

# The Gentle Techniques

There are many situations in which psychological trauma is overwhelming. EFT's Basic Recipe requires you or your client to focus on a specific event. What do you do when the event is laden with fear, and you don't want to remember it? What about the case of a memory filled with terror and pain, one that you've been pushing from your mind for years or even decades, and cannot bear to think about? How can you apply EFT in such cases? Here are some examples of people who might be unable to do EFT without a gentler or more gradual approach:

A male veteran in his 70s who committed atrocities against civilians in wartime. His actions occurred long ago and are not known to anyone except him. He's never talked to anyone about what he did, and he is so riddled by guilt that he dissociates, pushing the memories out of his conscious mind. Yet he still has involuntary flashbacks, nightmares, and intrusive thoughts about the people he injured and killed. His SUD score is 10 at the mere thought of talking about these events.

A 22-year-old woman who, as a child, was ritually abused by her aunt and uncle who raised her. She recently underwent a course of psychotherapy in which memories of the abuse surfaced. She also suffers from unexplained symptoms like migraine headaches, irregular periods, and has been diagnosed with rheumatoid arthritis.

A woman, 33, whose husband and children were killed in a car crash. She was the driver, and escaped unharmed. Whenever she gets close to thinking about it, she begins to shake and cry uncontrollably.

A woman in her mid 30s who is disabled by chronic pain. Medical tests are unable to find anything wrong with her, yet her pain is severe in several parts of her body. She has continuous pain in both her shoulders ranging in severity from 4 to 6 on the SUD scale, as well as pain in her right knee that never drops below a 7, and intermittent pain in her left ankle that frequently renders her unable to walk. She's desperate for a cure, yet her case has baffled doctors for years.

A 55-year-old man who has experienced several losses in the past year. Two weeks ago, his best friend unexpectedly dropped dead of a heart attack while exercising on a treadmill at the gym. The two of them shared the same birthday. His mother died 3 months previously, and his father died 6 months before that after a protracted and agonizing illness. His wife divorced him just after his father's death, he is estranged from both his children, and he has just lost his job. He has been so buffeted by these losses that he has plunged into a deep depression. His SUD score for general depression is 7 and goes to 10 when he thinks about each particular loss.

A female therapist who is also an EFT practitioner but who is completely unable to remember a single event in her childhood before the age of 12. She has tried hard to recover memories but has been unsuccessful, as have several other therapists who have worked with her. She is embarrassed about her "failure." She has an uneasy feeling when she tries to recall earlier events.

A man is disabled by multiple sclerosis (MS). The disease runs in his family, and genetic testing shows that he has a high susceptibility to it, as well as to pancreatic cancer. The MS has become progressively worse, following a course similar to that of his father.

A female painter in her 60s who lives in a tiny rented room and has never been able to make any money from her artwork or to save money from any other profession she's tried. Nearing retirement age,

she has no savings. She recently had a bout of hepatitis that left her weak and demoralized, and saddled with medical bills that she can't pay. Her family was poor, she was raised in poverty, and her relatives are all, in her words, "financial basket cases." She feels overwhelmed by these problems and despairs of having a better future.

When clients have horrific experiences in their past, long-standing family patterns, or overwhelming losses, it's hard to believe that change is possible. Dealing with these issues is very painful, and fraught with the likelihood of failure. Yet in the hands of a skilled practitioner, EFT is able to address these problems and open up the possibility of emotional freedom, even in cases of people suffering deeply.

### **The Need for Gentle Techniques**

One of the most satisfying experiences for any EFT practitioner is to work with people who have carried severe emotional trauma around with them for many years and witness how quickly it can lift after EFT. Sometimes a client has suffered from a problem for decades and, in a single round of tapping, it is gone. After such a session, a client may appear dazed, as though they'd just awakened from a trance. They may shed many layers of wounding in just a single session. They then move on with their lives, enjoying emotional freedom and no longer carrying around the heavy burden of suffering that had previously weighed them down.

Other times, just a small part of a problem dissolves during an EFT session. A single traumatic event may take multiple sessions to address. Persistent lifetime patterns might take a great deal of persistence as layer after layer of the problem is tapped away over a long period of time. Many of us have traumatic events that are so big and daunting that we hardly know where to begin, and we fear being swept away by the tide of negative emotion associated with them. The Gentle Techniques are useful for addressing psychological wounding that appears overwhelming to a client.

When you work with others in EFT, you will often run into traumatic childhood memories, and you may well have experienced

trauma yourself. A U.S. government report found that 60% of older children had witnessed or experienced victimization in the past year. Close to half had experienced physical assault, and 25% had witnessed domestic or community violence (U.S. Department of Health and Human Services, 2012). Unresolved traumatic childhood memories are the foundation of adult maladaptive behaviors and limiting beliefs. More times than not, a person visits an EFT practitioner to address a current issue in their life and it leads them back to earlier pain, loss, and trauma. It becomes apparent that the current life stressor is being made worse by unresolved pain from the past. The previous examples are all drawn from actual cases reported in EFT workshops or recorded in the archives.

You'll find you often need techniques much less confrontive than EFT's basic instruction to "think about the problem." For this reason, EFT uses a suite of methods called the Gentle Techniques, and they're invaluable for these situations. The Gentle Techniques allow a client to tap without having to confront the trauma head on. They gradually reduce the amount of triggering over the course of several rounds of tapping, rendering the triggering event manageable.

There are three Gentle Techniques: Tearless Trauma, Sneaking up on the Problem, and Chasing the Pain. We'll describe each of these in turn. First we'll examine the characteristics that make an event traumatizing, and how these can be distinguished from a nontraumatizing event. We'll also examine how the psyche deals with overwhelming trauma in both functional and dysfunctional ways.

### **The Four Characteristics of a Traumatic Event**

What distinguishes a traumatic from a nontraumatic event? There are several definitions, but there are four characteristics to watch for as you examine your life history and the life histories of your clients. If one of these four conditions is met, the psyche may encode the memory as a traumatic event. The event must:

- Be a perceived threat to physical survival.

- Overwhelm coping capacity, producing a sense of powerlessness.
- Produce a feeling of isolation, aloneness.
- Violate expectations.

Let's examine each in turn, starting with a perceived threat to survival. Some threats to survival are actual. If you're in a serious car accident, you experience an actual threat to your physical survival, and the possibility of death. If you're assaulted by a mugger brandishing a gun, you are faced with a clear threat to your physical survival. That's not a subjective opinion; it's an objective reality.

Such actual and *objective* threats to our physical survival are few and far between. We might experience one serious car accident in an entire lifetime, or one brush with an assailant wielding a weapon. Most of us will not have even a single such experience our entire lives. Yet we might have many *subjective* experiences that we perceive as threats to our survival.

Consider a 4-year-old girl whose father is a morose unemployed alcoholic and whose mother is a violent rage-aholic. The mother screams at the father regularly, and occasionally pummels him with her fists. Each fight drives him deeper into depression. One night the child is awakened by the sound of her parents fighting in the kitchen. She leaves her room and peeks around the edge of the kitchen door. Her mother is brandishing a knife at her father. Her mother catches sight of her. She turns toward the girl and transfers the target of her wrath to the child. "Get out of here or I'll kill you," she shrieks.

As you read this story (a variant of many similar stories told by participants at EFT workshops), you probably don't believe that the mother is really going to murder the child. Yet the child doesn't necessarily know that at the time. With adult judgment, you can interpret the mother's words figuratively. A child will often take them literally. The child does not know that the mother is not speaking literally, and is unlikely to carry out her threat. The child is likely to perceive the

event as a threat to her physical survival, the first of the four characteristics of traumatizing events.

The second characteristic of a traumatizing event is that it overwhelms our coping capacity, producing a sense of powerlessness. A female therapist at an EFT workshop recounted that when she was 8 years old, her mother suddenly disappeared. Her father never provided an explanation. One day her mother was living with them, the next day she was not. Shortly after this her father remarried. At first she was delighted to have a stepmother, but her joy was short-lived. She soon discovered that her stepmother resented her. She behaved coldly toward the girl. One day when the daughter came home from school, her stepmother gave her a hard shove and said, "Leave this house! You don't belong here any more!" The distraught girl ran crying to her room, and when her father came home, told him what happened. His response? "You shouldn't have provoked your stepmother."

Consider how this type of experience fits the last three criteria for traumatic events. The girl took the most appropriate course of action possible by telling her father what had happened. That's the way she tried to cope with the assault and threat. Her father's response—to blame her—overwhelmed the coping capacity of an 8-year-old, who then felt powerless. She felt isolated and alone in her suffering, the third characteristic of traumatic events.

The experience also violated her expectations, the fourth characteristic. Children naturally have the expectation that they will be protected and nurtured by their parents. When a parent harms the child instead, or consents to or ignores harm being done to the child by someone else, this behavior violates the child's expectations.

Some people have the resilience to cope with extreme events, like rape or beating. Others are traumatized by what might appear to be a minor event. EFT Universe trainer Alina Frank provides this example: "Your mother is preparing a particularly stressful holiday meal, you are 4 years old and wanting her attention. You tug on her apron, but rather than her picking you up as usual, instead, for the first time ever,

she unexpectedly turns and yells at you and sends you to bed without dinner. In that moment, all four of the criteria for trauma have been met. Had this happened to you as a 10-year-old, you may have successfully navigated sneaking back into the kitchen, getting some food, and talking it out with your sister. You may have then comforted yourself by playing a video game. With increasing age, resourcing for yourself typically includes a greater variety of options and strategies that reduce the odds of a life challenge becoming a trauma” (Frank, personal communication, 2013). But at the earlier age, without those resources, you’re unable to cope. The crucial factor is not how traumatic an event appears to an observer, but the way it is interpreted by the person experiencing the event.

Even the withdrawal of parental attention can traumatize a child. In a series of experiments, mothers were asked to maintain a “still face” with their young babies for a brief period of time (Tronick, Als, Adamson, Wise, & Brazelton, 1979; Tronick, 1989). The babies responded immediately, even though they could not walk or talk yet. They waved their hands around, increased their level of vocalization, pointed, and performed other “cute” gestures that they knew from past experience would evoke an emotional response from the mother. When the mother was still unresponsive, they increased their efforts. When these still failed to evoke a response, the babies became distressed. They eventually collapsed into uncontrolled crying, extending to a loss of control of the autonomic nervous system. The experiments were repeated with fathers, and in different parts of the world, with the same effect. These studies were startling because they showed that it did not take active abuse to traumatize a young infant; the simple withdrawal of a caretaker’s attention was sufficient. Infants have an inbred expectation that they will receive emotional connection from their caretakers, and when this is absent, their expectations are violated.

EFT Universe trainer and social worker Tracey Middleton, LCSW, says, “I have had countless clients say, ‘I had a great childhood! Nobody ever beat me, nobody ever cussed at me, I was in a wealthy family, had

good food, the finest schools money can buy, and the best parents in the world, yet I don't love myself, I don't feel like enough, and I believe I am not lovable." As she patiently traces this back to early childhood memories, she often finds a withdrawal of attention on the part of the client's parents. She says that, "We need to train our ears to look for the subtle trauma that comes from an emotional environment that does not meet our most basic needs of being seen, heard, and understood, being loved consistently, with parents who are compassionately present and engaged. In therapy sessions, it's like an archeological dig to uncover a tomb. You get the brushes out and start sweeping little by little to arrive eventually at a pyramid that was dug out of a mountain. It includes all those games Dad missed (even though he bought me the best shoes and uniform), all the nights Mom was consumed by her work and didn't notice I came home with a black eye, and all the time with the maid who raised us because Mom and Dad were off making a million dollars. This leaves the child with limiting beliefs about self and the world, even though there may be few or no events that the client can point to as obviously traumatic. The client concludes that he or she isn't lovable, others can't be trusted, and the world isn't a safe place. Children develop a sense of self-esteem based on how others treat them.

"One client reported that it was very traumatizing when her parents would not talk with her when they were upset at each other. They withheld their love because they were preoccupied with anger. She interpreted their behavior to mean that, 'It is my fault Mom and Dad are not talking. I am a bad girl. There must be something wrong with me.' With countless events of her parents withholding their love when they were upset, she grew up with low self-esteem" (Middleton, personal communication, 2013).

### **The Trauma Capsule**

Now retired, neurologist Robert Scaer, MD, was the medical director of a multidisciplinary pain clinic for 30 years. He estimated

that 60% of his pain patients had been abused as children, and virtually all of them were depressed (Scaer, 2012). He identifies the ways in which children, with their limited resources, deal with early life trauma by encapsulating it.

When a traumatic event occurs, a child is not able to process it as an adult would. An adult has the cognitive ability to interpret and make meaning out of an event. If a man makes an unwanted sexual advance to a woman, she can say no, and if he persists, she has a variety of options to escalate the strength of her refusal, from calling for help to summoning the law. She can make meaning out of the advance, and choose her response.

A child lacks that ability. A child isn't able to formulate a cognitive frame for the event in the way an adult can, such as "Uncle Jim, who's exposing himself to me, is a sick pervert." The child is even less able to conceptualize a course of action such as "Next time he does that, I'm going to tell him to get lost, and if he doesn't, I'm going to call 911."

Instead, when confronted with a traumatic event, the best option a young mind can come up with might be to encapsulate the trauma. Putting a barrier around the event and dissociating from it is often the most useful and adaptive response the child can come up with. Scaer (2007) calls this the "dissociative capsule." In Clinical EFT training, we usually use the word "trauma capsule" to describe it. The unpleasant memory is wrapped in a protective sheath and buried in the subconscious mind or the body. The whole event is encapsulated in this way, from the beginning to the end. The child may remember events up to the neutral point of emotional calm before the traumatic event began, and also remember events subsequent to the neutral point at which the traumatic event ended, but nothing in between. In Figure 1, the vertical axis represents distress on the SUD scale from 0 to 10, while the horizontal axis represents time. Memory stops when the SUD level starts to rise and resumes after the last peak of negative emotion. Events before and after the traumatic experience are remembered, but the event itself is isolated in the trauma capsule.

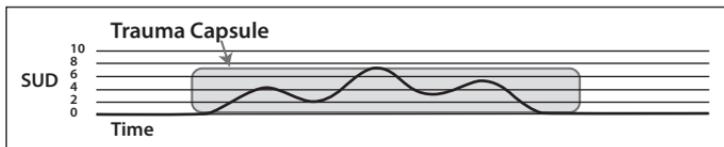


Figure 1. The trauma capsule.

Putting bad events into a trauma capsule allows the child to cope with the dysfunctionality of the family. The child can't escape the family the way an adult might. A 2-year-old can't say, "I'm going to pack my bags and rent an apartment to get away from Uncle Jim's abuse." The child has to live with the people traumatizing him or her. Isolating these events in trauma capsules allows the child to continue functioning in a hostile environment.

By the time a child reaches the teenage years, he or she might have formed dozens of these trauma capsules. The teenager might have a vague recollection that bad things happened earlier but can't recall the specifics. Yet the collection of traumatic events has shaped his or her worldview and attachment style.

### **Cognitive Processing: Shifts and How to Identify Them**

Some events, even highly traumatic events, we cope with well. A useful guide to how well an event has been processed is the degree of emotion that is evoked in describing it. When you describe a troubling event from your past but you clearly view it in past tense and don't have a lot of emotional charge attached to it, you've probably reconciled yourself to it. You've digested all the unpleasant feelings you experienced at that time and the event is just a bad memory that no longer evokes strong emotion. You accept it, it's in the past, it no longer stimulates negative emotion, and it's part of your history.

If you still have strong emotion attached to the event, however, this may be an indication that you haven't processed it fully. Once I was doing EFT with a male psychiatric nurse in his mid 50s. He

described an event in which he “lost the love of his life.” He had been in a relationship and the woman had ended it. Crying uncontrollably, he described the last time he saw her. His high degree of distress made me assume the event was very recent, and I asked him when it happened. “Eight years ago,” he replied. I did not say anything, but I was surprised that he still had such raw feelings so long after the breakup.

The event was so vivid in his mind that he shifted into present tense when describing it. “She’s walking toward the jetway at the airport. I’m standing feeling nothing but stunned regret,” he said, tears streaming down his face. His eyes were open but his gaze was focused far away, as he relived the event (Church, 2014d).

Within the trauma capsule, events are often frozen in time. Each sensory channel, sight, sound, touch, taste, and smell, may be part of the memory. The event may be recalled as though it were happening right now, full of emotional charge (Scaer, 2007). Rather than being recalled as part of the historical past, it’s reexperienced as part of the living present.

After EFT sessions, clients often shift from describing the event in the present to describing it in the past. This indicates a cognitive shift. They’ve now come to terms with the memory, and as well as the SUD level going down, they perceive it through a different cognitive lens. The event is past, and they feel reconciled to it. It no longer evokes high emotion.

This phenomenon has been confirmed by research using EEG (electroencephalogram) technology (Diepold & Goldstein, 2008). The EEG showed that when a client was asked to remember a traumatic event, the memory evoked the brain-wave patterns associated with fear and distress. These normalized after a tapping session. Weeks later, when the client again recalled the event, brain patterns remained normal, indicating the permanent resolution of emotional distress.

Tapping on an unprocessed trauma can bring a cognitive shift toward feelings of being at peace, of having moved on, of being safe. The client may now imagine her or himself as a spectator witnessing

the traumatizing event, rather than a participant. A memory that was vivid may become fuzzy, or the reverse; a fuzzy memory may come into sharp focus. A client may also shift from a victim perspective to feeling compassion for the perpetrator. All these are indications of cognitive shifts, and the observant EFT practitioner is alert to noticing them. The signal of a client shifting from present to past tense, or shifting from unfocused to vivid visual recall, is more subtle than the SUD rating but can be very revealing. When a client feels safe and describes an event in the past tense, without emotional charge, with a sense of perspective, perhaps even humor, it's likely that the trauma capsule has been successfully dissolved and its contents processed.

When working on a memory that takes the form of a trauma capsule, it's also important to tap on each aspect within the capsule. There might be several peaks of negative emotion within a single brief event. Imagine an event in which a client called David remembers being bullied in second grade. The bullies pushed the little David into the ground, breaking one of his teeth. Being a careful EFT practitioner, you search for emotional peaks as David tells you the story. You located the start of the story, when he was walking happily home from school, and his SUD level is 0 as he describes it during the session. The end of the story is after he gets home and is safe. You use EFT's Tell the Story Technique and David describes how the event unfolded.

The first emotional peak within the trauma capsule is when David saw the bullies walking in the opposite direction. As he recalls the event today in your office, he's a 7 for that segment of the trauma. They didn't see him at first, and he thought he had escaped. Then they noticed him and crossed the street to accost him. His SUD level shoots up to 10 as he remembers realizing that a confrontation was inevitable. That's the second emotional peak. The bullies taunted him, shoved him to the pavement, and broke his tooth. When David today recalls the taste of blood in his mouth, he's a 7 for that aspect of the experience, the third emotional peak. He went home after that and he

remembers his mother comforting him. At the end of the story and the trauma capsule, his SUD score is again 0.

Figure 2 plots each segment of David's EFT coaching session. Time is on the horizontal axis and the SUD rating is the vertical axis. The bulge just after the start of the trauma capsule is the first emotional crescendo (seeing the bullies), the middle bulge is the second emotional peak (certainty of confrontation), and the final bulge is the aspect of tasting blood in his mouth.

You incorporate the first emotional peak into a Setup Statement, and tap on "Even though I saw the bullies, I deeply and completely accept myself." It may take several rounds of EFT, including the 9 Gamut Procedure, but eventually David's SUD on that segment of the trauma capsule goes to a 0.

You have him retell the story from the beginning till his SUD score peaks again. You incorporate the new aspect of the traumatic event in a Setup Statement: "Even though I knew confrontation was inevitable when they walked toward me, I deeply and completely accept myself." After you tap, you test your results and keep processing that aspect of the story till David's SUD level is 0 or at least a low number, 1 or 2.

David tells the story again, starting at the neutral phase at the beginning. This time you incorporate the third emotional crescendo into a Setup Statement: "Even though I tasted blood in my mouth, I deeply and completely accept myself." The SUD level drops to a 0 after a single round of tapping.

To further test your results, you now have David tell the story again from the beginning. If he can get through it without going above a 2, you know you've cleared the trauma capsule.

You don't always have to go to a 0 for every emotional crescendo. I've noticed that I'll leave a client at a 2 for the highest peak, and then when I follow up an hour later or a day later, they're at a 0 for the whole event. Also, when the SUD score for one emotional peak goes down, the SUD scores for the others might drop too. In Figure 2, you can see that the SUD level for the second emotional peak drops after the first

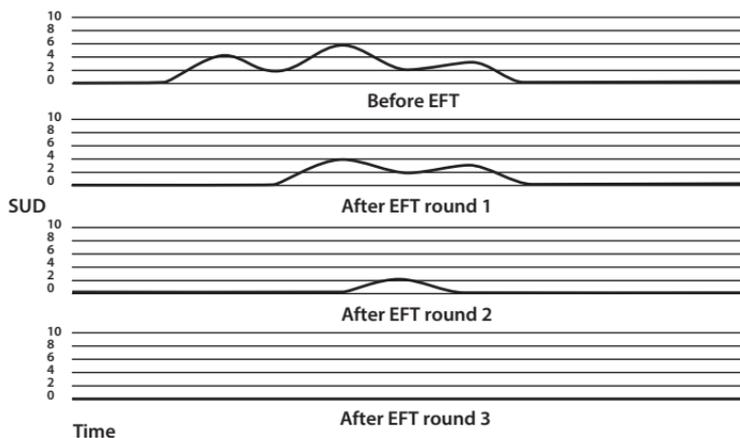


Figure 2. Clearing the trauma capsule with the Tell the Story or Movie Technique.

emotional peak is zeroed out. This is due to the generalization effect noted frequently in EFT; when you clear a trauma, associated traumas tend to reduce in intensity, even though you haven't worked directly on them.

EFT's Tell the Story Technique and Movie Technique (having the client silently run the story in his or her head) are the basic and most essential of the Clinical EFT techniques to learn, because they force the practitioner to apply all of the core concepts to the session. Identifying a movie makes certain you pick a specific event. Checking the SUD level for each part of the traumatic memory ensures that you identify and clear each aspect contained in the trauma capsule. Getting the SUD rating at each junction forces you to test your work frequently. Telling the story all the way through at the end ensures that all the aspects have been dealt with and the trauma capsule has been completely cleared. Though there are many useful techniques in the body of methods included in Clinical EFT, the Movie Technique and Tell the Story are ones you will return to again and again.

## Dissociation

At one EFT workshop, we tested participant levels of emotional trauma before and after tapping. We used a questionnaire called the PCL, short for PTSD Checklist (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996). Everyone's scores on the PCL went down after the workshop, except for two people, whose scores went up. One was a male therapist in his 50s, the other a female director of a psychiatric clinic in her 50s. They felt that they had made big emotional breakthroughs in the workshop, and they were both very pleased with their results after EFT. Why did their traumatic stress scores go up?

The reason is that both of them had a history of dissociation. They had both experienced severe psychological trauma as children, and to cope with the abuse, they'd distanced themselves from their feelings.

Like forming a trauma capsule, the dissociative response makes perfect sense for a child. The child has to survive and live on in the abusive situation. He or she cannot escape, and the caregiver is often the abuser. The child resolves this paradox by pushing the bad experiences out of consciousness and into the subconscious mind. Carl Jung described the "shadow," that part of the self into which these "unacceptable" or unhealed traumas are stuffed. Poet Robert Bly calls it "the bag," and he says that we fill our bags with these unhealed experiences during childhood and drag the bag through our adult life like a huge burden that weighs us down and robs us of our joy.

Dissociation is described in the DSM-IV as "a disruption in the usually integrated functions of consciousness, memory, or perception of the environment." (American Psychiatric Association, 1994). Scaer (2012) describes dissociation more practically as a "confused, distracted state in your patient that prevents you from breaking through the fog into any semblance of meaningful contact. It's the patient 'leaving the room' [emotionally] losing contact with you when you've barely touched on the meaningful traumatic material, or when an obtuse reference to some supposedly benign topic causes a short circuit to a traumatic cue in their memory. It's the state of confusion and distraction that the patient describes, as if they've suffered a brain injury."

After a lifetime spent stuffing bad experiences into our shadow, or forming trauma capsules, and not truly feeling or processing our negative experiences, a person can develop a reflexive habit of responding to negative experiences this way. Such a person might feel very few of their feelings deeply, and perceive emotions as dangerous and disruptive. Their safety lies in dissociating.

When a person with a long history of using dissociation as a coping strategy and with a huge collection of disowned personality fragments stuffed into their shadow starts to learn EFT, these fragments may begin to emerge. Although the person might have managed to feel okay in the past by suppressing these fragments and associated feelings, and might have reported low emotional intensity, they're now feeling them fully, and reporting high emotional intensity. In this case, a rise in emotional intensity is actually a sign of healing, as long as the emotion is then fully processed, to the point at which the intensity subsides and the shadow fragment is reintegrated into the whole personality as an acceptable part.

### **Inducing Dissociation**

Dissociation can be a useful therapeutic tool. When remembering an event is so terrifying to a client that thinking about it is impossible without fear, healing might be impossible unless some dissociation takes place. In these cases, dissociation can be deliberately induced as an interim measure to help a client approach the possibility of healing. EFT's Tearless Trauma Technique makes use of dissociation in this way. It gives the client permission to dissociate as far as is required by the traumatic memory in order to start the healing journey. Once some progress has been made, part of the dissociative barrier can be removed and, with the client's permission, another layer of healing can be attempted.

Scaer (2012) believes that several elements of EFT are effective for dealing with dissociation. These include the ritualistic nature of the affirmations used in the Setup Statement, which may anchor a client

to reality even when the client tends to dissociate, and the integration of the functions of the left and right hemispheres of the brain through the 9 Gamut technique. My own experience with EFT is that the 9 Gamut is essential in cases of childhood trauma, which, as we have seen, is a factor for the majority of clients.

The Gentle Techniques give a client permission to dissociate temporarily as part of the healing process. With tapping, distress usually diminishes and, eventually, the feared event can be faced head on. The Tearless Trauma Technique erects mental barriers between the client and the fearful memory. Several layers of these dissociative barriers might be required before the client feels safe enough to start tapping on the event. The practitioner can induce this type of dissociation, suggest layer after layer until the client feels enough security to begin the work of healing. The following section explains how to perform the Tearless Trauma Technique.

### **Tearless Trauma Technique**

1. Ask your client to choose a specific traumatic incident from the past to work on. For example, the client might say, “I almost drowned after my angry older brother threw me off the boat into the lake when I was 6.” The phrase “My brother tormented me” is too general because the abuse may have occurred over the course of numerous incidents.
2. Ask your client to estimate (on the SUD scale of 0 to 10, with 10 being the most intense) what the emotional intensity would be if they were to imagine the incident. Tell them not to imagine it, but simply to guess what the intensity would be if they did. This estimate is useful, while allowing the client to avoid the emotional pain inherent in full memory. Write down the client’s estimate. Make sure the client’s eyes remain open, so they can see they’re in a safe place. The way memory works is that we combine cues from the environment around us now with the old memory from the past. Keeping the eyes open during traumatic recall associates

the safety of the present moment with the trauma encoded in the memory.

3. Suggest an innocuous reminder phrase such as “the incident at the lake” that allows a layer of dissociation from the terror experienced in nearly drowning. Incorporate the phrase into EFT’s Setup Statement and do a round of tapping. Avoid general statements like “brother torment” because it is so broad that it could refer to dozens of other events. Make sure the phrase is not too provocative, such as “the bloody knife.”
4. After the round, ask the client to estimate again what the intensity would be if the client were to imagine the incident. Compare that rating to the original one. It is usually a significantly lower number.
5. Do more rounds of EFT, with new intensity estimates between each one. Three or four rounds bring most clients’ estimates down to between 0 and 3.
6. When the client’s guess has dropped to an acceptably low rating, do another round of tapping. Ask them to imagine the incident itself. Note that this is the first time you have requested them to do so (prior to this you only asked them to guess at the emotional intensity they would experience were they to imagine the incident). Now ask the client to rate the emotional intensity of the incident. Most people go to 0, but if your client does not, address the remaining aspects of the incident with the Movie Technique or Tell the Story Technique.

The Tearless Trauma Technique can be used in any case that involves trauma. It can be used with both groups and individuals. If your client has experienced abuse as a child, war, rape, torture, or other traumatic events, it’s a good place to start an EFT session.

Here Australian therapist Steve Wells reports on his success the first time he tried using the Tearless Trauma Technique with a group. Participants were startled at how effective it was, even though they weren’t receiving individual counseling.

## Using the Tearless Trauma Technique in a Group

*By Steve Wells*

I just spent the weekend presenting a personal development seminar incorporating EFT and other energy therapy techniques. I tried out the Tearless Trauma Technique.

Sixteen people were asked to guess their SUD score when guessing the intensity of their trauma initially. All of them reported being between 8 and 10. Eleven went to 0 or near 0 after four rounds of tapping when asked to vividly reimagine the traumatic incident. The others were all at 4–5, and two more rounds took care of most of this. I offered to help during the break one woman whose SUD level remained at a 4, but she came up and told me she really saw how she could get beyond this herself and wanted to do so, as she felt empowered by the technique.

Most of the participants were absolutely astounded when they tried to reaccess the feelings and weren't able to. The most outstanding result, however, was by one gentleman who reported that an incredible feeling of sadness he'd been experiencing almost his whole life regarding his father was absolutely gone and he was now experiencing a feeling of complete peace. You should have seen the way his face shone. This guy had previously had a taste of EFT in another seminar I had run. He came to this one because after he used EFT to deal with his constant anger and anxiety, his wife said it was like getting a new husband. Needless to say, she was *very* happy for him to come and do more.

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### Further Layers of Therapeutic Dissociation

There are many traumatic events for which this single layer of dissociation—asking a client to guess at what the SUD score might be if the event were imagined—does not provide a safe enough distance from the event. A massage therapist at an EFT workshop wanted to dispel her fear of public speaking. She came up to work with me in

front of the group, but I quickly noticed she was making little progress. Inquiry revealed that having her session watched by other people triggered her, so we turned her chair so her back was to the other workshop participants, which made her more comfortable.

When she tuned in to the body sensations that arose when she imagined making a public speech, she got in touch with a long-forgotten childhood memory. An uncle of hers had exposed himself to her when she was about 2 years old. She could not bear to think of the event. We used a further layer of dissociation by having her lock the event in a box. It was a yellow box with 10 padlocks holding it shut. Even then, thinking about the yellow box took her SUD level “through the roof.” She decided to put the box inside a safe on an island in the middle of the ocean. Contemplating the island, her SUD level was a 9. Tapping quickly brought that to a 0, and she opened the safe. Her SUD looking at the box was back at a 9, but EFT quickly brought it down to a 1. We then used the Movie Technique, and she imagined the movie playing inside the box. Her SUD level went back to a 10 and we tapped till it was again a 1.

Not until she was ready and willing to open the box did we work on the movie. When she opened the box, the intensity of the movie was only a 6, and it quickly went down to a 1. The intensity of the images faded, indicating a cognitive shift.

I decided to test our results by having her turn to the group and give an impromptu public speech. She was happy to do this. She then stood up on a chair and continued speaking, laughing and waving her hands around as she expressed delight at her newfound emotional freedom.

Layers of dissociation, with the movie playing behind a curtain, or in a locked movie theater, or placing the movie theater inside a box, allow a client to diminish the intensity of a traumatic memory gradually. I’ve even had clients decide to place the box on a distant planet. That’s as close as they can get to the personal tragedy locked inside. It usually surprises me how quickly they can retrieve the box, open it,

and watch the movie. The safety that the Tearless Trauma Technique provides is key to allowing such rapid resolution of deeply disturbing events. Good EFT practitioners let clients proceed at their own pace, never pushing them to confront events that might overwhelm their coping capacity, and allowing them enough layers of dissociation and sufficient time to confront the event gradually. Practitioners sometimes have clients put the traumatic event back in the box for more tapping in the next session, or put the box back in the safe, or on the island, in order to provide the client with the assurance of safety between EFT sessions.

### **Exceptions to the Rule of Being Specific**

The Tearless Trauma Technique presents an exception to the rule of being specific. The Basic Recipe instructs you to find a specific memory to work on. When the memory is too traumatic to contemplate, it's useful to dissociate, and it can also be useful to make general statements like "the lake incident." There are some other exceptions to the rule of being specific.

One is in cases of excessive emotional intensity. If a client is crying uncontrollably, it is wise to pull back from the specifics of the event and tap on general statements like "abandonment" or "misery." I sometimes use a very general statement such as "Even though bad things happened, I deeply and completely accept myself." The reason for the rule of being specific is to get clients in touch with their emotions. If they're crying, they're very much in touch with those emotions, and forcing them to remember traumatizing details of the event is counterproductive, risking the possibility of emotional flooding and retraumatization. My experience is that such clients remain very much in touch with their emotions even when the practitioner backs off from being specific.

Another exception to the rule of being specific is when a client has many similar events in his or her past, and you'd like to reduce the intensity of all of them simultaneously. For instance, a man who was

beaten repeatedly by his father might find remembering a particular beating too upsetting. In this case, tapping on the general heading of “the beatings” might allow the intensity of the whole collection of beatings to diminish, especially if you use a method like the 9 Gamut technique, which experience shows can clear many similar emotional traumas simultaneously.

### **Sneaking Up on the Problem**

Sneaking Up on the Problem is the second of EFT’s Gentle Techniques. It’s very simple yet effective. It’s often used to address hopelessness, catastrophizing, resistance, and core beliefs that the problem cannot be solved. Examples of these core beliefs are:

*I’m not lovable.*  
*I’ll never get over this problem.*  
*Everyone in my family is like this.*  
*Nothing I’ve tried has worked.*  
*EFT isn’t going to be able to fix this.*  
*My pain will never go away.*  
*Relationships aren’t safe.*  
*The doctor says my symptoms will get worse.*  
*No one in my family has ever changed.*  
*Working on this is hopeless.*  
*I don’t know where to start.*  
*I’ve always been this way and always will be.*

Such negative cognitions can also take the form of clichés, such as:

*It’s a dog-eat-dog world.*  
*The apple never falls far from the tree.*  
*No pain, no gain.*  
*The higher you rise, the harder you fall.*

Statements like these are not a promising start to a course of personal transformation! Yet while most of us have problems we’ve been able to solve, we also have problems that have defied our best efforts

at solution. Perhaps everyone in your family is overweight. Perhaps no one in your family has ever gone to college. Perhaps your pain has never gone away before. Most people have a collection of issues that have not budged despite their best efforts over many years, and they may have no belief that change is possible. Nothing in their prior experience suggests it is, and they bring this mindset to an EFT session.

Sneaking Up on the Problem is a simple and elegant technique for dealing with these unhelpful beliefs and resistance. The practitioner simply agrees with the client! You incorporate the client's exact words into a Setup Statement, bracketing them with "Even though..." and "I deeply and completely accept myself." For instance, the client says, "I can never lose weight no matter how hard I try." The practitioner sneaks up on the problem by tapping with the client while affirming, "Even though I can never lose weight no matter how hard I try, I deeply and completely accept myself."

Clients are usually surprised or baffled that the practitioner is not attempting to talk them out of their negative belief. This technique is powerful because it acknowledges clients exactly where they are, not attempting to change them. The great client-centered therapist Carl Rogers said that the paradox of therapy is that the first step in transformation is accepting yourself just where you are (Rogers, 1957). EFT uses this observation to therapeutic advantage, by including even the most negative of cognitions in a Setup Statement. This both validates the client and opens the gateway of change. In my experience, these beliefs shift after just one or two rounds of tapping.

The Sneaking Up technique is also useful when a client states categorically that he or she is unable to remember specific events. You'll ask for one and the client may make a general statement like "I can never remember any specific events." You then build this into the Setup Statement, "Even though I can never remember any specific events, I deeply and completely accept myself." It's uncanny to observe how this use of Sneaking Up is usually followed by a client saying, "Something just popped into my head," after which he or she recounts a specific

event. Another common response is “This probably has nothing to do with my problem, but I just remembered...” and the client goes on to describe an event that is key to solving the presenting problem. Sneaking Up seems to somehow change the client’s sense of reality, broadening the scope of possibilities to include the element of healing.

It’s also very easy to do, requiring no skill or insight on the part of the practitioner. The practitioner simply incorporates the client’s exact words into a Setup Statement. There are occasional junctures in therapy when even the best therapist is stumped and can’t decide where to go next. Sneaking Up is a good standby in these situations, and usually provides forward momentum to the session.

I took several classes from clinical psychologist Brad Blanton, who was one of the last students of Fritz Perls, the developer of Gestalt therapy. Brad is a brilliant therapist, and one of the ways he would address catastrophizing was to not merely agree with the client, but to take the argument one step further. If a client would say, “The pain will always be with me,” Brad might extrapolate with a statement like, “It might even get worse. In fact, it could get worse and worse until you die of pain.” This would usually evoke a reaction in the client such as, “Wait a minute, it’s not that bad!” One of Brad’s favorite sayings, after patiently listening to what he termed a client’s “tragic story,” was, “But wait! It gets worse!” Emphasizing the negative was a way to induce the client to argue for the possibility of positive change (Blanton, 2005).

This trick can enhance the effect of Sneaking Up. If a client says, “I’ll always be sad,” sometimes I’ll agree, and affirm they’ll get sadder. Taken to its logical conclusion, you can say, “Even after you’re dead, people will look at the body in the casket and say, ‘What a sad corpse.’” This usually produces a gale of laughter from the client, and the spell of the catastrophic trance is broken.

Alina Frank also views Sneaking Up as the outermost in a ring of concentric circles that surround the core of full healing. The outer ring often consists of fear or resistance that your client may have toward working on a traumatic event. By starting off with vague tapping state-

ments such as “Even though I don’t want to even think about that bad thing that happened” or “Even though that event was so devastating that EFT could never help me,” we can ease the client’s fears, establish a safe working relationship, and bring the intensity down sufficiently to allow the next deeper layer to be addressed.

As we move closer to the center, the statements can slowly become more specific, such as “Even though I feel this fear just talking about what happened to me when I was at the lake when I was 6...” Once a client’s fears of addressing the event directly have been collapsed, the innermost circle consisting of the actual event may be addressed with the Tell the Story or Movie Technique (Frank, personal communication, 2013).

### **Chasing the Pain**

The third and final of EFT’s Gentle Techniques is Chasing the Pain. Often clients have more than one site of pain. There might be a pain in the shoulder rated at a 9, plus a pain in the lower back with a SUD level of 4, along with a sore knee rated at a 2. When Chasing the Pain, the EFT practitioner guides the client on tapping on each site of pain in turn. When the pain at one site goes down to a low SUD score, you tap on the next-highest pain, and on down the line. Clients might also become aware of new pains as old ones are tapped away. After you tap with a client on her sore ankle, which is a 5, she might tell you that the pain has shifted to her hip, which is an 8. You tap on the hip, after which the pain shifts to her stomach, which is a 4. The practitioner follows the client’s lead, chasing the pain wherever it occurs.

The reason that Chasing the Pain is considered a Gentle Technique is that many clients use pain as a proxy for emotion. A grizzled veteran who is unable to share any emotions will readily describe his pain. Processing emotional trauma may be too difficult or triggering for a client to contemplate, or carry a stigma, while processing physical pain carries no such meaning. Physical symptoms like pain are thought of as objective medical realities, and few clients are unwilling to share them.

As the experience of Dr. Scaer and many EFT practitioners shows, much physical pain is tied to childhood abuse. Since the abuser was often the client's caregiver, feelings of anger toward the caregiver might be entwined with feelings of love and gratitude. A man might remember being beaten by his father, but also remember being loved and taught useful skills that helped him prosper later in life. Sometimes clients feel that talking about a parent's abuse is disloyal because the parent also loved them and provided for them. At a conscious level, a client may be unwilling to address abuse. Here tapping on pain can serve to dissipate that emotional material without needing to confront it.

Fritz Perls noted the link between physical symptoms and emotions after working with an artist on his repressed anger. The artist was extremely nearsighted. After Gestalt therapy sessions, his many symptoms resolved and his vision normalized. Perls observed: "Particularly if you get a combination of symptoms, like nearsightedness, lower back pain, anger indirectly expressed, instances of sexual impotency—you can have a noticeable positive impact on all the symptoms at once....[P]sychologically the overruling of the taboos against expressiveness allows for greater self expression, particularly of anger, then the eyesight improves, anger decreases, back pain goes away and sexual function is restored" (Blanton, 2011).

For some clients, pain offers a useful proxy for emotions. As pain after pain is tapped away using the Chasing the Pain technique, it is likely that a client unable to face his or her emotional trauma is making progress on resolving it in a way that is safe and non-triggering.

### **Sneaking Away from the Problem**

Sneaking Away from the Problem is a technique for concluding an EFT session when it's apparent that the work is incomplete. One of the problematic issues in psychotherapy sessions is that a client is often feeling upset at the end of the appointment. A session might uncover major issues, but when the hour is at an end, they have not been resolved. One client said, "The end of some of my sessions with

my therapist are like being on the operating table getting open heart surgery. Suddenly, the surgeon looks at his watch and says, ‘Oops, time for the next patient. Sorry there wasn’t time to finish the operation. We’ll sew you up and get to you later.’ I feel like I’m bleeding on the gurney. I leave my therapist’s office crying, confused, upset, unable to function for hours afterwards.”

Sneaking Away is a method of using EFT to name and describe this problem in such a manner that a client’s process is honored, and affirming that there will be time later on to address the problem fully. Tapping and using Sneaking Away gives a client a sense of completion. Examples of Sneaking Away affirmations are:

*Even though I still feel terrible, there will be time to work on this later.*

*Even though I’ve just started to get in touch with this issue, I’ll be fine.*

*We’ll put the problem back in the box, behind the movie curtain, till next session.*

*Even though I didn’t solve all of this problem today, there’s time in the future.*

*There’s plenty of time for me to heal. I don’t have to do it all today.*

*This problem has been here for a long time, and what I’ve done today is enough.*

*I don’t have to demand from myself that I heal fully today.*

*I can put this away and pick it up next time.*

*There’s always time and space for me to work on this.*

*Even though I’m really triggered right now, I can manage till next time.*

In my experience, affirmations of Sneaking Away are enormously comforting to the client. Tapping and saying statements like this usually reduce SUD levels rapidly. Occasionally in practice sessions in EFT workshops, when I’m observing participants working with each other, time for the exercise will be up, but one person is still a 10. Sneaking

Away usually quickly reduces that to a 1 or 2, after which the participant can go on with the learning process of the workshop.

Sneaking Away can also be used to address the “doorknob effect,” in which a client recalls a painful event when he or she is about to leave the session (Middleton, personal communication, 2013). This may reflect two contradictory urges present simultaneously in the client’s awareness. One urge is to bring the issue to light by discussing it with the therapist. The second urge is to not discuss it because it is so traumatic. Unconsciously, the client resolves this dilemma by surfacing the issue at a time when it is impossible to process through to resolution. Sneaking Away can be used to sidestep the dilemma with which the client has presented the therapist. Tapping on a phrase such as, “Even though there’s no time to address this now, I’m safe till our next session, and we can talk about it then,” honors both of the mutually exclusive voices competing for the client’s attention.

### **Touch and Breathe (TAB)**

Touch and Breathe, abbreviated as TAB, is a development of TFT that is sometimes used in EFT as well. Developed by TFT practitioners in the 1990s (Diepold, 2000), it is the same as Clinical EFT, except that it does not use tapping. Instead, it uses a light fingertip touch on each acupoint accompanied by a breath. It is described in the book *The Energy of Belief* (Bender & Sise, 2007).

The indications for using TAB are when a client is uncomfortable with tapping. For instance, a rape victim in one workshop I offered was triggered by the tapping itself. The percussive nature of tapping on her body reminded her of the rape. So we used TABbing instead. Tabbing and tapping can be equally successful at reducing SUD scores.

Another EFT practitioner had a new female client, whom we’ll call Jane, who was an Iraq veteran. After deployment, Jane had developed a slew of symptoms including multiple chemical sensitivities. This is a condition in which many substances common in the environment, such as soap and plastic, produce an allergic reaction. Jane’s skin had become so sensitive that she could not tolerate wearing regular clothes,

or constriction of any kind around her body. All she was able to wear were sack-like microfiber dresses of a certain brand. In her first session, Jane was unable to tolerate tapping on even a single acupressure point. The practitioner used tabbing instead of tapping.

By the end of the first session, Jane was able to comfortably tap on her collarbone point, using TAB for the other points instead. Midway through the second session, she was able to tolerate tapping on all the points. She also quickly lost her sensitivities and, after six EFT sessions, Jane's PTSD symptoms had normalized.

### **Posttraumatic Growth**

While PTSD grabs the headlines, it's worth noting that terrible experiences can also produce posttraumatic growth. This is the phenomenon of people becoming stronger and more resilient in the wake of traumatic events (Tedeschi & Calhoun, 2004). PTSD is not inevitable. Roughly one third of veterans returning from Iraq and Afghanistan will develop PTSD, but two thirds will not (Tanielian & Jaycox, 2008). Research has shown a correlation between negative childhood events and the development of adult PTSD (Ozer, Best, Lipsey, & Weiss, 2008). Yet some people emerge from miserable childhoods stronger and more resilient than their peers.

Adversity can sometimes make us even stronger than we might have been had we not suffered it. New research is showing that people who experience a traumatic event but are then able to process and integrate the experience are more resilient than those who don't experience such an event (Stanley & Jha, 2009). A model developed by former General Loree Sutton, MD, former commanding officer of the Defense Center for Excellence and other authorities shows that such people are even better prepared for future adversity, and research that will be published in the coming years will confirm the value of posttraumatic resilience (Sutton, 2013). The way this works in your body's nervous system is that when you're exposed to a stress and successfully re-regulate yourself, you increase the neural connections associated with handling trauma. Neural plasticity, the phenomenon that we build new

neural connections in nerve circuits we use frequently, works in your favor. You increase the size of the signaling pathways in your nervous system that handle recovery from stress. These larger and improved signaling pathways equip you to better handle future stress, making you more resilient in the face of life's upsets and problems.

Posttraumatic growth has only recently been named and identified, and has not yet received the research attention that PTSD has received. I believe that using EFT soon after traumatic events increases the likelihood that a person will be able to make positive meaning out of tragedy, and build the neural circuits required to handle future adversity. I also believe it's possible that further research will show that the events that trigger PTSD can later be reimagined with tapping in a way that promotes posttraumatic growth and generates growth in the neural networks that regulate stress.

One of the most provocative studies I was involved with looked at the experience of 218 veterans and their spouses (Church & Brooks, 2014). They attended a weeklong workshop that included 4 days of EFT and other energy psychology techniques. When they began, 83% of the veterans and 29% of the spouses tested positive for PTSD. After the retreat, these numbers had dropped dramatically, and they were retested 6 weeks later. At that follow-up point, only 28% of the veterans and only 4% of the spouses had PTSD. This represents a significant drop in their symptoms. It's also possible to see the results as a gateway to a new set of possibilities for these veterans and their spouses. Human potential that was circumscribed by suffering might be unleashed after liberation from that suffering. EFT can be used as a way to tip the balance after tragedy, away from PTSD and toward posttraumatic growth.

### *Resources*

- The Still Face Experiments: [StillFace.EFTUniverse.com](http://StillFace.EFTUniverse.com)
- Tearless Trauma: [TearlessTrauma.EFTUniverse.com](http://TearlessTrauma.EFTUniverse.com)
- Touch and Breathe: [EnergyOfBelief.com](http://EnergyOfBelief.com)