely unable to identify the problem but simply reports a feeling of sadness, anger, fearfulness or whatever. The (unknown) problem is given an identity in the form of an unrelated keyword and dealt with in the normal way of tapping.

Private Approach

In some cases the patient may be unable or unwilling to mention the problem. In these cases the sequence can be carried out without naming the problem. The therapist assumes that the client knows what the problem is and that it is preying on their mind at the time of the session, so uses a Set Up Statement in the form:

> "*Even though I have this terrible problem, I completely accept myself*"

With the corresponding reminder phrase *"This terrible problem"*. The whole session including SUDS level estimation and reduction can be carried out without the therapist ever being aware of the nature of the problem. However, in many cases the client will, by the end of the session, discover that the problem has assumed such tiny and irrelevant proportions that it is easy to talk about. On the other hand, if the client wishes to maintain their silence on the matter that wish must be respected, and the therapist may never know.

Memory Retrieval

EFT can be used very effectively to recover lost memories..

Memories can be lost for a number of reasons ranging from simple forgetfulness to repression of 'undesirable memories'. Tapping can be usefully used in either of these cases. Even when it is used to recover a previously suppressed memory there is no danger as the therapy is immediately available to reduce any emotional charge raised by the recovery of the memory.

The client uses a 'Set Up Statement' such as:

> *"Even though I cannot remember this…… , I completely accept myself"*

Together with the reminder phrase "This lost memory". The result is usually memory flashes, if not total recall. When memory flashes occur, even if they are apparently unrelated to the lost memory, these are used in subsequent set up statements as links until the whole memory is recovered. The therapist should monitor the client for increasing emotional tension during this approach in order to identify any emotional charge generated by a recovered memory. Any increase should be dealt with by tapping to reduce the SUDS level in the usual way. This should be done immediately any emotional charge builds up, even if the full memory has not been recovered. Once the charge has been reduced the remaining memory can be recovered by tapping as before.

Clients without Emotion

Some clients have so protected themselves from their traumatic past that they show no emotional charge when discussing incidents from their lives. They can report traumatic events, but without emotion. Whatever they present, the SUDS level will be close to zero.

Gary Craig has recently produced an EFT procedure that has proved to be useful when faced with these 'difficult' clients. Gary points out that EFT does not require an emotional charge. It still does its job when the intensity is zero, but it does need a tuned-in awareness of the incident. The client should be asked what memory they would rather not have. That memory is then isolated and tapped out. The tapping should be intense and full (no short cuts) and it should extend all over the memory. The client may well signal that enough has been done simply by changing the subject. It is not the intent here to actually remove the memory, but to change the client's attitude to it so that it becomes a memory that is no longer troublesome to them.

At the subsequent sessions again ask for the memory they would most like to be without. They can be expected to present a different one. What happened to the original one? The therapy removed problems with it in spite of there being no emotional charge!

Further therapy can continue with different memories until the client begins to show a more normal emotional response to the past. Then the SUDS scale and more conventional EFT can be introduced.

Proxy & Surrogate Tapping

In some cases it may be impossible or undesirable to tap on the subject. This may occur when the therapist cannot approach the client or when the client cannot be tapped due to some problem. If the therapist is unable to approach the client but wishes to carry on with the therapy the question of permission must arise, and this is left to the therapist's own moral judgement. There are clear cases where there could be no moral objection to tapping without permission. Such a case would be tapping for a baby in an incubator when the parents have given permission for the treatment. Equally there are cases where it would be morally very difficult to employ proxy tapping. For instance a dying adult patient who has specifically refused permission for treatment. Between these two extremes there are many shades of grey and it is left up to the therapist to judge each case as they are faced with it.

Proxy tapping is identical to the normal tapping procedure except that the therapist taps on themselves – with the intent of tapping for the patient. All the usual steps and approaches can be used, but some will need to be modified due to a lack of direct feedback from the client.

A close relative of proxy tapping is surrogate tapping. In this approach the therapist taps on another person who is neither therapist nor patient. Again with the intent of tapping to help the patient. This method is often used to help a baby. The therapist taps on the parent with the intent of helping the baby, while the baby is held by the surrogate.

There are two methods of applying proxy and surrogate tapping. Both are equally viable, but take different paths to apply the intent of tapping for the client. In the first the therapist assumes that they are the client and taps assuming they are, using appropriate Set Up Statements and Reminder Phrases - these being expressed grammatically just as the patient would express them if it were possible. The second method involves the therapist maintaining their identity as the therapist but modifying the Set Up Statement and Reminder Phrase to reflect the need of the client. A suitable Set Up Statement could be:

> *"Even though little Johnny is having difficulty breathing, I accept and love him"*

With the Reminder Phrase *"Little Johnny's difficulty in breathing."*

The method used can be selected by the therapist, but in some cases will be dictated by the circumstances.

Conclusion

There are many approaches and they can be mixed and matched to suit the case in hand. Use them, experiment with them and make up your own, but do not treat them as 'writ in stone'. They are guides in your path to discovering your own ways and to finding the ideal approach for the client you now face.

15. Addictions & Addictive Cravings

Introduction

Energy Therapy is well suited to the removal of addictions, but this class of treatment often differs from more general therapy and so is given its own chapter here. Using EFT the addiction can be simply removed by tapping, as with any other 'problem' and this approach is sometimes successful in removing the addiction. However, addictions are often simply the outward sign of another problem and if this problem is not solved it may manifest itself in some other way.

Addictions have two sides – the chemical addiction of the body to the substance and the psychological addiction to the substance. The chemical addiction is the body's learnt need of substance, while the psychological addiction may be simply that the client has become habituated to doing something (e.g. smoking while drinking a coffee during a work break), or it could be that the client is using the addiction as a prop to cover some deeper problem. In some cases only one type of addiction may be present, but it is always right to be aware of the possibility of both being present. In this chapter both aspects of addiction are addressed.

Underlying Factors

The first step in dealing with an addictive craving is to seek out and clear any underlying factors. As therapy for addictive problems is often a long and slow process, which cannot begin in earnest until the client is ready and any obstacles have been removed. It can therefore be a good ploy to demonstrate the effectiveness of Energy Therapy on some other problem first. If clients can receive a practical demonstration of the therapy on some other problem at an early stage they will be more inclined to work hard on the addiction with the belief that it will have results.

There are many types of underlying problem encountered in addictive work. Often there is a fear that the addiction cannot ever be overcome (or that the client will not be able to overcome it), or that the client will not be able to survive at some level without the addiction. If these problems appear during the initial session, they can be dealt with using the standard EFT routines. Remember, however, that an addictive client is likely to be reversed against the cure of the addiction and all treatment will need careful (and repeated) Set Ups.

In other cases there will be a deep underlying trauma or deep anxiety, which the addiction masks. Dr Callahan, with regard to addiction, stated, "The true cause of all addictions is anxiety … an uneasy feeling that is temporarily masked, or tranquillised, by some substance or behaviour." This anxiety must be cleared before the addiction can be dealt with. If it is not cleared the anxiety will remain and will

either become a problem in itself or a new addiction will appear to mask it.

When there is a deeper underlying anxiety, this is dealt with first by having the client tap regularly for a week or more simply accepting the addiction. Suitable Set Up Statements may be:

> *"Even though I do not want to give up this … (addiction) …, I fully accept myself"*
>
> *"Even though I always over eat, I fully and completely accept myself"*
>
> *"Even though I must have that cigarette, I fully and completely accept myself"*

The intent of this therapy is not to cure the addiction (nor to relieve the anxiety) but simply to loosen up and bring out the deeper fears. These fears and anxieties can then be dealt with in subsequent sessions as would any other problems.

Addictive clients tend to be reversed, at least with respect to the addictive problem and this may make it difficult to persevere with the treatment when they leave the therapist. Every effort must be made to provide triggers to initiate the regular tapping routines. Any regular routine occurrence can be effective as a trigger – a watch set to alarm every hour, morning and evening before cleaning the teeth, at every visit to the bathroom. Additional tapping

should take place when faced with the addiction. For instance:

- When the client thinks of the addictive substance.
- Whenever the client sees someone else using it.
- As the client feels the need for the substance.
- As the client uses the substance.
- After the client has used the substance.

A careful note should be made by the client of any aspects, anxieties or events which surface during these tappings. The record should be kept as a log in writing so client and therapist can go over it at later sessions and deal with each point as an 'aspect' of the problem.

During this period no attempt has been made to remove the addiction and no such attempt should be made until all aspects have been cleared and the client is ready to move on. If during this period the client ceases to be addicted, so be it and the job is done. Once all the underlying aspects have been cleared the body may still be chemically addicted or just accustomed to the addictive substance and that can now be dealt with safely and speedily using any preferred Energy Therapy without the chemical addiction causing a return to usage.

Chemical Addiction

Many substances are chemically addictive – alcohol, tobacco and drugs (both medical and recreational) are the most commonly thought of ones. There are also many others not usually thought of as 'addictive' - such as sugar, chocolate and TV. Treated as simple addictions and, provided the root cause of the addiction has been cleared, these can be easily cleared using Energy Therapies.

If the addictive substance is available it can be used to focus the client's mind during the set up and, if EFT is the preferred therapy, most addiction can be cleared quickly with a few rounds of tapping. Where the addiction is chemical the body has become habituated on having a certain level of the substance and when this is not present withdrawal takes place. Withdrawal can be easily removed by reverting to the taking of the substance and at this stage further tapping will be necessary, to avoid a relapse. It is unlikely that the therapist will be available to supervise the tapping so the client must have been well trained to do it themselves. In this situation the client will almost always be in a mini-reversal (see Chapter 8) and it is important to deal with this every time the craving returns. The reversal will also encourage the client to 'forget' to do the tapping and it is advisable to organise some other trigger for starting the routine. As in the first stage outlined above, clients should be encouraged to set their watch to alarm every hour to trigger the round of tapping, to tap each time they visit the bathroom or to trigger the tapping with some other routine task.

Reduced Addiction Tapping Routine

In view of the patient's tendency to 'forget' to tap, the routine should be as simple as possible and a reduced procedure should be adequate. Reversal can be expected to be present, so the set up should always be used. Any set up or any reversal routine could be used, but the banging together of the 'two karate chop' points is recommended as a fast, simple and effective method.

During the session of therapy that teaches the client to do the anti-addiction routine it is possible that one particular point works best to reduce the craving. If this is the case, whatever point appears most useful could be the only one necessary in subsequent rounds. An alternative would be to muscle test to see if any particular spot is a 'good' one to ease the client's cravings. If no particular spot is identified the shortened standard addiction protocol should be used. This comprises of only three of the fourteen standard points – under the eye, collarbone and under the arm.

Chemical addiction should be cleared from the body in about one week, provided no substitute material (or cheating!) is used. If this does not occur the most likely explanation is that some deeper underlying factor has not been cleared.

Habitual Behaviour

This differs from chemical addiction in that the body has no particular need for the substance involved but the addiction continues just because it is what has always been done. This can be just as much an addiction as a chemical one, but once it has been eased by tapping it does not usually return, but if the triggers are so strong that it does it can be effectively treated in the same way as the chemical addiction.

Conclusion

Energy Therapies can alleviate addiction and addictive cravings, but do not expect the fast clearance of the problem that is seen in other cases. In most cases of addiction a considerable amount of therapy is needed to deal with the underlying problems before the addictive craving can be cleared. In clearing addiction perseverance is the name of the game.

16. Treatment of Allergies

Introduction

Allergic reactions to all sorts of material in our environment are becoming an ever more serious problem. Therapists are increasingly faced with clients suffering from allergies, both identified and unidentified, and a number of other 'problems' presented by our clients may also have an allergy root. Energy Therapies can often provide a gentle and effective method of treating such conditions. This Chapter outlines methods of treatment of such problems.

However, an initial warning must be given. Some allergic reactions can be sudden and life threatening. In all cases of anaphylactic shock conventional medical help should be summoned immediately. By all means use the therapies suggested here to treat sufferers while awaiting medical help, but do not delay calling for such help. Further, it must be remembered that the treatment outlines may not always prove successful or may not be immediately fully effective. In view of this great care must be taken in exposing clients to material to which they were allergic prior to treatment, and if the original allergies were extreme any subsequent exposure should be under conventional medical supervision.

Levels of Allergy

An allergy is simply an inappropriate or exaggerated reaction of the body's immune system to some substance. Some common illnesses seem to be largely allergic responses. These include asthma and some forms of rhinitus (such as hay fever). The majority of people do not have any reaction to the materials which cause allergic reaction in a few individuals. Exposure can include contact with the allergen by ingestion, inhalation or simply skin contact.

Allergies are classed in four groups dependent on the mechanism involved in the reaction. The most obvious is Type I, known as anaphylactic or immediate hypersensitivity. These allergies provoke an immediate bodily reaction producing IgE antibodies. These are the most dangerous as the reaction can be strong and even life threatening, however these allergies are usually the easiest to identify due to the immediate reaction.

Types II to IV are less immediate and often more difficult to identify with the causation. They differ as to the mechanism involved, but these differences need not concern us here. They usually produce a reaction which is not so immediately life threatening, and the problems they cause are often not attributed to an allergic reaction as the cause and effect are not so immediately linked.

Identifying Allergic Reactions

In the case of Type I allergies the causative substance is usually easily identified as the reaction is immediate. However, the causation of other types of allergy is not so obvious.

In some cases the causative substance can be identified by removing individual suspect substances from contact with the sufferer one at a time. This is often successful in the case of food allergies, where the sufferer often associates particular food items with a presenting problem. It must be remembered that some foodstuffs, such as milk products and wheat, can be found in many different foods.

Conventional medical tests are available which will identify allergens by laboratory tests that seek to identify antibodies in a small sample of blood. Here it must be mentioned that the body will not show antibodies to materials that have never been encountered and the absence of a specific antibody does not guarantee that a client will not suffer a reaction if exposed to a particular substance at a later date.

There are also a number of other tests and machines available which use various means to identify allergens. The one most immediately available to Energy Therapists is the muscle test (see Chapter 7). Muscles will test weak in the presence of an allergen and strong when it is removed. In many cases a weak response will be obtained by having the subject simply think of the allergen. When carrying out this test great care should be taken that the client does not

suffer anaphylactic shock due to exposure or even the thought of the material involved.

Energy Therapies are often effective even if the identity of the substance cannot be found, but a higher success rate will be obtained if the particular allergens can be identified.

Treatment with EFT

Often allergies, especially if they have been identified, can be simply treated using EFT. Simple Set Up Statements such as "Even though I am allergic to ……" are often effective. As always the statement must be in the words of the client and the phrase 'I am allergic' may have to be changed to suit the individual. Perhaps 'I have a problem with' or 'I react badly to' may be more appropriate.

The therapy need not be any different to the basic formula, except that the search for aspects is replaced with a search for the specific allergens involved. If the allergen has not been identified, a Set Up not being specific (such as 'this problem with some foods') may be adequate. There will be no SUDS scale reading but the level of problem and the success in treating it can be judged by exposure to the allergen – again taking care not to cause anaphylactic shock.

Treatment with Tapas Acupressure Technique

The Tapas Acupressure Technique (known as TAT), was explained in Chapter 10 and was initially a process aimed at relieving allergic reactions. Since its inception it has moved on and is now an Energy Therapy in its own right capable of producing excellent results on a wide range of problems.

TAT remains ideally suited to the treatment of allergies and this section is restricted to explaining its use in this area. Basically, therapy using TAT consists of taking up and holding the TAT pose while focussing the mind on a number of questions regarding the problem – in this case the allergic reaction. When working with allergies a reduced number of steps may be all that is required:

- Concentrate on the substance causing the allergy
- Concentrate on having a good relationship with the substance
- Concentrate on the origins of the allergy (even if the client cannot remember them).
- Concentrate on the locations of the allergic reaction (both in the body and in the world at large).

Each step is complete when a change or shift has taken place. This can be judged by a muscle test or by observing the client. Often the client will naturally break pose when

the time is right. If no change is noted the pose should be ended after about 4 minutes (max), but each stage usually takes a much shorter time. After each step when the client has broken pose they should be asked to relate what happened and to discuss any feeling or changes. Then the pose should be re-taken to concentrate on the next step.

If the therapist is not being guided by muscle testing, a client should not be in the pose for more than a total time of 20 minutes in any day.

At step one, the client can be asked to think about the substance causing the allergy, or can actually be presented with it (at a safe distance), but safety must be paramount in all therapy and care must be taken when working with clients with very severe allergies. Therapists must remember that even thinking of an allergen can cause anaphylactic shock in very sensitive clients and such clients should not be treated in this way unless adequate medical help is readily at hand.

In some cases, in step one, when the client puts their attention on the problem this may produce a sudden, but temporary aggravation of the symptoms. This is not a problem as the aggravation will quickly recede and it can be considered as a good thing as it shows that the process is moving against the allergy. However, the therapist should be aware of this as a possibility and if it occurs should be ready to deal with it. The best action to take is to encourage the client to maintain the pose until the aggravation passes. When the allergy may cause anaphylactic shock medical supervision is recommended at this stage.

The TAT process works equally well when the client is not initially aware of the allergy. In this case the first step uses the thought:

"My first allergic reaction from conception until now."

and the second step may use:

"I survived, it is over now and I am OK."

When using TAT to treat an initially unremembered allergic reaction it is usual for thoughts which identify that reaction to appear while holding the pose. For instance an allergic reaction to custard may bring out memories of the client, as a child, being forced to eat custard while in bed sick from some childhood disease and vomiting soon after.

Conclusion

Allergic reaction to various substances can be successfully treated using Energy Therapies, and often the process is very straightforward and simple. More difficult cases such as those with multiple allergies or deep roots may need the attention of an experienced therapist, but most will come to a successful outcome.

A final word of warning is necessary in this section. Anaphylactic shock can kill. When dealing with clients with severe allergies medical help should be at hand to deal with any unexpected reactions and even when the allergy has apparently been cleared the client should not be exposed to the allergen except under medical supervision, until it has been shown to be safe to do so.

17. Transform Life into Living, with Life Coaching

Introduction

Do You Want to Be Happy ?
….Do You Want to Live the Life of Your Dreams?
……..Do You Want to Move Beyond Just Existing and Start Living?

Yes, it **IS** Possible !

Life Coaching is about getting results and achieving success – in all aspects of life, both personal and professional - from health, family, work/career, finances & money, personal relationships and social life, to spiritual development.

There are no limits!

Life Coaching is increasingly popular because it works. It enables people to reach their true desires and ambitions. Done properly, the structured and supportive coaching process in combination with true commitment, will deliver unlimited results.

This chapter demonstrates the powerful potential of Life Coaching and Energy Therapy when used in combination. It can be a phenomenal formula.

The examples given are real, but only the tip of the iceberg. We offer our ideas and experience to stimulate, encourage and inspire you to discover the exciting possibilities for yourself, your family, friends, colleagues……..and clients.

What Exactly is Life Coaching?

As a relative newcomer in the field of "personal development", Life Coaching is already becoming a self-generating industry, with an expanding variety of names and applications: Executive, Business and Performance Coaching, Personal Coaching, Professional Coaching, Directive Coaching, Non-Directive Coaching, and on, and on.

Do not be confused or misled, the prime focus is the same, and in essence *should* be simple - to achieve results and success, whatever that actually means for the person.

In a nutshell it is to get from where they are now, to where they want to be in life.

Life Coaching, although with roots in sports coaching, is *not* instruction, counselling or mentoring. The fundamental premise of coaching is that a person already has the resources they need to solve their problems and achieve their goals.

Life Coaching puts the responsibility firmly on the individual to achieve results for themselves through, in particular, identifying their goals, options and how to break down the real, or perceived, barriers to their success. Whilst self-coaching is possible, working with a professional coach provides the structure, support and momentum to achieve maximum potential.

Coaching can be applied to individuals, teams, and even entire organisations. When applied holistically and sustainably, it can enable the achievement of goals and improved performance, but much more than this, it has the capacity to change lives, fundamentally, for the better. This is enhanced immeasurably in conjunction with Energy Therapies.

The Benefits of Using Life Coaching and Energy Therapies, Together

There are two immediate, exciting perspectives to consider.

Firstly:

- *Applying a Life Coaching framework when using Energy Therapy*

  Life Coaching frameworks generally include:
  - setting **goals**,
  - assessing the **reality** of achieving them, in context
  - identifying **options** and
  - deciding the way **forward** – which options to pursue, how and when.
  - It is also important to be able to identify and implement contingencies if setbacks arise.

The key to successfully delivering results lies in the Coach asking their client incisive, powerful questions, within each element of the structure (this approach is the reason that self-coaching is not always successful – it is harder to ask yourself incisive, powerful questions. This is why many Coaches have Coaches for themselves !). It is these questions which drive the client to decide what they truly want to achieve.... why.....how they will do it.....and when. Through this technique the client's real intention and commitment will become apparent. It can be the case that the client's original goal is not actually what they really want. It may be something totally different, even unexpected.

The Coaching structure and the particular type of questions used in Coaching can be highly effective in situations where Energy Therapy is being used with a client, to give a new dimension to the situation. This is particularly effective in cases where the client's issue is primarily related to personal improvement or development (rather than healing/trauma) or business performance.

Secondly:

- *Using Energy Therapies within the Life Coaching process itself*

Whilst the Coaching framework may look (and can sometimes be) straightforward, often in practice it is

complex. If it were so easy, the client would have already achieved the results they wanted.

Frequently there are conflicts between the clients own values and beliefs. Also there can be conflicts between theirs, and those of their family, friends, peers, even their culture and the society they live in. Progress can be held back due to self-limiting beliefs which are difficult to acknowledge, sub-conscious, or "too trivial" to address.

Self-limiting beliefs have arisen in many other chapters, so the benefits of using Energy Therapy at a point in the coaching process when these are uncovered, is evident.

In addition, Energy Therapy can be introduced into the coaching process whenever the client identifies an issue or barrier to moving forward. Often this will be a fear – a fear of failure, fear of taking action, fear of having to change. It could also be a fear of upsetting others in the process of change or a fear of then being "different". Energy Therapy has tremendous scope to assist in moving the client forward more quickly and easily, and to release energy which can then be channelled back into the coaching process, enabling the client to have even more energy and motivation to take action.

The opportunities within these two perspectives are illustrated in the examples below. The perspectives can overlap, and where they do so, more holistic and sustainable success can result.

The following sections illustrate first, how results can be achieved in your every day life, then second, how to achieve deeper and more fundamental results.

How to achieve Every Day Results

A good starting point is to ask:

If you could change ONE thing in your daily life…what would it be?

Think of all the everyday things you worry about and put up with. Do you want to worry about them? Do you want to put up with them? Have you had enough?

Popular aims that people have when starting Coaching, or therapy, include:

> To be happier, to be healthier
> To have more time, to be less stressed
> To laugh more, to lighten up, to regain a sense of fun and eliminate worry
> To be more confident, more assertive, to have higher self-esteem
> To be good at public speaking, to overcome shyness
> To be a more successful Manager, Salesperson, Footballer, Parent, Daughter/Son
> To have more money and financial security
> To find a partner, to get married, to have children
> To have an exciting social life, to have more friends….

Be specific.

This is crucial. Vague ideals will not get you anywhere. If you want to "be happier", you must make it tangible. Describe it in detail. How will you know when you are "happier", what will you feel like, what will you be doing, where, and who with? Know the details, inside out, then **write it down** in the shape of a specific **goal**, for example, if "being happier" for you, means having a better job and earning more money :

"I want to have a satisfying new job, earning 50% more than I do now, by …(date)".

As an aside: This chapter does not seek to teach goal-setting, or Life Coaching for that matter – there are many other resources available to do this (see chapter 25). However, if there is a problem being able to identify or establish goals, then this can be an early opportunity to integrate Energy Therapy into a Life Coaching scenario.

Use EFT on the issue, for example (using whatever the exact issue is in your own words):

"Even though I have never achieved any of the goals that I've ever set for myself…..I deeply and completely accept myself"

"Even though I think goal setting is completely stupid and a waste of time….I fully and completely accept myself"

or, try an EFT Choice :

"Even though goal setting feels a formal, cold and mechanical method to me, and I hate the thought of setting a goal for myself……I choose to identify an exciting goal, because it will result in me being a more fulfilled and happier human being"

Where a problem is difficult to formulate into words, TAT (see Chapter 10) is an ideal Energy Therapy to use. It is a very constructive technique to use in a coaching sense because it has elements of positive visualisation and sensing. So for example;

Step 1: put your attention on the problem – the current "unhappy, unfulfilling, poorly paid" job – let feelings and thoughts about the problem areas flow – it may be just a "blackness" or a sense of despair in the pit of your stomach, an ache, an indescribably unhappy feeling, or glimpses of all the little elements that make up the bigger picture – the unspoken horror of being homeless and living on the streets…

Step 2: put your attention on the opposite of the problem – a healthier bank balance, able to fix your car or buy a new one, your first luxury holiday in 10 years, smiles of happiness on your children's faces because…….thoughts and feelings you can't describe – the relief of losing the knot of financial worry, being able to wake and feel financially secure, everyday… (Follow the other steps through).

Having identified the specific goal, then move on to assessing the **reality** of the goal in the context of the situation. Here, it is necessary to probe any progress made so far (or previously) towards the goal, what the barriers to

moving forward are and particularly what the perceived barriers are. Also, what resources are available, what will be needed, where they can be found, and who can help. A significant part of this phase is identifying barriers to progress which are not immediately obvious, or which the client finds difficult to face.

Following through the example above - the new job, earning 50% more may mean the person needs additional training or qualifications (possible barriers – time, expense, risk, e.g. "I'm not clever enough to pass any more exams"). There may be resistance from close family – "We'll see less of you while you study, your new job will mean more responsibility and extra hours at the office, or moving house to another area…."

Coaching would examine the reality of any such issues which are unearthed, exposing those with a shaky foundation, for the client to see, and clarifying those which have firm grounds, so that action can be taken to overcome them.

Particular coaching questions which are likely to illuminate barriers to moving forward, could be:

"What steps have you taken so far towards your goal...and what stopped you from doing more?"

"What obstacles will need to be overcome on the way?"

"What is the effect of achieving your goal on the other people in your life...and how do they feel about it?"

"Which part of the situation have you been ignoring until now?"

The responses to these questions would be taken forward through the coaching process. However, it should be increasingly clear that many of these questions are likely to generate responses which are suitable opportunities for using Energy Therapies.

For example, use EFT on:

"Even though my previous attempts to find a higher paid job failed, and I let my family de-motivate me…..I deeply and completely accept myself"

Or an EFT Choice :

"Even though I think I am too old to take another exam and be promoted….I choose to do my best to maximise my potential and get that better job, so that I can provide more for my family and prove to myself that I have lots of potential in me "

Using Energy Therapy at this stage does not remove the need for the coaching process, but supports and enhances it by removing the client's emotional blocks, limiting beliefs and freeing energy to move forward.

Furthermore, the client can continue to use Energy Therapy beyond the coaching session to remove any further arising issues and, importantly, to reinforce their positive intentions. The EFT Choices technique (see

Chapter 5) is particularly helpful, building in positive choice statements.

The third phase, examining **options**, is a phase where the client often gets stuck, or cannot identify any, many, or suitable options. It is often easy to discard or ignore potential options without any, or proper thought. This stage can be quite stressful, because the client can feel trapped, with none or few options, or just options which they don't feel they can take.

To move forward at this stage, Energy Therapy is ideal.

In response to the answers from coaching questions such as:

"List all the options you can think of. Then think of another 10"

"Which option appeals to you most? Which would give you the best result? Which would feel most satisfying?"

"If you could start again, totally afresh, what would you do?"

Integrate Energy Therapy, particularly to address elements which hold the client back, such as:

"Even though I can't think of any options, and feel that I have no chance of ever reaching my goal…"

"Even though I don't have enough confidence to take the best option...I choose to take it because it will deliver my goal and I will be a more confident and successful person as a result."

Finally, decide the way **forward**. By now, the client should be ready to choose the option which will deliver their goal. Once decided, timescales for action and final barriers and obstacles to progress are identified. A similar approach can be taken as outlined above in the reality phase. However, here there is a further opportunity to use Energy Therapy in a pro-active way, looking forward to the next practical steps. Through the process particular issues will have emerged, for example low confidence at job interviews, poor presentation skills, stuttering at times of stress (e.g. at an interview).

Many of these issues can be successfully treated with Energy Therapies, as they are often caused by emotional blockages, stuck energy, and negative past experiences. The client can work on the upcoming issues, starting well before the interview date is even known, and right up to the time they walk confidently into the interview itself. The same can be used for any day to day stressful events – meetings, presentations, exams. Even very 'simple' problems such as procrastinating – paying bills, writing letters, preparing reports, revising for exams – no need to get right up to the wire any more with deadlines.

Get into the habit of using EFT as soon as you are aware of worrying:

"Even though my boss picks on everything I do and criticises it…I know my work is good and I deeply and completely accept myself."

or an EFT Choice:

"Even though my train is late again and I'll be late for work, again...I choose to relax and use the time for something productive".

Now, are you ready to move on to the life you really want?

How to achieve Your Wildest Dreams and Ambitions

In your heart, what do you really want?

If you could **do** anything…If you could **be** anything…If you could have anything, what would it be?

> Do you want to be able to give up your 'Day Job' and follow your passion to be a professional artist, musician, writer….windsurfer?
>
> Do you desperately want to sail around the World, climb Mount Everest, trek across the Sahara?
>
> Do you crave a long Sabbatical to dedicate to your own Spiritual Development?
>
> Do you really want to emigrate and start a completely new life?

Whatever it is, how much do you want it?

Rank it on a scale of 1 to 10 (with 10 being you would give your eye teeth for it, figuratively speaking).

If it's less than 8, then you probably don't want it enough to take the actions to achieve such fundamental change. Maybe they are just daydreams to avoid boredom. If it's less than 8, what would it take to make it 8, 9 or 10? It may be something not quite so daunting as you think.

What is holding you back? Do you feel you don't deserve it, haven't earned it, should be more responsible, are too old?

Surprisingly, this section looking at fundamental life issues and opportunities is much shorter than the preceding section! Because the hardest part here is deciding what you really do want, then having the nerve and commitment to do it.

There are often two main prompts for considering a major life change – either you have had enough of your current lifestyle and situation, or, an external factor gives you the jolt you need to wake up and do something more meaningful to you. In the latter case, it can be the death of someone close, a serious personal accident or something like the incidents of September 11th, 2001 or a natural disaster. Sometimes there is such a huge wake up call, that it isn't clear what you should do as a priority, there are so many things you suddenly realise you want to do!

Energy Therapies are useful in all these situations. By the nature of the prompting events, there may be a requirement for therapy to heal the damage of the event, but further, they can then be used with coaching techniques to help decide the way forward, in a measured and sustainable way.

However huge the challenge of your ambition appears to be, apply the coaching principles as described earlier, together with whichever Energy Therapy you work best with, and there is really no need to look back. If you do not take action to achieve your dreams, who else will?

Conclusion

Life Coaching and Energy Therapies are not only complementary, but together they have a synergy that can deliver unlimited results and success. We hope this chapter has introduced a new dimension to you and that you are inspired to change your own life for the better, or to help someone else to.

18. From Money Success to a Happy Cat with TAT

Introduction

We all have a difficult relationship with money, and therapists seem to have a more difficult relationship with it than others. The less money we have the more difficult our relationship with it is – but have you ever thought that we have too little money simply because of our poor relationship with it?

As we develop in our lives from baby to child to adolescent to adult, we learn how to react to things. These are mostly learnt reactions – the writing on our walls. It is as if we live in a room called life and when we face a situation we look for the writing on the walls of that room for advice on how to act. Those words have been written on our walls by those who have affected us in life – our parents, our siblings, our teachers - those we have interacted with. We have also added words to our walls ourselves as we faced unknown situations and tried various strategies to overcome them. These words are there in all of us, and for better or worst we use them – they are our store of knowledge about the world and to each of us they are self evident truths be they right or wrong in practice.

Some of these "truths" could be:

"Write with your left hand and you will get slapped"
"All dogs are dangerous"
"Spiders are dangerous"
"Black people are criminals"
"Life is hard"

Some of the above 'truths' may be true, some partly true and some clearly wrong, but faced with an unusual situation we react to them as if they were absolute truths – and as a result often get ourselves into a mess confirming them to be true.

As we have seen in earlier chapters, Energy Therapies can help remove these 'truths' and overwrite them with different ones – hopefully more useful ones:

"I am free to write with either hand, if it suits me"
"Most dogs are nice"
"Spiders are harmless"
"Black people are just like White people inside"
"Life is what you make it"

These new 'truths' are still not absolute (for instance some spiders are dangerous) but they are better than the original set. What others, or we ourselves, write on our walls we can, with effort and understanding, overwrite with 'truths' that are more useful to our situation.

TAT is an Energy Therapy that can usefully alter the writing on our walls to form statements more useful to our current lives and situations.

Problems with our Relationship with Money

Many of the problems we have with money in adult life are simply the result of us accepting the writing on our walls. As we grew we learnt:

"Money is the root of all evil"
"Money begets money"
"Folk like us can never be rich"
"I cannot earn more that my spouse/father/brother"
"I cannot have money and be Spiritual"
"Money does not grow on trees"

In adult life we react to these truths and from becoming 'self evident truths' they become self fulfilling prophecies' and lead us into a difficult relationship with money.

These individual 'truths' can often be treated quite simply. Using EFT (see Chapter 9) we can use the Set Up Statement *"Even though folk like me can never be rich, I completely accept and respect myself and choose to earn what I like with alacrity"* and the Reminder phrase *"Can never be rich"*. In some cases this is all that is needed to bring the VOC scale tumbling down. The VOC scale is, of course, no more than a measure of how strongly a particular truth is written on our walls.

Often we will find that we cannot formulate or verbalise the problem, or that we simply cannot be bothered to persevere with the tapping. The latter is nothing less than 'reversal' and is often present when dealing with these deep rooted 'self evident' truths. What is needed is a formalised system for dealing with the situation. TAT (see Chapter 10) works very well with this problem.

Using TAT to Repair Our Damaged Relationship with Money

Many of us struggle with our relationship with money, based on ideas (words on our walls) that have been about all our lives. We are convinced that it is just the way things are.

The first step is to make a list of the ideas and beliefs you have about money. Then right down the opposite along side the limiting belief. We will all have different limiting beliefs and in many cases the same limiting beliefs will result in different opposites for different people. What you must write down are your own personal beliefs and your opposites not those we have given here as examples. What we have given here are just some ideas to start you off:

"I can never make money"… "I can make money if I want"

"Making money is hard"… "I enjoy making money"

"Money would prevent me being Spiritual"..."I can use my money Spiritually"

"I can't earn more than my spouse/father/brother"…"I can earn as much as I like"

"Money is the root of all evil"…"Money can be used to perform great good"

There must be many more - you choose your own.

Once these are written down you can use the TAT process on each one. As you should not be holding the TAT pose for more than 20 minutes/day it is not possible to cover them all at once so write them in your diary one per day and set a time aside each day for a few minutes TAT on the day's 'truth'. Once you have got to the end of your list start again. Of course other 'truths' will appear – just add them to the list. As the original 'truths' change or clarify alter them in the list.

Every time you reach the end of the list take time out to re-evaluate the situation using a VOC scale or SUDS to assess progress. It may look like a long and boring process (that is reversal creeping in again), but you will be surprised how quickly it all resolves.

In her book, "You Can Heal Now" (see Reference below in Chapter 25), Tapas Fleming gives a simple proforma which can be used to help you organise the task and at the same time plot your progress. It is copied at the end of this chapter for your use. To make money requires work and effort, but it need not be hard work nor unreasonable effort. You cannot expect wealth to come without applying yourself, but you can produce wealth doing work you enjoy which, because you enjoy it seems effortless. Just try it.

More TAT Case Studies

TAT is a widely applicable form of Energy Therapy and to illustrate that we are presenting some more brief case studies which illustrate its extensive range. These studies are copied, with permission, from an article published by an American Hypnotherapist, Lakshmi Collins.

A Homeless Client

> I often talk to a homeless man, *'Jim'*, who has been hanging out for years in the parking lot of a shopping center near my home. Normally, he is a pretty up-beat person but one day he was visibly angry and I asked him what the problem was. He told me that he was mad at his brother. Apparently a few years ago, when *Jim* had an apartment, his brother had been evicted from his place and asked if he could stay with *Jim* for a couple of weeks until he found a place. Seven years later his brother finally moved out. Now *Jim's* brother has a place near the shopping center and that morning, *Jim* had asked him if he could come over and wash a load of laundry and take a shower and his brother had said "No". *Jim* was steaming with indignation and he had a migraine headache.
>
> I asked him if he would like to stop feeling bad and he said, "Yes". I asked him if he wanted to learn a technique for clearing unwanted emotions and he said he would try. I did a TAT session with him in the parking lot and after a half-hour *Jim* was in a different mood. Underneath the anger had been sadness that he and his brother couldn't be friends. Underneath the

sadness there was more anger at something his brother had done to their mother years before. And so on. After a half-hour the anger and the headache were both gone.

I was very happy that I could offer some help to *Jim* without putting him in my car and taking him to my home-office, which I probably wouldn't have wanted to do. TAT gave me another option – on site treatment.

A Trauma Case

A woman came to a spiritual programme with Ammachi (a Guru and Spiritual Guide well known and respected in US) for the first time last year. While driving to San Ramon for the programme her van engine caught on fire but she left it by the side of the road and called a friend to get a ride the rest of the way. The woman, 'Sue', had once been a Therapist working in a rough part of the East Bay. A few years ago she had been brutally raped and beaten, leaving her with severe physical and mental disorders. She has been unable to work and suffered constant pain, anxiety, nightmares, and short-term memory loss, but she had enough of her memory to know what she has lost. The trip to San Ramon took her three hours and she was so upset by the time she arrived that she did not even want to go up and meet Ammachi. She couldn't stop crying and was too embarrassed to ask for help to get in the line.

I was helping people who needed some assistance to get around in the hall and someone alerted me about a woman sitting in the back of the room crying. I spoke with her and she said that she felt unworthy to even be

there. She felt that she must have done something really wrong for God to be punishing her for so long. I took her to a quiet corner of the hall and asked her if she would like to try something to help her to stop crying so that she could decide what to do next. She said she would like to stop crying but she didn't want to go up to Ammachi because she was unworthy.

We did the TAT initial clearing process, *"I don't deserve to live and I can't accept love and healing."* Sue wanted to continue and we worked on the trauma of the rape and beating, *"It was a terrible experience but it's over now and I survived."* At the end of the process, Sue was laughing and joking with me and telling me about a book she had recently enjoyed. She went up to meet Ammachi and ended up coming three more times before Ammachi left.

TAT with an Animal

While staying at the house of a friend, she remarked that one of her two cats was having a very difficult time since they had brought home a dog several months earlier. Even though the dog was very gentle and had never threatened the cat, the cat had refused to go outside anymore and had refused to even to be in the same room as the dog. Worse, the cat had started using the living room rug as his litter box. The owner had tried keeping the cat out of the living room and gradually had ended up practically giving him his own room when their daughter left for college. The cat was confined to this one room (with Litter Box inside) but every time he managed to escape, he ran directly to the

living room and pooped on the rug. He was definitely making a statement. My friend was at the end of her rope and told me that even though they loved the cat, they were going to have to give him away because he just wouldn't adjust to the dog in the house.

Tapas has talked about doing TAT on animals and once I had tried it on my cat but the only result was a severely scratched hand. But I felt bad for this cat, who was very sweet. I brought him into my room so that I could do a session "mentally" while I petted his head. So I went through the steps with him:

1. *"We were happy here and then they brought that big dog into the house and he ruined everything. I am really pissed off."*
2. *"The dog is friendly, and they do love me. I have good food and a warm place to stay. This is a nice life."*
3. *All the origins of this anger…*

Etc.

A couple of months after I got home I asked my friend if the cat had improved his attitude after the TAT treatment. She said that to her amazement, since I had been there the cat had completely stopped going on the living room rug and had become the same old friendly cat he had been before the arrival of the dog. She said that after a month or so, they had found one mess on the rug and thought, *"Oh no, he's going to start again."* But then they found that someone had cleaned the litter box and forgotten to refill the sand. As soon as they put the sand in the cat never made another "statement".

Conclusions

From the case studies above we can see that TAT is both a simple and widely applicable therapy, that can be applied in many situations. One of its beauties is that it is almost 'therapist free' in that the therapist is only present to guide the client and takes no active part in the analysis of the process. The process is truly owned and operated by the client. We can all use it effectively to alter the writing on our walls.

My Current Relationship with Money

Date:_____

	Not Satisfied at All									Completely Satisfied
1. I can make as much money as I want.	1	2	3	4	5	6	7	8	9	10
2. I can spend as much money as I want.	1	2	3	4	5	6	7	8	9	10
3. I enjoy spending money.	1	2	3	4	5	6	7	8	9	10
4. I save as much money as I want.	1	2	3	4	5	6	7	8	9	10
5. I can plan my savings and spending.	1	2	3	4	5	6	7	8	9	10
6. I can receive help with money problems and plans.	1	2	3	4	5	6	7	8	9	10
7. I enjoy making money.	1	2	3	4	5	6	7	8	9	10
8. I enjoy saving money.	1	2	3	4	5	6	7	8	9	10
9. I enjoy sharing money.	1	2	3	4	5	6	7	8	9	10
10. I enjoy serving others with money.	1	2	3	4	5	6	7	8	9	10

I have reviewed my relationship with money on this date: _____. The areas I still need to heal are (numbers from the chart): _____. I will do TAT on those areas before the date of my next review.

The date of my next review of my relationship with money is:_____ (*Mark your calendar.*)

I have reviewed my relationship with money on this date: _____. The areas I still need to heal are (numbers from the chart): _____. I will do TAT on those areas before the date of my next review.

The date of my next review of my relationship with money is:_____ (*Mark your calendar.*)

19. Water Phobia – A Complete Case Study

Introduction

This case was taken during one of the first EFT Practitioners Courses to be presented in the UK in 1999. The initial therapy was undertaken by a trainee practitioner under supervision during a workshop practical session, but later sessions continued after the workshop. This case is recounted in full as it shows how EFT can completely clear a phobia. In addition it also shows how important the selection of the correct 'Set Up Statement' is, and that other factors and memories can arise during therapy and can be treated using EFT as they occur.

The Phobia

The client, a 60-year-old male, Tony, had a water phobia, but had learnt to live with it and it was not adversely affecting his life. Tony was able to visit the swimming baths and could swim – but preferred not to. He tended to swim with his head clear of the water, but could put his face under the water 'if really necessary' and could even dive in. In effect he was using will power, or being brave, to overcome the effects of the phobia.

He went to the swimming baths only on the odd occasion – only once or twice each year, and when visiting the seaside he generally avoided entering the water or if he did he avoided swimming.

He also reported that when taking a shower he tended to hold his breath and had to consciously breathe while he was under the spray.

This phobia was under control and the restrictions it placed on the life of a 60 year-old were not significant. Under normal circumstances he would not have sought therapy, but he volunteered his phobia for an exercise while on the course.

Tony 'knew' the origin of the phobia. He was born and raised on a farm that was situated between a canal and a fast flowing river and 'knew' he had been warned again and again about the danger of water and had been forbidden to swim in the river or the canal. However the subsequent therapy showed that this was far from the case, since, he now remembers that, as a young child he swam regularly in both. The source of the phobia was actually much different.

Treatment

The treatment was given by another course attendee, but was under the overall supervision of the Course Team. Initially, it took the strict form of the method taught on the course – being the basic EFT method including the 9-Gamut procedure.

A SUDS reading was not strictly relevant to this case as Tony was not particularly upset by the idea of water as he knew he could deal with his phobia – if he had to. A nominal reading of 8 was assumed based on how he would feel if there was a suggestion that the class would retire to the hotel swimming pool for a quick dip.

The initial round of tapping with the Set-up and Reminder Phrases was designed about *"This fear of water"*. It lowered the SUDS reading to 6, but further rounds failed to cause any more movement.

At this point one of the course team intervened with the suggestion that the phrases used were insufficiently accurate to isolate and identify the problem. Tony was quite clearly not literally 'afraid of water'. In fact when offered a glass of it he simply reached out for it! Another course attendee, who was acting as an observer, reached for the water and said, *"I will see if he is afraid of it"*. Tony feared it would be thrown on him and reported a SUDS score of 10 (or more!). He need not have made the report as all those present had seen the physical reaction and the body language and knew the score.

The therapy then continued. In this phase tapping was used without a reminder phrase, but Tony's attention was kept on the problem by the use of the water in the glass – splashing it in the glass and wetting Tony's face with it. Tapping continued while the observer dabbed water on his face.

The SUDS score moved about, as Tony's contact with the water was increased, but gradually settled to a 0.

The Course Team suggested that Tony may be prepared to go to the bathroom and get really wet. This produced a slight reaction but some further tapping returned the SUDS to 0 and the session was adjourned to the toilet where a wash basin bowl was filled with water and Tony was allowed to splash it. This produced no return of the phobia and he happily placed his head under the water in the bowl a number of times, and did not object even when the observer held his head under the water.

Returned Memories

That could have been the end of the therapy but Tony disclosed that while his head was under the water he had had the thought that it was like 'apple dunking'. He could not ever remember apple dunking, but was able to describe the game – which involves attempting to catch apples floating in a bucket of water using only one's teeth - to the therapist, who had no idea what the game was.

Helped by one of the Course Team the therapy continued in an effort to recall the incident more fully, but no memories returned. However, some vague memories regarding cattle drowning surfaced which, at the time, seemed unconnected with apple dunking! A round of tapping based on the Set up Phrase "Even though animals have been drowned I fully accept my self" did not produce significant movement, but by then the problem had been largely overcome.

Further Returned Memories

The time allocated for the session had then expired, but Tony was encouraged to continue with the therapy in a self-help fashion.

That evening in the bath in his hotel room Tony was able to fully submerge his head in water without any undue emotion and without "being brave". However, he was still unable to breath easily in the shower.

During that evening, memories of the drowning cattle returned piece by piece until practically the whole story was clear:

> *'Tony, as a child (his age at the time must have been less than 5) had unexpectedly been forbidden to go anywhere near the river, which flowed near to the farm on which he lived. This was unusual as he had not previously faced any such restriction and everyone else seemed to be going to the river with their wetgear on. Not surprisingly, Tony went to the river and hid in a tree to watch the farm hands pulling a number of drowned animals - cows and sheep - out of the river, which was in flood. This scene raised some emotion at the time (and still does now), but the main emotion was when someone in wetgear saw the child and said, "If you go too near the river, that's what will happen to you'.*

As an interesting sideline the words actually spoken would not have been in English as at four years of age Tony spoke only Welsh and few on the farm had any English. Now, after a lifetime living in England, Tony has no Welsh, but

his subconscious appears to have provided an adequate translation.

The identity of the speaker who frightened the child was not clear. The returned memory did not initially include a face. It was not his father, as the memory put him at some distance supervising the operation from horseback. Nor could it have been his mother or nanny as it was a man (and no women were involved in the river incident). His grandfathers were both dead at the time of the incident, and there were no other significant males in his family. Encouraged to do so by one of the course team Tony has subsequently tapped to recall this person's identity and now has a clear face to put to the speaker, but cannot identify the face. This remains a loose end, but it may simply have been a farm hand, who he no longer remembers.

The link with apple dunking also returned. Tony now remembers apple dunking as an older child and thinking, while he had his head under the water trying to grab an apple, *"This is what those poor animals must have felt like"*.

Conclusion

More than a month after the therapy Tony had completely lost his water phobia, and in fact is happy to go swimming as often as three times a week and enjoys it. He can swim with his face under the water – and usually does. The breathing problem whilst in the shower remains, but the holding of ones breath when the face is wet is not unusual in many animals, including man, and is known as the diving response.

On a holiday a number of years after the therapy, Tony was able to swim happily in the sea for the first time in his life experiencing the enjoyment of being thrown up and down by the rollers as they swept ashore, and on another holiday he enjoyed the exhilarating experience of white water rafting in an open dug out canoe in the Malaysian jungle.

This case may not be completely cleared, and may not have needed therapy in the first place, but the results are satisfactory to Tony and have unexpectedly enhanced his life enabling him to enjoy swimming – a thing he had never enjoyed previously, and to try (and to enjoy) more adventurous activities which involve water.

20. EFT Case Studies

Introduction

In Chapter 19 we presented a case study in full detail to demonstrate how EFT is used in practice. In this chapter we are presenting more case studies, but in less detail. Each is intended to demonstrate a useful teaching point or to show how EFT is used across a wide variety of problems. Most of these cases are taken, with permission and some editing, from those already published on Gary Craig's e-group. This group is free to join and provides a wealth of cases for further study. It can be joined by surfing to 'www.emofree.com'.

Eczema

The client, 'Judy', was a middle aged married woman, a dispensing chemist, who had suffered from eczema, since early childhood, which was at the same time disfiguring and painful. She felt compelled to scratch her skin (almost her whole body was affected) though this gave no real relief and resulted in sores and weals on all parts of her body that she could reach to scratch. The itching kept her awake at night, and she lay awake in bed scratching, making matters worse.

She had been on a number of different allopathic drugs for all her life but none had provided relief. The level of eczema varied from time to time over a long timescale, but she could never remember ever being clear of it.

Judy had presented for homoeopathy, as she had read in professional journals of the success homoeopathy sometimes had in treating eczema when conventional therapy had failed.

After taking the case *Natrum muriaticum* at 30C potency was prescribed.

The case went well and, after a week, Judy reported that the itching had stopped and she felt 'great'. Unfortunately, the cure did not hold and after a further week she reported a full return of all the symptoms and a great depression. The depression was probably caused by the return of the symptoms she had thought she had seen the last of, but further dosage with *Natrum muriaticum* failed to help the case further.

The depression deepened and after a day of tears and violent scratching Judy rang for an emergency appointment and was given one that day.

The homeopathic line to take was clear, but need not concern us here. It would not have offered a relief to the scratching in the short term, and it was an immediate relief of the itch/scratch/itch cycle that the client wanted. The solution seemed to be EFT, but had EFT ever cleared eczema? The therapist did not know. Mindful of Gary

Craig's advice to 'Try it on everything', the EFT therapy line was selected.

The obvious 'problem' to address was the itch, rather than the eczema, and with this in mind the therapist discussed the problem aspects with Judy, but it was soon clear that she understood the problem as the 'urge to scratch' rather than the itch itself. Just two different sides of the same coin (or the same cycle in this case), but as ever the Set Up Statement must be in the words of the client (not what the therapist feels it should be) so the Set Up Statement was :-

> *"Even though I have this terrible urge to scratch, I fully and deeply accept myself."*

The initial SUDS reading was 8 and, following the set up a round of tapping was made on the face points only. This produced an immediate drop in SUDS to 4 (and a very surprised client!) A further round of tapping then took place - this time using face, body and hand points and the SUDS fell to 0. The gamut was not used in this case.

The therapist then asked Judy to try a little scratch, but she politely declined. When asked why she said that scratching hurt her and that she did not need to scratch as the itching had gone away. She then burst out laughing, had a short cry, and then left the clinic giggling to herself.

Can EFT 'cure' eczema? We do not know, but it can stop the itching and hence the itch/scratch/itch cycle. With the itch removed eczema is of little import, and with the

scratching removed the skin will not become infected allowing the sores and weals to heal naturally.

A telephone contact after a month confirmed that the tapping had held and that there was no eczema and no itching, and a further contact after two months confirmed the client had remained healthy with no re-occurrence of the problems. After two years the client is still free of any skin problem.

Obsessional Behaviour (OCD)

'Mike' suffered from OCD (Obsessional Compulsive Disorder) and anorexia which he saw as two inseparable sides of the same coin.

In the first few moments of the session he was introduced to EFT. It is often useful to grasp early opportunities to use EFT. Frequently, when people arrive and become emotional telling their story, it is an ideal time to do the tapping. At the end of the session, it is always worth clarifying the EFT points, and explaining the process in more detail as the idea often does not take hold at the start of the session when the client is emotional.

The therapist recommended that Mike did one or two rounds of EFT to reduce any anxiety as it surfaced. As with addictions, both the anorexia and the OCD behaviour serves, very temporarily, to reduce anxiety. Using EFT to reduce anxiety on a daily basis helps to give the client better choices.

Mike returned a week later reporting a sense of achievement over his debilitating symptoms. He also reported that the tapping had somehow severed the links between the two. When asked to clarify when he meant, he said that he had always been able to work on the two problems individually but never together. Apparently, before EFT, if one problem improved the other had seemed to get worse as a compensation. He was now reporting an improvement on both problems.

In the second session, with more confidence in the success of EFT, the therapist decided to work on some of Mike's core problems. These were involved with his self worth and fear about others safety. They also involved his belief that he was somehow responsible for protecting others.

As a small child, Mike had regularly been told to look after his baby brother, Dan. Every time his little brother cried he had felt sad. He had always given his brother his sweets or toys to try to make up. It seems that the only time he had ever remembered being praised was when he gave of himself to others.

The following statements were used to reduce the intensity of these repressed emotions:

> Set up statement
> *"Even though I didn't protect Dan and I should have, I respect myself."*
>
> Reminder phrase
> *"I didn't protect Dan."*
>
> Set up statement
> *"Even though I cried inside when he cried and no one comforted me, I deeply and completely love and accept myself."*
>
> Reminder phrase
> *"I cried inside."*

The second set up statement and reminder phrase had far more effect in reducing the emotional intensity of these feelings.

After working on the 'little boy Mike' feelings of failure the therapist moved to how he felt at the time of the therapy. His current problems involved his thoughts of failing to protect his family and close friends. Even though the majority of these thoughts and feelings were irrational they caused him considerable anguish. Mike, in a good state of mind, realised how illogical this was but had felt powerless up until now to dismiss them.

The therapist decided to introduce positive choices (see Chapter 5) whilst doing this work as the default statement can sometimes be overwhelming as it stands. Here are some of the most helpful set up/choices statements which were used:

> Set up statement
> *"Even though I'm frightened about my baby daughter, I choose to celebrate how perfectly natural my fathering instincts are."*
>
> Alternating reminder phrases
> *"Fears for my daughter, I have perfect instincts."*

> Set up statement
> *"I choose to remember how good my fathering instincts are, even though I have fears for my daughter's safety."*
>
> Alternating reminder phrases
> *"Fear daughter's safety, remember my good instincts."*

Set up statement
"Even though I have understandable fears as a father, I'm frequently reminded of my skills to protect."

Alternating reminder phrases
"Fears as a father, skills to protect..

Mike adjusted these statements himself as he worked through the therapy. This adjustment reflected his changing perceptions and used EFT on his over developed sense of guilt and responsibility, in addition to his fears for others safety

The treatment was successful in freeing Mike from the double bind of OCD and anorexia and follow up contact showed that the treatment had held.

Bereavement

Grief is among the most prevalent emotional disturbances known and most of us experience it at least once in our lives. Interestingly, many in the healing professions equate grief with sadness and thus mistakenly think of it in rather narrow terms. In reality, grief often has many aspects. For some its main component is GUILT for what the griever said or did (or did not say or do) while the deceased was still living. For some, it is the FEAR of being alone and for others it is ANGER at God or someone else for causing this loss. Obviously, if we are going to do a thorough job with grief, we must search for its underlying pieces and neutralize them with EFT.

'Cindy' had not been able to come to terms with her late husband's death some three years previously. When she arrived for therapy her sadness and powerlessness was so evident - it emanated throughout the whole of her being.

During the first session she described what had been happening following his death. She said she felt totally unable to get past the point of a difference they had had just before his death. Apparently, just two days before her husband's death they had had a really bad row regarding how they should react to one of their children's problems. Their child appeared to be effectively (albeit unconsciously) playing off one parent against another. This state of affairs had never been truly resolved and this was the point at which Cindy felt so stuck.

As a result of these differences Cindy also felt she had never really had the chance of a last goodbye. Her husband, 'Dave', had been suffering for sometime with Parkinson's Disease, yet despite this disability there did not appear to be an imminent end to his life. His sudden unexpected death had hit her so very hard.

Cindy really wanted to come to terms with the guilt, she also wanted to resolve some of the sadness of not having said her goodbyes. A friend had already successfully introduced her to EFT for help with her insomnia. In view of this she felt a lot of confidence in the process of using the tapping. However, her friend felt she was too close, as a family friend, to help her to become free of her emotional turmoil.

At the start of the first session Cindy gave a list of her needs. This list was an ideal place to begin EFT. The first need to resolve was about how she and her late husband had complemented one another. This need involved another perspective - hence the use of the word complement and not row. We began with the following 'Set Up' statement:

> *"Even though our complementing one another highlighted our differences, I choose to accept our uniqueness."*

Reminder phrases used through the whole of the basic recipe were:

> *Our differences, pulled us apart, complemented one another, created problems, and solved so many. Our differences, came between us, drew us together. We were a winning combination, our uniqueness, a great team.*

After doing three rounds using alternating reminder phrases always ending on 'A great team', Cindy reported that the initial SUDS of 9.5 was now a 2.0, and, in view of the nature of this problem she wished to leave it there.

Cindy continued to use EFT herself after the therapy and could effectively treat other aspects as they came forward. She remained in telephone contact with her therapist and reported a complete alleviation of the problem.

Carpal Tunnel Syndrome

Here are two cases on Carpal Tunnel Syndrome where EFT has been successful in relieving the symptoms completely. Carpal Tunnel Syndrome is the numbness or tingling of the thumb, index and middle finger on either or both hands. It is often accompanied by a weakness in the thumb. It is caused by pressure on the median nerve where it passes into the hand. In serious cases it causes sensory disturbances to the affected digits, weakness and loss of motor stimuli.

This is, of course, physical damage and thus, it might seem, not a case which would be suitable for treatment by EFT. Both cases had been medically diagnosed as this syndrome and no relief could be offered except surgery. However, both the cases reported here produced satisfactory and lasting results when EFT was carried out very simply and quickly during demonstrations of the method in front of a large group.

It the first case the patient was a woman in her sixties, with the syndrome present in both hands. The damage had been evident for many years and was attributed to her use of a keyboard over her life's work.

A few rounds of EFT produced a complete removal of the symptoms and she was able to move her thumbs and fingers without difficulty. The numbness was gone and the strength returned. The improvement was sustained over

many months as the therapist was able to remain in touch with this client.

The second case was a diagnosed case of Carpal Tunnel Syndrome in both hands. The lady involved had been treated conventionally for some years but the condition was worsening and had reached the stage where she was having problems driving (she was having difficulties holding the steering wheel). The conventional medical solution would have been the surgical cutting of the ligaments involved. Again a few rounds of EFT cleared the symptoms completely.

It was not possible to follow up on this second case over a long period, but a number of hours later the symptoms had not returned when the lady was seen in the car park telling everyone how her hands had improved.

These are two cases where the problem had been diagnosed as physical and it is surprising that EFT being a non-physical intervention could be so successful, but the moral is – try it on everything.

Solving Back Pain Clears Stammering Problems

This is a report on a case where EFT was used on a blind patient. It shows that being blind does not prevent EFT from working and it also demonstrates that the presenting problem is not always the 'real' one. The therapist should always watch for the patient's second (and often main) problem, which may not always be presented at the first contact.

The patient, 'George', had been blind since a child. However, he came for therapy complaining of intermittent pains in the middle back. These had been investigated, but no organic cause had been found.

At the time of the consultation the pains were bothering George greatly and he reported a discomfort SUDS measure of 9. The therapist decided that it would be best to simply use the basic EFT formula on the pain. As the patient was blind he tapped on him and omitted the 9-gamut procedure (but did tap on the gamut point).
Using one round with the set up...

> *"Even though I have this lower back pain, which is intermittent, I am OK."*

...immediately brought the intensity reading down to 2.

As the problem had been investigated, and no organic cause had been found, it was felt safe in continuing to reduce the level of pain and another round reduced it to 0.

This could have been the end of the matter, but the therapist thought it worthwhile to go through the procedure again, carefully explaining each point and ensuring that the blind client understood the procedure well enough to apply it to himself at a later date.

When it was mentioned that the same procedure could be used to help with all sorts of different problems, George disclosed another problem – one that was much more pressing than the back pain. He had recently developed a close relationship with a blind girl but suffered from serious stammering when they were together.

When he discussed the origins of the problem he became very emotional when mentioning how a previous girl friend had belittled him. He never fully disclosed the details of the incident but, since George was clearly distressed and emotional about mentioning it, the therapist led him through a round of tapping for this distress. The 'Set Up' used was …

> *"Even though she said those things and they upset me, I choose to be OK about it."*

After the first round George reported that, "It was not really much of an incident now that I come to think about it". When asked to discuss it again with more detail, he admitted to still being a little upset by it, but thought it really was not of much consequence.

The matter was not investigated in detail, but he was led in another round of tapping with the set up...

> *"Even though I still feel a little upset by her words, I am OK and respect myself."*

After this round, George had a quiet laugh to himself about the incident and wondered why it had upset him so much. The 0-10 measure of discomfort had not been used during this part of the session, but he clearly had a load lifted from his mind.

Sometime later he reported that the stammering was no longer a problem and that he had had some private laughs about what he then saw as a rather silly incident. The back problem (which may well have been emotionally linked to the stammering) had also cleared completely.

Depression

In this case the release of depression was so quick it is difficult to know what really happened. A bit like letting a caged bird go.

When 'Graham', arrived his voice was flat and his face was expressionless. He said he had been depressed a couple of years ago since a relationship broke up. He also said that his mum commented on the fact that when he had a photo taken at university six years ago he did not look happy. He was now even more unhappy because his current girlfriend and he had split up and his job was on the line.

When asked about his family and childhood, emotions quickly came to the surface. So EFT was used immediately while these emotions were on the surface. After rubbing the sore spot and tapping the points on his face, he began to calm.

When he was able, he continued to talk while tapping about his feeling of powerlessness as a child and about Mum and Dad arguing all the while. Then he went onto describing a time when Mum had left and of how frightened he felt. He thought that somehow it was his fault that this had happened to his family, that he was unlovable and so on. This process of tapping and talking was a bit like narrating the story and the tapping continuing all in one go - clearing as it went. A bit like an emotional vacuum cleaner clearing the sadness.

After the clearing of the sadness occurred, Graham continued talking and tapping. However, from here on in he was talking from a very different perspective. Talking from real insight, with obvious understanding, a very different stance but fascinating to observe.

The most interesting part of the process was that he said,

> *"It wasn't my fault about Dad and Mum arguing, as I was only a little kid, too young to be responsible. No wonder I felt insecure throughout my relationships, and devastated when they failed. All my life I have been frightened and sad about life. Now, for the very first time I feel as if the clouds have lifted and the sun is shining". Then after pausing he said. "That's a strange feeling given that the girl I love has left me and my job is coming to an end, but that is actually how I feel." Then he said something that was even more telling, "I won't need to feel those sad feelings ever again".*

On reflection it seems that EFT had given this young man access to his own needed insights and the healing process happened spontaneously. No SUDS were taken.

The Angry Teenager

'Patrick' was a 17-year-old boy. Normally he was quiet and well behaved, but on occasion he was subject to violent outbursts. At the time he sought a consultation he had not been physically violent. His violence had been restricted to verbal violence and threats. Generally he was a quiet lad, who got on well with his peers at school and who had a good relationship with obviously caring parents.

He normally took life and all the knocks which it gives to a teenager in his stride, but on occasion some small thing, which normally would have past unnoticed, produced a violent out-burst. These out-bursts only lasted a few minutes and following them he returned to his normal self. The out-bursts had been noted, with some amusement, by his peers at school, and there was a tendency for some of his classmates to play a game of *'Lets make Patrick lose his rag'*. He was beginning to gain a reputation for having a short temper, which was generally undeserved.

One such outburst occurred at school when he was overseeing a group of younger children, and it was observed by the teacher who was in charge at the time. This particular teacher had, some time before, received successful homeopathic treatment from the therapist, and he suggested that Patrick also seek homeopathic treatment.

First Session

His parents were concerned and agreed to bring him for homeopathic treatment. A full homeopathic case taking took place, which need not concern us, in this EFT case study, except to say that he had a family history of short temper. His grandfather was known as a 'wild Irishman' and he had an Uncle who had been imprisoned for violent behaviour. He had no significant physical problems except for slight acne - normal for his age - which bothered him considerably and for which he was using the drug '*Stiemycin*'.

The homeopathic case taking led to the identification of *Merc viv* as his constitutional remedy. He was given a single dose of this and also given an acute remedy, *PQ* to take should he feel the anger building within him.

At the end of the first session EFT was discussed and he did a simple routine, which involved only a routine of tapping without the 9-Gamut. It was based on an affirmation regarding *"This occasional anger"*. After tapping for a while by himself he said, *"This tapping is good. It makes me feel relaxed"*. He left the clinic with a further appointment booked for three weeks. It should be noted that this rather long period between first and second appointments was based on homoeopathic practice and was to enable the constitutional remedy to take effect. Had he been considered, at that time, as an EFT case he would have needed an earlier second appointment.

Patrick did not attend his second appointment as he was much better and there had been no further outbursts, and he had returned to his normal happy self.

Relapse

That could have been the end of the case, but unfortunately Patrick had a relapse.

When Patrick arrived back at the clinic he was very upset, but no longer angry – except with himself. He had taken his homeopathic remedy and that had calmed him, but the damage was done – he had hit his mother for the first time in his life and he was desolate about it. At the start of the session he needed considerable simple counselling about the incident. It appears that his mother had been nagging him, and that he was under pressure to finish an assignment for a school project, which he was finding difficult. However, he did not consider this a just reason and was very remorseful about the whole incident.

He needed considerable counselling to satisfy himself that he was not a lost cause and that therapy would be able to help him. Once he accepted that on the evidence that he had been so much improved over the previous weeks further treatment was discussed. And it was agreed that he could do more work with his EFT.

It was not possible to use a SUDS index with regard to his anger, as he was calm and even when taken back to the incident with his mother he could only see the emotion of

sorrow at the event and could not recall any feelings of anger. He discussed a number of affirmations and tapped experimentally on some of them, but found nothing better than the original one - regarding "This occasional anger" – used in the first session. In this session the 9-Gamut was introduced and used. Each time he tapped for this he reported that he felt happier and more relaxed although he did not report any emotion of unhappiness or sadness before the tapping. It must be assumed that the affirmation was resonating with some subconscious emotion within, which was hidden to his conscious mind (or which he was not yet prepared to share). This result was similar to his reaction to simple tapping in the first session.

He was advised that he should continue tapping with this affirmation each day. The therapist has remained in contact with the client, and can report that no further outbursts of anger have occurred and that he is still tapping to help himself through the ups and downs of the teenage years.

There is a happy follow up to this case. Patrick was in the 6th Form at his school and there was a 'drop dead beautiful' girl in the same year who was also a star pupil. None of the boys would dare to ask her out for a date, as it was so clear that she was far too good for them and would certainly refuse. This included Patrick, but he resolved to use EFT to overcome his hesitation in approaching her and his fear of the expected refusal. After considerable tapping his fear of rejection and his belief that he would be refused out of hand had been reduced to zero on the SUDS and VOC scales, and he asked her to come as his date to the

6th Form dance. Of course she agreed and he was the envy of his class mates.

Can EFT make you more attractive to the opposite sex? Probably not, but it can remove those barriers to making yourself vulnerable by showing your true self, which may well improve your prospects!

Conclusions

In this chapter we have presented just a few of the many case histories available, but the main point to bring out is that you should try EFT on everything. All the studies presented here (and that presented in Chapter 19) were taken from the authors' case notes with permission of the clients and with some salient points altered where necessary to protect confidentiality.

Many practitioners, new to EFT, seem to think that the 'Set Up Statement' and 'Reminder Phrase' is a sacrosanct magic incantation and that a particular 'correct' wording must be used for each type of problem. This is certainly not the case as in every individual case the wording must suit the patient not the condition. A wording which works well with one patient may be quite unsuitable for another with an identical problem. Do not slavishly copy the above successful wordings, but in every case use the wording as it occurs to the patient.

21. Sports Therapy – Why Be Average When You Can be an Elite Player

Introduction

Energy Therapies have tremendous potential in sports therapy, and can be applied to an individual athlete or to the whole team. It is effective both in the removal of 'mental blocks' to success and in overcoming specific problem situations.

It is also worth mentioning where it cannot be used successfully. It cannot give athletes a skill they do not possess nor can it help where the athlete does not have the physique to excel at a particular sport. On the other hand it is ideal for treating an athlete who once was able to perform a specific task well but has suddenly 'lost it'.

Baseball Pitcher, Pat Ahearne – Powerful Results and Lessons for Any Sport

One of the most celebrated cases is that of the Baseball Pitcher, Pat Ahearne. He was a good, but inconsistent pitcher in the Australian Baseball League who performed well in practice but was inconsistent in games especially when under pressure in big games. He had also developed a phobia when facing hitters using aluminium bats – which he saw as giving them an unfair advantage.

He was treated using EFT by Steve Wells, a psychologist based in Perth, Australia. Under Steve's guidance his game improved and he was voted Australian Baseball League Pitcher of the Year. Pat was so impressed with the help EFT had given him that he provided a written testimonial to be used to help publicise the success of EFT. This is reproduced with permission at the end of this chapter. It is worth noting that the key score shown in the table is the 'Earned Run Average (ERA)' – the main criteria for measuring pitchers, and that, basically, the lower the better. Before using EFT Pat's ERA was 3.33 and after EFT it dropped to 0.87, which is so low as to be rarely seen.

After moving to the American Leagues he quickly attained AAA league status playing for Bridgeport and for Toledo. In 2002 his 'Earned Run Average' was the second best in the Atlantic League. Also in 2002 he was the first pitcher in history in that league to toss back-to-back complete game shut outs.

Setting Goals

In sports therapy it is vitally important to set reasonable and meaningful goals (see Chapter 17). *"I want to be a better golfer"* is a reasonable aim but as a goal it lack definition. The therapist must ask what needs to be done to become a better golfer and how that can be achieved. This is an important first step in using Meridian Energy Techniques to improve sports performance.

Goal setting is the heart of any therapeutic intervention to achieve success in any field and it is not possible to over emphasize the fundamental necessity of having a clearly defined goal. The following guidelines will help you define and clarify that goal.

Be specific about the objective. *'I will be a better golfer'* just is not good enough. Even, *'I will enjoy playing better golf"* is too general. Yes, you probably will enjoy playing better golf, but that does not give a clear indication of how that can be attained. Far better would be *'I will knock three strokes off my golf handicap in the next twelve months'*. If the problem is clearer you could add *'…. by improving my putting.'*

Some examples of positive goal statements are:

> *"I am confident and relaxed when I start the next medal competition."*
>
> *"I hit the ball straight and high over the water from the sixth tee."*
>
> *"I will always one putt from one metre."*

"I consistently make the third green on my drive."

"I always score from 'the spot'."

"I will hit twice as many aces / win twice as many matches this season."

When things go wrong and your game (whatever game you play) goes pear shaped, it is not easy to come up with a positive goal statement, and it is even harder to believe it! David (a golfer whose case study is given below – and who is not called David in real life) was a low handicap golfer, but he was depressed and about to give it all up when he came for therapy. According to his handicap he was one of the top golfers in his club, but he could not win his club's annual cup competition. His father had won it as had his grandfather (who had been the first winner when the club was founded). Both these forebears had their names on the trophy and it was widely believed that it was only a matter of time before the name of a third generation golfer would be added to the list.

The pressure was certainly getting to David and each year he teed off with the encouraging words of his supporters ringing in his ears telling him this was his year. While at the same time his head was full of the shame he would feel a few hours later when he returned to them a failure (again) with his worst score of the year.

His first goal statements were *"I will do better this year"* quickly followed by *"I can make everyone happy by giving up and burning my clubs."*

A Golfing Case Study – Showing the importance of goals to winning for everyone

We discussed a number of positive and helpful goal statements of the type *"I will clear the water easily on the seventh hole"* or *"My drive on the thirteenth will hold on the green"*. These were good positive goal statements and would certainly serve to help his game, but they were not suitable for the problem in hand as he often (or even usually) *'cleared the water and held on the green'*. The goal we eventually selected was *"I will be happy and relaxed as I stride onto the first tee in this year's competition"*. This was the important first goal and the others could come later.

Once we had decided on a positive goal statement, we evaluated it on the Validity of Cognition (VOC) scale. He just laughed and said he rated his belief that he would be 'happy and relaxed' on the day as Zero (or even less if he was allowed a negative VOC!).

Once the goal had been set the therapy was simple. Using the set up phrase *"Even though I am always wound up and tense on the day of the cup competition – I am a good golfer."*

The reminder phrase was simply *"Wound up and tense on the day."*

The VOC scale reading slowly increased with rounds of tapping until it stuck at about 5. A further round of

tapping, this time adding the Choices Phrase, *"I choose to be intrigued and to amaze myself as how relaxed I will be"* brought the VOC reading to 10 (on how much he believed he would be relaxed).

The job was done? No not so easy – there was a tail ender. Just as he was explaining – even glorifying in how relaxed he could be, he threw in the wobbler – *"Of course I will not win the cup"*. Why would he not win the cup – simply because he could not! A further session loomed.

At the next session he brought his old cup competition cards – to prove that he could never win. His scores were truly terrible, but the logic of this being a reason for him not to be able to win escaped me. However the cards did show the way the therapy should proceed. At each cup competition the outward eight holes were a disaster – bogie after bogie. By the time he had reached the turn his chances of winning had been completely removed and his golf improved – there were even a few eagles creeping in, but not enough for there to be any danger of his closing on the leaders!

Now we could see the problem. He was afraid of not winning, so afraid that he became tense and his golf became wayward. Once it was evident that he was not going to win whatever happened he relaxed and played his usual high standard golf.

Now we had a new goal *"I will play my usual high standard game whatever the circumstances"*.

The second session continued using the standard EFT tapping sequence but using modified Set Up and Reminder Phrases. The Set Up was *"Even though I cannot win the Cup Competition, I am a good golfer and will win it one day"*. The therapy session moved so fast that there was no time to make a verbatim record of the phrases used, but they were continually changing as we tapped and were of the form:

> *"Cannot win the competition – yes I can."*
> *"Good golfer – best in the Club."*
> *"Will win."*
> *"Will be relaxed and take it easy."*
> *"Tense and wound up under pressure."*
> *"Choose to be relaxed and just let it happen."*
> *"My father and grand father will be so pleased."*

After that session it was difficult to get David to even consider an evaluation of his VOC level with regard to winning the competition one day. It was clear in his mind that he would eventually win it. After all, he knew he was one of the best golfers in the club and he regularly won other competitions so it was only a matter of time until he won this one. This was a huge change from the certainty he had previously had in his mind that he could never win that particular competition.

It would be nice to report that he won the next competition, but unfortunately it was delayed and then cancelled due to heavy rain and flooding and never took place. David stayed with me as a client and we worked on improving specific aspects of his play and managed to knock two strokes off his already low handicap. He was

quite confident that, as he was playing so well, he would have easily won that years competition had it been played and he expected to win the next one.

As it happened he did not win the next competition either, but came in a good second. This did not seem to worry him as he was sure his time would come – and it probably will.

Conclusion

There is nothing special about treating sports performance problems. They are just like any other problem. The golfer who goes to pieces when faced with a water hole or when faced with a particular drive along an out of bounds fence, or the rugby place-kicker who suddenly finds he can no longer score goals, are in no way different to the top executive who finds he can no longer confidently face an audience or the housewife who can no longer face leaving the house. In all these cases, it is a learned response following some incident, perhaps no longer consciously remembered, causing a disruption in the body's energy system and that disruption causes the problem. The disruption can often be easily removed using Energy Therapy and the previous pattern of success in whatever endeavour is at hand re-establishing itself.

Letter of Testimonial

Pat Ahearne
8306 Kittyhawk Ave.
Los Angeles, CA 90045

March 26, 1999

To whom it may concern:

As anyone who has competed in athletics can say, the difference between the average athlete and the elite player is much more mental than physical. In an effort to bring my mental preparation for baseball to the same level as my physical preparation, I was introduced to EFT (Emotional Freedom Techniques™) by Steve Wells, a psychologist based in Perth, Australia. Before working with Steve, I was able to perform well in training and some of the time in games, but I wanted to access my best performances more often and in the most pressure filled situations.

Steve and I worked together using EFT to lessen or eliminate the mental and emotional barriers preventing my consistently producing my best games as a pitcher. The results were astounding. I had more consistency, better command of my pitches, and accomplished it in big games with less mental effort. There is clear evidence in the numbers when you compare my '98-'99 Australian Baseball League season statistics before EFT and after EFT:

	Win-Loss Record	Innings Pitched	Hits given up	Earned runs	Walks given up	Strike-outs	Earned run average
Before EFT	4-2	46	43	17	18	35	3.33
After EFT	3-1	41.3	15	4	7	37	0.87

With EFT, I found the mental edge that raises an athlete from average to elite. I used the techniques to capture the MVP of the Perth Heat and the Australian Baseball League Pitcher of the Year awards.

I am so amazed with the effectiveness of EFT that I've made it as important a part of my baseball routine as throwing or running or lifting weights. The title 'Emotional Freedom Techniques™' certainly does fit.

Thank you,

(s) Pat Ahearne

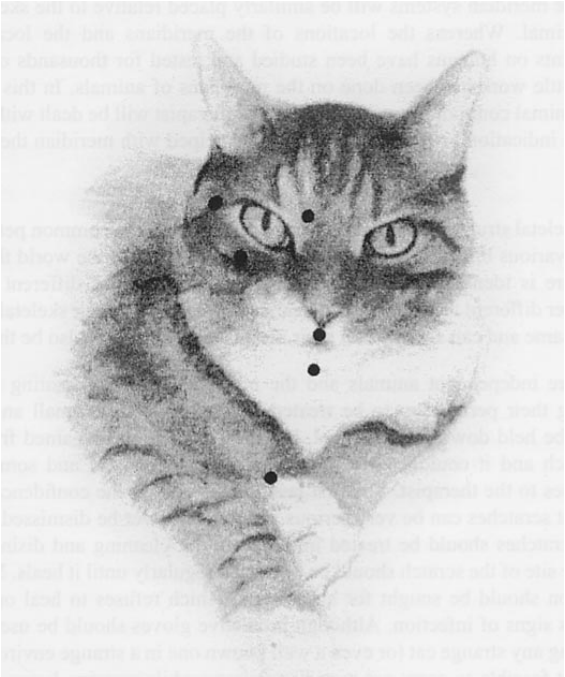
Australian Baseball League
Pitcher of the year

22. Energy Therapy for Animals

Introduction

Animals also have a meridian system, and consequently it should be possible to apply Energy Therapy, in its various forms, to our animal friends. The problem is identifying the meridians on non-human animals. Mammals, and to a lesser extent other creatures, have a skeletal system similar to that of humans, but with bones developed to different lengths (or not developed at all) and it is this developmental difference which accounts for the myriad of differences in the form of animals we see about us. Similarly we can expect that the meridian systems will be similarly placed relative to the skeleton of the animal. Whereas the locations of the meridians and the location of acupoints on humans have been studied and tested for thousands of years, very little work has been done on the meridians of animals. In this chapter each animal commonly encountered by the therapist will be dealt with in turn and an indication given as to how it can be helped with Energy Therapy.

Cats



The skeletal structure of all cats is very similar. From the common pet moggy to the various big cats, which roam wild in many parts of the world the basic structure is identical. When we inspect domestic cats of different breeds, however different their outward appearance, we find that their skeletal system is the same and can assume that their meridian systems will also be the same.

Cats are independent animals and the major difficulty in treating them is gaining their permission to be treated. A domestic cat is small and could easily be held down for treatment, but there is little to be gained from this

approach and it could well lead to a very frightened cat and some nasty scratches to the therapist. The first task then is to gain the confidence of the cat. Cat scratches can be very serious and should never be dismissed lightly. Any scratches should be treated immediately by cleaning and disinfecting, and the site of the scratch should be inspected regularly until it heals. Medical attention should be sought for any scratch which refuses to heal or which shows signs of infection. Although protective gloves should be used when handling any strange cat (or even a well known one in a strange environment) it is not feasible to carry out Energy Therapy while wearing heavy gloves, and at some stage the animal must be approached with bare hands. Do take care.

For these reasons cats are best treated by their owners and best treated in surroundings with which they are familiar. Start the treatment with gentle touching and stroking. Scratch the cat wherever it likes to be scratched. Even when a cat is apparently relaxed any unexpected touch can cause it to move very quickly taking the therapist by surprise so it is necessary to restrain the animal in a gentle and unobtrusive way. Behave in a confident manner with the cat – they can sense nervousness and will react to it. With the cat settled on the therapist's lap, the non-tapping hand should be placed behind the head with the thumb and ring finger under each ear and the index and large finger over the top of the head between the ears. Any or all of the fingers can be used to rub or scratch the animal if it enjoys it. The cat can be expected to stay quietly in this position while the treatment continues.

If your cat is a particularly difficult patient, you can easily put most cats into a trance state. Pick the animal up and cuddle it until it is relaxed and sleepy. Then, very gently, turn it over onto its back in your arms and cradle it as you would a baby. In this position most cats will fall into a trance, with all four paws in a characteristic hooked position. Do not force your cat into this position and do not try to restrain it in the position if it resists. If the animal does not fall into a trance immediately it will fight to turn over. Simply allow it to turn in your arms and then try again. The key is to get the cat into a very relaxed state before doing anything and then turn it over as gently as possible.

The three eye points are easy to identify being in the same position as those on humans. Find them by comparing the bone structure of the cat with your own (see diagram) The under nose point and chin point are also easy to find as a cat's face is very small and a single finger will cover all the area. As a note of caution it should be understood that the under nose point on a cat is very delicate and should not be touched or tapped with any force or the cat will object strongly. In general remember that cats are very small and delicate animals and should be tapped with the lightest possible touch. A simple touch is adequate. Also be aware of the cat's whiskers. These are very sensitive and delicate organs of touch and should be avoided completely during treatment. Many cats object violently to having their ears touched and if your patient is one of these keep well clear.

The collarbone point is also in a similar place to that on a human so it easy to find, but the "underarm point" is very

difficult to find. It is certainly not under the cat's front leg, but much further back along the cat's body on its ribs about halfway up the body in a standing cat and about a face's breadth back from the front leg. Rather than tapping this point try simply rubbing it.

There is no chance of using the finger points or karate chop point on a cat, but the gamut point is easy to find if you remember that a cats "little finger" is the one on the outside of the paw when the cat sits up straight.

The three additional points identified in Chapter 13 are all easily identified on a cat and treatment using only those points could be considered. The crown of head point is simply the highest point on the cat's skull as it sits up proud (as cats often do). The wrist points are easy to find, but are higher up the animals leg than you may expect. The wrist of a cat is above its dewclaw and can easily be felt through the skin. Similarly, the "ankle" of a cat is higher up the back leg than expected. It is better found starting from the body. The hip is the joint where the leg joins the body, the "knee" is the next joint down the leg and the ankle the one after that. The ankle point is just above the ankle joint.

Once the treatment is finished, pet the cat and tell it how good it has been. Often it will be the cat, not the therapist, that ends the treatment. Allow it to do so, and still pet it – if it allows you to do so.

Dogs

Unlike cats, dogs will willingly agree to any treatment their owners want to apply. Again it is best for the owner to carry out the treatment. Even the most docile of pets may bite if touched by a stranger in an unfamiliar environment.

Depending upon the size of the dog treat it while it is on your lap or while it sits or stands close to you. The detail of the skeletal structure of a dog's head varies enormously from breed to breed, but the face points can be identified on most breeds fairly easily by feeling the bone structure and comparing it with your own. Most dogs will happily sit while you search for the points. The collarbone point is where you would expect it to be. The under arm point is again very difficult to find. As it was on the cat, it is on the side of the animal on the rib cage. With small dogs it can be found in the same way as explained above for a cat, but in large animals or those of unusual shape it is better to place the whole hand on the side of the dog and rub or pat the whole area.

As with cats the three extra points from Chapter 13 are easy to find, even with the most unusual shaped dog. The wrist and ankle joints can be identified through the skin with ease, and the crown of the head point is again on the top of the skull, but in dogs which have a marked peak at the rear of the skull the point is on this peak. If you have difficulty in identifying this point on a particular animal place your whole hand on the top of the animal's head.

There are a set of tapping points for a dog which were developed, not from acupressure, but by channelling. They do not correspond with any meridian points, but appear to be very effective in the treatment of dogs. These points are shown here on the diagram.

Make tapping a game with a dog – an enjoyable experience for it. Most dogs enjoy the attention and will always be willing patients.

Rabbits

Rabbits are very like cats as far as finding the points is concerned, but are (usually) much more docile patients. To treat them simply pick them up and find the points using the instructions in the section on cats above.

Rabbits are far easier than cats to put in a trance by laying them on their backs, and this is often the easiest way to treat them. Simply picking them up and placing them on their backs with induce a deep trance immediately. While they are in trance you can find the points and carry out the treatment. However, remember that in rabbits the trance is very deep and the animal will not be able to defend itself. Take care to be gentle with it when tapping (it may be better to just touch the points) and take care not to twist its limbs nor injure its ears, which are very delicate.

Small Rodents

There is not much chance of identifying acupoints for tapping on small rodents. Simply hold the animal between both hands with the intent of curing it. In some cases the animal will prefer to peep out from between the fingers, while in others it will be happier if its head is hidden. Get to know your patient and let it choose.

Horses

With horses we have the opposite problem to that we had with the small rodents. Horses are very big and more accuracy will be needed to identify the acupoints. Simply using one or two fingers on the assumption that the area covered by the fingers will be large enough to negate any inaccuracy in positioning will not be satisfactory in an animal as large as a horse. In many cases it will be advisable to use a fist or the whole hand to span the area.

The structure of a horse's skull, although basically made of the same bones, is quite different to that of a human due to the different sizes of the individual bones. The structure about the eye is similar and it is easy to identify the tapping points about the eye, but most horses will object very strongly if the therapist attempts to tap anywhere near the eyes. Other EFT points are difficult to identify.

When treating horses, it is best to use only the three additional points, which were introduced in Chapter 13. The crown of the head point is between the ears and just behind them and most horses will accept (and even enjoy) heavy rubbing here. Take care if the horse dislikes its ears touched. The "inside of wrist points" can be found about halfway down a horse's leg and are best stimulated by rubbing the whole of the area at the back of the fore leg. Similarly, the "sides of the ankle points" are easily found on the inside and outside of the hind legs. Again these are best stimulated by rubbing. The rubbing on a horse can be quite hard, and most horses are willing to lift their legs for treatment as they have been trained to accept the attentions

of the farrier. However, if the particular horse involved, is known to dislike shoeing, it is better to avoid actions that it may associate with its farrier.

When treating horses and other large and powerful animals there must always be an element of danger, and the therapist should take care. It is best that the owner or someone with whom the animal is at ease does the actual contact work. In all cases take the owner's advice regarding any reaction that may be expected from the animal.

Conclusions

Set up statements are not relevant to animals, and I have never succeeded in teaching any of mine to count up to five nor hum "Happy Birthday"! If your animal patient is ill or in discomfort it will already be focussed on the problem and all you will need to do is to whisper reassuring words and sounds as you tap. Most animals will follow your fingers with their eyes (especially if you hold a tit-bit or a favourite toy!). So you can rub the gamut spot while you use the "floor to ceiling" movement of its eyes or do an eye roll easily.

In Chapter 14 "Proxy and Surrogate Tapping" was discussed. It is traditionally used on those who cannot be taught to tap on themselves, (for instance small children) or those who for some reason cannot be approached for tapping. It is, however, quite suitable for use on animals and avoids any difficulties that may be encountered in identifying acupoints on animals.

Tapas Acupressure Technique (see Chapter 10) can be very effective on animals and should be used if you have skills in this area. The best pose to use is the one for children, but take care as many animals object strongly to having their eyes covered. It may be possible to hold the pose with the front hand a little further from the animal, but if the animal objects to the pose the method also works well using a proxy or surrogate to hold the pose.

23. When nothing seems to be working

Introduction

Energy Therapy is a widely applicable and very effective therapy, which has a very high success rate, so this Chapter should not be necessary (or at least should be quite short!) Unfortunately, in the real world we all encounter clients who simply do not react to well directed therapy. In fact, as complementary therapists, we often seem to encounter an unfair proportion of this class of client, possibly because most of our clients have previously visited conventional therapists (or other complementary therapists) and if they had been cured they would never have presented to us. These clients do exist and we must face the fact and endeavour to help them.

The most common problem is certainly Psychological Reversal. This is always assumed when using EFT and is routinely treated in the set up stage. This problem has been discussed earlier in Chapter 8. In this chapter we will look at various methods that can be used to move stubborn cases.

Consider this chapter as a resource to be dipped into in cases of extreme difficulty, rather than as a source of diagnostics relating to difficult cases. However, there are a number of simple procedures which are generally applicable, and being simple and quick they are worth trying in all cases. These are presented together at the start of the chapter before discussing more complex situations.

Muscle Test for the Problem

This should have been covered in the early approach to the therapy, but it is always worth using muscle testing to seek the problem. Such questions as "*I deserve to get better*", "*I need to get better*" and "*I feel it is safe to get better*" should already have been considered, but these points should be considered again. Some advance in the understanding of the situation may also be available from such questions as "*My energy system will allow me to get better" and "I am ready to get better*".

De-hydration

A pause for a drink of water will often help and both the therapist and the client should have a drink. Such a break is a good thing anyway when the session is not going as well as expected, so it is seldom wrong to take a glass of water, but if you wish there is a convenient muscle test for de-hydration. A muscle test while the subject provides a stressor (such as pulling their hair) should always prove weak, but a strong response indicates de-hydration. On the other hand weak responses on everything indicate chronic de-hydration.

Breaking State

Drinking water is breaking state, but equally the therapist and client can break state simply by moving. Standing up or changing chairs is sufficient.

Collarbone Breathing

This exercise has many and general uses. It uses breathing and tapping movements using the fingers and knuckles and can stand as a general therapy exercise. It is rather complex in its written form, but it is quite repetitious and easier done than said.

You can start with either hand, but this explanation assumes you will start with your right hand. During the whole exercise keep your elbows and arms away from your body, so that you only touch your body with your fingertips and knuckles as described.

Place the first two fingers of your right hand on your right collarbone point and with two fingers of your left hand tap your right gamut point continuously while performing the following breathing exercises.

- Breathe halfway in and hold for 7 taps
- Breathe all the way in and hold for 7 taps
- Breathe halfway out and hold for 7 taps
- Breathe all the way out and hold for 7 taps
- Breathe normally for 7 taps

Now place two fingers of your right hand on your left collarbone point and, while continuously tapping your gamut point, do the breathing exercise again.

Next bend the fingers of the right hand so that the knuckles are prominent, and place them on the right collarbone point. Again tap the gamut point while completing the breathing exercise again.

Now do the same using the right hand on the left collarbone point.

You have now completed half the collarbone breathing procedure. To complete the other half of the procedure do the same routines again but use the left hand to touch the collarbone.

Grounding

A client can be grounded either by physical exercise or by visualisation.

The physical grounding exercise involves having the client bend over with the knees slightly bent and the feet firmly planted on the floor. In this position they are told to breathe slowly and then gradually rise to the standing position still breathing slowly.

In cases where the client is unable to perform this exercise, or where it is not appropriate, an equally effective exercise is to have the client visualize themselves as a tree with roots extending deeply into the soil and with its branches extending up into the sunshine. The client should spend some time experiencing the extension of both the roots and the branches.

Wayne Cook Posture

The Wayne Cook Posture is a technique instituted by Wayne Cook which has proved useful for treating dyslexia and stuttering. It is also very effective in helping a wide range of psychological problems such as general confusion, obsessive compulsive behaviour, depression and bouts of anger. It can also help in cases where toxins in the environment are preventing cure.

The exercise is carried out as follows:

a) Sit in a firm chair with the spine straight

b) Place your right foot across your left knee

c) Wrap your left hand around your right ankle and your right hand around the ball of your right foot

d) Breathe in slowly through the nose allowing the incoming breath to lift the body and at the same time pull the left foot upwards stretching it slightly.

e) Exhale through the mouth and relax

f) Repeat this five times

g) Do the same exercise using the opposite foot.

This is followed by a further breathing exercise:

a) Uncross the legs and place the finger tips together to form a pyramid.

b) Holding that finger position, bring the thumbs up to touch the head just above the bridge of the nose.

c) Breathe in through the mouth and hold

d) Breathe out through the nose and separate the thumbs stretching the skin of the forehead.

e) Lower the hand slowly to the lap, breathing deeply

Cross Crawl

The 'Cross Crawl' is another generally applicable exercise, which is helpful in many situations.

It helps improve co-ordination, harmonizes energies and helps concentration. It is often indicated if the client feels exhausted without reason. It can also help if you have been put out of balance by carrying a heavy load (such as a child or a suitcase on one arm).

Before starting the cross crawl exercise the client should tap the Collarbone Points to ensure that energies are travelling in the correct direction. The exercise is quite simple. In the standing position lift the right knee and left forearm simultaneously and as you let them down lift the opposite knee and arm. Continue marching on the spot and once the movement is settled exaggerate the lift of the leg and the swing of the arm allowing the arm to swing across the chest. During the exercise breathe deeply in through the nose and out through the mouth. Continue for about a minute.

Some clients will be unable to perform this exercise (or will find it extremely difficult and tiring). Do not allow them to continue, but suspect that they are suffering from chronic homolateral energy flow (see following).

Polarity Switching (Neurological Disorganisation)

Polarity Switching (also known as Neurological Disorganisation) is similar in presentation to Psychological Reversal. The latter has been dealt with above in Chapter 8. Signs indicative of switching include reversal on letters and numbers and the confusing of left and right. Switched individuals often say the opposite of what they mean especially when under pressure. Awkwardness and clumsiness are also often an indication of switching.

Where the client's presentation or reaction to therapy suggests switching there are a number of muscle testing methods that can be used to confirm the state. The most straightforward one is to use the basic arm muscle test but while extending the subject's arm in the normal way the subject is told to place their other hand above their head palm down. In this position they should test strong. Then they are asked to turn their hand to a palm upward position and they should then test weak. If the responses are opposite the subject is reversed.

If the client is made to place the tips of their free hand on the Collarbone point while being muscle tested they will usually test strong, but if either side tests weak switching may well be present. The same muscle can be used for both tests, but the free hand should be placed against each Collarbone Point in turn.

When the therapist is using some other method of muscle test there are two convenient methods of checking for switching. In the first the pad of the index finger is placed on the bridge of the nose while testing any muscle. This should result in a strong test. With the nail against the nose a weak test should be experienced. The second method involves the subject putting all the finger tips of a free hand together (but not pressing) and placing them in the middle of the forehead. All muscle groups should then test strong. A weak test suggests switching.

An unusual occurrence which may confuse a muscle tester is the situation where the subject tests strong for questions which cannot both have the same answer – such as *"I deserve to get well"* and *"I do not deserve to get well"*. If the subject clearly understood and repeated both statements switching must be suspected.

If the therapist suspects that the client is switched the simplest correction is the nasal tap. The client taps rapidly on both sides of the bridge of the nose for about 60 seconds. Then re-evaluate using the same test for switching.

Polarity can be switched in any or all of three different modes – left/right, front/back and top/bottom. Rather than trying to assess just which mode or combination of modes is affecting the client it is simpler to use a full unswitching procedure, which has three parts:

a) The client presses for about 10 seconds on their navel with the first three fingers of the left hand while briskly tapping or rubbing both collarbone points with the fingers and thumb of the other hand. (Left dominant clients should switch hands)

b) The client sticks out their lips while pressing them together and moving them from side to side for another 10 seconds

c) The client rubs their coccyx for a further 10 seconds while placing the other hand on the navel.

Heart and Brain Dyslexia

Heart and brain dyslexia is often indicated when a subject switches rapidly. It indicates that the heart hemispheres and the brain hemispheres have become dyslexic due to neurological disorganisation. Patients suffering from long term chronic problems may benefit from an exercise aimed at correcting this problem.

The clearing exercise is difficult to describe in writing but easy to undertake in practice. It can be done either sitting or standing as suits the client best.

a) Starting with the dominant arm hold it out to the side with the upper arm horizontal and the fore arm vertical.

b) Holding that position rotate the shoulder forward towards the centre line of the body.

c) As the shoulder approaches midline bring the forearm and hand up to the horizontal while at the same time raising the opposite knee.

d) Drop both leg and arm to the side

e) Repeat using the opposite arm and leg

Above is the basic movement. This should be repeated while humming, and while counting. Then repeat again while circling the eyes both clockwise and anti clockwise.

This exercise is, in many ways, reminiscent of the Gamut procedure in the basic EFT procedure.

Over-Energy

The central vessel can become over energized. This is indicated by the client reporting feeling 'spaced out' or confused and being unable to concentrate.

Over-energy can be diagnosed by testing to find a strong muscle and then 'unzipping' the energy field. To unzip the energy field the therapist (or the subject) runs their hand from the subject's lip to the crotch about 15 cm from the body. Once unzipped the muscle test should show weak.

Zipping is done with the opposite movement to unzipping and the result of zipping should be to return the muscle response to strong.

If these responses are reversed the client is suffering from over-energy. A point to remember here is that the therapist should never leave the client unzipped whatever the result of the muscle test.

If the client is diagnosed to have an over-energy problem this is best corrected with Cook's hook up (not to be confused with Wayne Cook's Posture which was discussed above). This hook up is done as follows:

a) The client should be seated with the left ankle over the right

b) With the arms outstretched in front of the body place the hands back to back

c) Bring the right hand over the left to bring them palm to palm

d) Clasp fingers

e) Rotate the hands down and inwards to rest them on the chest

f) Press the tongue on the palate behind the teeth and breathe deeply

After breathing deeply for a minute or two re-test for over-energy.

Blow-out

Blow-out is almost the opposite to over-energy. In blow-out the subject is tired and confused and unable to concentrate. It is the situation where their energy field cannot maintain energy intensity and cannot hold any energy it receives. It is diagnosed by arm muscle testing with the client's free hand over the head palm down. A blown-out client will always test weak in this test, but will not test strong if the hand is reversed to palm up (as they would if reversed or switched).

Blow-out is a difficult condition to work with, and it often indicates that the therapy has approached some very intense material so the situation must be handled with care. All therapy should cease and there should be no focusing on any issues other than the blow-out itself. Simple techniques such as grounding and breaking state should be considered first (see earlier in this chapter) and it is also worth checking for de-hydration.

The client should be assured, via both their conscious and subconscious minds that therapy will only continue in a way that will be helpful to them and then only when appropriate. A short break, or even an adjournment to a subsequent session may be indicated if the current session is at such a point that would allow this.

Where a direct correction of blow-out is desirable the basic correction for switching can be used rubbing the points for about 60 seconds each, and while doing so the client should hum a tune with which they are familiar.

Homolateral Energy

A client is said to be suffering from Homolateral Energy when their energy flows are restricted to one side of the body. To work effectively our energy needs to flow efficiently from one side of the body to the other as is required. Clients in a homolateral state are operating at only about 50% of their potential. This ineffective use of energy is so great that it can stand as the indication of this condition. These clients will be chronically exhausted, unable to think clearly, and their immune system will not be working effectively. They will tend towards depression, and any benefits obtained from treatment will not last. An unusual symptom which is typical of homolateral energy flow is that their senses will be less acute, with the exception that they are hypervigilant.

A specific test for homolateral flow is to muscle test whilst the client is looking at an 'X' on an adjacent wall, and then repeat the test while looking at a pair of parallel lines. If homolateral flow is present the client will test weak for the 'X' and strong for the '||'. A further indication that this condition is present is that the client has difficulty in performing the 'Cross Crawl Exercise'.

To correct homolateral flow have the client tap or massage their Collarbone Points. It is best to do this by crossing the arms and using each middle finger to work on the opposite Collarbone point. The client should breathe deeply in through the nose and out through the mouth while working on these points. This is an exercise similar to the 'Butterfly Hug' used in TAT.

If the client is able to do a Cross Crawl without too many problems this, too, will help clear homolateral flow. It is interesting to note that small babies are naturally homolateral and show its symptoms until crawling establishes the patterning to allow energies to cross over freely to the opposite side of the body.

Reverse Energy Flow

This condition is quite different from 'Reversal'. It is the condition where some of the energy channels are running backwards. To diagnose this condition muscle test for a strong response and then walk forward about eight steps. If the muscle response is significantly weaker it is an indication that at least some of the energy channels are running backwards. Confirmation can be obtained by walking backwards again about eight steps and muscle testing. Normally a muscle test is weaker after walking backwards, but in a Reverse Energy Flow situation walking backwards increases the strength of a muscle test.

Correct reverse energy flow by doing the thymus thump. This is done by tapping the Collarbone Points and then tapping the thymus with four fingers of one hand for about 20 seconds. The thymus is located on the centre line of the body about 2 inches lower than the Collarbone Points.

Toxins

Toxins can be a major problem and an obstacle to healing. In this sense 'toxin' can be taken to mean any substance (or even situation) that upsets the body, rather than the narrower sense of a poison.

We live in a world full of substances both natural and artificial which are not normal for our bodies to experience. Any of these can be (or become) toxic to us and different substances will have different effects on different people, and one client may react differently to the same substance at different times. Toxins will often only block progress on one or two problems, whilst not interfering in any way with the solution/cure of other problems. In some cases the client will know what substances are toxic to them (and these are often substances that the client encounters a lot and even enjoys).

It is possible to test for toxins with muscle tests, but one needs to name the potential toxin for the test so it is only of use if there is a suspicion that a known substance is causing the difficulty. To muscle test, the subject is asked to say "Milk products, milk products, I want to be well" (using the name of the suspected substance in place of 'milk products'). A weak response suggests that the substance is toxic to the subject.

Often it is impossible to identify the toxic substance from amongst the host of potential toxins in the client's environment, most of which are completely harmless. In these cases avoidance is the best option.

Where the identity of the problem substance is not known avoidance may seem difficult but in most cases it can be done by causing change.

The first action is to physically move. The patient could be moved to another room or even outside to see if they can avoid the toxin.

The client can be advised to take a bath or shower (including a hair wash) using no soap and can then try the recommended routines again before dressing to see if the removal of substances in this way can also remove the one causing toxic stress.

Clients can remove themselves from the toxin by time as well as by distance. Treatment can be repeated after a pause of a couple of days to see if better results can be obtained and the recommendation of persistence works well here. If a client's progress is blocked by toxins repeat therapy may be able to find a window where the toxin is not so invasive.

There are also treatments which can help the body clear toxicity but these will not prove useful if the client remains exposed to the toxin. They may, however, help the body to overcome a toxin's effect for a short while to allow treatment to take effect.

Neurolymphatic massage is a suitable method of reducing the body's toxic load. Start by massaging both Collarbone Points, under the corners of the clavicles, and then continue to massage outwards along the underside of the

clavicle until you reach the point where the clavicle meets the shoulder bone. Massage this point deeply, following the semi-circles where the arms meet the shoulder.

Another line of neurolymphatic points can be found on the outside of the femur. These are best massaged while lying down. Start just below the hip and massage strongly down to just above the knee following the line of the outside of the femur.

There have been reports that this neurolymphatic massage may lead to temporarily causing the client to feel worse. This is not usually the case but in the rare cases where it does advise the client to stop the massage and relax until they feel better before starting again. The end result will be that they feel much better and further treatment can then take place in the absence of toxins.

Inconsistent Results

In some sessions the above tests may lead to inconsistent or even incompatible results. In these cases it is always worth noting that the fault may lie with the therapist rather than with the client. It is of course possible that it is the therapist not the client who is suffering from a defective energy system, and if this is the case the therapist must act to correct their own system before they can hope to act successfully on the systems of the client.

Drink Water

When doing any energy therapy work it is important to drink lots of water, both during the work and after. It is not advisable to drink ice cold water, but water at room temperature is best, or if you like it slightly warm water. The body is an 'electronic machine' and requires water to act as an electrolyte to ensure its efficient functioning. When we are doing a lot of energy changing work we are especially in need of adequate hydration.

Conclusion

This chapter discusses the action to be taken when Energy Therapy does not seem to be working. Generally the actions and exercises will not be needed as these therapies work extremely well. However, any good therapist should be aware of possible problems and should have a familiarity with the actions which can be taken to minimise them.

24. Conclusions

We have now reached the end of our journey through Energy Therapies. It is the end of our journey together, but I hope not the end of your journey. If all journeys start with the first step, let this book be your first step on a journey of new discoveries. As Gary Craig (and if you do not know who he is you need to re-read this book!) once said, 'EFT is the ground floor of a new highrise'. You are now free to explore, or even construct higher floors of that edifice.

In the following section you will find a number of references that will enable you to widen your knowledge of the subject, but more excitingly you will find web addresses which will allow you to keep pace with the growing and changing cutting edge of Energy Therapies.

If there is one point we wish to make in closing this text it is that the points made and the methods outlined are not 'writ in stone'. Feel free to adjust them, free to modify them and free to ignore them completely! This is a new and fast growing field. Experiment, modify and develop. The way ahead is free and the way ahead is exciting.

Go and do good – good to yourself and good to those around you.

Do not miss the 'Ten Top Tips' at the end of this book!

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Internet Resources

Gary Craig's Site: www.emofree.com

AAMT Web Site: www.AAMET.org

BE SET Free FAST: www.BeSetFreeFast.com

Healing Touch: www.healingtouch.net

Life Coaching: www.coachville.com

Therapeutic Touch: www.threapeutictouchnetwork.com

Tapas Acupressure Technique: www.TATLife.net

Whole Life Healing: www.wel.net/wlh.html

Attractor Field Therapy: www.the-tree-of-life.com

Gentle Touch: www.holistichealthtools.com/gentle.html

Chinosis: www.chinosis.com

Thought Field Therapy: www.thoughtfield.com

Touch & Breathe: www.tftworldwide.com

Choices: www.eftupdate.com

Top Ten Tips to Maximise Your Success with Energy Therapy

1. **The Best Things in Life Can be Free**
   Most Meridian therapies are quick and easy to learn. Most do not require years of training or the purchase of fancy, expensive equipment. Most, once learnt, can be done by the Client, in their own time, at no financial cost. Considering the enormous potential benefits, how can you afford not to try them?

2. **Try it on Everything**
   People often ask - Do Energy Therapies work on… (insert weird/private/ complicated/physical problem)? Although Energy Therapies were primarily developed to address negative emotions, with experience over time the boundaries continue to extend. If the Therapist and Client are both content to try Energy Therapy on a condition, try it.

3. **Be Bold**
   Who dares, wins!

4. **It Doesn't Have to be Difficult**
   With Energy Therapies, results can be dramatic, quick and even, unbelievable. If that happens, excellent! Don't over-analyse and look for problems that aren't there. Use calibration techniques to quantify progress. Use your experience, training and common sense.

5. **Energise Your Attitude**
   Energy begets energy.

6. **Follow Your Feelings**
   There is no standard, 100% guaranteed successful script for any issue or situation. Whilst there are useful protocols and short cuts, these are not sacrosanct. As Energy Therapies, by definition, operate in a dynamic environment, it is natural to have intuitions during the process. These can often be the breakthrough you are seeking. Be creative and go with the flow (of energy!).

7. **Be Creative**
   Create your own good fortune and your own successful results.

8. **Continue to Learn and Grow**
   Stay aware of developments, use the experience of other practitioners, so you can continue to develop, for yourself and your Clients. It will keep your healing energy alive and this will filter through to everyone you live, and work with.

9. **Enjoy It and Make a Difference**
   You know it makes sense.

10. **Persistence Pays Off**
    Whilst there are numerous cases of Energy Therapy having instant results, delivering "miracles", sometimes results may require persistence. As Winston Churchill said, "Never give up. Never, Never, Never, Never, Never." Your breakthrough could be just one more tap away.