

Steps toward becoming...

The Ultimate Therapist

(Building on EFT)

The Transcript

© 1998 Gary H. Craig

IMPORTANT INTRODUCTION

to this transcript of

Steps toward becoming The Ultimate Therapist

Welcome to this written version of the accompanying tape set. You should find it a valuable aid to exploring the contents of this material. Please note the following important points:

1. This transcript *augments* the tape set. It does not replace it. Because it is written, it does not contain the gestures, expressions, emphasis, humor and other facets that are ever present when you watch the tapes.
2. People do not talk with the same grammar as when they write. They skip around, use fragmented sentences, switch verb tenses, etc. This can sometimes seem unintelligible when one tries to *read* the *spoken* word. Accordingly, for readability purposes, it was necessary to occasionally “restructure” what someone said. The integrity of the message was always maintained, however.
3. The Table of Contents to this transcript is organized on a tape by tape basis and provides the highlights of what each tape contains. This is an important aid to helping you locate important material.
4. The tapes have an elapsed time counter on them which allows you to write down references to special places to which you might wish to return. You will find these elapsed time counters printed throughout this transcript. They are of the form: **01:13:27**, which reads 1 hour, 13 minutes and 27 seconds. *Thus, you can peruse this transcript to find the written portion of a topic which may be of special interest to you. From there you can locate an elapsed time counter reference that will point to a nearby place on the tape. This will substantially facilitate your ability to locate important information.*

With deep respect for your dedication to healing,

Gary

Gary H. Craig

P.S. Note to those downloading this document: This Transcript does not represent complete training in this material. It is, obviously, an augmentation to the 17 videotapes. Further, readers must assume full responsibility for their use of any of the information provided herein and consult professionals where deemed appropriate.

**List of Presenters at the
Steps toward becoming the Ultimate Therapist seminars
(In alphabetical order)**

Dr. Marla Brucker
5129 Via Cinta
San Diego, CA 92122
(619) 587-0422

Gary Craig
P.O. Box 398
The Sea Ranch, CA 95497
(707) 785-2848

Tapas Fleming
5031 Pacific Coast Hwy. #76
Torrance, CA 90505
(310) 375-3628

Brian Foley
520 Washington Blvd, #610
Marina del Rey, CA 90292
(310) 578-7573

Dr. Fred Gallo
918 Aztec Trail
Mercer, PA 16137
(724) 346-3838

Michael Gandy
East-West Healing Arts Center
4174 Park Boulevard
Oakland, CA 94602
(510) 531-4325

Marilyn Gordon
455 Newton Avenue #1
Oakland, CA 94606
(510) 839-4800

Alan Handelsman
6112 E Vernon Avenue
Scottsdale, AZ 85257
(602) 945-6227

Dr. Larry Nims
1400 E. Chapman Avenue
Orange, CA 92866
(714) 978-3559

Dr. William A. Tiller
Dept. of Materials Science & Engineering
Stanford University
Stanford, CA 94305-2205
(415) 723-39

**Steps toward becoming The Ultimate Therapist
Table of Contents**

Video Tape 1.....	1
Introductory remarks.....	1
Introducing Alan Handelsman & Tapas Fleming, Substance sensitivity specialists.....	7
Introducing Michael Gandy, Licensed acupuncturist.....	8
Video Tape 2.....	13
Imagining the tapping	13
Chasing the pain.....	15
Brian Foley introduces another comprehensive algorithm.....	23
The Constricted Breathing Technique.....	28
Video Tape 3.....	30
Briefer Forms of EFT	30
Marilyn Gordon combines EFT with hypnotherapy	37
Video Tape 4.....	43
Dr. Fred Gallo’s Presentation.....	43
Video Tape 5.....	57
Dr. Larry Nims’ Presentation.....	57
Dr. Nims demonstrates with Susan.....	69
Video Tape 6.....	80
Larry Nims’ Presentation (cont. from Tap 5)	80
Dr. Nims Treats the Entire Audience.....	83
Words from a few audience members treated by Dr. Nims	89
Acupuncturist Michael Gandy on muscle testing	90
Major uses of EFT without diagnosis	95
Video Tape 7.....	97
Valentine’s Day Fun	97
Introducing Dr. William A. Tiller, Stanford scientist on intention and intuition.....	97
Marla Brucker on bending metal aided by intention, Mind over Metal.....	98
Introduction to surrogate muscle testing	103
Video Tape 8.....	108
Moving from 1 on 1 muscle testing to surrogate muscle testing.....	108
Surrogate Muscle Testing, A way to do it.....	115
Video Tape 9.....	120
A session with Tom and the fear of public speaking	120
More on surrogate muscle testing	130
Video Tape 10.....	138
Dr. William A. Tiller’s presentation	138
Video Tape 11.....	152
Dr. Tiller’s presentation, continued from Video Tape 10.....	152
Substance sensitivities presentations.....	154
Sandi Radomski on using EFT for substance sensitivities.....	154
Alan Handelsman on using Resonance Tuning for substance sensitivities.....	156
Tapas Fleming’s presentation on substance sensitivity reduction	158

Video Tape 12	162
Discussing the use of EFT on the telephone	162
Telephone session example: Gibson, “Fight” memory	165
Telephone session example: Leslye, “Attack” memory	171
Video Tape 13	184
A few follow-up comments	184
Discussion on intuitive diagnosis	186
Another intuitive diagnosis discussion, “Guessing”	193
Video Tape 14	198
Session with Craig, “Bashful Bladder”	198
After the break	208
Session with Martha, “Being reserved”	209
Video Tape 15	218
Tapas Fleming demonstrates TAT with Kate, “Kicked out of Heaven”	218
Business Blocks	226
Video Tape 16	233
Session with David, “Fear of Public Speaking”	233
Session with Joyce & Michael Gandy, “Health Issue”	243
Video Tape 17	257
Session with Jane & Michael Gandy, “Accident”	257
APPENDIX	265
APPENDIX I: Copy of Dr. Larry Nims email letter to Gary Craig	265
APPENDIX II: Dr. Larry Nims & Gary Craig clarify Nims view of PR	270
APPENDIX III: Two pages from the back of the seminar notebook	274

Steps toward becoming The Ultimate Therapist

The Transcript

Video Tape 1

Introductory remarks

GHC (in studio): Hi, my name is Gary Craig and welcome to this tape set entitled “Steps toward becoming The Ultimate Therapist.” I was privileged recently to host two three-day seminars attended by 128, that’s 64 in each of the two seminars, of the most dedicated, accomplished healing practitioners from around the world. It was an exciting seminar, there was *lots* of material put forward, it’s all encapsulated in these tapes. Actually what you’re going to do is see two different seminars, all in the same tape. I’ve taken the best parts of both of those seminars and all the presenters and all the audience comments and all the sessions – and I’ve put the best of them together into one tape, so that you could see them all in one place.

The seminars themselves, just like these tapes, were divided into three parts, and we call them Day 1, Day 2 and Day 3. Day 1 was designed to take EFT, as you already know it -- and I must interject here, the way to get the most out of these tapes is to have already mastered what was in our *original* EFT course that Adrienne and I put on together, with the 11 video tapes, the four audio tapes and the manual. You need to master that before you get the most out of this.

So Day 1 is a more elegant way to use what you have already learned, without having to go through any diagnosis. You’ll find new tapping points in here for example. You’ll find ways to shorten the process, you’ll find more elegant angles to come in at, you’ll find new ways to use affirmations, and so on and so forth. You’ll find Day 1 really quite elegant in that regard.

00:03:34

Day 2 begins in our diagnosis area and we started off with surrogate muscle testing. That is where you, the practitioner, will actually assume that you are the client themselves and you will test a muscle in your body. Some people do it like this, some people try to pull their fingers apart – I’m using a muscle up here in my shoulder. You’ll see me do it many, many times

as it gets demonstrated as to how you might do it. You’ll see how others do it in the audience and so on, so that you’ll be able to get a leg up on how to master this other technique for diagnosing quickly, so you can do this process even better.

00:04:08

The third day has to do with *intuitive* diagnosis. And that’s the ultimate step we want to get towards – where you actually just let, let this stuff work *through* you rather than *by* you. You’ll hear that phrase many times throughout these tapes. Having to work *through* us rather than *by* us, and getting ourselves out of the way is a very important concept in this. Anyway, Day 3 is about intuitive diagnosis.

00:04:34

This tape you’re watching right now, this first tape, is foundational. It is introductory and it’s very important in that regard in that it sets the stage for what’s going to happen with the rest of the tapes. The rest of the tapes have they’re the meat. You’ll see all the sessions, all the presentations and so forth, and there’s little or nothing in the way of fluff. I mean, these things move and move and move and every time you turn around there’s yet another gem coming from some place, from some corner, from some person in our seminar room.

00:05:07

One thing we do need to cover here before we go any farther. It has to do with the legal nature of things. Obviously I cannot take responsibility for what you or anyone else does with these techniques, so I’ve asked my lawyer to prepare a statement, and I’m just going to read it to you. It only takes about two minutes to do, but bear with me please.

The information contained in these videos is for educational purposes only and only represents the personal opinions of the speakers. EFT and other procedures you will see on the videos are experimental and unproven and can, in some cases, induce distressing abreactions. While you are free to use, teach, share and/or show any of the material presented here, these videos should

not be used directly by anyone to treat themselves or others. Before following or adopting any treatment or other opinion expressed on these videos, you agree that you will first discuss the treatment or opinion with an appropriate physician or therapist.

No warranties or guarantees are made, expressed or implied.

If you do not agree to the above, stop now and return the videos to me for a full refund. By continuing, you agree that you understand the above limitations on your use of these videos and indicate your acceptance of the above conditions.

Also, while healing methods have been my passion for over 30 years, I am not a licensed therapist nor am I a psychologist or physician. My academic background is that of a Stanford engineer and my spiritual path, which I believe underlies all proper healing, has led me to be an ordained minister.

00:06:38

I have more to say to set the stage here for this experience but before we go any farther, let's take a look at the enthusiastic start of this seminar. It sort of sets the tone for it and gives you an introduction to the word *awesome*, which you may see again as this seminar unfolds. Watch.

00:06:57

GHC: Good morning.

Audience: Good morning.

GHC: That's not good enough. I want a new audience. You guys came from all over the country, all over the world, and I say "Good morning" and I get the wimpiest good morning I could imagine. Good morning!

Audience: Good morning!

GHC: Improved. Improved.

00:07:28

I want to tell you that it's conceivable we will not have a seminar. The reason I want to tell you that is that after putting this together I found it was so incredibly awesome that I had great concerns about delivering this to you and doing you damage. I'm

serious about that. So I called some insurance companies and I wanted to get awesome insurance and not one insurance company would even sell me a policy for it. So what I did was I called my lawyer and I said, "I don't want lawsuits over this thing because I might damage somebody." He said "Well, don't give the seminar unless your audience is in an absolutely *awesome receptive state*. And if they're not in an awesome receptive state, walk out of the room." I have an awesome attorney – Yes. I do!

00:08:30

Anyway, the word awesome, I mean I *love* to say that word. Say the word AWESOME.

Audience: Awesome!

GHC: doesn't it make you feel good just to say it. Say it again; awesome.

Audience: Awesome!

GHC: Now, what I'm going to need to do you will notice that I have not even been introduced. Typically when you have a speaker they're introduced and so on. So I'm going to be introduced by none other than Dr. Fred Gallo. Raise your hand, Fred. Those of you who don't know him (applause) now that's exactly what we don't want. O.K.? Because that was a therapist's applause. Is that an *awesome* reception for Fred Gallo? Yes or no. No. It is not befitting of his stature. So I'm going to introduce Fred in a moment. I'm going to introduce him, he's going to come up. But I'm going to *observe* how awesomely you receive him, O.K.? Now, let me ask you something. Therapists are known to be conservative sorts, you know.... If you were going to give Fred Gallo the awesome reception that he deserves would you stand up? Yes. Would you yell, whistle, holler? Would you buckle the walls? See I'm going to be standing over here watching. What's that? I'm going to be standing over here watching as you do this. Are you ready, Fred? Well, we're going to find out. I'm watching – Fred is going to come up in a second. Ready. Soooooooo, please join me now in an awesome EFT welcome for the awesome Fred Gallo!!!!

Audience: [applause] [theme from James Bond 007]

Fred: Anyway, I'm supposed to do something like this

Gallo. Fred Gallo. You know the rest.

00:11:41

Since the advent of Energy Psychology changes are occurring more and more increasingly in quantum leaps. And one of those quantum leaps is something referred to as “Emotional Freedom Techniques.”

GHC: Yes!

Fred: Which is a very efficient cheap way

GHC: Wait a minute. Do that with me, O.K.

Audience: YES!

Fred: This is ridiculous. Now, I’ve known the originator of this approach for somewhere between four and five years. So, with that in mind, he’s such a generous, creative, awesome individualso with that said, Soooooooo, with that said

[Theme to Rocky]

00:12:41

Fred: Let’s have an AWESOME EFT WELCOME FOR GARY CRAIG!!!!

Audience: [APPLAUSE]

GHC: Not bad. Not bad. Very good. I still want to get to the word awesome a little bit more, O.K.

Participant: You’re awesome, Gary.

GHC: Well, yes, thank you.

00:13:21

GHC: I’m not *totally* convinced of the awesomeness. Remember, I’ve got my legal liability on the line here. So what I would like to do..... this is sort of like having fun, O.K.? But there’s also a little lesson in it as well. I’m going to divide this room in half. Like this aisle is one half and this aisle here is the other half, and I’m going to ask this half over here, I’m going to ask a question. And the question is going to be “Are you awesome?”..... and what I’d like to have you do is when I go like that is to give me your *most* awesome “Yes.” Are you ready? By the way, if you’re not awesome, don’t say anything. And these people will evaluate and watch you, O.K. [Laughter] Are you ready? Are you awesome?

Audience: YES!

GHC:(to the other half) was that their most awesome yes? Give me a number for it.

Audience: 5

GHC: That wasn’t bad was it?.... But I asked you for your *most* awesome yes, didn’t I? See this is what we tend to do. We tend to say I’m a therapist, I just don’t

do go out there and put it out. I’ve got to be conservative a little bit; I’ve got to hold things back and one thing and another, right? That’s why we have what I call passengers on our bus. (to other half) But actually you had a chance to go to school on them, didn’t you? (to first half) So I’m going to ask them the same question and then let you evaluate that, all right?

Are you ready over here? Are you awesome?

Audience: YES!

GHC: Look, look, look! They stood up!

00:15:07

GHC: Now, I want to ask you a question. Just saying YES enthusiastically like that. Did you notice a change in your energy level? And when you stood up over here When you get your physiology involved you can change your emotional state any time you want just by changing your physiology. YES! And quite often I’ll be dealing with someone who comes in that has a load of problems, if you will. Some of you may have the same circumstance. And when they do that, talking, using terms like “oh, I’m depressed and I’m so down and devastated.” And every time you’re hearing those words.... you have to actually internalize them or you wouldn’t know what those words meant. You literally -- when someone says “I’m depressed” -- you have to say to yourself, “well, what does that mean,” and you have to literally experience that in a mini way *very* quickly. And when you get that all day long, all day long, what happens? And when they *say* it all day long, all day long, all day long, that’s part of their problem, isn’t it? Because they’re conditioning themselves in that way to do that. So what I will do often -- even before I give talks like this, to make sure that my energy level and my state is in this awesome place -- I’ll often times go into the bathroom and I’ll look in the mirror and I’ll go YES, YES, YES. (laughter) I’m serious about that. I’m very serious about that -- I will do that.

00:16:37

GHC: Now, if I have a client right here...if I have a client who is in a down state and I’m getting down, I could do this I could elevate my state in a moment by doing this. I could go YESSSSS! Could I not? Would I change my state? Would I change hers? Yes, instantly. *Instantly* I would change hers. I may before this weekend is over have us do YES, YESSSES AND YESSSES and whatever ... it’s a very practical tool by the way. It may seem a little strange. But I have been known to sit out in my car before a talk or

before a sales interview and that kind of thing. I go YES, YES, YES, in my car, like that! (laughter)

00:17:21

GHC: Now to close this little part out I want to have you all get the experience of that. And so I'm going to ask this group, this side over here, if you're awesome, I want you to stand up and go YES, YES, YES with everything you have, and I want you to notice the difference in your emotional state. Are you ready? *Are you awesome!*

Audience: YES!!!! YES!!!! YES!!!!

GHC: *Are you awesome!*

Audience: YES!!!! YES!!!! YES!!!!

GHC: Bunch of therapists, huh? (laughter)

00:18:02

GHC (in studio): Now to help you with the efficiency in watching these tapes you'll notice at the bottom of the screen is an elapsed time counter. You'll find that on every single tape and it will allow you to be able to locate exactly a segment that you want to watch at another time. For example, if you're watching a given segment or a given session some time and you notice that counter is at 1 hour and 13 minutes, you can make a note of it right there in your notes and you can go right back to it any time you want to. You can go right to it without having to search all through the tape and try to find it because you know the exact number that it's at. So that's a big help for you. Also I want to give a big thank you to the participants in this who worked on stage, both with me and the other presenters, and I also want you to know that we respected privacy at all times. Everybody there, of course, knew we were doing this in a public arena, if you will. I mean, the films were on them, there were people in the audience. And obviously we want to respect privacy. So, while these issues are important to the participants, they were willing to share them with us – that's why the thank them, obviously.

But you need to know that in the background we had discussions that said that in case we got up against a subject or a person that was not discussible and a name not mentionable and so on, that we'd have a way around that. We could either stop doing it altogether or, if it was somebody's name, we could say "Even though 'hm hm hm hm' did something to me [whatever], and that way we could respect privacy and respect people's boundary issues and so on. So that was done with every single person here and we always

had a way for them to be comfortable with it, and I just wanted you to know that because that would be an important point for you to evaluate if you were in my shoes.

00:19:46

Also please know I am a great believer in repetition. My fondest hope is that some of the important points here -- as you hear me say them for the umpteenth time -- that you can repeat them and finish the sentence before I finish it because that means it has been embedded into your system. And some of the things you're going to hear with some repetition that are important points are the following: One is I am not teaching you *THE* way to do anything; what you're going to learn is *A* way to do these things. There are many ways. And what you're really going to end up doing is combing these things and using all of this *your* way. In fact this is not just *A* way to do these things, you're going to see a cafeteria of ways that you can pick yourself – but none of them is *THE* way. We are in the ground floor of a healing high-rise here and *THE* way has not been developed yet – we're in the process of doing that. That's why we call this Steps toward becoming the Ultimate Therapist – we're not there yet; we're going there.

00:20:42

Another thing that you'll hear with great repetition is in order for the diagnostic techniques to work well for you, you need to *get yourself out of the way*. You'll hear me say that with some repetition as well. Which means you've got to get your own self-talk, your own beliefs -- you've got to get yourself out of the way and let your intuition work – and this is the next point – work *through* you and not *by* you. Healing occurs *through* us and not *by* us. That's the third point you will hear repeatedly throughout this and one of the main points that I want to emphasize here.

00:21:16

Finally, I want to make this point. My goal here is as a teacher. I'm not here putting myself out as an expert in these techniques. I do not have clients who come through my office all the time. I don't have the ability to practice this as many of you might, who have ongoing practices and see many, many people per day. My goal is to be a teacher, and the way you evaluate what a good teacher is you look how well the students did. And my fondest goal is for you to pick up on what I'm doing, and by the way, many of you, in some of the things that I'm doing are already exceeding me. But I'd like to have you pick this up

and I'd like to have everybody who watches these tapes, everybody who attends the seminar, exceed my skills in them. When that has occurred, I will consider my goal to have been reached – which is to be a good teacher and that is to have students excel beyond me.

00:22:12

To emphasize that I want to read something to you. This is the final paragraph that I wrote in the announcement for these advanced seminars that I put out on our e-mail list. It is the announcement by which people made the decision either to attend or not attend the seminar. But it encapsulates what I just said, but says it in other words. It's that important and I want to read it to you. It goes like this:

In summary, I will be teaching diagnosis that in my opinion is unique in this field and surpasses just about everything out there. I do not consider it the ultimate ending place for all diagnosis, however. I consider it a beginning and expect that most of you will accelerate beyond these techniques, and exceed my skills with them. I am opening a door here. Those who walk through it will find themselves in a Palace of Possibilities.

Now I want to introduce you to Adrienne. You'll notice I'm sitting here alone. If you watched the earlier tapes, Adrienne was sitting beside me and we worked the whole thing together. Adrienne, due to personal circumstances of her own, is not able to continue on with me in this process. But I did bring her up in the seminars. She did want to meet everybody, everybody wanted to meet her because they knew her already from the previous videotapes. She's very, very dear to me and I must point out that what you're about to see in my introduction to her.... I get quite emotional. I'm not sure you can even understand all the words that I'm saying, just understand what I'm trying to do, is introduce Adrienne and here she is.

GHC (in seminar): On January 8, 1991, I was privileged to meet a lady that has literally changed of my life. She's been my teacher from that day to this day – and forward. She taught me how to love, she taught me a lot of things. I get emotional about it. But you all know her. Here's Adrienne.

[applause]

Adrienne: Wow.

GHC: Sorry. Adrienne would love to be doing this with mehow am I going to do this? But due to private circumstances for her, she's not been able to

join. But I wanted her to come by and have you all meet her because you all know her on the tape.

00:25:13

Adrienne: Here's a pretty special guy. You guys are going to get three days of work from the heart, with this guy. From the heart. Why am I up here?

GHC: I don't know. This was going to go very smoothly. I had this all planned.

Adrienne: I have some stories.

GHC: I know you have some stories to tell. Adrienne and I for years, before we ever did this in the way of seminars, we would do a seminar called How to Drive Your Own Bus, remember that?

Adrienne: Oh yes.

GHC: And we would talk about affirmations and things to better condition our own thought processes and so on. One of the things we would do is instead of using an affirmation like "I'm an example of vibrant health", which is useful by the way to say over and over again, we would put it to song. We would take our favorite songs and we would put our affirmations to the songs, right?

Adrienne: We sure did.

GHC: But one of the favorite songs I had was called "Early Morning Rain."..... some really *down* lyrics so we put our own words to it. You want to sing it with me?

Adrienne: Yes.

GHC & Adrienne:

I am an example of vibrant health.

I make a difference wherever I go.

My harmony with Adrienne (Gary) creates a symphony you know.

So, you can do that with any song you want, any set of affirmations you want, and there's something about the cadence and the movement that lets it land a little better than a regular affirmation.

We also had one One of my favorite songs, is Elvis Presley's first song that he ever recorded. Anyone know what that was? Not *Heartbreak Hotel*. It was called *That's All Right, Mamma*. It wasn't his big one but it was his first one. That's the one that got him on the map in Memphis anyway. Anyway, we have our own words to that, do we not? Ready?

GHC & Adrienne:

Peace is my companion

Forgiveness is my friend

Health is my example, and our talks are in demand.

That's how it is.

That's how it is.

Peace is my companion

Forgiveness is my friend

Adrienne: That's a good one.

GHC: And we have had lots and lots and lots of stories we could tell, other than songs. And she has a story or two she wants to tell, against my better judgment. So just go ahead and tell the story. Tell the one about California Miracles Center first, would you please?

Adrienne: In the very early days of giving the talks, we did a lot of filming and you've probably seen some of it on the tapes that you've looked at. I was doing the camera and we didn't have John and all the wonderful people so I'd be behind the video camera and doing the music and everything. This group that I'm going to tell you about was a church and we were doing a workshop there. And Gary was doing his wonderful thing up on stage and I was working everything that way I was supposed to and he was drinking quite a bit of water, as you'll see him drinking today, to get through the session. And he had to take a break. So he went ahead and

GHC: It wasn't just a break, it was a pee break.

Adrienne: Oh a potty break, I was going to say. Anyway so he took a break and I was talking to people. And to this day he will not believe this, but this is the truth. All of a sudden we heard a very familiar sound. Everybody stopped talking and I'll say it sounded like a river, to build his ego. [Laughter]. But everybody stopped! It was awesome! It was.

00:29:36

GHC: I had my microphone on! I had forgot to turn my microphone off! [Laughter]

Adrienne: And it started happening and I went to look at the equipment but there were, honest to God, there were a lot of people. I couldn't stop it from happening but I kind of enjoyed it! But there were a lot of people so I couldn't even go save him. I absolutely could not. So he came out of the restroom

and he comes walking in and everybody starts applauding!

GHC: This is all on film, by the way.

Adrienne: But it's funny, I don't think it's in any of the tapes. Wasn't that edited out? That was edited out, right?

GHC: different seminar, dear.

Adrienne: Anyway so that was great. And if you wanted to see him where he had to tap, that was it, because he was really, really embarrassed over that.

GHC: I had no idea what was happening. I was in the bathroom, making my river, if you will, and I could hear these gales of laughter going on outside. I thought well, Adrienne is out there cracking jokes! Wonderful. I came walking out and they're all *looking* at me and pointing and someone says "Your microphone was on!"

Adrienne: This is every speaker's horror to think of that. He's never done that since. He learned that lesson very, very well. And then

GHC: One more story.

Adrienne: Only one? We had gone up to Lake Tahoe. We had a meeting up there so usually we'll stay at one of the large hotels up there, but this time we were driving by and we saw a small inexpensive place and we said why don't we just go there.

GHC: Lucky Lodge.

Adrienne: Right, Lucky Lodge. That was the name of it, but Lucky Lodge was it. So we go and check in

GHC: \$39.00

Adrienne: Right. Now you know why we were staying there. *He* pays the bills. He was so happy with \$39.00. So we checked in and we brought our things in the room and the room *stunk*. The smell. I'm sure everyone of you have probably experienced this.

GHC: A bunch of cleaning fluids and stuff. It was just awful. We went for a walk is what we did.

Adrienne: And aired out the room. Let's leave the window open and we'll air out the room and come back. So when we came back it *still* smelled and we said "Oh, we can't stay here." So we put everything in the car and we went to the desk clerk to explain why we were not going to be staying there. And she said "No refunds."

GHC: We'd been there 30 minutes, and all we did was put the luggage on the bed; that was it.

Adrienne: You still need to tap on it! ... But anyway she said no refunds. We said, no, no, we didn't even use the room, we didn't use anything. And we tried to air it out, explained it, and she said "*no refunds.*" And she was rather happy about it, she really was. But she got even *happier* because somebody here reacted to it. I'd known him for so many years and I'd never really seen this, and it was really interesting to see. He said "No, no you don't understand." And said the same words over and over again "We did *not* use the room. We didn't use the room." And she said "No refunds." And he continued; then he finally said "That isthat is" ... I looked at him. I thought, my God, what's he going to say. And he said – and this is really strong for Gary – "*that is so small of you!*" And I looked, and I thought "*small of you.*" Fighting words coming from Gary, that's true! (Laughter) And he kept saying it. I thought this is really getting out of hand. And the lady really liked it because then she said "Look at this small print." So I finally said to Gary "Let's just leave." So we went outside and I said He's going around "*that is so small of them, so small of them.*" And I said "Oh, lighten up and tap!" And with that, we both started laughing. But he did have to tap. And I think he still has to over that.

GHC: An aspect we didn't cover.

Adrienne: I guess so. When we went to check into the bigger hotel which by the way was no \$39

GHC: More like \$139

Adrienne: He was signing the register and I had picked up a card from Lucky Lodge and I slipped it under his nose as he was filling out the form. But I think wasn't over it. So he hasn't really gotten over it.

GHC: Are you done?

Adrienne: I have a lot more to say but I don't think you're going to let me say it. So, if he gets on a high horse during any of these three days, just remind him of Lucky Lodge. That'll do it!

GHC: Thank you so much, dear.

[Applause]

00:35:10

**Introducing Alan Handelsman and Tapas Fleming,
Substance sensitivity specialists**

GHC: Alan Handelsman and Tapas Fleming, please come up.

[Applause]

GHC: Better, much better! Come on up. Now, we have a special treat for you. Later on today, or later on this seminar, Tapas is actually going to give her version of these energy balancing techniques. She's going to show a whole session [applause]. *And*, for those of you who are interested she will use the same technique to neutralize substance sensitivities you may have. For example, if you eat, drink, or smell something that you know bothers you, she has a technique that she would like to apply for you before the seminar is over. Then I'll ask you to raise your hand as to how many have such a thing they'd like to have worked on. In a minute.

Alan Handelsman has another technique for substance sensitivity, right. You have what you call RT.

Alan: I call it a tuner now.

GHC: A tuner, O.K. Well it was called Resonance Tuning. Do you have one with you?

Alan: Yes.

GHC: It's a proprietary kind of device. It's proprietary because part of what this is was developed by somebody other than you, and you do not have permission to use it all.

Alan: Right.

GHC: However, it's effectiveness you have a lot of results with.

Alan: Yes, in fact when I work with it myself I usually use the card before I use anything else. There are times when I don't have the card and I want to use the process and I say "Oh, darn I don't have the card." *Then* I remember that I can do it without the card. So the card is very effective.

Roxanne: Is the card something you sell, or have available?

Alan: Yes, it is.

GHC: This is what we're going to do. I'm going to have you guys raise your hand, those of you who would like to have some..... if you have some sensitivity to something that you'd like to just be out of the way. You eat this, you get a rash, you eat this or smell this something happens to you, your heart pounds. Or whatever it is. We have a few people here. Everybody raise their hand, O.K.? O.K. We have 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 there..... a whole

bunch more. Well, let's just make it easy if we could. Why don't you (Tapas) take this side of the room and you (Alan) can take the others. You have a few more, but if it's too many you can give them over to Alan. What you are to do is to get ahold of Alan or Tapas, whoever you've been assigned to, at the break, before lunch, or whenever and say "I'm one of those people" and go through this process. What I'd like to have happen is as this seminar unfolds and you guys do this, we would like you You will then have a chance to test it by eating whatever it is. We'd like to see how that works. Do you have anything you'd like to say about what you do.

Tapas: It's real easy, it works fast and I'll be happy to work with you during the break.

GHC: Alan, anything?

Brian: I don't have a particular sensitivity but I'd be interested in seeing and learning what you two do, so if it's done in little clusters during the breaks, is there a way to organize it so others will have a sense of it, too?

GHC: Why don't we do this: at the break -- those who are interested -- when the break comes -- go to your own specific places, and you can go to either one you want. As far as I'm concerned, it's fine for anyone to watch in, but we need to respect the privacy of whoever is having it done -- *they* may want privacy. And if they do, then you can go up to somebody's room or something, but generally speaking privacy is not really a problem as far as I'm concerned. Go ahead, back here.

Corey: I would like to see a demonstration on stage of both methods so that I don't miss one person's particular contribution.

GHC: I have a list of stuff I'm not even going to be able to get on. I'm going to have stuff done at breaks and we're going to have somebody bending spoons, etc., with their intention. I have a *lot* of stuff going on. And yes, I appreciate that. The thing you'll need to do though is to tune in or watch as they do these techniques themselves. What we may do, if we have a chance, is have the camera film some of it. That would be useful too. But we have a lot going on up here on this stage; we have a tremendous amount going on, and I have to decide what happens up here and what doesn't. Anything else?

Alan: It'll be easy to find me because 45 seconds after the beginning of each break you'll find me coming out of the men's room. So that's where I'll be at least for the beginning of each break.

GHC: A hand for them.

[applause]

00:40:30

Introducing Michael Gandy, Licensed acupuncturist

GHC: Michael Gandy and I met a few weeks ago. He was introduced to me by Don Elium. He's a licensed acupuncturist in Oakland. And he was doing some specialization in migraine headaches and had heard through Don what EFT was about. It was quite interesting what he was doing. So I went there and we started comparing notes and comparing techniques and both of us became quite impressed. One of the things that Michael is going to do for us on Sunday, and I want to introduce him to you *now*, so you'll have time to pose questions to him. Come on up, Michael. Because what he shows you here, you'll find quite interesting. Why don't you come on up a second, and sit right here if you would.

Michael: Hi!

[Applause]

GHC: Ask them this question. Say "Are you awesome?"

Michael: Are you awesome?

Audience: YES!

GHC: Just curious, because I'm going to leave as soon as they aren't. I'll continue on with what I was saying. One of the things Michael did was he wanted me to work with some of his clients with their various issues, and so I was basically practicing -- honing up my surrogate muscle testing and intuitive diagnosis etc. -- because I wanted to get my skills as high as I could for this workshop because I'm going to be demonstrating them. So I was doing that. What Michael would do -- and this was very strange for me. And by the way, we're not going to teach this here. This kind of thing would take several weekend seminars to teach. But what he did was he would have this box full of all these little vials. And what these vials are, correct me if I'm wrong, Michael, is each of those has a different energy configuration in them, having to do with the acupuncture meridians, having to do with emotions, having to do with organs and so on, correct? And you've discovered this out of years and years of your own practice?

Michael: (affirming)

GHC: And what he would do is he would take these electrodes and then put them on somebody, and then attach them to himself so they're connected electrically. And I'm sitting there doing my EFT thing with them, and they're getting the results, but he's *monitoring it*. That's the important thing. He's monitoring it. He's got his fingers on here and he's muscle testing himself. And so on. He will know instantly when the channel clears. You'll know instantly. In fact one of the things he found out was that one of the ladies *said* something in one of the affirmations, and the moment she said it (snap), the channel cleared. The moment she said it. So we're going to demonstrate this to you on Sunday, but in the meantime I wanted to introduce Michael to you. Michael, your office is in Oakland..

Michael: That's correct.

GHC: It's called what?

Michael: The East West Healing Arts Center, and we're on Park Boulevard in Oakland.

GHC: You have 30 seconds or so for a commercial. Do you want to give one?

Michael: Well, Pepsi didn't pay me any money so I'll do something different. Well, I'm really looking forward to working with some folks over today. I won't be here tomorrow. I'm not going to make it tomorrow. And one of the things I'm interested in doing is understanding what are the underlying patterns that have us be the way we are, and this technique which you're using and learning is a tool. It's a technique. But in the context of your practice and your rapport and your relationship with clients, it can become, I think, a real healing technique that can open the possibility of the body doing a lot of healing – both emotionally but also energetically, and through one's chemistry in their own body to a certain degree. So I've been studying for a number of years what are the underlying patterns that are kind ofwe sort of have this iceberg. At the top we have the emotions that come and go and whatnot. And emotions aren't *bad*, they're part of our intelligence, or should be. But what are the underlying programs that tend to have us do things in a repetitive way. And that isperhaps Don can speak to it at some point but I think it's a really useful tool to have a basic idea of what are these underlying self-sabotaging or problematic patterns, and also what are the healing possibilities – where's the light at the end of the tunnel for that individual? And to have that in front of you. Not that that's the end and be-all, but it's a very useful tool.

GHC: One of the things we'll be doing as this seminar unfolds, there will be a couple of you, two or three of you, that will work with me Sunday afternoon and Michael will literally hook you up. And do this as I'm doing a session with you, for whatever the issue may be. But Michael will need to visit with you *first*. So as I just told you, he needs to spend about 15 to 20 minutes with you to do a little map ahead of time.

00:45:50

Michael: A slight provision to that. I actually had a conversation a few days ago. I hadn't had a chance to talk with you about this, but I think I can mention this. One of the folks who worked with us called and said "During the time up here I couldn't really validate that map because it was just too deep. It was just who I thought I was." These maps we confused as being "that's who I *am*." It's not. It's this mask we lay on ourselves; it's a deep mask. So the folks who are going to work with me, you don't have to reveal or open any of that stuff up but it is the possibility for working at a deeper level. And probably the one session we have up here would not be enough to you can't fill a container over something that's big – it would start a process that you would then want to complete. And I would be happy to send you the high-potency flower remedies and a copy of the map itself that we do, for you to then pursue with your own person that you work with, whoever that might be.

GHC: In addition to that, many people last time asked about training in the specifics of what you do. You don't have a formal thing for that, but that's possible if enough people had interest.

Michael: Right. There is a way for us to work together.

Don: Michael and I have been conferring back and forth. I'm a therapist and Michael sent a client to me and he sent the map; it's five areas, like five aspects. An emotion in each aspect and what needs to be done. This one client, I swear, I didn't look at the map. So I'm doing this work and this comes up, this comes up and I look down at the map and it's *exactly* what we're dealing with. However, four out of the five we hit. The one the woman didn't hit was the one she really avoids, avoids, avoids. So I brought that up, and we just went vroooooom. So, you've got a treat in store for you in terms of this map. It's five areas that the client holds and it's just amazing.

GHC: Again I will point out, we are not teaching it here, we are *exposing* you to it.

Don: The last thing. Michael is a very smart man, I mean, talk to him....

GHC: I was telling Michael -- he was asking me why do you tap the points that you tap? You know the ones that we were using, the ones that you're familiar with, with EFT. And so I was telling him, well, my theory is since the energy system is all connected and intertwined, if you can't find enough of them you send the energy balance down all of them. That's my theory anyway, right or wrong. And it tends to work out in practice. He suggested some other points, that in his opinion would be more efficient. There were three points, where if you tapped those three points, there was such an interconnection among them that you will get all the major meridians with them. Did I say it right?

Michael: Yes.

GHC: And they are..... why don't you point these out. You might want to write this down and notice where they are. Because you'll see me use them from time to time. You've already seen me use them once on myself before Adrienne came up.

Michael: Well, I had this idea and then we actually tested it. So it doesn't exist purely as a theory. Gary was able to have channels shift and issues go away so we've actually have done a little bit of proving on it. These work for the major channels. Now, at some point we may discuss other channel systems, the chakra systems that are also energy systems that can be adhered to -- emotions and thoughts. But anyway, for the major channels.... I'll give you three major ones and two optionals, two alternatives. "Vai hui", which is at the apex, the apex at the ears, if you do one of these kind of things, you wiggle your hands then you sing Mickey Mouseno. Right at the top of the apex of the ears, on the mid-line, that's right, that's where my cowlick is, there's a point called "vai hui". That translates as "100 meetings." In Chinese when you say 100 meetings or 1,000 meetings, that means there's a lot of meetings. And you can just tap right up in here. This is an interesting point as well because this is a place where I will use a needle when an individual who is jammed, which means you can't get good muscle testing on them, you can clear jamming. Anyway, that's the first point. And that will touch all of the yan channels in the body. All of the major meridian channels.

Wayne: How would you spell that "Vai hui"

Michael: V-a-i- h-u-i. 100 meetings. It's governing vessel 20 if you look up the map. Then there's really

no equivalent point for all of the yin channels that I've played with so far. So I break that down into two: one for the upper yin channels of the body and that's nei guan, which is "inner gate." And here's the quick and dirty way of doing it. Put three fingers from the wrist crease and the place where the most proximal border of this index finger meets these two ligaments that go right up the center of the forearm; where those two intersect, that's P-6, pericardium 6, or nei guan.

00:51:34

GHC: If you bend your hand towards you, you'll notice those two little tendons that stand out. It's basically between those two. However, you suggest we just slap it. It's easier to get to that way.

Michael: Right, it's a wrist flex. You get into the basic area. So bang, bang, bang. That of course will deal with the upper yin, which is the lungs, the pericardium, and the heart. Now one of the things I do on the mapping is I tell you which channel and which side are the relevant places. So you know you can go right to it. There's a third point and here you can put a finger right on the medial malleolus, a little less convenient but it's not difficult.

GHC: That little bump on the inside of the ankle.

Michael: So the protrusion, the point that sticks out here at the ankle bone, put all four fingers there, and you're going for the fatty area between the tibia and the Achilles and there's an area in there, you can just tap that. Now, that'll get the lower yin -- the liver, the kidney and the spleen or pancreas channels. This is on the inside.

Michael: Put your finger here..... it's about right there. You just bang, on that general area. It seems to work. I've watched it clear when Gary is doing his work.

GHC: That's also an alternative for this one. This is the same

Michael: Well, no, this does more than that. This is spleen 21 and I found it intermittently clears spleen points but not assuredly. This seems to do better with spleen, kidney and liver points. All. So it's actually beyond..... though this has the advantage of being connected to certain [inaudible] channels in the body.

GHC: In a way, and correct me if I'm wrong -- I never asked the question this way. The original EFT thing was to tap on all the meridian points, going down the body. Here, here, here, here, here -- we didn't use this one. And then we did the fingers like that, one here, one there. Like that. Thereby we

have 14 of them. If I understand you correctly. And the theory of that is we're hitting at some point, all the main channels.

Michael: Either the beginning or the end points of most of the main channels.

GHC: If I understand what you're saying, you're suggesting that these three would be doing the same of those 14.

Michael: I think so.

GHC: O.K.

Michael: Though there's an exception, and we can get into that on Sunday when we talk about a divergent channel.

Tony: Michael, what is the name of that point and the number for it?

Michael: *San yin jiao*. And then there's two optionals, and I won't go into the details here, but instead of this point here if for some reason this point -- which is on the governing vessel which is the spine channel -- if for some reason that is not connected well with the body, say to Atlas or something like that is out of position, there are two points on the body that are similar to the two yin points on the body. This does the upper yang, on the back of the hand, and then there's one, the lower yang, on the feet.

GHC: The opposite side of this one, right?

Michael: Right.

GHC: But you could just do this [tapping] and that would be an efficient way to do it?

Michael: Yes, you could. That would be an efficient way. You want to get both sides, though.

GHC: She's saying it's looking funnier and funnier and it probably *will*.

Michael: Monkey see, monkey do.

GHC: Aren't you glad you came?

Larry: So how many taps and how hard do you need to tap?

00:56:05

Michael: Well, I haven't monitored it enough to know, but I'll throw out an idea here. I'm going to throw out an idea that there is the energetic input, which is you're just tapping on it. It doesn't seem to take much. But there is a space that you're encouraging your client to be in, and it's given by the words: totally love and accept myself. So you talk

about what *is*, so you have truth (I accept), and love myself despite this truth that I don't want to be at. And that truth is creating an emotional adhesion to one's mentality, to one's acupuncture energetics, chakra energetics, scalar energetics, etc.

GHC: And to interject if I may, what you just said is the essence of what Bill Tiller will be saying tomorrow, which has to do with *intuition*. It has to do with intention. You will find out after the break you may not even need to *tap*.

Michael: Well, there is an advantage. There is an advantage to tapping because when the chi is adhered in a channel, if you can be with that intention -- I can do Qi gong and move energy to a point -- probably we *all* can. You can do that. This just gives a real mechanical, can't-ignore-it sort of input. If you're in that space that I just talked about -- and as a therapist you're creating that space where that truth and honesty and acceptance and love can all be -- there's something in that matrix that just allows what was adhered to become fluid again. And then you have what I consider separate, morphogenic fields, able to flow, without being adhered together.

Larry: Why do you need to tap to do that?

Michael: Well, there is an energy system.... The acupuncture system is an energy system that does have a space-time aspect to it. It is in your body and space and time, and the tapping.... You know, our fingers have energy and when we're going there we're putting not only mechanical energy but also the energy that surrounds our hands on the point.

Larry: I understand that. But my experience has been for years now that you can *imagine* doing the tapping and it works just as well as *tapping*.

Michael: I think it's possible.

GHC: We're going to have an example of that after the break as a matter of fact.

Michael: The only proviso to that is frequently you'll have people who either don't want to get well or don't believe they can get well and they're going to sabotage that kind of intentionality. So the physical intentionality goes beyond their thinking.

GHC: Another question back here.

Will: My experience is that in tuning into the morphogenic field, you have to have some tuning devices. And depending on what a person's mind-set is, they need to be in this space-time -- materially oriented or *not*, depending on what their energy

system is. But for those of us who tend to be more incarnate, the tapping works quite a bit better.

GHC: One more question then we're going to take a break.

Mary: I just need it repeated as to what the back of the hand and the outside of the ankle – what that's for.

00:59:31

Michael: There are three yang channels that cross and the back of the wrist. Probably *san jiao* 8, also called triple-heater 8 is on the back of the wrist. You can get an acupuncture thing that'll find that point. And gall bladder 38 or 39 – you're going to catch both of them when you go there. I forget. One of them is a 3 yang crossing. I believe it's gall bladder 38. And again they're more or less, you put your hand down there, come up from the ankle and just bang on that whole little area along that line and you'll catch the right point.

Mary: Thank you.

GHC: We're going to take a break now. I want to remind you – those who want to work on substance sensitivities, please see either Tapas or Alan. Or, hold on a second..... we have a comment here.

Alan: I just wanted to mention that sensitivities aren't limited to *foods*. I'm able to identify jewelry. If you have a cellular phone, or a pager or glasses or clothes --

GHC:or *somebody*

Alan: Or somebody. That's true. So that the sensitivities, sometimes we're living with them and we're not even *aware* of them. So I found deodorant was bad for me.

GHC: You've been able to find what somebody is sensitive to and they don't even know it.

Alan: Right. Exactly. So, we can talk about that.

(End of Tape 1)

Video Tape 2

Imagining the Tapping

GHC: I have had the experience -- and I think many of you have had the experience -- of dealing with people who could not tap for themselves. And you had them *imagine* the tapping. How many of you have had that experience, I'm curious? Could we have a microphone -- for Cali. What was the result?

Cali: The result is the same thing if I'm really tuned in and believing it. It seemed to be about my own acceptance and the person's trust in me.

GHC: Oh, interesting. But in your own perception, as long as you had the belief, etc. they could imagine the tapping and you'd get the results?

Cali: Yes.

GHC: Any difference than if it was actually physically tapped -- slower, faster, or can you tell.

Cali: Faster.

GHC: Faster, O.K.

GHC: Who else raised their hand. Go back to Lee.

Lee: I had a woman with severe claustrophobia having an MRI. There was no way she could tap inside the "cigar tube" as she called it. And she imagined correcting reversal and doing the tapping -- it worked like a charm.

GHC: Wonderful. I have not had lots of experience doing that because it's easy to tap and most people can tap and it's appropriate to tap, if you get results with it. I was in Denver in December. I had the entire audience tapping for pain of one kind or another. Physical discomfort. One lady wasn't getting much results. In fact there were several people and they actually came up on the stage. At the end there were 7 or 8 on stage. In fact some of you who are from that seminar you may remember this workshop. One lady could not tap herself physically because she had some arthritic problems with her joints (in her fingers) and it *hurt* her to actually tap. So I asked her just to *imagine* the tapping. How many of you from Denver remember that? A few of you do. O.K. So there were a bunch of people there, and most of them got

some kind of result as typically happened, but when I came to her she also got her result, and yet she did not physically tap -- at all. And I find that interesting. What I have never had the opportunity to do is to take a whole group and have the whole group imagine the tapping. Guess what we're going to do?

Participant: Awesome!

GHC: Now I have no idea what the result is going to be but I want to prime you a little bit if I can. We are not looking for brand new scientific findings here -- this is not a controlled experiment. What I'm going to ask you to do -- I will instruct you about locating some physical discomforts, etc. and we'll take a few minutes to do that, but once we've done that I'm going to have you tap at first "without tapping." And I'm going to lead you through that and have you do it mentally. So I'm going to begin by having you write down some kind of a number for whatever the physical issue may be and then you'll do a "before" and "after" and we'll have some discussion about that. And I'm most interested in how that is. We need to be quite congruent and quite clear whether or not we've had a change or not, O.K.? but I'm going to find that quite interesting.

GHC: So here's what we do. Close your eyes for the moment. Just close your eyes, sit back and relax for a second and take an inventory of your body and just notice if there are any physical discomforts. Is there a headache? Is there tension in the neck or shoulder, the back, the joints? Is there some kind of itching? Is there a breathing problem -- sinuses, asthma? Something like that? Any kind of physical discomfort whatsoever. Just notice them and then pick out, if you have one, what you might consider to be the worst one. The most prevalent one. In other words if you will just pick one. By the way, Carol, would you pick something other than your legs? O.K. And by the way, as I've said before if one of these seems to be the impossible, like it's impossible to take care of this by tapping, don't eliminate it because you think it's impossible. You can include it. Not that we're going to take care of the impossible but we don't want to eliminate it just because you think it's impossible.

GHC: Now, open your eyes for a second. How many of you located some kind of physical discomfort, just so I can get an idea? How many of you did not? Some of you did not. One, two, three. For those of you who did *not*, you can also find one and this is how you do that -- without damaging yourself. Without

damaging yourself, you can take your neck and move it to a certain point. Move it back and forth two or three times so you kind of loosen it up a little bit. Eventually you'll get it loose enough, and then try to move it. You'll find probably one side is harder to move than the other. You'll get to a point, which might be all you get to without damaging yourself. Oh, that's a 5. Remember *exactly* where that is. *Exactly* where that is because after we're done we're going to need to go the same distance for it, O.K. Exactly where that is. And if you don't want to do that, you can do this (stretching an arm) – you can *create* a pain if you want to!

00:07:34

GHC: But there are only three or four of you who might want to do that. The rest of you have already located a physical discomfort of some kind. O.K. Now if you would, with that physical discomfort, depending on what it is, you may have to stand up and go like this (bend or stretch). What I'd like to have you do, if it's a physical discomfort, whether or not you move that's fine, put down a number for it on a scale of 0 to 10. Ten is the worst it's ever been and zero is nothing. Estimate some number for it, SUDs number, and write that down. If it is of a joint nature or some nature where if you move it would get worse, if you need to, stand up and move to a certain point or do whatever you need to do, whatever it is, to get to that certain point. Remember where that is because that's why we're doing this – we're going to recreate that. Wherever that might be.

GHC: Now, I'm going to walk you through this imagination thing. I'm going to ask you to evaluate where you are when we're done. It's one thing to evaluate what the level of the pain is, of the discomfort. But something else often happens which I want to alert you to. Sometimes the discomfort will change nature. The throbbing headache. It'll go from here to here (pointing). The neck pain will go from here to the shoulder. Sometimes what you call a "pain" will now be a stiffness. You'll want to notice if it changes either in nature or location. One or the other. Because either one of those changes is something that we can use.

GHC: Now, I'm going to walk you through this in this imaginary way and we're going to do the EFT shortcut, which is here to here (Eyebrow point through Under the Arm). We're going to purposely eliminate this point (Collarbone Point). I'll tell you why later.

We're going to purposely eliminate it--we will not be mentally tapping on this point right here (Collarbone Point). We're going to go here, here, here --here.

00:09:44

GHC: With your imagination only, if you can just listen to my words, O.K. We're going to go through the set up, it's the reversal part of it first. So just listen to me. As I'm saying this, you're going to be listening anyway and saying it to yourself. But anyway, just tune into me for a second.

00:10:05

GHC: Even though I have this discomfort, and by the way you may want to put in some other phrase for "discomfort" if there's something more specific that would be useful for you. Even though I have this discomfort, I deeply and completely accept myself. Even though I have this fill in your own blank for discomfort, I deeply and completely accept myself. Even though I have this discomfort, I love and forgive myself for everything I may have done to contribute to it. Even though I have this discomfort I love and forgive myself and anyone *else* who may have contributed to it. Open your eyes and watch me, O.K.? Don't tap – imagine the tapping as I'm doing it.

This discomfort – boom, boom, boom, boom, boom.

00:11:25

GHC: Close your eyes. Take inventory. Notice the discomfort. Just notice if it's changed at all. If you need to move a little bit to see . . . notice if it changes in location or intensity or nature or anything like that. I'm curious, did anybody, notice a change? Hold your hands up high. That's roughly I would say about two-thirds, 60% maybe. Does that sound right to you as you look around? What did you notice? By the way, if your discomfort is discussible, discuss it; if it isn't then *don't*.

00:12:06

Gary: When I turned my head there was discomfort in my neck. But it was about a 3 or 4, and now it's gone.

GHC: Who else? Raise your hand, Sharon?

00:12:28

Sharon: Yes, I had this neck and shoulder pain and it was about a 7. And it went down to about a 4 or a 5. But the interesting thing is that I noticed it on the word about "forgiveness." I *noticed* it right then.

GHC: Interesting. Go ahead, give it to Gloria.

00:12:39

Gloria: I also had pain in turning my neck and I really felt the tapping in the first three points *so* strong. The rest not really. And although the discomfort is still there, I can turn my neck further. I noticed how far I could turn it, and I can turn it further.

GHC: Who else? Go ahead, **Cali**.

00:13:06

Cali: Well, I was tapping for kind of a throat closure, very subtle, at which I only rated at a 3, but I wanted to play with it. And as we did it, particularly again on the forgiveness part, I felt a little streamer of energy go out to my chin, and it's here right now – it's not done yet. It's there but it so distinctly moved.

GHC: It moved?

Cali: Oh, yes.

GHC: Thank you for that. I want to get more comments, but I want to take off on that for a second.

Chasing the Pain

00:13:34

GHC: I will with great frequency when I'm dealing with somebody, especially if somebody comes to me and has what appears to be an intensely emotional issue that I know in just bringing it up that they're going to have a lot of emotional pain and tears, just from an emotional point of view. I will often ask them before we ever start on that particular issue, the emotional issue, "Do you have any physical discomforts?" Oh, yes, stiffness in my neck. That's common. Or "I have this headache." That's common.

And what I'll do is I'll start tapping for the physical discomfort and completely ignore the emotional issue for the moment. And often it will just start moving. I call it "Chasing the Pain." It'll go from here to here to here, down here. Chasing all over the place. In Maine there was one lady who ended up with her fingers being numb. We took care of that, etc. But anyway, when we're all done, then I will ask them about their emotional issue. And often, not always but often, I'll get a response like "Well, it wasn't that big an issue." I say O.K., then say "I had a miscarriage." "Well I had a miscarriage." And somehow we're done with it. It's like the emotional issue and the physical issues are so linked and it's so obvious from this. But I call that "Chasing the Pain." It's a great tool to use many times. Just chase the pain. Who else had some experience?

00:15:06

Nahoma: Mine was wonderful. My sinuses were inflamed and so I did the internal tapping. I started out at a 4 and when I was finished with one round I was at a 2 because the left sinus is fine now; now I've only got the right one to do.

GHC: O.K. Great. We're going to come back to that. Who else? Go ahead, Betsy.

00:15:38

Betsy: I noticed the shift when you got to the second portion of "I forgive myself for what I or anyone else had done." That brought up a lot of emotion for me and it really shifted after that. So actually I'm very curious how come you put that in?

GHC: I figured somebody would ask that.

00:15:58

GHC: Remember, if you will, what I said little while ago. Actually I *didn't* say it and I'm going to say it now. One of the things that we're going to do as this seminar unfolds is we're going to start looking at the existing beliefs about how this process works. The existing technologies, the existing things that we're believing in about it, and we're going to start critically looking at them. Some things that I put out on EFT, some things that Roger Callahan has put out and other people have put out – we need to look at them very critically. One of those is, there's this standard phrase that we use, and I've been playing around with that phrase for some time. And I've had many, many, many people say "As soon as you said *this* . . . and the moment we started getting into some other issues

that were more emotionally charged for *them* – the more on point – we started to make some head-way. You're seeing that as well.

00:16:54

GHC: So you will see that happen more and more as this time unfolds. Anybody else? Bruce.

Bruce: Can you repeat the third affirmation.

GHC: Let me recreate it as best I can. By the way, this will be on the tapes, so you can write it down if you want to.

00:17:20

GHC: Even though I have this “blank”, I love and forgive myself for anything I may have done to contribute to it. Or I love and forgive anyone *else* who may have contributed to it. You will find as time goes on, as you start using intuition in your creativity, you will find more and more ways to do this. In fact you will find as this seminar unfolds, that I will often, as we're deeper into a session, start using reframing affirmations. Total reframes. Things like “Even though what I'm really doing is blaming someone else for what is my own anger” That does not land at all when you first start with somebody, but after you do the tapping and start making headway, the affirmations start landing like that – I mean the re-frames start landing like that. You'll notice that. At least I hope you'll notice that before we're done. Back here to Peg, if you would. No, Marilyn.

00:18:29

Marilyn: I started out with very tight shoulders and it was really the affirmations, I believe, that started to make that melt and then it started to -- what you were saying before, transfer to the throat area and I became aware of *emotional* feeling. I don't really know what it was, but I did notice that transfer.

00:18:48

GHC: So in your perception then, it wasn't necessarily imagining the tapping that may or may not have been the contributor.....

00:18:55

Marilyn: I think it was during the affirmations that was creating that melting sensation.

GHC: We're here to learn. I don't know the answers to this. This is an experiment by the way. Go ahead and take it back to Peggy back there.

00:19:12

Peggy: I really wanted to ask a question, too, because I just had a little stuffiness in my nose and it was a 3. So I get it, and it just was gone. But I wondered if I wasn't *watching* you tap, if I had my eyes shut and was tapping on myself, rather than *watching* you tap. It would be powerful if you could just shut your eyes and just be tapping during the day.

00:19:42

GHC: I have had people who have just shut their eyes and tapped during the day. I have had people who have tapped while they were driving, without shutting their eyes, and have reported some results. I've just never done it in a more controlled--they're all anecdotal reports so I have no way of knowing how often it happens.

00:19:58

Peggy: Which is interesting, because it was good watching you tap but I thought “I'd like to know what I'd be doing if I were just tapping myself and not listening to you, boom, boom, boom.”

00:20:09

GHC: So here comes some sound, right? So now we're tapping maybe with *sound*. I don't know the answer. All I do know is you didn't physically tap and 60% of the people here had a noticeable result. One round. O.K. Nahoma here please.

Participant: I spend a fair amount of time with healers and one of the things I've learned from them is that you can train yourself to move the energy in your body, or move energy from outside through your body. And you can do it in through anything, out through anything, and in any pattern through your body. And I think what we're doing when we're tapping with our fingers or without our fingers is simply moving energy the way any healer would.

GHC: I wouldn't, Nahoma, want you or anybody else to get the idea that maybe your intention has something to do with this.

Nahoma: Oh, of course. But the healer's intention is what begins the process. So I totally agree.

GHC: Yes, William Tiller will be here tomorrow and he will talk about intention from a scientific point of view.

00:21:06

GHC: If you think about it for a second, if I took this mug which has some water in it, and with my intention I tried to move it, I don't know how to do that. I'm not saying I can't do it, I just don't know how. And chances are we could spend the rest of the three days in the seminar trying to do that and chances are it wouldn't move. However, energy is not a dense physical thing like this; energy has no weight. At least I don't think it has any weight. It has no mass, it's just energy. And that would be much easier to move with one's *intention*, wouldn't it? I just point that out. Again, we're exploring things here, but it's interesting that we can all tap here, using basically our intention. Whether it be my intention or your intention or both, I don't know. But we did not physically tap and we got some results, didn't we?

00:21:56

GHC: Now, if you would, we're going to do another round of this. Remember I don't want you to tap on this point (Collarbone Point) and I'll tell you why later – either in your imagination or anything else.

00:22:14

GHC: Don't do this, just watch me do it. We're going to do some more imaginary tapping. Just listen to me, as I be your imagination with my words.

Even though I still have some of this discomfort left, I deeply and completely accept myself.

Even though I still have some of this discomfort left, I love and forgive myself for everything I'm doing to keep this around.

I really don't need this. I'm just keeping it somehow. I don't know why it's there. But I love and forgive myself regardless of the fact that it's there. It's there for a reason but I don't need the reason anymore.

Remaining discomfort. Boom, boom, boom, boom.

GHC: I neglected to have you give a SUDs number to your previous level. But I'm going to ask you to guess for the moment if you've had any movement, any *additional* movement as a result of that round. Raise your hand. Anybody who noticed some additional movement. One, two, three, four, five, six, seven, eight nine.

00:23:38

GHC: Of those originally, how many of your issues went to zero, so you didn't have anything to.....O.K.

00:23:49

GHC: How many of those who made no movement the first time, made *some* movement this time? We've got a few . . . Craig, could you discuss what it was?

00:24:07

Craig: Yes. The first time I didn't feel any movement. The second time, especially again when you were doing--when you got to the "forgiveness" part, but also tapping this last point under the arm, that's when I really felt energy move really quickly through my whole body. So it was not only my lower back, I felt a rush overall.

GHC: O.K. Richard?

00:24:34

Richard: I didn't actually have any response to the first round, but the second round, the reversal, really hit me.

GHC: This is a thing in your stomach you're working with?

Richard: That's right, yes.

GHC: We've talked about it on the phone. Can we discuss it now?

Richard: Yes.

00:24:52

GHC: On the phone you called me, in fact you called from the United Kingdom and you said it was almost constant and earlier today you said it was a 4?

Richard: Yes.

GHC: So when you started, was it a 4 today?

Richard: It had gone up, at about 5-6.

GHC: About a 5/6. And then it stayed there the first round. And then after the first round, after the second round it went down to currently a what?

Richard: It's currently about a 3.

GHC: Would you ask Jennifer to hold the microphone. Are you ready for this?

Richard: I'm ready.

GHC: What I'd like to have you do is go through the reversal process far more emphatically. I'm going to literally have you *yell it*. O.K. But I'm going to also have you physically tap as well. So, right here with meFind the sore spot. Got it?

Richard: Even though I still have some of this stomach pain . . . I deeply and completely accept myself! Even though I still have some of this stomach pain, I love myself, I forgive myself--and I let all my guilt, my fears and my anger out of the way.

GHC: Say "remaining pain"

00:26:26

Richard: (While tapping) Remaining pain. Remaining pain. Remaining pain.

GHC: Is it still a 3?

Richard: No it's gone down; it's about 1 ½

GHC: We could probably get it down to zero but I wanted to make a point. Thank you for sharing that and going through that. You didn't expect that, I know. But quite often, quite often if we're not making headway on an emotional issue or a physical issue, etc., the big culprit is almost *always* reversal. Almost always. And so what I will have people do is just *yell* the thing and do different versions of it, "Even though I don't deserve to get over this, even if it's not safe to get over this," etc. And do it emphatically, etc. I have had many occasions where it was just stop, stop, stop, stop, and then we do it emphatically – bingo! The resistance is out of the way and down we go. Now we didn't get it completely of course, but if we did another round or two, chances are we would.

GHC (In studio): As an aside here, I spoke with Richard over the next two days of the seminar and shortly after he went to 1½ it went all the way to 0, which was unusual for him. And it stayed 0 the entire seminar except for one brief little episode where it came up to a 4 but then went right back down. I then called him two weeks later. He lives in the United Kingdom and I wanted to know how he has been and he said basically its' been a 0, and it had been a 4 to 5 as long as he can remember – for at least 10 years.

The point I want to make here is that prior to this event where he did the reversal correction very emphatically as you saw; prior to that, he would do the tapping and he would get temporary relief and it would go right back up. But with the emphatic reversal correction, it went all the way down to 0 and it basically stayed there except for times when he's under stress. And then it will show up almost like an achille's heel. Almost like it's a barometer; that's the way he knows when he has physical stress – his stomach will start bothering him. And what he does to take care of that, and it only takes moments is relies upon a technique you're going to see a little later in these tapes having to do with constricted breathing. He just notices his breathing is constricted, he taps for his constricted breathing. The constricted breathing goes away and so does his stomach--the discomfort. So basically he's down to 0 all the time instead of 4 to 5 all the time, and the pivotal point is having done that reversal correction very emphatically as I had him do it.

[Back to seminar]

00:29:21

GHC: Who else? Rosemarie did you raise your hand?

Rosemarie: I just felt a release from my tension and the pain was in my upper back and neck. I felt respiratory release.

GHC: Respiratory relief? And that's not something you were tapping for to begin with?

Rosemarie: No; but I just seemed to breathe easier.

GHC: We don't permit *extra* benefits to occur. You have to keep your respiratory thing.

GHC: Alexander.

Alexander: I'm just curious whether people were passively watching you tap or also imagining tapping themselves.

GHC: From my looking out at them, I was wondering what they were doing myself. I think some were just watching it. How many of you were actively emotionally imagining vividly the tapping on yourself? How many were just kind of listening to me, I'm just curious. It's O.K. if you were. Nancy, go ahead, give her the microphone.

Nancy: I wasn't able to do both at the same time. The first time you did it I had my eyes closed and I was able to imagine the tapping on myself, but this time when I had my eyes open watching you, I couldn't do both things at the same time.

GHC: That's interesting. John?

John: I was kind of an in-between statistic because after the first round I did it myself about 3, 4 more times on my sinus congestion.

GHC: I didn't ask you to do that!

John: Yes!

GHC: That's taking awesomeness too far.

John: When I was just watching it was a dud, but when I privately did it, I was just way into exactly what I was doing – a lot of focused attention. And from a 4 to a 2, or 3 to a 1. Something like that.

Marilyn: Gary, I had a very interesting experience because I was working on a fibromyalgia trigger point that only hurts if I touch it. The first round, I started at an 8 and it felt like it stayed at an 8. But by time we were starting the second round and I re-checked it, it had gone down to about a 5.

GHC: How many of you have noticed by the way, either emotionally or physically, when you deal with your clients you get some kind of delayed reaction once in awhile, like half an hour later or ten minutes later. I don't know why that is.

Marilyn: It was very nice.

GHC: Yes, I know. I don't know why that is. But just because your client is not necessarily making immediate headway by their report doesn't mean

they're not making headway because 10 minutes later, they can be going Oh!

GHC: Keep the same issues if you will, or if you want to switch into another physical, if you've already taken care of that, that's fine, too. Now we're going to *physically* tap. We're going to physically tap. Again we're going to eliminate this point (Collarbone Point) and I'll tell you why in a bit.

Even though I still have some of this pain, this discomfort, I deeply and completely accept myself.

A little more emphasis, please.

Even though I still have some of this pain, this discomfort, I deeply and completely accept myself. I love and forgive myself for anything I may have done to cause it.

Even though it's not apparent to me, I am so powerful, I cause everything, including my own problems.

Right here.

*This discomfort, this discomfort.
This discomfort, this discomfort.
This discomfort, this discomfort.
Remaining discomfort
Remaining discomfort
Remaining discomfort
Remaining discomfort
Remaining discomfort
Remaining discomfort*

GHC: Again, like a bad boy, I did not have you do SUDs before you began. But anyway, please take an inventory and tell me as a result of that, how many of you if any, have had noticeable changes as a result of that tapping?

GHC: How many of you didn't have much left to even tap on? Well, that's interesting. We seem to have gotten more results the first round of imaginary tapping than we did with physical tapping. I'm just pointing that out. I didn't know what we were going to have.

GHC: There's a question you haven't asked me yet. So anybody whose having a thought, or has a question for me, would you ask it? There's a question I've

been expecting I don't know how long. Marilyn has a question.

Marilyn: Why aren't you including the collar bone point?

GHC: Well that's one of the questions! There's another question too. I'll tell you that in a minute . . . what else are we not including. We haven't done this and we haven't done the 9-gamut. This is a reversal thing (said while tapping the karate chop point) and we could do that.

GHC: From the beginning, when we first started imagining it to now, how many of you have had noticeable results in the physical discomfort? Raise them high, please. How many have not? We have roughly an 80% success rate, approximately, if you call success a *noticeable* change.

GHC: We did not tap on the collarbone point at any time, did we? Imaginary or otherwise. We did not tap or do the 9-gamut right here. Nor did we tap on any of the fingers. For those of you who are familiar, the individual TFT algorithms for inhalant things, one of the fingers is important. Which one is that? This one here (middle finger)? We never tapped there, did we?

GHC: One of the things we need to do this weekend is to take a look very critically at all of the existing theories. Mine, Callahan's, other people who were doing this. Because if we want to go forward we're going to have to look critically at some of the beginning theories. And one of the things about science, which is the beautiful thing about it, is that somebody gets a great idea. And so they have a theory about it. Somebody else comes along and says "That's a great idea but I do something different with it, so I've got to change the theory to make the theory now fit this new thing that we have." And then somebody else builds on that, and somebody else builds on *that*. I use the example of the Model T Ford. Henry Ford did a marvelous, marvelous thing developing the Model T, mass produced, so that everybody could have one, so to speak. But if we left the improvement and the innovation of the automobile to Henry Ford, we'd still be having Model Ts, right? Everybody has built onto that from that point to this point, and we have cars that make the Model T look silly--we turn our nose up at the Model T even though the Model T compared to walking, riding horses or riding bicycles is a marvelous, marvelous move. But

since we're on the ground floor of a healing high-rise, we need to take a look at it.

GHC: Now, one of the prevailing theories is that there are a series of individualized algorithms that are important and quite useful in being able to assess or generate healing in a variety of areas. One of those is the algorithm for pain, which is to tap here . . . first of all to tap here (Gamut Point) 30 or 50 times, which we did not do at all. Then to tap here (Collarbone Point). Then to tap here (Gamut Point), then to do the 9-gamut and then tap here (Gamut Point) 30 to 50 times, then to tap here (Collarbone Point), and then tap here (Gamut Point) 30 or 50 times, right? Did we do that? (No) Did we get results? Yes. Pretty much across the board – roughly 80% even doing it in a seminar setting.

So you have to ask the question "how important is the individual algorithm? Who uses this for pain, somebody must, because most of you are TFT-trained, or many of you are? Jane, when you use it what kind of percentage results do you get?

Jane: I get excellent results with it.

GHC: 80, 90, 100%?

Jane: I'd say 90%.

00:38:42

Bruce: I embed the standardized pain algorithm with a few other sequences that I've experimented with, and I get probably about 50% to 60% results.

GHC: Who else is using the pain algorithm--Larry?

00:39:08

Larry: I use it some of the time, not all of the time. So I play with EFT, that works sometimes. Sometimes if it's not working fast enough, I'll try that. Sometimes it will help. I couldn't tell you how effective the algorithm is on it's own. I will do diagnostic stuff, and that sometimes helps. So I just use whatever of the approaches seem to speak to the need of the moment. But I've certainly seen it help, there's no question it will help.

GHC: There's no question about the individual algorithms. They have been responsible for tremendous healing across the board.

Larry: Right. And I've seen the other work, too, so I'm at this place of O.K. lots of different ways, I'm not sure which is what and I'm not sure why yet.

00:39:46

GHC: And that may be one of the points. Because we want to take a look at some of the existing theories and see which of them we're supposed to give sacredness to, and which ones we don't – and that's going to be an individual decision. My only point here is we dealt with a whole room full of physical discomforts, got noticeable results and never once used any of those points (from the TFT pain algorithm). That doesn't mean that if you use those points you wouldn't get more specific and even better percentage results—I don't know that.

Larry: I'm sure we'll talk about this throughout the week. The question is whether--we really don't know how conclusive the results are we have even here.

GHC: That's right.

Larry: It's impressive that anybody has *any* change when you think about it. That's impressive. But we don't know how long it will last, we don't know how comprehensive it is. And the question for me is not really that we can get any result, now I take for granted it's likely I'm going to get a result using any number of approaches. The question is, what about when I'm *not* getting results. Then does it make any difference say to go back and do an algorithm as a model—does that add anything, or will doing diagnostic testing add something. And that's what's really interesting me. Let's say we get 80% success, which is amazing—that's amazing. Let's say of those 80% that 50% really have lasting results—that's also amazing.

GHC: Stunning.

Larry: Yes, stunning. Unbelievable. So then there's 50% that we're not quite sure how to get on the rest of the journey. And that I really don't know. Then I think sometimes maybe there is some specificity here that I'm lacking either by doing EFT or by doing the algorithm or by the diagnostic stuff—that's the question that's kind of jumped into my head.

00:41:38

GHC: We're going to be opening lots of doors here and lots of avenues. And again I'm not going to show anybody *the* way to do anything, but we're certainly

going to open doors and start looking at some things critically, including stuff that I've believed in the past. And so we're just going to take a look at all that. We're going to take it apart, we're going to build on that, we're going to show some new ways to do things and so on. Anybody else been using the individualized -- Go ahead, Susan.

00:42:02

Susan: I think my experience here is kind of relevant because I was tapping for an injury. I'd fallen in the bath tub and I pulled the ligaments all around my rib cage and I've been tapping for that using the regular standard procedure and getting no results at all. I'm saying O.K., I know I had the injury, I fell really hard, it's going to hurt, I know it's going to hurt. My thought fields are all organized around it hurting and it being there and it lasting. I've tried to forgive myself for that and work around it but I haven't been able to move it. What moved it was, I think, the change in the thought field that came from the affirmations “even though I've done something to contribute to this – I don't know what it is” – then it moved.

00:43:08

Sandra: I also think the belief that you have -- one of the things Susan was saying was that all of her belief was that she was going to feel this pain – not only the intention but the belief systems around the injury seemed to keep it in place. So the minute that starts to shift, then it seems like there's a shift. The other thing that I've noticed here is that what is the effect of the group itself? The energy of the group itself.....

00:43:44

GHC: There's that group intention going on here.

Sandra: Exactly.

GHC: And I don't know how to measure that either, but that's also in effect, no question about that. Go ahead Lillian.

00:43:55

Lillian: The thing that I've noticed in my patients at home most specifically is when they burst into tears when they're doing the affirmation, who have a lot of difficulty of saying the affirmation, are going to get the best possible results.

00:44:09

GHC: It's almost like the system now gives -- this is a phrase I like to use now with the term

“psychological reversal” – like they’ve given *permission*. Psychological reversal to me is a form of the system not giving permission to go ahead. I think the term “permission” is an important term. How many of you had the experience – when people just don’t want to say it. They will cry, everything else. And once they’ve said it, then we have some results. Is that correct? How many have had that experience?

00:45:00

GHC: I want to give you a little story. I’ve said this before in other seminars, but I’m going to say it here. This is an example. [Discussion about microphone problem.] This is a story Dr. Callahan tells and I hope I have the essence of it if not the exact words. He was dealing with a little boy, roughly 11, 12 years old, whose problem was he would soil his pants. And so Roger would have him say the affirmation “even though I dirty my pants or I soil my pants, I deeply and completely accept myself.” And they weren’t making much headway; in fact, they were making *no* headway. Several sessions as I recall it. One day Roger had the little boy say the following: “even though I shit my pants, I deeply and completely accept myself.” The little boy didn’t want to say that! Tears as I recall. But once he said it, that gave permission somehow and got psychological reversal out of the way, and bingo – here comes our result. Interesting. Very interesting. That’s part of the art of this. I don’t know how scientists are ever going to be able to nail that one down and say what you should say or not say. There’s a certain level of art here that goes on. Anyway, any other questions or comments?

00:46:15

Bruce: I always have strongly believed that words have extreme power on people to heal or of course cause emotional distress.

GHC: Even the word “awesome.”

Bruce: Even the word “awesome.” I find it very interesting and curious. I’m trying to really understand this, that recently of course Dr. Callahan has decided to remove the affirmations from the psychological reversal correction which doesn’t really sit very well with me because I find that to be such a very important part of the process. But I just wonder about people’s thoughts about that because it seems that what happens when people get disturbed, words can do it. Words can cause disturbance and certainly as you said in your manual, that there’s a disruption in the body’s energy system as a result. But the

correction of that disruption can be set forth or promoted by more than just tapping, I think.

GHC: Apparently. That’s another thing we want to look at. We’ve been giving tapping some sacredness, because that seemed to be the thing that’s doing it, but yet we can do it imagining it and now we’re seeing that certain kind of words, a certain phraseology, will also have some effect along with the tapping. I don’t have the answer – we’re opening doors. Back here to John.

John: As recently as last night, I was working with somebody and it was such a good example. I won’t go into it but it was an example of how I think the language is so valuable. Because it points to how we’re at odds with our problem – we have a problem with our problem; we shouldn’t have it, we resent it. But the wonderful thing I get about the affirmation is we’re lining ourselves up with the problem. “This is how it is” and that statement seems to be tremendously powerful when I’m working with people. It’s like they’re not fighting a certain fact. I appreciate that very much. It’s real helpful.

GHC: One more question and then we’re going to take a break.

Rick: I just want to comment, add to what you said about the power of reversal – that statement. I have a pain in my toe and it actually came from kicking something. I thought I had a different pair of shoes on than I did have on, unfortunately. And I had a lingering pain in that toe for a couple of months – something like that. When we first did the imaginary tapping it dropped slightly. Enough to notice, but not a big drop. I heard your affirmation and then I went through – without your permission, unfortunately – and did my own affirmation about loving and forgiveness, for anything I may have done to contribute. And did that in between the two measured tappings and tested it afterwards, and the pain dropped off. As I said, I didn’t do any tapping, just that – and the pain dropped off to virtually zilch.

GHC: Let’s pay attention to that. I have been using varied affirmations, varied phraseology, etc. for the last two or three months and the results are always high. I don’t know which is higher, but I do notice people seem to move through things when we say the right words. Sometimes I’m guessing at the words and using my intuition but more often than not, when

you're tuned into your intuition you're picking up the right phrases.

(Break)

Brian Foley Introduces Another Comprehensive Algorithm

GHC: I want to introduce you to Brian Foley. Brian is someone I've never met, physically, before today, right?

Brian: A couple of hours ago, right.

GHC: And Brian called me on the telephone a month ago.

Brian: About a month ago. Six weeks ago.

GHC: He had somehow heard about the fact that I had this thing we were doing and it was a comprehensive algorithm and so on and as I recall the story, you had gotten Roger Callahan's tapes, but you'd never taken any training on Level 1 or Level 2 of the TFT or from Roger or anything else.....

Brian: Right.

GHC: You took a look at those, I'm paraphrasing. You decided on your own, independent of me or anybody else, that you could just put together some kind of an all-purpose algorithm routine and get results. Which you've done. And you're advertising in *Psychology Today*.

Brian: Right.

GHC: What I would like to have you do is just to briefly go through the algorithm, the routine, that you developed. By the way, your success ratio is?

Brian: It's comparable. I'd say it's about 90%.

GHC: Why don't you just tell us what it is, as briefly as you can because what I want to do is basically get the idea of what you're doing, and then compare and contrast that with EFT, and then we can make some conclusions out of that. So, what is the routine you use?

Brian: All right, well the procedure – again, I got interested. As soon as I got the Callahan material I

got interested and I realized it was meridians and I started to research meridians and I'm just interested in those kinds of things and other aspects of applied kineseology. I'll run basically through the algorithm. I just have people start by tapping in a counter-clockwise way (on the upper chest) for about 30 seconds. I had gotten from a couple of sources that this is again supposed to align the polarity. It will make your system positive where it's supposed to be positive, and negative where it's supposed to be negative. Occasionally you have people who clear before they're finished with this.

GHC: You mean the issue is done by the time they're finished doing that?

Brian: That happens occasionally. Rarely, but it *does* happen. And then I realized I always had trouble finding my tender spot and when I heard it was a lymph drainage point I went looking for other lymph drainage points, and there are (two) at the base of the skull, in the back. So they were easier to find. So I thought well, I'll try these; this was all trial and error. I would just do it and see if it worked. And it worked.

GHC: Now you rubbed them?

Brian: Rubbed them.

GHC: Let me interject something. I had a call maybe six months ago or so by a fellow from Oregon who said "Gary, I want to tell you something. I'm all excited" He said "Did you ever tap on the occipital lobe?" I said "No. Where is it?" He said "I had a problem and I tapped it and the whole thing went away." A new tapping point. I think these tapping points are all over the body, of course, but it's interesting. For him, that was a major thing because he just felt like he should tap there; and he did and his issue went away. So, anyway, continue.

Brian: So I rubbed back there. I would have people say "I completely love and accept myself even though I have this problem. I completely love and accept myself." And then I would have them say "I completely love and accept myself even if I don't get over this problem." And again would find it difficult. People would have real problems saying that sometimes, and whenever that occurred I knew we were in good shape. That would be the set-up and I then, well, I'll just run through it (his procedure) would just run through it. I would have people tap right at the base of the nose (on both sides).

GHC: Another lady quite independently of me, about 10 or 11 years ago, whose name was Pat Carrington, also developed a comprehensive algorithm she's been using for 10-12 years. And she also taps at the "gum line" she calls it, on either side of the nose. I don't know. You want to give us a reason?

Brian: Again just trying other points on meridians that I knew were being used by Dr. Callahan. That was it at first.

GHC: He was using these points?

Brian: He wasn't using these points but they're part of the same meridian. I was just looking at meridians and trying to find points. So you tap here first (both side of the base of the nose, and then here (below the shoulders). I forget the names of the meridians but there are a couple. If you tap actually with fingers like this, you're actually engaging a couple of meridians. That was another thing I wanted to do was to try and get as many meridians involved as possible. That was the second. And then the inside corner of the eye.

GHC: Which is Bladder 1 by the way. The eyebrow point is the second point of the Bladder Meridian; this one here is Bladder 1.

Brian: Right. And then the outside, the outside corner of the eye. I use that as well. And then I knew what was a conception vessel and governing vessel that those were very central, very important and I wanted to incorporate those. And I would actually have people just tap right at the sternum here and just tap right up, and end under (the lips), and then over (the lips). Just starting tapping right at the sternum. Again because there's so many meridians that are connected closely into this area. I usually do it open-hand, like a cup. Just tapping up, all the way, and ending under the lip, and then over the lip. And then the last point is right here. And this is from a book. I had gotten a book on Power Points. And this was a powerful point for relieving anxiety; it's right in the little junction in there, towards the outside of the wrist right at the base of the hand.

(Question about nausea point)

Brian: Oh, you're right, it's down further, where you wear those boat things. I found for myself and lots of people, this particular point -- if there was going to be

a noticeable shift that occurred at one point, this seemed to be the one.

GHC: This gives me an opportunity. He's talking about what I call "Your Point." Quite often I'll have people do this and I will ask them the question "When you're doing this if any one of those points seem to give you some relief compared to the others." Often they'll say "Yes, this one (Collarbone Point)." Or they'll say "yes, this one (Under the Eye)." The two most prevalent ones. And I call those "Your Points." What you're doing, because you're having them tap other places, their point will be some other place. But quite often I find, and I've never done this before, I just put this out for you to practice if you wish, when your client tells you there's a certain point they somehow go "ahhhhhhhhhhh" with, see if you can get the result just tapping on that point only. I'm just curious about that. That might make your process with that one client extraordinarily elegant by the way, on one point! I think that will probably happen in a few cases. Anyway, go ahead.

Brian: So that's the basic sequence. I would go through that sequence. I remember you asking me on the phone if I used the gamut, and rarely. For a gamut, I would just have them tap on the outside of the little finger, which I think is the Triple Warmer Meridian; the ring finger. And just roll the eyes and then turn the head and roll the eyes, turn the head the other way and roll the eyes. Because again I had heard that by doing that, you are engaging both hemispheres.

GHC: When I learned 9 gamut it was "keep your head steady." That was a requirement -- to keep your head steady when you moved your eyes.

Brian: Well I have people keep their head steady when they're moving their eyes, but their head is turned when they're doing it. And it seemed to go very fast. I just have them start by just tapping in the counter-clockwise direction around the thymus gland. I do this first. Actually why don't I stand up. Can everybody see.

Brian: As long as it's around -- the thymus point where Dr. Diamond's point, where there's a little protuberance a couple of inches down from the hollow of the throat, and behind that is the thymus gland. Just tapping in a counter-clockwise circle around that, above as well as below, I guess three inches in diameter or so. And then either one or both of the

points just at the base of the skull, which always just felt really good to me, and they're easy to find – that was the other thing. They're easy to have people find. While saying “Even though I have this problem I completely love and accept myself” twice and then “Even if I don't get over this problem I completely love and accept myself.”

01:00:39

Brian: The first point of my sequence was right here (either side of base of nose). Again this can be done one side or the other side. Focusing on the problem.

GHC: Do you use the reminder phrase?

Brian: The reminder phrase is a great addition.

GHC: But you haven't done that?

Brian: No I would be “Keep on the problem, keep focusing on the problem.” The reminder phrase is much more elegant than the way I was doing it. But yes, keeping them focused on the problem is an essential part of the thing. Then in the groove here (below the shoulders) , again one side or the other. You can tap it this way.

GHC: By the way, this will all be on your tapes, too, so you can take extensive notes if you wish but....

Brian: Tapping the inner bridge of the nose, the inside corner of the eye, and then once again the outside corner of the eye. Then from the sternum just tapping up, up, up, and ending over the upper lip.

01:01:57

Brian: Then the last point is the wrist, the outside edge of the wrist just beneath the base of the hand. By the little finger.

GHC: It's not the inner gate, the inner gate is here. The inner gate is in your wrist; we'll talk about the inner gate a little bit later.

01:02:25

Larry: In the same spirit of exploring and energizing the system, have you mixed up the order?

Brian: I've mixed up the order. I've experimented with Dr. Callahan's algorithms and I would use the anxiety algorithm because it seemed to incorporate anything that was in the other algorithms that I had from the tapes. And would experiment with it. I

found, to me, I can't honestly say that I ever found, maybe in one case where sequence actually seemed to make a difference.

01:03:02

GHC: You mean the order of the sequence.

Brian: The order – it just did not seem to make a difference at all. And that's really when I decided “I'm going to really experiment.”

Larry: So you use the order you're describing here just because it's convenient and you're familiar with it.

Brian: I'm familiar with it, it's convenient.

01:03:20

GHC: As is well known with what I'm doing, you can do the EFT one upside down, backwards. You can imagine it. Order doesn't make that much difference. One more question.

Lee: Again, did you say you start by correcting the reversal, the set-up, or not?

Brian: It's so easy to fix, I just always assumed reversal and just went for it.

01:03:52

GHC: (To Sandi) You and I spoke on the phone. As I recall you had mentioned to me that you were doing the trauma algorithm. And what you tried to do eventually was to use that for everything.

Sandi: I used that for everything and it worked beautifully. Basically did the trauma algorithm, the extended trauma algorithm. It's been so long since I've used it.

GHC: I can tell you what it is – I wrote it down. Otherwise I wouldn't know.

01:04:22

GHC: It's eyebrow, under the eye, under the arm, collarbone, baby finger, collarbone, index finger, collar bone.

01:04:47

GHC: Something I would like to suggest and something I've been saying for a long time and it still is my view, although I'm not stuck on any view – the thing that we have in common – what Sandi uses,

what Brian uses, and what I use as comprehensive algorithms all have one thing in common – they tap all over the energy system, on lots of different places. It's always been my view, and I'm more than happy to have it corrected because as far as I'm concerned my view is as vulnerable to question as anybody else's, but my view is since the energy system is so intertwined, so all-pervading, you tap on a few well-placed points and you're basically sending energy down all the meridians and hence a balancing thing. Order makes no difference whatsoever, at least in practice. There may be some theoretical reasons for that, but at least in practice I don't see that. So that's what yours has in common with mine. If you were here two weeks from now you would hear Larry Nims, who quite independently of me had *another* algorithm, whose also getting 90% results and he's been doing it for years. He's thrown away the 9 gamut totally and is still getting the result – and it's a different one than you have and a different one than I have, but it still taps all over the energy system. Interesting.

01:06:11

Larry: So the meridian system is a highly articulated system, right? And there's 300 something, who knows how many points there are. I don't even know. But where can you tap that isn't on a meridian?

GHC: I don't know, that's an interesting.....

Larry: The reason is--one of the criticisms is "O.K. if it's not precise and order doesn't matter then O.K. you can tap anywhere on meridians." So what about sham tapping. Everyone hears about sham tapping. I'm starting to think "Well, where can we tap that isn't going to activate the system?"

01:06:46

GHC: I hear that all the time. In fact people have come to me and said "Gary, we need to have all these scientific studies done, etc." But almost invariably they'll say to me "Well, let's do a study where we tap where you say, and then let's do a study where we tap *any* place." As though that's going to tell them something. And it may tell them something – I don't know what. If they get the same result, I don't know if they're going to say that makes EFT bad and random good, if we're still getting result. See, I don't know. I picked up EFT only because it just made logical sense to me – why not just tap on a number of areas that are easy to find. Let's tap on enough of them. Let's practice it awhile and see what happens.

Bingo, here's the result. And now we're all sitting here wondering why!

01:07:31

Lee: One thing we overlook—we're dealing with a scalar energy or non-hertzian energy which is very subtle, that responds to thought. There are studies out now where the belief system of the experimenter can push data all over the place.

GHC: Indeed.

Lee: Now, aren't we talking about our own belief systems here. Because when I first started off after training with Roger three or four years ago, I used the basic eye-arm-collarbone and I got 90% results. As my beliefs have been changing, having been exposed to Gary's work and now to yours (Brian), I suspect that what's going to potentiate the healing—is our own belief system.

01:08:08

GHC: If I may rephrase that into "intention," which is what you're going to hear from Dr. William Tiller tomorrow, I think we're going to find intention has a *great* deal to do with it. And frankly I started off with the EFT algorithm being all the way down the fingers—all the meridians. The only one I didn't do was the liver meridian because that was socially awkward for women to tap. So I skipped it; it didn't make any difference. Except for one case and I ran into, which I put on the Internet. I was making no headway with this gal. She said she had a liver problem so I had her tap on the liver point and then she said she got some result. So I'm not saying these are basic truths across the board.

Lee: This is a little bit awkward because I'm getting ready to run a pilot study through the University I'm attached to and of course it's my belief system, it's going to potentiate the results – which algorithm do I believe in most.

GHC: I don't know! I started doing it all the way and then I said O.K., let's just skip the fingers, and we're still getting the result. And earlier today I said "Let's just do this pain thing and let's skip this point." We still get results. Now if I had one on one with somebody I'd get better results still. But in an audience – we're still getting results. How much can you skip? I don't know. But you will find as we're going to go through, I'm going to talk about more

eloquent ways to do this and ways to shorten it down and so on in a bit.

Rob: I just wanted to say one thing. Quantum physicists have observed that when we look at a certain particle of matter our observation changes the way that piece of matter moves. And it isn't just that we're doing -- I don't think intention is enough to describe what's happening. I think we can throw out different pieces, but maybe what we're finding is a critical mass of something that we're bringing together. And what we're trying to do is sort through the different pieces at this point. I welcome your experimentation and see if you can just do it with your beliefs, but my hunch is beliefs alone aren't significant. In my clinical work with people I have people say "I don't believe this is going to work" and I'm saying fine, great, we're going to do it anyway and see what happens, then we get results.

GHC: One of the interesting things with the tapping, we can have total non-believers and *still* get results. I don't think we can get these results with our intention if our technique, instead of tapping on the energy system or balancing it in some fashion -- if we were instead to say "Drink a glass of water." If that was our technique and then we, with our intention, said "O.K. phobia, go away." I don't think we're going to do that. So there's some combination I think with our intention on the energy system, with the aid of tapping, balancing, however we want to put that.

Brian: I'd just like to make one point. This comes from my personal experience as a client in process as well as doing this work. We tend to speak about energy and the energy system as if it were energy -- as if it were the energy that comes out of the wall or something. I've come to the belief that really what we're dealing with, it's *consciousness*. This energy *is* consciousness; we are individuated consciousness, out of the whole infinite realm. I think basically what we're doing with the tapping and the clearing the blockages and so forth, I noticed that people, the one case on the tape, of the woman on the audio tape who literally came together as a person. The more of this work that's done the more together people are; the less egotistical they are, the less fragmented they are. What I think really is happening here is an integration of consciousness. If you want to call it "energy", fine. So that we return to that wholeness, that whole individuation that decided to be us this time around, as opposed to just energy, as electrical energy or mechanical energy.

01:12:17

Lee: I agree. I think energy is really information which is in a way what you can interpret consciousness. But the work of Upledger adds another variable here. Upledger is responsible for developing cranial sacral therapy. In the last three volumes of *Subtle Energies*, it is a marvelous journal by the way. He describes his work where he hooked up himself and a patient to electrodes. A very defensive patient. The electrical resistance on the surface of her skin was 3,000,000 (3 million) ohms. The electrical resistance on *his* skin jumped to 3 million ohms. As he began working with her and she began opening up, it went down. And finally it got down to about 300,000 ohms, which is what most electrical resistance on our skin except for accupressure points, which drop to about 12,000 to 14,000 ohms. So there's another variable here. If you've got someone whose electrical resistance is putting up a shield of about 3,000,000 ohms and that reflects on *us*, these are other variables that we haven't even begun to look at yet.

GHC: May I interject there because that's a nice little segue to the possibility of our intuition coming into it. The person who can get the same 3,000,000 ohms or whatever it was --that's an area of somebody tuning into somebody else. Can we give the mike to Peggy.

Peggy, you and I talked on the phone. I believe you told me, and correct me if I'm wrong, that often times when you're dealing with a patient you will literally *feel* energetically when they are making their change.

Peggy: Yes, when she was tapping, and I don't even remember what point it was at, but I could just feel it leave her body. I asked her afterwards what happened and at exactly the point that--she used the exact words. She said "Well, it just went right through my body and went right out my feet. And it went right at this point." I said "I could feel that one, too." I've had it happen quite often. The thing is, they are tapping and I am tapping with them, so I'm really *in* their energy system. And it's happened quite often that I will just feel immediately when it goes.

01:14:21

GHC: One of the things I am beginning to develop myself, which is somewhat parallel to that, is when I'm doing intuitive or for that matter, surrogate diagnosis. I'm putting in my mind's eye up here -- for you NLP people that happens to be in the upper left up

here, where it belongs – a thermometer. And if the thermometer is full they're at an 8 or a 10 or something like that, and if it's bouncing on the bottom we're pretty much done with the process. Sometimes I'll see 3 or 4 thermometers. But that's a metaphor that I'm using. *You feel it, I see it* It's interesting. But we'll develop that more as we go on.

Can we have a hand for Brian, please.

The Constricted Breathing Technique

01:15:11

GHC: For now I want to have you each experience one exercise with me if you will. And this is something I've run across recently, which I found quite helpful. Often we have a difficult time, not often, *sometimes* we have a difficult time getting to what the issue is with the client. Sometimes the client will come to you and they won't even know how to articulate what the issue is. Or sometimes they seem to be repressing and they're talking *around* what the issue is. And you need to find some way to get *to* the issue. I often will do that with some kind of a physical thing. I'll ask them how's their neck and what's going on here and there, and we'll start tapping on that and then, bingo, after awhile they'll say "Oh, well..." and then they'll start articulating what the emotional issue is. It's sort of -- we start tapping and then it bubbles up to the surface, and it comes out their face.

GHC: In recent times I have found a rather easy way, from a physical point of view, to start making entry into that. And that has to do with your breath. Taking a deep breath. It turns out many people have a physical constriction in their breath in that they are not able if they take a deep breath to take it *all* the way in; they come up somewhat short of their potential. Now I'm going to show you what I mean in a minute. But what I'd like to have you do is just practice and take a deep breath with me. But I don't mean . . . I mean to *really* take it in. With me. O.K., ready?

And let it out.

I'm not going to do another right away because I don't want you to hyperventilate at all. The reason I'm going to have you do it a couple times first is it's something like when you move your arm or something like that. The first time you move it, you can feel a little pain. Then you move it again and you

go a little farther because you're kind of conditioning the muscle a little bit – same with your breath. I want to get to the point where we're getting to a real constriction, not a temporary constriction.

01:17:01

GHC: Let's take a deep breath again. Now in a minute we're going to do it again. But what I'd like to have you do this time, and you're going to have to use your intuition about this because you've probably never been asked to do this before. Because I'm going to have you take a deep breath, but then notice is your breath you take in a full 10, and a 10 being the most potential you could possibly have – are your lungs really filling up, or is there some kind of constriction. If there's a constriction then you'd want to call your breath a 7 or a 5, or an 8 – whatever number you want to give to it on a SUDs level. So if you're a 10, you're a 10; if you're something other than that, fine. But I'm going to have people raise their hand to see how many are something less than a 10.

With me now? (Breathing exercise)

01:17:56

GHC: O.K. Now just notice what that is. Assign a number to that. And how many are less than 10 – have some constriction? Hold your hands up. I want to get a rough percentage. Looks like 50%. Something like that.

01:18:16

GHC: Interestingly enough, while in this group setting, we're not going to be able to do all this and have people come up with emotional issues and stuff, that's not the point here. But we are going to do some tapping on that breath so you can notice what happens. By the way, even if you're not able to scare up an emotional issue to deal on, this is a great kinesthetic way to have the client start recognizing the power of this. So they don't sit there and say "Oh, this is silly stuff." Because they will literally be able to breath more deeply and quickly. And it's very kinesthetic. They say "Oh, my goodness!" I've seen that with some frequency now. So anyway....

Even though I have this constricted breath, I deeply and completely accept myself.

Even though I have this constricted breath, I deeply and completely accept myself, and I let go of all my own contribution to it.

And even though it represents stuff that I don't even want to face, I deeply and completely accept myself. I love and forgive myself for my contribution to it, and for that of my mother, my father, my uncles, my brothers, and everybody else who did me in.

You can make it up, O.K. That seemed like a facetious comment, but it's not. I *do* make it up. I do make it up when we have individual sessions going on. I'll often make it up because it seems right to say it, and more often than not, if you'll follow that you'll be on point – not always but you'll be on point often.

GHC: Now take a deep breath and notice if you're number is still the same. Ready.
(Breathing....)

01:20:20

GHC: Now, how many noticed an improvement. That's roughly, 35 or 40%, which is roughly 70 or 80% of the people from the first round that noticed some change.

[GHC (In Studio): I don't know if you've noticed or not, but I only did *one* tapping point with the audience. I just had them do the reversal correction with a few affirmations. This is the only place that we tapped – we did *not* do the sequence. That was a mistake on my part. I really didn't intend that. And what's interesting to me is not only did we get the result – like 70% or so of the people that had constricted breathing noticed an improvement in their breathing. Not only did *I* not notice that, but nobody in the *audience* picked it up, either. I don't know why that is, yet only one point did the job here. That's just an interesting observation I'll put in front of you. Also the restricted breathing technique that we just demonstrated here, or are demonstrating, is *very* useful. You'll see it used several times throughout the sessions on these subsequent tapes.

Back to seminar

01:21:05

GHC: Anyone want to comment on what the change was? Like was it amazing or whatever. Brave Jane will tell us about her breath.

Jane: It felt constricted the first time even though I did take a deep breath. And a tightness in my body as I was taking it. And this time I felt like I got more air in, but the major thing was that it felt free and easy and could just flow in.

GHC: The interesting thing about it -- you do this two or three times with your client, including skeptical clients who don't want to do this dumb thing, they'd rather have "real therapy" – I've done this probably 15 times or so and I bet you 12 or 13 of the times they go "Wow!" They literally go "Wow!" So I found that very helpful and I think you'll find it helpful too if you do it with clients – those who you think need some kinesthetic reminders or evidence.

Gloria: I was a 9 out of 10. But when we were doing the tapping, an issue floated by like that, and that was the one--So just knowing--it was like "O.K., there it went."

GHC: The interesting thing is, when you start dealing with the physical I've often times seen the emotional – it'll pop up, it'll identify itself. I don't know why.

Gloria: Right. Because when you said "You might have an issue" I *had* no issue, but then a little one popped up.

GHC: It's my guess that every time we deal with a physical symptom of any kind, and I had you create one through your breath because you didn't know it was there -- that when you're dealing with that you're really dealing with the emotional cause of that. Whether that's right or wrong I don't know. I've used that logic for a long period of time and it keeps working for me. So I'm continuing to use it.

GHC: Any questions about that? If not, we're going to take a break.

(End of Tape 2)

Video Tape 3

Briefer Forms of EFT

00:01:51

GHC: We're talking now about making an already very successful process, namely the EFT process, even more elegant. We're doing now in 30 seconds to a minute what used to take weeks, months or years sometimes. But we're a little impatient and we'd like to be able to do it in 12 seconds! I'm serious about that. That's what I'm talking about here – why not do it in 12 seconds, if you can, a lot of times. So what I wanted to do is I wanted to point something out to you. What I have over here, I don't know if you can all see this well, but I've taken the essence of EFT, the set up, or psychological reversal. And then we have the sequence, the 9 gamut and the sequence. Which was the basic model that Roger Callahan put forth and upon which TFT and a number of other processes are developed. But if you take a look at that, one part of that is the driver. One part of that does the job and that's the first sequence. That's what does the job. We put the set up in, the psychological reversal correction, in case we have psychological reversal. But that's not the driver. Sometimes you get people where they have a result just with that, but typically the driver is that first sequence.

After you do the first sequence, you'll then do the 9 gamut, which takes a while more, and then you do the sequence again. Well, as you have witnessed earlier today, we completely eliminated the 9 gamut, from our imaginary tapping and so on for the physical thing, did we not? Completely eliminated it. Brian Foley completely eliminated it. Larry Nims, who you have not met but you will see on tape because he'll be in the next seminar, has eliminated it for years. In more recent times I just decided to eliminate it, I just haven't done it. I'm still getting the results, O.K? Interesting. That doesn't mean it's not useful. That doesn't mean there aren't times when it shouldn't be put in, but if you can eliminate it and still get the results, why put it in to begin with? If you want, but I'm suggesting to you, and you will see plenty of evidence as this seminar unfolds, I'm not even going to use it. So if you don't use this, you don't use 9 gamut, you don't need the follow on sequence as part of the whole process. So by eliminating the 9 gamut, you also

eliminate the follow on sequence and now all you have to do is just do the psychological reversal correction and the sequence.

00:04:15

That's half of the process right there, folks. We just cut it in half. Try it, try it with your patients and see what happens. The bottom line is try it and see what happens. Now if Lee is correct and your belief isn't in place, then it won't work, right?

One of the first things which I thought was really quite brilliant from Roger that I learned was that he painstakingly went through the 9 gamut process with people and he would arm test for each of the eye movements and the counting, and find out all these things to do. Then he finally said "You know what? You don't have to sit there and arm test and muscle test to find out which one of those nine things you need to do for the brain balancing process that seems to be going on here." He said "Just go ahead and do the whole thing. It'll take less time." So that's what we do now. We don't sit there and muscle test for each one of the things -- you just go do it. It takes less time. Don't sit there and muscle test for it, just do the whole thing. Overdo it; overtap so to speak.

00:05:24

Pretty bright, I thought. And then what came out of that afterwards was, "Well why sit there and muscle test for psychological reversal, just do the correction. It takes you less time to do the correction than it does to muscle test, and then maybe do the correction if you need it."

But now we're at a point where do we even need to do the 9 gamut? I have just thrown it out for the last couple of months. I have not used it and I keep getting results. Brian Foley from day 1 has continued to get results.

I'm inclined, and of course these are all choices that you make, I'm just giving you the information. These are all choices that you need to make for yourself. But I would be inclined to not use it at all, unless I'm stuck. That's what I do with collarbone breathing by the way. I never use collarbone breathing unless I'm really, really stuck and then I'll throw it in and maybe I'll get some result, maybe I won't. Maybe it'll loosen something up for me and maybe it won't. But if I put it in consistently I'm wasting my time, apparently, most

of the time. That's true with 9 gamut. If you put it in all the time but yet it just doesn't seem to be necessary, are you not wasting time most of the time if you do that? At least that's the way I look at it. So you'll see from this seminar, I will rarely, if ever, use a 9 gamut. And we'll just keep doing it and doing it. I haven't used it yet. Again, I don't want to suggest that it's not useful. Roger put it together for certain purposes. I just wonder if it is as prevalent a need as at least I originally thought.

Another thing we want might to do which might add a little more power to this. I've experimented with this some but I don't have really enough background here to tell you this is or is not useful in the process. And that's this: as you know, with the EFT sequence I've shortened the thing down so you don't even bother with the fingers. Through here (eyebrow point), down to under your arm and eliminate the fingers. But part of the logic to that is it's not so much that you don't need to tap on the fingers as though the fingers aren't useful. Who was it? Somebody on our EFT list just recently said somebody could not tap on their face for whatever the reason – I forgot what the reason, there was some injury to the face or something like that. So they tapped on the fingers instead and got the result! I don't know what you do about that, but that's what happened. Well, as far as the fingers are concerned, when you tap on your eyebrow point for example, are you not tapping with your fingertips? Right? And aren't the fingertips you're tapping with awfully close to the fingertip points? It's not right on it of course, but it's awfully close. So as you tap here and here and here (facial points) and so on, are you not tapping on your fingers more often than you're tapping anyplace else? Or at least close to the point. Craig?

00:08:24

Craig: But when you work with people you're doing the tapping not them.

GHC: Not always.

Craig: But a lot of times, like on the videos, you're tapping on them, so they're not even using their fingertips.

GHC: I realize that. But also when I'm on the telephone with them I'm not tapping them. I will often times have people on stage where they tap themselves. I do it both ways, you're right. I'm

making the point that... The point is, when you're tapping with these two fingertips there is some logic to say you're also tapping those meridians. That's my only point. So therefore not only are you tapping these seven meridians but you're also tapping perhaps – not right on it, but you're getting energy down these two meridians (fingertips) as well. So why not just take all five fingers and bunch them like this and tap this way, and do it this way. I don't know that it's going to work. I don't have lots of experience with it, I don't have controlled studies. There's some logic in that, however, to do that. Now if you have long fingernails, you're probably going to do some personal damage. Does it work with just two fingers? Does it work? Don't worry about it, just go ahead and tap with two. But if you have short fingernails and you want to tap with all five, there's some logic to do it because you are tapping on, like we were saying, more meridians when you do that. So I just point that out as something that might super-charge the process a bit and maybe help in a case or two that wouldn't have benefited otherwise.

00:09:55

GHC: Now here's something that I have used a little bit, and it's just an idea for you about making this more elegant and making it less time still. I just haven't done it enough to tell you that this absolutely works at all times.

When we do the sequence, the way I put EFT together, we will say "This fear of heights. This fear of heights." The reminder phrase, right? And the purpose of that is to keep you tuned into the particular problem. Now I know there's also a lot of you who say you were entrained to it anyway, and maybe you don't need that. I tend to put that in. I've had a lot of feedback from a number of EFT'ers who say they really like that because the clients like it, because it does kind of keep them on their own issue. Which as you know, people will tend to flip back and forth with issue to issue.

I'm off my train of thought. What was I talking about.... So you use the reminder phrase to tune yourself in. I suggest to you there's another way to do that, which will make this thing faster and a little more elegant still. And that is if we combine the set-up affirmation with the sequence. (While tapping the EFT sequence).

Even though I have this fear of heights, I deeply and completely accept myself.

Even though I have this fear of heights, I deeply and completely accept myself.

So instead of using the reminder phrase, “This fear of heights, this fear of heights,” just use the PR affirmation as you go on down. You’re combining the two of them. Now do I have enough experience to say, “That always works.” No. But does it fulfill the goal of the reminder phrase by keeping someone tuned into the problem. Of course. If it’s in that affirmation, that’s tuning into the problem. It is doing that. Might it take care of psychological reversal in the process? Probably so. And my guess is if you really want to zero this thing down and make it even shorter still, you could just combine the set-up as I just mentioned with the sequence, in that one round, and watch what happens. O.K.? You keep your own statistics on that.

00:12:14

Avis: The set-up was done with the affirmation, with the karate chop or the sore spot. So would you add that then to the sequence, if you’re doing the affirmation with it? How would you cover that?

GHC: When you do what I just said, you give up the sore spot or the karate chop spot. And there is some logic to that. Now I believe Dr. Callahan said tap this (karate chop spot) alone, don’t even use the affirmation and you’ll take care of the reversal. And some people have told me that has worked for them...this is yet another thing that works for them. Do we see a thread here somehow? It seems like just about everything works, somehow. Just about everything works.

00:13:01

Larry: I wonder if there’s another question we have to unfold here, peel away. And that is “Is that really reversal?” I think you said before maybe it’s about permission. Or maybe it’s another issue. When you say “I want to be over this problem, I don’t want to be over this problem, or -- permission to be over the problem, or maybe I don’t...” Maybe that’s another problem. And not a reversal. What is it that makes it really a reversal?

GHC: I don’t know. Roger is convinced that it’s a literal changing or shifting... a reversal of polarity

in the system . O.K., it may be. There are all kinds of healing techniques which require as part of their protocol some form of permission from the system. The arm test: do I have permission to work on that. Lots of them do that; this one (PR correction) doesn’t. EFT, which is built on TFT, doesn’t do that, because Roger never did it. But if you look at it, it’s really important. How many times have you dealt with a client and you’ve even taken something away and they almost resent you for it? It’s like you took it away too fast. Like “What’d you do? I don’t have my *friend* any more.” Though they may not say it that way. So you need permission. I also think – and this is speculation on my part – that when you’re really not able to make headway with somebody I think there’s such a huge secondary gain or loss in it, that you’re just not getting permission from that system and they’re psychologically reversing on you. Again I can’t prove that; that’s just from my experience.

Bobbie: My experience with that both personally and with clients is that if there’s a secondary gain, there’s a feeling that you don’t *want* to get rid of the problem. But if there is trauma, a certain degree or sequential trauma, there’s a fear you *can’t*. And that feels like the psychological reversal whereas the other feels like secondary gain.

00:15:09

GHC: That could well be. I’m not sure anybody really knows what psychological reversal is, we just know how it seems to be affecting things and how we seem to be able to do this PR process and it seems to go away, and then we seem to have the way paved for us.

Another way you might want to use this, to make this yet more elegant and yet faster still, is to do what I call the “claws.” And that is you take one finger and put it here on your eyebrow, your eyebrow point. Take your thumb and put it on the corner of the eye. And let the other three fingers just fall where they may, and tap right here. As you’re doing that you are getting the eyebrow point. You’re getting this point, I forgot....so you’re getting three or four points all at one time with one tap. You don’t have to go 1, 2, 3, 4, 5 – all you do is (tapping)...just like that. You can do a similar thing like this (tapping more group points)... do several at one time. Or if you want to do both hands, you can do this! (Laughter)

Don Elium, who's going to be at the next seminar, he called this the Monkey Thing. It was like that (tapping).....(Laughter)

But think about that. There's no reason....by the way if order is really important then you need to tap in some kind of sequence. But if order is not important, just tap them all at one time. Maybe somebody will develop a machine someday that you goes... brrrrrrrrrrrrrr like that, and you're done.

Also, I mentioned earlier but I want to put it in here in this context. We also developed what I call "Your Point", which is one or more points that when you tap on that point you *notice*.... you can literally feel something happen. That client is going to report...where's Marilyn Gilmour? Marilyn and I were working in Maine at one time and we were dealing with it. I would tap under her eyes. This was wonderful. I loved doing this, because every time I tapped on her she'd go ahhhhhhhh. Right? Remember that?

00:17:26

Marilyn: It was a lobster claw you ended up with.

GHC: But she said "Any place around my eyes".....which was here, here or here and so we would do that. And those were your points, right.

Marilyn: Well, you hit certain points that really felt good. And then you started to do that claw thing.

GHC: I just point it out to you because it could be that when you're dealing with a client you may find one or two points and that's all you need for that client. If the client says "It really feels good when you tap under my eye or on my collarbone" or something like that, pay attention to that and just practice sometimes and address their problems with that one point and see what happens. I can't tell you what happens because I haven't done the experiments myself, but I have enough evidence from what I have done that there is some logic to say you may do it more elegantly still with one single point.

00:18:20

Lee: Gary, when I first started using all the points as you described, I taught this to a colleague of mine. And she began tapping herself on all the

points from top to bottom. One-stop-shopping algorithm. She claimed that after two weeks of tapping with all her clients – she also has ADD – that she experienced a clarity, a focus, that she's never had before. So there may be some virtue to tapping all the points. I've been doing it myself and I've also noticed a clarity and focus that I usually don't have when I don't do all the points. And I still use the one-stop-shopping algorithm.

GHC: By the way, I am not here in any way, shape or form preaching as I said *the* way to do anything; I am taking a look at EFT as well as Callahan as well as any other technology here and the theories and taking a look at them and taking them apart. So we can launch from there and go off to other things to make us more elegant. For some people, just one point may be very, very elegant. I will tell you -- where's Susan Curtiss? Susan, you and I were talking on the phone and I was asking you about the merit of tapping daily, several times a day. Not necessarily on one particular issue, just generally tapping day in and day out several times a day. Could you give me your experience with that?

00:19:45

Susan: Yes, I started this about 3 months ago and what I started doing was every evening I would review my day and I would see if there was anything that was at all kind of stuck or anything that was uncomfortable, and then I would tap on that. And I tapped and I tapped and I tapped and things appeared and I tapped those away. And I found that this incredible thing was happening. Since I knew I could tap on any kind of emotional disturbance, that I could then go to meet any situation with a kind of a focus and a calm and a directness that I had never experienced before. I just feel like one thing after another after another...I feel like I'm down to this slight feeling of tension if there is anyplace where I haven't forgiven someone. But other than that, all these layers have just been peeled and peeled away. So I would highly recommend....

GHC: To expand on that. When we had the conversation, I asked you at the end of the questionnaire that I had "Was there anything you'd like to work on at the seminar." Remember what you said?

Susan: I said, "No, not that I knew of." And you asked me "Well, what about any old anger or

anything really, really deep.” And I said “I can’t find it right now. There’s nothing there; I’ll call you if I do.”

GHC: What Lee has just said a moment ago and what Susan has talked about here could well be the most powerful thing that you can do with a client and it is used not anywhere near as much as it could be. And that is, if you will just simply tap each day, or have your clients tap each day and every day *whether or not you have a specific issue*. If you would just say “Even though I have all these problems” or “Even though I wish I felt better about myself” or “Even though.....” Very general, right? What appears to happen is your subconscious mind is probably going to find some issue for you; it’s like a tree in this forest and rather than cut a tree down it sort of like “tops” it. Like if in your forest of emotional trees you have some 10s and some 9s and 8s then you’ll tend to prune and top, the first time you do it, some of the 10s. So the highest tree you have now is a 9 ½ But you keep doing it day in and day out and your tallest tree becomes an 8, and then it becomes a 7 ½ then a 6 ½...very subtly and very gradually. Now if you can think of a specific issue like “I’m really angry” or “I’m really upset because of,” of course zero in such a specific item. But if you just do it generally like that, I have seen marvelous results. Many of you have read the one Stephanie Rothman put on our e-mail forum. I met Lori. Lori was a really introverted lady and after 5 weeks of this she attended a seminar in San Diego. She was raising her hand, standing up, talking, -- and she had three or four boyfriends! (Laughter) This was someone who was a real introvert. I mean, she would “go to work and stay in the corner” kind of thing.

00:23:25

Literal shifts happen. They happen and happen and happen and if we don’t do that with our clients I think we’re cheating them, frankly. Because there’s marvelous things that can happen. Now, do we just do that with one point? Oh, probably not, because I would suggest you just do the whole thing, why not? It doesn’t take that long to do the whole thing anyway. And if they’re really antsy about how much time it takes, just have them combine the set-up with the sequence. “Even though I have all these problems, I deeply and completely accept myself.” Now how long did that take? See, they’re not motivated at all if they don’t do that, and when should you do it? Throughout the day. And the

best way to do that is -- remember these times: when you get up in the morning, when you go to bed at night -- very easy to remember. Each time you eat; three times typically; that’s five times spread throughout the day, right? And the other time you do it is every time you use the bathroom. Which is dead time anyway. You might as well do some tapping. (Laughter) You don’t have anything better to do!

So that’s a dozen times a day or 15 times a day, or whatever it is altogether. And you spread that out. What will happen -- and this is where you need to be very persuasive on the client’s behalf -- what will happen is they will not notice the change. Typically; it will not be like “Oh, I have this fear of public speaking”, tap, tap, tap, “Oh, it’s gone.” But it will be like the growing child. The growing child grows every day, albeit imperceptibly, correct? Just a tiny little bit. And they don’t notice it. The child does not know they’re growing until what? Until they try to put their shoes on 6 months later. They go “Oh! I must be growing. My shoes don’t fit.” Or Uncle Charlie comes by and says “Oh! God you’re big! I haven’t seen you in 6 months!” They won’t notice it because the changes are so subtle and that’s what will happen with the client. And it’s what will happen with you if you do it, and you’ve got to notice it and you’ve got to point it out to the client. Because it’s very important, because what will happen is -- something will happen in their workplace for example and instead of getting all upset and running off in the bathroom crying and wondering why the world is coming to an end for them, they will respond very matter-of-factly. But they won’t notice the change unless you point it out to them. They will just not have the intensity they used to have; they will change. And other people will say to them “What have you been doing?” Because they will notice the change, and that will be feedback, like Uncle Charlie telling the boy that he’s growing. I could not emphasize that enough as a technique. I think that’s very under-used.

O.K. Fred Gallo is going to come up here just a little bit later, but I have a couple of things I want to talk about first. Yes, Gloria, I’m sorry?

00:26:06

Gloria: I wanted to say about the daily tapping that I walk every morning and I tap when I walk. What I do, because it’s in the morning, I start with “Well, how am I feeling physically?” So I get that out of the way first. Did I have a bad night’s sleep, is my

stomach upset, whatever. Then I go from there to the piddling things like the insurance company check hasn't come. The immediate daily ones. And then I go to the long term ones that I'm working on. And sometimes I just tap for one minute and sometimes I tap for 15 minutes. But I have a *wonderful* day. It just gets me to a point where I just go through the day. I feel *wonderful*.

GHC: What I would ask you about on that is overall, not just talking about the specific day, but overall has your self image changed, has your general demeanor changed compared to what it was?

Gloria: I don't know about my demeanor but the level, the emotional level is generally higher. I was sharing with Callie that I was working on a very long term physical thing that was worrying me and I did it for a few months really. And recently in the morning I would have to remind myself "Oh, you didn't tap that." And then I'd think "But it's not *worrying* me anymore." I'm just not. And I wanted to add that. Because I live in California, I tell all my clients to tap at red lights because we drive so much. I was sharing this with a class, a little talk I gave. I said "My goal is to have everyone in Santa Barbara tapping at red lights." One woman said "I saw you." (Laughter)

GHC: A question from Nahoma, then I need to go on.

00:28:04

Nahoma: One more quick corroboration: for the first year and one half or so that I was doing TFT and stuff like it, I was tapping all day long with my patients. They would tap themselves and I would tap me just to show them where to tap. And then some months ago I got trained in TAT, and TAT is also wonderful and does a lot of same stuff. But since there's only one position which looks like this (demonstrating)...I wasn't holding the position while the patient was holding the position. And about two weeks into it, I noticed I was feeling low and I'd noticed that I hadn't felt low since I'd stopped doing TFT with my patients and also on myself. I thought to myself "It must be because I'm not tapping with *them*." And so I started tapping with them and doing more TFT again, or EFT, and doing more with myself, and that's completely disappeared. So I think you need to do it a few

times a day, at least if you're a normally neurotic American. (Laughter)

GHC: Along with that. I had a conversation with Jonathan Speare here earlier today or awhile back. But he had a neck problem and he tapped himself, many times, fingers, the whole thing, with EFT. Didn't make any result. He just got out of a refresher TFT-diagnostic course just a couple of weeks ago. Why don't you give him the microphone....So if I remember correctly, Jonathan, what happened was you did some diagnosis..... By the way, all the other tapping you had done was on your own.

Jonathan: That's right.

GHC: And then you worked with somebody with diagnosis. And what they did was they multi-tested you and found a diagnostic thing.... and then you tapped. And what happened with the neck?

Jonathan: The neck problem is gone. I'm moving my neck in ways that I haven't for probably 5 or 10 years.

00:29:59

GHC: Yes. A long term problem seems to have gone. Now here's the question I have, and you're going to have to use your intuition because I don't know the answer: Was it because it was a properly, succinctly diagnosed sequence that did the job, or was it because he was working with somebody else? Anybody have any thoughts on that? Or both, I don't know. That's something we don't know, do we, and we can't go back and un-do that. But in the meantime... in all the other times, you have tapped all these different points in one way, shape or form yourself. And one could argue..... did you do several rounds by the way?

Jonathan: Yes, I did.

GHC: All in one session, several rounds for the neck?

Jonathan: Right.

GHC: *So, if the right sequence is, for example, assuming there is a right sequence, thumb, little finger, under the eye, and eyebrow. Right? And you start off with eyebrow, side of eye – you're not going to have the right sequence the first time are*

you? But by the time you go through two or three you're going to hit the right point in the right sequence are you not?

Jonathan: Yes.

GHC: So you would have gotten that sequence on your own. At least I would presume that.

00:31:08

Jonathan: Yes. There were two holons in the sequence that did take away the pain. And they were fairly long. Probably 8 in the first one. Probably 5 or 6 in the second one. So I would have had to have gone through EFT 15, 30 times. Perhaps I could have.

GHC: I don't know. I don't know the answer. I do know with great frequency people will come up to me at breaks in seminars and say "Gary, how come is it that when you do the tapping with me I get results, and when I do it on my own...." Some people you've got to work *with* them on it. How many have noticed that by the way? And Bill Tiller will tell you why that is if you want to ask him tomorrow. There's something about the energy of two people getting together; there's something about the intention of that that breaks through something, I think. But that's again....Carole.

00:32:22

Carole: I like many people here do EFT many times a day with clients and I wonder about the affirmation. I will repeat their affirmation three times because often times they can't remember what they said. And as I'm doing this I'm thinking "If I don't have this issue, am I still getting help with the EFT, with the tapping, on my own issues, or is this sort of like a blank. Am I shooting blanks basically."

GHC: I couldn't tell you. I don't have the experience, maybe somebody else does. Like if they have a height phobia and you don't? My guess is you're not tuned into a problem you have and therefore the tapping isn't really going to do that much on you. But somebody else may give you evidence to the contrary because remember "it all works."

00:33:13

Rick: Just to comment to back up what you were saying a minute ago about two people. With two or three clients now, I've had the experience where they've tapped and had some success but only to a certain level and we kind of reached a plateau. And then they came in -- two of these people. They came in and we did it in the session together -- them tapping. And it still stayed about the same place and for one reason or another I went over and tapped on both of them myself and as soon as I did the tapping -- and we'd do the same points and basically the same kind of thing -- it made all the difference in the world. It dropped out. It was something about my interaction with them and the relationship and having done it that made a difference.

GHC: I have a very bright, brilliant friend who I must tell you was an engineer - that's why he's bright and brilliant, named Al Larson. Al Larson has just written a book called *The Electric Light*. I asked him "Al, why is it when sometimes I touch the client and I just do it intuitively quite often, just as a way of connection.... "Why is it when I touch them, I seem to get some result that maybe I wouldn't get otherwise?" I'm intuitively drawn to do that from time to time. He said "Where do you touch them?" I said "Well, I touch them typically," if you watch on the films -- it's right back here. On the spine, that's the central switching system for your whole system. He said "What you're doing is connecting an electrical circuit." There's a length of your arm, for example, which is kind of a natural length of a circuit and you're tapping like this by putting your hand back there, and you're connecting a circuit. And by doing that you're literally re-wiring it and that's why the touch in this case works. That was his view of it. I just point it out to you; I don't know if it's true or not. Yes, Bobbie?

00:35:07

Bobbie: I would just like to say how I think important it is to do the tapping daily and have your clients do it. I've been doing that daily five times a day and I've seen a big shift in myself. But I think the bottom line is what it does is keeps the person out of reversal. I think if we can keep those meridians open, then they're able to have that logical part of their brain come in, and they can logically figure out. I find that that's probably the biggest thing. Because when I have my clients do that, and they will do that religiously, they do not have their problem come back. And there is a major

shift. The only other thing that I've added that I kind of like is I go back up. So when I finish here, I'll go back up. And I just find I'm feeling even better. But it's great.

GHC: Do what works. There are lots of people that simply like doing the whole entire "tap on everything," and so why not? We're talking about the difference between doing something in 7 seconds or 31 seconds.

Marilyn Gordon combines EFT with hypnotherapy

00:36:18

GHC (In Studio): Now we have a bonus session with Marilyn Gordon who's a professional hypnotherapist and combines EFT with hypnotherapy with impressive results. She works with Marty, who agrees to do a session with her, uses rapid induction and combines the two procedures masterfully. I thought you'd like to see it.

00:36:37

Marilyn: So hi, I'm Marilyn Gordon and I want to just talk to you a little bit about the session I had with Marty the other night, or we had together. We worked on her nail biting issue that you heard Marty tell about before. What I did was I asked the subconscious mind to go to whatever she needs to pay attention to regarding that experience. So that's the way I phrase it to the subconscious mind. Let's ask your deep inner mind what it needs to pay attention to today. So we did that and she went into a space that she's going to talk about to you very briefly, and then I'll demonstrate. There's one thread that we didn't complete, so we're going to complete that thread today as briefly as possible. But Marty will just catch you up on where we've been before.

Marty: It went pretty quickly to some incidents that I felt had a sense that were related from other attempts to work on this, and other related issues. Particularly not being able to take walks alone or ride my bike alone. And I'm not a fearful person so I hadn't understood why that was, and felt like it was connected to something. And so a number of different images came up, with some feelings. But what I think was at the crux of it and why I couldn't get past the nail biting was what I so typically find

as a therapist is that there's a life-threat situation at the bottom of what we deal with. So I had this sensation and I think it was probably sexual abuse but there weren't still any clear...of a weight on my chest and essentially not being able to breathe during the session. I couldn't breathe. And then the sense of not having any protection; no one who could protect me, and my needs weren't important. And Marilyn did a wonderful job of acknowledging the...anguish was the term that she used and it fit directly. And the fear.

00:38:51

Marilyn: So what we did is helped her to feel a sense of being protected. And that's why she doesn't need to bite her nails. Because she feels a sense of protection that comes from within herself. And that's the whole crux of it.

Marty: The image I got at the end, I just want to share with you is of basking in golden light, which is my sense of God and love in the universe. And all these people standing behind me are sort of on stage and surrounded by all these wonderful people and I didn't know necessarily who they were, but there were all these people that could be available to me, and we were all basking in love. It was really a beautiful image.

00:39:35

Marilyn: So what I'm going to demonstrate first is a rapid induction. I tell clients that I'm going to do some touch hypnosis. I'm going to touch them here and here and here, touch their hands, I may snap my fingers, I might drop their arm down. I tell them this. So I get their permission first of all. So I already have Marty's permission to do it again and it's O.K. if I tap on you while we're in hypnosis. Great. So why don't you give me your hand. Then I also tell her that some people go very, very deeply, some people go very lightly. Most people are in the middle where you still have awareness, you still have control and yet you get nice and relaxed. So take a look at my hand, take a deep breath in and sleep. And just drift down and relax. I'm going to press on your shoulders. Sleep. Touching your forehead again and relax. Just drifting very deeply down. I'm going to take your arm, let it be nice and loose and limp; very loose and limp. And as your arm goes around and around you'll go deeper and deeper down. Five, four, three, two, sleep. Drifting deeper down. Down, down, down. And I'm going to count from 25

down and as I do, Marty, you'll be able to go very, very deeply. And when I get to one, if you like, we'll follow that thread of that little girl on her bicycle. You can take it where it needs to go, O.K. ? Good. Do you feel that energy coming in? Good. 25. 24, 23, 22, 215, 4, 3, 2 and 1. And just relax. So do you feel ready to being now? Good. I'll touch your forehead. You go deeper and relax. Let your head completely relax. Deeper down. Down, deeper down, very, very relaxed and peaceful. Very, very relaxed.

So what we want to do today is to pay attention to whatever your deep inner mind wants to pay attention to. It has to do with that incident. That little girl riding her bike. So I'm going to count from 3 to 1; when I get to 1, I'll snap my fingers, touch your shoulder and you'll be able to either see it or feel it or hear it, or just know it's there. So getting ready now. . . .3, 2, 1, (snap). And whenever you're ready you can tell me what you're experiencing.

00:43:14

Marty: The same sense of fear that I felt the other night. It's not strong. It's as if I'm near the school and standing with my bike looking around as if there's danger but I don't know where.

Marilyn: Tell me some more about that fear.

Marty: I can feel it in my heart.

Marilyn: What does it feel like?

Marty: It's growing.

Marilyn: Tell me about it.

Marty: And having more trouble breathing.

Marilyn: O.K.

Marty: Just in the center of my chest.

Marilyn: Can you tell me anything else about that fear?

Marty: It lessening. . . .

Marilyn: Let that little girl look around and see if

there's anything there.

Marty: It's strange. It's so open yet there's a sense of danger.

Marilyn: O.K. So go even more deeply now. . . .

Marty:because I'm on my bike.

Marilyn: Not because you're on your bike?

Marty: No, *because* I'm on my bike there's danger.

Marilyn: So I'm going to ask your deep mind to tell you anything that it wants to tell you about that. I'm just going to touch your shoulder and it'll tell you anything it wants to tell you about that.

00:44:47

(To the audience) You'll notice I'm not tapping yet. I could tap the fear away but what I'm doing is I'm wanting to find out more about it first. I want to get as much information as I can and then we'll do some releasing.

Marty: It's not the bike. It's because I'm out, away from my home alone, which connects to that other image that was there the other night before, where I was walking on a tree-line street.

Marilyn: So it's away from safety?

Marty: Being alone.

Marilyn: So (tapping)

This fear, this fear, this fear, this fear, this fear.

How does it feel?

Marty: Less, and the words were "away from my family, it's not safe."

Marilyn: So how does that feel now on your body?

Marty: Relaxed, like just a kernel of fear in my heart.

Marilyn: (tapping)

Away from my family, away from my family.

I'm going to do an experiment. I've tried tapping on chakras. (tapping)

Away from my family, away from my family, away from my family.

How does that feel?

Marty: Not much change. A headache at the top of my head.

Marilyn: Tell me what that's like.

Marty: It's real localized.

Marilyn: Did it just come?

Marty: Yes, but it's the kind of headache I've had for a number of years related to some chemical poisoning.

Marilyn: Does it have a color to it?

Marty: Blue.

00:46:39

Marilyn: Does it have a shape to it?

Marty: Round.

Marilyn: Where is it right now?

Marty: The top of my head.

Marilyn: How much does it weigh?

Marty: Half a pound.

00:46:54

Marilyn: If it could speak what would it say to you?

Marty: Help me.

Marilyn: O.K. (tapping)

Help me.

Help me.

And what's coming up now?

Marty: There's never been anyone to help me.

Marilyn: Yes. O.K. So just let yourself experience that. (tapping)

There's never been anyone to help me.

. . . never been anyone to help me.

. . . never been anyone to help me.

. . . never been anyone to help me.

. . . never been anyone.

How does that feel now?

Marty: Less tense but hurting

Marilyn: Yes. Hurting. (tapping)

Never been anyone to help me – it hurts

It hurts never been anyone to help me.

It's hurting me

Marty: Everyone else's needs were more important.

Marilyn:

Everybody is more important than I am.

Everybody is more important.

Their needs are more important than mine.

How does it feel right now?

Marty: Comforting.

Marilyn: So let me ask you something. What does that child need?

Marty: To know that my needs are just as important as others and that I don't always have to care of it myself.

Marilyn: How can she know that?

Marty: Because I know that.

Marilyn: Yes. Great. Would you like to hold her?

Marty: Sure.

00:48:36

Marilyn: (Giving Marty a pillow) Hold her real close., and you can tell her whatever you want to tell her and let her know she's safe. (tapping)

Safe. She's safe. She's safe. Safe. Safe. Completely safe. You have her now.

Even though you didn't have her before, people didn't pay attention to her before, you have her now.

Just bring her into your heart and let that love protect her.

Is there anything you'd like to say to her?

Marty: It doesn't feel like.....to her it's more the integration.

Marilyn: Great.

Marty: But I feel like what I need to say is that that's why I'm a therapist. But I need to take care of me, too.

Marilyn: Yes. And the life lesson of this experience have you the depth to be the therapist, is that what you're saying?

Marty: Yes.

Marilyn: How is your head doing?

Marty: Way better.

Marilyn: Great. Well I'm going to suggest a few things to your deep inner mind, is that O.K. with you?

Marty: Sure.

Marilyn: I'm going to suggest to you that your head is going to be just fine, just fine. It's O.K. Because you're safe now, you're totally safe now. You and all the parts of you that are integrated with you now are in a state of love and safety and peace and great joy. Now is there any specific word that can remind you of this safety.

00:50:31

Marty: I'm not getting a word but really strong "I *can* take care of me."

Marilyn: Good. Do you like that phrase?

Marty: Sounds right.

Marilyn: I'm going to suggest to you to put your thumb and your index finger together and whenever you do that and you say "I *can* take care of me" it'll

create a great strength that's moving throughout your entire being that's with you always. Your head is just fine; your entire body is fine; you're safe, and you *can* take care of yourself. You can; you *do* take care of yourself very, very beautifully.

Marty: Now.

Marilyn: Yes, you do. And you're a part of the universe; a very powerful part of the universe and you're made of love, you're made of strength, you're made of wisdom and all good. And everything's O.K. And all is healing and all is healed. Yes.

Tap, tap, tap.

Marty: That's validation

Marilyn: Yes.

Marty: Thank you.

Marilyn: And God bless you. Thank you.

Marty: Thank you.

Marilyn: I've always been glad that hypnotherapists could hug and kiss their clients. I'm totally grateful for it. Thank you, God. Any questions, for either one of us?

00:52:32

Stephanie: That was really beautiful, thank you. I'm just wondering, as a hypnotherapist, why you didn't formally bring her out?

Marilyn: Oh, I didn't, did I? That's a very good question. O.K. I'm going to count from one to five.

Marty: Because she didn't need to.

Marilyn: Another thing that I do, and I've been doing for the last say 6 months, is after we finish I make a 10-minute tape for clients that includes affirmations about what we've done. A kind of run-down of what we've done. I can channel it, let it come through me, what to say, that's a synopsis of what we've been through and where we are now so they can take it home and listen to it every day and keep the affirmation coming. And it has music. I usually work with music and I have chimes. My sessions usually last about an hour and one-half

because I talk with people at the beginning and we talk about a lot of different things and I teach them EFT at the beginning also, and do EFT with them even before we go into hypnosis. So, we already have worked through things, then go into hypnosis and work through more.

Marty: But I think it was her intuition, that she didn't *need* to. I didn't feel like I needed it.

Marilyn: But thank you for reminding me because that's important to let people know. I do say we're going to count from 1 to 5 and when I get to 5 I'll snap my fingers, you'll be able to come back, and I give some affirmations about how you'll come back feeling grounded and centered and loving and free.

Marty: I do!

00:54:10

Participant: I also want to say thank you because that was very beautiful and I wanted to ask if the tapping felt different being in a trance, and if you could say how that was for you.

Marty: It felt like an integral part. It didn't feel separate. It felt very natural and perhaps because of the fast induction and the touch. But it just seemed to flow.

Marilyn: I also do Reike, so I was touching her here and I was doing Reike on her heart center. Just working a lot with her energy system.

Marty: Which I felt was strongly affected.

00:55:07

Participant: I was wondering if you noticed anything different between the regular tapping points and the chakra points.

Marty: I think I felt more release with the tapping than the chakra. I don't know if that was evident but it felt as is there was more. But it still feels that was an important part.

Participant: Tell me know you experience the rapid induction part of the work.

Marty: Well, Marilyn did this the other night and I was surprised at it. It looks very abrupt but it didn't feel invasive or anything in any way. Touch is

important to me, too. So it just felt very natural to me.

00:56:20

Marilyn: The whole idea of the rapid induction is to create a kind of shock. I try to mitigate it to make it as gentle as possible, but in that moment of shock the mind is not thinking and we can reach right in with the relaxation. So I get her, with the rapid induction, out of a mental state – she can go into a subconscious or the “reptilian” brain.

Marty: And actually way before you were ready for me to focus on the piece of memory that I had, I was already there. I mean, it was really very, very rapid that my focus went there.

Marilyn: You'll notice I also did deepening. So the rapid induction isn't all that we did. But the counting really deepens it. And then sometimes I ask “On a scale of 1 to 10, 10 being the most, how deeply relaxed do you feel?” or just ask “Are you ready to begin?” If they hesitate, then I did something. If you noticed, I re-induced, just to help her to go a little more deeply.

Marty: That was interesting. I don't know if any of you noticed but I took my feet off the chair. All of a sudden I was incredibly aware of how restricted -- how aware I was of the bottoms of my feet -- that they needed to be loose.

Marilyn: Yes, hanging loose -- and that's like a kid, too. And that's what in hypnosis we call “abreaction” – when you go *to* the experience of being the person. I don't know exactly how you'd define it in psychology. In hypnosis, abreaction means you *become*, not just *watch* the experience. Thank you.

00:58:01

GHC (In Studio): To give you a better sense of how Marilyn combines EFT with hypnotherapy, here's a couple of testimonials. First of all you'll see Marty whose talking in the audience about a previous session that Marilyn had with Marty, and also one with Leslye, another session as well. I thought you'd like to see them just for further rounding out of your understanding of this.

00:58:19

Marty: Marilyn did a hypnotherapy session with me Thursday night with biting my fingernails and

cuticles. I've tried virtually everything with this and have not had any desire to do that since. And in fact, a real desire to take care of my hands, instead. So I really recommend people staying and watching her method.

GHC: Sure, all right. Great.

00:58:49

Leslye: I had a session with Marilyn last night. And you may be glad to know that the little girl got a lot of attention. And the sorrow . . . Marilyn tapped with me about the sorrow and shame and gave me some really good suggestions. And I feel really good today; I feel clear. I have less self-critical messages in my head and I feel optimistic. It was great.

GHC: Good.

(End of Tape 3)

Video Tape 4

Dr. Fred Gallo's Presentation

(Dr. Fred Gallo comes up on stage)

GHC: Early in 1994, I got a telephone call from a fellow named Fred Gallo, who I'd never heard of before, he said "Hi. My name is Fred Gallo. I understand you've taken the Callahan training and that you have the Voice Technology™. I'm considering taking that training myself but I have a number of questions I'd like to ask you." Sound familiar?

Fred: That's about it.

GHC: So he starts asking me questions and behind all the questions are, should I really go take this course, this training, or not? And I'm sitting there listening to him and he's got the whole thing figured out. He says, "It seems to me if you do the da, do the da da, and you get so and so." He's not only got it figured out, he's even gone ahead a step or two. I'm saying to myself. Why should he go? But I did give you a reason. I said "why not just go learn from the master, right?"

00:02:45

Fred: You said something like it's a matter of what's important to you. Is the \$10,000 important to you, or the time savings. Which was more important? Because I said there were a couple of little things I just needed to still figure out and you said, "How important is that \$10,000 to you?"

00:03:06

GHC: I was very impressed with him, as someone who had not taken the training, who already had the thing pretty much figured out. Anyway you ended up taking the course and we met personally in 1994. He has since, as many of you know, been one of the real students in all of this. Fred's style and my style are quite a bit different and one of the reasons I wanted to have him here is to show you what he does and how he diagnoses and things like that. I'm going to show you a different way tomorrow. It's different in the sense that the technique is different. There's some similarities and so on. So I'm going to take this microphone off, shall I just give it to Sharon right now or you wanted to have a preamble, or how do you want to do it?

Fred: Sure you can give it to Sharon and I'm going to talk a bit and discover what I'm going to say.

GHC: OK. Well, come on up Sharon.

Fred: Let's give Sharon a big round of applause. (Applause) Have a seat in my office. Can you get there?

Sharon: For giants (pertaining to seat).

00:04:24

Fred: There are many ways to skin a cat, right? Very profound to the cat or a CAT scan. And Gary's showing different ways. Sometimes in my experience – and this is just my experience – sometimes you have to be a little more precise with some of that, let's say with the 20% that you can't get to. So maybe EFT will work, or comprehensive algorithms that Mr. Foley's come up with. I've come up with one too that I call the Negative Affect Erasing Method. I've found that it often gets very good results. I might demonstrate that here. But as far as diagnosis is concerned, how many people here do diagnosis? So we've got quite a few. How many people have I trained here in some way or another? OK.

00:05:27

Fred: Let me try to give you a sense of this, of what this involves. Gary has said at times, sometimes all you need is this one point and it's a matter of finding this one point. Where is it in the energy system? Where does the disruption exist? So what I do is I have the person, by using some muscle testing, we find our one point. And that one point isn't always just some of these points that Callahan has come up with. I was interested in seeing what Brian came up with because a lot of the points that Brian has elaborated are some of the points that I've elaborated as well. From working with people I've found out sometimes that I didn't get a result by having them tap the inside tip of the little finger nail for anger and I might find some other place along that particular meridian till we get the result. Then I was interested in something a bit different. See, what I think goes on – and I can't take all the credit for this because I've looked at the work of Callahan and Diamond and Goodheart, and different people – is that whenever a person has a psychological problem develop that there may be, and I'll give one example, there's some sort of an event that occurs in their lives, and that event you might call that a trauma, or it's something that is particularly disconcerting. They will make some sort of a decision

at that point and the decision is whether or not to take the high road or the low road. When you take the low road, what happens is that a meridian problem develops and from the best of my ability to discern at this point, it occurs in a specific meridian, at a specific place on a meridian. With that kind of an idea in mind, what I do is I go out searching for where is that point? How important is that to know to correct the psychological problem?

00:07:34

Fred: Well, obviously it isn't imperative because you can just go around tapping a bunch of points and you can get a result. However, it's of interest to me. That's there. Or here it is. Isn't that interesting that it's here rather than here? So that's kind of a thing I do. Gary, I see Gary is kind of doing a blgh, blgh, blgh, and it's gone. And I kind of go, right there, and I'm going to find it. I don't know what history will show us about the value of all that. But it's kind of interesting to me that it can be done that way.

00:08:24

Fred: There's another thing that I look at that's in terms of beliefs. People will develop beliefs because of different situations in their lives, different experiences that they've been exposed to and Sharon and I were talking about some of that last night. So we're going to maybe demonstrate a bit of that to you. We will develop these beliefs because of things that different people have said to us and usually it's somebody who is in some authority. Somebody like your father, your mother, or a teacher, somebody tells you that you're screwed up or you're inadequate, or something like that, and you take it in. And now as you take that in, there's a disruption in your energy system and so a particular meridian problem's been created and you've lost your control in that area of your life. Your identity is somehow gone. So in a sense, somebody else is controlling you at that point in time. So if somebody has a belief that goes "I'm a jerk." Well, where do they get that belief from? They get it from somebody else. OK, now they're stuck with it. Is it them? Are they the ones deciding that anymore? Yes, they're taken over that but it's somehow like you've lost your identity. Do you get my point? When that happens that's represented, you can talk about a belief, we can analyze the irrationality of the statement, or whatever. But there's a lot more going on. It's something deeper and it's something in the realm of energy, is what I think happens here. Is that clear?

00:10:10

Fred: One way of figuring out where the energy problem is, is by doing something called muscle testing and it's very difficult to do this, by the way, because it takes a certain kind of stepping out of the way of it, so to speak. If you're too therapeutic whenever you're going to do testing, you will eliminate the problem just by your presence there. Can you imagine if let's say Jesus Christ were here today and you're standing next to him. His energy might affect you, you might not get that clear result. Or Buddha. Or Lord Krishna. Or whoever. That it would somehow override it. So you can't be too much that way. I don't think they could have done very good testing. But since I'm not that, I'm at an advantage that they didn't have. (Laughter) Do you like that reframe? That's pretty good.

So Sharon and I are going to do a little thing. I'm going to ask Sharon to reiterate something first of all. Let me just show this first of all.

00:11:28

Fred: As far as muscle testing is concerned, there's a lot of variables involved so just keep yourselves quiet for a second and I'll just show something. Just stand up now. See I've got to be able to isolate a muscle in order to determine something here. So what we do is we can use the middle deltoid group. If the arm is straight and I press on it, I can isolate that muscle. If she fights me though, if we get into a competitive battle and it's like her against me rather than she and I together trying to figure out what's going on, then I'm going to have some problems here. So if she's trying to fight me, she might go up like this and now I've got a few muscles involved rather than one. Or she might intentionally turn her arm a bit or something to try to stop me and she'll be bringing in another muscle so I don't have a clear response. So there's some difficulty in doing this. Then there's another difficulty like this. Make your arm strong. So that's fairly strong. So, Sharon, I know your name, but look straight down and just say, "My name is Sharon."

Sharon: My name is Sharon.

Fred: And resist. Now say "My name is George."

Sharon: My name is George.

Fred: And resist. Say, "My name is George."

Sharon: My name is George.

Fred: And "My name is Sharon."

Sharon: My name is Sharon.

Fred: See there's a lock in there that I can feel that I don't feel when she says the other thing. See now, I can do this.

00:13:02

Fred: Say "I want to be happy." And look straight down.

Sharon: I want to be happy.

Fred: It's strong. Now say "I want to be happy"

Sharon: I want to be happy.

Fred: And it's weak.

I know, I know what I'm doing. Look down, say "I want to be happy."

Sharon: I want to be happy.

Fred: And it's strong, right. That's good and strong, right. Say it again.

Sharon: I want to be happy.

Fred: Strong. Say it again.

Sharon: I want to be happy.

Fred: It's weak. What did I do? It's a secret. No, if I didn't know what I was doing I could do that without knowing and then I would get the wrong result. What I'm doing here is – who knows what I'm doing?

Carole: Did you lower your voice the second time at the end rather than raising it?

Fred: Well, if I did I don't think that was it though. Look at that, isn't that interesting? I want you to see something. How many people don't really even know what happened right before your eyes, and you can't even see what's going on. Somebody can use this in a very manipulative way.

Rosemarie: (Inaudible)

Fred: Right. So Rosemarie got it. So say, "I want to be happy."

Sharon: I want to be happy.

Fred: And it's strong. Say it again.

Sharon: I want to be happy.

Fred: And I didn't let her finish completely. And I push and I get the weakness, OK?

00:14:30

Fred: Now, if I don't know what I'm doing my intention could interfere with the results of the testing. My intention. Because it's like I have an intention to get the test wrong. I could go like this, now look down and say "I want to die."

Sharon: I want to die.

Fred: Yes, now you need to come and see me five days a week. (Laughter) We'll get you over this problem.

Sharon: You have to keep working on me.

Fred: Yes. We'll help you with this. So there's a lot of things to know about this. People can be manipulative with this whether they mean it intentionally or not. So we want to try to have as much integrity with the test as we can have. So now, you've got that. I just wanted to give that as a little bit of ground work.

00:15:15

Fred: Sharon, have a seat and let's talk about this issue first. One thing is that when you're going to treat a problem, there's one thing that Gary points out, and Roger Callahan points out, it's very important to attune the issue, to get it, to tap in the right place. What do we have to have engaged if we're going to try to treat? Now true enough, you could have a person tap many many times a day when you're on the toilet, or whatever, and different things are going to be attuned to at different times and so you're going to get some kind of result that way. But when you're doing some clinical work in the office you don't have that kind of luxury, you try to be a little more precise. So I'm not saying this is what we should do here at this point but one way to deal with things is to treat a belief. You know the cognitive way to treat a belief is try to challenge it to have a person think about it

differently or whatever, but that's a lot of work. How many people do that kind of work, or have done that kind of work, it's kind of hard?

00:16:36

Fred: But if you think of it this way, a belief has not only a cognitive component to it but it has an energy component to it also, and if we can find that energy component to it then we can disassemble it at that level. Does that make sense?

00:16:57

Fred: So now you have some kind of a thing that you would like to accomplish? You have a result that you want?

Sharon: Right.

Fred: You want to tell me what that is?

00:17:09

Sharon: Yes, what I was discussing with you yesterday, yes. I want to succeed in trying to build up my practice and when things are going OK, like I know I can do it. As soon as something isn't quite OK, or I don't have enough clients for a while or it's not working. I feel there's a block, there's something wrong with me.

Fred: You feel like there's something wrong with you.

Sharon: Well, intellectually I know there isn't and yet somehow, either an inadequacy or lack of self-confidence, or I don't know what I'm doing, or I'm doing something wrong. And I know that it's not true.

Fred: OK. So she knows it's not true but what's she telling us about right now? She's telling us about a belief. Somehow something about herself that get triggered in a certain context whenever something kind of doesn't go right. So if you were to verbalize what that belief is, what would you say it is?

Sharon: If I were to verbalize it?

Fred: Yes, what is this belief that you have about yourself?

Sharon: That I'm not good enough.

Fred: I'm not good enough, OK. So now where did you get that idea?

Sharon: Well, in our talking, because I didn't know, when I was a kid if I did something wrong my mother would – I have little pictures in my mind. At one time I was a little four year old putting these little gloves on me. My fingers wouldn't go into the fingers and she was getting frustrated because she couldn't do it. She says, "Oh, you idiot." And I always remember her calling me an idiot.

00:18:51

Fred: So how does that feel when you think "You idiot."

Sharon: Yes, she's calling a little kid an idiot.

Fred: How does it feel now as you bring it up, does that do anything?

Sharon: You know what, not so much.

Fred: Anything?

Sharon: Yes a little bit, just the idea. But the worst part, after we were talking about it I realized that the worst part of all of it was where she's say "Oh, what did I ever do to deserve you?" Like you're such a horrible kid and she shouldn't have kids like you are, that kind of thing. But it's the tone of voice because I've noticed that now I can interact with anyone, I can match anybody verbally, but the thing that gives me the biggest kick to hear is that someone can be saying a neutral very nice thing, but if they have a not nice tone of voice.....

00:19:41

Fred: Could I hear that tone of voice

Sharon: Oh, you *idiot*!

Fred: You *idiot*. You *idiot*. Does that trigger – You Idiot! You know you are an idiot.

Sharon: No, I'm not.

Fred: Yes, you are. You're an idiot. Face it, you're an idiot.

Sharon: You're not saying it right.

Fred: OK, I'm sorry. (to GHC)—you can say it right. Yes, you did it yesterday. Do it. You want the microphone?

Sharon: You know, teachers didn't believe me. I'm a defenseless little kid.

Fred: Why would she believe you, you're an idiot?

00:20:33

GHC (comes up on stage): Actually, we were doing this last night and I asked her to teach me how to do it. Teach me again. You be mother, I'm going to be Sharon. You say it exactly the way mother said it to me.

Sharon: I think she was saying it to herself. "You idiot! You idiot!"

GHC: She wasn't smiling?

Sharon: No.

Fred: So get rid of the smile.

Sharon: You *idiot!*

GHC: You IDIOT. You IDIOT.

Sharon: Yes.

GHC: Did you get a charge on that, you idiot. Why'd I ever have you in the first place? Don't you know what a burden you are? You idiot. We're not getting it. We got the charge last night. I think what you probably did was you corrected more than you thought you did last night.

Fred: However, we'll try something, we'll check something.

GHC: Do you want me to leave?

Fred: Yes, get out of here. Get out of here, you idiot.

Sharon: There was also one more like the confusion of, because my parents were always very supportive. My mother was very supportive like I could do what I wanted, she thought I was great and wonderful and smart but in between it's like a yes or no. Like you're an idiot, you're stupid, what did I ever do to deserve you? I must have been punished to have a kid like you. Then the next time it's like totally different.

Fred: The double bind.

Sharon: Double message, yes. Like who am I? Am I or aren't I? I find myself driving down the street and taking a wrong turn and I say, "Oh, you idiot."

00:22:18

Fred: So she's telling us about how the belief is installed. Let's just look at this. I think it may be easier for them to see this. Can you all see? Now make your arm strong. Now we're going to check the beliefs. Say "I'm not good enough."

Sharon: I'm not good enough.

Fred: Now you see what you did?

Sharon: I've moved my arm up.

Fred: Just lay back.

Sharon: I'm not good enough.

Fred: Say "I'm an idiot."

Sharon: I'm an idiot.

Fred: Ah, you're an idiot. Say "I'm not an idiot."

Sharon: I'm not an idiot.

Fred: Say "I'm an idiot."

Sharon: I'm an idiot.

Fred: See, that's stronger. So she's an idiot. So now we've got to find out why she's an idiot. Oh, really, it's a belief. It's not the truth about her but it's a belief right now. So now what I do is something like this. I'll show you. So say "I'm not an idiot."

Sharon: I'm not an idiot.

Fred: Now put your hand right here. Say "I'm not an idiot."

Sharon: I'm not an idiot.

Fred: Put your hand over here. Say it again.

Sharon: I'm not an idiot.

Fred: So that's stronger. Say it again.

Sharon: I'm not an idiot.

Fred: That's weaker, right? That side's weaker. Right hemisphere's weaker. So right hemisphere, so it's bilateral. So that tells me which meridians I'm looking at. What we've found out, it's checking out the same way it did last night. It stands to reason. So I can go like this. Put your hand right there. This is how we therapy localize the – is there something wrong with this? – this is how we therapy localize the lung meridian which is one of the bilateral meridians. So say "I'm not an idiot."

Sharon: I'm not an idiot.

Fred: No. See that's not it. Put your hand like this, up here. Say it again.

Sharon: I'm not an idiot.

Fred: There, it's strong. Say it.

Sharon: I'm not an idiot.

Fred: There it's strong. OK take your hand away. Say "I'm not an idiot."

Sharon: I'm not an idiot.

Fred: Now put it back there again. Just right in there, right up against your hip. Say it again.

Sharon: I'm not an idiot.

00:24:26

Fred: And it's strong. There's a difference in the quality of the muscle when she does it. So then I wonder, I say, OK, it's in the spleen meridian, or then I go, can you do this? Put your hand across here and put it there and say "I'm not an idiot."

Sharon: I'm not an idiot.

Fred: And there it is. So that's where it is. Now, here's what we know. We know she has a meridian problem, it's in the spleen meridian and it's located there, it's spleen 21. Now does that mean it's the only way it can be treated? No. Not necessarily, but it's interesting that it's somehow there.

00:25:37

Fred: Now I would like to see if a change occurs in this sort of thing. Now I have a basis for doing therapy. Whatever therapy I want to do because I can tell if a change has occurred because that will be gone when the change has occurred, right? So I would wonder – do you want to have a seat? – think about not being an idiot because you're not an idiot. Oh, I should test one other thing. You know how you have this thing called psychological reversal? So you can say, "I deeply accept myself even though I have this problem." Or "I deeply accept myself and forgive myself for whatever even though I have this problem." What I found out a number of years ago was that I was working with a client who had done something that he felt kind of despicable about. He felt guilty and so on. I tried to treat him and I wasn't getting any result. Things weren't moving down. He was still feeling this negative emotion about himself and then I tried to treat him for reversal. He was saying I want to get over this, I deeply accept myself even though I have this problem. I deeply accept myself if I never get over this problem. None of those things was making a difference.

00:27:11

Fred: So then I did what I like to do, I like to ask the client what's going on because oftentimes they know. So I said, what do you think's going on. Most of the time when I do this we get a result. What do you think's going on? And his words to me were "I don't think I deserve to get over that." So I said "Would you be willing to get over it?" He was willing. So I tested his arm and I had him say "I deserve to get over this problem." And his arm went weak. "I deserve to continue to have this problem." And his arm went strong. So now there was a qualitative difference in the issue. Somehow there was a criteria involved in the creating of the reversal. Then I went on to explore some other ones on issues. I remember we were at a workshop and you two, Marilyn and Sandy here, they came running up to me, "We've got one on safety." It wasn't safe to get over a problem. Then it goes on and on. Those kinds of things.

00:28:21

Fred: So, stand up again. Let's just check Sharon. Say "I'm an idiot."

Sharon: I'm an idiot.

Fred: Say, "I'm not an idiot."

Sharon: I'm not an idiot.

Fred: OK. She's weak. Say "I deserve to get over this problem."

Sharon: I deserve to get over this problem.

Fred: Say "I don't deserve to get over this problem."

Sharon: I don't deserve to get over this problem.

Fred: See. It locks in there. So now we've going to have some trouble with she doesn't feel she deserves to get over it and that keeps blocking any kind of progress from occurring so this is consistent with Gary's idea of the set up. So I've got to help her resolve that thing about deserving to get over the problem first of all. I don't know if there's any other one. Let's check this one. Say "I want to get over this problem."

Sharon: I want to get over this problem.

Fred: See that's good. Say "I will get over this problem."

Sharon: I will get over this problem.

Fred: We've got that one, too. So probably they're interlocked somehow. Now what I find, let me just check this. Say "I deserve to get over this problem."

Sharon: I deserve to get over this problem.

Fred: Now put your finger right under here. Hold that. Say it again.

Sharon: I deserve to get over this problem.

Fred: Say it again.

Sharon: I deserve to get over this problem.

Fred: Say it again.

Sharon: I deserve to get over this problem.

Fred: Is that not doing it? Let's try here. Put it under here. Say it again.

Sharon: I deserve to get over this problem.

Fred: I don't find it there. Let's just try this. Hold your hand. Say it again.

Sharon: I deserve to get over this problem.

Fred: There we are. OK. So it's right here is where she can treat it. Now have a seat.

00:30:15

Fred: Now, say "I deeply accept myself."

Sharon: I deeply accept myself.

Fred: "Even though I don't deserve to get over this problem."

Sharon: Even though I don't deserve to get over this problem.

Fred: "I deeply accept myself."

Sharon: I deeply accept myself.

Fred: "Even though there is no way in hell that I deserve to get over this problem."

Sharon: Even though there is no way in hell that I deserve to get over this problem.

Fred: "I deeply accept myself, even though I'm an idiot and I don't deserve to get over this problem."

Sharon: I deeply accept myself, even though I'm an idiot and I don't deserve to get over this problem.

Fred: "Even though I don't count."

Sharon: Even though I don't count, I don't deserve to get over this problem.

Fred: OK, sit down. Now we want to find out, did that fix it? Not that you have to do this but this is like a little more precise. So we go, arm strong. Resist. Say "I deserve to get over this problem."

Sharon: I deserve to get over this problem.

Fred: And it's stronger. Did you notice the difference?

Sharon: Yes.

Fred: Say "I will get over this problem."

Sharon: I will get over this problem.

00:31:11

Fred: So now it's strong. Now we get the strong muscle whereas before we got a weak muscle. See I stop as soon as I catch that grab. It's right in there in the shoulder in a strong response. It tells me. Now that only lasts so long. So now we do this. Have a seat and let's check this. I'm going to do something else with her. What I'd like you to do is right between your eyebrows, I'd like you to tap there. I'd like you to think "I'm not an idiot", and what is the other thing? "I'm worthwhile, not worthwhile."

Sharon: I'm not adequate.

Fred: She said, I don't count, what was it?

Participant: I'm not good enough.

Fred: I'm not good enough. What's the opposite of I'm not good enough? I'm good enough. It feels like good enough isn't enough. I'm OK. What do you prefer: "I'm OK" or "I'm good enough?"

Sharon: Worthy.

Fred: I'm worthy. I don't know if they're the same thing. Let's try this. Make your arm strong. Resist. Say "I'm worthy."

Sharon: I'm worthy.

Fred: OK, she's worthy. Say "I'm an idiot."

Sharon: I'm an idiot.

Fred: Say "I'm not an idiot."

Sharon: I'm not an idiot.

Fred: OK, you're still an idiot. Here just do this. Just keep thinking "I'm not an idiot."

Sharon: I'm not an idiot.

Fred: Just keep tapping. You're not an idiot.

Sharon: Thank you.

Fred: Just keep thinking you're not an idiot. Now tap under your nose. See if I were using this with somebody who had a definite SUDs rating then what I would do is have them tap here until they notice the

SUDs coming down. As soon as they start to notice it coming down I'd have them move onto here. Now do your bottom lip. That's good. Now take the cup of your hand like this. Right here on your sternum. Now let's just stop there. Think about being an idiot. It's hard to cover because she couldn't really get in touch with the feeling of being an idiot. We're trying to trigger that, we're not able to do that. But we can still find it in her muscle because when she says "I'm an idiot" it shows up. So that's the only basis we can go on at this point. Just check that out in yourself. See if there's any kind of a change that you're able to detect or not.

Sharon: I just want to try to get the picture back of the original things. It's like really faded away.

Fred: The picture of your mother telling you you're an idiot?

Sharon: Yes.

Fred: What about the tone of voice?

Sharon: I can't hear it.

Fred: Are you an idiot?

Sharon: No.

Fred: Are you sure?

Sharon: Yes.

Fred: Is that different than before? Because I can't tell. You have your own internal experience.

Sharon: No because I know I can do what I have to do, what I want to do.

Fred: Can we try something? Let's just see something. Make your arm strong. Say "I'm worthwhile."

Sharon: I'm worthwhile.

Fred: Say "I'm an idiot."

Sharon: I'm an idiot.

Fred: Say "I'm not an idiot."

Sharon: I'm not an idiot.

Fred: There it is, OK. Say – what was the other expression we used?

Sharon: Inadequate? Not good enough?

Fred: Say that "I'm not good enough."

Sharon: I'm not good enough.

Fred: Say "I'm good enough."

Sharon: I am good enough.

Fred: That's stronger. Say "I'm OK."

Sharon: I'm OK.

Fred: So now we're getting a muscle response that's telling us that there's a change. Now the proof is always in the pudding, right, friends. So it's got to be is there a context in which we see the change occur? Let's do this. Let's think about some situation where this belief, if I may say, that you used to have would engage an inner fear some way in your function. You've got some kind of situation that's more than likely to come up that would be a test of whether or not there's a change? Something that comes up where you feel that you're not good enough.

Sharon: Just going ahead, if I can verbalize it, and see that things aren't going right, to stop and think I can't do it and just go ahead anyway.

Fred: Now can you see in your mind something where that would happen? Something that would tend to trigger the old belief?

Sharon: I think I see a client and after a couple of sessions, they're finished, they say they feel better, three sessions or whatever and they're feeling better. Because EFT or the other stuff I do I can do quick. If they don't come back because they say they're OK, I'm thinking "Are they OK or they just thought I did a lousy job."

Fred: OK. Now imagine that thing coming up in the future. How much do you believe that you are going to be able to do that and you'd just be fine with that and not have a question about your own goodenoughness.

Sharon: Goodenoughness.

Fred: Zero to ten, how much do you believe it?

Sharon: No, I believe it. Like they say they're OK, they're OK.

Fred: How much do you think you believe it though, zero to ten? Ten being you absolutely believe it and zero is you don't believe it at all.

Sharon: Ten, I absolutely believe...

Fred: How much do you believe that you're going to be able to do that?

Sharon: Yes, a nine, ten.

Fred: Let's find out if your body agrees. Want to find out?

Sharon: Yes.

Fred: See this is the kind of thing I do with a person. Make it strong. Think about that situation. Say "I believe I'll be able to do this."

Sharon: I believe I'll be able to do this.

Fred: Say "I believe this in a level 5."

Sharon: I believe this in a 5.

Fred: Say "It's in a 6."

Sharon: It's in a 6

Fred: Say "It's in a 7."

Sharon: It's in a 7.

Fred: Say "It's in an 8."

Sharon: It's in an 8.

Fred: Say "It's in a 9."

Sharon: It's in a 9.

Fred: Say "It's in a 10."

Sharon: It's in a 10.

Fred: That's the strongest, isn't it? Say it again.

Sharon: It's in a 10.

Fred: That seems to be the strongest. Let's check again. Say it again. Look down here.

Sharon: It's in a 10

Fred: Say "It's in a 9."

Sharon: It's in a 9.

Fred: "It's in a 10."

Sharon: It's in a 10.

Fred: I get more grab there in the 10 than I do in the 9, don't you?

Sharon: Yes.

00:39:40

Fred: So it seems like that's pretty good. Now the proof is in the pudding, right? Now we'll have to see how that plays out in reality. Let me check this too. Checking that issue. Make your arm strong. Put your hand here. Make your arm strong and put your hand here. The other side. The other side again. See it's strong both times now. Remember it wasn't strong before.

Sharon: More balanced.

Fred: More balanced. It's integrated.

00:40:27

Fred: Any questions about that? We need a microphone here.

Betsy: I'm curious about your picking these points going down her body. I don't know what that's about.

Fred: Do you know any of John Diamond's work at all? John Diamond is actually one of the founders of the energy movement. He wrote a book called *Life Energy* and in that he talks about a hemisphere dominance test. What he did is he associated different hemispheres with different meridians, bilateral versus central midline meridians. So that's a short cut for me to find out which meridian's involved. There's a whole procedure around that that I use but we're not here to teach that. Is there another question that I see?

00:41:27

Participant: Were you installing a new belief when you did that?

Fred: Yes. See I could have had her just tap under her arm at spleen 21 because that's where the problem was. But we could have done other things. There's other choices. I could have had her go back in time to a point where that belief started. Now that would have taken some extra muscle testing to determine that but once we found a point I could have just simply said "Sharon, you want to change that?" And Sharon would have said.....

Sharon: Yes.

Fred: And I'd say, "OK, go do that." And then she would somehow do that and then I would check to see if she's done it. If she's done it, fine. If she hasn't, I'll say "You didn't do it yet. Go ahead and do it." See if that does it. There's many, many ways to do this and to just make sense of that whole thing that goes on that's intriguing, isn't it?

00:42:36

Bruce: Just a very specific question. I saw you tested her by having her touch her spleen test point on her right side and then you.....

Fred: I had her do this.

Bruce: Were you testing her when you had her do this?

Fred: Yes I was.

Bruce: Just a specific question about that, is it that the treatment point for the spleen on the left side that you tested?

Fred: That's one of them.

Bruce: Which is spleen 21?

Fred: That's here.

Bruce: So you tested at the treatment point?

Fred: That treatment point. There's other treatment points on the spleen meridian. Remember Gary was telling you about near the maleolus (ankle bone) there's a treatment point there on the spleen meridian. There's one here if you make a muscle where the

shoulder meets the biceps, the deltoid meets the biceps. Right in there is spleen 20. So I just took a guess and checked that one and that was strong.

Bruce: I guess my question is, how do you determine what are test points and what are treatment points on a given meridian?

Fred: A test point is an alarm point. Alarm points give you information about what's going on in the entire meridian. For example, this is the alarm point for the lung meridian. That tells me there's something going on in the lung meridian. It doesn't tell me where though. It doesn't tell me where. So then I might say, Is it here? Is it here? Is it here? Where is it? That's a distinction in my diagnostic system as compared to Callahan. So what I found is that you can therapy localize the test point or the treatment point. Another question?

Betsy: Why did you decide to not do the spleen point but work on that karate chop spot.

Fred: No, the reason we did this was to fix the reversal. She had a reversal and the reversal was that she didn't fully deserve to get over the problem. At some level there was that so we had to fix that first and I thought it would be here, because I find a lot of people it's there. That's a place where they would say "I deeply accept myself even though I don't deserve to get over this problem." But it wasn't there. It wasn't there. Let's try some other place. It wasn't there. Then I put my hand against hers, remember? I went like this. I hold out her hand and I went like this and I checked and that's where it was. OK, right there. I'm just trying to find out where does it exist and it's just a precise way of getting to what's going on in the energy system that's all. Just a precise way of doing it. I have fun doing it that way. A question here?

00:46:03

Craig: I missed when you treated under the arm, the spleen point. When did you do that?

Fred: We didn't do that.

Craig: So why did you test for it?

Fred: Because that's where it was. I know it isn't there anymore but what we did is we treated it by using this method.

Craig: That's my question. You diagnosed that the spleen point was out. Then you treated the bladder point.

Fred: Now I treated the governing vessel, central vessel, thymus.... I treated her more globally is what I did.

Craig: The second question is....

Fred: [Several of you] getting confused about that? There's many way to skin a cat.

Craig: But if you diagnosed for a spleen and then you treat four other things, what was the point of diagnosing in the first place?

Fred: Just to show you that it is where it is. Let's say the Negative Affect Erasing Method hadn't worked. Then I could just go more precise. I just did that to show you.

Craig: So you showed us that you could treat the spleen by treating other points?

Fred: Yes. I basically said that.

Craig: One other question. I was impressed that I thought she was reversed on this statement about being an idiot. You corrected that once and then she reversed back, did I miss that.

Fred: Say it again.

Participant: Was she reversed on her statement that I'm an idiot?

Fred: Getting over the problem of being an idiot, she was reversed on that. But there were two reversals it showed. One was a deservedness reversal, she didn't think she deserved it. Not that she didn't, just the body, the energy thing. The other was that she would not get over it. It was almost like a projection into the future.

Participant: I missed that. I thought you treated something that she was reversed on but you did not.

Fred: We did treat the reversal.

Craig: A third question. You made a comment about a person taking the high road and the low road at a

certain point. Could you comment more about that? What you think's going on here.

Fred: Sure I think that this is consistent with John Diamond's work. It's consistent with a lot of people in the field. I think it's consistent with EMDR too. When a person has a trauma or something that's disruptive in their life – it may not qualify as a trauma but it's still to them somehow traumatic. They make a choice at that point in time. Essentially, what they do is they choose hate and fear over love. They choose rejection over acceptance. They do something like that and it somehow creates a block because those are different types of energy. That's a way of talking about it. It could be they choose anger over forgiveness, whatever it is. But it is those things we hold off, we hold at bay, we keep doing that somehow at an energy level and it takes up a lot of energy. Sigmund Freud talked about this a long time ago, right? Resistance or repression, it takes a lot of energy to repress something, to keep it out of consciousness. So this interfaces very much with some of the psychodynamics line.

00:50:02

Nahoma: I just wanted to add something to what you've been showing and explaining. I've been doing the core belief protocol that Fred developed for some months now since I attended his training. And where it's really powerful and helpful is where you have a patient who is damaged enough and wounded enough so that ordinary tapping just doesn't do it. The reason it doesn't do it because these core beliefs are sitting in the deep unconscious of this human being underneath anywhere where the ordinary meridian work could reach. My experience has been – and I'm talking about working with bi-polar people and DID people – my experience has been that if you muscle test to find out what their reversed core beliefs are and you start using this method, belief after belief, after a while you have a different person coming into your sessions.

Fred: Yes, it changes.....

Nahoma: It changes on such a profound level. It's as if you're getting into the unconscious very directly, reversing the unconscious piece which is so negative and all of a sudden the person walks in feeling they're wonderful, feeling they're valid, feeling whatever they couldn't feel before. The thing I want to stress is that this occurs at a level that TFT and EFT as we were taught it doesn't touch. That's why it's so valuable. I

didn't think you'd said that and I wanted to make sure it got said.

00:51:36

Fred: Thank you for saying that. Thank you for sharing.

Sandi: I guess I'd also like to share something else that I find has been very valuable about your system. In the other systems, in EFT and TFT, when you're going to use a certain meridian there's one meridian treatment point. What Fred's done is come up with various meridian treatment points and what it shows is that often there'll be a different aspect of that emotion for each of the different meridian points. Often it will keep changing from this point to this point on that meridian and you'll be getting different parts of the emotion. So grief may not just be here, it may be something further down because you're getting at a little different part of that grief so there's a finesse to it that's very nice.

Fred: Thank you, Sandi. What had happened -- zzz and I've been in this kind of work for going on six years now, or something like that. But I was treating a gentleman – one of the things that made this clear to me – I was treating this guy who was very unhappy. He talked about how unhappy he was. Now he'd been depressed too. The thing is there's a qualitative difference between – there's a big difference – between depression and unhappiness, a very different thing. So we're having good results with depression but not with this thing he calls unhappiness. He was a tough case because what would happen is that I could never get the muscle testing right with him. He was always what we call neurologically disorganized. So I had to fix that first before I could figure out what the heck was going on. I remember I was thinking about him "You know, he's got that unhappiness, it has to be liver meridian. It must be a liver meridian issue." I keep thinking I've got to get there and start testing because I'm trying all kinds of things with him. I'm trying comprehensive algorithms, basic algorithms and none of that helped with this particular issue for this person. No matter how much I have him think "I'm unhappy". I'd check him for reversals, everything. To make a long story short, I therapy localized – I'm doing diagnostics with him and he – this is the alarm point for the liver meridian – so puts this here and it shows up that this is the issue. So I have him tapping away and it doesn't do diddly-squat. This should be moving.

I've found that you don't always have to have a lot of points. First of all, I agree with Gary, sequence is irrelevant. It isn't sequence. It's either one point or it's a cluster of points, which I also call like a constellation. That's all and it doesn't matter which way you tap those babies, it doesn't matter. That's important to know. So this doesn't do anything. So I thought "What's going on there?" So I got this thing and I'm looking at the meridian charts and it occurs to me, maybe it's somewhere else. Wait, I thought, in acupuncture they have all these points. They have an alarm point, they have a tonification point, they have a sedation point, a source point, etc. Why the heck do they have all these points if they don't mean something? They developed that about 5,000 years ago, it must mean something. Then I remembered talking to John Diamond sometime and he had said something about it because he had figured out that there was some qualitative differences in different points along the meridian. So if it was an issue of anger, it could be this kind of anger, but then there was this kind of anger and that kind of anger. It makes sense. We do that in our syntax. Why shouldn't we in our energy system which is more primordial? There's significance to that because it's more primordial, it's more ancient.

So I said, "Ah, let's do this." And I had him put his hand right in between his knee inside of the hand, and I said "Just to be safe, one must do both sides." I'm tapping away on the inside. Now he's rating his unhappiness is like an 8, which is some movement because over the course of the therapy it used to be a 10 and we're finally at an 8. So he's tapping away, he's going like this and I say "Where is it now?" "It feels 4." "4? Let's do more of that." It still stayed at a 4, still just a 4. I do some more checking up, it's still on the liver meridian. Maybe somewhere else. So then I have him tap between his big toe and his second toe, right here. Took off his shoes, feet stunk. So he's tapping away and I say "So where is it now?" He goes "I don't feel unhappy. I can't say I'm really really happy. But I don't feel unhappy now." That seemed to me to be kind of significant. It was a different place.

It's interesting Gary introducing some other points. There are others. There's other places on this energy system and Brian's done the same thing, looking at different places. It's part of the whole puzzle, this whole energy puzzle that we're just starting to explore and make some sense of. I imagine in time that we'll discover more and more and more. I think that's where we need some kind of tools to be able to really see

what's going on. You can treat -- treating's fine but sometimes when you treat sometimes it's gone, and you don't know why the hell it's gone now. It's not there any more to look at. That's great as far as your client is concerned, that's the bottom line. You want to help them.

00:58:21

Lee: We talked about this last night but after having been to the (inaudible) would you consider installing or empowering the new belief with the whole brain posture of Cook's HookUps ?

Fred: Yes, that's another way you can do it too. Absolutely. Another thing I could have her do is doing this sort of thing while she's thinking the positive belief. Left hand over right, right hand....

Participant: (inaudible)

00:58:59

Fred: Yes, there's a test for it. That would be another way. We're running out of time. Let me check something with you again. Arm strong. Say "I'm an idiot."

Sharon: I'm an idiot.

Fred: Say "I'm good enough."

Sharon: I'm good enough.

Fred: Say "I'm not an idiot."

Sharon: I'm not an idiot.

Fred: OK, that seems pretty good, doesn't it?

Sharon: Yes, thank you.

Fred: I want to hear about the pudding. I want you to let me know because we don't have as good of a test in the way that let's say somebody has a high SUDs level.

00:59:27

Fred: Let's thank Sharon. (Applause)

GHC: We're going to take a break here in just a minute.

Fred: We'll do so.

01:00:06

GHC: Tomorrow you're going to see a contrast to this. Fred is very good. Fred is one of the real students of this whole process and he has a marvelous way of getting down to core beliefs, etc. I don't necessarily go for a belief the way you would. It doesn't mean yours is right and mine is wrong; it's just a different way handling it. But you're going to find tomorrow we're going to start talking about surrogate muscle testing.

Betsy (To Fred): Because you did the following the meridian down for this example of the man and you got the unhappiness down to 0, then I would wonder if by doing the kind of other testing, tapping points, if you could get it down some other way. You had a precise procedure here. But I immediately thought since you talked about energy toxins, if you didn't have that whole meridian would you then get to the point of thinking well, maybe it's an energy toxin that's in the system.

GHC: You well could. I think that's a very valid concept that we were talking about before. It's often the big excuse.

Fred: Yes, it can be good, it can be a garbage pail. Now Greg Nicosia, he and I did some work around the country for about a year. Greg had studied with me first of all and he and I were talking and I told him about this shame level as we were starting to call it "I don't deserve to get over this problem." What he started finding is that whenever we would find out about somebody, what he used to think were energy toxins, weren't energy toxins at all. It was a different reversal. So you've got to be careful about what it is. Because I think there is such a thing as energy toxin, but it's not as prominent as some people might like to believe.

GHC: One of the fascinating things about energy toxins in my experience is -- somebody becomes just absolutely stopped on some issue like getting over depression, for example, and until we change their diet we're not going to make any headway. I've seen that I can't tell you how many times. But then we'll turn right around, without a change in diet at all, and we'll take care of their phobias, or some traumatic memory, as though there were no toxins around. One thing I want to ask you Fred to get your view on, you have already talked about this, and then we're going to take a little break. The new levels of reversal that you have developed, such as "I don't deserve" and the shame one, I have used myself and I've found when

I'm stopped someplace I'll use them and then get good results. My question to you is: Are these really levels of reversal, or are they another aspect? If someone doesn't deserve to get over their headache, is that another aspect -- we may be talking semantics here -- or is it a level of reversal?

Fred: Well, here's how I think about it at this point. First of all, I call them criteria related reversals because there's a criteria involved, whether I deserve, or it's safe, or it's something like that. I think that somehow -- if you can think of reversals -- and then there's aspects of reversals. So in a sense it's applying that same idea of aspects, of holons, to reversals rather than to other energy issues. But I think that the difference is that until that's taken out you don't get movement, you don't get the movement.

GHC: I can tell you a number of....

Fred: So then we still call it a reversal, it's a block.

GHC: Bonnie was putting on a workshop that I assisted her with here a couple of months ago and before the seminar started somebody had been getting the migraine headache. Tap, tap, tap, not making any headway and I finally had her say "Even though I don't deserve to get over this headache", cleared it out, headache was gone.

GHC: Give Fred a hand. (Applause)
(End of Tape 4)

Video Tape 5

Dr. Larry Nims' Presentation

GHC: Please meet Dr. Larry Nims. (Applause)

00:01:46

GHC: Can you hear this thing laughing (a toy laughing mirror on GHC's table)? I'm going to take these batteries out. See this is motion sensitive and every time something bounces around this thing goes off. Anyway, Larry has a unique story. In fact, the two of us have, in a way, a unique story, but Larry's going to do most of the unquining for you, if you will.

Larry, you and I met a long time ago and didn't even remember meeting, correct?

Larry Nims: It was in '82, I believe.

GHC: It was very early '92. I'd taken training from Roger Callahan in the late '91. You'd taken it when?

LN: In February of '90.

GHC: So you'd had experience with the technique, etc., and then as I recall it, you and I actually met – we just don't remember it very well – at Roger's house for some kind of an update type thing. In other words people came in -- you and I had met, we knew each other's names at least. I don't know if you remembered mine. I remembered yours, from the list.

LN: Yes, and I got a list afterwards.

00:03:15

GHC: That was about it. We didn't spend any time. We didn't connect at all. We didn't compare notes. We didn't do anything. So from that point forward, you went on about your practice, which is a busy practice, and you developed your own comprehensive algorithm – that's a term I use – you developed your own technique, your own procedure for all that. And I went off and developed mine, which are both basically comprehensive algorithms, one technique fits all. Well, that's kind of interesting. Because what Larry's going to do is describe his technique in detail. The way he puts it together is quite a bit different from mine, although there are parallels, and yet for years he has reported 90% plus results for the clients.

LN: It rarely doesn't work.

GHC: It rarely doesn't work, OK. So he's going to demonstrate that a little later on, talk about it some. But we're going to have kind of a conversation here. But one of the things I want to point out, you told me – Did you call me or did I call you a few months ago?

LN: I think I called you after someone back East whom you'd given my name, called me and told me where you were, so I think I called you.

GHC: Oh, OK. I don't remember.

LN: I don't remember clearly either. We could tap for that.

00:04:32

GHC: We could do that. But one of the questions that I asked you had to do with your comprehensive algorithm – I should remember questions about that. But one that I asked you was what do you do with the 9 Gamut? And what do you do with the 9 Gamut?

LN: I don't use it. I haven't used it for years.

GHC: You haven't used it. Interesting. Since you told me that, I said to myself (this was months ago), if he's not using it why should I? (Laughter) There's a lot of logic behind it and I kept using it for a while then I would find myself throwing it away and not using it and getting results. More recently, I simply haven't used it. So I just put that out for whatever value it has, taking one little piece of it.

LN: So if you're hum deprived you've got to do that on your own.

00:05:24

GHC: You don't use SUDs either. What do you do instead of SUDs?

LN: I just ask them to tune in and see if there's anything there.

GHC: But how do you know if there's something left or not?

LN: Well, they tell me whether there is or not. If I need to, I'll do muscle testing.

GHC: OK. So if you're dealing with me and I have this nasty fear of public speaking because I'm really

shy, how would you know what intensity I was to begin with or would you care?

LN: I wouldn't care.

GHC: You wouldn't care. So I just say I have this fear of public speaking.....

LN: Then I have them tune into it and see what they're experiencing, do the treatment and see if they have any more distress if they think about. Then I often have them remember a couple of experiences they've had with it and do the muscle test to see if their arm goes weak when they think about it. If it feels weak when they think about it, it means they've still got some distress. So we'll treat that and test again, and it's done.

00:06:16

GHC: The ultimate test, of course, is when somebody gets up on stage and starts speaking. So do you have any feel for it when you deal with them in their office, which is not public speaking in that case, how often that holds in the real case?

00:06:31

LN: Well, almost universally it does. It seems to work very well indeed. I tell the person if they need to, they can tap themselves as they're going there if they think they're getting a little anxious, go ahead and tap for it, but something else might be coming up. But I've never had a problem with a person, like with speaking, and in most cases with phobias, it was just gone.

GHC: Interesting. Because quite often maybe you don't get all the aspects. Because to me the ultimate test is going on top of the building or getting on the stage or whatever it is, and then when you get up if there's aspects left they show up right there. Then we tap them. I still shake my head about it a lot of times, is this really going to work.

LN: But it seems to. It just blows me away and I've been doing it for eight years.

00:07:12

GHC: You also have people imagine tapping?

LN: Yes.

GHC: Tell us about that a little bit.

LN: I've been doing it for some time, but fairly recently I've started teaching people to just imagine doing the tapping and it works just fine. You get the same result with the muscle testing with their everyday experience as they do with the actual tapping. I haven't seen any difference at all between the tapping and the imaginary tapping.

GHC: When we did the imaginary tapping here earlier, I didn't give anybody any instructions on how to imagine. It was to be however they imagined it. Imagine a hammer hitting you on the side of the eye, or something, there is none of that.

LN: I just don't imagine whatever it is, the problem that they describe. I just call it the problem. I don't really have an explanation.

GHC: We have a question here?

00:08:06

Stephanie: Have they already had the experience of tapping before that?

LN: Oh, yes, we do that initially. We'll do the tapping quite awhile before I introduce the concept of imagining and oftentimes when I first introduce the procedure I don't usually suggest that they do that for a while.

GHC: What advantage is there to having them imagine the tapping?

LN: Well, you can do it in less than half the time it takes to do a verbalization and the physical tapping. It is just far faster.

GHC: So you just go brrrrr.....

LN: The tapping, that takes mechanical time.

GHC: That's not what I did here. I went boom, boom.

LN: I know.

GHC: You just go brrrr, like that?

LN: Yes, and on myself I do it in 6, 7, 8 seconds.

GHC: OK, interesting.

00:09:06

GHC: You then sent me a letter talking about your philosophy, etc. Here's what's going to happen I'm going to go over some of the phrases in the letter because it will shed some light on Larry's version of this and then Larry's going to actually talk to you and tell you what his procedure is, and then he's going to demonstrate it.

Anyway you said to me, "Isn't it amazing that we have taken such different approaches and yet seem to be accomplishing very similar results." That's very true. "It has me puzzled as to why this is the case. There must be some larger principle that subsumes what we are doing and how we explained it." Here's another: "In fact, the client does not have to know what the problem is at all. Nor does he have to have any sophisticated names to identify the problem. All he has to do to treat a problem effectively is to consciously notice that he is in some way not in a state of mental, emotional, physical, or spiritual ease, balance of equilibrium." So somebody comes in, they don't even know what the problem is?

LN: Wouldn't have to know.

GHC: Wouldn't have to know. Why don't you expand on that a little bit?

00:10:14

LN: Somebody will come in and they'll usually identify something where they're having difficulty or they're not feeling right, or things don't happen correctly, or they keep doing the wrong thing, whatever that is. But it doesn't require any sophisticated language to describe the problem at all. It can just be "I feel lousy" or "I don't feel anything" or "I feel numb" or "I feel yucky". It doesn't have to be any fancy language whatsoever as long as they notice it with their conscious logical mind, their subconscious psychological mind knows exactly all about it, the entire history of it and it's a very faithful servant that will respond to whatever they recognize as "the problem."

GHC: And the beauty of your process since you use muscle testing a lot, is that even though they are – correct me if I'm wrong here – even though they are unable to identify or articulate the problem, you'll know when they are making headway by their muscle test. You are muscle testing them along the way. When that's cleared they don't seem to have their problem even though they've never articulated it.

LN: Right.

GHC: (To audience) If you get questions while we're doing this.....

LN: Of course, if they're uncomfortable about telling what the problem is, I don't have to know that to do the treatment at all.

00:11:28

GHC: I don't either as a matter of fact. There are some that want to deal with me where the issue itself is really kind of private. There was a gal here last time with an issue that was really kind of private. No reason for me to really know what it was either. As long as she knows what it is. You're saying, and I agree with you, she doesn't even have to know how bad it is, or he.

00:11:50

LN: By the way, I did do the straight Callahan's techniques initially. I did that for a couple of years with a lot of worker's compensation cases, and those kind of things. I'll find the things, and I did the SUDs thing for a long time but I found it just kind of awkward and troublesome and I just quit messing with it. Don't need to, so I just quit doing it.

GHC: OK, well, why don't you just blow my whole theory. (Laughter) Any other questions?

LN: Mine too.

00:12:19

Tony: It's about the visualizing tapping. Is that similar to a skier running down a hill in about 8 seconds as opposed to the real time of a minute and 5, or whatever it would take. Is that the same thing that you teach your clients to do?

LN: I'm not following what the question is.

Tony: Is the visualize tapping that you.....

00:12:45

LN: I don't tell them to visualize, I tell them to imagine.

GHC: They can imagine auditory, they can imagine kinesthetically, they can imagine.....

Tony: That's what I was asking you. Do you know what it is that your clients do?

LN: I don't care. (Laughter) It might be fascinating to know but I don't bother to ask them. I test, its gone, I don't care. I'm a Virgo, it's got to be practical. (Laughter)

GHC: Going back to something here. A minute ago you said the subconscious mind has all the history, it has everything it needs to know, etc., etc. One of the things that we've had great success with with those who want to use it, with EFT, is to have people tap on a kind of a broad issue like "Even though I have a poor self image. . ." A lot of stuff can contribute to that, and we find that as long as somebody will do that consistently over time, without doing any SUDs or anything else, just every time you go to the bathroom, every time you eat, get up and go to bed -- all that throughout the day. But their self image starts to change and what I'm asking you, I guess, is that in your view is the subconscious mind just bringing up whatever it needs to bring up all during these little tappings?

LN: Yes, I believe the whole thing is mediated in the subconscious mind, and the subconscious mind is a very neutral and faithful servant, it will do whatever you basically are asking it to do. So whatever the conscious mind notices, that's what it's responding to and its whole history of experience, all of the experiences that have led up to the belief system that I think locks it in place also.

00:14:22

GHC: Sure. Let me shift here. I've underlined this in your letter. It says "I no longer find it necessary to do treatments for psychological reversal or mini reversals, the set up in your terms. I incorporate this into my treatment by first instructing the subconscious to include in every treatment the elimination of not only the roots and the belief system, but also any thing that would make me keep the problem, ever take it back, ever passively allow or permit it to come back, or ever be receptive to it coming back." You want to elaborate on that? That's very comprehensive.

00:15:01

LN: What I do is I just simply tell the person, I tell them to their conscious mind and they're listening, but I say your subconscious mind is listening too, and then I usually do a muscle test to see if the subconscious mind agrees to do that, but it always does. It never doesn't. So then I never address psychological reversal after that. So the statement I

have them do is something like -- well, you read it better than I'll probably say it. Read it again.

GHC: I will. The statement?

LN: Yes.

GHC: "Any thing that would make me keep the problem, ever it take it back, ever passively allow or permit it to come back or ever be receptive to it coming back."

Participant: Can you write the statement on the board?

GHC: Well, I'm not going to do it right now because it will take time.

LN: I can do it later.

00:15:51

GHC: But somebody can do it later and you can write it down if you want. I have another copy of it over here. Do we have a copy of the whole letter?

LN: Yes.

GHC: We could copy your entire letter and give it to everybody.

LN: You're welcome to do that.

GHC: (To Kieve) Kieve, not right now, but at the break or something, you might want to have him give you that letter so you could run copies. Could we do that?

(Applause) **Note: See Appendix for copy of this letter.**

I'm sorry, did you want to expand some more about the psychological reversal?

LN: Why don't we say just a couple more things about that. The psychological reversal, I believe, is a very real phenomenon. No question about that. I think it's a major contribution that Dr. Callahan has made and I think his techniques themselves and his findings are a major, major discovery. I've heard some people say, and maybe they've said it on the forum, but I think it deserves a Nobel Prize. I think it's a phenomenal contribution. I think it's turned our field upside down and will much more as it catches on and as more and people get past their own resistances, or

psychological reversals, as the case may be. Which I think, is exactly what our resistance is in psychoanalytical terminology. I think that's exactly what it is. It's a reversal.

00:17:41

But I find there's a generic psychological reversal which can be addressed in a very more comprehensive way, which I'm doing now, and I don't have to address it any more. I don't fool with it. I don't do any set up or anything after that.

GHC: So it's kind rather fertile process compared to "I accept myself even though...." But once done, it tends to stay in there.

LN: There's only been one time -- and this has been several years -- that I saw that one of them came back. A reversal came back. And I think that was because of a major trauma that had happened to the person and got interpreted to affect that original issue. But I don't know that for sure. But I think so. All of this is speculation on my part at this point anyway. I just happen to be brilliant (Laughter). But it's speculation nevertheless, and I'm sure that it will change a lot over the years, and probably before this weekend's over.

00:18:39

Mary: Is that context specific, or do you find that crosses contexts?

LN: Cross. For any problem. I never address it again. We treat hundreds of problems with the person and I never address psychological reversal again.

Mary: Interesting, thank you.

GHC: Expand on that. You have a client today who comes in with a height phobia and you deal with this broad based psychological reversal.

LN: The first time I'm introducing the procedure to them, yes.

GHC: Then they come in six months from now and they have a trauma, a childhood trauma, you don't bother with reversal, you just.....

LN: No, and I usually see people on a weekly basis and we'll work on one problem after another, after another and do 15 or 20 different things in one session, and I never deal with it.

GHC: One of the thoughts that I've had recently about psychological reversal is the concept of permission. Many, many techniques require permission. Arm testing is often used. "Do I have permission to deal with this?" So you get a yes or no and so on, and many of these techniques almost require it because you're not supposed to mess with it unless you get permission. It's built into the techniques, at least the way I learned them. But I'm wondering if permission isn't another name, or at least included in the idea of, psychological reversal. Perhaps you have gotten major permission by the wider technique that you use.

00:20:02

LN: Yes, and the statement they're making is that any time I ever use this treatment for any problem I ever choose to treat, I'm also including anything that would make me want to keep it, ever take it back, allow me to passively take it back, or be receptive to taking it back. So that's a general one, so every time they do a treatment now, they're basically reconfirming that. They're basically giving permission for using the treatment at that point.

GHC: But you don't have them go back and re-say that.

LN: No, never have to. I have some thing to say on self-image too, by the way.

GHC: Go ahead.

Alan: I'm sure this will be answered when you demonstrate, but when you initially address that, what kind of tapping or procedure are they doing as they're addressing it?

00:20:48

LN: I will typically do a muscle test on that statement to see if it's a true statement for them at the subconscious level or not, and it always is on that issue. It isn't always the case when I test them initially after I demonstrate the procedure. I'll go through the tapping -- my tapping, which is just these points here, that's all I use (except here for forgiveness which I learned from Roger) -- then I will test them to see whether or not their subconscious mind agrees that they can use this procedure to eliminate any problem they ever choose to treat. About 50% of the time, they will say no. So then I use this procedure, "I accept myself even though I have this problem" three times, and then I go back and use the very procedure it said it

wouldn't let them use all the time and correct that permanently and never correct it again.

Stephanie: So is that the only time you ever use an affirmation?

LN: Well, during the statement, I have an affirmative statement I make here "I'm eliminating all the sadnesses in all the roots and the deepest cause of all this problem" and you don't know what I mean by roots yet, but I'll get on to that.

GHC: You'll demonstrate it.

00:21:56

LN: But now I'm not even bothering with all that. (Laughter) But I think you have to do it for some of the people. Somebody was commenting here that some people need to go a little more slowly and need to feel that they're doing something more at first. So I don't usually introduce self-testing. I don't usually introduce just imagining the procedure until the person's had a lot of experience with doing that and seeing that something really is happening, and then I suggest that they do this and encourage them. But people are pretty hesitant very often to start doing it just by imagining. They want to tap, and sometimes I still want to tap on some things that I feel really strongly about. I'll tap on part of it and not on the rest of it.

GHC: When Adrienne came up here I don't think I could have imagined the tapping. I had to pound on myself to get myself straightened away. Let me read this. You say "Surrogate testing is a very useful expedient for diagnosis and for monitoring progress. I use it ongoingly in my work." Surrogate testing, meaning you muscle test yourself on behalf of the client?

LN: Yes.

00:22:59

GHC: "I use my forefinger as though it was the person's arm and my index finger on top it, like my hand on the person's wrist. I teach most of my clients to do it on themselves. Probably 70-80% of the people are initially reversed for doing it effectively and consistently. I expect we'll find that here -- a lot of reversal. And by the way maybe we can do a joint "everybody take care of the reversal process forever" on this issue. (Applause)

LN: Why not?

GHC: Because believe me, the self doubts that show up here and everywhere else in this new area are, in a word, awesome.

LN: Therapists act just like people. (Laughter)

GHC: You then say we treat for this and they start using it increasingly well with practice. Let's see what else we have here.

00:23:52

LN: There is a practice effect because it's a tool we're learning to use, like everything else. But once they're free inside, they can practice and learn fairly quickly.

GHC: You make this statement, too. "I don't find it necessary to have the client focus much attention on the problem during treatment. I believe that once the conscious mind notices a problem, the subconscious, which knows all about every root experience and the beliefs attached to them, will address the problem faithfully through each step of the tapping sequence." Now that pulls off of what you said earlier. But EFT uses this reminder phrase, which, I have found, a lot of times the clients like. But Dr. Callahan suggests you don't even need this at all because you're locked onto the problem. I've seen it both ways. But your experience is you don't do that.

00:24:34

LN: I did that when I first was doing Callahan's techniques verbatim -- when I first learned them. I did that the first, two or three years.

GHC: He does not use what we call the reminder phrase. He just assumes you're locked onto it and just carries on.

LN: But when he was training me, he was constantly referring to what the problem was while they were doing the treatments in the early days. He was saying, "You'll notice that fear. Stay tuned into it." He was doing that originally.

GHC: Yes, he was doing that verbally, to keep them trained on it. I just said, as long as you're not doing anything else with your time you might as well just say something when you're doing it.

LN: To entertain you?

GHC: To entertain me, or whatever. I always have this thought that people are doing all this and they're thinking of their trip to Disneyland.

00:25:22

LN: I think they can be thinking about their trip to Disneyland and it will work just fine. Once they've said, this is what I'm treating and they go through the treatments, then their intention is still tuned into that by the very fact that they're going through the treatments. Their attention is still focused on the problem.

GHC: One other comment that I have here and then I'm going to have you describe your technique.

00:25:45

LN: Yes. I would like to talk a little bit about self image. You mentioned that you have a person do treatments repeatedly on self image and they make progress, and I'm sure that they do. What I find out is usually with my clients when I first introduce them to this, the first two problems I work on are self image and self confidence and I do them in a very broad way and rarely have to treat them again.

GHC: Well, yes, but let me ask you about that. Self image is such a broad thing.

LN: That's true. There are certain different aspects to it.

GHC: Somebody could say something like "I am a very poor public speaker." That doesn't mean I have a fear of public speaking, I'm just a very poor public speaker and I'm a klutz when it comes to athletics. Now those are areas of self image which are articulated.

00:26:35

LN: I will muscle test with them on several statements that are self image statements and almost universally everyone will be weak on all of them, including everybody in this room will almost certainly be. It's very rare when you're not weak on all of them. I usually only use six or seven of them. You could do a lot more.

GHC: Somebody who, for example, has had an abusive history, physical or sexual or verbal abuse, etc., has lots of reasons for a poor self image. They have lots of experiences that come up as they try to go about their lives and there are so many of those

individual issues, do you take care of all of those with a self image.....

00:27:18

LN: No, it doesn't take care of all of those. But it does take care of their attitude towards themselves and whether they value or devalue themselves in the various areas of their lives.

GHC: But to me they're linked. This is philosophy, but I'm asking the question.

LN: Well there's a lot of emotional distress that doesn't necessarily get to be interpreted in terms of self image.

GHC: OK.

LN: There can be a lot of fear, anger, hurt, sadness, guilt, shame, all those things that doesn't necessarily have a message that because of this you're not an OK person. They're separate issues to me. I'll test on them for things like "I'm a good person", "I deserve good things in life", "I want to be happy", "I deserve to be loved", "I have a good body", "I have a good, skillful mind", "I have a good ability" – no not ability, that's in self confidence. I'm trying to think of any of the others right off hand that I use kind of routinely, and they'll all test weak and "I want to be happy", "I want to be sad" or miserable, that's one I learned from Callahan, too. I'll do those and they'll all test weak. I'll go through and do one treatment and they all test strong.

GHC: Fascinating. Maybe we'll get an example or two of that

00:28:41

LN: The self confidence is a parallel thing. "I'm good at things", "I'm a capable person", "I can learn to do most anything", "I can do it well", "I have many talents and abilities and skills", and things like that along those lines, and they all test weak, and then we'll do one treatment and they all test strong.

GHC: We're going to have Larry go through his entire procedure for you so you'll know what it is. If you want to take notes, please do. However, remember that this is being filmed so you'll see the whole thing again and you study it inside and out. That's one of the advantages of filming this. So some of you may just want to sit there and listen for the

moment, knowing the ultimate notes are being taken behind the scenes.

LN: Let your subconscious soak it up.

GHC: However, before we go into the details of the technique, are there any questions beyond what the details of the technique are that you want to ask Larry before we get into it? Anybody here have questions?

Participant: This is one that I just had to ask too. Muscle testing. Do you muscle test with dissociative identity disorders?

LN: Sure.

Participant: Do you come up with different results....?

LN: Yes, you do because there's a lot of stuff going on inside. That's a whole different ball game because there's so much going on and it's changing rapidly a lot of times and a lot of the alters won't let you do the treatment. Then they'll switch on you and all kinds of things happen, in my experience.

GHC: Questions over here?

00:30:09

Carol: I'm sitting here thinking of the work of Rupert Sheldrake who was this quantum physicist from England. It strikes me that I wonder if our intentions or our beliefs as a therapist have a great deal to do with what happens in terms of the treatments. In other words, if I as a therapist have a real firm belief that there's such a thing as reversals and I have to do all these things to keep ahead of reversals, then that will influence what I come up with. Where if I have a belief structure that well, I'll take care of them, this is a universal approach, then they'll go on and it's done with, then that affects treatment, and you're going to get those results.

LN: Probably it does have some effect. Probably it does, but I'm not sure how much and that could vary quite a lot between people and it could vary within the same person over time, I would guess. I think our intention certainly does set things up because there's a certain amount of suggestibility issue that may be happening there. There's much more than that that goes on, though, in a relationship. We really impact each other much, much more than we realize. I have a technique I use to demonstrate that to clients where I

can alternately make their arms go weak. And I'm doing it all in my imagination.

GHC: Do it with me.

LN: I'd be glad to do it with you. Just turn this way. Just hold one arm out this way. Hold. This one this way, and it's strong. Now just relax. Now hold. (Laughter) Hold. Just relax. Hold. Hold. (Laughter)

00:32:11

All I did, I used something called the temporal tap which was introduced to me by an applied kinesiologist. And I did it in my imagination and as a surrogate for Gary. I just simply said "I'm Gary" to myself and I imagined tapping right here on my left ear from the center here, in the upper half in that direction, three times and the first time I said "My right arm's now very weak. My right arm's now very weak. My right arm's now very weak." And his right arm goes weak. The second time I said "My right arm is weak, my left arm is strong. My right arm is weak, my left arm is strong. My right arm is weak, my left arm is strong." "My right arm is strong, my left arm is weak. My right arm is strong, my left arm is weak. My right arm is strong, my left arm is weak." And his changed. That's all I did. And that will last about half an hour but we'll put you back.

So you tap here, right around here, upper half. Just think "Both my arms are very strong. Both my arms are very strong. Both my arms are very strong." Now hold. They're stronger than they were before because you said very strong. (Laughter) It's better than spinach so my football coach would say. It's a lot of fun.

Tony?: Larry, do you play tennis?

LN: Not any more.

Tony: Do you play golf?

LN: No.

00:33:40

Tony: How would this . . .

GHC: He wants to make money on the golf course! (Laughter) Do we have a "yes" for Tony! (Cheers)

Tony: If you were with an opponent in either of those sports, or other sports as may be the case, would you have an unfair advantage if you wished to

00:34:09

LN: If you chose to, yes. I love to demonstrate with big burly guys doing the muscle testing and they're used to that, and they go weak like anybody else does and that's pretty fun. But there's another technique, I don't know if you've seen this one. Just hold here. Just relax.

GHC: Like arm wrestling.

LN: All you do is move energy. I'll put it back.

Alan: Also, and I'll stand up and demonstrate -- with the central meridian that you just did -- karate people when they start (moving his arms) -- do that. And my guess is, and both of them are doing it. Further, my guess is that whoever gets it in last wins the match. (Laughter)

00:34:51

LN: But I believe you can just imagine doing it and it will do the same thing.

Mary: What are the implications for this when we're doing muscle testing with people, speaking to our intent?

LN: Well, I don't know because I'm not sure that we have that much of a drag effect as you just saw here because we're not doing it so consciously and purposefully as we are here so it may not be as strong. I was trained originally in graduate school in experimental psychology and learning theory. I only got into the clinical field after I left graduate school. We had a rule back then that under the most precisely controlled laboratory conditions, the human organism will do just as he damn well pleases. (Laughter) This helps us to stay a little humble about some of this stuff.

GHC: One of the issues though is when a newcomer does what I call one-on-one muscle testing, like you were doing with me, they can, with their own intention, override it. Many times they'll want their own answer and they can get it.

LN: They'll try but they can't hold it because you can make a quick adjustment to that and they'll still go

weak. I've not had that..... They'll try and you'll feel them holding back.

GHC: I'm speaking about something a little different. Let me try it again.

00:36:07

Suppose you're not trying to do this thing you just did but rather you want to test them to say "I want to get over this problem" as for psychological reversal. The tester or the therapist who's maybe brand new at this, will say to themselves "Oh, I know they're not reversed" and therefore get a strong response *because* they're intending it and they're influencing the result.

LN: I haven't experienced that that I'm aware of. But that may very well be.

GHC: How many of you have experienced something like that where you think that you can actually influence the result? Michael (Gandy) has, back there. But (to Larry) your experience is no?

LN: I've never seen it be an issue that I know of.

GHC: Are there any questions before Larry goes into his technique.

Roxanne: Could he give the specifics about where he was doing that tapping (around GHC's ear)?

LN: Just in front of the middle of the ear. I usually use two fingers because it's an irregular series of spots that are used in that and I'm not sophisticated with that. And just right up from the front half and just half way down. It won't do any good if you aren't down below because all the important stuff's in the upper half. Some people argue that if you're going to do it you do a positive affirmative statement on the left ear, and the negative form of the statement on the right ear. I don't know why. I haven't looked into it.

Roxanne: Positive on left, negative on right.

LN: Right.

00:37:38

GHC: Why don't you just go through what your process is? We'll do it this way: how long do you anticipate it would take to verbally discuss your process.

LN: Not very long. I just want to demonstrate.

GHC: Are you speaking five minutes?

LN: You mean to demonstrate it or just talk about it?

GHC: Not to demonstrate, to talk about it would take how long?

00:37:51

LN: I think less than five minutes, unless there's a lot of questions.

GHC: OK, because I'm thinking about our breaks. Why don't you go ahead and do that because we've got plenty of time for that. I just figured if it's half and hour.....

LN: No, I don't think so. I can get down to the nitty gritty.

GHC: OK, well go ahead. Talk about the technique.

LN: Remember, I'm a Virgo, I have to do it efficiently here.

GHC: Is that like an engineer?

LN: Yes, something like that. Only not quite as rigid. (Laughter) But more perfectionistic.

GHC: There you go.

00:38:26

LN: I'm a recovering perfectionist. My understanding is and the way I view it is that all of our experience is recorded in the subconscious mind and far more than the conscious mind ever noticed in any of the experiences. There comes a point along the line somewhere in the person's life where the person makes a conclusion about what all these different experiences mean, the combination of experiences. I call those experiences emotional roots, and by emotional roots I refer to the sadnesses, the fears, or the angers that were happening in the person during each individual experience. In adults there are usually somewhere – for any problem that we're treating – somewhere between 700 or 800 and 1800, or 1900 different emotional roots that have combined with a belief system, a conclusion, an attitude, a purpose, an intention, that says how life is supposed to be for me in some specific area. When that gets triggered, then the person reacts accordingly.

I believe that the emotional root energy, all the sadness and fears and angers, which if there's 1,000 roots, it can be well over 1,000 sadness, fears and angers, because there's more than one feeling in some of the experiences. But they all go away in the same treatment. The same simple short treatment. It will be unique to different people although there are a lot of common elements, as we all know as counsellors. There are similar problems that people have and similar beliefs that they have about different things, but each person has their own uniqueness as well. So I believe that these emotional roots are what give the behavior the driving energy, the intensity. The persistence of it, and all of that, are controlled through the emotional roots and the direction, and purpose and intentionality of it through the belief system, which I call deepest cause, because that was the words that I got when I was asking the Lord on high what in the world was going on there and that was the word he used, so that's what I use. Whatever the source was, I use deepest cause. But I could use belief system just as well. I explain that to people so that they understand that their subconscious mind understands when we say deepest cause that's what it means.

So I believe that that's what's controlling what's going on. That's my theoretical framework for explaining what's going on. I don't necessarily accept Gary's concept about it that the zzzt is the problem. I think that might be more of a symptom than a problem, or maybe just a corollary, I'm not too sure. Or it could be something that includes both of our ways of viewing it, I don't really know.

00:41:20

LN: My experience is that every one of the emotional roots to a particular problem that we're treating, whatever the problem is, is involved in a minimum of 17 other identifiable problems in the person's life in different combination. So that when you're treating a bunch of things, before long some other problems start to clear up because you've addressed enough of the other roots so that the thing doesn't have the power to control them in the same way any more. Or a belief is relieved of its purpose and value and so on. I think my experience was in doing a lot of muscle testing years ago -- I haven't done it much now for some time because I'm content with the information that I have at this point -- that about 60 or 70% of the patterns of the belief systems and emotional roots are in place on a permanent basis by the time the person leaves the adolescent years, reaches the teens, I should say. By the time they become a teenager, about 60 to 70% of

these things are already programmed in, they're scripted, or the schema is written, however you want to talk about it. And that controls the person's life. We think we're thinking and we're mostly rehearsing thought field, and thought emotion and behavior reactions much more of the time than we realize. And most of that's going on at the subconscious level.

00:42:54

LN: The rest of them are finished typically by the time the person leaves the teens but once in a great while, there may be one or two or three experiences before the final belief system is in place, at age 21, 22. The latest I've ever seen it is 22 when I was testing, and I've tested on lots and lots of things over the years.

That's basically what my theoretical orientation is to it and why I think it works the way it works but I also know that we may know a lot more things before long and I'm open to that. That makes more sense to me in terms of my traditional understanding of what goes on in the subconscious mind and what creates psychological problems. And of course, I believe, that the physical problems predominantly have psychological roots also and they test out as being so, so I treat it and get good results. I don't test very much anymore. I just go ahead and do it. Or I do surrogate testing.

00:43:49

GHC: The technique itself then would be.....?

LN: The technique itself, and these are spots that I got from Callahan originally and I've found that they work just fine so I haven't done much different. I tap right here on the eyebrow point for the sadnesses. I tap under the eye for the fears. I tap on the back of the little finger behind the cuticle for the angers in the roots, and all the angers in all the roots. And I go back up here for the emotional traumas. I understand the emotional traumas to be the traumatic stress of all of those thousands and thousands of fears and angers I just got rid of. It isn't necessary to treat that last spot in order to get rid of the problem that they've identified or noticed, but it's a good idea to get rid of the PTSD, so I do that just routinely.

Participant: **(inaudible)**

00:44:39

LN: Yes, same spot only the conscious attention is focused differently there and now it's on trauma and not on sadness.

GHC: The whole technique isn't just that because you do some testing for psychological reversal. You do some correction for that if necessary.....

LN: If it's the first time.

GHC: You also have some affirmations that you use as you do the tapping.

LN: Yes, I'll go through the procedure. What I say and what I have people say – and now I'm cutting that short too – "I'm eliminating all the sadnesses in all the roots and the deepest cause of all of this problem (or you can say belief system) and the belief system of all of this problem. And I'm eliminating all the fears in all the roots and the belief system of all of this problem. I'm eliminating all of the angers in all the roots and the belief system of all of this problem. I'm eliminating all the emotional traumas in all the roots and the belief system of all this problem." So sadnesses, fears, angers and emotional trauma.

00:45:35

LN: And I use the word "all" and I use plural for the emotional words because I want it to be very comprehensive. I don't think it's absolutely essential in most cases but I feel more comfortable doing that. Once the person knows that procedure, I'm not sure we even have to say all that woop de doo any more. (Laughter) But as I'm doing it on myself now I'm just saying "Sadness, fear, anger, trauma." Just thinking it to myself and I go through it that fast.

GHC: That is the technique. Once you've identified the problem, that's the technique.

00:46:16

LN: Oh, I also do a lot of work with forgiveness because I find there's another problem almost always the person's angry at themselves for having the problem, for not having handled it better or for allowing it to happen, or whatever. Very often they're angry at somebody else, one or more other people, for permitting it to happen, like parents, or the abuser or whatever it might be, and very often they're angry with God about it. When they're angry they're usually being judgmental, critical and unforgiving towards that person, themselves, somebody else, or several other people and towards God if God happens to be included in their equation for it. So I do a treatment

here on the side of the index finger closest to the thumb, right alongside the nail, I do it with the pad of my thumb. It can be with either hand. I'm ambithumbic. And I just say "I forgive myself. I know I'm doing the best I can. I forgive myself. I know I'm doing the best I can. I forgive myself. I know I'm doing the best I can." Or if it's towards somebody else "I forgive you Jenny. I know you're doing the best you can." Or you could say *could* if it's past tense, doesn't make much difference which one you use. Or if it's God, I say "I forgive you God." Or Lord, or Father, or however they address God when they're feeling kindly toward Him, "I know you're always doing the right and best thing for me."

00:47:36

LN: Another very interesting thing that I didn't discuss with you is that I've found that a lot of times there's sadness and there's fear going on at the same time with a person about some issue. I've found that when that's the case, it's almost always the case that there's some deep hurt behind that. If you go ahead and treat the deep hurt you don't have to treat the sadness and fear later on because they've come out of the hurt, and the judgment and criticism goes away but not the unforgiveness and you usually have to treat that with the treatment for unforgiveness.

00:48:12

GHC: The other part of it.....

LN: When I first introduce the procedure I will say to them "Your subconscious mind will eliminate anything that would make you want to keep it or ever take it back or passively allow it to come back or be receptive to it coming back again." And then I'll do muscle testing to see if the subconscious mind agrees to do that, and it always says yes and so we go on. But it doesn't always say yes that I can use this treatment to eliminate any problem that I ever choose to treat. About half the time it says no, in which case I do this here (while rubbing the collarbone points) "I accept myself even though I have this problem" three times and then use the very procedure to correct that permanently and never address it again.

00:49:01

GHC: When you do the demonstration you're going to include that.

LN: I will do that, and since Susan, who's been gracious enough to allow me to work with her, she's

already heard all of this so I will just see if it'll let her do it.

GHC: We're ready to demonstrate if you are. People here have the words and the technique and everything. Go ahead, Roxanne.

00:49:28

Roxanne: Talking about the sadness and the fear and the deep hurt. You said if you treat the deep hurt....

LN:you don't have to treat the sadness and the fear.

Roxanne: How did you treat the deep hurt?

LN: Like any other problem. You just tap for it.

Roxanne: The whole sequence, OK.

LN: Every problem, same thing.

00:49:43

GHC: Any other questions? We'll probably take a question or two and then take a break and then we'll have the demonstration. Any more questions though?

LN: Any answers?

00:50:01

Peggy: Have you found this to be effective whatever the level of mental illness?

LN: Yes, I've worked with a lot of chronically mentally ill people in board-and-care homes and I've found it worked just fine with them as long as they can pay attention. As long as they can tune in and talk to you there's no reason not to do it.

00:50:20

GHC: What about doing it with the mentally retarded or the non-verbal or children that really aren't able to get into all this?

LN: Well, it isn't hard to get children to do it; you've just got to do it in their language. They think it's a fun thing.

GHC: A baby, let's say.

LN: A baby? Well, you can do it as a surrogate. A lot of people talk about having the mother holding the child and be the surrogate and give the treatment. You

can do that fine but there's no reason for you not to be the surrogate too.

GHC: Any questions? Back here.

00:50:55

Nando: I'm just curious if you can tell us maybe a little vignette of someone that you've worked with who came in with fairly normal complicated series of problems.

LN: You mean a normal ambulatory neurotic? (Laughter)

Nando: Yes. And just what your course of treatment would look like, how many times you'd see them and that kind of thing.

00:51:19

LN: Well, I often see people over a number of sessions. They usually come in for some specific issue which we'll usually address fairly quickly. But typically I'm really good at stirring up hate and discontent so I usually find a lot of things to work on. (Laughter) We're just full of junk. We're just so full of junk and I pick up on it and show it to them and do the muscle testing, and let's get rid of it.

GHC: Are you going to go into comedy?

LN: No. (Laughter)

Dr. Nims demonstrates with Susan

LN: Hi Susan. Thanks for coming up here.

00:52:01

LN: OK. You and I have talked a little bit on the phone and again this morning briefly about an issue that you want to deal with. You observed what I was doing here a little while ago so your subconscious has heard all of that. We'll test to make sure if it's going to let us use it first in a moment. Well, let's do that first and then we'll start talking about what your concern is.

Susan has said that she wants to be relatively careful about what she talks about because some of it is fairly private for her but I'm sure that she will share enough so that you can see that we're working on something that's pretty significant for her. So we'll do that. Let's just test with a muscle test now if we could please,

arm test please, about using this procedure. "My subconscious mind will allow me" – try that

Susan: My subconscious mind will allow me.....

LN: "to use this simple procedure to eliminate any problem I ever choose to treat."

Susan:to use this simple procedure to eliminate any problem I ever choose to treat."

LN: Hold. And it says it will. Say "That's not true."

Susan: That's not true.

LN: That's just to show you that it has changed, that it is different. And that's what I would do for testing to see whether or not. About 50% of the time it will say no.

Participant: If it says no what do you do?

LN: Then I will have them rub here, have them rub here and say "I accept myself even though I have this problem" three times on the K-27 spot here, right under the collar bone, about a half inch off center on both sides. It doesn't have to be hard. I believe you can *imagine* rubbing. It works just as well. Then that will correct that temporarily -- usually for about 20 to 30 minutes -- which is way more than enough time to do this simple procedure to correct that resistance permanently.

GHC: Any questions that you have, please raise your hand.

LN: OK. The question was what do you do then if it says no.

00:54:06

Wayne: Do you correct on the K-27 or the sore spot?

LN: The K-27. I never use the sore spot. It's an ouchie who needs it? (Laughter) I haven't used the sore spot since the first couple of years I was doing this stuff back in 1991.

So your subconscious mind will let you do this. So let's talk just a little bit about what it is you'd like to accomplish. Could you tell us a little bit about it, Susan, in your own terms please.

00:54:51

Susan: This is a problem, a sadness, a soreness, you said a deep hurt when you were talking about this before and I think that is accurate.

LN: That's what I thought this morning when we were talking.

Susan: It has been with me for about three and a half years. I've worked on it, done a lot of things to alleviate the issues that came up when this particular thing happened.

LN: You've done a lot of work on it, you say.

Susan: I've done a lot of work on it.

LN: So it's really important to you.

Susan: Yes. It feels like I've cleared away a lot of debris but there's something there that's been coming up lately and it's interfering with what I want to be doing now. It's getting in the way of my being comfortable and getting involved with new groups of people and of doing some of the other work that I need to do. It's coming up in a lot of different ways that I can see, that I'm aware of.

LN: What kind of ways. You mean your feelings get stirred up or what?

00:56:02

Susan: Feelings get stirred up. I energetically sort of go like this. (holds hands as though to fend off)

LN: To people and to the world?

Susan: Yes, sometimes. I'll get angry. And very sad. The hard part is that I don't really have words to describe it much better than I'm doing. I can feel it but I can't really describe or delineate what the issue is around it.

00:56:38

LN: Could you tell us about the hole that you told me about?

Susan: One of the things that I started doing this year was getting involved with some martial arts. Besides using a lot of energy, martial arts have a particular focus that can be very group oriented -- a lot of group dynamics -- and there was one occasion where they were having a meeting and I could just feel myself just pulling back from it. When I was home and I

decided to tap on that, what I was tapping for was the pain in my heart. When I started to tap on it the wording flipped in my head and it was *hole in my soul*. So I did tap on that and that eliminated that feeling and that pain. There is another aspect of the pain somewhere that's really deep.

LN: Well, I hope we'll be able to do both of those here for you today. Probably will, we'll see. Let's start first of all and see if you want to get rid of this problem. Say, "I want to get rid of this problem."

00:58:03

Susan: I want to get rid of this problem.

LN: That's a problem. "I want to keep this problem."

Susan: I want to keep this problem.

LN: "In fact I want it to get much worse."

Susan: In fact I want it to get much worse.

LN: That'll be strong. That's very, very typical. You're not weird but it's very typical. Almost every problem a person has will also test on wanting to get worse. Not just get over it, but want it to be worse.

00:58:30

So we're going to say to your subconscious mind that for every problem that you ever treat, it will also eliminate not only the problem and all there is to the problem but also the belief system that's attached to all of that and locking it all in place through the electromagnetic circuit. We're going to say to your subconscious mind that every problem that you treat, you will -- let me think how I need to say this -- you will not only be eliminating all the problem but you'll be eliminating anything that would make you keep that problem any more, ever take it back again for any reason, or allow it to come back, or passively allow it or be receptive to it coming back in any way, shape or form.

Now let's see if your subconscious will do that for you. "My subconscious will do that for me every time."

Susan: My subconscious will do that for me every time.

LN: And it says yes. They always do. Strange. Cooperative, very faithful servant. Subconscious mind

by the way is neutral. It doesn't have anything for us or against us. It's just doing what it's told and drawing on all of our resources to do that, and it's highly specific and highly literal. I hope that will show up here today because just changing one word makes a whole difference in the response. Like you can say "I want to get over this problem" and you may test strong on that. But if you say "I'm willing to get over this problem" that might test weak. You could say "I want to get over this problem" and that'll be strong, "I'm willing to get over this problem" and that'll be strong, and "I'm willing to get over this problem now" and that'll be weak. It's very very literal and very precise. I did a lot of work in hypnosis years ago and I learned a lot about how the subconscious works through that process and how literal and precise it can be. When we're testing here, we're testing what those words mean to this person's subconscious mind. Not what we might think it means, or not even what they might think it means consciously. But what those words mean to that person's subconscious mind.

Since that is cooperative let's go ahead and –well, let's check this. "I do have a very deep hurt about that experience with that group."

01:00:52

Susan: I do have a very deep hurt about that experience with that group.

LN: "And I want to get over that."

Susan: And I want to get over that.

LN: Now it's going to say no. Thanks. Often I know it's going to ahead of time just because I learned to pick up on stuff and Gary will probably say a lot about that tomorrow or the next day. I'm fascinated to hear what that's going to be about.

Susan: What's interesting is before you said "It's going to say no", when I said it I could feel the resistance.

01:01:23

LN: A lot of times people can. A lot of times people will tell you that. Incidentally something came up when I was talking with Gary that's important to know about too. I invite the client while we're working on something to speak out any thoughts that come to their mind because I have found that they have things that seem off the wall to them about why things are going on but they're very relevant to what's actually

happening. It's extremely instructive to have it be a partnership with the client to do that and have them tell you anything that comes to their mind, no matter how irrelevant it seems like it's going to be, speak it out because it'll very often give us a lead about what to work on.

So now let's treat that problem. I'll guide you through the treatment. "I'm eliminating all the sadnesses in all the roots."

Susan: I'm eliminating all the sadnesses in all the roots.

LN: "And the deepest cause of all of this problem."

Susan: And the deepest cause of all of this problem.

LN: "I'm eliminating all the fears in all the roots"

Susan: I'm eliminating all the fears in all the roots

LN: "And the deepest cause of all of this problem"

Susan: And the deepest cause of all of this problem

LN: And back of your little finger, "I'm eliminating all the angers in all the roots."

Susan: I'm eliminating all the angers in all the roots.

LN: "And the deepest cause of all of this problem."

Susan: And the deepest cause of all of this problem

LN: And back here again, "I'm eliminating all of the emotional traumas in all the roots."

Susan: I'm eliminating all of the emotional traumas in all the roots.

LN: "And the deepest cause of all this problem."

Susan: And the deepest cause of all this problem

LN: Now we'll test again, please. "I still have some of this problem."

Susan: I still have some of this problem.

01:02:56

LN: "I don't have any of this problem any more."

Susan: I don't have any of this problem any more.

LN: "I don't feel any hurt."

Susan: I don't feel any hurt.

LN: Now I'm going to show you something else because I forgot to do it but this will be instructive to you too. Very useful with clients. They'll come to see something has happened. Now I'm going to go back and test you for 15 minutes ago. We can tell the subconscious to go to any point in time just by telling it that's what we're testing.

01:03:19

LN: "I'm very angry about that experience with that group."

Susan: I'm very angry about that experience with that group.

LN: "And I'm very frightened about it."

Susan: And I'm very frightened about it.

LN: And that's strong. Now we're going to test for present time. "I'm still angry about that experience with that group."

Susan: I'm still angry about that experience with that group.

LN: And that will be weak now. "I'm still scared about it."

Susan: I'm still scared about it.

LN: And that will be weak now. Because the anger and the fear go away when you treat the hurt and you don't have to treat it.

LN: "I was judging and criticizing them before but I'm not now."

01:03:58

Susan: I was judging and criticizing them before but I'm not now.

LN: Liar! (Laughter)

Susan: That's pretty amazing.

LN: No matter what your conscious mind says, your

subconscious has that all recorded and it's running the show predominantly. We really need to get that clear. The subconscious mind is running the show and we don't know it. And we don't know it at our peril. Almost inevitably that's the case. And we're highly trained to do that. It was done to us all of our lives under a lot of emotional distress. How it is to be judged and criticized and rejected and put down and labeled and all of those things and we learned to do it very, very well. We're good kids, we learn our lessons well, don't we? And our subconscious mind takes it all and just runs it all automatically and we don't realize we're doing it. We get ourselves kind of psyched up and saying "I'm going to be loving and kind no matter what happens" and all those things, but we still carry a lot of stuff underneath that we don't recognize. What we've done is buried it and didn't realize it. And that's what's happened here too.

01:05:10

LN: That was really two statements. If either part of that statement would have been incorrect, it would have gone weak. You could have been judging, criticizing and still be, as I had you say I'm judging, criticizing them then but I'm not now. But both parts were true and I was pretty sure they would be because they typically are so I just did both at once instead of testing twice that's all. If it had gone weak we'd have to see which one was true, because one could have been true and one could have been false

01:05:40

LN: When we're doing muscle testing, whatever you're saying to the subconscious mind is what's mediating this. If the statement is 100% correct to your subconscious mind then the muscle will test strong. If it's anything less than 100% correct, which means it could be partly correct, then it'll go weak. So sometimes you can get a little bit fooled because the subconscious mind is so precise and literal about that that it can still be partly true so you might have to then break it down and test a little more specifically on something.

01:06:14

LN: When you think about that experience now, how does it feel to you to think about that experience now? Is there any difference or does it still feel pretty much the same to you?

Susan: There's still something there.

LN: Oh, there's another issue. But I'm wondering about that first one that you were thinking about.

Susan: It's different. It's less.

LN: "It's less but I'm afraid to admit it's all gone."

Susan: It's less but I'm afraid to admit it's all gone.

LN: "That's not true." Say "That's not true."

Susan: That's not true.

LN: "That is true."

Susan: That is true.

01:06:57

LN: Watch this: "I don't want to know the answer to this."

Susan: I don't want to know the answer to this.

LN: That's the one that will be strong. That shows up a lot. So when you're getting inconsistent results or two incompatible statements both test weak, the chances are that's what's going on. For some reason the subconscious mind is programmed to not let you know the answer to that one.

01:07:18

LN: Now let's do a treatment on that problem. "I'm removing all the sadnesses in all the roots."

Susan: I'm removing all the sadnesses in all the roots.

LN: "And the deepest cause of all of this problem."

Susan: And the deepest cause of all of this problem.

LN: "I'm eliminating all of the fears in all the roots." You're tapping much harder than you need to but whatever works for you.

Susan: It doesn't feel very hard.

LN: You can do that very lightly. It doesn't have to be hard at all. "I'm eliminating all of the....." You can come over under the center of the eye. Actually I find that people end up tapping around here and they'll tap way down here and it still works because I believe their intention is working. Their subconscious might

know what they're intending to do and it will do it for you. "I'm eliminating all the fears in all the roots."

Susan: I'm eliminating all the fears in all the roots.

LN: "And the deepest cause of all of this problem."

Susan: And the deepest cause of all of this problem.

LN: "And I'm eliminating all the angers in all the roots."

Susan: And I'm eliminating all the angers in all the roots.

LN: "And the deepest cause of all of this problem."

Susan: And the deepest cause of all of this problem.

LN: "And I'm eliminating all the emotional traumas in all the roots."

Susan: And I'm eliminating all the emotional traumas in all the roots.

LN: "And the deepest cause of all of this problem."

Susan: And the deepest cause of all of this problem.

01:08:20

LN: Now let's test that again. Having had you said that now I have to remember what I said. What did I say? No, before that when I was testing and I got inconsistent results. What was I testing? Oh. "It's better but I'm afraid to say that it is."

Susan: It's better but I'm afraid to say that it is.

Participant: No, it was "It's better but I'm afraid to say it's all gone."

LN: Oh. "It's better but I'm afraid to say it's all gone."

Susan: It's better but I'm afraid to say it's all gone.

LN: "It's all gone."

Susan: It's all gone.

LN: Whatever your subconscious mind was focusing on there identified as the problem. There's another problem. Whatever was focused on that we were

treating, that part is gone. That's what it's telling us right now.

01:09:06

LN: Now, what's the other part?

Susan: I don't.....

LN: Let me show you something. You've struggled with it, not sure of what it was all these years. Let me show you something. This will be helpful for everybody, I think. "I don't want to know what this problem really is."

Susan: I don't want to know what this problem really is.

LN: Hold. "I do want to know."

Susan: I do want to know.

LN: Here we go again. Let's treat that one.

01:10:01

LN: "I'm eliminating all the sadnesses in all the roots."

Susan: I'm eliminating all the sadnesses in all the roots.

LN: By the way, you guys can be working on your own problems while you're doing this. "And the deepest cause of all this problem."

Susan: And the deepest cause of all this problem.

LN: "And the deepest cause of all this."

Susan: And the deepest cause of all this.

LN: We don't have to check for that do we? "I'm eliminating all the fears in all the roots."

Susan: I'm eliminating all the fears in all the roots.

LN: "And the deepest cause of all of those problems."

Susan: And the deepest cause of all of those problems.

LN: "And I'm eliminating all the angers in all the roots."

Susan: And I'm eliminating all the angers in all the roots.

LN: "And the deepest cause of all of these problems."

Susan: And the deepest cause of all of these problems.

LN: "And I'm eliminating all the emotional traumas in all the roots."

Susan: And I'm eliminating all the emotional traumas in all the roots.

LN: "And the deepest cause of all of these problems."

Susan: And the deepest cause of all of these problems.

LN: OK. Now let's test. "I want to know why I've been having this problem and what this problem is about." "I want to know what this problem's about for me."

Susan: I want to know what this problem's about for me.

LN: "I am willing to know now."

Susan: I am willing to know now.

01:10:50

LN: Now that's a problem. So let's treat that one first. "I'm eliminating all of the sadnesses in all the roots."

Susan: I'm eliminating all of the sadnesses in all the roots.

LN: "And the deepest cause of all of this problem."

Susan: And the deepest cause of all of this problem.

LN: "I'm eliminating all of the fears in all the roots."

Susan: I'm eliminating all of the fears in all the roots.

LN: "And the deepest cause of all of this problem."

Susan: And the deepest cause of all of this problem.

LN: "I'm eliminating all of the angers in all the roots."

Susan: I'm eliminating all of the angers in all the roots.

LN: "And the deepest cause of all of this problem."

Susan: And the deepest cause of all of this problem.

LN: "I'm willing to know what's causing this problem now."

Susan: I'm willing to know what's causing this problem now.

LN: What do you think it is? You don't have to say it if you don't want to verbalize it but do you think you have any better handle on what it might be?

01:11:11

Susan: I've got a word....what I hear in my head is *pride*.

LN: "That's the crux of the problem."

Susan: That's the crux of the problem.

LN: "And I'm not willing to give it up."

Susan: And I'm not willing to give it up.

LN: "I am willing to give it up."

Susan: I am willing to give it up.

LN: OK. "In fact, I have given it up."

Susan: In fact, I have given it up.

LN: Good. You can do without it. (Laughter)
Thinking about that whole experience again and how you've struggled with it all this time, what's it feel like to you now?

01:12:13

Susan: Calmer. It feels like it's not there, the hurt, the emotional – the hurt isn't there.

LN: Anything else about it?

Susan: It just feels like a very calm sea early in the morning before there's any wind on it.

LN: That's a big change. Serves you right. (Laughter)
Good. Let's do this thing. This is almost always the case particularly with heavy long-term things like this.

01:12:58

LN: "I'm afraid it'll come back."

Susan: I'm afraid it'll come back.

LN: "And I don't trust myself not to take it back."

Susan: And I don't trust myself not to take it back.

LN: "I do trust myself not to take it back."

Susan: I do trust myself not to take it back.

LN: "But I feel like a victim and it might come back anyway."

Susan: But I feel like a victim and it might come back anyway.

LN: Yeah! OK, let's treat that one so you can relax about it because I believe with that kind of fear, we can actually recreate the problem. A person can take a problem back if they let their guard down, they could take a problem back and sometimes they do. But you can get rid of it just as quickly too. The trick is to recognize it's there. So let's treat this problem about you being afraid that you're a victim and it'll come back on you. "I'm eliminating all the sadnesses in all the roots."

01:13:44

Susan: I'm eliminating all the sadnesses in all the roots.

LN: "And the deepest cause of all of those problems."

Susan: And the deepest cause of all of those problems.

LN: "I'm eliminating all the fears in all the roots."

Susan: I'm eliminating all the fears in all the roots.

LN: "And the deepest cause of all of its problems."

Susan: And the deepest cause of all of its problems.

LN: "I'm eliminating all of the angers in all the roots."

Susan: I'm eliminating all of the angers in all the roots.

LN: "And the deepest cause of all of its problems."

Susan: And the deepest cause of all of its problems.

LN: "And I'm eliminating all the emotional traumas in all the roots."

Susan: And I'm eliminating all the emotional traumas in all the roots.

LN: "And the deepest cause of all of this problem."

Susan: And the deepest cause of all of this problem.

LN: If it wasn't for the fact that you've got a real live human being here doing something that's so important to her, this could be very boring because it gets to be so routine. But then little interesting things like this pop up too so it keeps your interest. You can know that you're getting something really important done and that's a pretty nice feeling.

01:14:42

LN: Now let's show you one other thing that I think will be helpful, a couple of things about the roots, the root experience, and why I believe the idea of roots is valid. I want to test for how many roots were causing that first issue that we treated. There were two we treated but the first one – and we'll just say the first one now. I don't know what it was. You don't fully know what it was. It isn't necessary to know. Your subconscious knows exactly what it was and all of the history of it and every experience that was going on and what it meant to you and how it was interpreted and how it's been locked in. All that is all there. So let's just test that. Let's see how many different roots there were to that problem. Let me see here. Well, we'll try it. It fakes me out every time so I have to test it anyway. Try this statement please, Susan. "There were 1718 roots to that problem."

Susan: There were 1718 roots to that problem.

LN: Hold. "There were more than that."

Susan: There were more than that.

LN: "There were less than that."

Susan: There were less than that.

LN: Hold. "There were exactly 1718."

Susan: There were exactly 1718.

01:15:59

LN: I believe in roots. That means there were 1718 different experiences in your life, probably starting in the very early months of your life and up into your young adult, teenage years, that set that all up for you. I'll show you one more thing. As to when the very first one of those root experiences of those 1718 started.

01:16:30

"The first one was when I was two months nine days and 18 hours old."

Susan: The first one was when I was two months nine days and 18 hours old.

LN: Hold. "It happened before that."

Susan: It happened before that.

LN: Nope. "It happened after that."

Susan: It happened after that.

LN: Nope. OK. That's when the first one was. We could test the last thing. We could test all 1718 of them but you don't need to. I used to do a lot of testing on what they were and when they were and all the stuff that's going on about it but I don't do anything with that anymore. It's fun but it isn't necessary.

01:17:11

Roxanne: Why did you go into when was the first one and why that's important to know? Is that mostly just for her interest?

LN: That's mostly to give her a sense of what her life experience was and where that all goes in and how it was happening before she had any choice about it so she doesn't have to take so much responsibility for having the problem. It kind of lets the person off the hook to some degree. It doesn't mean we stop being accountable for what we're doing. We do need to hold each other accountable and we need to hold ourselves accountable in life to clean up our act.

01:17:41

Participant: Larry, I wonder if you would you be willing to lead group through an exercise. You mentioned that we would probably all test negative for self confidence and self esteem and if you could just treat us all for those issues.

LN: Sure. If that's OK.... I'm not quite done here though. I want to do one other thing because I don't want to leave some unfinished things here for you, Susan. I appreciate you hanging in here. Let's test this: "I'm angry at myself for having this problem."

Susan: I'm angry at myself for having this problem.

LN: Hold. "And I judge and criticize myself harshly for it."

Susan: And I judge and criticize myself harshly for it.

LN: "But I forgive myself."

Susan: But I forgive myself.

LN: And that will say no. If there's judgment or criticism you can be sure that there's going to be unforgiveness almost always. It's very unusual when they're not hand in hand with each other.

01:18:35

LN: So let's treat the problem of you being angry at yourself. Like any other problem it's an emotion but it has roots of sadness and fears and angers like anything else. So we'll get rid of that anger now. "I'm eliminating all the sadnesses in all the roots."

Susan: I'm eliminating all the sadnesses in all the roots.

LN: "And the deepest cause of all of this problem."

Susan: And the deepest cause of all of this problem.

LN: "I'm eliminating all the fears in all the roots."

Susan: I'm eliminating all the fears in all the roots.

LN: "And the deepest cause of all of this problem."

Susan: And the deepest cause of all of this problem.

LN: "I'm eliminating all the angers in all the roots."

Susan: I'm eliminating all the angers in all the roots.

LN: "And the deepest cause of all of this problem."

Susan: And the deepest cause of all of this problem.

LN: "I'm eliminating all the emotional traumas in all the roots."

Susan: I'm eliminating all the emotional traumas in all the roots.

LN: "And the deepest cause of all of this problem."

Susan: And the deepest cause of all of this problem.

LN: By the way, I'll show you another one that shows up quite often. If they start stumbling over the words, try this one: "I don't want to remember these words."

Susan: I don't want to remember these words.

LN: Her block or obstacle to progress or freedom of movement, mentally, emotionally, physically or spiritually, has emotional roots and a belief system that's setting it up and orchestrating it. It keeps showing up at a particular time, with a particular frequency and intensity, whether it's regular or irregular. It's fascinating. Anything that we're hesitating, holding back, all of it, everything's treatable. Gary is so right. I learned that from him. Treat everything. Don't take any prisoners. I won't bother with that one right now because it's not going to be a major obstacle to us in the interest of time but if you want to treat that later we can get that out the way for you, because that'll show up. It does every once in a while for people. When they stumble over the words and not remember what's next, you treat it and then they remember. So did we treat the anger yet?

Susan: No.

01:20:31

LN: "I'm still angry at myself."

Susan: I'm still angry at myself.

LN: And that should say no. "I'm not angry at all about that."

Susan: "I'm not angry at all about that."

LN: Whatever. The grammar isn't always sensible but psychologically it has meaning. "And I forgive myself."

Susan: And I forgive myself.

LN: Probably not. Once in a while forgiveness will go away also when you treat the anger because it's also treating it. "I still judge or criticize myself."

Susan: I still judge or criticize myself.

LN: And it will say no, too. But the unforgiveness hasn't happened yet. So you treat the anger, then the judgment and criticism typically goes away. Like when you treat hurt that's creating anger and fear, the anger and fear go away so does the judgment and criticism because the anger's gone. So that's the sequence. That's where a lot of people have a problem about forgiveness is that they're trying to be a nice guy or a good Christian, or whatever it is they're into, and say "I forgive this person even though I feel terribly offended by it" and they go to try to do the forgiveness and they get the edge of that off and they think they're done with the problem and then it comes up and hits them on the head again because they didn't deal with the anger, acknowledge it, own it and resolve it and the judgment and criticism that keeps recycling the unforgiveness. And so round and round they go. It's a really important thing to know. It has to work in that order. That's my unbiased opinion, you understand.

01:2:01

LN: So let's forgive now. Here's how we forgive. Tap on the side of your first finger alongside the nail there and you just say this three times: "I forgive myself. I know I'm doing the best I can."

Susan: I forgive myself. I know I'm doing the best I can.

LN: Again.

Susan: I forgive myself. I know I'm doing the best I can.

LN: Again, please.

Susan: I forgive myself. I know I'm doing the best I can.

LN: Fortunately you don't have to believe it for it to work or it wouldn't work in a lot of cases. Particularly when you're forgiving someone who offended you so badly. "I completely and permanently forgive myself for this problem."

Susan: I completely and permanently forgive myself for this problem.

LN: And now you're strong. That's a done deal. That's really all there is to it.
(Applause)

01:22:54

GHC: (Coming up on stage) We'll have questions in a second. I would like to do a test. I have my own way of testing and what I'd like to do, what I'd like to have you do if you would, is get out of the chair so you're not here in front of all the audience and go outside there someplace all by yourself, close your eyes and literally try to get yourself upset. Literally imagine it . . .

LN: I did forget to check something. Specifically related to what you're saying and I should have checked it and I didn't. I'm still imperfect. Think about that experience with those people again and what that's like for you. Think about it again right now and then hold, please. OK. You're fine. I always use that as a second confirmation for it.

GHC: I do this with some frequency because if you can go outside, close your eyes all by yourself and literally try – and I mean try – make the sounds louder and the images bigger and brighter and all of this and literally try to do it and then see what happens. If you do happen to get yourself intense, by the way, for whatever the reason, you stop right away. There's no sense sitting there and going off. But if you can't do it, you can't do it and to me that's a test. If you do find something, that's something more to work on.

LN: If she comes back upset, I'll treat myself.

GHC: So why don't you go ahead and spend a few minutes.

Susan: Do you want the microphone?

GHC: Leave it on for the moment. We'll turn it off for you – in case you go to the rest room.

(Applause for Susan)

01:24:49

GHC: Any questions? I'm sure you have questions.

01:24:59

Brian: One quick thing to just check. Are you saying from the sequence that you disagree that you have to go back or frequently you have to go back to the initial trauma, the initial cause?

LN: I'm saying I don't think you do. In my experience that's not the case.

Brian: There's some things that you treated that almost seemed like they were psychological reversals that you created with your tapping sequence and there was something that was like a psychological reversal that you treated by the psychological reversal affirmation. Could you clarify how you make that distinction or those choices.

01:25:42

LN: Once I've eliminated the overall psychological reversal problem, I just treat what I recognize as the problems showing up related to the issue and they all have roots and belief systems.

Brian: So according to your theory there's just one really basic psychological reversal. Other things that a number of people are calling subsidiary psychological reversals you just treat as a separate problem.

LN: I haven't dealt with a mini reversal in years.

Brian: Or a deserving, a safety, belief, you just treat those as problems?

LN: Yes, I treat them as problems. They have roots and if I were to test they'd have a specific number of roots and it would be different from anything else we tested. If I tested around all these other things we treated, they'd all have different number of roots.

Brian: How about then your general sense of psychological reversal. What makes that different. Do those not have roots?

LN: I don't know. I don't know.

Brian: What do you think is the cause then of the basic psychological reversal?

01:26:51

LN: Oh, mostly when I test on why people are reversed, it's issues like, usually a combination "I don't deserve to have anything better than they are." "I'm not capable of managing my life without this." "This is the way things are for me and I'm not supposed to change it." Different things like that, I think it's a big mixture. I don't know. I haven't really thought about it exactly like that, Brian. I'm not 100% sure about that. My guess is that it's a pretty generic kind of thing that is rather global. It just happens to have different manifestations depending on the program in the individual person's life, is my guess. But I don't know, I've never really thought that through. I don't theorize about this much. I just do the treatments. I'm fascinated with the theoretical understanding but I don't have a lot of confidence that my own understanding, or Gary's or Roger Callahan's or anybody else's is particularly the last word on the thing. I think there's probably something bigger than all of us that we don't know yet. Eventually, I suspect we probably will know what it is and be able to explain the hard part better than we do now.

01:28:01

GHC: I'm bursting with a question. In all of your experience have you ever come across a block to the system which would be in the form of energy toxin, something they eat, drink, wear, smell.

LN: I've never paid attention to energy toxins. I've just gone about doing my business and I haven't found it to be an issue. But I begin to wonder because I've got one case now since we've talked, and this just this week has come up again. I can't get over this person's freeway phobia. She checks out fine in the office but she has the same problems every time she goes back out there. I've no idea what's going on. It might be an energy toxin and I haven't dealt with those so I'm not familiar with that.

(End of Tape 5)

(Dr. Nims' presentation continued on Tape 6)

Video Tape 6

Larry Nims' Presentation (cont. from Tape 5)

00:01:50

Don: I was talking to Carl from Australia and in response to what you said, he said instead of going through the psychological reversal, etc., he says you're nailing the unconscious in the beginning and getting that relationship correct, and then you move on. And so you're kind of going underneath all the activity and saying "Unconscious, let's make a deal here."..... and then we're done.

LN: That's well said. I hadn't thought about it in those terms, but I like the idea. I like that idea, yes.

Silke: Can you use the whole procedure for self-treatment? You do your own muscle testing?

LN: I do it several times a day. I do it all the time. Yes. We live in a crazy world with a lot of distresses, and every once in awhile I'll find a whole other pattern that I hadn't addressed yet in me.

Silke: How do you do your own muscle testing?

LN: I test by pressing on this finger. I use my first finger, the index finger, like I use a person's arm, and my second finger on top of it, like I use my hand on their wrist. And I just test. It takes a little bit of practice, and you have to learn to trust yourself, but you can treat yourself for not trusting yourself. (Laughter)

LN: (Talking to Susan from Tape 5) Well, how are you doing?

00:03:54

Susan: The hurt's gone. There's still an issue with betrayal or trust?

LN: Oh. Do you want to keep it?

Susan: No.

LN: Let's see. I want to keep it.

Susan: I want to keep it.

LN: No, I don't want to keep it.

Susan: I Don't want to keep it.

LN: O.K. Fine. Let's check this. I do have an issue of my trust and being betrayed here.

Susan: I do have an issue with my trust being betrayed here.

LN: And I have some hurt about that.

Susan: And I have some hurt about that

LN: Oh, another issue. O.K. And I'm angry about it.

Susan: And I'm angry about it.

LN: And I'm scared about it.

Susan: And I'm scared about it.

LN: Hold. O.K. And I judge and criticize them for it.

Susan: I judge and criticize them for it

LN: Hold. And I'm not about to forgive them.

Susan: I'm not about to forgive them.

00:04:05

LN: That's right, we'll fix 'em. Only teensy bit of pride probably. (Laughter). We're all full of pride; it's the original sin, you know. We want to be the center of the universe and make the world behave itself on our own resources, and it doesn't cooperate, and so it causes a lot of pain. O.K. Let's treat the hurt that you have about that, please. I'm eliminating all of the sadness' in all the roots.

Susan: I'm eliminating all of the sadness' in all the roots.

LN: And the deepest cause of all of this problem

Susan: And the deepest cause of all of this problem.

LN: And I'm eliminating all of the fears in all the roots.

Susan: And I'm eliminating all of the fears in all the roots.

LN: And the deepest cause of all of this problem

Susan: And I'm eliminating all of the angers in all the roots.

LN: And the deepest cause of all of this problem

LN: I'm eliminating all of the emotional trauma in all the roots.

Susan: I'm eliminating all of the emotional traumas in all the roots.

LN: And the deepest cause of all of this problem. O.K. Now, I still have some of that hurt.

Susan: I still have some of that hurt.

00:05:17

LN: It's gone completely.

Susan: It's gone completely.

LN: And permanently

Susan: And permanently.

LN: I'm still angry

Susan: I'm still angry

LN: I'm still afraid

Susan: I'm still afraid.

LN: I forgive them.

Susan: I forgive them.

LN: And that'll be a "no." Let's forgive them. Is there any specific person involved in that feeling of betrayal?

Susan: Yes.

LN: O.K. Is it just one person you feel betrayed by?

Susan: There are a couple of people.

LN: I can forgive both of them at the same time.

Susan: I can forgive both of them at the same time.

00:05:50

LN: Most of the time it will, but not always. Sometimes it has to be done individually. O.K. So let's forgive them. You can use the names, or just think the names. I forgive you, and I know you're doing the best you can. Once more.

Susan: I completely and permanently forgive both of them.

LN: And now that's true. Good. Now, were you aware of any of this hurt feeling when we were doing the treatment before? When we sat here before, doing the treatment you didn't mention this betrayal.

Susan: No, I wasn't aware of that.

LN: So that came up when you got the other stuff out of the way?

Susan: Yes.

00:07:00

LN: I'm really good at stirring up hate and discontent.

Susan: It's a knack.

LN: Anything else about it? We didn't check this before. You were angry and unforgiving before at yourself, and angry at some other people. Let's check this. I'm mad at myself for getting angry and not forgiving.

00:07:33

Susan: I'm mad at myself for getting angry and not forgiving.

LN: Hold. Let's treat that one and get rid of it, too. OK? I'm eliminating all the sadness' in all the roots.

Susan: I'm eliminating all the sadness' in all the roots.

LN: And the deepest cause of all of this problem.

Susan: And the deepest cause of all of this problem.

LN: I'm eliminating all of the fears in all the roots.

Susan: I'm eliminating all of the fears in all the roots.

LN: And the deepest cause of all of this problem.

Susan: And the deepest cause of all of this problem.

00:07:56

LN: I'm eliminating all of the angers in all the roots.

Susan: I'm eliminating all of the angers in all the roots.

LN: And the deepest cause of all of this problem.

Susan: And the deepest cause of all of this problem.

LN: And I'm eliminating all of the emotional traumas in all the roots.

Susan: And I'm eliminating all of the emotional traumas in all the roots.

LN: And the deepest cause of all of this problem.

Susan: And the deepest cause of all of this problem.

00:08:15

LN: Okay. I'm not angry at myself about that at all anymore.

Susan: I'm not angry at myself about that at all anymore.

LN: And I forgive myself for it.

Susan: And I forgive myself for it.

LN: That will probably not be the case yet. So let's go ahead and forgive yourself. I forgive myself; I know I'm doing the best I can.

Susan: I forgive myself; I know I'm doing the best I can.

LN: And release.

Susan: I can hear "NO" in my head.

LN: That's all right. I forgive myself; I know I'm doing the best I can.

Susan: I forgive myself; I know I'm doing the best I can.

LN: I forgive myself; I know I'm doing the best I can.

Susan: I forgive myself; I know I'm doing the best I can.

LN: I completely and permanently forgive myself for that.

Susan: I completely and permanently forgive myself for that.

LN: But I still say "no."

Susan: But I still say "no."

LN: I don't say "no."

Susan: I don't say "no."

LN: Is that true?

Susan: Yeah.

00:09:07

LN: Good. Notice, by the way -- thank you, Susan, just sit there for a second -- notice, by the way that Susan didn't always say the words exactly the way I was saying them. It still works just fine. Grammar is maybe different, all of the sadness is in all of the roots, of all of the roots, from all the roots. It doesn't make any difference. Question, here please?

Roxanne: Have you written anything that kind of outlines us step by step through this?

00:09:29

LN: I have 150 pages of a book that I'm having a hard time getting finished. Yeah, I need to tap on it. There are just so many other things I'm doing also -- overachiever.

Stephanie: Do you do any talk therapy?

LN: Yeah. I do a lot of talk therapy with people -- putting things together for them. Therapy, any therapy, to be effective, has to accomplish three different goals, no matter what the therapeutic modality is. It has to help the person get the emotional stresses down to manageable proportions so it doesn't derail their mind and their ability to think and plan and follow through and all of that. So, that's an important part of any therapy. The thing that people usually present to us right away is that they're upset about something. Something's really disturbing

them, so you have to address that usually pretty early on in treatment, but it's an ongoing part of any counseling.

Secondly, you have to help them with their belief system that set them up to keep recreating the problems that they're creating for themselves, and get them on healthier belief systems that will serve them better. We've actually addressed both by breaking up these issues here – both the stress and the belief systems.

Then, you teach them the practical things about how to live life better – problem-solving, parenting, relationship skills, doing their physical activities more skillfully, overcoming procrastination and other kinds of things that stop them from living their life better – just the practical living skills kind of thing – conflict resolution, all that kind of stuff. So, yeah, we do a lot of that, too. I'd go nuts just doing treatments – because I'm a people/relationship person.

00:11:12

Eleanor: I think you said you can take the problem back?

LN: Yeah. People do take problems back sometimes. They can be eliminated just as quickly. The trick is for the person to recognize it. The treatment's simple as, you can see, and Gary's is, too. And his is every bit as effective as mine. We're running very parallel, I think. But a person can get something triggered, particularly if they have a traumatic experience of some sort that makes them vulnerable to buying back into something again, under some conditions. The hardest part is teaching people to learn to recognize they can do something about this stuff because they're living inside of it, and they've got all their coping mechanisms that keep them from ever even seeing the problem is there. And they're alienated from it. That's the hardest part. My biggest job is helping people be aware.

Eleanor: Can you build something into the treatment for the future?

LM: Well, I have not worked on the future. I've taken pretty much the position that Gary just talked about a while ago. I'm making a big assumption that when the person is free, they'll make better choices and decisions and enjoy life more and all that. But there are things you can do. You can use this treatment technique to put in affirmative statements.

What this does is it bypasses the conscious mind and goes directly to the subconscious, which says, "OK, that's what we'll do. That's the way it is." That's why I could switch his (Gary's) muscles like that so readily.

GHC: What I'd like to do is we're coming to break time, so we'll take a break. What I'm hearing though, and what I think we'll do after the break is to have Larry, if you will, deal with the entire group with any reversals you may have about your own surrogate muscle testing.

LM: And if you sabotage yourself about getting back here in time to participate, come back anyway.

Dr. Nims Treats the Entire Audience

00:13:09

GHC: The number one impediment to be able to do your own surrogate muscle testing, that is, to be the client and surrogately test yourself as though you were them, and get the answer and rely on it and trust it, and so on and so forth –let me give you an example. When I first started to do this, I was going to test a muscle, and this is how I did it. I locked my knees; I stood up; I took my arm like this, and I went all the way to see how far around I could get. Okay? That's what I did.

And then, I would say my name is "Gary," and I'd go around and look at this, and I'd say my name is "George" and I'd go to the same place. I push to get a difference, don't I? Long and short. I was reversing his doing it. I kept trying it and trying it, and it took me a long time before I ever got to the point where I knew where I was. Then, after a time I didn't do that, I just sat down and would do THIS. And then after a while, I'd just do this. You'll see that tomorrow. But, at any rate, to get there the vast majority of us have psychological reversal against getting there. We have self-doubts about it; we beat ourselves up. Everybody else can do it. We've never done this before. It's too woo-woo. It's all that stuff you want to put in there, OK. Where, at some level, you know it's very valid – at some intuitive level. At other levels you'll just beat yourself up all over the place, and you'll kick yourself off the train, and so on, okay?

LN: And then hate yourself for that

GHC: And hate yourself for that -- and not forgive yourself.

LN: Which is also treatable.

00:14:44

GHC: We can do this as a group. I'm going to turn this over to Larry. I'm going to get off the stage again.

LN: Would you define the problem that we'd like to address in the treatment?

GHC: My blocks to effectively doing surrogate muscle testing and my blocks to doing effective intuitive diagnosis.

00:15:12

LN: I'm just saying we can do both of them at once, but we can -- just so I'm clear on them.

GHC: Tomorrow, we're going to talk about surrogate muscle testing, at least my style of it, and we're going to do demonstrations and talk about it. And so people who want to do that will likely have psychological reversal, and they'll try a couple of times and "Oh, that doesn't work," and whatever, okay. So, we want to deal with that block.

After we go beyond that, on Sunday we're going to talk about intuitive diagnosis, which really basically takes all the muscle testing and throws it away with the idea being that all of this is intuitive anyway. We're just using our muscles as a confirmation what you know in advance is going on.

LN: Most of the time now, I do.

GHC: Because you have lots of experience and after a while you just kind of know. That's what I would do. After a while I would just know.

LN: I feel like muscles are to reassure myself but maybe I have to treat myself for that.

GHC: Well, that may well be. That may well be, and there's something really nice about the connection between two people working together when you have this physical thing going on. So, it's not to be disregarded. We're going to give you other tools to use for those who want them under certain circumstances.

00:16:28

But, anyway -- the other issue of it is, my block to trusting my intuitive diagnostic sense. How's that? Did I say it right?

LN: Sounds good. Suits me and I'm hard to please.

GHC: I'm out of here.

LN: Okay. Everybody want to do that? You can always pass if you want to. There's a question here please.

00:16:52

Ken: I've just got a way to phrase this -- "This will work for everybody else, but it won't work for me."

LN: Yeah. Well, a lot of people think that. It doesn't really make any difference. All of that will go at the same time anyway. Whatever the reason, the rational is, it will all go, anyway. You're right. And some of the ways that Gary does the work, we would probably do a particular statement about that to treat it. But, my experience is that we can just go right on by all that and just treat the whole mess. So, I'm glad you all took the treatment. Did all of you treat yourselves for being able to do these treatments?

Participants: No.

LN: Well, we'll do that first. Okay. So, we're going to treat first any problem of your subconscious being willing to do this treatment on any problem you ever choose to treat for it to work. We'll include in that treatment, the psychological reversal issue that we're not only treating that problem, but we're also treating anything that would make you keep it, ever take it back, passively accept it back, or allow yourself to receive it back again in any way, shape or form. We're going to include that in the treatment and that your subconscious mind will do that every time you do a treatment. It will include any psychological reversal every time you ever do a treatment, on anything. Okay, so I'll guide you through the procedure.

Should I demonstrate with anybody that they're reversed about that yet, Gary, do you think?

GHC: All up to you.

00:18:49

LN: Oh, what a heavy responsibility. I'll sure be glad when Easter gets here.

GHC: Would you like for me to be more active in my response?

LN: What?

GHC: Would you like me to be a little more active in that response?

LN: No, no. That's fine. That's fine. I can make a decision. I treated myself for that.

I would like to show you two or three people so you'll see. . . we did see it with Susan, that she was reversed about using it on every problem she'd be willing to treat. I'll take this one for starters. Stand up so they can see you, too, Stephanie. Thank you.

GHC: Are we going to need microphones?

LN: No.

GHC: Just stand close enough so your microphone will pick her up. You don't have to dance or anything.

00:19:36

LN: Try this: I can use this simple procedure to eliminate any problem I ever choose to treat.

Stephanie: I can use this simple procedure to eliminate any problem I choose to treat.

LN: I ever choose to treat.

Stephanie: I ever choose to treat.

LN: Hold. I can't do that.

Stephanie: I can't do that.

LN: And I'm not about to.

Stephanie: And I'm not about to.

LN: Okay. We'll pick that up in the treatment. Thank you, Stephanie, Here's another one who knows she's all backwards. Okay. We'll try. She might not be. In fact, I suspect she's not. OK. I can use this simple procedure. . .

00:20:33

Virginia: . I can use this simple procedure. . .

LN: to eliminate any problem

Virginia: to eliminate any problem

LN: I ever choose to treat.

Virginia: I ever choose to treat.

LN: Hold. I can't.

Virginia: I can't

LN: and I don't want to

Virginia: and I don't want to.

LN: I don't deserve it.

Virginia: I don't deserve it.

LN: That's good. Thank you very much. Another ambulatory neurotic! Okay. I can use this simple procedure.

Wayne: I can use this simple procedure

LN: to eliminate any problem

Wayne: to eliminate any problem

LN: I ever choose to treat.

Wayne: I ever choose to treat.

LN: Say – That's not true!

Wayne: That's not true.

LN: And I don't want it to be.

Wayne: I don't want it to be.

LN: All right. That's fairly typical. We might have found two that did, and one that couldn't. If we went through here, about half the people, in my experience, would be reversed, and the rest would not be, for whatever reason. I don't know what the reason is and don't need to know, although it is fascinating to know those things. Okay. So, we'll guide you through and we're going to treat anything in you that would block

you from ever being able to use this treatment on any problem of any kind, any limitation, any obstacle to your progress, mentally, emotionally, physically, spiritually, occupationally, financially, domestically, socially – anything, spiritually. Okay. Yes?

Participant: Including muscle testing.

LN: Including muscle testing. Any problem. Any limitation that holds you back from using your maximum potential and developing it as full as your actual native ability actually would permit you to do. There are some things you have to practice and get better at, but we're not going to have any limits on that, okay? That's what we're treating. Any problems. Let's guide you through the process. I'm eliminating all the sadness' in all the roots.....

Participants: I'm eliminating all the sadness' in all the roots.....

LN: You can just think of it to yourselves. You don't have to say it out loud if you don't want to. And the deepest cause of all of this problem.

Participants: And the deepest cause of all of this problem.

LN: Remember, the deepest cause refers to the belief system supporting this problem. I'm eliminating all of the fears in all of the roots.

Participants: I'm eliminating all of the fears in all of the roots.

LN: And the deepest cause of all this problem.

Participants: And the deepest cause of all this problem.

LN: I'm eliminating all of the angers in all of the roots and the deepest cause of all of this problem.

Participants: I'm eliminating all of the angers in all of the roots and the deepest cause of all of this problem.

LN: You can tap (your baby fingertip behind the cuticle) on the chin, or on the chair. It doesn't make any difference, whatever is handy. Okay. And I'm eliminating all of the emotional traumas in all of the roots and the deepest cause of all of this problem.

Participants: And I'm eliminating all of the emotional traumas in all of the roots and the deepest cause of all of this problem.

LN: Okay. That should take care of that one.

00:22:45

Now, probably 80 or 90% of you are mad at yourself for having that problem. So, let's treat that. You want to see that somebody is mad at themselves around that problem? Do you believe me by now. Good, loyal fans, thank you. We're going to treat if you're mad at yourself, and if you're not, don't do the treatment. I'm eliminating all the sadness' in all of the roots.

Participants: I'm eliminating all the sadness' in all of the roots

LN: and the deepest cause of all of this problem.

Participants: and the deepest cause of all of this problem.

LN: I'm eliminating all of the fears in all of the roots.

Participants: I'm eliminating all of the fears in all of the roots.

LN: and the deepest cause of all of this problem.

Participants: and the deepest cause of all of this problem.

LN: I'm eliminating all of the angers in all of the roots

Participants: I'm eliminating all of the angers in all of the roots

LN: and the deepest cause of all of this problem.

Participants: and the deepest cause of all of this problem.

LN: and I'm eliminating all of the emotional traumas in all of the roots

Participants: and I'm eliminating all of the emotional traumas in all of the roots

LN: and the deepest cause of all of this problem.

Participants: and the deepest cause of all of this problem.

LN: Okay. Now, forgive yourself. I forgive myself. (Right along side the nail, not right on the knuckle, but along side the nail and you can use your thumb or tap with anything you want to. You can just imagine tapping if you're ready to do that.) I forgive myself; I know I'm doing the best I can. Three times. I forgive myself; I know I'm doing the best I can.

Participants: I forgive myself; I know I'm doing the best I can.

LN: Thank God, none of this depends on belief, huh? Or faith or suggestion or any of that stuff. It works because that's the way we're made, and now we know that, so it should be very, very helpful to know.

Okay, now we wanted to treat any resistance, anything that would be in your way of being able to do the surrogate muscle testing and to be able to do the intuitive diagnostic thing. Is that what you're saying, Gary? Okay. So, anything that Gary teaches us to do for the rest of this weekend, you have no blocks to it now after this. That's what we're treating. Whatever comes up, Gary is God, okay? We can treat you for that, Gary.

GHC: Do it twice, would you?

LN: Do it twice, yeah. Okay. So let's treat all of that. I'm eliminating all the sadness' in all of the roots, and the deepest cause of all of this problem. I'm eliminating all of the fears in all of the roots, and the deepest cause of all of this problem. I'm eliminating all of the angers in all of the roots, and the deepest cause of all of this problem. I'm eliminating all of the emotional traumas in all of the roots, and the deepest cause of all of this problem. Okay. That should do it.

Let me check out our three people and see if they're okay about that. Thanks. Let's try this. I can do the intuitive diagnostics, and I can do the self-testing on the muscle testing and I can do the surrogate muscle testing just fine now, and consistently every time.

Willem: I can do everything.

LN: He got it. That's exactly so. Now, let's test that for 20 minutes ago. Say that again. Say that again – I can do everything.

Willem: I can do everything.

LN: Watch this. Back to the present – I can do everything.

Willem: I can do everything Gary teaches us.

LN: And I will.

Willem: And I will.

LN: With alacrity. How's that for a word? Okay, Alan, may I just try you, please? I can do all of this

Alan: I can do all this stuff, and I will.

LN: And I will. Now, let's just test for 20 minutes ago. I can do all of this stuff.

Alan: I can do all this stuff.

LN: Okay, see? We made some changes. I suspect we'll find that's true in 90% of the cases probably if I were to go around the room. So I won't do all that now. That's one thing that you have to take on faith. Yes?

00:26:26

Participant: Was anyone not reversed?

LN: Was anyone not reversed? I would say probably that maybe 10% of the people may not have been reversed on any of those, but probably not more than that. Probably not. It's not my experience, anyway.

Participant: So what if we are reversed?

LN: Well, you just treat it. The question was, "So what if we are reversed?" Just treat it.

Stephanie: Do you want to test those of us who were reversed?

LN: Well, wait a minute, we just tested three people that were reversed.

Stephanie: In other words, we were reversed and we know it. Retest us now.

LN: Hold the microphone. Okay, what do you want to know?

Stephanie: Well, if I'm still reversed? Whatever you said the first time.

LN: Okay. I can use this treatment on myself to treat anything I ever want to get rid of.

Stephanie: I can use this treatment on myself to treat anything I ever want to get rid of.

LN: And I can eliminate it that way.

Stephanie: And I can eliminate it that way.

LN: I should have said "eliminate" in the statement. I turned it around a little bit.

Now, about this one here. I can use this procedure, I can use all of these things that we're learning and that we will learn the rest of the weekend with great skill and consistency.

Stephanie: I can do everything with great skill and consistency that I learn over this weekend.

LN: And I know I can. I'm confident about that.

Stephanie: And I know I can. I'm confident about that.

LN: But I'm not sure of it. But I'm not sure of it.

Virginia: But I'm not sure of it.

LN: That's also true. They're not the same statement. Being competent and not sure do not mean the same thing to our subconscious mind, interestingly. So, we ought to treat that, but.....

LN: (to Virginia) Yes, what do you want to know?

Virginia: Whether.....

LN: Oh, about doing the treatments, and for any problem you ever want to treat?

Virginia: Yeah.

LN: Okay. I can use this simple procedure

Virginia: I can use this simple procedure

LN: to eliminate any problem

Virginia: to eliminate any problem

LN: I ever choose to treat.

Virginia: I ever choose to treat.

LN: Hold, hold. I can't do that.

Virginia: I can't do that.

LN: Hold. I don't want to know.

Virginia: I don't want to know.

LN: Hold. That's the one that's strong. Okay. I can do that but I don't want to know.

Virginia: I can do it but I don't want to know.

LN: Hold. That's the one that's strong. Okay.

00:29:04

LN: So, you've got a block about knowing, but not about doing it. That's not unusual. Those things happen a lot. They're not the same statement. What do you want to know?

Wayne: I was just going to see if I've passed.

LN: I passed.

Wayne: I passed.

LN: Thanks, Gary.

GHC: Thank you.

LN: Al Jolsen used to say, "You ain't seen nothin' yet."

GHC: We'll entertain some more questions, and then I have one more thing we want to do before we – go ahead, Tony.

00:29:46

Tony: Do you follow your clients?

LN: Not a lot. I hear from them from time to time. I'm not a stalker, no.

Tony: I realize you said that because you're in California.

LN: I'm not a peeping Tom, either.

Tony: Do you track people's ability to maintain progress over an X period of time?

LN: No, I don't do that although I hear from people a lot, and I see some of the people – some people I see over a longer period of time, anyway so I see that happen. Like when I was working at Board and Care homes for three and a half years, I was spending about two to three days a week in Board and Care homes, and I would watch these people for a long period of time and see if the progress would hold with them. These folks were chronically mentally ill, severe psychoses and heavy medication and all that stuff. Other questions?

Don: Have you ever used this treatment with schizophrenics?

00:30:44

LN: Yes. Some of the chronic mentally ill – a lot of them were schizophrenics. As long as they could coherently talk, it works just fine. And I suspect, though I did not do it then, because I wasn't doing so much surrogate testing at that time, I suspect that I could have treated them as a surrogate also. Surrogate treatment works just as well, too, as far as I can see. But, I'm very, very cautious about doing that with people without their informed consent.

Mary: Does it actually work on treating their schizophrenia or.....

LN: It works on the stresses and things that they have and the blocks they have. I can't say that I've seen it do anything specifically as far as the schizophrenia is concerned.

Mary: Thank you.

LN: Can I share a poem with you?

GHC: Please do.

LN: I want to share this with you before I close. I really appreciate this opportunity and the wonderful, loving feedback I've gotten. I did not expect anything like this to happen today.

GHC: We didn't expect it either so.....

LN: So, I'm really thrilled about it. In 1969, I wrote a poem about growing. I think you'll appreciate it, having gone through the Human Potential thing and all that stuff that, obviously, you've done. It was about my experience in groups, both as a participant and a leader. I love group process. And I wrote a poem about that process. I really found out it was a massive projection about the way my life keeps unfolding, but I did not know that at the time I wrote it. Anyway, I titled it *To Grow, To Love and To Rest* and I'd like to share it with you.

00:32:12

LN: (reads poem)

*We come in quiet desperation
Seeking love and inspiration for our hearts
And as we climb our path together
Learning how to know each other
Here love starts.*

*But first, we seem to test each other
Shouting, pushing, hurting, pushing farther
than we dare
Our faces all so safely masking who we are
and what we're asking
Do you care?
And finally we lose the notion that we must
never show emotion
And we find that fear and love and hate
Are chiding us to leave our place of hiding in
our minds.*

*And then we learn that loving, caring,
kindness, trust and strength
In sharing all we feel through touch, and
sight, and sound and playing
'Til it's more than words we're saying
That we're real.*

*And as we leave this place forever
Each heart goes with us now and ever in our
quest
To give love to a lonely brother
And to receive it from another
And to rest.*

Words from a few audience members treated by Dr. Nims

Willem: I worked with Larry on Friday night, and I slept marvelously for two nights, like a log for seven hours. So, it was an issue before.

GHC In fact, it was sleep apnea, was it not?

Willem: I don't have any troubles, had any troubles in these two days. When I found out in working with it this morning, this technique, I found out that I can let my fingers decide how long to tap on a certain point. And it was as if my finger wanted to keep on tapping under my eye, for a certain issue.

GHC: Okay. Well, you're not allowed to use intuition here.

Willem: My finger did it.

GHC: Your finger did it. Blame it on your finger. (Laughter) Okay, good. Was there anybody else who experienced work with Larry that would like to make a comment?

00:34:27

Martha: I have a testimonial. My rash on my hand is fading away, thanks to Larry. I've had it for several months. . .

GHC: For several months, and now it's fading.

Richard: I worked with Larry on Friday night, and I was up to 3:30 in the morning. I had so much energy after the session that I couldn't sleep. I just really appreciate what he does. I like the way he combines everything in a very simple format. For me, once again, it says that all the different people who have come out of studying Thought Field Therapy, in one form or another, and have combined it with their own self-genius have come up with different forms and different ways of doing this. And I think that's a testimony in itself to the creative spirit that exists in each and every one of us. And I really, really appreciate how Larry has put this together. Thank you.

Acupuncturist Michael Gandy on muscle testing

00:35:31

Michael Gandy: So, I wanted to teach you a short series of pre-tests to make sure that the neurological integration of you, as tester, is correct – is absolutely necessary -- and of your client, so that you'll be able to get more reliable answers. So, I think the first thing I'm going to teach you is to test for jamming.

Participant: Jamming in ourselves?

MG: So, the question was: jamming in ourselves? And, yes. The only problem is that the simple test I have for jamming is not something that you'll then be able to do a muscle test on yourself while you're in the position for jamming. The position for jamming tests for, I think I counted up to, 13 types of neurological disorganization.

Here's the test. It's very tricky. Thumb to pinky. You don't have to put your arms out, but that's good, too. It's just like that, and when your client is put into this position, if a normal muscle test goes to weak, then that is a positive test for jamming, which means there is some sort of neurological disorganization, one of these 13 things.

What we'll do here in just a second is practice on each other, and we'll have you guys test each other in the jamming position and see if we can find anybody who is jammed. Okay? Now, while they're in this position, about the only thing you can test for while they're jammed is why they're jammed – which of these 13 different sort of things is jammed?

00:37:32

Let's do a fun little experiment here. I would like this row right here, this entire row here, to get arms akimbo, so you're touching each other. Pull up your sleeves so it's skin to skin, skin to skin. And I'm going to have you put yourself all thumbs and pinkies together, thumbs and pinkies, not thumbs and index fingers, thumbs and pinkies. We're going to sing *Kumbaya* and *We Shall Overcome*. . .Okay, good. I would like you not to touch her and we're going to do a test. Ready? Resist. Now, everybody touch again, thumbs and pinkies, thumbs to pinkies, everybody thumbs to pinkies? So, somebody here -- so I'm going to go halfway. I'm going to break right here. And you guys touch from here over, and Marty if you'll not touch Ken because he's a leper and we don't touch him. Arms straight. Ready? Thumbs and pinkies. Ready, resist. Ready, resist. So, I want to test you two guys. That tested fine. Thumb and pinkie. Thumb and pinkie. I want to do a little muscle test. And I'm going to test Marty. She's already volunteering. Are you just talking yourself into this? Put your thumb and pinkie together. You're just too empathetic. You were empathizing with Richard. (to Richard) Come on up here. Are you willing to be a guinea pig? You don't have to do the

following thing. I'm going to teach you the shorthand to correcting this. Would you put your thumb and pinkie together? Now, Richard wouldn't do good testing on anybody or if somebody was testing him. Is it okay if I touch your head, your belly and your feet and your back? Okay. So, I just did a little test for where I think it's going to be.

00:40:00

I could go all around his cranial sutures. I could go to his belly, but in the interest of time, what I'm going to do is just go to -- you can put your hand right here so we're touching. Okay. So, let's do a test right here. Ready and hold. Now, I would like you to do -- okay, we need a little marching song, okay. Put your thumb and pinkie together. Everybody? Ready and resist. Good. So, you felt the difference?

Richard: Oh, yeah.

MG: So, he had a type of gait jamming – G A I T, gait. So this shows up developmentally in kids, like if they don't get a certain thing in the developmental process. There's probably some developmental psychologist here. If they don't get a certain kind of cross crawling activity, the gait doesn't happen right. And there is all kinds of coordination, and dyslexia and all kinds of weird, odd-ball things that can develop later on. Do you have any of those weird things? Are you a klutz? I'm kidding. Have you had any problems like accident prone or anything going on? Sometimes just an injury can have this happen in an adult.

00:41:22

Okay, what I could have done – we're going to mess him up again – so now I want you to march in this weird, wacky way. No, this leg, that arm. It's weird. It's hard to do. That's it. So, that's enough. Put your thumb and pinkie together. Ready, resist. Okay. So, we shorted him out again. Thanks a lot, he says. This point I talked about this morning. Thumb and pinkie, ready, resist. Got your strength back? So this top of head point is a point that will correct all these 13 types of jamming.

Now, I'm an acupuncturist. I'd just throw a needle in there, but occasionally I'll have a little child who isn't up for needles. What I've done -- and you guys at lunch told me the name of it. What is the little hair thing, the little plastic thing that has little digger things? The headband. So, you put a headband on, and what you do is you fix one up at a couple of

different sizes and you just get two magnets right on the apex of the headband, facing down, and you have the opposite polarity, and you put that on top of that point up there. You can find out where the point is by muscle testing. You find out where your hand should be, then you put this little headband with the two little magnets on it, and you see if that stops that reaction. If it does, great. If not, you flip it over 180 degrees and that will turn what was on the South Pole to now be on the North Pole, and that should correct it. Now, that is the most common one. That will take care of the great majority of neurological disorganization.

There's another one that most of you are already familiar with, which is switching. This is touching at K27, and if you touch bilaterally at K27, if somebody is switched, it will result in a weak muscle test. There is even a way of doing your fingers that way for a peculiar form of switching. You can test for that. If you touch those points and a normal muscle goes weak, you've got a problem switching. The bellybutton and K27; this is one way to do it. Just do it pretty vigorously, that will clear it for long enough. You can have them stick out their tongue and chew gum at the same time. So, those are two important things.

There's two other things you can check for. Just so you know, you can have the person put their palm down over governing Vessel 20 (top of head point), and a normal muscle goes weak.

00:44:16

If their palm is down and their muscle goes weak, then they have something called "Emotions Blocking Healing." Normally, when you flip your hand over, the muscle will go weak. So, you guys, I want you to practice that and see if you can get a normal. If you find somebody who you think is going weak when the palm is down here, then come and get me.

Participant: What did you call it?

MG: In the Schimmel-Vega (sp?) test system, which is from electra-acupuncture, according Boll (sp?), many generations removed, it's called Emotions Blocking Healing. And it corresponds to a positive reaction to Acidaphedus 60X (sp?), which is the way I can test for it. That means there is an emotion that says, "I don't want to get better." Now, you can do that with a muscle test but the problem is..... Well, you know to ask for that if the problem shows up. They really don't want to heal. And a similar thing

with hand over the bellybutton. If you get a palm to the bellybutton and you get a weak muscle, that's an Active Emotions Creating a Disease. That will also create problems in your muscle testing.

Participant: I don't know what you did with your hand.

00:45:33

MG: I'm doing what's called an O-Ring Test. An O-Ring Test is something that you guys can practice. I can actually (can I have another volunteer up here—Susan comes up)..... the way to start with O-Ring testing is to – you can start with your self-surrogately when you're physically touching a person or connected by a piece of metal. But the other way you can do it that's very easy is you have them (put your thumb and pinkie together to check for jamming). Okay.

There's another trick about jamming that I forgot to mention. (to Susan) Would you turn your head way to one side? Now, turn it the other way, now straight ahead. Look down, all the way down. Look way up. Now, if you have some folks that have cranial and spinal problems, they can be sneaky jammers. Another one to watch for is people who have a lot of jaw stuff. If they start gritting their teeth, you'll test for a muscle test. You'll think you're testing, "is your anger cleared?" are you this or that, and they're gritting their teeth and they're just shorting out their jaw. There are tricks to muscle testing.

00:46:46

Probably the biggest trick is that you anticipate and think you know the right answer. As soon as you start thinking that you know the right answer, then you are not asking the question you think you're asking. But these are some other pitfalls. So, I couldn't get her to show jamming in any way. So, I can start doing a muscle test and what you do is you create a circle, not a pinch, but a circle. Let's use a stronger finger. How about thumb to this finger there. Ready? Resist. Great. Would you say, "My name is Susan."

Susan: My name is Susan.

MG: My name is (give me a false name).

Susan: My name is Joan.

00:47:23

MG: Good. So did you see that? You're just opening it up. Now, there's a similar way you can do that on your own like this. You're creating a circle. You have a beak. The beak goes in the circle. The beak opens up to squawk. When that happens the circle will either stay closed, or it will come open more easily than it did before. That's called an O-Ring Test.

So, let me show how anticipation could happen. Okay. Can I have an arm right here. You know, I'm sure she's going to have a weak arm right here. It's going to be weak. On the other hand, I suddenly realize your arm has gotten completely – look at that posture. It's going to be a strong arm. So, it's my position that you can find anything you want. The point is not to want anything. You are able to allow healing of any and everything to occur. You stand for that happening. You stand for healing to happen, but you are not anticipating it. There's a very important distinction. As long as you're attached to her healing every question you ask will be tinged by these sub-questions in your own subconscious. Are we done?

00:49:05

GHC: (coming on stage) No, we're not done. You said a beautiful thing and I want to launch off of it because we're going to hear about it in the next two days. The essence of surrogate muscle testing, and for that matter, intuitive diagnosis, is to get yourself out of the way. That is the primary talent, which one must develop. The rest of it is mechanical, experience, etc., but you must get yourself out of the way, get your agenda out of the way. And that is what takes a little practice and a little effort, but I just wanted to launch off what you said because it was perfectly said.

MG: Very well put. So, does anybody have any questions about what we just showed? Okay.

Brian: How do you find that point that you touched on the top of the head to take care of switching.

MG: The easiest way to find it is you make little claws and you move all the hair away and you hook your fingers into the apex of the ear; you bring your thumbs over. That's going to get you in the midline pretty well. You're pretty much directly superior to the apex of the ears.

Now, in Chinese medicine there is a way of measuring the distance from here to the back of the head in a certain modular system. We're not going to go into

that. That should get you about there -- pretty close. And then you can go just to muscle testing to get the precise thing if you need to use that magnet idea that I just mentioned to you.

00:50:42

And you know what? You can throw a little piece of tape on that headband to keep it from moving while you're doing all the various things you're doing, because you want it to maintain no jamming during the length of the treatment.

Brian: Are we talking about the same point that was mentioned earlier?

MG: Absolutely, exactly the same one.

Participant: And that's the large intestine?

MG: No. This is governing Vessel 20. It's a meeting of all the yang channels, as well, of course, the governing vessel and the so-called conception vessel among other channels.

Participant: So, it's the same point that you're testing this way that you use to tap....

MG: to tap. Great. I'm suggesting that as a possible point for you to experiment with.

Tony: Michael, whenever you read the literature in the acupuncture, they use odd names, as you know, tsun (sp?), and so forth. The reference always seems to be to the person's own measuring. Is that because of heightened variability?

MG: Exactly. And that's why I was saying there is a modular system, which -- can you remember? What is it? How many tsun (sp?) from here to there? We passed the Board already. I don't remember all that stuff. I think, I believe it's 12 tsun (sp?), and I could be wrong between this point between the eyebrows and the back of the occiput. And there's a certain number of tsun (sp?) up. So, tsun (sp?) is simply a variable inch according to the length of the body. Any acupuncture chart would have that, and I'm sorry I don't recall that off the top of my head.

Roxanne: Could you test another person and just show us like the steps to go through one more time?

MG: I can, and I just realized something very important that I forgot to mention. There's a couple

of other pitfalls. Good. I'm going to test this arm? Ready? Resist. Okay. It's weak. Why is it weak? I didn't ask for any weird questions. It's weak because there's something wrong with the muscle here. So, if you go and grab an indicator muscle that has something wrong with the muscle, guess what? You're not going to get a good indicator test.

00:53:16

MG: So, it's good to do -- ready? Resist. Ready? Resist. And there shouldn't be more than 10-20% difference between the two sides. There is something going on with her interior deltoid or one of these muscles in here that's a secondary helper in that particular movement.

There's yet another thing to keep in mind, and that is to ask the person to hold their arm still. This is a very subtle difference, but it's very important. You ask them to hold their arm still, not to lift up. You say, "Would you please put your arm out here and hold it." Ready? Resist. Okay. As soon as they get in mind that the idea is to lift their arm, a lot of times your thing you're looking for is going to get lost because now they have, "Well, I'm supposed to lift up. I'd better lift up." You're creating secondary questions by setting up to where they have to go up.

00:54:17

MG: So, you make it a non-competitive thing. You're just going to hold right there because down, fine. If it stays there, fine. You're not lifting up. We were talking earlier about mentally, what did I do? I said, "This lady is very weak." I just did that mentally. Now, I want you to think of the strongest, most centered person in the world you can think of?

Susan: I don't know.

MG: Arnold Schwarzenegger.

Susan: Strong and centered is the problem. I can think of strong.

00:54:50

MG: Okay, a martial artist? I want you to think of somebody. Can you think of somebody specifically? Okay. You are that martial artist. Just close your eyes. You're becoming the martial artist. I'm going to think, "You are weak." She's going to win every time. If she's fixed on her own energy, you can't play any games unless you cheat, like I can cheat. I know how to get around that but, by and large, so if you

create this I've got to lift up. She will overcome any other questions that she's got going with, "I'm going to be strong." Do you see what I'm saying? You create secondary questions. The trick here is asking the right questions. I think some of the other folks really put that in. You've got to make sure you're only asking one question clearly. Mike over here?

Don: Two things – so you're saying to instruct them to hold their arms still.

MG: That's right.

Don: Don't say -- because I've been taught to say -- "You've got to resist."

MG: Okay. The thing is I usually say, "To resist is fine. Don't try to lift up. Just resist."

Don: "Hold it still and resist."

00:56:02

MG: Yeah. If you say – because they're, like myself, I'm competitive.

I'll mess things up with somebody trying to muscle test me sometimes. So, they just have to instruct me. Okay, I won't be competitive.

Don: Now the second one may be hard to answer and if you can't we'll just move on, but we've spent this incredible time with Larry today. And he was muscle testing up the wazoo and it's all going and it's right and it's wrong. People healing and all that, and I listen to you, and there are so many things you can screw it up with. I guess my question is if you're jammed, according to your terms, you're not going to be able to accurately test someone else.

MG: Yeah. That's true, too.

Don: I can understand being jammed with yourself, but you're saying that if I'm jammed and I say, "Hold your arm out," I'm going to screw up the testing because I'm jammed.

MG: Right. Just like...

Don: That's what I wanted to ask.

00:57:00

MG: Right. Let me show you this. Now, here it goes. Ready? Resist. My name is Susan.

Susan: My name is Susan.

MG: Why didn't that work? Because I was repeating that as if it applied to me. So, she was strong. I was weak. I sent her a weak signal. I made her weak.

Don: So, when Gary was saying, "Get out of the way," it's like incredibly crucial.

MG: You absolutely have to.

Don: My next question is: so, you're saying that if you're jammed, you can put the magnets on your head and that will work.

MG: Yeah.

Don: But, other than that, is there anything else you can do to get unjammed in order to do the testing that doesn't require props?

MG: For the patient or for you as a practitioner?

00:57:51

Don: For me to test someone.

MG: If you're a practitioner who is jammed, you need to get yourself fixed.

Don: And how do I get myself fixed?

MG: Well, I have a card.....

Don: Can we fix ourselves with all these techniques we're getting? That's my question. Can Larry fix me?

MG: Well, I don't know. I know what I would do as an acupuncturist, homeopath and herbalist is I would find what's going on and correct it at its root.

Don: It ought to be really educational because of your background and Larry's background, you guys have a conversation about that and a demonstration. That would be incredible because it seems like there are those of us who have the kinesiology, kind of psychological background. And then there are those who have the acupressure, acupuncture really detailed background, and they're like two sides and I keep wanting to hear both halves of the conversation. I listen to you and I go, "Oh wow, this is really difficult here." Larry says, "It's not difficult."

MG: I don't want you to get the idea that it's difficult. Folks that are jammed will be 10-15% of your group. It doesn't happen all that often, but when it does happen, you'll get funny answers.

00:59:01

Don: That's kind of what Larry said. Anyway, I've love to hear you guys have a conversation about that issue.

MG: Okay someday. So, do you guys want to like separate and these guys don't need to probably film this? We can just separate and start doing muscle testing on each other. Test for jamming. Test for switching. Test for Emotions Blocking Healing, Emotions Causing Disease and test both sides so if, in case, they have weak problem with a muscle that you're going to detect it. And you're going to go for the normal muscle, not a weak muscle.

00:59:41

Brian: A quick question: I heard that sometimes when I test for that, if the person touches one of the K27s, that's another check for jamming. Is that similar to this?

MG: Switching. What I call switching.

Brian: Is that another point that does the same as this?

MG: Not the same, no. It tests for switching. There's another thing called oscillation, which we're not even going to get into. Your chronic fatigue, fibromyalgia people, jet-lagged people will be oscillating. You also won't get really good answers with them.

Brian: I need a definition then. Jamming, switching.

01:00:19

MG: Switching has to do with a certain sort of hemispheric disorganization. The jamming tends to be more, generally more peripheral nervous system problems, and that, in this case, would include the cranial suture locks. So, there are two different tests for things that will get in the way. One is more central; one's more peripheral. So, do you guys want to do some muscle testing?

Major uses of EFT without Diagnosis

01:01:04

GHC (In Studio): Before concluding Day 1 and going on to Diagnosis, I want to emphasize a few points about the use of the comprehensive algorithm, which you've already learned and been using consistently over time with good results. We don't necessarily need to abandon it, even though we're going to go into new material here. But even if you were to go into the new material, really master how to do diagnosis, learn where you are in the process better, and go that next step up towards being the ultimate therapist, EFT with its comprehensive algorithm still has very useful points to it that you need not abandon. For example, in teaching it to your client, you're not going to teach them how to do some kind of sophisticated diagnosis. You'll just teach them the regular tapping technique, the memorized procedure. Also, they can use that day in and day out for consistent use over time, for consistent relief for the various problems they may be facing.

Another use for it, which we really haven't dealt much with either in the previous tapes or for that matter, even these tapes, is the use of group work where you can get 5, 10, 20 people together, either with the same issue, a common issue like a common trauma, an accident, for example, or all different issues. You could have everybody tap at the same time, using the very same algorithm we've already learned. And it's likely to be very effective, across the board, for the people. The other thing you can do is you have people in the group start talking about their issue and you can just have them start tapping like this, and other people, as they are triggered into their own issues listening to somebody else, they can start tapping, as well, because they're triggering into it. You can get a great deal done with a lot of people, at least take the edge off of many of the issues they deal with, all doing it in the group, and doing it with the one comprehensive algorithm.

01:02:54

Finally, as you start to develop skills with the diagnostic techniques, you'll always want your fall-back position. It's always nice to get out here and try something new. Stub your toe a little bit as you try diagnosis of one kind of another. And you can always come right back to your fall-back position, which is the comprehensive algorithm you've used so well up to this point. So, we're not talking about abandoning it here at all. We're talking about stepping off into new ways to make it more elegant, to be able to

diagnose, and so on, but not to leave it be. It has many uses, the comprehensive algorithm, just as it is.

Video Tape 7

Valentine's Day Fun

00:01:41

GHC: I was asked about those songs that Adrienne and I did for your yesterday. We put together all kinds of songs with the idea that putting empowering affirmations to music added more opportunity for those affirmations to become part of your life. So that's why we put it to these songs. Just take our own favorites songs that we like and we just re-do the words to them. Because often times do you not hum or sing songs to yourself? You may do it in the car, for example. You might as well put some empowering words in with them. So there was one more song which I will share with you. It has an interesting chorus. It's actually the Battle Hymn of the Republic. We like that because it has great cadence and rhythm. The chorus goes like this:

*Awesome, awesome, I am awesome
Awesome, awesome, I am awesome.
Awesome, awesome, I am awesome – I'm a
legend in my time!*

(Laughter).

But I will sing the verse that goes before that, and then we can all do the other one together..... can we not? Let's see if I can do that. Actually I tried this morning a little bit, and the voice, believe me, after yesterday..... needs some help.

*I walk across this planet, just as awesome as
can be.
My net worth is a million and my life's in
harmony.
My body is athletic and my weight is 160....
I'm a legend in my time.*

*[Chorus:]
Awesome, awesome, I am awesome
Awesome, awesome, I am awesome.
Awesome, awesome, I am awesome – I'm a
legend in my time!*

[Applause]

Now it's Valentines' Day. We need to sing a love song to the ladies – this is what we must do, O.K.? And the one we're going to sing is *Kisses Sweeter*

Than Wine. And it has a chorus which goes something like.....

00:04:13

(The men join in with GHC to sing this song to the ladies).

Introducing Dr. William A. Tiller, Stanford scientist and expert on intention and intuition

00:08:22

GHC: I'm going to introduce this afternoon's presenter, Bill Tiller. However, when he comes up I'd like to have you be absolutely silent. You'll understand why in a moment. Bill, why don't you come on up. Not even Bill knows why I'd like to have you be silent..... (to Bill) Now, I told you over our three lunches that we have a dedicated audience that come from, in some cases, around the world and around the country. An awesome audience, that's right. What I'd like to have you do, just to know who you're going to be talking to..... This is the way you do it. I'm going to hold this for you, I want your right hand free. You take your right hand and you do this..... and you say "Are you awesome."

William Tiller: Are you awesome?

Audience: YES!!!

GHC: Just in case you didn't know!

WT: Got it!

GHC: See, we have surprises for you. I didn't tell you about that, did I?

WT: I love it!

GHC: Anyway, I wanted you to connect with Bill just for a moment here because he'll be here for the rest of day. He'll be during the breaks. He'll be here for lunch. He'll be here for dinnertime for anybody who'd like to have dinner with him – to ask questions after he makes the presentation this afternoon. So I wanted them to see your face and introduce you in that fashion. Also, Lee, you wanted to say something about his book.

00:09:52

Lee: Yes, I do. I'm about three-quarters of the way through the book right now and I highly recommend it. This is an unsolicited commercial by the way. If

you really want to understand subtle energies, Bill has written a marvelous book and explains subtle energies. I think they have a great deal of meaning in the way we're trying to interpolate this understanding, so that we can make better sense and explain it better to our patients. So I highly, highly recommend this.

Participant: What's the name of the book?

WT: The name of the book is entitled *Science and Human Transformation -- Subtle energies, Intentionality and Consciousness*. There are some brochures for it back there. I brought some books in case you wanted to purchase them. I have a couple more cases in the car.... And we'll talk about it. (Bill Tiller leaves stage, to return in the afternoon)

GHC (In studio): We're exploring the use of intention in these seminars and on these tapes, and nowhere is the use of intention more dramatically displayed than the actual *bending* of a physical item – like metal. And what you're about to see now is Marla Brucker, as she demonstrates the bending of spoons and forks. And what I want to show you here, although you'll see her do it on the tape – this is the actual fork that she bent. But if you'll notice, it's bent all the way around, 360 degrees, twice. She found, with her process, a 30-second window where her intention actually made this very malleable, and this is what she was able to do with it. Marla is just a small lady. And I can assure you that I could out-do her in an arm wrestling contest. But there's no way I could do *this*, I can assure you. Even trying to un-bend this, I'm not sure I could do it. I could un-bend it a little bit but nothing like she did. You'll watch her do it. You won't see a close-up as you're seeing here, but you'll watch her actually do it on stage. So here it is . . .

Marla Brucker on bending metal aided by intention, Mind over Metal

00:12:01

Marla Brucker: First, can I just say something?

GHC: No.

MB: Well, I'm going to anyhow. I've never been sung to by a group of men. And that was *wonderful*. Thank you. Everyone. It just melted me.

GHC: Oh, it did!!..... They had voices sweeter than wine. How's that.

00:12:24

GHC: Anyway, we're here because, by popular demand -- (Applause) -- *and* because the idea of bending spoons with intention fits so perfectly in with today – not only do we have Bill Tiller here but the next two days has to do with intuition, intention and things like that – what better way to launch this off than to have some discussion on spoon bending, which you do basically with your intention.

MB: That's right.

GHC: Why don't you just take it from there. What we're going to do is spend a few minutes here discussing it, and doing whatever you want to do. And if you're interested later on, if we can, we'll try to go buy enough spoons for everybody so everybody can practice it.

MB: That sounds great. Did you notice there were no spoons there at breakfast today?

GHC: Is that true?

00:13:34

MB: Basically when you're working with spoon bending, you have to, number one, have that intent. And that's why this is so inter-connected to today. You have to *want it*. You have to desire it, you have to *will* it to bend. The other thing you have to do is *connect* with the spoon or the fork that you're holding. *Feel it*; feel that vibration. Some people might feel a vibration as you hold the fork or spoon. Some people just might have an emotional experience with it. And when you do, you *command* it to bend. So in a moment I'm going to have half of the group command it to bend. And then, after commanding it to bend, you have to let go. And I'm not talking about dropping the fork or the spoon, but you have to let go of *trying*. Once you let go of trying, then it is bendable; it's amazing.

GHC: May I interject? You will hear before these next two days are over, that the way to make these techniques I'm going to be describing for you work is it has to be done *through* you not *by* you. And when you say you have to let go, that's another way about it: you have to let go of your "stuff," you have to let it work *through* you. And that's the only talent that's really necessary; that's the only trick that's really

necessary to doing this. And for some it's an easy thing to do; for others, it takes a little practice. But anyway, I wanted to interject that.

MB: Thank you. When I teach it with a group of people that might not be "believers" as of yet.... I assume that most of you are believers. And even if there is some doubt or skepticism, that's still O.K. You have to desire it, you have to *want* it. The other thing I teach when I'm talking about spoon bending is how we transfer energy. And a lot of that was demonstrated yesterday, when Larry was up here with kinesiology and when you were doing it as well – through thought and mind. So what is really important is for me to connect with this fork or spoon, transfer my energy into that – feel that vibrational energy, that connection between the metal and myself. When you have that, and you also dip into an alpha state, which is just a relaxed state, you're better able to connect with the molecular structure, the temperature, the vibrational frequency that's going on – changing the molecular structure in the fork or this spoon.

GHC: That's what you do with your intention – change the molecular structure?

00:16:02

MB: That's right. Because I'm connecting with a vibrational frequency. When you do that, because my frequency is slowing down, when I enter into an alpha state, I'm slowing this down – the frequency in here – which changes the structure. Which softens it. Now, you might see that in the beginning I might put a little bit more pressure on it, and then all of a sudden it loosens up like putty. And you can begin to turn it and twist it. You might have a 30-second segment to do that in, and that's it – it might last longer and even shorter. So it really depends. So I'm going to work with you guys today.... I teach this to groups. And when I teach this to groups, we're all doing it together and I do it with them. When I do it alone, I'm *not* with a group. I've never done it alone in front of a group.

GHC: I was going to mention that – this is the first time you've ever done it in front of a group – sort of unique.

MB: That's right....

GHC: So to the extent it interferes....

MB: I'm not sure yet, we'll have to see.

GHC: We'll have to unload that....

MB: So what I'd like to do is have half of the room, in a moment, I'm going to tell you when, to just, in a low voice say "*Bend it, bend it, bend it.*"

GHC: You have a question over here?

Don: I had a suggestion in that if any of us can't bend it -- which could be any of us – whether or not we have a reversal, if that could be corrected? I don't know....

00:17:30

GHC: It wouldn't surprise me, Don.

Don: If we could just hold that, maybe we could change that part to it.

GHC: Let's see what it is without that part of it . . . without trying that

00:17:46

MB: The other thing that is really important is for us to bring energy into it. Either energy of light, where we bring our own white light or sun, any way that you want to perceive that energy. And you bring it into your head and bring it down into your arms and into your hands. Now Don and I were talking yesterday about how he has done it. He does it where he holds that energy in his hands and then bursts it through and releases it into the fork or spoon. I just bring it right down. Everybody does it differently. Some people you might find rub it; I find that it's not necessary for me. Either way – whatever works for you, works.

GHC: I watched Yuri Geller years ago -- what he would do with spoons -- people would bring him spoons from home. And he would just do this -- just a little light pressure and then all of a sudden -- like that.

MB: It's really amazing. So if I can, just have this part of the room say "*Bend it, bend it, bend it.*" Then I'm going to go into an alpha state. Then this part of the room, in a minute or two, I want you to start laughing.

00:19:56

GHC: Is there a particular queue that I can give them, because they don't know when a minute or two is.

MB: I don't know.....

GHC: Well, could you give them a queue?

MB: I might just nod my head, O.K. Now if anybody has a fork or spoon there, you can do the same.

Again, the laughter is the distraction for us to let go. Now, if someone in the audience is bending it, I want you to scream out "It's BENT!" I would not work with a knife – two reasons, number one it does break and number two, the serrated area on it -- I'm not going to be responsible. I wouldn't work with a pen, either, because it's hollow inside so it will snap more so. A key is good!

GHC: You may never be able to use it again, but.....

MB: That's right!

Participant: Workshop 2 is bending it back!

MB: Bending it back – there you go. So those of you that have a fork or spoon, just hold it at the bottom or you could hold it up here. I would suggest having the bowl face you and when you are ready to bend it, grab it like this and bend it. Some are satisfied with bending it down – I would love to see you move it around like this. And if you have a fork, begin to work with the prongs. So I suggest that you close your eyes and just quiet down a bit. Take a couple of deep cleansing breaths.

00:20:33

And see a light. If you have a light that you can see, or just feel an energy within yourself.

And bring that energy from your head or from your heart down into your arms. Down to your hands.

You can either hold onto that energy for a moment, then release it into that fork or spoon or allow that energy to transfer into that fork and spoon. Really connect with that piece of metal that you are holding.

As you relax your body, relax your mind.

And if the group over here can just start saying "Bend, bend, bend." And you, if you're holding a fork or spoon, say it as well.

Bend, bend, bend, bend.

Visualize it, see it happening, softening. Bend. It's called warm forming -- bend, bend. You could say it louder if you want -- bend. Because what you're doing is you're connecting, and then you're commanding it to bend.

00:21:54

Bend, bend, bend, bend, bend, bend.

Louder, there you go.

Audience: *Bend, bend, bend, bend, bend, bend.*

MB: If you guys could laugh though, that would be great.

Audience: [Laughter]

MB: Bend it now guys. Start bending. It's bend-able! BEND IT GUYS! BEND IT; BEND IT; BEND IT. O.K. Open up your eyes. Good, we have some people that have bent it – good job! Good! Good! And Bend, as you practice it, once they start laughing, that distracted me from you guys and that's when I was able to just bend it.

00:22:59

GHC: What I would like to do if we could is to have people who have bent it, tell us their experience, what it was like. Can we have a mike? Richard..... can you tell us what your experience was?

00:23:13

Richard: I wish I could. I think at a certain moment I was *in* the spoon and then I started feeling soft, and then all of a sudden I heard you say "Bend it" and it just moved.

MB: That's exactly what happens.

GHC: Could I ask you something. You are probably strong enough to bend it anyway, I presume. Was there a difference in what you could perceive as it's bend-ability?

Richard: Oh, absolutely. Plus my hands are weak from arthritis. So it just *went*. I just moved my hands, and it just *bent*.

MB: Good job.

GHC: Not everybody was able to do it, on this first round. But who else did it? Could you raise your hand? Could we talk over here, to Brian, for example?

Brian: What I did is I tried to connect and move my energy through my hands, and then I became one -- I wasn't *in* the spoon, but I tried to become one *with* the spoon. So it's like I was first holding it -- then I became more connected with the spoon and I tried to imagine our energy patterns as being the same. I also visualized the spoon being bent, and then when it was time, I just bent it. I used a certain amount of force. What I'd be very interested in doing is if someone would give me a spoon that *isn't* bent and if I could just bend it.....

GHC: Will someone give him an un-bent spoon? Is it the same kind of spoon?

Brian: Yes, it's the same spoon. So I can have a sense of..... yes, I can bend it kind of easily, but I did not use as much pressure when I did it before. There wasn't as much force.

00:25:46

MB:..... Later at lunch or another time, see how much more force you will have to put on that spoon or that fork in bending it.

Brian: I almost thought it was a little bit like a karate thing -- like breaking boards. I used to do karate as a teenager, kind of thinking through it, imagining it, and then just letting myself go and get caught up in it. But it definitely took more force now than it did when I was doing it the first time.

00:26:18

GHC: I feel guided to tell you a little story, if I may. It's on the same point. I'm guided to tell you this, so I'm going to do it. I put out an e-mail awhile back, an inspirational story called *The Flower Inside a Coconut*. This was a lady that I saw that had cerebral palsy and she had to sit like this and her mouth was like that -- and she would drool saliva out of it. She was at this big seminar, a personal improvement type seminar and hardly anybody would talk to her because you *couldn't* talk to her -- because she was by herself. But one night we were going to break boards. I mean *real* boards -- they were an inch thick -- like this. And what you were supposed to do with that, was with your intention -- not with your brute force but with your *intention* -- somebody would hold the board up

and what you'd do -- you would focus your intention past the board -- powwww! Like that. I did it and I was really surprised. I crashed right through it -- the thing just broke with my intention. Now I did get a little bruise on my hand, etc. But it was really quite surprising. And everybody was doing it, except this one gal, Sally. And she really wanted to do it. But she'd go up there like this -- no harder than if you were knocking on a door, and not even that hard -- because she didn't have the strength. She'd just go like that. And she tried it I can't tell you how many times and nothing happened. And so they had her go to the side with somebody else who was encouraging her. "You can do it, Sally, you can do it!" And everyone of us was breaking these boards. When we all finished Sally was still trying. And everybody got around her and started cheering her on. A little fire came in her eye, and I swear to God, just as I'm standing here, she went poooooof, like that, and the board cracked! I went to look at the board to make sure. But she broke that board with *nothing* but her intention -- and it was a one-inch thick pine board -- with nothing but her intention. That's an aside from this sort of, but it's on the same point. I wanted to point out intention is very, very important. Good ahead, back to you Will.

00:28:25

Will: I had an interesting experience. I started out and shifted and I was somewhere else sitting by a fire. And I could feel the fork heating up, but in the meanwhile I had different parts of myself sort of shuttling in and out. Am I doing this, what's going on -- trying to hide it under here in case I couldn't do it. That sort of shuttling back and forth between the deeper energetic connection and the more ordinary. And I felt it heat up, so it felt hot in my hands. And then with a little bit of pressure, it bent easily this way and then it started..... it started to go *that* way. And you'll see it's offset. And that was when I kind of shuttled back out to a performance kind of thing and it stopped immediately.

MB: It does stop. Because you shifted the energy within yourself, but you can work on this again. And re-connect.

Bill Tiller: If I can give you a laboratory add-on, back in the 70s we did some analysis of a ring that Yuri Geller had fractured and also some spoons. And we separated them in a good metallurgical way and prepared them for electron microscopy and we looked at them. The interesting thing was with the gold ring,

it was no macroscopic deformation – it still looked perfectly circular but it had just a crack through it. And when we looked at it at very high magnifications we looked at the surfaces, and the surfaces were full of little micro-voids which is a characteristic of plastic deformation when there is large amounts of macroscopic deformation. But here was a circumstance where there was *no* macroscopic deformation, and yet the interface of the fracture had that behavior – which suggests indeed a kind of dematerialization phenomena was occurring. A similar sort of thing occurred in the forks and spoons and such.

GHC: Another question? Anybody else have the experience of bending the spoon? Back to Beverly.

00:31:01

Beverly: I found myself getting into almost like in a trance state. And I was aware that my hands were feeling hot. And then there was also this other part of me that was kind of listening for instructions, because part of me thinks “There’s no way I can bend this spoon.” And so I think I started to bend it a little prematurely when you started “bend, bend.” I thought we were supposed to start working on it and I thought to myself nothing’s happening. And then all of a sudden this thing started bending and I was so startled, I think I got myself out of this state. So it stopped here!

GHC: Let me interject if I may, Beverly. I’m trying to remember the exact words you said but it was like “I was doubting I could do this.” What is likely to happen when we start talking about surrogate muscle testing and intuitive diagnosis is you’re likely to say to yourself “I doubt if I can do this.” I’m only pointing that out to you because there’s a parallel here. But when, if you just keep at it -- like many of you didn’t even have spoons and others didn’t bend the spoon the first time and so you could say “Oh, well, I don’t know how to do this.....” You need to keep at it and keep trying. When you do the surrogate muscle testing and the intuitive diagnosis that tomorrow and the next day are going to unfold, you need to keep practicing, because sooner or later you’re going to have an “Ah ha.” Something is going to happen when you finally get yourself out of the way, and you’re going to get some result that will really quite surprise you. And then you’ll know you’ve dipped into it. Because you’ve just dipped into bending the spoon, to your surprise. And the point I want to make to you is, for many of you, what we’re going to teach here,

you’ve got to keep trying it until one day, bingo – to your *surprise*, what we are talking about is in fact very, very, very, very real. So thank you for the comment – it allowed me to move over to this. Jackie?

00:33:03

Jackie: I’ve done a lot of therapeutic touch and so I’m real sensitive to energy. And I just want to know if anyone else was feeling in their fingertips a pulsating when we were saying “Bend, bend.”

GHC: How many were? Raise your hand. Oh, that’s interesting.

Jackie: In fact, I’m still feeling it. It’s kind of a residual thing. But I want to share with you, two years ago as part of my master’s program I spent 8 weeks.....

GHC: Excuse me. I want to share with you, a couple of months ago she had a fear of public speaking! (Laughter / Applause)

Jackie: Anyway, I spent 8 weeks in Durham, North Carolina at the Rhine Institute of Parapsychology. And we didn’t actually do or try spoon bending but the subject certainly came up. The Executive Director, Richard Broughton, had been at a party some years before. I have to share something about researchers in parapsychology. They are among the most skeptical in the world. And they have to be. But anyway, Richard had been at this party and there was some spoon bending going on. And even having been part of this and seeing it with his own eyes, he still didn’t believe it happened. So I think -- I think belief has a lot to do with it, certainly intention. And I think when research is being done in that realm, even though they are skeptical and they have to be, their intention I think has something to do with their results – it’s kind of like mind over matter.

GHC: Sure.

MB: And this is mind over metal.

GHC: There you go. One more question here..... Go ahead Roxanne.

00:34:55

Roxanne: It sounds to me, based on your descriptions, that it’s really mind *with* matter, or mind

with metal, not necessarily “over.” It’s something slightly different.

GHC: Good point.

Roxanne: . . . it’s mind *with* metal.

GHC: Can we have a hand for Marla?

(Applause)

Introduction to surrogate muscle testing

00:35:21

GHC: Today is going to deal with diagnostics via muscle testing. But not via muscle testing in the standard way; that is, one-on-one muscle testing where the practitioner tests somebody else’s arm, as did Fred Gallo yesterday with Sharon. This, instead, is going to be surrogate muscle testing, where we test ourselves as though we are the other person. But before I get into that, there’s a conversation I need to have with you having to do with Voice Technology™. How many of you are familiar with the phrase “Voice Technology™?” How many are not? How many just don’t have any idea of what that is? O.K. For those who don’t, what Voice Technology™ is, it is Dr. Callahan’s major secret that he has regarding how to diagnose someone by their voice.

00:36:22

The concept is there’s something about their voice that contains within it information that one can then diagnose and *know* whether or not they are psychologically reversed, know whether or not you need to tap here, here, someplace else, collarbone, breathing or if there is some substance that’s toxic to them, and so on and so forth. The idea being that information is encapsulated in some fashion in the voice.

As you know, most of you, I am the very first Voice Technology™ trainee. I signed the papers in 1993. I have extensive experience with it. I know it inside and out. I’m very glad I took it. I find it very useful. The agreements I signed do not allow me to describe what it is, how it works or anything. It’s a huge secret. The only reason I bring it up is because there is some contrast -- there is some perception and some ethical considerations that I have to bring up if I’m going to bring up something which I tell you I use *instead* of Voice Technology™. It’s important for me to cover

this with you, so you know, *without* disclosing what it really is and so on. So, I cannot do that and I will ask you not to ask me what that is, O.K.? But there’s some other issues I need to cover so that what you’re going to learn today will be in proper perspective. So I’d like to ask you a question. . . . I would like to have somebody, anybody, just offer what your perception of what Voice Technology™ is. Anybody raise their hand. Back here.

Lee: (Inaudible)...stress evaluation which was developed by the CIA and which picks up stress fluctuations in the voice and that’s my understanding of it so far. But apparently he’s got. . . . he calls them fourier transforms that can pick up the specific algorithms that show up on his display?

00:38:25

GHC: Well, fourier transforms is a term that he uses. It is a rather sophisticated mathematical term. I don’t see the connection myself, but yes, he uses it. Who else – what is your perception, what do you think it is?

Nancy: Well, the perception that I got from him is that when someone calls, he turns on his magic box and this magic box evaluates the voice and spits out the exact holons that will cure whatever it is, instantaneously.

GHC: O.K.

Nancy: That’s not been my experience with people who have . . .

GHC: Wait, stop. Your experience is he turns on the magic box. . . . then it spits out the exact. . . . say it again.

00:39:19

Nancy: Holons.

GHC: O.K. Say the sentence again. . . . it spits out the exact holons that. . . .

Nancy: . . . will “cure”, his word, whatever it is, instantly.

GHC: Does “exact holons” mean proper order?

Nancy: Proper order, right.

GHC: How accurate is it?

Nancy: I've called him for supervision four times. With one person it was very, very helpful; with two people, they never came back to see me and they were very upset; and with one person it was just not any help at all.

GHC: Two people were upset because it didn't work?

Nancy: Well, there were personality issues involved here. But it did not work – it worked with one out of four people, and it worked very well with the one.

GHC: Over here, with Carole.

Carole: You and I talked about this the other day, and my impression is that it may just be intuitive, something intuitive that he picks up on the phone.

00:40:21

GHC: I can't respond to that one way or the other.....

Bruce: I'm TFT diagnostically trained. I've used the VT, the Voice Technology™ support with Roger Callahan five times. With five difficult patients, and all five were failures, with the VT. The VT was a failure of all five. In other words, the holons or the sequences that were diagnosed in each of those cases, did not produce significant movement. I must admit that in terms of my speculation which..... I've slept with it, I've dreamt it, wondering not only what it is but how can I get \$100,000 to learn what it is and have it, but that's totally beyond the impossible. But the thing is, I can't honestly imagine what it is because it works so fast – all it is is one or two verbalizations, count 1, 2, 3, say "I want to get over this problem" and immediately Dr. Callahan will rattle off a short or long list or lists of holons. And he makes the point that it's not voice stress analysis because he makes the point that the person already *is* in stress; that we know that the person is in stress when they're on the phone with him. So I, for the life of me, can't imagine what it is but I believe it is a machine of some kind. I guess I vision it as some kind of black box, some magic black box that came from another dimension. (Laughter)

Nancy: In all three of the cases that failed, for which I called him, he determined that it was toxin-related.

00:42:36

Marie: I took Roger's training last May and the diagnostic and I've used the Voice Technology™ with

him about five times with people that I got stuck with. Four out of the five times it made a dramatic difference, it made quite a difference. And the fifth time it didn't work at all. But I certainly would try it again. It's been helpful.

GHC: I think it's very useful, by the way.

Jack: Well, your initial question was "What do you think it is?" This is going to be a little technical, but I think it's a frequency spectrum analyzer – because that's what the voice is basically made up of and you can break down the components into frequencies and amplitudes. I can't imagine what else would come over a telephone that you could work with. So if there's anything there, it's a frequency spectrum analyzer and somehow the power spectra telling something about where to tap and whether the answers are true or false when you ask them.

GHC: Have you had experience with support.... like calling Roger, that kind of thing?

Jack: yes.

GHC: With what result?

Jack: I'd have to agree with Bruce, I didn't get much result. It boiled down to well, you've got energy toxins here and it's sweets, and it's dairy and it's corn and so forth, and the poor woman would have to eat rice the rest of her life and she refused to do that. So that was not successful.

00:44:02

GHC: Will, how has it been used, what have been the results, and what can you say about it?

Will: (Inaudible)..... the standard TFT diagnostic training procedure, so for just about a year I've been using it. Just the way you said. After I get stuck in a particularly difficult situation, then I have the client and I call Roger and use the Voice Technology™ to get a sequence, which in the more difficult situations is sometimes two or three pages long. So that the tapping would go on for quite some time.

GHC: Two or three pages?

Will: Sometimes.

GHC: Every time?

00:44:55

Will: Most every time. Yes, every time it seemed to improve, however, this is the problem..... By the way, I just want to say I appreciate the opportunity for us to talk about this so as we're in this ground floor of really doing energy work, I think.....

GHC: Ground floor of the healing high-rise, Will.

Will: Yes. This is sort of a family secret and I understand there needs to be boundaries and so on, and yet I think it's very useful for me just for us to be able to talk about this. I thought about bringing it up yesterday and I thought, well maybe this is some secret that Gary doesn't want to talk about.

GHC: Well it's a secret that I will *not* talk about because I've signed papers otherwise. But this conversation is useful because I am telling you something that I use *instead* of it, and it does *not* put out irrefutable, precise, God-like routines. It gives you very useful directions in which to go. And I use it instead of Voice Technology™ and I find it just as good, if not better.

00:45:58

Will: The other piece that I was going to say that's difficult is that I find that as people -- as Larry was yesterday using a sequence for -- that you've discovered that's effective for you and other people -- as the story was unfolding and as the perturbations emerged in the story, you would treat the perturbations the way you did in a very skilled way. And what I see is that people very often need to find different sequences so they can find the stream of energy that's effective for them. And when the sequences is even a paragraph long, much less a page, it's very difficult to practice. I find that when they would go home with this list, whether it was a paragraph, or a page or two, whatever, and they'd say "yes, it was very helpful and now I'm depressed again." "Well, did you use the sequence?" "Well, I tried it one time and I was too depressed to try it any more." So the more precise it is, the easier it is to practice as a sequence.

GHC: Something I'd point out to you is -- when you have a sequence that's two or three pages long -- that what you're *really* doing is tapping all the meridians, all over the energy system.

Will: Yes, sure.

00:47:29

GHC: I would suggest to you that doing two or three rounds, if you really needed that much, of EFT, using all the points, would be just as effective as whatever is on the two or three pages.

Will: Well, this is what I discovered as I began -- when I heard about this..... sandwich.

GHC: I have used Voice Technology™..... well, I haven't used it for the last couple of years, but for years prior to that, with more people than I could count and I have never come up with 2 or 3 pages. I've never come up with 1 page. I think the most I've ever come up with was, 7 or 8 points, maybe 10 at the most. But typically it's 2, 3, 4, 1, 5, something like that. That's another subject. But anyway, who else..... Stephanie?

Stephanie: Will and I trained at the same time, and also I worked with Roger myself, personally, on issues. And I won't repeat what Will said because it's been my experience, too. And I found Voice Technology™ helpful for me personally.

GHC: For you personally. What percentage -- did it work every single time?

Stephanie: It worked every time but one.

GHC: Every time but one. Out of how many times, approximately?

00:48:44

Stephanie: Probably..... that's a good question, 25, 30 times. It was really useful in discovering toxins. And I was very particularly intrigued about finding out what was this anxiety that would come up out of nowhere, when nothing in my life had changed. And being a hypnotherapist as well, I believed it was subconscious and was working on that level. But I also found it was toxins, big time. And very helpful in my migraine headaches; in fact I don't have migraine headaches any more. And I've had them since I was 6. So that's a big damn deal!

GHC: Oh sure. One more, then I want to go on.

Gary: I've no experience with Roger but I have laid in bed at night trying to save myself a hundred grand! (Laughter) From more of a meridian perspective, I do know that all the meridians relate to different colors, colors or frequencies. Your voice is a frequency.

And I do think that intuitively, you can probably pick up what frequency, what color is missing in your voice spectrum, or whatever you want to call it, and just kind of hone into that. I'm not sure what he does, but.....

00:50:04

GHC: I want to pick up on one of the phrases. You said "I think intuitively you can pick up on the colors....." That's what we're doing to do. That's what the next two days are about.

Bill Tiller: I just want to add a sidebar relative to the telephone and sound. If you keep yourself locked into a four-space perspective, then that's all you have.

GHC: Meaning the three dimensions of space, and one of time.

Bill Tiller: Yes. But in fact, if you allow yourself to adopt a higher dimensional perspective of the universe, then human intention, which really functions, and I'll show you this afternoon, the next domain coupled to this space-time domain is the reciprocal domain. It in fact is a frequency domain, without limitations of space and time. And in fact when using the telephone and using your voice as a vehicle for your intentionality, then you indeed can influence things thousands of miles away in very specific ways, but it's a learned thing. You have to develop a structure within self to be able to do it. So there is a larger perspective is all I'm trying to say.

00:51:21

GHC: And that will plug in nicely how we're going to unfold this. I wanted to bring this discussion in front of us all for this reason: People will call me and they will say "Gary, I have this client...." the therapist will call me and say "Gary, I have this client that I can't do anything with. Will you turn your machine on?" As though I now have this absolute magic thing and I'll turn this thing on, and accurately and objectively, we will spit out precise, irrefutable things to do, that is going to cure them, where nothing else can. And it just *isn't* that way, O.K.? So those of you who have called me in the past, I will tell you – don't really expect that. It's very useful. I'm glad I took it. It has been an enormous help to me in allowing me to do a lot of things that I couldn't have done before. But it does *not* spit out absolutely precise, irrefutable algorithms, tapping points, routines, etc. It is fallible, folks, let me tell you. And you've seen this around the room. While there was some notable and

impressive things that it does, you've also seen there's been some miserable failures and so on – it's subject to *all* of those.

Nahoma: What did it help you do that you couldn't do before?

00:52:57

GHC: The same thing what you're going to learn in the next two days does – and that is, it lets me know where I *am* in the process. O.K. Now that's a good question, thank you. Because I want to launch for the moment and talk for a little bit about yesterday when we talked about mechanical EFT, that's what you've learned from the EFT tapes. It's not just mechanical because there's an art to delivering it, and aspects and so on, as you know. But as I was developing the comprehensive algorithm, EFT, what I would do when I was dealing with people on the phone, I would say "Well, I think you can do the exact same thing just using a comprehensive algorithm." I would say that to myself. So I would just talk them through the comprehensive algorithm and I would get the same percentage result, with or Voice Technology™. I would have a few cases that didn't work so well, and I'd have a few cases that worked superbly – just like you would do in person with somebody, like all of you have experienced. I was missing in that the ability to "know where I am" in the process, but I'm still getting the results. It is my view that if you walked out of this seminar at this moment and took what you learned yesterday, a little more elegance in how to do it, you don't have to have diagnosis. It isn't absolutely necessary to have. You get very good results without even bothering with it. But if you want to become the ultimate therapist you're going to need to know how to *know* where you are better than what you're doing. It's a way to not only know where you might want to tap, it's a way to have you know when you're done, at least done for now. And a way to know whether or not you should be using EMDR here, or using some other technique. It's a way to tune in and know at a level that you need to develop which will be very useful for you for the more difficult cases. But anyway I wanted to make that point to you.

00:55:00

GHC: Now, one of the problems I have . . . another reason why I'm mentioning this is I have an ethical consideration. Because when people call me with the assumption that I've got some God-like thing involved here, I have on the one hand agreements that I have signed which I'm going to honor about secrecy of it.

On the other hand, I'm not about to sit there and tell somebody it's a God-like thing when it ain't. And it *isn't!* As we talked around the room here, you found that it's fallible. It is not something that spits out irrefutable, precise algorithms that you need to genuflect towards. What is more important than that is the art of delivery. Better stated, the ability to be a detective and find the real issue, as you probe around and ask questions and bubble up to the surface, the issues you really want to tap on. A lot of times you'll be tapping on the peripheral issues and not the real core issue. Voice Technology™ or what we're going to learn here is not going to tell you how to do that, that's more the *art* of it. The places where Voice Technology™ failed as we've discussed around here, I would be willing to bet you that if there was more probing done and more detective work done and we had found the real issue, if you will, that we would have had success where Voice Technology™ failed. The same is true what you're going to learn here.

00:56:33

Did I pop your bubble? I thought people would say "Oh, my God." Because see I am not going to teach you something that is absolutely infallible. It's going to be a skill that you will learn. It is a skill that I have not learned, it is a skill that I am still *learning*, and ten years from now I will *still* be learning. It is one we get better and better, and better at. And actually, in a way, even though I have not perfected this, I don't think anybody is going to perfect at what we're doing here. There will always be some little wrinkle in it, but you'll just get better and better and better at it.

As you get better and better and better at it, you're going to be able to trust your own intuitive sense, which you already know at some level, has a lot of validity. And you're going to be able to trust it more and more and more. And the ways you go about it with your clients are going to be enhanced and enhanced and enhanced and you are going to get better results with more people as a result of that.

(End of Tape 7)

Video Tape 8

Moving from 1 on 1 muscle testing to surrogate muscle testing

00:01:46

GHC If we have a client sitting here, and they have their arms outstretched, and I have them say something like, “I want to get over this problem,” whatever it may be, and I test their arm – strong and weak, strong and weak -- there are a few possibilities of inaccuracy going on. Fred mentioned something like that the other day. They may be pushing up like that, in which case they’ve got more than one muscle going on that would get in the way of your accuracy. They may be feeling ill, in which case, quite often, when I do one-on-one muscle tests with someone who’s very ill, they’ll be weak, weak, weak. It will be very hard to find a difference between strong and weak with somebody who happens to be ill.

There are some people who just aren’t very strong, and it’s even more difficult to find a yes or no difference. Those who have more, and more and more experience with that can detect those differences much better than those who have beginning experience at it.

Also, the tester, (myself if I’m testing somebody’s arm) can influence the result with my own intention very easily. If I want them to be reversed or not reversed, and not every time, but often enough to make a big difference, I can actually influence whether their arm is weak or strong. They can influence it as well if they don’t want to be found out, they can shift their thoughts onto something else, and they can be not found out, if you will, and give you an inaccurate test.

00:03:16

I’ll tell you something interesting about when I was first learning muscle testing, and this was years ago, I was giving an evening talk to a Kiwanis Club. There were a bunch of men and I was talking about doing this, and I was all enthusiastic about it. I was talking about this arm testing, and this and this..... A fellow raises his hand and he says, “Well, I don’t believe any of that.” Nice big challenge, OK? He said, “Arm test me.” So, he comes up and I was going to arm test him on yes or no, my name is George or Harry or something. He said, “But I want you to close your eyes.” I said, “OK.”

00:04:02

What he did..... I was pushing on his arm with my eyes closed. And he put up a one or two (fingers), meaning true or false. And he would say things like, “I’m an attorney.” (I don’t know if he was an attorney or not.) “I’m a dentist.” (I don’t know whether he was a dentist or not.) But I would test his arm, and I would get a strong or weak, and I would say what that was. “I am married. I have three children.” We went through about 10-11 of those, maybe even more. And I had no idea what he was doing. And I’m a little nervous. So we finish and he said, “You got every one of them wrong.” And I looked at the audience (they nodded in agreement). Now why did I get every single one wrong?

Marilyn: Couldn’t he have been interfering with each of those?

GHC: He may have been, or he may have been reversed, or I may have been reversed. One or the other.

Participant: When he was holding his hand over your head, could that possibly.....

GHC: Possibly, but I think he was doing this (holding fingers away from my head). Fred’s got a comment back here.

00:05:25

Fred: One way to think of it is not strong, meaning “yes,” and weak meaning “no.” It could be the other way around. It’s just what is the yes signal, and what is the no signal.

GHC: Well, I already set that up.

Fred: But it’s a perfect correlation.

GHC: Perfect. Absolutely perfect, but it was wrong. 100%.

Fred: Which is pretty good!

GHC: I had a perfect score. If it were random I would be more concerned, but it was absolutely perfect in the wrong direction. There was, more than likely, reversal going on – on his part or my part or something like that. My point is there are lots of reasons why we can have inaccurate readings with one-on-one muscle testing. They are all over the

place. And they are especially prevalent for someone who is brand new at this.

00:06:21

Now, on the other hand, there are many people, and some in this room, who use one-on-one muscle testing, they do it all the time, and they love the results. How many of you use it all the time? A number of them here. And you like doing it? You trust your results, do you not? Okay. And so, am I right? There is potentially inaccuracy here? Why is it, if we have these several potentials for inaccuracy, you can get results that you have trust in?

Lee: I believe in intentionality, and I've done it literally thousands and thousands of times. I've taken about 250 hours of applied kinesiology and one whole day just learning how to do muscle testing.

GHC: So, you have tested thousands and thousands of people.
(To Nahoma) If we have such potential for inaccuracy here, why is it you would trust your results?

00:07:33

Nahoma: First of all, my results aren't 100%. Every so often, I'll do a muscle test and both the patient and I know it didn't work. And we'll look at why it didn't work. But I trust the majority of the testing simply because the results that the testing leads to seem to work for the patient. So, my trust comes from experience and experiencing the effect of the EFT that then flows from the muscle test, or the NAET that flows from it, or whatever I'm doing. Otherwise, I wouldn't have any interest in muscle testing. I'm interested in results. I'm interested in them getting well. So, a part of it is my intentionality. And a part of it is that I'm getting good results.

GHC: And if you weren't getting good results, which is the bottom line always..... Fred had a comment. Thank you.

Fred: I agree with Nahoma because all that muscle testing is is a test, an indicator of something. Then you want to check it on reality. What does it lead to? I think I get very accurate results with it because, for one thing, I don't set it up as being competitive with the patient, or client.

GHC: And may I expand on that for a minute? Meaning, you are in sync with the patient. The two of you are working together. You have a common goal.

Fred: So, if we're coming from that position (and I explain that to them – I say, "It's you and me together, trying to figure out what your body has to tell us.)

00:09:24

GHC: With joint intentionality.

Fred: Yes, joint intentionality. So, if I can't tell, I look at them and say, "I couldn't quite tell then, could you? Let's try that again." There isn't any kind of "I'm the Great Tester and I'm going to figure this out. I know better than you." I don't care for that kind of position or relationship with testing.

GHC: And you will be wrong from time to time.

Fred: Sure. We will both be wrong in terms of figuring it out at times. So, it's a joint effort. Then there are a lot of other things to take into account. Are there other variables intervening? If I'm trying to test somebody in front of an audience, and people are making noise, that can interfere with the result. Is the person, like you said, fatigued? There can be a variety of variables that can interfere, so you have to look at those. It's a very difficult thing to develop your skill at. It's not as easy as it appears. But, it's still learnable.

GHC: Of course. Anybody can learn it.

00:10:28

Larry: One thing I wanted to say is when I first heard about arm testing, and this might be true for a lot of people, it seemed very odd. I wasn't sure really how much faith to put in any of it because it was a system completely different from anything I had known before. Over time, what I like about it, indeed what I like about this whole movement that we're in, is that it makes immediate something that we all sensed in whatever therapy we did before, which is if you seek empathy with your client, this kind of attunement through arm testing really enhances empathy and attunement. To me, what I learn when I do arm testing is that it's not even arm checking. As soon as I touch the person, there is a different connection with us. So, now I know, even though I still do it, I don't really need to do it because once the connection is there, everything that I'm going to learn from the arm test is available now anyway, although I

still do it because it's like a concrete, visible manifestation of something. That's sort of reassuring to me, but I know it's kind of a transitional language into an invisible language that I'm learning.

GHC: Would you agree with that, Bill (Tiller)? I think you just took Bill's entire presentation and put it into a sentence.

00:12:00

Bill Tiller: I just wanted to add that really the muscle testing is a dowsing response. And what a dowsing response is – it is your subconscious producing an action that creates manifestation in the direct fourspace so that your conscious mind can see it and know what your subconscious is telling you. When you have this interactive link with the individual, you don't need that but it's always nice to have confirmation, bringing things from the unconscious level to the conscious level.

GHC: And he just took my whole presentation and put it into one sentence. You don't really need it. That's the whole point. You can do the whole thing intuitively, but muscle testing is a step towards getting there.

We start, in my view, with one-on-one muscle testing. It has a lot of value to it and I'll get to more of that in a second. Then, we go from there to surrogate muscle testing. Then we go to intuition, but it's all intuition to begin with. This muscle testing, when it is accurate, and you have two people working together doing this, this is a marvelous way for two people to get rapport and work together and get messages from both and off and on they go with joint intentionality. I will also suggest to you that if we have Patient A here who has the fear of public speaking, for example, and I do some muscle testing with alarm points and all the stuff you do, and find out a sequence. And you have no idea what that sequence is because you're outside the room, and we don't do any tapping on this person, and you come in this room and muscle test him yourself, you will come up with a different sequence. You may find them reversed. I may not. And that's because the two of you are working together with your intentionality, and you will find your own combination that's worked out in the ether someplace.

Bill Tiller: The question is so often of interpretation of the signals, not just getting them.

00:14:16

GHC: So, one of the main points I want to make about one-on-one muscle testing is not that you don't do it or it's inefficient. I think it's a marvelous tool for those who want to use it. I'm not suggesting anybody here who is proficient in that to turn around and not use it. The bottom line is how are you doing with that patient rapport? Rapport, rapport, rapport with your patient is probably as important as anything else.

Bruce: How many people in here are familiar with ideomotor signaling?

GHC: That's another name for surrogate muscle testing.

00:14:51

Bruce: My question is, given what you're saying, which I totally agree with that muscle testing is jointly intentional, collaborative venture between you, the tester, and the client.

GHC: Except, as Fred says, when you are competing with the client, and then you're going to get the wrong answers.

Bruce: Of course, if you're competing it's not a collaborative relationship. Given that fact, is muscle testing then similar to setting up ideomotor finger signals with a patient – “yes and no,” and “I'm not ready to answer,” and “I don't know” response fingers from the patient? If it is, could we then find out what treatment points are indicated for that client by asking the client to touch the treatment points on the meridians while getting ideomotor signals from a client. In other words, could this be easier way?

GHC: I think there are people here who do that. Are there not? Do you do that, Jill? She doesn't want to talk. That's alright.

00:16:10

Bobbie: I wanted to mention one thing about muscle testing. There's a very precise science to it. A lot of times when you muscle test, your client will be dehydrated, and you will get false indications. You, first of all, have to find out if the person is dehydrated. The next thing is a lot of times, even the way we touch the muscle, we can turn the muscle on or off, for weakness and strength. And so it's a very precise science to really do it accurately.

When I use muscle testing, a lot of times, is basically if a client wants to see some proof. Sometimes, on a cognitive level, they want to see where my answers are coming from. And I'll show them that I can turn their muscle on or off. I can make it weak or strong regardless — physiological. By feathering or pinching the muscle, because it goes to the brain, so I can do that. So, they can see maybe there is something. But, it's very precise. Also people taxing the muscles. Once you tax the muscles, you do not have to crank hard to get a response, you're going to get false messages. So you have to move around and move different ones, but just by positioning a person or by placing your hand on a certain way, you can change the muscle, the message.

00:17:41

GHC: Where's Susan Curtiss? I think it was you and I who spoke on the phone. You had a chiropractor friend. And if I recall it right, what he does when he wants to find out what is ailing a particular patient, he will run the finger down the spine – he will surrogate muscle test himself....

Susan: I talked to him before I came, and he described exactly what he does. He takes two fingers together, and he takes his dominant hand and does this. He focuses on each of the vertebrae in turn, and asks them if they're out or in, and then he tests. And he just goes up the spine that way.

GHC: Who else uses..... Stephanie?

Stephanie: Well, I do the O-ring and pushing my index finger through to see if it holds or not, but my favorite one is because all these years of meditation and sitting on a zafu (sp?), I do a half lotus with my leg up over and push on my knee. It gives me a nice stretching session. And now, over the phone when I'm treating people, I'm scanning. When a therapist is leading them through their algorithm, I'm scanning the body to see what needs to be treated and I'm just continuing the muscle test, muscle test, muscle test as they're treating themselves.

GHC: And are you asking yourself if you're reversed or not?

Stephanie: Yeah. I check reversals. What I use is Greg Nicosia's sentence now, which is "There are no psychological reversals currently affecting this problem." If they are, then I scan for deserving, safety – some others that Marty and I have come up with.

00:19:36

GHC: If I was your client, how would you know if I needed to tap under my eye?

Stephanie: Well, I would say stomach. First, I was having them hold underneath their eye. Now, I'm not doing that as often. I am just saying to focus on eye. Or, I'm not even doing that. I say my client's name, and once I've focused my mind on the client, then I scan the treatment points. And when I scan the treatment points, I do not scan the test points that I learned. That's just something I've dropped in the last six weeks.

GHC: If I am your client, do I need to say anything?

Stephanie: No. You don't need to say anything. At first, you had to say, "I want to be over this problem." At first, but it's just like an evolutionary process for me. Now, I'm having them drop that. And though I feel like I'm playing at the edge of it, like I'm pushing my edge and learning the edge in all of this, I'm just going with it. My intuition is kicking in heavy-duty. And now it's just coming to me, which points need to be tapped. It's coming to me kind of auditory, which is kind of strange.

GHC: You're so wonderful. Do we have a camera on her? You're just so eloquent. That's just great.

Stephanie: And I get this kind of voice in the back of my head that says, "Chin, chin, chin."

00:21:16

GHC: Notice Stephanie's evolution. It is my evolution and the evolution that many of you may have, although as we develop this, some of you may skip certain steps. It all depends on where you are, and what you want to do, etc. But you started out as a one-on-one muscle tester. Then you decided that you could test yourself in their behalf. You didn't have absolute confidence to begin with but after awhile you would do it and it began to work. And you had to use the voice at first. You had to have people say things at first. Then you didn't really need that. Now, you're just beginning to intuit the whole thing. What's your physiological reaction?

Stephanie: It's somewhere between solar plexus and bellybutton, like a surge of energy, a dropping away of energy. My feet go into the floor. It's like I plant.

GHC: That's interesting because I don't get any of that. I just get an inkling, a notion, and I pay attention to it. This is a very, very important point – I just had a couple of calls from people in the last seminar asking me how to do that. It's like they were looking for a GONG, like a voice from God "Under the eye, stupid." And it doesn't happen that way. Some people get a strong sensation. I don't. I just get a notion, a sort of a knowing. And I pay attention to it. And it's different for different people.

00:23:13

Will: I use my breathing almost exclusively so that when my breathing constricts, then I sense a reversal either in myself or in the client, or both. Then, a point will come to me – or even whether to use tapping, or whether to use a mental tapping, or as we call it "body drumming."

GHC: And in time, what you will find with this technique is that you will begin to develop points that are useful for tapping in a more elegant way. You will then begin to trust your intuition in other areas. Like, should I just have talk therapy with this client? Or, is this a place for EMDR? And that will sort of occur to you. What's interesting is that I don't know how to do EMDR at all. I am pretty good at NLP. And every once in a while, I'll get a notion that says, "Well, you need to do a swish pattern." I don't do it often, but I pay attention when it comes.

(to Richard) You didn't raise your hand, Richard, but there's some input you have – you told me on phone that you were noticing with your clients that you could literally feel when their energy shifted and they were done with their session.

00:24:47

Richard: That's right. I can especially feel when the SUDS level is going down.

GHC: That's my thermometer, by the way. Mine's a little visual thing, and yours is a feeling thing.

Richard: Right. It's a kinesthetic experience. I start yawning, or energy starts going through me, and my eyes will start watering. At first, I thought to myself, "What's happening here?" Gradually, I came to realize that when it stopped, they were blocked and they got reversed and there was no more progress. So, I've gradually come to see that when this starts happening in me it's because their SUDS level is going down. And I haven't found anyone who's had

this experience until a couple of months ago, and a gentleman who does dowsing in San Rafael. We were at a dinner together and he started doing some dowsing. And in a very elegant kind of a way, he was holding his little thing and [demonstrating.] I said, "What's going on there?" He said, "Well, I'm yawning. There's energy being released through me." I couldn't believe it. I just went up and hugged him. I said, "Absolutely, we've got to talk." And this was his experience also that when he gets releases, the energy goes through him and he yawns, and his eyes water.

GHC: And let me emphasize that not everybody will have that. But with this technique we can start developing towards that and you'll end up with your own sense of what we're saying. Larry, for example, does not suggest that. He gets this knowing. It's just a notional sense, if you would. One of the points I want to make is as I was doing EFT over and over and over again, it was like things were going so much faster and the clients were getting results so much faster than any of us were used to before some of these techniques came out. It was sort of like, by comparison to conventional therapies, which took a lot longer with questionable results, it was like watching a movie, one frame a month. Whereas, this is like watching it real time or with it speeded up. Then you get to see the whole picture, the whole movie unfold. You get an intuitive sense, if you will, that is difficult to get through the slower processes. And that's how this thing started to develop. This is all background to what we're going to spend a little time on, but I still want to spend a little more time... microphone for Larry, please.

00:27:32

Larry Nims: My experience is that I like doing the testing with just one hand because you can do it so freely under any kind of conditions. So, you can do it when you're driving or carrying something or whatever. So, I find that to be a very good way to do it. When I first took the training from Roger in 1990, and some follow-up things and meetings and so on, I would talk to him about doing the muscle testing and he would pooh-pooh it and say that it was unreliable and all that stuff. I don't find that to be the case. With practice it gets to be extremely reliable.

GHC: And you use it very elegantly.

LN: And I use it all the time, just as part of what I do. I would recommend that for all of you that you treat

yourself for the psychological reversal about being able to do muscle testing. We're getting all this resistance. I still hear people saying that they've got a lot of resistance so there's something else going on here. And then you don't have to go through all of that, nor do you have to do it with the client. Just go on and work with the problems.

Marilyn: I'm a hypnotherapist and I work with my clients in an altered state myself. I put myself in trance when I work with my clients. I have a special technique of counting down from 25 to 1, and when I'm doing that the clients go in very deeply and I'm going very deeply, too. In that state, I open up as a vehicle for any information that wants to come through me to come.

GHC: Through you, not by you.

00:29:10

Marilyn: Absolutely. And so I do EFT on clients while they're in trance. I touch them while they're in trance. I ask them first if it's alright. And it's just given to me where to touch, what to do, what to ask. Even the issues – I don't even do a SUDS, even the issues come through me because I set up the stage for myself to be a channel or vehicle through which all this information can come. It's really a miracle of watching EFT and hypnotherapy combined because in the state of trance, EFT is extraordinary. People release issues that we bring up in hypnosis. We go right to the issue and it's felt, experienced, some people see it, and then we can release it through EFT. It's quite powerful.

GHC: I can imagine it would be. You are one of a very few hypnotherapists who have run with it. My guess is that would be one of the major frontiers for us.

Marilyn: It's really very amazing.

GHC: Anybody else? Well, Ruth Jackson has had her hand up for awhile back there.

00:30:38

Ruth: I just want to share a simple way that I've used the tapping intuitively. I tap with the person, and I follow my hand and my hand will go, skip a point, go to a point, and after the hand goes there I'll say it and when it's time to stop my hand, it will go like this. And so I feel this filament connection with the other person. I've paid attention to where the hand goes,

and skipped points and gone back to points and that seems to work.

00:31:05

GHC: What I'm going to do here shortly is I'm actually going to show the technique itself as I do it from a surrogate muscle testing point of view. And then we'll take a little break and have an actual session with it. One of the things that I first started doing with this, which parallels what you were talking about – you just let your hand go someplace. When I first started, I would ask "Well, do we need the eyebrow?" And I would get a yes or no. "Do we need the side of the eye? Do we need under the eye? Do we need under the nose? Do we need the chin point?" I go all the way down it. After a while, what I do now instead of that is I get the notion that we should tap on the side of the eye, and I test that. Typically, I'm right. Then I get the notion that I should tap here. Typically, I'm right. Not always, but typically I'm right. Then after awhile I'm done and I've got 2 or 3 points, 5 points, 1 point. I do the same thing as you. I just sort of fell into it just with practice. We need to recognize, not just with words but with our being that the healing that's going on is not done *by* us; it's done *through* us. It's very important. You must get yourself out of the way, and therein lies the major technique here.

What I want to do is contrast something for you for a second. We talked about one-on-one muscle testing and we talked about its possible inaccuracies. We also talked about the fact that for some practitioners it's a marvelous thing because you get great rapport with someone. Joint intentionality works and so on, and the bottom line is what you can do with your patient.

00:32:40

Now, there is no difference between you pushing on your client's muscle (other than the rapport issue) or testing your own muscle as though you were the client. Susan's chiropractor friend was just testing his own muscle as though he was the client. He goes down the spine. You could go all over the body. I happen to use this muscle; other people do it like this. There are all kinds of other ways and other muscles you can test. Tapas Fleming, for example, doesn't even test her muscle. She just feels whether her fingernail is rough or smooth. Very subtle. But it's an indication to her whether we've got a yes or no on this question. A dowsing response.

Sandi: My husband is a chiropractor and he uses a lens, which he rubs on and he's always putting his other hand over the body. He finds actually all of his work is doing this rubbing where you're either sticky or smooth. Everything is found from it, so that's another dowsing response.

GHC: May I suggest to you in another way of looking at that that is just simply a metaphor for your intuition. All we're doing, if you're testing a muscle like I'm going to show you, or some other muscle, there's no magic about which muscle you test and ultimately, you can go right by surrogate muscle testing if you just want to use your intuition. For a lot of people, they like to go step by step. Like I said the other day, you start with mechanical EFT that you know works, and you go off into muscle testing. And you stub your toe a little bit, and come back. After a while you get some success here and you prefer this so you don't do that much anymore. And you go to intuition and.... I talked about that yesterday, but that's a very important point – to be able to always fall back into familiar territory where you know you're going to have high percentage of results. Was there anything more anyone wanted to say on that?

Who else here uses surrogate muscle testing in any way, shape or form? How do you use it?

00:35:16

Rick: I use this kind of response sometimes. It's just another dowsing technique that's mine. I had to search for one that worked for me. Occasionally, I use it with patients who either have difficulty being touched where I think there is a touch issue, and where there's enough rapport that it feels like I can ask the questions myself. I'll be asking the questions and sometimes I've done it by asking the question out loud. A lot of times I'm doing it just to myself.

GHC: Do you ask questions like, "Should I tap on the collarbone point? Or are we reversed here?"

Rick: Yeah. I'll ask about reversals and see if there's something there. And then I'll ask about....

GHC: Specifically, what do you do?

Rick: Specifically it depends on the patient. It's more of a response to a set of circumstances. When you ask me to detail, what's really happening for me is I'm sitting with a person in my office and it doesn't feel like it's appropriate or I don't want to somehow

engage in some kind of touching that is required in traditional muscle testing or whatever. It feels appropriate to do something like EFT or whatever, some kind of diagnostic process, perhaps. I feel enough rapport to be able to ask those questions myself, and I'll simply ask the questions and kind of cover my hand and use my own hand as an indicator about do they need some kind of reversal tapping? I'll even use that. Would EFT be appropriate at this time?

00:36:54

GHC: OK. Once you get really in touch with that and get more and more trust in your intuition.... this is a metaphor for your intuition. Once you get in touch with that and ask questions like, "what technique should I use here?" you're going to start getting answers that are going to take you into ultimate therapist land. There are times that maybe you shouldn't use EFT; you should just use talk therapy today for them.

Rick: I usually get a couple of things. I not only get information, I'll also get information on whether my information is accurate, whether I'm in rapport or not. There's a kind of knowing that resonates with some deep place in the body about whether I'm in touch with that or not.

GHC: That's your intuition. Lee, I think you said you use muscle testing.

Lee: I use two different kinds of surrogate testing. One I use simply the finger rub, or (inaudible). I've established my own signal for that. Like a sticky response is "yes," and a smooth response is "no." However, I've also had couples come in, or a mother with her infant or whatever and I'll muscle test the person to become the surrogate and I'll ask permission, "Is it okay for this entity to surrogate for so and so?" "Yes." "Is it okay with that entity for this person to surrogate for them?" "Yes." Then I'll have them say – let's say the person's name was Mary and the patient's name was George. I'll have him say, "My name is George." He will test strong. "My name is Mary," and it's the wrong name and he'll test weak. Then I'll do the treatment on the surrogate and then I'll ask, "Is this treatment complete?" If not, then I'll ask more questions as to which meridians. And once the treatment is complete, this surrogacy is over, "My name is Mary." They'll test strong. "My name is George." They'll test weak.

GHC: Why do you use a third party surrogate? Why wouldn't you just use yourself?

00:38:44

Lee: I can do that. I like communicating to the patients the idea that you can talk to your body. And that's really important and I teach people how to do their own testing. So they can test to see if their collarbone breathing is out, or they're reversed or whatever. So, I try to teach every person I work with how to test themselves. Since I do a lot of hypnosis, I'll either teach them ideomotor questioning, or I teach them a simple self-testing.

GHC: Anybody else?

Gloria: Well, I don't use surrogate testing, but all through the years before I learned EFT I have always just told my clients that they know and ask them. Maybe it's an instantaneous trance, but I just would say something like, "And I'm going to ask your unconscious a question and I know you don't know the answer, so just relax and tell me what comes," especially some clients who I've worked a lot with and they'll come in and I'll ask, "What technique do we need to work today?" Sometimes when I was working with a lot of Ericksonian stuff, at the end I would say, "I'm asking your unconscious what percentage of this problem has been healed?" And they would tell me. So, I would ask all these things, and I've always gotten answers that seemed to work. So, I'm just assuming then that I could do the same with EFT. Right?

GHC: Yes. Why wouldn't you?

Gloria: Once I just say, "Well, I know you know" then they accept that they know.

00:40:28

GHC: That's true. I would quite often do things like that. When somebody seemed to be stuck on a physical issue -- I did this in Denver -- I had a lady that came up on stage in pain. She had broken her toe. The pain started at 8 and went to a 6, but it just stayed at a 6, at a 6, at a 6. So, I said, "If there was an emotional issue that was contributing to your toe pain, what is it?" She says, "Because I'm so mad at myself for the way I broke my toe." So we dealt with the anger. The toe went down to a 1. And she went dancing that night. Some of you were there. Go ahead, Peggy.

Peggy: Many times if the baby is teething or something, we'll just say, "Well, let's tap and see if we can relieve them." By having the moms do it and teen moms, especially, it's very bonding with the baby for them to be testing on the babies. Also, when we first did TFT, one of the other therapists could not test men because they would lock their muscles. So she had to keep telling them to breathe as she was testing them because then they couldn't lock their muscles. My chiropractor has done that for years. He'll take and see how many vitamins you need or what vitamins you need by just simply you holding it, and muscle testing with it for how many to take. Then just checking physical ailments with that, too. My daughter-in-law's mother-in-law has to go with her husband because the chiropractor is not strong enough to muscle test him and she surrogates through his wife because he doesn't believe in it.

Surrogate Muscle Testing, A way To Do It

00:42:21

GHC: I want to cover the basics of how I do surrogate muscle testing before we have the break, and after the break we're going to actually have a session with it. I want to preamble this with the fact that what I'm going to show you is *A* way that I do it. It is not *THE* way that it gets done. You can set up your own muscles any way you want to do it. You can set up your own question and answer system. You can use anything you want. You can use any muscle you want. I happen to do this. The only reason I do this is because if you look at Roger Callahan's tapes, from whom I got most of my training, you'll see on one of the tapes that he muscles tests himself two ways: one is to do this, which is really tough on your back. I've never perfected this, but he would go something like, "I want to get over this problem. I don't want to get over this problem." I made that up. Did you see a long and short there? So that was a way he would do it. That's tough on the back. So, you'll see on, I think, one of his phobia tapes, he shows doing this. I don't even know for sure which muscle he was testing. Frankly, it doesn't even matter to me because when I first started doing this I was saying to myself, "Ok, let me test the muscle," and I was very, very concerned about doing it *right*. I wanted to test the muscle that I was watching him do, and I wanted to make sure I wasn't testing the muscles in my knees and my ankles and everywhere else. What I would do is I would go like that. I'd say, "My name

is Gary. My name is George.” I just got a difference right there. But at first, I wouldn’t get any difference at all. I had all these doubts about it. When you have doubts, another word for that is psychological reversal. This doesn’t work. Roger says it works, but this doesn’t work. After a while, I would get a difference. I would stand in front of a television set and I’d hear people talk. I’d say, “This person is stressed. This person is not stressed.” That was just a way for me to practice.

00:44:41

And after a while, I began to develop a kind of a sense for this. I began to see that it wasn’t perfect and I wasn’t always trusting my result because I was new at it. I hadn’t developed the neural connections, if you will, or whatever you need to develop this. Finally, I said, “This kind of bothers my back,” twisting all that way and keeping my legs straight and all of that. So I wondered if I could just do it sitting down. And it was better on my back. So I would do that and after a while..... and now I just do this. It’s very subtle. It’s just like someone rubbing their fingertips and getting smooth or rough. It’s very subtle. I have to explain this to the patients, by the way. If it’s been strange with you so far with clients, you have got another level of strange ahead of you, unless you want to hide it. But I’m not hiding it. I’m right out there in front of them. And it doesn’t seem to matter.

00:46:08

Anyway, I’ll show you A way to do it. So what I do is I assume I am the client, and if you look at the very back page on your manual, do you see questions like PR clear? These are examples of some of the questions I ask. So, the first thing I may do is – I’ve already gotten from the client what the issue is. The issue is that time when my mother didn’t let me go to the prom, and they have anger about that. And I’ll just say to myself as though I’m the client, “Is PR clear?” And if I go long – long to me is PR is clear. Then, what I’ll do is I’ll just ask myself about the various points. Where should we test? Eyebrow clear? Eyebrow’s clear, we don’t even need to tap on it. Eye clear? Came up short. It’s something to do. I came up short. That’s the way I set it up. You could reverse it if you want. It’s my own signal to the whatever it is that’s giving me this stuff. Remember, it’s going *through* me, not *by* me. So, I’ve got to get myself out of the way. I’ve been doing it and doing it and doing it. How am I going to teach someone else to do it? As I do it, I keep refining it. The technical way of doing this my way would be to say, “Is PR

clear?” PR is clear. Then I would say, “Under the eye clear?” No. So now we tap under the eye. By the way, I don’t need to point under the eye to do that. I just can say to myself “under the eye.” That means there’s something to be done.

00:48:23

GHC (In studio): I want to interject here. Why did I start this last example off with “Is under the eye clear?” That’s because what I’m doing, and what you will be doing eventually, is I am getting to the point where I have been quite proficient at surrogate muscle testing. I’m getting to the point where I’m doing intuition only. In the process of that, my intuition starts to click in all the time and you will see this with great frequency with all of the sessions that are going to unfold, not only in Day 2, but Day 3, as well. I won’t start up here and go down and check each one of those. I won’t be doing that. What I’ll do is, my intuition will just take me to a point. I may say, “Is under the eye clear?” because my intuition tells me to check that out first. I will do that, and I’m right quite often. I’m right the vast majority of the time. So, that just saves me time. Another thing I’ll point out to you, because I want to allay any confusion that exists, what you may want to do as you’re learning this is just to start in the standard way and just go on down the body. Just start up here – “Is the eyebrow clear?” You’ll check that out and go on down until your sequence is completed. I wanted to point that out to you just in case there was any confusion on it.

00:49:57

GHC (back in seminar): Then I say to myself, “Are we done?” And I get a “no.” There’s more to be tapped. So then I say, “Eyebrow clear?” The eyebrow’s clear. “Are we done?” “No.” “Under the nose clear?” “Not clear.” We need to tap under the nose. We’re filming this so you can watch it over and over again. That’s why it’s being filmed. “Under the nose?” “Are we done?” “No.” “Chin point?” “Not clear.” So, we tap on the chin point. “Are we done?” “Yes, we’re done.” So now I’m done with a round that I need. So we didn’t have psychological reversal; we didn’t have to do corrections. We did three points, and I do it very quick. In seconds we got the thing done. And we got to this level. Ultimately, though, I’ve got to ask the client. We started off with the SUDS or whatever, so I’ve gotten the SUDS to begin with, and it was a 7 if they thought about it. Now, it’s a 3 or a 4. Or maybe they didn’t make any headway at all. Now, if they didn’t make any headway at all, the worst thing you can possibly do is to say, “Oh, the

damn thing didn't work." There are lots of things that can happen. First of all, you may have gotten your own self in the way. I may have gotten myself in the way, and I'm quite aware that I'll do that from time to time. It's not going *through* me, it's done *by* me. Also, you will find when you do this, psychological reversal goes in and out in seconds. While we said psychological reversal was okay to begin with, now they're starting to tap and starting to get self-doubts themselves. Bingo, now they have reversal that we have to deal with and I didn't know it until I go back and test again. The most important thing to do is trust it and trust it and trust it. It will not be perfect for you at first. As you go on and on and on, after awhile you'll say, "Wow, you really thought so and so was the case, but you trusted what happened here." Like you may say to yourself, "I've got a tough case here. This is going to take me forever." One tapping point and you're done. That will happen.

00:52:04

When you have one of those, then you say to yourself, "I've got something here." You're going to have to have that experience. Experience is very important. The same with muscle testing. You won't get it right at first. At least you'll stub your toe a number of times at first. Anyway, I'll ask for psychological reversal, clear or not, then I'll find the points or not, and I keep asking if I'm done or not, then I'll ask for the 9 gamut or not. The way I do that, by the way, is I just take my eyes and put them hard down right. And I'm finding over and over and over that 9 gamut is clear, 9 gamut is clear, 9 gamut's clear. That's one reason I said, "Why use it?" That plus the fact that not even using it hasn't seemed to bother the results at all. But I still check for it. And if I get it, we're going to do the 9 gamut.

Bruce: Are you tapping for the client?

00:53:22

GHC: No. They could be on the telephone while I'm doing this, or they could be sitting in front of me. Now, there are times when I think I should tap for the client. Maybe they have an emotional issue or something or other. What I'd rather do is not take the time to have them start doing all this, I'll just go right over to them, and I'll just fall back, if you will, to mechanical EFT. I'll put my hand on their back. I'm hugging them in a way. I'm tapping on various places. I'll even be talking to them, "even though we have this emotion, it's okay." That will bring them down typically.

Bruce: Are you surrogate tapping on yourself for the client?

GHC: No.

Bruce: If you're treating somebody on the phone that maybe isn't able to tap, could you get results?

GHC: I have not done that but I will tell you that I'm not about to say to myself I couldn't do it. That would put a limit on the process. I've never done it. I have no experience with it, but my guess is that, yes, you can do it. I think you need their permission to do it, or you're not going to make much headway. The two of you need to work together to get anything done.

00:54:34

Marilyn: Gary, you said you assume that you are the client. Is that the same as checking in behalf of the client? When I do the surrogate tapping, I'll say, "Does Lisa need this?" I feel like I'm doing it in behalf of the client, not as I am the client.

00:54:55

GHC: Frankly, I don't think it matters. The intention is that you're trying to help that client and you're picking up information from other dimensions, and you're using this technique. I'm just assuming I am the client. That's just the way I do it. If it works for you to do it on behalf of the client, then do it on behalf of the client. The bottom line is, does it work? Remember, I'm showing you *A* way, not *THE* way. And there are lots of ways to do this. That's why when I opened this seminar I was talking about the fact that my fondest hope is that everybody here will launch from this and get far, far better at this than I am. I need to go on for just a couple of more seconds and then.....

Pat: As a follow-up to your question, Bruce, and I'm not sure I misunderstood what you said and what Lee said. When you have mothers come in with babies, are you having the mothers tap themselves on behalf of the baby or are they tapping the baby.

Participant: Tap themselves.

Pat: Okay so that is true surrogate.

00:56:04

GHC: I'm talking about surrogate testing here and the stuff you're talking about is surrogate tapping.

And I don't know why you couldn't do it, but I do think you need the other person to be in sync with you and allow it, so to speak. I don't think you can just override something.

00:56:17

GHC (in studio): I'd like to interject again with one more clarifying point: you will notice that in part of the examples I'm giving I have you say, "Done?" to be able to tell if you're done with this round of tapping. That I found very useful to me as I was beginning to learn surrogate muscle testing, and that's why I'm showing it to you now. However, as a practical matter, and remember I'm blending surrogate muscle testing into intuition so intuition sort of creeps its way in here. You will find in the sessions that I do, again in Day 2 and Day 3, I don't use the "done?" very often. As I mentioned before, I might start under the nose or under the eye and I'll just keep going where my intuition tells me to go, and I'm not checking "done" each time because I know I'm not done. I intuitively know that I'm not done. Until finally, it just goes across and that tells me that I'm done. That's the way I've set it up now so what I actually do as I'm perfecting this for myself, and what I'm describing here – just remember when I'm dealing with clients in these sessions, I have their utmost welfare in mind. I want to deal with the client and I'm much less concerned about teaching the mechanics at that point even though teaching mechanics is part of my responsibility here. I want to point out to you that while I may not be doing things precisely the way I'm talking about them now for you, that's only because I'm developing and growing myself in these processes. I'm trying to describe for you now, as a newcomer at this, a way to develop it. You'll find your own blend, your own way of growing into it as time goes on.

00:58:01

Also, a couple of things I want to point out. One of the real advantages of this whole process of surrogate muscle testing, that you will see evidence of many times in the sessions, is for you to know where you are, especially with psychological reversal. Many times, people will be saying things like "I'm going to be doing the reversal technique because I found the reversal clear and then they're not clear." And then they'll start the reversal technique "even though I do have this problem I really do accept myself," and you'll watch me do this. And I'll keep doing this because what I'm doing is I'm waiting for a time when reversal clears. And it may clear the first time

they do the affirmation, which means we can stop right there. Or I just might go on and on and we're not getting by it. And that lets me stop right there and then do this reversal correction more emphatically or find some other way to get by reversal because I know I'm not getting by it. So, that's one of the things you'll see with some frequency and one of the real advantages to this whole process. Also, you'll find me occasionally holding up my fingers like this and what I'm doing is I'm letting the audience know what my thermometer is telling me. I'm actually seeing a thermometer in my mind's eye that has some red liquid in it, and if it's very high, it's a 10 and if it's down at the bottom it's a zero or a one. And I'm getting an estimate of it. Quite often, you'll notice, I'm very close. Now, I may see a 2, and they may say a 3 or 4, for example. That, to me, is fine. We're close enough because we're using different scales. If I said a 2, and they said an 8, then something else is going on. We've got a new aspect, for example, or something like that. Or I say an 8 and they say a 2, then I'm concerned. I may be wrong, of course, but it's something to investigate with them. But what you will notice, with great frequency, is that I'm intuiting pretty close to where they are. And that's something you can develop for yourself. It allows you to know when they're making progress with the problems you're addressing. Also, I want to emphasize one more time, you need to trust this process. You will oftentimes get answers and if you try and override them with your own ego or your own sense of what is right, you're going to get yourself in your own way. You need to practice and develop the neural connection to make this work for you. It's just like being an athlete, and shooting free throws, for example, in basketball. You need to develop these neural connections so you know how to do this over and over and over again. The same thing with your intuition and your surrogate muscle testing. You develop neuro-connections by practice. Practice, practice, practice. You'll get better and better and better at it.

01:00:57

Also, just before the break – one other thing, and then Tom Santos is going to come up who has a fear of public speaking or stage fright. Not a big one. Not a big one, but I announced it because I want you (to Tom) to get real nervous during the break.

Later on we're going to do some work on the telephone. But I would like to say one thing before the break and that is people will often ask, "How do

we assess or diagnosis for substance sensitivity? How do we know we're sensitive to wheat or sugar or something like that?" What I will do in a case like that, I will have a conversation with the client. Oftentimes, the client already knows what they're sensitive to. And I'll say, "If there was a problem here, what could it be?" Oftentimes, within that answer of two or three things, we've got one or two that are candidates. So I would do that. Then, I will test it with an arm test. And I will say "Wheat clear?" In this case, wheat is clear. "Corn clear?" Corn not clear. Now one of the things that Callahan teaches in TFTdx, at least he used to is if you're going to test the client with an arm test, have the client say, "Corn, " and "Corn, I want to be healthy," and that is a test for whether or not corn reverses them. But then you have the question of maybe they don't want to be healthy. The phrase, "I want to be healthy" is a reversal phrase, as well. So, then you have to say, "Corn, I want to be sick." It gets into a rather long, involved thing and I wonder what we're really getting out of that.

01:03:08

I think you can very easily say, "Is corn a problem here?" That's what I mean when I say, "Is corn clear?" It encompasses whether causes reversal or if it bothers me in some other fashion. I get a yes or no on that. I don't care if it's reversing or not as long as it's toxic for me, I shouldn't have corn. The one thing I don't know, by the way, and this is something I'm developing, is I don't know if corn tests to be a no-no whether that's a big player on the scale of 1 to 10. The one thing I do have is when I'm talking to someone and I see a thermometer in my head and that thermometer is real low, that means there isn't much charge on this issue and if the thermometer is up here, we have a big charge on it. In Denver I was having a one-on-one with client and we were dealing with an issue and the issue came down, down, down. I could see it in my thermometer and the client was reporting the same. And I thought we were done and all of a sudden, "Bingo, here's comes a brand new thermometer," and at the same time I could see some emotional stuff in the client. And they were turning to a whole new issue. Not always perfect but the more you trust and get used to it, the more that will happen and the more you'll see it.

(End of Tape 8)

Video Tape 9

A Session with Tom and the fear of public speaking

00:01:42

GHC (in studio): With a thank you to Tom for volunteering to work with us on what we're initially labeling 'The Fear of Public Speaking' but soon discover the core issue behind it is a blown graduation speech. Tom did a graduation speech years ago, blew it, forgot his lines, everything, and had a horror about it ever since. It's affected his whole life up until the point of this session.

This is the first of many sessions that you will see where we start dealing with the diagnostic procedures that these tapes are unfolding for you. A few things that I'd like to have you notice about it. One of them is – and you'll see it not only in this session, but in many other sessions that occur – I have a real advantage here in knowing where I am with psychological reversal. You will see as the session with Tom unfolds, as he's for example correcting the psychological reversal, I'm doing this right along the way and I'm assessing whether or not he's getting beyond it. I'll know right away, one affirmation through it and we're done. We could stop right there and keep going. Or another time you'll see, I'm going like this, as he's doing the affirmation, and he's just not getting by it, he's just not getting by. Very helpful to know, then I don't have to go through the whole entire process before I finally learned he didn't make any headway. So after I know he's not making headway, we'll do the affirmation or reversal correction more emphatically, we break right through it and off we go.

00:03:13

Also, as you might expect with this kind of an issue, there are many, many, many aspects. I counted at least five. Please note how we cut right through them and don't have to go right through the entire mechanical process to get right to where we want to be.

00:03:26

The other thing I want to point out about this is that I'm using my intuition along the way and one of the things we're doing here is I'm rubbing the sore spot and I'm letting come out of my mouth whatever happens to occur to me. One of the things that comes out is the idea that he has been hiding behind this issue for his entire life. That hit home with him and it was only after that that we really made the major

headway involved for him. I talked with Tom about two or three weeks after this session and he had experienced a life-changing freedom as a result of all of this.

Anyway, here's Tom.

GHC (back in seminar): Let's be very quiet and stare – OK, the fear of public speaking. Very quiet and stare at him. (to Tom) You're supposed to sit up here and shake for me.

Tom: Alright, I can do that.

00:04:28

GHC: Well, you were up here just a moment ago before people sat down. I said "Did you have any intense feelings?" You said "No, it's fine." How is it now?

00:04:37

Tom: It's such a very welcoming and amazing group, I feel very honored just to be up here and I don't have any agenda that I have to – (GHC says "OK" and leaves the stage—audience laughter). Now I have a better regard for what you go through.

GHC: On a scale of 0 to 10, how is it right now?

Tom: It's a good 9.

GHC: Oh, it is?

Tom: And climbing.

GHC: (coming back on stage) There's something useful in testing, you know

00:05:07

GHC: How do you know it's a 9? First of all do this? Turn your chair. Just face me, if you will. Don't face them for a moment. One thing I could do here is just have him face the audience and chances are all of our disruptions would be front and center if we start tapping as he faces the audience. Experience tells me we would have a fairly short order on it if we did so. I don't know that for sure, but it's probably so.

But for the moment I want to go in a different direction because there's other things we can do along the way. What I wanted to know, when you said you were a 9 a minute ago, how did you know you were a 9? Was the heart beating?

00:05:42

Tom: I would feel a tension. Just a general high mercury feeling, an anxious feeling, anxiety feeling.

GHC: It doesn't manifest with a beating heart or flushing face or itching?

Tom: I'm not conscious of any physical reaction.

GHC: Are you a 9 at the moment now that you're facing me?

Tom: 8 to 9.

GHC: What I'd like to do here is just try to take the edge off it. So I'm going to diagnose here and I'm coming up short which means we have psychological reversal. So you need to tap right here and say "Even though I feel anxious right now....."

Tom: Even though I feel anxious right now.....

GHC: "I deeply and completely accept myself."

Tom: I deeply and completely accept myself.

GHC: Now tap right here. Tap here. Tap the side of your eye. Tap under your eye. On a scale of 0 to 10 are you still an 8?

Tom: 6.

00:06:53

GHC: 6, OK. I'm going to tell you what I did, just so you know. He only did the PR affirmation one time. That's because as he was doing that I was asking myself if the PR was clear. One round through it I found PR was clear. Why do two more rounds of it if I find it clear? But roughly a 6. OK

Yesterday you were doing some deep breathing and you said your breath was a little bit restricted. Do it for me now. We're going to take a deep breath, do it with me, and give me a number, if it's still restricted, where 10 is the optimum and something below that is wherever you are.

[Deep breath]

What number would you give that?

Tom: I'd say an 8 out of 10 positive.

GHC: 8 out of 10. So you felt there was a little more there? Fine. I don't find him reversed now on improving his breathing. I'm going after breathing instead of the fear of public speaking and you'll see why.

Tap under your nose and say "Breathing problem."

Tom: Breathing problem.

GHC: "Constricted breathing."

Tom: Constricted breathing.

GHC: Side of your eye, "Constricted breathing."

Tom: Constricted breathing.

GHC: Under your eye, "Constricted breathing."

Tom: Constricted breathing.

GHC: collar bone point, "Constricted breathing."

Tom: Constricted breathing.

GHC: Under your arm, "Constricted breathing."

Tom: Constricted breathing.

GHC: Take a deep breath again. [Deep breath] Is it still an 8?

Tom: That's pretty much full breath.

GHC: Is it a 9 or 10?

Tom: Yes, 9 or 10.

GHC: You told me before you got up here..... how old were you when you forgot your speech in front of the whole class?

Tom: I was in the graduating class, I was a Senior, I must have been 18.

GHC: Must have been 18. Of course, you don't have any tension about that?

Tom: That started it all. It was an extemporaneous speech. I got up there, there was no notes or anything else and the whole audience.....

GHC: As you talk about that now, you're still a 6 or 8, 10?

Tom: I can really feel that embarrassment, tension, like out there.

GHC: Fine. "Even though I was embarrassed....."

Tom: Even though I was embarrassed.....

GHC: "And had all that tension....."

Tom: And had all that tension.....

GHC: "I deeply and completely accept myself."

Tom: I deeply and completely accept myself.

GHC: "Even though I was embarrassed....."

Tom: Even though I was embarrassed.....

GHC: "And had all that tension....."

Tom: And had all that tension.....

GHC: "I deeply and completely accept myself."

Tom: I deeply and completely accept myself.

GHC: “I love and forgive myself.”

Tom: I love and forgive myself.

GHC: “For all that it represents.”

Tom: For all that it represents.

00:09:38

GHC: See I’m not getting by reversal here at all. That’s important for me to know because I’m not getting by reversal, which suggests to me lots of things. Like maybe we need to go to the deserve area. Maybe I need to have him say it much more emphatically. Maybe we need to do these sore spots. Three rounds and I didn’t get by. So, do you know where the sore spot is? Find it for me.

Tom: Right there.

GHC: You rub that and say “Even though I was embarrassed.....”

Tom: Even though I was embarrassed.....

GHC: “I deeply and completely accept myself.”

Tom: I deeply and completely accept myself.

GHC: No, more emphatically, “I deeply and completely accept myself.”

Tom: I deeply and completely accept myself.

GHC: No, no, “I deeply and completely accept myself.”

Tom: [Louder] I deeply and completely

GHC: Now under your eye and say “This embarrassment.”

00:10:23

Tom: This embarrassment.

GHC: Under your nose “This embarrassment.”

Tom: This embarrassment.

GHC: Same point “This embarrassment.”

Tom: This embarrassment.

GHC: Close your eyes for a moment and go back to that scene where you were embarrassed and tell me what number you get.

Tom: Actually reliving that experience, at the moment I forgot the speech, I’m about a 6.

00:10:47

GHC: About a 6. I didn’t get a SUDS rating to begin with. What would you have been before we did what we just did.

Tom: Oh, I would have been max.

GHC: Just thinking about it?

Tom: Yes.

GHC: Rub the sore spot. “Even though I still have.....” Is embarrassment the right word, by the way?

Tom: That was one word.

GHC: What’s another word you’d use?

Tom: Just complete horror of what was happening to me.

GHC: “Even though I still have some of this complete horror.....”

Tom: Even though I still have some of this complete horror.....

GHC: “Of being totally embarrassed.....”

Tom: Of being totally embarrassed

GHC: “In front of everyone..... ”

Tom: In front of everyone.....

GHC: “I deeply and completely accept myself.”

Tom: I deeply and completely accept myself.

GHC: Eyebrow point, the “total horror”, side of your eye, “embarrassment”. Under your eye, “total horror”

Tom: Total horror.

GHC: Under your nose “Embarrassment.”

Tom: Embarrassment.

GHC: I’ve got this thermometer going, I still see a 3 or 4. Right or wrong, this is what I see. We’re not reversed on it at the moment. Tap under your eye and say “Remaining embarrassment.”

00:11:56

Tom: Remaining embarrassment.

GHC: “Remaining horror.”

Tom: Remaining horror.

GHC: Under your nose “Remaining embarrassment.”

Tom: Remaining embarrassment.

GHC: Close your eyes, go back at it again.

Tom: See that experience?

GHC: See it again and tell me what number you're at.

Tom: 3

GHC: 3, OK. How do you know you're 3? What's the difference?

Tom: I just don't have a level of anxiety or tension about it.

GHC: You're still not reversed yet. As you're imagining, is there anything else coming up in the scene you're imagining that wasn't there before?

Tom: Just that I realize that that feeling has permeated an awful lot of my life since then and I can identify that same feeling although I don't think about the graduation speech, but I think about the horror or the embarrassment.

GHC: Take a deep breath..... [Deep breath]

Tom: That was easy full breath.

GHC: That was easy full breath. Tap right there. First of all, rub here. "Even though blowing that speech is screwing up my life" "

Tom: Even though blowing that speech is screwing up my life.....

GHC: "Has screwed up my life....."

Tom: Has screwed up my life

GHC: "Is screwing up my life....."

Tom: Is screwing up my life

00:13:35

GHC: "And if I don't get over this will continue to screw up my life."

Tom: And if I don't get over this will continue to screw up my life.

GHC: "I deeply and completely accept myself."

Tom: I deeply and completely accept myself.

GHC: "I love and forgive myself"

Tom: I love and forgive myself

GHC: "For all the things"

Tom: For all the things

GHC: "That this allows me to hide behind"

Tom: That this allows me to hide behind.... That's key.

GHC: Now look at me. Right here. Under your nose. "Screwing up my life"

Tom: Screwing up my life

GHC: "Screwing up my life"

Tom: Screwing up my life

GHC: "Screwing up my life"

Tom: Screwing up my life

GHC: "Screwing up my life"

Tom: Screwing up my life

GHC: Go ahead and imagine it again, would you?

Tom: Well, that experience is not effective, it's very, very low. A 1 or 2. But the screwing up my life is very much

GHC: We don't have a new issue do we?

Tom: Yes. I've been hiding behind that, allowing myself to avoid

GHC: OK, I picked the right word?

Tom: Yes.

GHC: (to audience) Do you know where those words came from, by the way? They were not rehearsed they just showed up and fell out of my face. Previously if those words came up I'd say to myself, "don't say that, it's not tactful" or something like that. But I don't do that anymore. I let them just flow right out. And I'm not always right. Sometimes I'll even offend somebody with what I say, but that's not very often. I'm right enough that I hit the nail on the head or whatever. Screwing up my life is a big one, (to Tom) but that particular contributor to screwing up your life doesn't seem for the moment to be wrong?

Tom: No.

00:15:22

GHC: Why don't you turn and look at the audience and tell me on a scale of 0 to 10 if your anxiety goes up.

Tom: No more than when I was looking at you.

GHC: Why don't you ask them if they're awesome?

Tom: Are you awesome?

Audience: YES. [Loud]

Tom: A lot of power there.

00:15:45

GHC: What would be a way to test this so that we could even go to a different level to see if there's something left, if you will, that we haven't taken care of, at least as far as this issue is concerned. We're not going to take care of your whole life. If we had five more minutes we would.....

Tom: To start speaking before a group.

00:16:09

GHC: Well, OK, why don't you do this? Why don't you – and if you get tense it's OK. What I'd like to have you do is pick out a movie you've seen recently that you like and tell us about that. Now are you tensing thinking about that?

Tom: Yes, there's a performance anxiety.

GHC: A performance anxiety? OK.

Tom: Am I going to forget what I'm going to say?

GHC: On a scale of 0 to 10, what would you label that performance anxiety?

Tom: It's 9 when I start to access what am I going to say, and what's the best movie.....

GHC: OK. "Even though I haven't a clue what I'm going to say....."

Tom: Even though I haven't a clue what I'm going to say.....

GHC: "And I'm as anxious as I can possibly be"

Tom: And I'm as anxious as I can possibly be

GHC: "I wish I could sit down"

Tom: I wish I could sit down

GHC: "And hide behind this issue once again"

Tom: And hide behind this issue once again

GHC: "I deeply and completely accept myself"

Tom: I deeply and completely accept myself

GHC: OK. Under your nose, "Hiding behind this issue"

Tom: Hiding behind this issue

GHC: Side of your eye, "Hiding behind this issue"

Tom: Hiding behind this issue

GHC: What is it now? A number?

Tom: A 3. I'll take that. But I still haven't found that movie, yet, and any moment I have here I'm thinking "What movie?"

GHC: Well, what movie have you seen recently? Just name a movie, you can do that?

Tom: I'm really kind of blocking on movies. Well, let's see.

00:17:44

GHC: Your wife would know.

Tom: I know she does, but let me do this myself.
[Laughter]

GHC: That's amazing. "Even though I can't remember a damn movie....."

Tom: Even though I can't remember a movie.....

GHC: "A damn movie"

Tom: A damn movie

GHC: "I deeply and completely accept myself"

Tom: I deeply and completely accept myself

GHC: "I've been hiding behind this thing so long"

Tom: I've been hiding behind this thing so long

GHC: "And I'm so comfortable hiding behind it"

Tom: And I'm so comfortable hiding behind it

GHC: "I'm ready to let it go"

Tom: I'm ready to let it go

GHC: "I can now remember a movie"

Tom: I can now remember a movie

GHC: "Remembering a movie"

Tom: Remembering a movie

GHC: You don't have to remember a movie.

Tom: OK, well, we've seen about five recently, it's ridiculous. Nicholson's movie? "As Good as it Gets"

GHC: "As Good as it Gets"?"

Tom: Great movie, about an obsessive compulsive.
[Laughter] I liked it.

00:19:06

GHC: I saw the movie myself. What was your favorite scene that had Helen Hunt in it.

Tom: I marveled that he could be driving and carry on the conversation he did when they were driving in a convertible. I just kind of marveled at that.

GHC: As you're talking about it, just follow me, OK? Just kind of keep one eye on me as you're talking about it. So you were marveling about how he did what?

00:19:34

Tom: I just was amazed that he could drive and carry on that kind of a conversation and still pay attention to the traffic.

GHC: When he was driving the car? I don't remember him driving in the car with her.

Tom: They were in a convertible and they took a trip, I forget where they were going.

00:19:55

GHC: "Even though I have all this anxiety"

Tom: Even though I have all this anxiety

GHC: "I deeply and completely accept myself"

Tom: I deeply and completely accept myself

GHC: "Even though I have all this anxiety"

Tom: Even though I have all this anxiety

GHC: "And I'm most uncomfortable"

Tom: And I'm most uncomfortable

GHC: "And I deserve to get over this"

Tom: And I deserve to get over this

GHC: "I deeply and completely accept myself"

Tom: I deeply and completely accept myself

GHC: "Deserve to get over this"

Tom: Deserve to get over this

GHC: "I deserve to get over this"

Tom: I deserve to get over this

GHC: "I deserve to get over this"

Tom: I deserve to get over this

GHC: "I deserve to get over this"

Tom: I deserve to get over this

GHC: "I deserve to get over this"

Tom: I deserve to get over this

GHC: "I deserve to get over this"

Tom: I deserve to get over this

GHC: "I deserve to get over this"

Tom: I deserve to get over this

GHC: "I deserve to get over this"

Tom: I deserve to get over this

00:20:42

GHC: "Even though I still have some of this problem left"

Tom: Even though I still have some of this problem left

GHC: "I deeply and completely accept myself"

Tom: I deeply and completely accept myself

GHC: "I love and forgive myself"

Tom: I love and forgive myself

GHC: "And I forgive everyone who teased me"

Tom: And I forgive everyone who teased me

00:20:57

GHC: "From the point of my graduation speech"

Tom: From the point of my graduation speech

GHC: "To this point"

Tom: To this point

GHC: Under your nose, "For teasing me"

Tom: For teasing me

00:21:08

GHC: "People looking down on me"

Tom: People looking down on me

GHC: "People looking down on me"

Tom: People looking down on me

GHC: "People looking down on me"

Tom: People looking down on me

GHC: "People looking down on me"

Tom: People looking down on me

GHC: "People looking down on me"

Tom: People looking down on me

00:21:21

GHC: Do you remember the scene with Helen Hunt?

Tom: Well, there were several.

GHC: I know there were several but there was one particular one. [Laughter]

Tom: The sexual scene? No, I kind of blocked that out.

GHC: We have another problem to tackle. [Laughter]

Tom: Could well be. Could well be.

GHC: It was the one where Greg Kinear was drawing.....

Tom: Oh, that's right. I do remember that very well. That was a good scene.

GHC: She was semi-clothed.

Tom: Unclothed. Draped with a towel. She'd come from a bath with a towel.

GHC: What is your anxiety right now? Look out there.

Tom: 3, 3 or 4. I'm not anxious. I'm embarrassed that I couldn't remember a movie.

GHC: That's only because you had a disruption in your energy system. What other movies have you seen?

Tom: "Wings of the Dove."

GHC: "Wings of the Dove," I didn't see that. What else?

00:22:33

Tom: "Titanic" and "Amistad." Both great movies and I'd recommend them highly.

GHC: "Even though I still have some anxiety"

Tom: Even though I still have some anxiety

GHC: "I deeply and completely accept myself"

Tom: I deeply and completely accept myself

GHC: Under your nose, "Remaining anxiety"

Tom: Remaining anxiety. I feel better.

GHC: I was just going to say, I just saw 0 or 1 somehow there.

Anybody have questions for me of the experience. Please ask him questions, this is part of a test. Go ahead, Marty.

Marty: What was your favorite movie of those you saw?

Tom: I think "Titanic."

Marty: Why so?

Tom: I think I relate to the ocean, I relate to the graphics, I relate to what happened. I think I always had a fascination with.....

Marty: I have not seen the movie, how does it start?

Tom: It starts with the loading of the ship and the departure and the excitement. It also goes back to a woman who's on board. Actually, it goes back, it starts with an underwater submersible going down into the wreckage at the bottom of the ocean and then it develops from there into the loading of the ship and all the excitement of the ship and the flamboyance of the occasion. Then it progresses.

00:24:01

Marty: Wasn't there an old woman that told the story? I've only seen that on TV.

Tom: A lady that had been on board.

Marty: True life?

Tom: That was the story line. I don't think that actually was true, but it fit in very well.

Participant: Thank you for a great speech. [Applause]

00:24:28

Betsy: Can you see a situation in the future where you either need to or want to be in front of an audience?

Tom: I can see, yes, occasions where I will be addressing small groups.

GHC: When's the next one coming up?

Tom: It will be probably in April.

00:24:47

GHC: April. Would you close your eyes a second. Imagine yourself in front of that group and tell me what anxiety you get.

Tom: Right now thinking about it, it's about a 4.

GHC: What is the name of the group?

Tom: I took an early retirement and now I'm just going back with a competing bank in a trust position and I will be talking to a group of people in that department.

GHC: Like department heads or something?

Tom: Yes, most likely.

GHC: How many people there?

Tom: Should be 14 or so.

GHC: 14 or so.

Tom: I'll be introduced as a new person coming in. That will be the first experience.

GHC: "Even though I'm brand new at this sort of thing"

Tom: Even though I'm brand new at this sort of thing

GHC: "And I have concerns about replaying my graduation speech"

Tom: And I have concerns about replaying my graduation speech

GHC: "I deeply and completely accept myself"

Tom: I deeply and completely accept myself

00:25:48

GHC: "I let the horror go because that was in the past"

Tom: I let the horror go because that was in the past

GHC: "And I'm going to use this as a way to get beyond it"

Tom: And I'm going to use this as a way to get beyond it

GHC: "And I will"

Tom: And I will

GHC: "Let it go"

Tom: Let it go

GHC: "Letting it go"

Tom: Letting it go

00:26:07

GHC: "Speaking at the bank"

Tom: Speaking at the bank

GHC: "Letting it go"

Tom: Letting it go

GHC: "Speaking at the bank"

Tom: Speaking at the bank

GHC: "Speaking at the bank"

Tom: Speaking at the bank

GHC: "Speaking at the bank"

Tom: Speaking at the bank

GHC: "Speaking at the bank"

Tom: Speaking at the bank

GHC: Close your eyes and go through that again and tell me what number you get.

Tom: About speaking at the bank?

GHC: Yes.

Tom: Very comfortable. I'd like to do it right now.

00:26:29

GHC: All right. Any more questions for Tom? We have one right here.

Bruce: If it's OK with you Tom, I wonder if you might want to address one other aspect that I don't think was processed. That is, would you be willing to think about the next time you have to give a speech where you start to talk and where the very thing you're most afraid of happens – that you just can't remember what to say and you fall flat on your face. You just can't remember anything and you're feeling foolish about it.

00:27:12

GHC: Let me pick that up in a little different way if I could. Assuming what he just talked about, and there you are, and suddenly you just forget what you were going to say. What are you going to do?

00:27:23

Tom: Yes. [Laughter] Well, I usually protect myself now with notes. But in an extemporaneous situation like that, that's a good question. That is that fear too, going around in a group and introducing yourself and you just have to talk off the top, I get a flush of feeling.

GHC: Like right now?

Tom: I don't have it right now, but I can anticipate it coming as people start coming closer to me.

GHC: You may or may not have it. One of the things that happens with these processes – and you don't even know until you get in a real situation – is that oftentimes people think they're going to have something because that's the way it's always been. They've never done that without having it happen. You may get there and all of a sudden, somebody asks

you a question, for example, that you aren't prepared for, which is the same kind of circumstance. Let me ask you: Somebody asks you a question and you're totally unprepared for it. For example -- Tom, what do you think about the Baltimore Orioles? How are you going to respond?

00:28:27

Tom: That's easy for me. I just say, "I'm sorry, I don't know anything about it." And I don't have any problem with that.

GHC: Well, did you.....

Tom: If you ask me what's my approach to estate planning.

GHC: What *is* your approach to estate planning?

Tom: Well..... Poor choice, wasn't it?

[Laughter]

GHC: By the way, (to audience) we have here what I call a daisy chain. We can go on and on because we have a life issue. What I wanted to do was to show you the technique for an isolated issue, that is the graduation speech, etc. But we can go on and on, almost all of us we can daisy chain and daisy chain. Go ahead.

Tom: It's an individual situation and it depends on your individual assets and that sort of thing. It's a process that I would go through with an individual but it isn't really something that you can explain as a theory.

00:29:23

GHC: Well, I'll tell you something. I used to be an estate planner, so you can explain it to me.

Tom: You get all the facts and then you access the proportion where they fall, and you look at the goals and the objectives and the aims.....

GHC: How do you feel as you're saying that at the moment?

Tom: Pretty comfortable. I've been away from it for a few years but it was coming back.

GHC: I'm getting a 2 in my thermometer.

Tom: You're probably very close.

GHC: We have another question here.

00:29:57

Bill Tiller: Again, just an add-on to this kind of thing. There is an interesting process that I stumbled

on some years ago which you can use to condition the way and that is ahead of this particular occasion. You can sit quietly with yourself, let's say with your eyes closed almost in a meditative state, and visualize yourself with these people. They're sitting at the table and you're sitting at the table with them. Then you visualize a stream of radiance from your heart to their hearts and then let's say a back stream from their solar plexus to yours and there might be stuff coming along there, but you just keep pumping and you just keep pumping. And you pump up white light and you pump in whatever is coming and eventually the process will be all white light and so you have in fact conditioned the event to come, but you've also made yourself comfortable with respect to that process because you recognize the coupling that you've set in motion.

GHC: Very helpful. Good. Thanks, Bill. [Applause]

One more question and then I've got a couple of things I want to do before we close for lunch. Go ahead.

00:31:16

Terry: What I usually do where he ended up, where he said something about "I'd like to do it right now", is I would have him imagine doing it and then do some more taps.

GHC: Yes, and we can continue. That would be called testing your work and we keep testing, keep testing, keep testing. But all I wanted to do in this case -- First of all do this for me. Close your eyes. Before you close your eyes, take a deep breath. Tell me what number that is?

Tom: Probably 9, 10.

GHC: 9, 10. Now go back to the graduation speech. Close your eyes for a second.... Rather, I'd like to have you go out that door so you're not up here, none of the pressures of being on stage. Go out there, take your time, imagine it, and literally try to get yourself upset. Literally take the voices you heard and the sounds that you heard and make them louder, make the scenes brighter, bigger. Whatever you can do to make yourself upset, go out there and try that and in a few minutes, try it, whatever number you get to let me know.

Tom: All right. (leaves stage and goes out of the room)

00:32:23

GHC: In the meantime I'm going to cover a thing or two here. The most important criteria there is in being

able to do the surrogate muscle testing well is to get yourself out of the way. So we don't have all those other problems involved where we have inaccuracies with one-on-one muscle testing. If you get yourself out of the way, that's the only criteria you have to worry about. All the rest of the mechanics fall in place if you let it go *through* you rather than *by* you. I want to give you an example or two in my life to show you how that shows up. For the purposes of having you tune in to parallel examples in your life, where you got yourself out of the way.

00:33:11

One of the areas in my life where I got myself out of the way was I played 8 years of football and I was one of those guys who carried the ball. By the way, I used this body although what was here (around stomach) was up here (around shoulders) at the time. When somebody gives you a football and asks you to run through the line with all those arms and legs moving around and 11 people trying to tackle you and put your nose in the ground, etc., you cannot sit there and think what you're going to do. You can't say "I'm going to put one foot here and if somebody comes here, then I'm going to do this, then I'm going to do that." You're dead the minute you try that. You have to get yourself out of the way. Those of you who play any kind of sports know that to be proficient you must get yourself out of the way and the more you get yourself out of the way, the more proficient you're going to be, are you not? That's the process working *through* you rather than *by* you.

00:34:00

Another example I want to give you which was in sports. Years ago I used to play tennis but I was never that good a tennis player, a B- player. There was a fellow that I would play tennis with once in a while, his name was Mark Wolfson. Mark was a weight lifter. He had a big chest and big arms, wiggled that tennis racket around like it was a toothpick. I could stay on the court with him except for his serve. He had a phrase for it. He called them little yellow bullets because they would come across the net and go BING like that. I had no idea how to hit that ball back. I would wait for the ball and I'd be saying to myself "He's hitting it now. Watch your feet. What are you going to do here? What if it comes over here?" All that's going through my head. Am I getting myself out of the way? No, I got myself *in* the way, don't I? If I'm sitting here saying, "OK, I think it's probably going to be the collarbone.... I hope he's not reversed." Have I got myself in the way?

Participant: Yes.

GHC: You've got to get yourself out of the way. So what I did was, he came to Sea Ranch where I lived and we were going to go play tennis there. And there I was, just like in football, I didn't have a choice. I just didn't have a choice. I had a choice – I could stand back there with the tennis racket and get myself in the way while trying to hit it back, but I had to let go of all that. I just had to react. And guess what? I actually beat him that day. I actually beat him. BING. BING. BING. I wondered where that came from. But do we not all have times in our life when we have gotten ourselves out of the way and achieved at a level that we wondered where that came from. Then we wonder where it went? (Laughter) But it's still there, isn't it? It's because we're still trying to overlay all of that with our own thoughts, our own belief, our own whatevers.

00:35:59

The other story I want to give you is, I was asked in 1978 to go back to my home town of Riverside, California, and give a speech or give some kind of presentation because my high school football coach – who's a very dear man to me – was retiring, and 500 guys from all over the country were coming to his retirement dinner. I was asked to be on the dais, and so on. But I was asked one or two days before it occurred. What am I going to say? It occurred to me to write this man a poem. I think it's the only poem I ever wrote. But I sat down to write this poem and I was letting it work *through* me, not *by* me. I sat down and started writing it, and I sat down and started writing it. It would just flow. It was like an hour and a half to write but it took 5 minutes to read. But an hour and a half, I got the whole thing done, and I didn't realize what I was going to say at the beginning, it just started coming out and coming out and coming out. Most of the writing was pretty good. I went back, looked it over for about 10, 15 minutes. Cleaned it up a little bit. Looked at it the next morning for about 20 minutes. Cleaned it up a bit more, typed it up, got on the airplane, went on down and delivered it. When I got there and stood on the dais, it was like I wasn't even delivering it. It was coming *through* me. That was in 1978, this is 20 years later. I could recite it today – that's how much importance that had to me.

00:37:33

But my point is -- not that you need to be concerned about my poem -- it is where in your life that you've gotten yourself out of the way in your own parallel? That's what needs to be addressed here. Where in

your own life have you gotten yourself out of the way? That's what you're going to need to do to perfect it. That's the main skill. Get yourself out of the way and let it flow and after you get some experience and practice and with a few other techniques you'll hear from Bill after lunch, you'll be on your way with it.

Whatever happened to our public speaker?

[inaudible]

[Laughter]

GHC: Were you just waiting for me to introduce you again, or what?

Tom: No, I thought you had something you were going to finish, then I was coming up.

GHC: OK. Well, how did you do out there?

Tom: I couldn't get upset. I really visualized what went on and also I realized in the future when I'm speaking too it's not that big a deal to get so excited.

00:38:36

GHC: OK, good. There's more stuff connecting. But I wanted to take the one issue and see what we could do with that. Now could I have originally just had him face the audience and do mechanical EFT and probably get results. Yes, probably so. In most cases that is true. But in this case, I had an idea where he was by looking at my thermometer. I was able to diagnose, reversal or not. I was able to know that at one point I couldn't get by the reversal at all. Very helpful, right? Very helpful to know that because then we've got to get into a more emphatic reversal correction. So that was all helpful. But I still could have gotten the job done probably with mechanical EFT. This is just more elegant and I knew where I was better than if I was just doing the EFT.

OK, it's 12:02. Thank you very much, Tom.

[Applause]

More on surrogate muscle testing

00:39:43

GHC: One of the rules that I've found is very helpful here is you never ever, ever question the process. Now I just said that and you'll do it anyway. You'll say, "Well, I'm not sure it worked that time." Or "Would it work if....." Because our tendency is to try to override this because we've been doing it for years. We try to use our own ego. We're trying to have the process done *by* us rather than *through* us. We're not used to

having it done through us, and those are words, those are words that we hear and they sound good. We all know about that, they're very theoretical and all that. *Through* you, rather than *by* you, but you'll try to do it *by* you anyway. Never, ever, ever question the process.

00:40:22

What I used to do at first is I would say, OK, I'm dealing with somebody reversed, "Now I'll just go muscle test them and see if they're reversed or not." If I got one thing in a muscle test and I got something else, then I'd say "I'm wrong. Or something's wrong with this whole process." Then I'd put self-doubt into the whole thing. You've got to let go of all of that. First of all, reversal can come and go in seconds, as you'll find when you're used to doing all this. And you will be wrong from time to time. That will happen. The better you get at it, the less wrong you'll be and so on. So don't question it, just let it be and follow what you're getting.

00:41:01

One of the beautiful things about this is that as you're following it.... at some level you're saying "Oh, I don't believe that." Like you're dealing with somebody and you're just convinced that they're psychologically reversed. But you do this and it says they're not. And so you go ahead and proceed and, indeed, they aren't, and the process just works with no reversal direction. So you'll get an "Aha" like that or two, a few surprises if you find things that work contrary to what you may think otherwise. Then you're going to start getting confidence in this. Then you're going to start saying "Aha." Then you're going to start letting go of mechanical EFT and start, as I kept talking about, to use this more and more and more often. Eventually, except for those places where mechanical EFT is useful, like in groups for example, or teaching clients how to do it for themselves, etc. Except for those cases you'll just use the surrogate muscle testing or the intuitive diagnosis.

00:41:49

The other thing that I find helpful in this, which has taken me a while to digest – and this actually comes not from anything I've learned from these processes or Dr. Callahan, or anyone else, it comes from through my spiritual reading, which is a Course of Miracles – that is to trust that I don't care what happens as far as the way I assess it. That is -- if I was working here with Tom and he really didn't get beyond that one issue of imagining the blown graduation speech -- I'm

always assuming that as long as our intentions are in sync, that healing occurs anyway. It may not occur in the manner in which I want to see it because that's healing being done *by* me rather than *through* me. I want to see it on my terms. We're working on this and it better work. But it may not be that way sometimes. There may be times when that has to settle for a while, what we really did was work on something else that I'm not really aware of. Can I prove that? No. I have no way to give you scientific evidence or anything else. It's just my sense of it. By the way, it's a really nice thing to know, or to get the idea, that regardless of what you did, as long as your intention was there, you're having healing anyway even though it wasn't done on your terms. So that's another thing that I've put together with this. And I do that whether it's mechanical EFT or intuitive or diagnostic EFT.

00:43:22

What else do I have down here? I did point out that two people, two therapists who work with the same client and both get two totally different sequences, reversals, did I not say that here? OK. That's important to recognize.

Now, Bruce. Can we give Bruce the microphone again? Would you ask that question that you asked before?

Bruce: I just asked the question if you could breakdown the process for us and take us step by step through each step of what you did with the gentleman before lunch?

00:44:03

GHC: I don't remember every step but I will go through what I remember and why don't you just ask me questions and then we'll take it apart in that fashion.

Bruce: I saw you waving your arm, testing your arm length continually as you were doing each point and maybe because your back was to us here I wasn't sure what you were doing with what. So if you could actually – it would be helpful for learning purposes if you could actually imagine that the client is in front of you and do each step and say what you're doing and why you're doing it.

00:44:36

GHC: You're going to see me do that again and again and again. I hope to have a handful of sessions tomorrow. It won't all be intuitive but I'm going to combine them both. But let me answer your question more specifically so we can get a handle on it.

00:44:54

First of all, I emphasize again, what I'm demonstrating here is not *THE* way to do it, it is *A* way. It is my muscle test, happens to be this arm. You can do it this way, you can do lots of different things. And I am setting up a set of questions when I'm doing this. But I'm getting yes or no answers to it. I've already set up the protocol. It's already in my head. I don't really say to myself, "Is PR clear?" I don't verbalize that in my head. It's a question I ask "Is PR clear?" But I don't verbalize it, it's in my head I'm asking that question. So if I go long, that's the way I've set it up, that means we're clear. It's a yes for me. Long is yes. Is PR clear? Yes. If PR is not clear, I go short, to me that's a no.

So one of the things I was doing with Tom here -- there were a couple of times when PR was clear and we went right on into it. I think he went from a 10 to an 8. That was early on as I recall, which was evidence that PR was clear, it went from a 10 to an 8 because if there was PR it should stay at 10. But then another time I remember he was doing the affirmation etc., or he was doing the affirmation this way and I kept going like this asking myself "Is PR clear?" and I kept getting short, short, no, not clear, not clear. He did that 3 times. Not clear. Not clear. Not clear. So that's a good clue to me. If I had just assumed PR was the problem, and then just had him do that thing 3 times and didn't diagnose, then I'd have gone ahead and I'd have tried to do other tapping etc., and then he told me at the end "I'm still a 10" and make no headway. But now I know "Geez, we've got a problem with reversal here." I knew that by doing that. So what I had him do then was rub the sore spot and say very emphatically – in fact, I had to coach him to actually yell because most people don't want to yell, they don't want to do that – "I deeply and completely accept myself." Then as he was doing that I was doing it and I got a yes. That says to me "We now have it clear." Stop that process, then we start doing the tapping.

How am I doing? Am I clear to you? OK. Yes – wait we need a microphone for you.

00:47:18

Lillian: Two questions. How did you test where to tap and how did you know the level? You were sort of waving your other hand like this to make your level.

GHC: A thermometer, you mean?

Lillian: Yes.

00:47:32

GHC: Let me answer those questions. I was about to get to the points themselves. Once we've assessed, diagnosed, whether or not we have reversal as a problem here and whether or not to correct it, then we need to know which points we need to tap. What I was doing was actually combining intuition with surrogate muscle testing. One way for you to do it, as I didn't do here, might be for you to start at the top..... Oh, we've got to tap the eyebrow." So we tap the eyebrow, then I go "Done?" and I get a short. "Eyebrow clear?" I get whatever I get, in this case short. Then I say "Done?" No, we're not done yet. That means I test for the next point. "Side of eye clear?" In this case, not clear, so I tap the side the eye. "Done?" No. "Under the eye clear?" In my example I'm giving here, yes. So we don't have to tap it. "Done?" No. "Under the nose clear?" No. We'll tap under the nose. "Done?" Yes. That would be an example of it.

Participant: [inaudible]..... you were just sort of waving.

00:49:05

GHC: Well, actually I was touching the point, but you don't need to do that. I was doing that for purposes of clueing people into what's going on here. But you don't have to do that. You can just say to yourself..... I can just feel the point. I just ask myself, "under the eye." After a while, what you do is you let go of all these mechanical things, as I'm trying to tell you. You just fall into a routine for it because you're so used to doing it. But what I was not doing was I was not starting at the eyebrow going down testing each point like that. What I was really doing is instead of saying "It seems to me we ought to start under the nose." That's what I would say to myself. "Is under the nose clear?" No. "Oh, tap under your nose." If it is, seems like over here. "Is outside the eye clear?" No, it wasn't clear. "Are we done?" I'd go through all of that. But I was really using my intuition to pick out the point, which I'm kind of used to doing by now. But you can do it mechanically down there. But after a while, you'll throw that away and you'll just move to the point.

Oh, I'm sorry, David?

David: Gary, after you test for "Is under the nose clear?" You tap for that, do you test to make sure you don't need to retap that spot?

00:50:21

GHC: I haven't done that. But one of the things I do is just keep going, after the points. Then I'll start going back to original points. "Oh, we've got to tap it." Maybe it's because we didn't tap it enough the first time, or tap it hard enough. I don't know why that is. There's a lot of stuff we don't know. I just keep doing that until I finally get it done. And what done means doesn't mean we're necessarily done with the problem forever and ever. It means we're done with this phase of it because then we may have mini reversals going on, and some other stuff, other areas of it.

A question over here. Betsy?

Betsy: I want to go back to the setting it up that you've referred to. How did you originally set it up for yourself? Make those decisions, what was that like? Did you clear yourself? Did you do it in any kind of ritual way? How did you do it?

GHC: How did I set it up? You mean how did I set up the PR clear, for example?

Betsy: How did you decide.....

00:51:25

GHC: I made it up. I just said "What kind of questions should I ask?" One of the reasons I asked the question in this way "Is PR clear?", "Is under the eye clear?", is because I wanted to set it up so that when I'm short that means there's something to do. So I arranged the question in such a manner so that if I'm short I know there's something to do. "Is PR clear?" Oh, not clear. Something to do, meaning correct PR. "Is under the eye clear?" No, no, it's not clear, oh, short, means we've got to tap under the eye. "Is under the eye clear?" Yes, it is clear, therefore we don't tap under the eye.

Betsy: Did you do that intuitively? Or did you do that by sort of thinking it out?

GHC: I don't think I did that intuitively. You can set your own questions up after a while, again I'm giving you A way to do it, a way not *THE* way.

Is there still a question on that?

00:52:28

Bill Tiller: I would like to suggest that you did do it intuitively. Because I think that what happens – I've experienced these things myself – and I feel drawn to do an experiment on myself, and lo and behold, it's really interesting and very useful and I don't know from whence comes the feeling to do that, but I just do that all the time. So all kinds of things have unfolded

in that particular way and I suspect that's exactly how this happened with you. You may have not realized that it was a deep part of yourself, it may have just been awakening, or whatever you call it. Since we're using only the word 'intuition' for all of that thing, then we would have to label it as intuition. But I think you are the kind that experiments on yourself, you're just trying an experiment.

GHC: Yes, I probably did do that, but as you say that and I hear you, something else comes up in my mind. That is, the original model for this in my mind was learning one-on-one muscle testing and, of course, there what you do is you have the client say some things like "I want to get over this problem" and then you're strong or weak depending on whether you're psychologically reversed or not. As I think about it now, I would say to myself as though I were the client "I want to get over this phobia" and after saying that to myself I'm going long or short as though we were getting a strong or weak muscle. "I want to get over this problem." And then when you do muscle testing you use these alarm points – like for under the eye you would test here and test whether the arm was weak or strong and that would tell you whether to tap under the eye, for example. Then I finally figured out for this purpose you don't need to use the alarm points. You did that too, did you not? Could we have the microphone for Sandi? Why don't you explain that? You discovered that yourself, you just put the alarm points away?

Sandy: [inaudible].... technique called neuro-motional technique, which is a chiropractic technique and they used alarm points and they were touching on the body and 8 years ago when no one else was doing it as a psychotherapist, I wasn't about to touch bodies. So I was doing the muscle testing. I touched their arms but I just said "Heart, lungs, stomach, liver, spleen, pancreas." I just memorized all the meridians and just muscle tested each one and I've had great results.

00:54:57

GHC: Yes. You'll notice I didn't use a single alarm point when I was doing any of this. I was just pointing to the point. Bottom line is that you get your result. Bottom line. Remember, there are lots of things that work here. We tried to establish that yesterday and we'll keep establishing that. Lots of different things work here, and those things that we think are necessarily important, aren't necessarily in practice. We don't know that.

Anyway, how am I doing on the answer to your question, Bruce?

Bruce: [inaudible]

GHC: Not real good, uh?

Bruce: I'm trying to understand it a little bit better. I guess some things are coming clearer to me from what you're saying. Since you're asking me, the question comes up: You first calibrate what a short and a long arm is for you?

GHC: Yes. And that took me a whole bunch of time and practice to do because I doubted myself.

Bruce: So like a long arm is a 'yes' and a short arm is a 'no'.

GHC: Yes.

Bruce: If that's true, and this is a good technique conceivably to test oneself for what one needs or what one shouldn't....

00:56:09

GHC: So long as you get yourself out of the way of yourself, yes. And that's the trick. It's easier, I find, to get myself out of the way on behalf of somebody else than it is to get myself out of the way on behalf of me. After all, I may test myself and say I shouldn't eat chocolate. Come on. (I don't eat chocolate anyway.)

Bruce: So if you test yourself and you establish a long and a short arm for 'yes' and 'no', then you change the phraseology of the question. Like, the way you were questioning the points for the client here was "Is this clear?" "Is this clear?" Yes means it is and no means it isn't. But then if you were to next ask questions like "Is this good for me?" Yes. "Is this bad for me?" No. Would the same arm signals mean the same thing or would it have to change?

GHC: If I set it up that way, that's what it would mean, yes. What you're doing here is you're finding a metaphorical use of your muscles to tune in with your intuition to the other levels – we're going to talk about that in a little bit. But you're tuning in to other levels and all you're doing with this muscle testing -- I don't care if you're doing one-on-one muscle testing or surrogate muscle testing -- all you're doing is giving yourself a mechanical way to communicate with that other source. That's what you're doing.

Bruce: Just one other piece, and this is this: You're using muscle testing, surrogate muscle testing on yourself, to test what points are needing treatment on the client?

00:57:36

GHC: I do it with the assumption that I'm the client. I'm stepping into the client's body in my own mind. By the way, I'm not going "Whoosh!....." moving into the person's body. I just make the assumption and go, that's it. I switch like this, see how easy it is?

Brian: Now here's the problem I'm now having with this: if you're being a surrogate – this is where it's not being logical here for me right now – if you were being the client as a surrogate, then if you were actually to ask the client and test the client's arm, you say to the client "Is collar-bone clear?" If the client doesn't know what the hell you're talking about, collar-bone, stomach, whatever, would it be valid to test the client's muscle in that way?

00:58:24

GHC: We must have experience in the room, so let's give it to Nahoma, who apparently has experience.

Nahoma: I think the way it works, and again this comes from years of clinical experience is that when you sit down with a client, there is a bridge that happens between your unconscious and the client's unconscious. You may be totally unaware of it. The client is usually quite unaware of it but it's a fact of the reality of human interconnection. Once that happens, you can muscle test yourself or use your intuition, using terminology that the client has no idea of and get an accurate reading because the client's unconscious is on some level reading yours.

GHC: However, his question is a little bit different, as I interpreted it. So let me ask it to you differently. That's you muscle testing yourself on behalf of the client. What would happen if the client had no idea what collarbone meant?

Nahoma: Same thing. It doesn't matter whose arm is being tested. What matters is that there's that connection and the client's unconscious can get the material, the information, from yours.

GHC: Let Bill have that there.

00:59:42

Bill Tiller: The picture as I see it, if it is just you and the client then it's a three-body interaction between you and the client and the universe. So always put the universe in the first picture. If you're dealing with a device like a radionics device or something, it's a four-body interaction. If it's an electro-dermal testing device, it's you, the device, the client and the universe. And the universe knows all of these things,

and the universe will accept all codes that have been tried, that it has some reliability to them for an individual. So it's just a question of accessing a code. So the business of mentioning a name, the universe knows what that means. It knows what the intent is so long as you put it in the loop in your mind – in fact, it's good to put it in the loop in the mind – because now it means you are activating your highest consciousness, or higher consciousness, to deal with that source. That's really the connection, that's the link between you and your patient, your client.

GHC: You might also say what I'm doing up here is just my code. That's why I'm saying, it's not *THE* way to do it, it's *A* way to do it. You have your own code and you *should* have your own code. You don't necessarily need to test this muscle, test some other muscle. In fact, this is a crummy muscle to test in a client setting, you're going to hit 'em.

Participant: [inaudible]

GHC: For muscles? What some people do . . . Ask the question again.

Bruce: If you're sitting in the office with a client, what are some alternative muscles you can teach us right now to test instead of.....

01:01:23

GHC: We could go round the room and ask those questions but one of them is this O-ring thing where you're testing how strong it is or how easy it is to move an O-ring apart. The other is to take one finger like this and push the other thing on top of it and see how hard it is to push that finger down, weak or strong. But it will take you practice. You're not going to leave here saying "Oh, I got my yes and no's down pat." It's not going to happen, it takes practice, and Bill will tell you why when he gets up here. Am I being clear? You're not going to walk out of here with the whole thing mastered. You're going to walk out of here with the beginning, with the start of it and you're going to need to find a muscle that you want to use, and so on to do that. Or you might want to skip the whole thing and go right to the intuition. You have to develop that too, but we'll be discussing that. Go ahead, Bobbie.

Bobbie: I think the confusion is that granted everyone might have their own code, but how do we get into that code? I think that's what we're kind of asking. You have this but what allows us to get in to that code?

Bill Tiller: If I may answer? The thing is that it's important for everybody to develop their own code is because it's the one that works and feels best for you and you have to practice it to make the structural circuits, to have them developed at the subtle level so you can call on them and have them work in a reliable reproducible way, because you're in process. You're the product of the process and you have to make the effort to build that circuit in yourself. Then it's your circuit and it is reliable.

01:02:58

GHC: You don't necessarily want to use my way of doing it because you just have to go practice it yourself. Find your own muscle you want to use, find your own set of questions. You can use my questions if you want.

Bill Tiller: Let me just add one other thing, because basically these things are all sort of training wheels to help us go from one place to another, and if you like his, it's a good place to start. But once you have one in hand that will work for you to some degree, I would advise you to spend time feeling the one that might be better for you.

Bobbie: That's what I'm saying, but it's kind of like telling a baby right now to just jump out of the crib and start walking. What is the step to find that? We might all have an idea of what code we want, but how do you find it? Do you ask the universe?

GHC: There's something missing, thank you Bobbie, because Sharon has asked a very parallel question to that. I guess the question is, how do you start? Did I say it right?

Sharon: Well, it's just interesting that we got to this because this is the thing that I ran up to you after the last session and was trying to say, which is, if I don't know if it's this, or if I wanted to learn this arm thing, my question was there must be some kind of steps. Now you stood up there and said that you stood in front of the TV and you tried it with the long arm and all these other kinds of things and, of course, you eventually – eventually did what in front of the TV? – I don't want you necessarily to have a whole long answer for that right this second. But I think that's the block that's in the room coming up in several different questions of how you can get to that code.

GHC: I have a way to address that.

Sharon: And how also you can test yourself in terms of the accuracy of that, which was my real problem. Even if I felt I had it, how do I test my accuracy on it?

What is it that I'm doing to find out if this is correct or not?

01:04:54

GHC: The first thing you do, to answer that last part, is you give up trying to find out if it's correct or not. I'm very serious about that. As soon as you keep trying to question it and try to correct it and try to verify it and validate it, and put your own ego stuff on it, and your own stuff on how it's supposed to work, you're going to have a problem with it, you're going to have a *big* problem with it.

Rosemarie: Why could you not have someone muscle test you to see which one is the right one for you?

GHC: I guess you could. I never thought of that. Let's get one more here because we need to get this thing rolling. Because I do want to give an answer to Sharon's question and then we need to have Bill come up. We have a lot more time to cover this.

Sandy: I just have one comment. I just want to say that I've been watching what you do and I think what I see right now is that there's a sense of you being. Like when you said "I assume I'm the client", my sense was that you left yourself behind and there's a sense of.....?

GHC: Presto.

Sandy: That's being is the first thing. Knowing is the second step and then there's separation. You never leave the client, you're always plugged in. It's like you plug in. From the way I'm looking at it, is there's very little 'mind', as in 'I'm using the rational mind'. Between you and the object, there's not an object and subject. Most of the time you're flowing with the intuition.

GHC: That mind, or that ego, or that overlay is there, but I have to be..... When it's not working, it's always because I'm trying to overlay it.

Sandy: Exactly and every time it is working there's enjoyment.

GHC: Yes, there's a flow to it.

Sandy: There's a key and everybody in the room knows it. So I'll let it go at that.

01:06:52

GHC: One more. Brian was the last one because I want to answer Sharon's question and then we have to have Bill come up and get this thing going. We'll have a full day tomorrow and we'll have the rest of the day

today and I want to make sure you get what you need out of this.

Brian: I just think Gary, it might be helpful at some point for those of us who aren't so familiar with different forms of self-testing, and it appears that lots of people here are, or have different – I'd never heard of the finger thing and so forth. If we could just get a list of some, perhaps from the group, that we could practice with ourselves and discover which of these personally might be the best for us to develop to move there with intuition.

GHC: You will see on the tape, and this and this, and I've already shown on the tape that you're going to get, and those are the only three that I really know about. Although you can pick any muscle that you want. You can pick your neck like that if you want to, if that's what you want to do. You can use your Elvis lip if you want to. You can do that if you want. There is no magic to what muscle you choose. It is just what seems to fit for you. I use this one primarily because I saw Roger do that on those tapes, that's what I use and I'm used to using it. I really don't know how to do this because I haven't developed the neurology, if you will, to really get a difference there. So I use my arm with all its shortcomings.

01:08:35

So that's what you need to do, you've got to find your own muscle.

However, I want to give another answer to Sharon's question here if I can. It's something I talked to you about Sharon but I want to tell everybody. You all have audio tapes in your EFT course. They are all clients that have issues and they go on endlessly, do they not? Tons of them. What you can do is you can take that tape, any one of the tapes, put it in and there Adrienne and I are talking with whatever client it is. They announce what their problem is, and before Adrian or I start using Voice Technology™, and start telling where to tap or anything, just cut it right there. Now you know what their problem is. You go ahead and tune into them. Space and time make no difference. Just tune into their problem and then start practicing. Reversed or not? Eye. Start doing it, using your own muscle. And do it over and over and over and over again.

Record your own sessions with your clients, with their permission, I presume. And afterwards, three months later when you forgot what you did, go play that back again and see what you're doing and I will tell you something. Almost invariably you will get a different

set at that point in time -- of whether or not you're reversed, or whether or not you need to tap here, there or the other place. You almost always get a different set because you're at a different point now. Your make up at that point in time is different than it was to begin with and so the interaction between the two of you will be different at that point in time. So you'll get a different set. That's why two different people testing the same person will also get a different set of these things, because of the two of you working together with joint intentionality. So that's one way to do it. Just keep practicing it and practicing it. You can use the set of questions that I have, if you want. They're perfectly good questions, which are already in your manual there or in your notes. But in time you'll probably want to adjust your own questions. You'll probably want to add in other questions and other levels that you want to test this with. There is no limit to it, you can just keep doing it. Betsy?

Betsy: You have 'clear' and then 'done', and it looked like when 'clear' fell short, you asked 'done?' anyway. But then you moved on to the next place.

01:10:58

GHC: I think I did that. Let me go over that a second. So I'm in the process and I'm asking, "Under the eye", I'm short so that means I've got to do something so I tap under the eye. That's the way I've set it up. Then I'm going to ask myself, "Am I done?" Oh, I'm done. I don't have to tap anything. If I say 'done' and I fell short, that means I've got more to do.

Betsy: But then you went down to the next..... You mean 'done' means do you have to go down to the next spot?

GHC: 'Done' means "Am I done with this segment of this treatment?"

Betsy: The issue. OK.

GHC: No, 'Done' means "Am I done with this part of the process?" That's the way I set it up. It means "Am I done with this part of the process?" "Do I have any more tapping to do?" "Am I done?" So it would go something like this: I've already gotten by psychological reversal, so I ask the question "Do I need the eyebrow point?" "Is eyebrow clear?" The answer is "Yes, it's clear." "Am I done?" "No, I'm not done." I haven't done anything yet so far. "Is the side of the eye clear?" "No." OK, tap the side of the eye. "Are we done?" Meaning do I have any more tapping to do for this segment of it? "No." "Is under the eye clear?" "No." Better tap under the eye. "Are we done?" "Yes, we're done with this segment of it."

Now, we may have mini psychological reversals, etc. Also, I may have made a mistake. I want to check with the client, do I not? How are we doing SUDSwise? If he tells me he's still the same I want to check and see if we've got aspects going on and see if he's made some headway but now he's shifted on me. This is all the art of it. But that's all stuff you do if you're doing one-on-one muscle testing as well. And a lot of that you're doing even if you're doing mechanical EFT, you're still checking with the client and finding out where they are and looking for aspects, and so on.

Was that any clearer? Was that a help or not?

Participant: Yes.

GHC: Are there other questions on this area? Because I want to make sure everybody gets launched properly. How are you doing, Sharon? Is that all right? One more question then we're going to bring Bill up.

Rick: You just talked about PR being clear, not different types of PR. Do you distinguish different types?

01:13:22

GHC: Now that's going to be a refinement, isn't it? This is what I would do. Remember, I'm giving you A way, not *THE* way. This is what I would do, like when I was dealing with Tom up here and I kept going "PR clear?" "No," "No," "No," and then that says to me "Uh-oh, we've got some other – we've got to get by PR somehow." So then I had him yell it and do it much more emphatically. Now if that wasn't working then I'd say to myself, "Don't deserve it?" "Safety?" I'd start asking those questions. I didn't put that down there but see that's how this thing would unfold for you in time. I'm giving you the structure, the basics of it. You are absolutely going to need to put your own thing in it. That's the way it's going to work. You'll be making a mistake to try to model it exactly after me.

OK, Fred's the last question.

Fred: One other short cut on that is whenever you find they're still reversed, you say "There's another level of reversal here." Then you can go "Safety?" "Deserve?" Possibilities and so on.

GHC: To be consistent with the way I'm putting my questions together, I might say "Other reversal?" No, I've never set it up that way. The question is when I'm short, no other reversals.

Fred: So it would lock. Then you say you could run through safety, all those different criteria.

GHC: Just so long as you know what your long and short means, what you get with practice. It's like riding a bicycle, you fall off, skin your knee, you don't like the darn thing, etc. But once you learn it, you never forget how to ride a bicycle.

(end of tape 9)

Video Tape 10

Introducing Dr. William A. Tiller, Stanford scientist and expert on intuition and intention

00:01:46

GHC (in studio): We are now privileged to hear a presentation by Dr. William Tiller, who is a very popular Stanford scientist and who has spent most of his career scientifically validating the phenomena of intention and intuition which, of course, are the centerpiece of these tapes. Dr. Tiller's presentation is necessarily technical and might even use a few terms that would be unfamiliar to many. That's OK. His presentation is quite clear and serves to punctuate the very important subjects that we are exploring within these tapes.

Here's Dr. Tiller.

GHC (back in the seminar): Can we have a hand for Dr. William Tiller?

[Applause]

GHC: So popular, Bill.

00:02:31

Bill: What an awesome group. Fortunately, they're a part of me, therefore I bask in the glory of myself.

GHC: I want to mention something that I didn't mention earlier, that's how I met Bill. We didn't really officially meet, so to speak. In 1962 I was just graduating from the Metallurgical School of Engineering at Stanford and Bill was just coming in as a new professor there.

Bill: I was interviewing.

GHC: Interviewing. OK, I thought you were there. But I remember seeing him and thinking "Oh, I like that guy." There was something very un-engineering about him. I said to myself "I would have love to have taken a course or two from him," but I was about to graduate and it didn't work. I remembered him, he didn't remember me. He didn't remember me at all. But at any rate, when his book came out I called him up and we've had three lunches where we discussed his processes and findings in great detail and it all fits here so nicely.

00:03:41

I have a couple of questions I want to ask just to interface with what we've been talking about here.

Then what Bill's going to do after that, he's going to give you a background on himself and he's going to give a presentation, and show a number of slides you'll find quite interesting. Then after that, you can come up and ask questions and that's kind of how we'll go.

So let me get my questions out. It's what I already alluded to, but I just want your emphasis on it if we can. When two different people get together, a client and a therapist, for example, they are not likely to have exactly the same routine that their intuition tells them to do, correct?

Bill: Yes.

GHC: And why?

Bill: We are all in the process of *becoming* and by that I mean that there are different levels of structure at our different subtle bodies at any point in time. One person's in a different place than another. So now when you want to look at the interaction between you and a patient, a client, versus another person and a client, the interaction isn't just between the two of you, it's really a three body effect with the universe involved. There's a whole energy circuit involved in that process and depending upon where you are at that average point in time and where the client is at that average point in time, there are optimal points to treat to get to the most beneficial result. On other days, even shortly in the future, you might be at a slightly different place, the client might be at a slightly different place, and the universe in its wisdom knows that there might be a more optimal set of points to treat in order to get the most beneficial results. And that would be my answer.

00:05:53

GHC: To paraphrase, you've added something to that and that is that I could deal with a client right now and I would get a certain set of points that would be valid. If I did it the next day and we never even tried to do it the first, I would get a different set of points altogether because we're at different points in time.

Bill: And if you had a different client a couple of years from now and you've been working on this stuff, your energy structure would have changed and in fact probably you'd do it a little differently, not through any conscious way but because your system will reveal itself to you differently.

GHC: Sure. You're a Stanford engineering professor, basically, which means supposedly you're supposed to do all the standard physics and chemistry and all that

stuff, about which intuition is not necessarily part of the curriculum.

00:06:53

Bill: It's because it's not known and at any point in time I think there is much more unknown in the universe than that which is known, so we're always dealing only with the tip of the iceberg, and it's fallacious to think that's all there is.

GHC: This is kind of a segue for me to leave this to you and get off the stage for a second, why don't you discuss with them how you were able, as a Stanford professor, to have the time to do something which is not really necessarily mainstream in that area, and spend all this time and do all these controlled studies, and you might give them a little bit of your background and so on. I'll leave that in your lap, Bill. (GHC leaves stage)

00:07:38

Bill: All right. Let's see. Where to begin? About 35 years ago, my wife and I came to California and she said "Bill, now that we're here in this new place, how about pulling together the spiritual side of our life?" And I thought that sounds like a good idea. So we got involved in meditational techniques. We did it via the Edgar Casey activities and so that started a certain path of inner work. We had before then been doing things, off and on, and at a very young age I was very much interested in trusting my intuition. Anyway, that's the beginning.

Then about 30 years ago, while I was Department Chairman, of Material Science and Engineering at Stanford, and I was on a variety of government committees and professional committees at the highest levels, I read this neat little book called *Psychic Discoveries Behind the Iron Curtain* by Shroeder. I thought this was an interesting book and I spent a very good part of my meditational time over the next year trying to access how it might be that the universe would be constructed to allow this seemingly crazy sort of stuff to co-exist with the straight conventional stuff that I was doing day to day. At the end of that year, I decided this is too important to just let go. It was necessary to do some serious research in that area.

00:09:25

The problem was, to do some research, where was I going to get the extra time? I thought, well, what could I give up? I need my job because my family needs it to live and I need to be stable. I can only do

things from the stable base. So I thought I could give up my power positions. So I gave up – and there's a lot of overhead associated with power, as you know – I gave up being department chairman, I gave up all my committees and then I had some time. I then started life with dual paths: my conventional path at Stanford, needing to fulfill the job, writing papers, getting government money, having research students, teaching classes, all those things, faculty meetings, the works.

Then on the other side, my avocational life, I was going to devote to this other area. I divided that extra time that I would spend in that area into three boxes. The first third was the experiential development of self, because it's so important to be able to feel and understand this class of phenomena in order to perhaps have a chance of understanding it. The second third was in theoretical modeling of the universe to see if I could describe a way that it might be constructed to allow these things to be rational, in the same kind of framework as conventional understanding. The third third was to design experiments to keep the theory honest.

So that was the path that I set out on. They were very full weeks. My wife took care of things at home with the children and I did my Stanford job and I did this other job. And so 30 years later, I sit before you ready to tell you some of what I've deduced, what my perspective is on this now, and tell you a little bit about it. And my perspective is as follows:

00:11:38

We are all spirits having a physical experience together as we ride the river of life. Our spiritual parents dressed us in our bio-body suits and put us in this playpen, which we call a universe, in order to grow in coherence, in order to develop our gifts of intentionality and in order to become what we are intended to become, that is, co-creators with our spiritual parents. These bio-body suits come in a variety of colors and two general unique forms, which we call genders, and have four layers. There is the outer electric mono-pole layer, the substance layer. The first inner layer is the magnetic mono-pole substance layer. The second inner layer is the emotion substance layer, and the third inner layer is the mind substance layer, and inside of that is a portion of our spirit self, which in essence drives the vehicle. So it's something like a diving-bell apparatus which the spirit runs from within in order to sense, experience and act in this peculiar earth environment.

00:13:12

Now these inner layers are all in what we call a vacuum so they're non-observable by conventional cognitive faculties. There's only a portion of our spirit self in this bio-body suit because there isn't enough structure development in these various layers. So that's part of the limitation. Now you all know that with our eyes we sense only a very small fragment of the electro-magnetic spectrum and so if we say the whole spectrum goes from here to New York, the part we sense is maybe a little wider than this chair. You also know that we sense only a very small fragment of the possible auditory spectrum, the sound spectrum in the universe. So it's obviously not surprising when I suggest to you that we perceive only one band in the spectrum of reality, in the total spectrum of reality, and that's really what we're here to talk about today.

00:14:41

All of us are cognitively aware of this electric mono-pole substance layer. Some are cognitively aware of some of the inner layers, and there are a few individuals that are cognitively aware of all of them. Of course, if one person can do it, it means that potentially all of us can do it, and it means it's a part of the human genome yet to be expressed by us. So that's part of our future.

The way in which we normally unfold new potentials within ourselves, is we work at them. For the outer layer we go to the gym or we go to track or we do something in order to build that body the way we want. Well, the same thing with respect to the inner layers. There are a variety of techniques that can be used to develop inner self management at these emotional and mental layers and this magnetic layer I talk about, the first inner layer. The ones that I'm most familiar with are include yoga. Yoga focuses on the mind or the brain in order to still the mind, in order then to be in touch with the deeper self, the larger self. Second would be Qi Gong, the basis of all the martial arts. There you focus on the point just below the belly-button in order to still the mind and make contact with the deeper self. The third would be Heartmath, and there you focus on the heart in order to still the mind, in order to make contact with the deeper self.

00:16:39

With sufficient diligent practice various levels of adeptship develop and these manifest in what we call super-physical abilities – some people call them super-physical abilities. I prefer to call them actualizing the human genome.

Part of the process of getting on with this is related to our consciousness, and what is consciousness? To me, consciousness is a concomitant of spirit entering dense matter and when not much spirit is present in the dense matter then there is not much awareness, there's not much flexibility, there are not many options seen. So there's a rather thin line of response to whatever the environmental stimuli are that come to us. But by practice one can build the structure in these inner layers – and practice by the way, is just the act of living, but intentionally directed living. That is, for all of us, we need to work on things outside of ourselves in order to build those structures inside ourselves. That's the mechanism. So if indeed we've brought about more consciousness then it means that we are more aware and we are more flexible and we see a whole variety of options that we didn't see before when stimuli come to us, and we begin to suddenly realize win-win situations in situations that before were win-lose situations. In fact, we begin to just love our neighbor rather than judge our neighbor. These just become natural consequences of that. So it's a bootstrap process, as far as I can see. We've done fairly well. We've come a very long way since we first invested ourselves in the bio-body suit of a mammalian ape. But we have a hell of a long way to go, or grow before we reach home.

00:18:56

So that's our task and it's for us to get on with that particular task of building ourselves because we are the product of the process. We're built, we're built by the process. If we adopt a high level intention and we play it out in our active life, in every act of our life – because every act of our life is an act of creation – then in essence we build quality and we build structure in these various layers that are involved in the process that we're going through. And so we become. Now in the other layer, as Gary was saying earlier this morning, in essence our neural systems, as you all know, are based upon sensing differences. So it is not surprising then that we see ourselves as separate. We see differences. That's the way the wiring is at that layer. But you know there's a kind of a nearer relationship between that electric mono-pole layer and the magnetic mono-pole layer. So just as we sense differences at the outer layer, we sense similarities at the first inner layer. At that layer there are no separations between us. We truly are a unity. We are parts of the spectrum. We're really parts of a family, if you like, part of a larger self.

00:20:43

And we might even get to that place of consciousness where we realize that, by God, if we help someone else, we're really helping ourselves. Pretty neat. That's really a win-win kind of thing. I think the thing that is important to realize is the things that go on in these inner layers -- we have to use time because that's the difficulty -- they are precursors to what appears in the outer layer world in this magnetic domain, which in my modeling is in reciprocal space -- there's a sort of direct space which is the outer layer, the electric layer, there's a reciprocal space which is this first inner magnetic layer and therefore the coordinates are $1/\text{distance}$ and $1/\text{time}$. So you call those wave numbers, or they're frequencies, if you like. So there's no distance or time involved. They're the precursors to those actions that we sense as distance and time in the outer domain.

So if we wanted to truly change something out there, the only way we can change it is in here. We have to change it at that reciprocal space level, and if enough of us do it in a coherent way then that change automatically manifests in that outer world layer.

00:22:19

Now what is holding us up from getting on with this? What's the problem? There are many reasons perhaps, but three I can I think easily identify. The first one is that we have allowed our lives to be so noisy, so noisy that the signals from these subtle levels are just not seen. The second one is that we are not coherent enough. If we are more coherent at those levels then we would make robust signals with huge amplitudes that would just come popping up through the physical noise and we would be aware. The third one is perhaps the most important and that is that we have a mind-set that we've been taught, and that we've come to believe, that there's only these four dimensions of space and time. And that has become a cognitive jail for us. It is a very difficult jail to get out of.

Before I go on and return to this business of mind-set -- because that's really a very important one -- what I want to do is I want to say something about mind-set, I want to talk a bit about experimental data to show that the four space is not all there is. I want to say a bit about the model, since Gary is not going to let me use overhead foils, I'll have to talk it out. Then I want to say something about coherence and the development of coherence in ourselves.

00:24:07

Before I do that I want to give four statements about terms. I want to say something about intentionality

and a working example that I like. I want to say something about coherence, an example. I want to say something, a metaphor if you like, for how he can change ourselves at these structural levels. Then I want to say something about three phases of consciousness.

00:24:41

Intentionality. The story I would give you is of a person who's become a friend, by the name of Dr. Charles Krebs. Grew up an American, on the east coast, became a biologist. Worked in environmental biology, was a winner, very bright, very athletic. Practiced martial arts, was a diver. Everything he did worked. He went to Australia and was successful there.

00:25:11

One day he was out diving with two friends who owned a diving school and they were diving at 160 foot level out in the boonies, and when he came up with them at the end of a dive he noticed that he had the bends. So he went back down, they all went back down, they came up more slowly, he still had the bends. Went back down, came up more slowly, still had the bends but now he noticed he was losing sensation in his left foot. They got ashore. They called. They realized they couldn't go to the normal decompression chamber, it wasn't good enough. They had to go out to the oil-drilling rig because that was a 10 atmosphere chamber and it had special facilities in it.

00:25:59

So they got the helicopter to come. It was a long way. It took something like five hours before he got into the decompression chamber and all the time he was feeling the loss of sensation up his legs, then up his spine. By the time they put him in the decompression chamber, he was within one vertebrae of that which controls breathing, the lungs. He was a quadriplegic at that point. So in the chamber he thought long and hard about this. He didn't want to live if he was going to be a quadriplegic.

00:26:37

There had also been an experiment with the use of enriched oxygen on rats so they decided to try that on him, as well as the decompression. The doctor was in there with him. They were in there for ten days. During that ten-day period he remembered when he was younger and was doing martial arts and breaking the boards and the bricks. He realized he wasn't doing

it with his hand: he was moving chi. He knew an awful lot about neural physiology and he decided, let me use that knowledge and let me move chi. So he started with the vertebrae that was still vital and he moved chi down his spine and one by one he reclaimed the feeling in those vertebrae.

When he left the decompression chamber after ten days he was not a quadriplegic, he was only a paraplegic. Then in the hospital he worked on this for six months. He began to study all about kinesiology and muscles and things and tapping techniques and what have you. At the end of six months he was able to move around on crutches. Then he worked for two more years at that and at the end of that time he could get around without crutches. He still hops a bit because he never did quite get things recovered on his left foot, but everything else is doing just fine.

00:28:07

And he now has a new line of work where he has the Melbourne Center for Applied Physiology and doing really well in teaching people these techniques and in erasing learning difficulties in people, etc., etc. Remarkable individual. A really first-hand example of intention in action.

00:28:34

Now coherence, that word. If I take this lightbulb, actually it's 150 watts perhaps, or 100 watts, I don't think it's up as bright as it could be, but let's say it's 100 watts. It gives some light but not a lot of light. You ask why doesn't it give a lot of light? The reason it doesn't is because the photons that are coming out of there are largely canceling with each other. You have what is called destructive interference. If you could somehow orchestrate the movement of the photons out of that lightbulb so that they all came out in phase with each other, riding on each other's back, the same number of photons coming out per unit time. You would have an energy density between a thousand and a million times the surface of the sun -- from that lightbulb. So what you're seeing is the potential of the lightbulb. It doesn't fulfill a potential because it's not coherent.

Now we go to humans. We've got lots of potential but we're pretty incoherent still. Let me say a little bit about how much potential. Quantum theory or relativity theory -- you apply it to the vacuum, it says that in one cubic centimeter of the vacuum there is the equivalent energy density of 10 to the 84 grams mass per cc. That is more mass than we have encountered in all the planets and stars in all the galaxies that we have

seen with our telescopes out to what we think is the rim of the expanding universe. That's in one cc. Imagine what we'll be when we really can tap that. It would grow. We'd both come home. You've got it. That's coherence.

00:30:44

How does one do this structurally? I'll say a little bit more about it when I talk about mind-set. But an example that I used a long time ago, I'll share with you. Back in the '60s the way people would make a magnet called permalloy. At that point in time it was a very strong magnetic material. General Electric invented the technique. You take the alloy, the metal, you heat it up in a mold. You melt it, then you pour it into a mold and you let it cool. It cools and it freezes and then as it cools down further. It goes through the magnetic transition temperature and the magnetic dipoles start aligning, coming out of there. There's no constraints and they therefore go in almost any which way directions. Once it's totally cooled down, you take it out of the mold and you check it and you find indeed you have a magnet. But it's a lousy magnet. It's not very strong for all the effort you've put into it. You think about it for a while and you think "Aha! Got an idea." Now what you do is you set up your mold and you put a DC magnet around that mold. Now you take your alloy and its crucible and you heat it up and melt it and you pour it into the mold and it cools down and it freezes. Then it gets to the transition temperature and it starts to form its magnetic character. But now the magnetic dipoles are forming in the constraint of this external field so they more closely align with that field. Now when it's cooled down you take first the DC magnet away -- you take the mold away -- you have an ingot which is a very strong magnet. Because you've had less destructive interference, you have more fulfilled the process that was possible with the potential that was there.

00:32:43

Now apply that to yourself -- apply it to ourselves -- in terms of let's say we want to manifest a loving nature. We want to work on our heart to just naturally express a loving nature. So we would then hold an intention field on our being, on our heart. Cells die, new ones are born every moment and in seven years people say all the cells of the body are renewed. So basically it's the same principal. You have this field which you apply and you keep applying. Of course, you forget, then you apply, then you remember it. After a while you just do it automatically and after a period of time, in fact, you have altered the structure of subtle levels.

You can't detect it, other than the fact that your behavior has changed. It's become a little different. That's the way, that process is really how we build structure into ourselves at various levels.

The last point before getting to mind-set then is consciousness. I read this nice book called, something like *Cortical-Cerebral Consciousness* by an Indian gentleman, an MD, whose name I cannot pronounce even if I read it, so I won't struggle with trying to remember it. But amongst all of this neuro-physiology stuff, which I'm not really that good at, he had these statements to say about the three stages of consciousness development. There was the ascending stage, the first stage, where we do the kinds of things I talked about. We build ourselves and we build ourselves and we start doing pretty well and we start feeling pretty good about it because we can see the effect. Then there's a transition to the second stage and it doesn't occur abruptly. It's a gradual transition, these things overlap. The second stage is the surrender stage, where you give up the personal ego. You don't give up the big ego but you give up the little ego, the personal one. Then comes the third stage once you've accomplished that. Again, it's not abrupt, it's an overlapping kind of thing. That's called the descending branch. The descending branch is where the spiritual network of the universe works through you into the earth. That seems to be the process. That's the way we qualify for being an effective part of a spiritual network.

00:35:49

That's all preamble. Let's talk a bit about mind-set. If someone were to put something unfamiliar to us on the chair and ask us what we perceive that to be, generally we get a lot of different answers. The reason that they're not the same, that they're different, is because what we take as the perception or the reality of something is a convalution between what is there and what is our mind-set. At the moment we have no way of de-convalving these two. I'm sure you're familiar with it. We all are, we just don't say much about it. Lawyers, I think unconsciously or consciously, these days do that in selecting juries. That is, they find juries and they figure out what their mind-set is so that when they're presented with a certain kind of data which is harmful to the client, they won't see it that way. They won't see it quite the same way as others. Now they have consultants that just do that sort of thing.

So that's an important part of mind-set. Let's go to the second part which illustrates how powerful mind-set

is. Many of you will know about these experiments done in the '30s by Slater, so forgive me if I repeat them for the others. Slater built these glasses called upside-down glasses which were made of a combination of lenses and prisms tied together so that when you put them on you see everything upside down. He took ten or a dozen individuals and asked them to do this. Of course, that's a very de-stabilizing thing to see people hanging upside down on what should be the ceiling. But he asked them to stay with it and keep wearing the glasses, and they did, albeit with some difficulty. Somewhere between two and three weeks, one after the other, suddenly there was a flip. With the glasses on, they saw everything right side up. If they took the glasses off at that point, flip, they'd see everything upside down again. They'd have to wait another two or three weeks before, flip, things would go back to normal and they'd see everything right side up.

I think that's a remarkable observation. One that should be taught to children in grade school because it says our mind-set and belief system is so strong that it creates a force acting on the neural dendrite system causing them to grow in such a direction as to build an inversion lens in there, or prism. I don't know what the geometry is. But the body does it and I think we do this all the time. Of course, these days people are dealing with neural learning to try to get around various difficulties, taking advantage of that. But we're amazingly adaptive creatures, our bio-body suits are. This is how we build structure into our bio-body suits. This is why the jail is so difficult for us to get out of because we're building the bars by our belief structure.

00:39:21

Now the final example on this, which I found interesting, goes back to something that Darwin wrote in his diary. When he sailed his sailing ship *The Beagle* into the harbor at Patagonia and the Patagonians were on the shore and they could certainly see everything that was in the harbor but they couldn't see his sailing vessel. Pretty strange. The shaman was there and he could see the vessel. I presume he had more elevated consciousness. So he spent some days, some time, talking to them, explaining. This piece was like that in their experience and that piece was like that in their experience and this piece was like something else in their experience. After doing this for a while, suddenly *The Beagle* just faded into view and they saw *The Beagle*.

So it says on this path of cognitive development for us, we need building blocks that have meaning for us. It's meaning that we deal with. If we're to understand something we have to translate it into meaning, in a framework. So if we want to do movement in new domains of cognition, we have to lay a foundation, we have to build some structures, some little building blocks, or toy blocks or something. The same kind of thing we do with children. We put them on the floor and we give them these blocks and we say "Go ahead. Assemble something." And in the act of trying to assemble some things, they gain cognitive development within themselves, and they build something. Well, I think that's the way it is for us with respect to these other domains. One in particular, the next one which will be our cognitive domain to develop, is the reciprocal space domain.

Enough for that. Let me now move on and say a little bit about experimental data. I won't say a lot about experimental data. If you want to ask questions later, I'm happy to talk about it, but I'll just use two pieces. The first one comes from a nice set of slides that relates to a study I did with a gentleman by the name of Stan who after this became a practicing psychologist up in Jackson Hole, Wyoming.

00:41:54

(showing slides) Stan came to me back in the – let's pass that one, I keep forgetting to take that out. We're going to need to turn the lights down as low as possible so you can see. Those of you on the side, you probably want to stand in the back. There are only about ten slides.

Stan is the fellow on your left, my right. He's a bahai, very spiritually developed gentleman whose intention with the study I'm about to tell you about is just to reveal God's universe. Here he is at the temple of the Bob [sp?] in Haifa, with an engineer friend of his. Of course, this thing in the foreground and the stuff up around that light, that isn't there in physical reality. Stan came to see me with a bunch of his pictures and he told me the story that when he was younger, people thought of him as a klutz with respect to cameras. Because if they handed him their camera and asked him to take a picture for them, quite often not only would they get the picture but they'd get other stuff on the film and so they figured that he was just screwing it up somehow. After the passage of time and this occurrence happening an awful lot, Stan realized that when he had a particular feeling in his fifth cervical and his seventh thoracic -- which was his dowsing

response -- if he took a picture at that time he would get something special on that film.

Let's go to the next one. So Stan wanted to show me some of his photographs to see if I would do some work with him. The technique was -- it was a Kodak camera, it was Kodacolor film, standard Kodak processing. The film was set on a tripod. There was a shutter release and there was no artificial light that he used. And Stan gets turned on at conferences like this, spiritual rock conferences, and spiritual shrines. Here he's at a rock conference and of course, this stuff that's here -- there's no artificial lighting, so that's obviously something from the people -- but there are these interesting sea horse like things on these contrails that were there. Let's go to the next one.

00:44:42

Here is Yuri Geller on stage with a couple of ladies with these nice interesting plumes and here are a couple more of those little sea horses that are there.

And the next one. Here's Geller again with the two ladies. Again we've got some little sea horses. The thing I like, if you look at these time stopped images of this TV monitor, well, of course, that can't happen.

00:45:12

The next one. Seals and Croft were friends of Stan and I think this might be Seals. It was his birthday and he allowed Stan to take a picture. There he is and it looks like we have some little friends down there. But there's all this stuff in the foreground. This thing that looks like a book floating around.

00:45:38

Let's go to the next one. Here he is again with a lot of interesting stuff in the foreground. And I thought, well, this is pretty interesting stuff. Sure let's do an experiment. So I designed an experiment for Stan. The experiment was to use two cameras: one unsensitized and one sensitized. The way he sensitizes someone else's camera is to carry it next to him, take it to bed with him for about three or four days and then it's sensitized. Then he can take these kind of pictures with it. If he hands it to someone else, then maybe for the next hour they may get 20% of the pictures like this. After a couple of hours, nothing. So his energy field charges it up in some unspecified way. Well, I couldn't get another camera like the one he had -- it was a plastic lens-type Kodak they no longer made -- and so I got a Minolta. Don't ask me why a Minolta and why I didn't buy two Minoltas. I didn't have enough money in those days and I was doing all this

stuff on the side. So I got a Minolta and Minoltas are basically faster, photographically faster than the Kodak, but I put them on a single light bar and I put them on a single tripod, and one shutter release. So both cameras are sort of aligned to the object to be photographed.

Let's go to the next one. So here is the Minolta of these three men. Particularly pay attention to this fellow in the back. You can see his feet here and particularly this branch which he's blocking. Let's go to the Kodak now. There's the Kodak and so here's this fellow and you can see his feet all right but you can see right through his body, most of it anyway, with this branch. Neat, isn't it?

Let's go to the next one. Here's Geller on stage with a couple of ladies and there's a blackboard on the other side of Geller which he's blocking with his body. Next slide. Here's the Kodak. There's some kind of stuff coming from this lady to Geller but you can see mostly right through him to the blackboard.

00:47:53

Next one. This was a Kubler Ross Conference in Monterey. This is the Minolta, of course. Pay attention to the light wells. The next one's the Kodak. This is really interesting stuff. Sort of makes you think there might be something else in the universe..... Then we did think of something and we decided to do a study and take some pictures at Stanford Chapel and the first picture would be with the lens cap off the camera, then the next three would be with the lens cap on the camera.

00:48:37

So let's go to the next one. This is Stanford Chapel. Pretty dark in there this day but you can see the stained glass windows -- so sunlight. This one is with the lens cap off. This next one is the first one with the lens cap on the camera. The lens cap is covering the lens. Let's go back the one before. So this is with the lens cap *off* the camera, and this is with the lens cap *on* the camera. The next one is the second one with the lens cap on the camera, and the next one was totally black so you don't see anything.

All right, let's go back over the three of them. Yes, this is a standard Kodak lens cap, exactly. So this one the lens cap has been taken off the camera in this case. It's off the Kodak. This is the Kodak camera. Stan was taking the picture. The camera is on a stand, a tripod, and he's using the shutter release and this is what he has with the lens cap off the camera. This is the first one with the lens cap having been put on.

Participant: Is the slide in backwards?

00:50:07

Bill: Well, it's possible. That should be turned around.

Participant: That explains everything. [Laughter]

Bill: There's the second one, anyway. So one sees the effect die down. By the time we took the third one -- and there wasn't a long time between the three -- it had gone to zero. So whatever was in there that needed to cause this to happen had been used up.

Participant: [inaudible]

00:50:37

Bill: Outstanding. Awesome.

Participant: Were you expecting it to be that way?

Bill: No, basically the intention was to just do the experiment and see what came. His intention was just to reveal God's universe and I had enough faith in Stan that when he felt it was time to take a photograph that something would come up and I'd learn something. And this is what I learned. Stan has just recently retired from his tour of duty as a practicing psychologist and after a couple of years of getting over that, he is now ready for work again. I bought him two cameras this time, identical cameras, and he's getting himself back in shape and we're going to do a study with lens cap on the camera but one camera and in this case what kind of materials can I put in the one with the lens cap that will let us..... will block more or not block.

Participant: (inaudible)..... a video camera, too?

Bill: Well, first step first. I do them step by step. There's a question down here, too.

Will: So in your paradigm, you're calling this next reality a reciprocal domain?

00:52:07

Bill: Well, I'll come to that in just a couple of minutes, but basically the subtle domains, the reciprocal, which I think of as part of the physical -- we only know half of the physical and this is another part of the physical, and then the emotional domain and the mind domain -- all of these are part of what will come to us as we unfold further. But the next one is the one right adjacent to the physical, the counterpart to what we are presently cognitively aware of and both of those domains, I believe, are functioning in us

all the time. We're just only consciously aware of part of it.

Will: So would you hypothesize that you're getting some feedback from this other domain with these pictures?

Bill: Oh, absolutely. My intention with these pictures, without going into a lot of detail, is to say "Do you know anyone based upon conventional science that can explain this?" And my answer is no and therefore they are indeed in these other domains or something which approximates other domains.

00:53:27

Will: Just a brief sharing of parallels, as Judith and I were doing some training of some post-doctoral therapists with close-circuit television, I was doing some energy work. I left the room, the person was on a flat surface on the floor and I asked them to sit up and when I got in the next room the video camera was recording something like this -- that the person was now sitting up in the middle of. Then we happened to have an orthopedic surgeon who was walking down the hall, who was nuts and bolts, and so we started doing experiments with this. Took the person out and the form that had been released in that work stayed in the room for about three days and we have video of that.

Bill: That's terrific.

Will: I'd be glad to show it to you.

Bill: There's so much. We've hardly scratched the surface. I think we're hardly babes crawling on the floor of the universe. There's so much there which we will unfold in time.

Michael: What you've just shown us here reminded me of a book that I saw about 30 years ago in which, I don't remember who it was, was able to imagine something and have a photograph taken of his face which would then show what he was imagining.

00:55:03:

Bill: There was the Eisenbud [sp?] work with Ted Serials [sp?]. I don't know whether that was it or maybe it's another one. But none of those that I'd seen before are as clear and sharp as Stan's. We did experiments with Stan just holding a cassette of photographic film adjacent to his forehead or in his hand and trying to imprint on it directly that way. We got something, different colors and such, but nothing like these sharp images. I think this lady had a question. Do you still have it?

Stephanie: I'm just curious, what was the time-frame between when the lens cap was off and when it was on, on, on, and how fast did all that happen?

Bill: I wish I could remember. The time frame -- I would say that everything occurred within less than five minutes. All four shots.

Stephanie: The second shot when it was first on was clearer than when it was off.

00:56:13

Bill: Yes, exactly. It was. That's right. I deduce from this that you're not using normal light. You're using some other kind of light in the universe that's giving you the representation and Stan's energy field is such that not only can that light come through something that we think of as opaque, but Stan's energy field sensitizes that level of the film so that the imprint from that level is carried through to the silver halide grains of the physical levels so that it goes through the normal processing.

Stephanie: Did Stan happen to say, was it similar to what he was seeing?

Bill: No, he didn't say. Stan wasn't really seeing anything per se, other than seeing the room. I mean his eyes were open. Anyone else before I go on?

Judith: I just want to verify her question. Stan was not intentionally putting his energy in a particular direction other than to reveal God's universe?

Bill: That's right.

Judith: So every time these pictures were taken that was his only intention?

00:57:27

Bill: That was his only real intention.

Judith: Not anything to do with light or.....?

Bill: No, no details. Just that always.

Judith: Just that always. And was he operating the shutter on the Minolta, also?

Bill: The shutter on the Minolta and the Kodak when they were done together, they were simultaneous.

Judith: So what would account for the Minolta and the Kodak being different if his intention was the same?

Bill: Because only one of them was sensitized.

Judith: Oh, he's sensitized.....

00:57:55

Bill: He'd sensitized the Kodak and not the Minolta. We were very careful. We never let Stan load the cameras or unload the cameras or anything like that, no.

Corey: It appeared to me that there was light bouncing off the backs of the seats almost like a flash which made me wonder is there some source of light coming from Stan?

00:58:25

Bill: There *is* a source of light coming from Stan. Stan's energy field is such – I will tell you how I would rationalize that but I have to use some technical terms. He is emitting subtle energy field because he is who he is. His being is doing that. So he's a light source at these subtle levels. My modeling says, the substance of the subtle levels can interact with the substance of the physical level and create a correlate on the interface between the two. The correlate is magnetic vector potential which, it turns out, is one of the two primary potentials that give rise to the electric field and the magnetic field. I won't go through the mathematics of it but that's the relationship. But it is interesting that the time derivative of the magnetic vector potential is an electric field, and if in fact in the total darkness, you take a film and a cassette and you put it in an electric field, it will develop. So there's a connection. The details of the connection I don't really know at this point.

Michael: Does Stan have any other unusual or psychic..... Could you tell us briefly about those?

Bill: Yes. Well, certainly in those days he could do it with sound devices, too. All kinds of sound things. Or he would walk down the street and he would see people fade in and out of his visual field and he would see people that weren't there in physical reality, and so on. He had a lot of these things going for him. It's interesting also as a practicing psychologist that he carried about two times the patient load of his colleagues in that operation and had about four times the success rate, which isn't surprising. He was putting this energy into healing.

Will: You seemed to indicate that he lost something in the process of practicing as a psychologist and now he's sort of regenerating.

01:01:00

Bill: He lost his sense of joy in living. He was deep in. He was working with a bunch of colleagues that are somewhat like my Stanford colleagues. They don't make life too wonderful. But nonetheless, joking

aside, I think the last several years he was having a hard time with respect to that and so he really needed to get back his sense of joy. When I spoke to him it was always about that kind of thing, of just letting go of this stuff and wash yourself clean and just be joyful and here's a couple of cameras and when you practice and so on, and when you're starting to get it back, let's do something.

Will: How many years did he practice, approximately?

Bill: Well, he practiced from 1980 to 1996, 16 years. I think this lady over here was next.

Roxanne: What do you make of the little white.....

Bill: I don't know. They're interesting, that's why I call them sea-horses but there's a lot of that stuff around and at this point I just don't know. I always intended to do lots more experiments but it didn't happen back in those days. Stan used this for a thesis at the International College in Los Angeles.

GHC: Bill, why don't you take one more question, then we need to break and then we can resume.

Bill: OK. One more question over here.

01:02:59

Ken: I'm a very beginning practitioner of kundalini maha [sp?] yoga and it sounds like what you're talking about is very similar to the science of yoga.

Bill: Oh, absolutely. That's what I say, it's one of the techniques of inner self-management at the emotional and mental level. It's the oldest and best known one.

Ken: Would you consider consulting with some spiritual teachers about what the nature of the phenomenon that you're seeing is?

Bill: It's really interesting. Let me just share this because I think it's important that you get this. About 1976, 1975/6, I had developed 90% to 95% of my present model picture and I wanted to talk to someone about it. I wanted to get some feedback. My colleagues who had the training that might be able to give me some feedback weren't interested. Most of the people that were interested didn't have the training to give me feedback. But up at Berkeley at that time was – the guy who talked about the blue pearl – Muktanana [sp?]. I went to see Muktanana, I thought he would know and he felt like an old chum to me.

01:04:34

So we got together and he had his interpreters there and we sat down and everybody clustered around like

this and we had this conversation that went on for an hour or more. I would say something and ask him a question and then he would say something and it would get translated and it would be very pretty poetry and such and I would say “Go deeper.” Then he would say something more and I would keep saying “Go deeper,” and so on. And we kept doing this and after half- to three-quarters of an hour I realized he knew what I was talking about but he had never used the set of symbols that I was using and that I wanted him to answer in. See it’s that problem. The problem often is not in knowing, it’s in articulating the knowing and the frame of consciousness that we find ourselves in. So it’s really a very key point. So my experience has been going to spiritual masters, they have developed capacities within themselves and, in their language, can interpret those things. But I’ve yet to find one that can do it in my language. My role is I’m trying to build a bridge between conventional science and the science of these domains and therefore it has to be in that language. It’s interesting.

01:05:59

GHC: We want to continue this but it’s time for a break. Thank you, Bill. But one thing I would like to just emphasize is while for many of you this bit about surrogate muscle testing or intuitive testing may seem like way out and woo-woo and on the edge, etc., my guess is that ten years from now we’re going to look back and find the very beginning stages and it will be very routine, and we’re in kindergarten.

01:06:23

Bill: If I can just add on a little bit because basically in chapter 3 or 4 of my book where I describe the experience I had in the 70s -- I was working with a dowser, and we use a dowsing wand to measure energy fields and to discharge energy fields and upset our own internal circuits and then restore them again, learning these various techniques and such, and I used it then for quite a while for healing, working on myself and anyone else. And I would discharge from like – I mentioned the apple and such -- through myself into basically a jar of poisons, because that’s a good sink for such energies. But after a while I decided I don’t want to be dependent on this as a crutch. I want to build myself. So I gave up the crutch and I just used my hands. Now it wasn’t nearly as efficient initially but 20 years later.....

GHC: Tomorrow by the way we give up the crutch. You can give it up.

(Break)

01:07:33

Bill: Back in the 70s as an outgrowth of the work I’d been doing on Kirlian photography, the work that we had done was to show where the energies came from, where the colors came from, what was the physical process involved in it, etc. My students at the time thought that other people’s work that was showing some really strong energy effects of a non-physical nature -- seemingly non-physical nature -- that that was just sloppy experimental technique. I didn’t agree with him. My intuition was that there was something real there that I couldn’t write off. So I pursued trying to think of a way to reveal some human interactive effect with this process. What I ended up with was building a device. The device was shaped like a sandwich. The bread of the sandwich were dielectric sheets, like quartz or glass. The meat of the sandwich was a particular gas, and the whole thing was wrapped in a phenolic frame so it would be sealed tight. Then there were two thin gold electrodes put on the outside of the top and the bottom and we would electrically ground the bottom and apply a high voltage to the top. Often we would put this device in a little Faraday cage.

01:09:09

The protocol for this experiment was the following. I have to say a little bit about the physics first. When you set the voltage below breakdown, what happens is there are little burps of electrons that go across that gas and you can take those and put them on an oscilloscope so you can see them. They go very quickly, something like a hundredth of a microsecond across this gap which is the order of 2 millimeters thick. You can take that current and you can put it in a counting circuit so you can count these little burps, these micro-avalanches they’re called. Or you could set the sensitivity on the counting circuit so that it would just would not count the biggest ones that were present in the system. What that would mean is you would have a poised system. You’ve got a voltage on it, below breakdown but just sitting there and no counts on the counter.

The protocol then was to go up and stand in front of it, intending nothing and just stand there for 5 minutes and you would get 0 counts. Then you’d put your hands around the device, or around the Faraday cage or on the device – you don’t want to get your hands too close to it or you get shocked – as if you’re trying to heal it. Nothing would happen to the order of a minute, a minute and a half, and then suddenly burp,

burp, burp, you'd start hearing counts occurring and if your eyes were open you'd see flashes of light coming through these gold electrodes because they were very thin. At the end of 5 minutes, you'd stand back and intend nothing, and the system would still burp and burp and burp and eventually it would die down. And you look at the counter and you had 0 counts from the first 5 minutes and now for this 5 minutes plus the run on, you might have 50,000 counts. So it's a very robust experiment, going from 0 to 50,000. So we did a whole variety of experiments with this. We did them with all kinds of people – men, women, children, gurus, nurses, etc. We found the best candidates were computer science students. We'll see why perhaps later.

01:11:44

When the device was working anyone could make it work. But there were some times when the device didn't work and we didn't know why. Was it the device? Was it the environmental energy field? Was it our own individual energy fields? Don't know. Wouldn't work for maybe a week to 2 weeks, then it would suddenly start working again. Go for maybe another month. Then same thing would happen. So that was interesting.

But over the course of the experimentation we began to discover a variety of things. At least one which was important, and that was if we were on the other side of the room, I and my students who were doing this on the side -- also, talking about other experiments that we were doing -- then if we switched our attention to that device which was just sitting there in this poised way not counting, suddenly it would start chattering. That was interesting. And likewise, we could have it running all day, no counts, and overnight no counts, and we could be walking down the hall and get ready to open the lab in the morning and as we were walking down the hall and get close to the lab, it suddenly starts chattering, and the record trace shows that.

01:12:05

So we thought, well, gee, maybe the mind's involved in this experiment. So we did an obvious experiment that is to stand there and not put our hands around the device in the second part of the protocol but to intend to mentally interact with the device. And we got counts. We found that we got many more counts with the mind portion of the experiment than without hands experiment, with no intention. That was a step in the right direction but it wasn't really a robust experiment.

01:13:42

The robust experiment, the first one, was to do the following with the protocol: stand up there for 5 minutes intending nothing, 0 counts; stand up there put your hands around it for 5 minutes intending, maybe 50,000, 60,000 counts, step back; let it die down to 0, then stand in front of it intending nothing for 5 minutes, 0 counts; then the next 5 minutes put your hands around it but now put your mind on an arithmetical problem, $2 + 2 = 4$, $3 + 3 = 6$, $4 + 4 = 8$, etc., etc., 0 counts. Really interesting.

01:14:24

We did another robust experiment which was to put ourselves in a Faraday cage with this device with this little Faraday cage around it 15 feet away, and when I was a subject what I did was just lay there and I visualized the device at my solar plexus and -- burp -- 25,000 counts. So we only did a small number of those experiments. We did hundreds to thousands of the others. So the conclusion of that is that the human emits an energy that can influence electron avalanches and a gas discharge. Furthermore, the human can direct it with his mind, either into the device or away from the device. That was interesting.

Again going back to the explanation I gave relative to Stan and the magnetic vector potential, if the human being is emitting subtle energy fields or magnetic vector potential fields and the subtle energy fields will create a magnetic vector potential field and if it has a time-bearing character, that field inside the little sandwich would be the same thing as increasing the voltage, burp -- it would increase the size of the avalanche, it would increase the counts. So that's a rational kind of explanation.

01:15:45

Bill: OK, that's all I intended to say about experiments -- there's quite a bit more in the book -- but experiments that cannot be explained within the conventional four-space paradigm and the limits that we presently put on that, giving some support for the idea that there are other forces in nature and other domains in which they function. I had intended then to tell you something about the model and then to tell you something about coherence development in self, talk about the Heartmath stuff. But what Gary and I decided to do was just open it for questions of any kind that you would like to ask and we will just deal with the rest of the time with me that way. So why don't we start.

Larry: I want to know how you do that detoxification yourself without any equipment and how do I learn to do that?

01:16:47

Bill: It grew out of the work that I did with the dowser and we developed energy circuits which I talk about I think in chapter 3 or 4. Basically, because of that I felt that if I put hands on the body in a certain way I would move energy beneficially in the body and heal stress. If I put them in a reverse way, I would create an upset and tensions, etc. I've done a variety of experiments with those sorts of things, I found that if I just sat with my palms closed watching television or something, sleeping, or whatever, just casually while I'm doing something else – and not just the tips of the fingers but the actual palm to palm – then I would feel energy flow in the upper circuit of the body, up the arms and across the trunk and down, and it would go around.

The more that happened it seemed as if the resistance was lower and more energy was flowing because my hands always felt warmer and I was able to do more. Then my son would have some headaches or something and I would take – “Let's try your sunglasses.” I would do two things, I would sort of put the left hand on the front of his head and the right hand at the base of his brain and that would help him. But if he put the sunglasses back on, his headaches would come back. I'd say “Give me the sunglasses,” take the sunglasses and I would initially use this dowsing wand thing I mentioned before and just discharge it into a jar of poisons. But then eventually I didn't want to go that way because I wanted to build myself and so I would then take the glasses and hold them in my hand and I would just discharge. Every once in a while I would crack my wrist because what happens is the energy flows through and it seems to build up in the joints. So I would just crack the joints and that would allow the flow to continue. So I would just move it over the parts of the object and eventually I would feel it would be discharged and give it back to him and the headache's gone.

01:19:05

So the same thing with the apple or fruit, or whatever. So it's really a kind of adjunct to the healing process. There's some knowledge that's useful which is in the book but there is the intention to try and to do it and then just practice, practice, practice. This thing I found was useful to come upon that. You can do the same thing with your feet to build the foot circuit. And

dealing with the palm chakras, this one, and the other with the feet chakra.

Participant: [inaudible]

Bill: It's not a short-term thing. It becomes a life process. I'll give you an example of what I meant, I'll give you a couple of examples.

01:20:02

In the '50s and the '60s, whenever it got cold and damp or I would overwork, and I have a tendency to overwork, I would get lower back pains and I would have to go to a chiropractor every year, and I would go for about three months. The first month three times a week, the second month twice a week, the third month once a week. And I thought, “Oh, hell, I'm just tired of this stuff. Here I am doing all this energy stuff, why don't I try it on myself?” So I get disciplined at times, so I get up in the morning and the first thing I do as I sit on the toilet is I start with my hands as high up on my back as I can reach, hold them there for maybe a minute in the beginning, maybe two minutes, and then down a palm-width and then down a palm-width, all the way down to the coccyx. I did that every morning and every night the last thing before going to bed at night. I didn't have to go to the chiropractor for 20 years. Again, it's pumping and practice and doing. You could feel the enervation going on. So it's part of the process.

01:21:15

Another one which is again simple and you guys do it with all your tapping. I was having trouble with my eyes, driving with glasses and stuff, and it was problematical and someone told me the Chinese -- when they have those problems -- they start working on acupuncture points. So I would start massaging this point about 15 times each way and then this set of points, and this set of points, and then this set of points, and then this set of points, and then around the eye. I would do that the same time when I was doing this, and do things in parallel and I see now better than I did 20 years ago. Again, there are just these kinds of things that you can do for yourself and the more you do, the more you can do.

The most recent experience was the one involved with the Heartmath people and the work there of focusing on the heart and the thymus, for me to feel the thymus and to love different portions of the body. I find it isn't necessary to use the hands, if you can just basically direct it to those places on the body. If I'm out walking and I start getting a charley horse, I keep walking and say “Love for that right calf,” “Love for

that right calf,” “Love for that right calf,” and “Be in my heart,” and so on. If I’m somewhere else than I do the same thing. I don’t know what words to use, etc., but I just do that and that helps focus the energy there and it works.

Larry: That sounds wonderful. How long do you hold this palm thing to get your hand’s energy going?

01:22:54

Bill: I don’t hold it. That is what I did 20 years ago when I wanted to increase the capacity to pump energy. It’s a process that once you build the capacity to pump energy, you’ve got it. You’re opening your chakras, your palm chakras..... No, not anymore, I sometimes do it just because I like it. Sometimes I even sleep that way just because I like it. The energy flow, if I constrict it all in my chest, then I will do that and it will just open up. But I look at it just like muscle building and it’s just practice, just diligent practice. No big deal.

Brian: I just realized why before I go to sleep I crack my knuckles. It’s the only time I do it. Now I have an explanation to give to my wife.

Bill: Do you think she’ll believe you?

Brian: I’d like to ask you a question relating this to therapy. What Gary said before and what you mentioned that there’s a person, the therapist or the practitioner, the client, and the universe.

01:24:11

Bill: And sometimes there’s an instrument.

Brian: At different times, at different places. Now, if you had one client and five therapists simultaneously doing intention, taking of information, surrogate muscle testing, and you have five different responses, or five different points, or whatever it is you’re focusing on. In practical terms, what are you saying about what that person needs? Are you looking at just different aspects, all roads may lead to Rome? Also, does it then become the truth what you’re resonating with, the part of the gestalt that you’re picking up, how do you explain it?

01:25:01

Bill: It’s a very complicated question that you’ve asked, so let me try it this way. If you take five individuals and you train them the same, really rigorously train them by the same techniques and you ask them to be disciplined and ask them to only use those techniques, then you will get the same kind of answers. Similarly, the dilemma is, it’s hard to control

the outside life aspect. If you all build yourselves to the level where you don’t need any of these training wheels, then you are just radiating energy to these people, going in the various acupuncture points, some need it, some don’t, but the essential ones will get washed with them and it will bring about the needed change for them. In terms of truth, truth is a moving target in essence. It’s based upon our modeling. Truth within a kind of model structure and you have to design your experiments to reveal that kind of truth. It doesn’t mean there isn’t other truth or deeper truth, or that it will change.

For the longest time, I thought of myself as bi-polar and I had to do things this way and that way. Then one day, 10 years, 15 years later, I realized just one hand would do it, didn’t need two hands, didn’t need that particular arrangement. But I realized that my structure had changed. I had altered the structure. The largest experience, the example, is the following.

01:26:43

There are many inventors out there that work on these free energy machines and I looked at those things years ago and came to the conclusion that the inventors are part of the energy circuit. They don’t realize it, they’re an essential part of the energy circuit. So when they’re not in the circuit, the thing doesn’t function. That’s the way, you guys, as therapists are. You’re part of the device. You’re part of that circuit, that larger circuit and where you are and what your attitude is and what you’re holding, etc., all of those things relate to the healing process and how much and how pure is your intention. All of those things.

(End of Tape 10)

(Dr. Tiller’s presentation resumes on Tape 11)

Video Tape 11

Dr. Tiller's Presentation, continued from Video Tape 10

Brian: Gary was talking about a combination of taking in information and certainly sending love and intention. You focused, in your talk and personal anecdotes, about sending out, about intention in terms of energy.

00:02:06

Bill Tiller: Let's go to what I said were three branches of consciousness: The ascending branch, the surrender branch, and the descending branch. When I am sending out, it's because the spiritual network of the universe that's working with me is sending in. And I try to be careful not to send out much more than comes in, otherwise I disrupt my own structure and become less efficient in the overall process. So, in essence, we all have a spiritual network. It's a question of how coherent are we with it, and how effective and large is it and how we build energy structures within ourselves to handle this flow of energy -- that's the job -- to build ourselves at these subtle levels so that we can have huge fluxes of energy flow through. The example I would give you that just touches on that is that if you take a laser crystal, in nature, and you pump it and you get an energy beam coming out. If you keep pumping up the energy, it will self-destruct. The reason it self-destructs is because there are a whole variety of defects in the crystal of different size and character, and there is a level of energy that you can pump through there without them being significantly scattered by those defects so that it becomes self-destructive. But if you go past that level, then the biggest ones will produce destructive interference, and it will self-destruct. If you process that so you get rid of those, then you can go to a higher density, but then you've got the next level of defects. I'm using that example because we humans are that way. We have a whole variety of defects in us, at various kinds of structural levels, including psychological levels and so on. We need to get rid of those defects in our evolutionary path in order that we can pass energies through us of increasing densities without self-destructing.

00:04:23

So, that gets to what I think is the important center to work with first, which is the heart center. The heart nourishes the body at all the various body levels, but the physical level nourishes the cells and the other levels. And so when you open that one first, then you are nourishing all the other cell structures, which allow the other power stations to come online in a balanced way, rather than opening another center without the heart being open because then you get an imbalanced low and that center might draw huge amounts of energy but can cause terrible damage to you.

00:05:09

Carol: Hi. You've mentioned Heartmath and I thought maybe it might useful to give some information about that. Another thing is that I was surprised you didn't mention meditation along with the.....

00:05:28

Bill: I did use meditation, if you remember, in order to reduce the noise. If I didn't say meditation, I certainly should have because it is the key technique for reducing noise in us.

00:05:41

Now, to the Heartmath one, I spent a number of years working with them on experimental techniques and working on the experiential technique. The experiential technique, in fact, is to get that feeling started. In the latter part of Chapter 5, I talk a lot about that and those experiments. You focus on your thymus gland, at least I do, on the heart. That's my entrance way to the heart, and really feel it. And remember a time when you were happy or joyful, and then you hold that sense of joy and appreciate either that or appreciate someone or something. And you hold that state of appreciation and that's just simply the technique. What happens then is the heart goes into an ordered mode, and it then has various chemical consequences, which are beneficial to our body, and it has consequences of things that we want to do with intention outside the body. Let me say a little bit about the heart and how it functions.

00:06:48

Generally, we have, in terms of the autonomic nervous system, the heart itself is autorhythmic, in a sense that it beats on its own basically at 70 per minute. The branches of the autonomic nervous system, you have the sympathetic branch, which speeds it up -- the fight or flight kind of thing. The

parasympathetic, which cools it down, slows it down. So, you get basically a rhythm, which swings from maybe 30 to 90. For most people, it's very chaotic. If you take an electrocardiogram, and you work out what the heart rate variability is, you see a very noisy spectrum. But when you then decide, in the midst of this trauma and chaos, to a freeze frame, and just get out of that and focus in on your heart and you get into an ordered mode of the heart. You get this entrainment mode, and you see this chaotic rhythm in the heart rate variability spectrum, just comes to you like a sine wave – beautiful, very peaceful, and you can do it very abruptly. And you can do it, unlike normal meditation, you can do it driving the car. You can do it while you work. You can do it anywhere, anytime. So, it's quite beneficial.

00:08:11

Part of the beneficial nature is that it creates for you a whole set of beneficial chemicals -- salivary IGA goes up when you give five minutes of appreciation for someone rather than five minutes of anger. Five minutes of anger, basically the data that we have, is that the salivary IGA goes down below baseline for something like at least six hours. Whereas, with five minutes of appreciation, it goes up over that time period. So, it's beneficial. And the same thing is you find you create more DHEA in the body, your energy source, you decrease the choline, etc. So there are a lot of beneficial, chemical hormonal changes that come from this sense of appreciation. So you can imagine those sorts of things that are going on, and this is part of the way then that the heart is nourishing the cells, and the various chemical factories.

00:09:11

We did the experiment with a dozen people. We took DNA in an aqueous solution and put it in a jar and put it on a table, maybe a couple of feet from an individual. We'd have these dozen, one at a time, to go into an ordered mode of the heart and then intend to influence that DNA. Before we started, what we did is we did ultraviolet spectroscopy of light, and we got a spectrum. And then we would have them do this freeze frame, five minutes of appreciation and intending during that period to either wind or unwind the DNA. After that five minutes we could take that jar again, and we could test it with ultra violet spectroscopy. And we found, in these cases where these individuals indeed, at a distance, outside the body, were able to wind or unwind DNA. And we found two necessary and sufficient conditions for this: one is that they had to be in an ordered mode of the

heart, and they had to intend. If they were in an ordered mode of the heart and were not intending, no change. If they were intending like all get out, but weren't in an ordered mode of the heart, nothing. Now, that doesn't mean it's the limits on everybody, but that's what we found from that experiment. And the more you become inner self managed, it isn't two feet away; you can do it two miles away.

00:10:46

GHC: Bill, is another way to say that: love and intention go together?

Bill: No love and intention don't go together because intention is.... well, let me say two things. One is I think we're here to learn applied intentionality, but you can intend to make something happen at the damage to someone else. I mean, Hitler intended to make something, which he thought very beneficial, but a lot of collateral damage. Alright, I have an equation this way and I'd like you to read it in your minds just ahead of you.

00:11:26

Mass is like a chemical equation with arrows going to and from energy -- and Einstein worked a lot on that -- and now arrows going to and from consciousness, and arrows going to and from love. Love is the creative force that drives everything, as far as I'm concerned now. We're at the place where we don't understand much about consciousness, but we're working on that energy to consciousness link. When we get that locked, I think we'll work on this other link. Because again, it's not abrupt. Some people are always doing these things. We're different.

Nando: Could you say something about building coherence? Particularly, we've been talking about intention over the course of the day -- so building coherence in our intention.

00:12:26

Bill: I remind you of the example with the light bulb, and the example with the permalloy. You put a field on yourself for whatever it is your intention to change. If your intention is to gain cognitive awareness of this reciprocal space, then you do the experiment of trying to see and you intend. And you're patient with yourself. And you intend and you try, and you're patient with yourself. And you just keep going, and it eventually curves. I'll give you a funny example, which related to one of these learning lessons for me, which was that when we first moved to California, I

was surprised one day when my wife said I was kind of untidy in the bedroom, that I seemed to be kicking my underwear or my pants under the bed, or leaving them lying around. I didn't realize I was doing that. I thought she must be kidding. So, I ignored it, and she lovingly reminded me six months later and I thought it couldn't be so. And I was able to carry on the charade for another six months. And she reminded me, and then I started to say, "But it's so hard, and I'm doing all these important things. I'm working out this and that. Is it really that big a deal?"

00:14:05

But she was patient and she persisted, and finally after a couple of years, I said that I really loved this lady and it's really important to her so let me try. Well..... I tried and I failed. And I tried and I failed to remember to pick up those stupid things and do it. And it took so much of my intention to do it, but I *tried*. And you know? After about five years I could do it with no thought at all! Piece of cake. I am as tidy as anybody in the bedroom. These are lifetime things, you know?

The toughest thing to do is change yourself.

00:15:09

GHC: Bill, I want to thank you for a fabulous time.

(applause)

Substance sensitivities presentations

00:15:23

GHC (in studio): As you will recall, earlier in these tapes we introduced both Alan Handelsman and Tapas Fleming and promised that later on during the seminars that they would demonstrate their techniques for neutralizing substance sensitivities. Later on in this tape, that's what you're going to see, their actual techniques that deal with real people. I want to suggest something, and that's there is actually a third method. And that is to use EFT itself. And so before Alan Handelsman and Tapas Fleming come on to show you their techniques, we're going to have an interview with Sandi Radomski, who is one of our attendees, who reports using EFT a couple of times successfully to neutralize substance sensitivities. I also want to point out that after this seminar concluded, and after Sandi and I talked, of course, I tried it myself on a couple of substances with various clients, and it worked like a charm. So anyway,

you're going to see all three of these presentations, and here they are.

Sandi Radomski on using EFT for substance sensitivities

00:16:29

GHC: Sandi, I've often been asked about energy toxins and what do we do to take care of them, and so on. The next seminar, I'm going to have two people here who have experienced high degrees of success rates, Tapas Fleming and Alan Handelsman with techniques that neutralize the effect of certain toxins on people. And you've had your own experience using EFT. And I have not had that experience. I haven't even tried it. So, why don't you tell us what it is.

00:16:56

Sandi: Well, first of all, I've been working with energy toxins for a long time now. After doing the TFT, I realized how many times energy toxins got in the way, and so I figured that I needed to find a way to neutralize that. And so I learned a work Nambudripad's Allergy Elimination Technique and I do that, and Nahoma does it, Dorothy does it and probably some other people here do that. It's been very successful, wonderful. I love it, it's transformed my practice. It's been just a wonderful technique. What I've done in the last couple of days -- so this is just something for people to try out -- is I've tried, instead of using the whole NAET technique, I've been using the EFT points. Essentially, NAET -- the whole premise of it is holding the substance you're allergic to, or thinking of it so it's in your energy field in some way, and then tapping on specific acupuncture points. So, I reasoned, why not try the EFT acupuncture points? We're dealing with all the meridians. In NAET you're dealing with meridians down the back, why not try the EFT? This came to me, actually on Tuesday night -- 10:00 at night. I'm on my cell phone, driving back to my home in Philadelphia. And I'm calling my mother on the phone to just say that I'm going to be leaving tomorrow morning. And she was telling me that her doctor told her that she was allergic to her blood pressure medicine. She's had this cough for a long time. She wakes up with mucus in her throat and all this stuff. And I've done some other things with her, but still the mornings were still really bad, and the doctor said that it's probably from this medicine.

00:18:30

So, here I am on the cell phone and there she is in Chicago, and I said, "What am I going to do?" So, I had her hold the medicine. And I said, "Even though I have a bad reaction to this (name of medicine), I deeply and profoundly accept myself." And did that three times. I had her tap on "my bad reaction to this medicine, my bad reaction to this medicine....." Did that. And I hoped it did something. Then I called her, I guess, two days later and she said it was a thousand percent better. And I didn't know if it held. Then Gary said, "Will you talk about this?" So I called her just this morning, and I had told her to do it every day. Persistence counts. So she said, "Oh, I was going to do it, but I forgot what I was supposed to say." So, she's only done it once, and it's all gone. I'm so glad that she forgot because with the one tapping while I'm on the cell phone, driving down the street – the coughing, and my mother's an accountant, so she looked up and knew when she started taking the medicine and when her cough started, which was in 1992 that she's had this cough and mucus in the morning. With one tapping, a five or six year cough has gone away. So, that's pretty exciting.

00:19:59

Participant: Did you take her SUDS down to zero, or did you just do one round.

Sandi: Just one round because she had no physical symptoms at that moment. I had no idea what she was going to be --- it was mainly in the morning, she'd wake up with all this mucus and be uncomfortable etc. So she had no symptoms.

00:20:27

GHC: I would have been inclined, since there were no symptoms, to do four or five rounds. But you were on a cell phone. I would have been inclined to step all over it, just in case.

00:20:36

Sandi: In my mind, what I thought is -- I did it one time for her and I thought she was writing it down and would do it a couple of times a day. And with persistence, it might have a little effect. I had no idea this was going to happen. So, the next day, I was flying here with Marilyn and she started having some reactions to some things on the plane – the cantaloupe or the muffins or something. Her breathing got bad and it was just hard to get at her back to do the NAET so we were doing the EFT points and it went away.

The stuffiness went away. The difficulty breathing went away, right?

Marilyn: We worked on several different things and they all seemed to work except the cantaloupe didn't hold

Sandi: And the symptom went away. And then, the next day she was feeling somewhat anxious in this room, and we were trying to figure out what it was and we did some emotional work, and Gary did some things. But, we started checking things out and she was allergic to her blouse, so she took that off. And the tablecloth here, she was having a reaction to the detergent in the tablecloth, which isn't that uncommon.

Marilyn: And it's on all the linens in the hotel.

GHC: And you know for sure?

Sandi: We tested everything! Especially if you have anybody who, when they wake up in the morning especially have those reactions in the morning, it's often the detergent on their linens. So, we checked that and we had a napkin from the breakfast. And she was weak on that and we did it. And it cleared up. She was also tested weak to the air in the room. Actually, I have people in my practice who bring air from their offices. You take a bottle with some water and sit it out for a while and the stuff from the air gets in there. And you muscle test. So, you treat people directly on the air. But we didn't have a way to do that. So, we just had her think the air in the room. I actually wrote it on a piece of paper to help with the focus, and she held that, and we cleared you on the air in the room doing this technique. And then I went to take a shower and we also found out that she was weak on all the machinery (in this seminar room).

A lot of people have a lot of reaction to electromagnetic things that are going on in here right now. So, she did it for herself on the electromagnetic things. So she did it, thinking it, thinking the machines in the room and she cleared it. So, I don't know how long these effects will be. I don't know how persistent, but it's something to play with. I do have a strong feeling that at least by using the EFT with the energy toxins, you're going to get enough space where your body is not reacting to that toxin so that you have a window of opportunity to do your EFT -- which is because Callahan says we can't do it because of the energy toxins -- you need that little

window of opportunity. And I think, for that, we know this will work. I don't know over time.

00:23:51

Bobbie: I just wanted to share that I've been working on allergies for myself and I notice a couple of things. One is that before I take the thing that I know I'm allergic to, the reaction starts. So, I notice that there's a fear or a whole thing going on. There are other aspects going on in there besides that people might want to work on if they're doing that.

Sandi: You know, I need to make one more comment and I'll be short. When I talked to my mom this morning, I do want to make one reservation because in Dr. Nambudripad's work, you do things in a specific order so you don't overstress the body. Tapas doesn't do that but after I did the tapping with my mom over the phone, she said she did have to lay down. She felt a little weird. And that was probably a big allergy. She's been coughing for six years. So, just to be aware of that. I don't know what that means.

GHC: You may want to sneak up on it, is what you're trying to say.

Sandi: And you may want to do some other things to build the system before you do the big work.

Alan Handelsman on using Resonance Tuning for substance sensitivities

00:24:57

GHC: When you take your break you have an option. You can either go take your break, or Alan Handelsman will be up here and for those who wish, Alan will be here. (to Alan) Describe what you're going to do.

AH: Okay. What I will do is hopefully have a volunteer and we'll test either a pager or phone, or something that they have and hopefully it will be toxic for them, and then we'll tune it. I'll give a demonstration about tuning it, how to do it, and then we'll test again.

GHC: Back here to Corey.

00:25:34

Corey: I just wanted to say that I bought one of the cards from Alan and brought it home last night and

treated myself for red wine and had some and woke up without a headache. I did a double blind study with my children last night and the red wine on either a credit card or the card and I was the only one who knew and my wife then muscle tested them and I put it on the credit card twice where nobody could see and my daughter tested weak, as did my son, until I put it on your card, and then they tested strong. So, I came home telling my wife that yet another (belief) circuit had been blown.

GHC: With that in mind, it's now 10:08 so we're going to get back here at 10:30 so that gives you 22 minutes up here, Alan.

00:26:23

AH: (to Roxanne on stage) So first, I'm going to test. Say, "My name is Roxanne."

Roxanne: "My name is Roxanne."

AH: "My name is Judy."

Roxanne: "My name is Judy."

AH: "Roxanne."

Roxanne: "Roxanne."

AH: "Judy."

Roxanne: "Judy."

AH: There it goes. Feel it? Let it go. Keep your eyes open. Okay. Say, "Yes."

Roxanne: "Yes."

AH: Say, "No."

Roxanne: "No."

AH: Good, Okay. What I'm doing is just getting a feel for what's a yes and what's a no.

Roxanne: It's certainly different from what you see other people do.

AH: Yes. It's a different form of muscle testing. It's more subtle. I do a lot of muscle testing, and sometimes when I'm working and to hold on for an hour over and over, it gets kind of tough so we do a very subtle thing. If you want to, you put your arms

out and think of something that makes you very happy. And hold your arms with the least amount of effort, almost like you're floating on water. And now think of something that makes you unhappy or upset and notice that your arms get heavy. That's the difference. It's the same thing when somebody gives you bad news and your knees get weak. Same deal. Same deal.

00:27:43

So now, we're testing Roxanne in the clear and she's strong. Now we're going to put her pager on. What we'll do is think of the microphone now on your belt. That's okay. She's wants to be heard. Now see if she wants to be paged. Put that on. Okay. Pager. That's okay, too. Cell phone. There it goes – oh, good. Here's how to tune with the card. Who wants to test? Come on up?

Marti: "My name is Roxanne."

Roxanne: "My name is Roxanne."

Marti: "My name is Mary."

Marti: "My name is Mary."

AH: She's okay (in the clear). Now you can just hold the cell phone in your right hand. See. That's a pretty unobtrusive way of doing it and it shows up better in demonstrations like this.

00:29:31

Here's the deal: there are lots of different ways to use the card. If you forget, all you have to do is place it on there and leave it there for 30 seconds. What I'm going to do here, and I have a lot of trouble thinking of the three different planes. Sometimes I get confused. So, I make believe this is a house. And I hold it in front of the front door, like this. For about ten or fifteen seconds. Most of the time when I'm doing this, my mental state is not concentration. It's not intention or concentrated intention. It's counting to fifteen. The card is actually doing the work. The intention has been implanted in the card, programmed in the card energetically. So, sometimes if you're under stress, and you're too stressed to go through a lot of tapping or go through whatever it is that you would ordinarily go through, you just do this and it's easy to do because you don't have to be doing anything, other than holding the card. Then, I go in the side door back here. And I do this ten or fifteen seconds, or in front of a group until I stop talking, and

then..... I think it's done now, because I got the signal. But, when I first started doing this I had no idea if it was done or not.

But, I'm feeling something here, too, so who knows? So if you do ten or fifteen seconds on those three planes: If you have pains, what I have found is the first person I worked with was my mom and she had a shoulder pain. If you can fix your mother, you can fix anybody. So, I just said, "Here, hold it here." She had gone to a couple of doctors, and I think gone to an orthopedist the next week or something, and she said, "It's gone."

(inaudible - audience in distance)

00:32:01

AH: Because the front and the back are the same plane, basically. So, there are just three different planes. If I don't do the house, I can't figure out which ones I'm doing. Why don't you test, Marti? I've had results last at least a year. Now, I've had some where somebody said, "Well, the watch didn't affect the person for about a week and a half, and then we did it again and it was OK." My feeling is that if you're getting back surgery and it's costing \$30,000, and eight weeks of pain, it better work for a long time. It better work forever. But, for the amount of money I'm charging and for the amount of time it takes to do it, it's like we all take aspirin at times for headaches, and we know that the aspirin isn't going to last forever, but that doesn't stop us from taking it because it's so easy to do. But I've had results last well over a year.

About the house – again, doing the card, you have an object. And if you do three planes, you basically have it covered. Even though you can just hold it anywhere for thirty seconds and that will probably do it as well. But, when you're showing people, that's too simple so you have to find something they're going to believe. So, you approach it, the object, like how you approach a house. This is what I do. You don't have to, but I do it because otherwise I get confused. So, I walk in the front door and I hold the card up in the front door. And I do that ten to fifteen seconds. I walk in the side door and hold that for fifteen seconds. Then, they throw me out the side door and I go up on the roof. And I hold that ten or fifteen seconds. Question?

Participant: Does the card wear out over time?

AH: It's guaranteed for a year. As I hopefully sell more and more, I would like to program in obsolescence so I have a lifetime contract with somebody. I really don't know how long it's going to last but since the effects have lasted over a year, I would assume that this is going to last at least a year.

00:34:20

GHC (in studio): After the seminar, many people took Alan's Resonance Tuning device home and used it for themselves personally. They used it in their practice, and they began putting testimonials out on our EFT email forum. While there were numerous testimonials, I thought I would read three to you just for a perspective.

The first one comes from Marla Brucker, and Marla reports as follows:

"I decided to experiment, and see how well it worked for pain. I had torn a tendon in my arm, and the chronic discomfort, pain and swelling had been lingering for over two months. After arriving back from San Francisco, I began using it. Each time I would rest it directly on my arm and within five minutes the swelling had decreased; the pain subsided. I had the freedom of mobility return to me."

Also Kate Sorenson, who had a sensitivity to wheat wrote this. "In using your wondrous gadget, so far I've noticed that I don't get that tired feeling that I used to get when I ate wheat, or even thought about eating wheat products. I started treating rolls at the seminar lunches and have used it several times since then."

Finally I'll read this from Susan Parker. She says this, "Well, I'm sitting in front of my computer after having tuned it last night and this afternoon. I did it on a whim last night and actually didn't use it until this morning. What caught my attention was for the first time since I've been using a computer, I feel perfectly calm, at peace, and without experiencing any nervous energy. It's weird. Good, but weird. The other thing that I've noticed is that when I've used the tuner, the cats become very snuggly, and want to curl up in my arms, much the same as when I'm doing a reading, meditating, or doing energy work with someone."

As I mentioned, these are just three of the testimonials that we received, but I did want to share them with you.

Tapas Fleming's presentation on substance sensitivity reduction

00:36:24

Tapas: This is TAT, Tapas Acupressure Technique. We don't have too long because we've got a short break. But both of these two (Larry and Danielle) told me that they've got sensitivities or allergies to petrochemicals, perfume and gasoline. I'm going to just do it because we've got to do it kind of fast, and then when we do it again on another break, like lunch, maybe then I'll talk more about it.

But the first thing I'd do is I'll check on myself. "Can we work on this right now?" And I just use this for my muscle test. I use smooth, and sticky. So, "Can we work on this for you right now?" I'm just asking my body. "Yes. And can we work on it for you? Yes." So, here's the first thing you do. These are my favorite points, we all have got our favorites. So, it's here with your thumb. Use your thumb and your ring finger right here. And she's very ill from the perfume I'm wearing. So, I'm hoping this is going to help. Okay, so it's these points and you use your middle finger there. That's right And it's no pressure at all. It's just a light touch.

And your other hand is at the base of your skull so that your thumb is just above your neck, around where that hole is in your..... this edge is about here. So, what I want you two to do is put your attention on petrochemicals, perfumes, and do it for maybe two or three or four minutes. Just sit with your attention on that problem for you, and petrochemicals, perfumes, just be with it while you're in this pose. If you have a sense of things getting worse, allow it to happen. Just be there with it, and keep your attention on you and petrochemicals.

00:39:31

Let me make this a little clearer, Larry, the point where your fingers are right at the top edge of your eyes, just about your tear duct, actually. So see how my fingers are touching the upper corner of my eye? That's where it is. It sort of feels like there is a tunnel there. That's urinary bladder 1 in Chinese medicine. And my intent..... I'm holding the thought of you and petrochemicals and I'm always praying for your healing, too. My prayers are usually silent, but it's usually "If God were to heal this problem for these people."

Put your hands down, and I just want to check in with you two and see what's happening. We need the mike. What happened for you?

Larry: I was imagining at first and it was very obnoxious for me to think about it, and it made me grimace a little. It doesn't seem to have that much impact now. It did. I'm hoping it would be gone. That would be wonderful. It's been a real problem for a long, long time.

Tapas: How long is a long time?

Larry: I think probably most of my life, but I know I've not been able to tolerate my wife's perfume and that's a problem for her and all of that. Gasoline and things like that, detergents. It's just awful.

Tapas: So, you feel like it's less noxious.

Larry: Like my clients say (maybe because I was distracted by all this) but maybe I wasn't.

Tapas: How was it for you?

00:42:07

Danielle: What was happening for me mainly was I was remembering different times when I was affected. I was just kind of in that process.

Larry: I did, too.

Danielle: I wasn't noticing.... I was noticing the memory and some of the feeling of it, although not having an intense feeling without actually smelling it.

Larry: I was pumping gas, and I was in the car going out with my wife when she just put her perfume on in the car and it's just so close and noxious.

Tapas: So then what I do is I ask your body, "Would it help to do that step some more?" "No. Would it help for you to do it more? No." Okay, so what we do then is Step 2. I ask your body, "Would it help to do Step Two, which I'll explain in a minute? Yes. Would it help you? Yes." So, Step Two is having you just put your attention on the thought, "I can have an OK relationship with petrochemicals." So you do this same pose for about a minute with that thought. It's like, "Petrochemicals and me, we can be fine," or "I can have a normal relationship with them and they won't make me sick." Whatever of those kinds of

things resonates with you. So you do that for about a minute or so, until you feel a shift and then you can put your hands down and let me know.

Meanwhile, as a helper over here, I have my attention on each of them, and I'm doing a testing on myself. When is this step done? This one's done, and this one a little more.

Or you can have a thought like, "This stuff doesn't make me sick. Petrochemicals are okay. I can live with petrochemicals and be okay. Okay, I want to check in and hear some from these guys.

00:45:27

Participant: I just wanted to know what signals to you sticky or smooth. I needed clarification on that.

Tapas: Sure. I rub my index finger over my thumbnail toward my pinkie. So, it's kind of like plucking a single-stringed instrument. That's my "yes," everything is flowing okay. Then, when something is sticky, it's more like a staccato instead of a soft strum. So, I just set that up and ask my body to give me those signals and a smooth is a yes, the energy is flowing fine, there's no problem. And a sticky is a problem, or energy disturbance, or no.

Danielle: Well, I actually experienced a physical sense of heat.

Tapas: Anything else?

Danielle: I notice how difficult it is to actually believe the possibility that I would not be affected.

Tapas: For my part, I'm not asking you to believe it. I'm just asking you to let that thought exist while you're doing this pose. That's all. So, where was the heat.

Danielle: It went through my entire body. Mostly in my upper torso of my back and through my head.

Tapas: Okay, thank you.

Danielle: And I do feel a little clearer than I did.

Tapas: What does "clearer" mean?

Danielle: Not fuzzy headed, not tearful, not scared.

Tapas: For my part, when you looked at me and said, “Are you wearing natural essences?” or what you said. It was like this scared animal being attacked feeling.

Danielle: That is the feeling because of what will ensue, and has ensued in the past.

Tapas I understand that. And your face isn’t looking like that. I can tell you from here.

Danielle Yeah. Something definitely shifted.

Larry I’m much more relaxed. My mood went up, and I was smiling some of the time. It feels lots better, and I much more relaxed about the whole idea of the petrochemicals.

Tapas Now I’m going to ask the same thing.... More of that second step we just did. Would it help you? No. Okay. Then I’m asking both your bodies if we need to do the third step. Do we need to for you? No. Do we need to for you? No. The Third Step is just being open to the origins wherever this started for you. And then would it help to do the Fourth Step for you? Yes. Would it help for you? No. So, you can just watch. Or you can do it. So, the Fourth Step is.... and you can do it if you just feel like it because it can’t hurt. So, the Fourth Step is you’re open to wherever in life has resonated with this problem for you, and also wherever in your body has resonated with this problem. So, it’s the *location* of the problem, for you. Maybe at the gas station, or maybe just looking at a bottle of perfume, you start to go, “Oh, God.” Or you go into a crowded room and you don’t know if somebody is going to be wearing perfume in there.

00:49:25

Larry: Three old ladies standing by, and they put too much on because they can’t smell it as much. Drives me nuts.

Tapas: Right. So, there are places out in life where it happens and then there’s places in your body that you and I don’t know where they are, but maybe it makes you nauseous.

Larry It curls my capillaries, and makes my eyes burn.

Tapas And there might be ten other things going on that are we don’t know or see or feel. Okay, so you’re just open to that – wherever it’s been a problem, and

you do this for about a minute. And you, too. A minute or two until you feel it’s done.

Larry Just be open to it?

00:50:01

Tapas Yeah, without knowing where it is. You know those three little old ladies, but all of the places in life that have been a disturbance, and also within your body where it has been disturbed.

Light is coming out of her face. Do you see that?

Danielle I know. I can definitely see the difference. It’s very strong.

Tapas Can we have the mike? I’m going to let you be in that so you feel done, because Gary wants to start, and you say what happened, how you’re feeling, and what happened for you.

Danielle The difference that I feel now is that I feel very present, very clear, very happy, very open, and the difference is *stunning*. And that’s why it was probably so frightening to me because I can feel it, previously when it would happen. It was though a dark cloud descended.

Tapas And I haven’t washed my perfume off, so....

Danielle Thanks.

Tapas Sure. Sure. You look great.

Tapas Okay. You’re done so you say what you have to say.

00:51:28

Larry Well, I feel a lot better. I feel comfortable about it, and it doesn’t seem to have any negative impact on me at all to think about any of those situations – to anticipate them or anything, so.... I feel quite free of it. I certainly hope it will be true. My wife will be thrilled. She doesn’t believe in any of this stuff, so if this works she’ll really....

Tapas So go home tonight, smell your wife’s perfume and tell me tomorrow.

Larry Well, I won’t see her tonight.

Tapas Well, somebody’s perfume.

Larry Alright. I'll hug a lot of ladies.

Tapas Hug a lot of ladies. Okay. Thank you.

00:52:03

GHC: (back on stage) I was talking with Tapas who was up here doing work with two people at one time. And I remember discussing on the telephone with her about maybe – “Tapas could you do this with five people at a time or ten?” She said, “I don't know. I never tried.” We tried two on one, right?

It's interesting. We need to break our own limits sometimes because we..... sometimes we're going to have difficulty with surrogate muscle testing, with using our own intuition with diagnosis if we haven't done it before, which means we're going to have to break through our own existing beliefs. That's true of almost anything we do, of course. I'm hoping to give you the evidence to give you the motivation to break through those beliefs.

00:52:50

GHC (in studio) Just as with Alan Handelsman, we received many E-mail testimonials regarding Tapas' work, as well. I was going to spend a little time on one of those for you because of its rather dramatic effect. It's a fairly long one – so, I'm only going to read a part of it for you. It is from Larry Nims, who you just saw Tapas work with on the session on film. Larry has had a very strong and lifelong sensitivity to petrochemicals of all kinds, including perfume. I mean, he could not even have his wife wear perfume without having a very strong reaction to it. If he walked into a room where other women were wearing perfume he had difficulty even staying around in the room. But anyway, he writes this testimonial, and I'm going to read a couple of parts for you. The first part just gives you an idea of the severity of his problem. And it goes like this:

“Pumping gas was always an unpleasant experience. Turpentine was terrible. Finger nail polish..... yuck. Polish remover..... double yuck. I just could not handle using kitchen sink cleansers. The list of noxious things seemed endless. And they were everywhere.”

And then, of course, he did the session with Tapas, which you just saw. And, by the way, he has done nothing else since then to neutralize these substances. They have apparently been neutralized, as you will hear from this paragraph:

“After Tapas treated me with her TAT process, *all* of these things have been neutralized. I still do not care for them. I still do not feel that they are fit for human consumption, but they don't curl my capillaries anymore at all. I can breathe them, close up and personal, without the negative reactions I always had before. I pumped gas just today, and I was able to breathe the fumes right down by the hose nozzle (I just had to try it) with no discomfort. *Amazing.*”

(End of Tape 11)

Video Tape 12

Discussing the use of EFT on the Telephone

GHC (in studio): We turn now to a unique use of EFT that in my experience, anyway, is probably underused. And that is using EFT on the telephone. There are many advantages to using it that way, and we're going to discuss those in the session that follows. And there are some disadvantages, as well. One thing I want to point out, though, is that before using EFT on the telephone, you need to check this out with your State Licensing Board and any State requirements that may be limiting you in this regard.

00:02:11

GHC (in seminar): In the last hour that we have I would like to spend time doing one demonstration, but I want to do this within the framework of a phone session. One of the things that I did a lot, I mean a lot, when I was using Voice Technology™ that I do now with the techniques you're learning -- and still do -- is use the phone. As I discussed the use of the phone with a number of people on our EFT list and yourselves etc., I find that there is not very much use of the phone. How many of you do your technique over the phone very often? How many do that? Can we get a microphone here with Marty. I'd be curious as to how you do it and what you do and so on.

00:03:10

Marty: I actually worked once with someone that I had not ever met, seemingly quite successfully, having to do with test anxiety. And I have worked with a number of people over the phone who are office clients. Ask me some more specific questions.

GHC: Why does an office client deal with you over the phone?

Marty: In one case a person called whose husband had just informed her that he was leaving her.

GHC: She was having emotions about this, is that right?

Marty: Yes. She felt a few things.

GHC: Thank you. I'm going on to another question, but I want to do something with that. Would it have been better to deal with her then or wait until next Wednesday afternoon for her appointment?

Marty: She thought it was wonderful that I dealt with her right then.

GHC: Absolutely. When is the problem in full regalia? Right then. When somebody has a migraine headache that just started, should they wait until Thursday?

Marty: And, in fact, she'd never done any tapping before.

GHC: Oh, she hadn't. Did she even know what it was?

Marty: No.

GHC: So, you had to describe to her where the points were?

Marty: Sort of. I gave her a few points, and they weren't very difficult, and it worked really well.

GHC: But you didn't have to describe it to her?

00:04:26

Marty: And I didn't need PR and I didn't do collarbone breathing. I didn't do any of that. I just said, "Would you try something?" And she went, "Ooh, whoa!" She wasn't crying any more.

GHC: One of the major, major, major advantages of the phone is that people can deal with you and get results from you when it is most apparent, and when they really need it. When they come back into the office, you've got to go back and they may not have all the aspects there -- all kinds of other stuff, OK? But when it is right there and they need the relief right then, it is a beautiful tool. I can't tell you how many headaches that people have called me with and we just take care of it in the moment. Or issues like you're talking about. Who else uses the phone?

00:05:14

Marilyn: I have a notice on my website that I do phone sessions. And I combine EFT with hypnotherapy on the telephone. So I can work with people all over the world actually. And one of the things that I can do is I'll ask them -- let's pose it this way. If they have an issue -- like they have performance anxiety -- I'll ask them to finish this sentence. "I don't want to perform such and such because....." And that's gets the psychological

reversal because they answer “because I was afraid in the third grade,” or “because I don’t want to.” So, we’ll get right there to it, and then we’ll tap on that. And I do a lot of other things with them, talk with them for quite a while. And I make them a hypnosis tape, as well, that is gleaned from all the information that we’ve gathered together. But we can do the EFT and the tapping right over the telephone. Plus, another thing that I do is I post on the Internet, a consulting agreement, which I gave you that has agreements that the two of us have. For example, they tell me what kinds of issues that they have – if they have AIDS or cancer, or if they have big problems, and I give them 24-hour cancellation policies and all other kinds of policies. Also, I agree to strict confidentiality so they know, right there. And they “signed it” over the Internet. So, the phone sessions work really great. And sending them the tape of the session, which I make afterwards, usually. Sending them the tape keeps it reinforced. So, it works very, very well.

00:07:09

GHC: (to audience) Let me ask you, if you were the client, would it be less expensive for you to call your therapist on the phone or to get in your car, take time off work, go to your session, drive there to and from, wait if you have to, and then come back. Which would be more efficient for you as a client?

Participants: (inaudible)

00:07:41

GHC: Efficient was the question. From a client’s point of view, not from the insurance company’s point of view, but from the client’s. If the client is having an issue; if the client wants to deal with something, is it not easier for them to pick up the phone at 10:00 on Tuesday morning, if you have an appointment for then, or whenever they have an issue, and just call and not get in their car and go over etc.? Don: has a question over here.

Don: This is where I kind of go “Annggt” on this issue because if it’s a borderline client who has those features or an associative disorder person, it might be more efficient for them to come to the office because on the phone, you can’t sometimes treat situations like that. However, if it’s your normal, ambulatory..... whatever Larry says..... who has a little anxiety – yeah, pop on the phone, call him, get it done and go to work. Sure. I just want to make the point that some cases are not appropriate to do this.

GHC: You’re probably correct; however, I will also tell you that I don’t know how many hundreds of people who have called me from all over the world that I’ve never met. I wouldn’t know them if they came up and kicked me in the shins. And we have dealt very effectively with all kinds of issues -- sometimes very severe issues. I just point that out.

00:09:10

Don: I understand, but you don’t work on a daily basis and form a relationship and trust etc., etc.

GHC: Interesting. You think I Don’t?

Don: Well, you do that, but you don’t do it every week for 15, 20, or 30 weeks.

GHC: That’s true.

Don: And that’s a whole different structure that we work in.

GHC: What’s interesting about that is that if you listen to the EFT audio tapes there is one occasion, her name is Bonnie. Bonnie was a gal that called me repeatedly from Ohio. I’d never met her. When she first called, her knee was shaking. It was like this. She was talking about a traumatic incident about something her father had done to her. And so we did the tapping right over the phone. Down it goes, “Here’s comes another one. She’s shaking, trembling. She does this all the time.”

00:10:01

With all kinds of things – those things were not on the tape. I didn’t record them at the time. I recorded a half hour interview with her six months later. But I had this ongoing relationship with her. She called me several times a week and we just kept doing issue after issue after issue after issue after issue. She quit biting her fingernails. She lost weight. Everything happened because she kept after it. Now was she a multiple personality disorder? I don’t think so. But she had a lot, a lot of problems. What I’m pointing out is with the phone, we can do a lot more than you think we can do. I guess that’s my point.

Don: And the point I want to make is I didn’t mean to say that you didn’t form relationships, I’m just saying that there are limitations, and there are perfect opportunities and there’s some people where it’s more efficient. For me, that depends on who you’re talking to.

GHC: Of course. And you're right, and you're right.

Don: I just wanted to make some kind of context. That's all.

GHC: That's right. And all I'm pointing out here is there is an opportunity within this that I don't think is picked up on as much as maybe it could. That's why I'm touting it a little bit. Mary had a point here.

00:11:15

Mary I just wanted to say that as a client I had found that there was a level of anonymity and privacy that I appreciated. And I've done some work as a therapist, and probably my most dramatic one was when I was on my cell phone. One of my group members called and said, "So and so is suicidal." I'm on my way from Oregon to California on a vacation, and I sort of called her with this attitude, "We're just going to tap this away, so I can enjoy my vacation." And that's what we did – about ten minutes on my cell phone on my way to California, we tapped her suicidal ideation away. It was pretty serious. It was serious enough that had she been in my office, I would have probably been considering hospitalization or not, and it only took ten or fifteen minutes and I felt quite secure from the answers and my own intuitive diagnosis abilities that she was fine; and she was.

GHC: Adrienne had a call from Lake Tahoe, some gal had just entered into a panic attack. In fact, the words were, "My room number is (whatever it was), please call the hotel and tell them I'm here just in case something happens to me because she thought she was going to die. And it took Adrienne about ten or twelve minutes to bring her down, which is an eternity for this process, but it was all over the phone. There was no other help around. It's an invaluable tool, which we don't use enough. That's one of my points.

00:12:46

Marty: I think ethically this is very good, but insurance companies will frequently not pay for phone work. I live in a community where almost everybody drives an hour to see me. I typically do two-hour sessions, double sessions every other week because I can accomplish a lot more and they don't have to drive so much. But, I have to fight with virtually every insurance company to do that. These are people who are paying \$300-\$400 a month for insurance, who really don't want to pay out of pocket on top of that, so I think we have a lot of work to do to educate

insurance companies about what really is efficient and not what they think is efficient.

GHC: There really is a practicality to all of that. I understand..... and what I'm saying is not that everybody drop what you're doing and do phone work only. I will say Roger Callahan does phone work only, as far as I know. People call him from all over the world. He uses a set fee. He tells people, "don't call me after so and so in the evening." But he's on-call all the time. People will call and typically his sessions are or five-ten minutes. That's it! "Call me back when you feel bad again."

00:14:09

Will: I have a practical question about how, if you are seeing clients on a regular basis and use the phone, how do you structure this? Do you have so many hours available that they call in? Do you carry a beeper around? How do you handle that part of it?

GHC: I'll tell you what Roger was doing for a while. He may still be doing it. He would charge a flat fee up front, used to be \$3,000. That would give you, as I recall, five hours of phone work. Whatever it was. A bunch of money for so many hours. But the concept is that it's actually less expensive than going for months and months and years and years to somebody else, and spending ten times as much and not get the result. That's Roger's logic anyway. And there's something to that. That's what he would do. He would just charge so much up front. And that would give you so much time, and every time they called, he just wrote down how much time and "Now, you have four hours and twelve minutes left."

Will: I'm interested in how people who interact with people on a personal basis.....

00:15:17

Stephanie: My fee structure is -- I charge a percentage of my hourly rate. And if it's less than a half an hour that I'm on the phone, then it's a little bit less than half of my hourly rate. Anything over a half hour is my full hourly rate. And I have a very reasonable hourly rate. It seems to work very well. But, I'm going to throw another monkey wrench into this. I have legal advice that says, "Do not do this outside your state limits, outside your licensure. You risk Attorney Generals of other states coming after you for practicing within those states," regardless if my rear-end is in Washington state when I do it. Now, if I establish face-to-face contact, and they

become my client in Washington State with me, they can be anywhere in the world and I can treat them. That's my legal advice.

Will: I'm your client. And I know about the fees, but I've got a headache and it's 5:30 in the afternoon. How do I get ahold of you?

Stephanie: I have a cell phone with me 24-hours of the day.

GHC: Take that, Will.

Stephanie: But my clients are very respectful, and I don't get bothered after certain hours because they want me in good condition the next time they need me. And they also have tapping routines to use without me.

GHC: In my experience, people tend not to really abuse it.

Will: Do you carry a cell phone, too?

GHC: No. No, I don't carry one. If I don't happen to be there, I'm not there. Again, I don't charge either so they can't really complain, I guess.

Marilyn: If you can't speak to someone in that moment, you make an appointment for later. So, you just do it the same way you do regular clients. You have your appointment book and say, "Well, we're going to meet at 5:30. What's your time zone? If it's 8:30 your time, 5:30 my time, let's talk then."

00:17:20

GHC: Unless it's an emergency at the moment with something that's going on right at the moment. One other question here and then I want to move forward.

Tony: Again, on a point of some practical considerations there are some other issues that have come up in my mind, and that we try to deal with through ethics committees and so forth. Insurance coverage is one factor to consider and there is usually no insurance reimbursement for non-face-to-face. There is also the issue of diagnosis. As you can bill for patient services through their insurance and so forth, you are required to provide a diagnosis. Some states don't allow you to do that without face-to-face meeting with a patient. And then there is the additional consideration of how do you put that into an 8 to 5 kind of structure. If you're seeing people on

an hourly basis, or two-hour basis.... I mean I'd like to see more discussion about that because I think there are a lot of issues missed about ethical/legal considerations, and practical considerations.

00:18:23

GHC: That's probably going to be a discussion for another forum. What I wanted to do here was introduce the idea of it and suggest that we're not using it as much as we might. There are places where it's invaluable and so on and so forth, and I want to give an example of how one might do it... at least how I do it.

Telephone Session example: Gibson, "Fight" memory

00:18:45

GHC: Gibson agreed to work with me on an issue so we could demonstrate how the telephone procedure works. I need to ask you though, do you have a fear of public speaking or stage fright? Is one of those times now?

Gibson: Coming up here I got a little adrenaline running.

00:19:07

GHC: Should we all be quiet and stare at you? Can we all say, "Hello, Gibson."

Audience Hello, Gibson.

GHC: Are you nervous?

Gibson: A little bit.

GHC: Is that like a 2 or is that like an 8?

Gibson: Between a 2 and a 3.

GHC: Tap right here and say, "I feel a little nervous right now."

Gibson: I feel a little nervous right now.

GHC: "I feel a little nervous right now."

Gibson: I feel a little nervous right now."

GHC: "I feel a little nervous right now."

Gibson: I feel a little nervous right now.”

GHC: “This nervousness.”

Gibson:: This nervousness. This nervousness. This nervousness.

00:20:48

GHC: We had talked on the telephone. When did we talk? It must have been three or four weeks ago or something like that. There was some difficulty you had had over time about tensing your hands. Did I recall that correctly?

Gibson: Yes.

GHC: What causes that?

00:20:07

Gibson: What I associate it with is that I grew up in a violent household, where you never knew when it might break out. So, there was this kind of “on guard,” I call it – be ready.

GHC: Be ready.

Gibson:: You never know when it’s coming. I’ve done work on that but it’s like my hands are still..... I’m still carrying that. I’ll be just doing something, and all of a sudden I notice that my hands are.....

00:20:37

GHC: When you were sitting here, I didn’t notice your hands doing that. Should I have noticed? Were they doing that?

Gibson: No. I don’t think so.

GHC: So, you don’t feel on guard at the moment?

Gibson: Not in that way.

00:20:50

GHC: When was the last time you felt on guard that you can remember?

Gibson: I’m going back..... well, when I noticed it, it’s usually when I’m doing something else. Then, I notice that I’ve started to clench. I’ll be in dance class. I’ll be moving and all of a sudden I notice.

GHC: How do you do that? That’s a strange question, I know. How do you get to the point where you clench your fists and feel on guard?

Gibson: I start tensing in my arms, and I clamp my fingers and press my fingers into my hands.

00:21:59

GHC: That is *what* you do. My question is, how do you do it? But I need to make my question more clear. What I’d like to have you do is teach me *how* to do it. You see, I don’t have that, okay?

Gibson: I’m getting it now.

GHC: Are you? Okay. What I want to know is how you’re doing it? Teach me how to do it. See, I don’t have it. I don’t have it. I don’t feel like I need to do this right now because I’m not doing mentally what you’re doing. I’m not hearing a voice, internal dialogue. I’m not thinking of a picture. I’m not bringing up a memory. You’re doing something like that or you wouldn’t be doing this. So, what are you doing?

00:22:43

Gibson: I’m starting to feel that I need to be careful.

GHC: Okay because I might probe too much or something?

Gibson: Something destructive, something dangerous might happen.

GHC: Okay. Alright. We need to know this, for sure. If we happen to get into something that is just nobody’s business or is too intense or something, you need to let us know because this is not the environment for that, okay? What I thought we might do is go back and pick out just one of the memories you had as a child. You told me there were a number of them. Just pick out one. Just like we did with Tom. Just pick out one and see if we couldn’t use this technique, like we were on the telephone. We’re going to turn back-to-back here in a minute, and do that, okay? Is there such an issue? I mean, I’m sure there is.

Gibson: Yes.

00:23:46

GHC: Can you pick out one such issue, but don't really dwell on it. Just pick it out like it was in a movie and label it.

Gibson: Okay.

GHC: If it was a movie, what would you label the movie?

00:24:01

Gibson: Fight.

GHC: How old were you when the fight happened?

Gibson: Ten.

00:24:10

GHC: What we're going to do..... I'm going to have you face that way if you can. We're going to be back to back so I don't see you. This is how it works on the telephone. Give me the number again – was it an 8 or a 10?

Gibson: About an 8.

GHC: Is that an 8 or a 10 just imagining it?

Gibson: Yes.

GHC: Do you know where the sore spot is?

Gibson: Yes. What do I say?

GHC: Say, "I accept myself."

Gibson: I accept myself.

GHC: Even though I feel this way right now.

Gibson: Even though I feel this way right now.

GHC: Even though I feel this way right now.

Gibson: Even though I feel this way right now.

GHC: I deeply and completely accept myself.

Gibson: I deeply and completely accept myself.

GHC: Even though I feel this way right now, I DEEPLY and COMPLETELY accept myself.

Gibson: Even though I feel this way right now, I DEEPLY and COMPLETELY accept myself.

00:25:20

GHC: Now, tap the beginning of the eyebrow, and say "This feeling."

Gibson: This feeling.

GHC: On the side of the eye, "This feeling."

Gibson: This feeling.

GHC: Under the eye, "This feeling."

Gibson: This feeling.

GHC: Under the nose, "This feeling."

Gibson: This feeling.

GHC: Chin point, "This feeling."

Gibson: This feeling.

GHC: Under the arm, "This feeling."

Gibson: This feeling.

GHC: Now, rub the sore spot again. "Even if I still have some of this feeling....."

Gibson: Even though I still have some of this feeling

GHC: I deeply and completely accept myself.

Gibson: I deeply and completely accept myself.

GHC: Under your nose, "Remaining feeling."

Gibson: Remaining feeling.

GHC: I don't want you to do this right now, but if you were right now to close your eyes (if you were, don't do it) just if you were to close your eyes and imagine this fight movie or event vividly..... what number on the SUDS level do you think you would get to?

Gibson: 3.

GHC: Rub the sore spot. Say, "Even though I still have some upset about this fight event"

Gibson: Even though I still have some upset about this fight event.

GHC: I deeply and completely accept myself.

Gibson: I deeply and completely accept myself.

00:26:42

GHC: Even though I don't deserve to get over this fight event.

Gibson: Even though I don't deserve to get over this fight event.

GHC: I deeply and completely accept myself.

Gibson: I deeply and completely accept myself.

GHC: Even though I don't deserve to get completely over this

Gibson: Even though I don't deserve to get completely over this

GHC: I DEEPLY and COMPLETELY accept myself.

Gibson: I DEEPLY AND COMPLETELY accept myself.

GHC: Even though I really don't want to let this go for the moment.

Gibson: Even though I really don't want to let this go for the moment.

GHC: I deeply and completely accept myself.

Gibson: I deeply and completely accept myself.

GHC: Tap under your eye and say, "Letting this go."

Gibson: Letting this go.

GHC: Side of your eye, "Letting this go."

Gibson: Letting this go.

GHC: Side of your eye, "Letting this go."

Gibson: Letting this go.

GHC: Under your eye again, "Letting this go."

Gibson: Letting this go.

GHC: Collarbone point, "Letting this go."

Gibson: Letting this go.

00:27:228

GHC: Let me ask your intuition, if you were to let this one single fight event – by the way, how are your hands right now? Are you clutching them?

Gibson: No.

GHC: If you were to visualize, IF you were to visualize, this fight event now in vivid terms, would you still be a 3?

Gibson: No.

GHC: What do you think you'd be?

Gibson: There's not much there now.

00:27:59

GHC: If you would do this -- and listen to me carefully, okay? In a moment, close your eyes and vividly imagine it, and by that I mean make the sounds louder, if need be, to make it more intense. Literally try to get yourself upset. Make the sounds louder, the visual items bigger, brighter. Do what you can to make yourself upset and literally try to become upset. But the moment you find yourself getting upset, STOP instantly and let me know. Would you please?

Gibson: Okay.

GHC: Alright. Go ahead.

Gibson: I got a little bit – maybe a 1.

00:28:51

GHC: Under your eye, "Remaining tension."

Gibson: Remaining tension.

GHC: Under your nose, "Remaining anxiety."

Gibson: Remaining anxiety.

GHC: Try again.

Gibson: No.

00:29:23

GHC: Not getting anything. Okay. Why don't we just turn around for a second. Did you clutch your hands at all?

Gibson: It stopped somewhere.

GHC: (to audience) Interestingly enough, I didn't even ask her what the problem was, did I? I have no idea what it was. Now, I could have asked her, couldn't I? I did that on purpose because I wanted to demonstrate the fact that you can deal with this even though you don't know what the problem is. In fact, you can even do this when *they* don't know what the problem is. All they do is have a feeling about it. Therefore, the nice thing about diagnosis, because you can just keep going and going and going and watch your thermometer go on as you get used to it, and you'll watch it come down. You'll also watch them flip on other aspects. Also, by the way, (to Gibson) in my thermometer, I see some other aspects – other things that link onto it. It's almost like you wanted to jump over to them.

Gibson: Yes, I did. That was fun.... I can feel that pull.

00:30:28

GHC: That's what happens. It's interesting that it's called a "pull." I've never heard it called that before, but it's a way to describe it. It's like we're taking care of that, but we've got this other one and you shift over there – because you're not going to be done with your hand clutching until we take care the other trees in this emotional forest. Any questions for me or Gibson?

00:30:56

Nahoma: My question is that I'm thinking of one of my patients who has a lot of memories she does not remember, which have a very clear impact on her present life. Can we tap for a memory that she only has the barest memory of?

GHC: We have a little phrase called, "Try it on everything." And one of the examples I give is, to me, a classic case. I was in Omaha two or three years ago. And there was a gal who had a repressed memory of childhood sexual abuse. But she didn't know that for sure because she had no memory of it, she just had this feeling about it, and she had a

personality change around five that she kept being told about – extrovert/introvert. And she had a psychic healer that she was dealing with that tuned into that. I brought her up, and she started crying instantly because she sensed she was going to start remembering what it was even though she wanted to get beyond it. And we just kept tapping. I had no idea what was going on, but this is what she would do as we were doing this. She would sit like this and her arms would shake and she would cry and we'd tap, tap, tap. I'd do the tapping for her. I wasn't diagnosing. I was just using EFT. Automatically, she assumed a sexual position and she's shaking like this. And she'd start crying, and then she'd be fine. And we'd do a little more tapping, and she'd do it again. But would shake a little differently each time. There were differences in the way she would shake. But after about 15-20 minutes of that, I looked at her and I said, "Miranda, I know that you don't know what really happened, but if you did know, who was it?"

00:32:52

She said, "It was my uncle." And she even remembered the phrase: "This is how uncles love their nieces." And then we started joking about it. And the audience joked, and she joked, and it was just gone. And you can have her phone number and call her and she will tell you about it. I called her about two months ago and put the whole case on the Internet for which I got massive gas from people, but not from Miranda. She's very free and grateful about the whole thing. But with Gibson, I still don't know what "fight" means. I don't have a clue of what it means. And I don't *need* to know. Now, it might be helpful eventually if we're going to get into more and more things to know what these things are and work with them around and link them together and so on. It's helpful; I'm not saying it's not helpful. I did this session on purpose not knowing what it was to demonstrate that possibility. Other questions?

00:34:01

Brian: Gary, you were saying that you had a sense, or could see other aspects. And I'm just wondering if you had any sense or if you wanted to, if you could have a sense as to which aspect might be the one, if there is one, that would clear....?

00:34:29

GHC: I don't have that sense as we sit here. It's also the end of the day. I've been staring at these bright lights all day long. I'm not even seeing you very well. I'll tell you what I was seeing. The one thermometer I

had.... I was reasonably accurate about how it was falling, you get to watch me doing some numbers here. But just because she says a number and I have a number, it doesn't mean that our scales are the same. She could say a 3, and I could say a 2.... but if she says a 9 and I say a 1, we're way off. But what I see is a lot of little thermometers, some bigger than others, back there waiting to be discussed but I let them go for the moment because we only have so much time. Now, somebody else may not even want to use the thermometers. It's just my own little metaphor that I put up there. That's my metaphorical contact, if you will, with the other than four dimensions that Bill Tiller was talking about. To answer your question of could I get a sense of that? I'm sure I could. I just haven't developed that yet.

00:35:48

Brian: In people I've seen and done this with, sometimes there's some degree of generalization and I have one case where I treated one very specific fear of buttoning a top button or zipping a jacket, and everything in this person's life cleared up. She lost weight; she changed the way she dressed. It was such a..... and it was one of the first people I had Done. It blew me away

GHC: It gets your attention doesn't it?

Brian: Since then, I've never had that degree of generalization, but I've always wondered if there was some way to get at the problem that the person is presenting and be able to intuit what part of that or aspect of that might be the lynchpin that loosens that and other problems.

GHC: If you're going to get to that place.... remember I don't have people streaming through my office. I don't even have a chance to practice this very much. A lot of you have 5, 10 people a day -- I don't have that --but my guess is that if you're going to develop that skill, you're going to do it through this kind of technique. This is how you're going to do it. And one of the beauties of this, by the way, is even though I'm showing you a way to use intuition, to use the tapping points and so on and so forth, it is a launching pad to all of your intuition. There's no reason you have to narrow it down to just this little part of it. You can use it for anything you want. The beauty of this thing -- I'm going to say again -- is that you always know one thing that works and that's mechanical EFT, you get out here, you play around, you fall back, and fall back, until finally you get some

comfort here. Now, you know tangibly that there's something very valid going on here. You've had experience with your intuition. You've had some surprises that work. You get more confident and off you go. And there is no reason that you have to stay within tapping with your intuition. That's simply a limit you put on yourself if you do that. Other questions?

00:38:04

Cali: I don't know, but I have a strong sense that if you were to ask what the core issue is, you could probably get some information about that. However, above that I have total and complete respect for the wisdom of the client who bubbles up these issues in the appropriate order, in order to get to where she needs to go.

GHC: If we had the time and if it was the goal of this session with Gibson, one of the questions I would ask is, "If there was a core issue, what would it be?" She may or may not give me the core issue, but I've got a better chance of getting it if I ask this question over almost anything else -- At least that's the way I understand things at the moment. I've done that a lot of times. I do it with physical things. "If there was an emotional reason for your headache, what would it be?" Bingo, here it comes. Other questions?

00:39:04

Sharon: Not so much a question, but a comment or whatever but you were facing us and I saw your arm stopping at what looked like psychological reversals where you're going back with....

GHC: There was a point there where I wasn't getting anywhere with reversals so I had her say it more emphatically.

Sharon: What came into my brain in a really strong sentence was SAFETY. It's not safe for her to give up this thing.

GHC: Your intuition just plugged in.

Sharon: You didn't use it and she came down anyway, but I just wondered. I guess I just wanted to check it out with you whether that was....

GHC: No. Don't even check it out. You have too big a left brain. You're too much like an engineer, okay? I can't stand those people.

Sharon: Anyway, it just was.....

00:39:55

GHC: Wait, wait, wait. You just tuned into the thing of safety. Remember, I'm a different person. Together, we (Gibson and I) had our own intentionality and we're plugging in and we found a way to do it. And you picked up on safety, and that's fine, but if the two of you were doing it, that probably is what would work and you would work in the safety area and so on you would go. You would pick up different points. That's the whole point I want to make here. You just did. You don't have to do it my way.

Sharon: Thank you.

GHC: Your way is better than my way.

Betsy: I'm curious about your wanting Gibson to keep her eyes open, but imagine they were closed and if she had a really intense feeling she should stop rather than have her close her eyes.

GHC: Thank you. I did that because I had the sense here -- because of the possible potential nature of this -- that we could have some real intensity, and I always want to avoid that. I always want to make it as painless as I can. So when I had that sense of it, I'll often ask them to do it, but don't imagine. I don't want to put them through it. Just give me your intuition. If you *were* to imagine it, what would it be? And they will give me an answer. And if it's a 10 or an 8, I'm going to do something to take the edge off it first. That's why I didn't ask her precisely what it was. The thing I was dealing with was the more general thing like "even though I have this fight event or the emotion of the fight event," which to me is a more global thing -- and she can take it as globally or as specifically as she choose to do so. I gave her that choice as to how to zero in on it. (to Gibson) So we did it, I think. I wasn't watching your hands but were you having much intensity as we were doing that?

Gibson: At the beginning. The first round, but then it came down.

00:41:59

GHC (in studio): I had an occasion to speak with Gibson about a week after this session occurred, and she reported to me that the issue we dealt with was no longer a problem, and right along with it went four or five other related issues.

Telephone session example: Leslye, "Attack" memory

00:42:21

GHC: When you and I talked on the phone, you mentioned that somewhere in your past there were some abusive issues and so what I asked you to do was (well, you have a number of them) is to take one of them and I don't even know what it is, and we would deal with the one and kind of separate that one out. I'm quite aware that the daisy chain goes on and as soon as we take care of one, here comes another and so forth. You've located the one?

Leslye: When you asked me, one popped up.

00:42:59

GHC: What I'd like you to do is just do this as though we were on the telephone, which means we'll turn our chairs -- your back to my back.

Leslye: Okay.

GHC: I have to ask you -- we don't have to do it that way. We can do it face to face. Are you more comfortable face to face? Or is back to back comfortable.

Leslye: I'm always more comfortable face-to-face, making contact, BUT I would like to do it this way.

GHC: Well, we've already done this on the phone, right?

Leslye: Right, and it was real effective. It cured my insomnia.

GHC: It did? That wasn't what we worked on, was it?

00:43:35

Leslye: Well, we got to self-esteem and forgiveness and stuff. But yeah, I started sleeping. I still wake up sometimes, but I go right back to sleep.

GHC: I do not recall, and maybe I'm wrong that we even talked about insomnia in that session, did we?

Leslye: Yeah.

GHC: We did?

Leslye: Yeah, and anxiety.

00:43:54

GHC: I remember that and I remember the issue involved that we dealt with and so on. Well, if you're okay with it, we'll just turn back to back. (to Leslye) One of the things I'm going to assume is that Leslye already knows where the tapping points are. Now, I can sit here and describe where they are to her, etc., but I'm going to assume that she knows where all of these points are. Incidentally, if I could take just a little side trip here. One of the things that will happen when you're dealing with the telephone..... you'll be telling people to tap on their collarbone point, -- you try to describe it to them -- then ask them later on where they tapped and you will be amazed where they tapped and yet you still get your results. Bonnie Cameron was here at the last workshop, and she was telling me that she was trying to describe to a lady where the collar bone point was. And she was doing it on the phone, and getting results and when she saw the lady later on, a week or two later in her office, she said, "Okay, tell me what you were doing." And this is where she was tapping for her collar bone point (on her back). There may be a point there, I don't know, but she was tapping on her back.

00:45:36

One of the fascinating things that happened with Roger a long time ago was that as I was learning the Voice Technology™, he was saying that I didn't really know where they were really tapping. I thought for a minute and what I thought was that if I didn't know where they were tapping and they were getting all these results, what difference did all these points make? I'm the engineer, right. And you talk to people later on and you ask them where the collar bone is -- "It's over here." You can tell them where it is, but they will still tap all over.

Anyway, Leslye, are you there?

Leslye: Yes I am, Gary.

GHC: How are you doing right now?

Leslye: Pretty good.

00:46:26

GHC: On a scale of 1-10, knowing we're about to go into an issue that's important to you, do you have intensity right at the moment?

Leslye: Yep.

GHC: How do you know you have intensity? Is there a physical feeling?

Leslye: Yes.

GHC: What is it?

Leslye: Heebie-jeebies in my belly.

GHC: Heebie-jeebies in your belly. On a scale of 1-10, how heebie-jeebie are they?

Leslye: About a 6.

00:46:50

GHC: Well, tap under your nose and say, "Heebie-jeebies."

Leslye: Heebie-jeebies.

GHC: Under your chin point, "Heebie-jeebies."

Leslye: Heebie-jeebies.

GHC: side of your eye, "Heebie-jeebies."

Leslye: Heebie-jeebies.

GHC: Eyebrow point, "Heebie-jeebies."

Leslye: Heebie-jeebies.

00:47:02

GHC: Top of your head, "Heebie-jeebies."

Leslye: Heebie-jeebies.

GHC: Is it still a 6?

Leslye: No.

GHC: What is it?

Leslye: 2

GHC: Under your nose, "Remaining Heebie-jeebies."

Leslye: Remaining Heebie-jeebies.

GHC: How is it now?

Leslye: About the same, about a 2.

GHC: Under your nose, “Remaining Heebie-jeebies.”

Leslye: Remaining Heebie-jeebies.

GHC: Top of your head, “Remaining Heebie-jeebies.”

Leslye: Remaining Heebie-jeebies.

00:47:31

GHC: Tap the karate chop point, “Even though I still have some Heebie-jeebies left,”

Leslye: Even though I still have some Heebie-jeebies left,

GHC: I deeply and completely forgive myself.

Leslye: I deeply and completely forgive myself.

GHC: Tap the side of your eye, “Remaining Heebie-jeebies.”

Leslye: Remaining Heebie-jeebies.

GHC: How is it now?

Leslye: Barely a 1.

GHC: Hold on a second. Under your chin point, “Remaining Heebie-jeebies.”

Leslye: Remaining Heebie-jeebies.

GHC: Top of your head, “Remaining Heebie-jeebies.”

Leslye: Remaining Heebie-jeebies.

00:47:59

GHC: That wrist point, “Remaining Heebie-jeebies.”

Leslye Remaining Heebie-jeebies..... because the fear – what I want to say is that I’m afraid that I’m going to uncover more than I’m bargaining for here.

GHC: I want to give you the opportunity, because we are in a public environment, not to do this.

Leslye: I want to do it.

00:48:49

GHC: Do we still have the Heebie-jeebies, or is it some other physical thing going on with you.

Leslye: Fear. It’s of a little different character. It’s a little higher up.

GHC: But still in the belly area. A little higher up. What number would you give it?

Leslye: 3.

00:49:15

GHC: Tap under your nose. “This emotion.”

Leslye: This emotion

GHC: Side of your eye, “This emotion”

Leslye: This emotion

GHC: Collar bone point, “This emotion”

Leslye: This emotion.

GHC: How are you doing now?

Leslye: It’s down, but I can’t help feel that because I’m up here and I’m going to do this, that I would have something going on in my body.

GHC: You mean, you’re supposed to, but you don’t right at the moment?

Leslye: No, I do.

GHC: Oh, you do, but it’s minor or am I missing it?

Leslye: I’d say it’s minor.

GHC: But it’s a fear of getting into more than you bargained for?

Leslye: Yeah. It’s not a fear that I won’t be taken care of. It’s a fear of knowing this.

00:50:04

GHC: Okay, tap your eyebrow point and say, “This fear of knowing”

Leslye: This fear of knowing

GHC: Under your nose, “This fear of knowing”

Leslye: This fear of knowing.

GHC: The side of your eye, “This fear of knowing”

Leslye: This fear of knowing.

GHC: The chin point, “This fear of knowing”

Leslye: This fear of knowing.

GHC: Side of your eye, “This fear of knowing”

Leslye: This fear of knowing

GHC: Top of your head, “This fear of knowing”

Leslye: This fear of knowing

GHC: Top of your head, “This fear of knowing”

Leslye: This fear of knowing.

GHC: On your arm, “This fear of knowing”

Leslye: This fear of knowing

GHC: The ankle spot, know where it is?

Leslye: This fear of knowing – outside or inside?

GHC: Inside.

Leslye: This fear of knowing.

00:50:33

GHC: Tap the karate chop point and say “Even though I still have some fear of knowing.”

Leslye: Even though I still have some fear of knowing,

GHC: I deeply and completely accept myself.

Leslye: I deeply and completely accept myself.

GHC: Again.

Leslye: Even though I still have some fear of knowing, I deeply and completely accept myself.

GHC: A little louder.

Leslye: Even though I still have some fear of knowing, I DEEPLY AND COMPLETELY accept myself.

GHC: I love myself, and forgive myself.

Leslye: I love myself, and forgive myself.

00:50:55

GHC: For everything everyone else has always done to me.

Leslye: For everything everyone else has always done to me.

GHC: Side of your eye, “This knowing feeling”

Leslye: This knowing feeling

00:51:05

GHC: Eyebrow point, “This knowing feeling”

Leslye: This knowing feeling

GHC: Under your arm, “This knowing feeling”

Leslye: This knowing feeling

GHC: Under your nose, “This knowing feeling”

Leslye: This knowing feeling

00:51:13

GHC: Chin point, “This knowing feeling”

Leslye: This knowing feeling

GHC: How are you doing now.

Leslye: Maybe 1.

GHC: Under your nose, “Remaining knowing feeling”

Leslye: Remaining knowing feeling.

00:51:33

GHC: The issue, the one event that we talked about that I don't know what it is? If it was a movie, how long would the movie be?

Leslye: Three seconds. Really short.

00:51:48

GHC: If the movie had a title, what would the title be?

Leslye: Attack of the grandfather.

GHC: Under your nose say, "Attack of the Grandfather."

Leslye: Attack of the Grandfather.

GHC: Chin point, "Attack of the Grandfather."

Leslye: Attack of the Grandfather

GHC: Side of your eye, "Attack of the Grandfather."

Leslye: Attack of the Grandfather

GHC: Eyebrow point, "Attack of the Grandfather"

Leslye: Attack of the Grandfather

GHC: Eyebrow point

Leslye: Attack of the Grandfather

GHC: Top of your head

Leslye: Attack of the Grandfather

GHC: Okay. Karate chop spot

Leslye: Attack of the Grandfather

GHC: Even though I have some of this Attack of the Grandfather problem left

Leslye: Even though I have some of this Attack of the Grandfather problem left,

00:52:27

GHC: I deeply and completely accept myself.

Leslye: I deeply and completely accept myself.

GHC: And I love and forgive my grandfather

Leslye: And I love and forgive my grandfather

GHC: Even though I really don't mean it at the time.

Leslye: Even though I really don't mean it at the time.

GHC: at this time.

Leslye: at this time.

GHC: I'm going to forgive him anyway.

Leslye: I'm going to forgive him anyway.

GHC: Because it's costing me dearly.

Leslye: Because it's costing me dearly.

GHC: Under your nose, "Grandfather Attack"

Leslye: Grandfather Attack

GHC: Under your eye, "Grandfather Attack"

Leslye: Grandfather Attack

00:52:54

GHC: Collar bone point, "Grandfather Attack"

Leslye: Grandfather Attack

GHC: Side of your eye again, "Grandfather Attack"

Leslye: Grandfather Attack

GHC: Top of your head, "Grandfather Attack"

Leslye: Grandfather Attack

GHC: Eyebrow point

Leslye: Grandfather Attack

00:53:05

GHC: Under your nose

Leslye: Grandfather Attack

GHC: Chin point

Leslye: Grandfather Attack

00:53:15

GHC: How are you doing now? What number would you give it?

Leslye: 2

GHC: Under your nose, “Remaining Grandfather Attack”

Leslye: “Remaining Grandfather Attack”

GHC: How is it now?

Leslye: It’s gone. I feel floaty.

00:53:42

GHC: What I’d like to do, Leslye, is I’d like to test it. I have a special way of testing it. Are you ready?

Leslye: Yeah.

00:53:52

GHC: And don’t do it, please, until I ask you to because I want to give you instructions for it. Okay? So, what I’m going to want you to do if you will (and in a moment, not right now) is to close your eyes, and I would like you to go through the event mentally twice. The first time when you go through it, if you get any emotional intensity having once gone through it, then stop and let me know. So, let’s do that now. Just close your eyes. Go through it, and tell me if anything comes up.

Leslye: Yes.

GHC: What number did you get to?

Leslye: About a 6.

00:54:38

GHC: Is it a new aspect?

Leslye: It’s the same movie.

GHC: Under your nose, “This new intensity”

Leslye: This new intensity

00:54:56

GHC: In front of your eye, “This new intensity”

Leslye: This new intensity

GHC: Okay. Is it still a 6? Close your eyes and do it again and tell me if it’s still a 6.

Leslye: No, it’s not.

GHC: What is it?

Leslye: A 2.

GHC: Under your nose, “Remaining intensity”

Leslye: Remaining new intensity

00:55:15

GHC: Side of your eye, same thing.

Leslye: Remaining new intensity

GHC: How is it now?

Leslye: I think it’s about the same and I kind of want to say what it is.

GHC: Are you comfortable with that?

Leslye: Yeah.

GHC: Sure, go ahead.

00:55:37

Leslye: It’s a feeling of what it cost me in terms of all these years of non-trusting people.

GHC: Because of the one event?

Leslye: To me, it’s symbolic and it took my trust.

GHC: Under your nose, “All these trusting problems”

Leslye: All these trusting problems

00:56:13

GHC: Side of your eye, “All these trusting problems”

Leslye: All these trusting problems

GHC: Eyebrow point, same thing.

Leslye: All these trusting problems.

GHC: Top of your head, same thing.

Leslye: All these trusting problems.

GHC: Tap the Karate chop spot, and say the following for me, “Even though I have a hard time trusting people,

Leslye: Even though I have a hard time trusting people,

GHC: And letting in the love in that people are trying to give me.

Leslye: And letting in the love in that people are trying to give me.

00:56:37

GHC: Including the people in this room.

Leslye: Including the people in this room,

GHC: I deeply and completely accept myself.

Leslye: I deeply and completely accept myself.

00:56:43

GHC: I send love out to them.

Leslye: Love out to them.

GHC: And let theirs come in.

Leslye: And let theirs come in.

GHC: Under your nose, “The remaining love problems.

Leslye: The remaining love problems.

GHC: In front of your eye, “Remaining love problems”

Leslye: Remaining love problems.

GHC: Top of your head, “Remaining love problems.”

Leslye: Remaining love problems.

00:56:57

GHC: Under your arm, “Remaining love problems.”

Leslye: Remaining love problems.

GHC: The wrist point, “Remaining love problems.”

Leslye: Remaining love problems.

00:57:03

GHC: Just close your eyes for a second, if you would Leslye. I don’t remember now if you and I did this on the phone, but there is an exercise I think might be useful. In fact, it might be useful for everybody in the audience to do. I think you might find it helpful. Could you just close your eyes, and maybe everybody close their eyes. Maybe take a deep breath and just relax a moment.

00:57:33

Now, with your eyes closed, picture someone – anyone, it could be your grandfather – anyone you want. As you have the picture, think of them in your own mind and say. “I send you peace.” And then do it, just send them peace. And then just in your own mind, “I send you gentleness.” Send them a lot of gentleness. And then say to yourself, “I send you forgiveness.” And know that if you send somebody gentleness or forgiveness, you can’t send it unless you’re experiencing it yourself. Next say, “I send you love.” And send them love. And notice that as you’re sending love, you’re having it yourself. And open your eyes for just a moment, Leslye, and if you would – first of all, how are you doing right now?

Leslye: I’m fine.

00:59:10

GHC: How did you do with your exercise? Did you have a hard time doing it?

Leslye: I wasn’t clear if I was doing what is familiar to me and that’s trying.

00:59:32

GHC: Yes, Okay. If we could, we can go back to that three second movie. Why don’t you close your eyes again, go through it, and tell me if there is intensity involved.

Leslye: No.

GHC: Tapping “Remaining intensity” just in case it’s there.

Leslye: Remaining intensity just in case it’s there.

GHC: The side of your eye, the same thing.

Leslye: Remaining intensity, just in case it's there.

GHC: Under your eye.

Leslye: Remaining intensity, just in case it's there.

01:00:12

GHC: Now, there's one more level of the test. And that is to do the same thing – don't do it yet, please. Do the same thing you did a minute ago. That is, close your eyes and go through it in your mind. But this time do it differently. Go through it and literally try to make yourself upset. That means exaggerate the sounds, the sights, the size of things, the colors, the brightness, whatever it takes to try to get yourself upset about that one movie. Would you try that now, and tell me if you get intense.

Leslye: I get sadness.

01:01:03

GHC: Did you shift to another aspect.

Leslye: Yeah. The aspect was that I was very young and playing, and engrossed and my back was to him and it was a shock.

GHC: What number is the shock?

Leslye: 8

GHC: Under your nose, "that shock."

Leslye: That shock

GHC: What is it now? Still an 8?

Leslye: No. A 3.

01:01:40

GHC: Under your nose, "Remaining shock."

Leslye: Remaining shock.

GHC: Under your eye, "Remaining shock."

Leslye: Remaining shock.

GHC: Chin point, "Remaining shock."

Leslye: Remaining shock.

GHC: Collar bone point, "Remaining shock."

Leslye: Remaining shock.

GHC: Okay. Check it out again, is it still 3?

Leslye: No. There's anger.

GHC: There's a new issue. What number is it?

Leslye: 8

GHC: Under your nose, "This anger"

Leslye: This anger

GHC: Still an 8?

Leslye: Yeah.

GHC: Under your nose, "This anger"

Leslye: This anger

GHC: Side of your eye, "This anger"

Leslye: This anger

GHC: Chin point, "This anger"

Leslye: This anger

GHC: Top of your head, "This anger"

Leslye: This anger

GHC: Side of your eye, "This anger"

Leslye: This anger

GHC: Wrist point, "This anger"

Leslye: This anger

01:02:39

GHC: Top of your head again, "This anger"

Leslye: This anger

GHC: Ankle point

Leslye: This anger

GHC: Side of your eye again, “This anger”

Leslye: This anger

GHC: Is it still a 7 or 8?

01:02:56

Leslye: No, maybe a 2. There’s this yearning or sadness about where I was, that child, having that world, having that being.

01:03:21

GHC: Yes, OK. This is what I’d like you to do, Leslye. Are you with me. I’d like you to deal with that other kind of general issue, and what I’d like to do is put a capper on that if we can. So, we’re going to tap on that general issue – there may be quite a bit of tapping involved, by the way. Will you try that?

Leslye: Yeah.

GHC: Give me a label for it again.

Leslye: It took away my being.

01:03:55

GHC: Tap the Karate chop spot. “Even though it took away my being”

Leslye: Even though it took away my being,

GHC: I deeply and completely accept myself.

Leslye: I deeply and completely accept myself.

GHC: And even though I don’t really want to,

Leslye: And even though I don’t really want to,

01:04:06

GHC: I forgive my grandfather

Leslye: I forgive my grandfather

GHC: And anybody else involved

Leslye: And anybody else involved

GHC: Because all they were doing

Leslye: Because all they were doing

01:04:17

GHC: Is what they felt they had to do

Leslye: Is what they felt they had to do

GHC: Given their own resources

Leslye: Given their own resources

GHC: He needs help

Leslye: He needs help

GHC: Always has

Leslye: Always has

GHC: Side of the eye, “Remaining taking away my being.”

Leslye: Remaining taking away my being.

GHC: Eyebrow for me, “Remaining taking away my being”

Leslye: Remaining taking away my being.

01:04:33

GHC: Top of your head

Leslye: Remaining taking away my being.

GHC: Under your arm

Leslye: Remaining taking away my being.

GHC: Side of your eye

Leslye: Remaining taking away my being.

GHC: Under your eye

Leslye: Remaining taking away my being.

GHC: How’s it now?

Leslye: Zero.

GHC: Under your nose, “Remaining taking away my being, just in case I have some.”

Leslye: Remaining taking away my being, just in case I have some.

GHC: Side your eye

Leslye: Remaining taking away my being, just in case I have some.

GHC: Okay.

Leslye: There is still something left, I don't know how to describe it, but it has something to do with wanting her back.

GHC: Wanting her back?

Leslye: Yes.

01:05:24

GHC: And her is you?

Leslye: Yes.

GHC: Is she lost?

Leslye: Yes.

01:05:36

GHC: Just listen to me, okay? Tap the Karate chop point and just listen to me. Even though I feel lost right now, I deeply and completely accept myself. I'm not the only one who feels lost, but I'm not really lost forever. I'm lost until I choose not to be lost anymore. Being lost is really just a choice and it is really just recognizing and seeing the world through a different filter. And there really is love all around me. Under your nose, "Love all around me."

Leslye: Love all around me.

01:06:21

GHC: Eyebrow point, "Love all around me."

Leslye: Love all around me.

GHC: Side of your eye, "Love all around me."

Leslye: Love all around me.

GHC: Chin point, "Love all around me."

Leslye: Love all around me.

01:06:32

GHC: Are we on point, do you think?

Leslye: I don't know what you mean.

GHC: Is love all around me an appropriate issue for you?

Leslye: Yes

GHC: Side of your eye, "Wanting her back."

Leslye: Wanting her back.

GHC: Eyebrow point, "She's already back."

Leslye: She's already back.

01:06:50

GHC: I just haven't seen it yet.

Leslye: I just haven't seen it yet.

GHC: Ankle point.

Leslye: Love is all around me.

GHC: I just haven't seen it yet.

Leslye: I just haven't seen it yet.

01:07:02

GHC: How are you doing now?

Leslye: I don't know what to say.

GHC: I'm looking for a number.

Leslye: I don't have any intensity right now. I mean, I'm someplace nice.

01:07:38

GHC: You know what? I'm going to leave you there. We've got to hang up the phone now and turn around. Can we do that? Can we give Leslye a little hand for that?

Applause.

01:08:05

GHC: You weren't even watching what I was doing, were you? There's plenty more to do, isn't there? (to audience) Something I'd like to point out – I'm really

talking about technique more than anything else. I was constantly trying to give you numbers of what I was seeing. And some of them were accurate, right on, really pretty close. Others were I might have said a 4, and she might have said a 2, or I might have said a 3 and she said a 5 or something like that. That, to me, is accurate enough because all we're really doing is giving guidelines. Whether I was right, wrong or otherwise, I was simply using my surrogate muscle testing to give me guidelines. And it was telling me when we were stuck on our reversal. Because you notice, a lot of times there were reversals, right? We consistently got results, and this is my perception. (to Leslye) You tell me if I'm right or wrong. On the various aspects that came up, we got them down in short order pretty quickly.

Does anyone have a question about the technique?

01:09:24

Stephanie I'm a little confused. I thought EFT takes away negatives, and therefore we're doing the verbalization of the thing that's wrong. Like for example you were saying, "Love is all around me." And you were tapping. To me, that's like taking the love away.

01:09:46

GHC: Good question. Thank you. Very good question. One of the things that I started this whole seminar off with is the fact that we have to take some of the existing theories, and question them. One of the existing theories is that you've got to tune into the problem and that brings about the energy disruptions, etc. And that may still be correct.

01:10:14

What I was doing was not necessarily doing that. I was giving a reminder phrase but my intuition tells me quite often that within the process of this, we can do a reframe. As you've done this for a while you can do a reframe of some kind or another and it sticks better. And I just chose the process itself – the context of the process to do a reframe. Love all around me is a reframe. And you'll notice -- I don't remember now because I was just rattling around what was going through me -- she would give me one issue and I would just rephrase into another issue. Didn't I do that a couple of times? That's my intuition coming through. But the bottom line is: did it work? That's the bottom, and we have to question some new theories. Thank you for the question. I don't have a better answer than that.

01:11:07

Don: Your question was if you're saying "Love is all around you" and tapping on it, therefore he's eliminating that, right?

01:11:16

GHC: I don't see it that way. That is not what happened. I don't know how to explain that. There are a lot of things I don't know how to explain. I mean I have my theory as to why Larry's system will work, my system will work, Brian Foley's system will work, Fred Gallo's will work, , Roger Callahan's will work Greg Nicosia's will work ... all of which have wide differences.

Don: One session last week, I did mostly positives and it worked. The person felt better, and I don't know why it works either but I have never had a situation where it's eliminated something that should be there. I have never had that experience.

01:12:02

GHC: So we just need to be flexible.

01:12:17

Willem: Could you explain what you did, second to second, in selecting the points you tapped?

01:12:27

GHC: I was using a combination of surrogate muscle testing and intuition. I think I mentioned earlier that the first place I was doing this was at the top of body, and I would say, "Do we need the eyebrow?" Yes or no. "Do we need the side of the eye?" And I would just go down the regular EFT thing and ask yes or no. I don't even articulate the words anymore. I'm pointing to the eyebrow -- which I don't even need to do -- so you can see what I'm doing. I'm mentally asking the question, "Is the eyebrow point clear, yes or no?" That's what I'm doing.

Willem: In a voice, or how do you know? Is it visual? Is it kinesthetic? is it auditory?

01:13:19

GHC: It's none of those for the way I'm answering the question. It's all of those or parts of those if you ask the question tomorrow. I know that's not a good enough answer. Let me expand on it if I can. I'm asking myself with this kinesthetic movement here, with this muscle test, I'm asking myself "Is the eyebrow point clear?" And I'm getting a yes or no.

It's not a visual thing I'm seeing; it's not an auditory thing I'm hearing; it's nothing. I'm just asking the question. But I'm not articulating, I just know what the question is. Now, to expand on that, what I was not doing here was that I was not going down the body and asking all of these points, but I might start here or here. So, the question might be, "Why did I start here?" That's where the intuition starts coming in because that's just what seems right to do. Again, there was not a gong; there was not a message from God; there was not an orgasm; there was none of that going on to give me that clue. I was just simply doing it.

Willem: That answers my question.

GHC: Go ahead.

01:14:47

Leslye: The "Love is all around me," when you said that I was a little surprised because it was a positive affirmation that I work with all the time to try to get that. The tapping process then, for me, was the problem I have with really getting that there is love all around me.

01:15:12

GHC: Of all the phrases I could have used out of the whole Universe, I pulled out, at one point or another, "Love is all around me." It was her phrase. I don't know where it came from. I let it go *through* me. What I could have done was to say to myself that that didn't really fit because it wasn't really in the context of what we were doing. But I just let it come out, and lo and behold, there it is. I never know, until later on sometimes that it really was on point.

01:15:41

Tony First of all, I'd like to commend both of you for demonstrating that and Leslye for putting herself through that amount of hurt onstage. But I guess this demonstrates for me some caveats about some of the issues we've been discussing today, and especially the phone issue. As Leslye was going through her process, I was looking at that side of the room and people were very intense. And people were very intensely focused on what Leslye was going through. People on this side of the room seemed bored – not because you were boring, Gary, simply because there wasn't the face to face. I guess that belies some of our training as therapists and where we use a lot of visual, kinesthetic affect transduction kind of processing, which is missing in a phone contact.

01:16:26

The other consideration is that if Leslye were, indeed, that troubled. I would have a lot of difficulty with the level of abreaction that occurred in that situation in the phone consult, because you really have no control over what it is, what Leslye's circumstances are on the other side of the phone, and what she is apt to do. At any one point in time, if she were less well put together than she obviously is, that person may do something dangerous to themselves. You would have a lot of difficulty in recapturing that – in recapturing the abreaction and the circumstances associated.

01:17:08

GHC: And you're correct. The answer is: that could happen. It has never happened to me. To my knowledge, it's never happened to Roger; it's never happened to anybody on the phone. That doesn't mean it couldn't, or it's not worth spending time on. The reality is that I've never heard of a real problem yet – there's been tears, there's been emotions, like there is in your sessions one-on-one behind closed doors. (to Leslye) Could I ask you about your feeling about the intensity and the fact that we were "on the phone" and not on the phone?

Leslye: I have strong feelings, and have access to them, but I didn't feel like I went anywhere. I wasn't IN it. It was still ABOUT it.

01:18:05

Ken: I'm having a hard time with tapping away the negative. The way that I see it is that actually in your context you're including the negative.

GHC: Can you expand on that?

01:18:19

Tim: The whole essence of the psychological reversal is that we're including an aspect of ourselves that we have pushed away from ourselves. So with accepting and loving ourselves with that aspect. That's what we're tapping into ourselves – loving ourselves with our defects, with our fears, our anxieties. They're not negative. I don't think it's useful at all to think of negative and positive.

01:18:45

GHC: Well, okay, the way that I was always taught was that what you want to do is isolate and articulate the negative whatever it is. My fear or heights, for

example. It's the fear that you go for. What I've done here and what you'll see me do again is I've kind of loosened that up a little bit and I just put affirmations and reframes etc., in it. The bottom line is that it's effective.

Ken: I don't think it's useful to call it "tapping away" something.

GHC: Alright. One more question and then we'll call it a day.

01:19:24

Tapas: I don't look at it as getting rid of a negative. When you're stuck in something negative, and you can't allow the positive – really both of them are stuck. The Chinese medicine way of looking at it is that you're allowing, by tapping, or whatever, you're allowing both realities to flow.

(End of Tape 12)

Video Tape 13

A few follow-up comments

GHC: At breakfast this morning I was speaking with Tom and his wife Bobbie. Tom was up here yesterday and we dealt with his fear of public speaking and they were talking about the fact that the issue that we brought up -- that just *came* to me -- was that we were hiding behind this issue. And that somehow hit the target for him. You could probably tell that as I said it because he even had a reaction that you could see. Other people were sitting at the table this morning and were complimenting me on that --like that was my idea. But I want to point out that It's *not* my idea if healing is working *through* me, rather than *by* me. A very important concept. That just came to me out of the blue. That didn't come because I spent years and years always wondering what we're hiding behind, and had courses in it and one thing and another, or I'm overly bright and that kind of stuff. None of that. It just simply showed up and I had, if you will, the courage of my convictions to let it come out of my face.

00:02:47

Now I do that all the time and that is simply intuition showing up. Oftentimes you will find your intuition is already telling you what to say and sometimes you go, "Man, I shouldn't say that." Or you'll stop yourself from doing it, and once in a while I'll say something that seems to be inappropriate and I will give you an example of one thing that I use which will probably turn you off the minute I say it. I want to pre-program you on that, OK?

00:03:12

I told you yesterday about this lady that had the repressed childhood sexual abuse. If you recall, after about 20 minutes she remembered what it was and we even joked about it in the audience. But as we were talking, I turned to her and this is what it occurred to me to say, "Isn't five years old" -- this is when it occurred -- "too young to be a slut?" Clunk! Now I've mentioned that story at other seminars and people will look at me and say "Wow, what'd you say that for? How out of place." And it seemed out of place at the moment. However, what the lady did was she just kind of looked at me as if to say, "what an odd thing to say." The audience had much more charge on it. She had no charge on it whatsoever. Think about it

now. Looking back on it in retrospect, what a great test. They are just words. She had no charge on it whatsoever. What an out-of-place thing to say. If she had had a reaction, because oftentimes when you've got childhood sexual abuse, you've got guilt involved, all kinds of things involved and that phrase would have triggered it, would it not? So it was a perfect test. It seemed at the moment that it was the wrong thing to say after I blurted it out of my face. But if you look back at it, it was a great test. It told me I didn't have any more to do.

00:04:43

So I just point that out. You need to have a little courage sometimes to let your intuition come through. And whether you're doing surrogate muscle testing or just simply intuition, as we're going to talk about today, in your EFT work, or wherever you use it, if you'll get yourself out of the way and let it work *through* you rather than *by* you and just trust your intuition and go with it, that's when it will start to work for you. You already know there are times when you should have done things you didn't do. Your intuition told you to do it and you didn't do it?

00:05:15

Where's Tony Ricci? I'm going to thank you for something. In my lifetime I've been called everything, except for two things. Except for two things. I know it was meant congenially, but until yesterday I've never been called boring or a hunk. I've never been called either one of those.

Tony: I think I clarified that it was not you that was boring.

GHC: I know. But I figured that I now have one thing left. Ladies, remember that, please.

Several ladies: You're a hunk!

GHC: Now I've been called everything. Thank you.

00:06:02

Don: A comment. One of the problems that I've had when I hear someone do their own version of tapping, another version, another version, is that I start getting confused and then I just stop and go back and do what I've always done and then kind of sneak up on it. When I saw Larry work, and he's made the statement that he handles PR in the beginning and then it's gone forever, and then I think it was Leslye yesterday and you had her doing PR and someone made the comment, "What would Larry say about that?" So we started talking about it. I forget who it was I was

talking about it with, but they said -- and I just want to put this out there to the group -- is that when Larry does his setup or gets right with the unconscious, he's forming a relationship with the unconscious, he's clearing that up. Then as he taps, whatever comes up is another problem.

00:06:52

With Roger's method, you're tapping along, tapping along and it stops working, it's like "Oops, we've got to stop and correct the reversal." So I came up with the analogy it's like with Roger's method you have to get out of the river, then you get back in the river, oops, we're stopped to get out of the river. With Larry, he just kind of goes down the stream. If it's PR, it's just another problem. He doesn't call it PR. So I think we really have to watch the words we use. So many of us learned from Roger first, we're just assuming when Roger says PR, someone else say PR, it's the same thing.

00:07:27

GHC: Yes, and it may not be. I will point out that these sessions that I had yesterday and in the sessions that I will have today, I will not be using Larry's version of "let's do PR forever." I have not practiced that, I don't even remember how to do it. But what I'll be showing you is my way. You've now seen Larry's way, you're going to see Marilyn's way and other people's ways, all of which work, by the way, and that's the message. That's the message. It all works.

00:07:55

Don: But the point that I want to make was, yes, it all works and that's the beauty of it, that it all works. But number two, Larry's handling PR as just another problem and with Roger's system PR is a special thing, sometimes it's there and sometimes it's not. I just wanted to point out, he just goes down and he taps and he doesn't discern a difference. Not that it's wrong, but that was a contradiction. If Larry's saying "He wiped out PR for all of us. Why do I have PR?" And he treats PR like it's just another problem.

00:08:31

Brian: I have a quick comment and a question about the 9 gamut that you were talking about. I like to use language and language patterns in hypnosis with everything and I find that when I use the 9 gamut there's an opening to say something like -- if you explain it -- this is what it does it -- it takes the benefits of the tapping and it puts it into all areas of the brain,

counting for example, and all areas, all sensory systems visual, auditory, kinesthetic. So that now that we've done this, no matter what happens, whether you see a picture of let's say a trauma, or hear something, or say something to yourself, or have a feeling, it's all taken care of. My question is, you said the 9 gamut you don't find it that necessary?

GHC: I put it on the shelf and use it if I'm stuck.

00:09:34

Brian: Right. Now what if you started with a 10 and you got a decrease in suds of 3 or 2 each time. Would you at that point use your tapping -- regular EFT tapping I'm talking about now -- 3 times or 5 times, rather than do tapping, gamut, tapping, gamut, tapping. At what point would you just repeat and at what point would you put in the 9 gamut?

00:10:06

GHC: It depends on what I feel like at the moment. But in more recent times I would just go ahead and do another sequence. That's what I did yesterday and it's what you'll probably see me do the rest of the time. Because if you'll notice, one of the things I'm doing is I'm diagnosing and I'm checking each time for 9 gamut. I'm not getting it, so I don't use it. I've had people say "I do the 9 gamut and my problem goes away." There are people who swear by the individual algorithms that Callahan puts out as being marvelous, etc., and I eliminate Callahan's points totally and do something else and I *still* get the result. But the one that Callahan puts out gets the result. So what you're going to need to do is take information given here because I'm trying to scrutinize *all* the theories. We need to do that if we're going to go forward. Doesn't make me right, but we're scrutinizing them and taking a look at them and in practice I did not use 9 gamut at all yesterday and my guess is I won't use at all today. Does that mean it's not useful? No, it doesn't mean that at all. But I probably won't be using it and I'll probably get my results today.

Marty, OK, right here.

00:11:29

Marty: I worked with Larry last night and it was a delightful experience. For me it wasn't like cathartic and crying and having a lot of emotion come up. But one of the beauties of it for me was that I had some sensations that I've been living with for ever and ever and that Larry, with the combination of his own intuition and the muscle testing and so forth, was able to put those in like a core belief form and then do

some exploration about when that core belief had formed and used that lovely sequence that he uses to dissolve that. It was very gentle. I ended up laughing freely and openly and the feeling that I have today is that that particular thing has dissolved and I can see the next thing to do. I haven't done it yet, I haven't had an opportunity and will. But it isn't frightening at all, just very smooth and very gentle.

Discussion on intuitive diagnosis

00:12:56

GHC: What I would like to do is go to diagnosis as the next level and by lead up to that we start with mechanical EFT. I'm going in this direction because this is the way that I developed it for myself. There's mechanical EFT without doing diagnosis whatsoever, other than the art of delivering it. Right in between there is the possibility of doing one-on-one muscle testing which I was never good at, didn't like, so I skipped it. Others are very good at that, please keep doing it if you wish.

00:13:30

Yesterday we talked about surrogate muscle testing where I muscle test myself -- which you saw some examples of. After that we get to throwing it all away and doing it by intuition only. Now I want to emphasize again this fall-back position. I am fairly good and fairly confident at the surrogate muscle testing. I've done that enough, even though I do not have tons of clients coming through my office all the time to practice. But I've done it enough so I'm pretty good at it but I don't have ultimate confidence in it. I will still, on occasion, when I think I'm losing my confidence in it, will revert back to mechanical EFT. We can still get the job done almost always with that. I think I'm pretty good and I'm pretty confident in my surrogate muscle testing and now when we get over here to totally intuitive diagnosis, where you throw all the other tools away, I'm still learning that. I have not mastered that, which makes me a pretty good person to display this because you're going to find times today when I'm going to be using my intuition and I'm going to fall right back into what I'm more comfortable with. See the fall back position? That's what you can do. If you're never done any of this, you'll start where you're comfortable and if you get out there a little ways, and get uncomfortable you can then go back, with practice you get experience to the

point where eventually you're more comfortable doing the more "advanced" stuff. Actually when you get out here, it's easier to do this than it is to do the other, I found out.

00:15:04

Anyway, to get out here where you throw away all muscle testing and mechanical diagnosis altogether, what I do is I set up for myself a set of mental metaphors, just like I would use this (surrogate arm test) as an indication to me as to whether somebody's reversed or not reversed, or if they need collar-bone breathing or if they need the 9 gamut, or they need to tap under the nose, or whatever, I can use long and short and yes and no answers here. I can do the same thing just by making mental metaphors. Now the first mental metaphor I used -- and I started doing this about a year ago -- there was a gal, and she allowed me to record it -- she had tremendous physical pain and she was sensitive to almost everything on the planet it seemed like. In fact, she had to have her whole house redone. She had to have the carpets replaced and all kinds of stuff, just because she was sensitive to the normal things that go on in the house.

I kept doing this with her and it was my first try and it was very successful because even though she had all this pain, all this sensitivity, we kept getting results, kept getting results, and I did not do any other diagnosis other than intuitive. This is what I would do: to find out if she was reversed or not I would put a mental metaphor, a visual image in my mind, of her face -- even though I didn't even know what her face looked like. I would just make a face. If she's not reversed, that's what her face looked like. If she is reversed, the way I set it up is the face was upside down. I'm setting up this metaphor. This is the same as this (surrogate muscle test), right? That's what I would put up here, if the face is right side up or upside down.

00:17:02

Now some of you are quite visual and this is the way you'll want to do it. Others of you are more auditory and you'll need to set up your own. You may want to hear "reversed" or "not reversed." You'll hear a voice. Do we have an auditory back here?

Gloria: Yes or no.

00:17:22

GHC: OK. I would also say, none of my mental metaphors are auditory. I don't know why. The auditory sense, I use it, but it's not my leader. Visual

and the kinesthetic are both my senses. Now I have used this many times but I found myself with practice doing something a little bit different in time. I will also, because I've done this so often, do this (surrogate muscle test) without doing this. I will get a feeling right here in my chest which I tend to get. Even though I'm testing my arm, I tend to get a feeling in my chest. I don't know why, that's just what it does.

00:17:55

Remember there's nothing magic about what tool you use. It's your metaphor for getting information from the other dimension. So you won't even see me do it but I'll just sit there and look at you and I will mentally do this (surrogate muscle test) and I'll get a feeling in my chest as to whether we're either long or short. So you could do this, this would be the visual part of it. You could do an auditory part of it, which would say "Reversed" or "Not reversed" or whatever words fit there. Or you could do a kinesthetic part, which I'm doing, by just getting a feeling about it. There is no magic way to do it. The thing to do is to set up a mental metaphor, which, by the way, all surrogate muscle testing is is another metaphor, it's a physical metaphor rather than a mental metaphor.

00:18:48

Then as far as where to tap is concerned, once we're by reversal, then what I did at first is I would take this face, and remember this is somebody I've never seen before, typically. It could be either way, it could be in front of me or not be before me, and what I would do is I would get myself out of the way as best I could and I would mentally visualize this face. I don't have a black pen here, but what I would see would be black dots. So if we needed to tap on the eyebrow I'd see a black dot here, under the nose would be there. I might see a black dot on the collar-bone point and that's where I would tap. No, I wouldn't tap all at once. Well, sometimes I'll see them all, sometimes I see them in some order. But I do not call that order being important because I happen to see them in order, I just happen to see them.

Other times what I would do and I'm tending to do this more now, is I just get a feeling for it. It feels like the collar-bone should be there. It feels like under the eye should be there. I keep doing that until I would ask myself "Is there any more?" I just ask myself "Is there any more?" Nothing else comes up so we're done. Is this too woo-woo for you?

00:20:21

Then when we come to do we need the 9 gamut or not. The 9 gamut is described in Dr. Durlacher's book -- which I'd never heard before but is a good analogy - - as brain balancing. That's what he called the process. So what I see in my mental picture is a little teeter-totter and if it's balanced we don't need the 9 gamut. But if it's like this, we're out of balance, we need the 9 gamut.

Now those happen to be the ones that I use. That is A way to do it. Is it *THE* way to do it? No, because you'll end up with your own. You'll end up with your own auditory version of this as you go, your own kinesthetic version of that, and whatever. Go ahead.

00:21:19

Marilyn: How much familiarity or practice with doing the process, the EFT, with so many people for your system to start to be hooked up with these connectors that you can't just go from a little bit of practice to being here. That you have to have worked and worked and worked until your system develops these sensing pathways.

00:21:48

GHC: Yes, you have to practice is a way to say it. Yes, you must do that, or course. But here's the beauty of it. Remember the fall-back position? So now you're with your client and for the moment let's forget this stuff, this surrogate muscle testing. Let's just say we go right from mechanical EFT to this, OK? You're sitting there in front of your client and you're doing mechanical EFT. They don't know what you're doing and they don't know that they have to do it necessarily in a certain

00:22:15

What you can do is, you can just say to yourself "Try to see this. Are they reversed or not?" And practice that and whatever you get, right or wrong, go with it, just go with it. Let's just say that you see they're not reversed. So they're not reversed, you're going to go right into tapping the regular EFT sequence, but don't even bother practicing these for the moment. Just go to the sequence and notice if they make any headway or not, and you'll find more often than not that your intuition will be right that they were not reversed.

00:22:51

The more you do it, the more you'll get your confidence in that area and after a while you'll say "I'm pretty good at assessing whether they're reversed or not." Now, you will make mistakes because remember reversal comes in and out sometimes, and

you may not have even made a mistake, it just changed on you in the process. But after a while you get to a point “Gee, I don’t have to surrogate muscle test or muscle test them. I can just sort of know.” because you have this mental metaphor. Then after awhile you get good with that and they won’t even know it, will they? Because what happens if you go ahead and say “Well, they’re not reversed” and you tap and you don’t make any headway. Go back and do the unreversal and go from there. I mean, how do they know? You don’t even look bad, do you and only you know, Marilyn, right? You could be cheating and nobody ever knows.

00:23:51

Nahoma: A second part of the answer to that issue, whether you realize it or not, the intuitions are already there in you, even if you’ve done EFT five or six times only. The only thing that may not be there at this stage of your doing it is your focus into yourself to hear the signals.

GHC: And your trust of the signals.

Nahoma: That’s right.

GHC: That’s why you practice it. You get trust with practice.

Nahoma: Once you take the chance that in fact the intuitions are all there and you just have to find which pipeline is yours, are you kinesthetic, are you visual, are you auditory, are you some combination? Once you know that and you start listening in, see I’m auditory so I call it listening in, once you start seeing it or listening in or feeling it, you’re going to find you can do this perfectly, just as Gary said. But the one requirement is to begin by listening and as Gary said, trusting.

00:24:51

GHC: Yes, which is another way of saying it needs to be done *through* you, not *by* you. And by the way, I want to point something out just one second. Remember yesterday we were talking about the guy that was serving the yellow bullets at me and I had to get myself out of the way. I had to react. I also emphasize I said there that I was in a place where I had no choice. So the example I was giving to Marilyn here where you were just helping a client and you just practiced it on her, that’s not a place where you have no choice. But the really great thing is when you have no choice that’s when you *must* use it. Try to find a place where you have no choice and that’s when you have to rely on it. I don’t know how you

find that but if you can find one I’d do that. Then when you *have* to do it, then you’re going to start finding it working. Go ahead.

00:25:41

Sandy: I have done some telephone EFT with clients that I’ve known for quite a while. I have a couple of clients that have gone for their Ph.D.s and they’re in school and far away and so we’ve continued doing our work, simply over the phone and I’ve sent them materials on that. But one of the things that I’ve tried in terms of this process is that I have actually used my own body for the points.

GHC: In what way?

00:26:13

Sandy: As we examine, as we target, and so forth, I can pick up through my own sensing, myself, I’m using myself. But I’m pretty accurate in terms of where they need to tap or what’s going on for them by using my own body.

00:26:31

GHC: My question is how do you sense it? Let me give you an example. When I’m sensing the points, for example, I just sort of feel it. I just sort of feel there and I ask myself “Anything more of this now?”

Sandy: Exactly. It’s kinesthetic I guess you’d call it. So actually I’m using the body and muscles in the body and points in the body, see what draws my attention, and they check it out and it’s fairly accurate.

00:26:57

GHC: Sure, and the more you use it and the more trust you have in it, the less you’ll want to use the mechanical form. Now remember the mechanical forms are very good for groups, for example, for teaching clients and that kind of stuff because you’re not going to teach them this diagnostic stuff. But you can cut through a whole lot using your intuition and, I emphasize this again, once you develop your intuition through using this process and you get more trust in it, you will trust your intuition in other areas of what you do, your whole life and other areas of therapy and so on and so forth. This is a great launching pad for your intuition in other places. It’s because of something like this that I’ve begun to trust my intuition more and more to be able to say the things I say and come up with the things that come up for me in the process because I’m more trusting them.

Betsy here.

Betsy: You say you opened up the additional points that you have worked on, three additional points.

GHC: Yes, those were actually given to me by Michael Gandy. We'll probably discuss them some later.

00:27:54

Betsy: I guess I was wondering now that you've opened up this intuition aspect in terms of sensing where in the body needs to be tapped, have you had the experience that you would sense a point that wasn't on any of the points that you know but you think that's a place that needs to be tapped?

00:28:10

GHC: Thank you for the question, and the answer to your question is *not really*. I'll tell you what's interesting about it. The universe, if I may use Bill Tiller's phrase of yesterday, has lots of information in it and it knows I only have so much information. For example, I do not know how to do EMDR but many people here do and they're expert at it. So when I ask with my intuition "What should I be doing here?" One thing that will not come up is EMDR. But if you are proficient in it, that's one of your tools and one of your options, isn't it?

00:28:42

Another thing that's really fascinating to me is that when Michael and I were doing this and he was telling about some other points and he would be suggesting the other points to be tapping as we were dealing with these clients, like up here and down here and here, and they would be effective points. However, I and you as well and many people in this room have done all kinds of good work never using those points because you didn't know they were there before. So there's something else involved.... your intention is part of all of this. So yes, are there any other points that might be helpful, of course, and so we add those. But to answer your question did I come up with other points? No, because they were not in my bag of good things you do for people. I now have three more points and now have a bigger bag. I have a question about how big your bag really has to be.

Go ahead, Rob.

00:29:38

Rob: My experience is that my beliefs limit me in terms of the information that I'll get and if I'm looking at it strictly as EFT then I will get EFT information and if I have a more open receptive state

or mind-set, then I may get new points that I never would have thought of otherwise.

GHC: And if I may add to that, if you are convinced that order is important in where you tap, guess what? Other questions?

00:30:14

Sharon: I have a comment. I've been sitting here off and on the last two, three days, I have this point in my neck that comes in and out and the first couple of days it would get better and then it would kind of sneak back in. So when you were doing this I just find myself all of a sudden thinking to myself "Gee, if I were to really make this go away, where would I tap on myself?" This has happened in the last two minutes. So I find myself thinking that I had to do the reversal with the back of my head and I didn't even know that point before whoever he was showed us that, and so I started doing this.

GHC: A new thing in your bag.

Sharon: Yes, and I did this on myself and then I just tapped down, somebody might have seen me doing this for a second, and it was like it went away in a big way. So just in the last two minutes I was just having this thing about "You could do your intuition on this right now," and this other voice is going "This is kind of stupid." You know, that kind of voice?

GHC: I've heard it.

Participant: I don't think you guys know that voice at all.

GHC: Anybody else heard it?

00:31:12

Sharon: And I just had to report to you that it really, right this second, in the moment was working in a much stronger way. So I just wanted to share that.

GHC: What you now have is some tangible evidence, some proof to yourself which you're going to need if there's something to this.

00:31:28

Sharon: Yes, and that it was this kind of different point, that I now have this new point to try because like you said, you only can use what you know, and all of a sudden this one was there and that seemed to be a good one and maybe yesterday it would have been another one, who knows.

GHC: Yes, of course, that's right.

Sharon: Anyway, so thanks.

GHC: That is right. That corner over there.

00:31:48

Peggy: Thanks. I just want to say something on the suicide one that I put on the list and did over the phone. I had covered all my bases with her doing crisis counseling and at the end when I was done she said she was not suicidal anymore, that she was just sad, and I intuitively knew that was true. But what was so interesting is she said over the phone to me, I had not met her, she said “You have to trust me.” And I thought that’s kind of interesting, I have to trust her. I would put it on the list now, but at that point of time I wasn’t going to say intuitively I knew this woman was OK. But I still had covered my bases because I do have my license. But intuitively you do go with what is working for you. I do have a body sign, I just get this signal down my leg, it’s like a breeze down my leg when it’s true, when it’s right.

GHC: Well, pay attention to that because that is one of your metaphors and maybe

Peggy: Exactly, and that’s how I know.

GHC: What you could do with that sign on your leg is you could say -- if that is a consistent thing that you’re used to using -- you could very easily say “Are we reversed here or not?” and find out what happens.

Peggy: Yes, I do that.

GHC: “Do we need under the eye or not?” and find out what happens. You could do that.

Go ahead, Alexander.

00:33:07

Alexander: I find it really useful to think of this, as it’s been said before, as an artistic process and to get out of my kind of head orientation of trying to get specific knowledge, that’s it, that’s it, oh, that’s it. But to stay more really in this space which really feels more in the heart, which one is in if one is either engaged in improvisation or an artistic activity where you’re not really trying to get knowledge but you are doing a kind of a cognitive feeling process, and you’re constantly through real sensory attentiveness getting feedback and then just continuing. But when it’s an artistic process you don’t immediately think “That’s it!” because that’s not what you’re doing it for usually. So you’re able to stay more in a kind of a feeling, sensing place, but sensory attentiveness is a crucial part of it. That’s what I was thinking when you were talking about these points, just like when we’re doing the mechanical EFT if you’re actually

being attentive all the time, you’re taking in data in a sense of “Oh, when I did that point, maybe there was a little” except you’re not thinking that, you’re noticing.

00:34:23

GHC: In a way I can tell you having done EFT mechanically many many many many many times, I started coming up with this because I would do that and I would say “I don’t think I need to tap here and there,” it would just sort of occur to me “I think what I really have to do is tap here and there.” After a while I would just tap those places and I would get my results. “Oh, that’s interesting.” Then I just went on from there.

I was having a conversation with Dr. Greg Nicosia, who is one of the people who is giving seminars on these various topics. Greg had written to me once upon a time and said to me, “You know, ten years from now when we look back at all this process, we may be joking about the fact that we actually tapped on people.” We have some evidence of that possibility by our first day here when we just imagined the tapping. But one of the things Greg is now reporting, anecdotally reporting, and I’m going to play for you after the break a telephone conversation he and I had about this, is he and some of his associates had 20 or 25 cases where they *intend* the tapping. They don’t tap, they *intend* the tapping and have been getting results.

After the break

00:35:40

GHC: I will put in my mind’s eye up here this thermometer. And this thermometer, when somebody’s at a 10, will be full of red and when it’s a 5 or 6 it will be roughly half way. The way I set it up it just bounces, it just doesn’t sit there. It doesn’t have a number on it, by the way, it doesn’t say 4. The red just occurs some place along there so I can make an estimate. To put numbers on it and to call that accurate when we’re asking for SUDS, which is not accurate to begin with.... it isn’t too useful to try to make that accurate.

00:36:16

But anyway it’s a good guide for me and the way that I’ve used that in the past..... These kinds of things just fall into my lap as I just use them and trust them and let them work. We’ll be dealing on an existing issue and I’ll be watching that issue come down. But once in a while, without even me asking for this to show

up, I will see new thermometers and I take that as being other aspects are now showing up. Once in a while I will see the thermometer at a 6 or 7 or something like that, and the client will say "I'm at a 0." That's an indication to me not that my thermometer's wrong but that we've got another aspect coming up. Once in a while I'll have the client say "I'm at a 6 or a 7" and I'll see a 0. That also tells me that they've now tuned into something. We've taken care of the original one and now we've tuned into another one. I can verify that just by asking them. I'll say "Are you sure?" They'll say "Oh, no, no, that wasn't the issue. It's this." They're going to give me a new aspect about it, almost invariably. I will know that in advance. Again, I don't consider this hard science-type evidence but it's an awfully good indicator for me -- a very good clue -- and it's right a lot more often than it's wrong, I find, when I start investigating what's going on. So I trust it and trust it and trust it. The more I trust it, it seems, the better it gets. It's kind of an interesting process.

00:37:53

Once in a while I'll see a whole little forest of little bitty thermometers and a couple of big ones out there. It's kind of telling me what's going on. We're stepping into a forest now, be careful, because we're going to bump into lots of trees pretty soon. If you start asking the client, you'll start to get verbal confirmation of what you're seeing. But again that's just the way I put it together. As you develop your own intuition and so on, and you develop your own metaphor, you may want to use it more and more. That's how it works.

00:38:28

Anyway, what I want to do is play for you this roughly six-minute conversation that Greg Nicosia and I had and this was done on the telephone. The phone that I now have is apparently very, very sensitive. I didn't realize it was this sensitive because I'm talking to him and I have just normal breath but this thing picks up my breath and you can hear my breath go woosh sometimes. Strange..... but between that and my tape-recorder, that's what it does. But I'm going to play it. You can certainly hear it and it's perfectly listenable and all that. Let me see if I can do this right.

Recorded Conversation:

GHC: Greg we're recording this and this is OK with you?

Greg: Sure, absolutely.

GHC: And we can play this in front of our seminar and use it on our tapes, etc.?

Greg: Yes, indeed.

GHC: And you are Dr. Greg Nicosia?

Greg: That's correct.

GHC: From Pennsylvania, correct?

Greg: Yes.

GHC: Anyway, Greg, you and I were talking before I turned this recorder on about the interesting fact that you and I independently of one another found that we could diagnose what's going on with the energy system by testing ourselves on behalf of the other person.

00:39:57

Greg: Yes, that's correct. I recall that conversation about six months ago that we had where I think it was "I'll tell you what I'm doing if you'll tell me what you're doing."

GHC: Yes. So when you're dealing with somebody, you don't really push on their arm or test their muscles. You've found it just as accurate to assume you were them and then do your own kind of muscle testing and get your own answers. "Am I reversed or not?" "Do I need to tap under the nose or not?" "Do I have collar-bone breathing problems or not?" Am I correct?

Greg: Yes. I found that anything that you can do with a muscle test, you can certainly do simply through thought alone or using yourself as a surrogate. I think I still treat some people in the standard diagnostic way and I certainly treat people quite frequently over the telephone by using this method.

GHC: The other thing that I found interesting is you don't really need to use the alarm points. We thought we needed to use them but you had this interesting story -- I'm going to call this "from the pubic bone to the parking lot" -- that you and I talked about. Would you mind giving that story in the briefest of ways to make this point?

00:41:06

Greg: Sure. I recall one day I was treating a gal in the standard way, not doing anything different, and I asked her to touch her pubic bone and I muscle tested her and I looked down and I noticed that she wasn't actually touching herself but her hand and fingers

were maybe an inch from the pubic bone. “I can’t touch myself down there” that was part and parcel of her problem. Then I began wondering, I think that it must be the energy that goes from her finger that stimulated that alarm point. So I began to do that myself. I began to not touch, but have my finger pointing maybe an inch or two away from the alarm point and then I began to wonder how far I could move back, how far my energy reached. I got to the point where I needed to have another therapist come in because here I am 4 or 5, 6 feet away pointing at the alarm point and then get the therapist to do the muscle testing and then we’re outside in the parking lot, 50 yards away.

At this point, I’m kind of having a game, like a quick draw, pointing at it and sure enough it works. Then I just kind of fell down laughing in the parking lot, laughing at myself and saying “Jesus Christ might be someone I’m modeling, but I don’t think I’m He and I don’t think the energy field of my finger goes across the parking lot 50 yards away.” And it dawned on me that just pointing was simply heuristic for a way to focus my intention. I realized that what we’re doing there is really touching this with our intention and the rest of it wasn’t necessary at all and that got me really on the way to doing this by thought and intention itself.

GHC: In fact you have gone from there to the point where -- in some cases you’ve even taught some of your trainees to do this -- where you will actually do the tapping on the individual without them even knowing that you do the tapping with your intention, not theirs. They don’t even know you’re doing it.

00:43:07

Greg: That’s correct. There have been several instances where that particular phenomenon of touching with intention for the purpose of treatment has been used, and it’s been used very successfully. Indeed, there are at least two other people that work with me that I’ve trained who are also using this and getting very positive results with it.

GHC: To close this out, Greg, you gave me one story here before we turned this recorder on. Could you just briefly go through that story, that example?

00:43:44

Greg: Sure. I was doing a phone consult for a doctor in Washington, DC, and there was a very complex case there this doctor was having trouble with and just wasn’t able to resolve. So she asked me if I would do a telephone consultation and do the

diagnosis and lead her through the treatment. As we’re going through that particular treatment, the next thing I do is I become really captured or overwhelmed by an incredibly vivid sensation, as if I’m unable to breathe and I’m being held down and my chest has a lot of pressure on it. I didn’t know where this was coming from at all but what I simply did was go with that diagnosis and I simply intended the treatment to that patient. And the doctor after her being silent for maybe 30 or 45 seconds

GHC: And this is over the phone?

Greg: Yes. The doctor on the other end picks up the phone, because we were on speakerphone, and says “Greg, are you doing something? What’s going on?” I said “Listen, I didn’t want to say anything. But this is what just happened. As we were going through this treatment I had this incredible perception or sensation of what was happening so I simply diagnosed it and I treated the patient with my intention by stimulating those points in the order that they came up.” And she said “Well, you know what’s happened here is the patient was in a lot of distress and has changed enormously. Their power has changed, they’re more relaxed, they’re breathing regularly. The stress just seems to have dissipated.” And this is a pretty regular phenomenon.

GHC: All your cases so far are anecdotal. You said something like 25 or 30 or them so far with varying degrees of success in this, using your intention only?

00:45:35

Greg: Yes, that’s correct. I think there’s no more than half a dozen and the other two therapists that I mentioned have done 5 of them themselves. I don’t think it’s the way we normally go about doing this. But in some circumstances it is in fact what we’ve been doing.

GHC: OK. Greg, thank you so much for your input.

Greg: You’re welcome, Gary, thank you.

[end of recorded conversation]

GHC: Interesting maybe we won’t have to tap at all. Here, we need a microphone for Ray.

Ray: Gary, what are alarm points?

00:46:17

GHC: Alarm points are something that were developed through the process of applied kinesiology.

One of the clues you can get for what's going on in a given meridian is to touch a certain alarm point, like the stomach meridian which starts here (under the eye) and goes over the head and down to the toes. The alarm point is here (stomach area). This was just found by their own scientific methods by trial and error and so on. This is their alarm point (stomach area). So this is the point that you often tap (under eye). The treatment point and the alarm point for the governing vessel is right here (under the nose), same place. But for under the arm the alarm point is right here (at the waist), also called a test point.

Ray: What do you use it for?

00:46:59

GHC: I don't use it for anything. But in diagnosis, at least as I learned it from Dr. Callahan, if you wanted to find out whether the stomach meridian, or tapping under the eye, was necessary, what you would do is do a muscle test and we muscle test you while touching the alarm point and you get a strong or weak response which would then tell you whether or not you should be tapping on that meridian.

Participant: What's the alarm point for [inaudible]

GHC: I'm sorry, what's the alarm point for.....? It's not for body parts, just meridians.

00:47:39

GHC (in studio): What you just watched on tape was the discussion of intuitive diagnosis that occurred at the first seminar that we did. After that seminar I had a number of conversations with people because I'm always curious -- how does this land with you and how can you best use it and so on -- and a number of people had questions about using it and how they would adopt it, because it's all kind of brand new to people. Intuition is not brand new but how you might use it in practice and develop it and step into it and run with it were the questions that I had. So I approached the topic a little bit differently in the second seminar and the difference is illustrated in what I want to show you in what's coming up.

Another intuitive diagnosis discussion, "Guessing"

GHC: You have a question over here?

00:48:24

Roxanne: When you talked before about eliminating the 9 gamut and the last sequence, if you have a feeling that you do need to do the 9 gamut, do you

always do the sequence after it so you're ending with the sequence? Or might you do the 9 gamut and stop there?

GHC: I do what ever feels right at the moment. But to answer your question, if I found the 9 gamut necessary, what I would probably do is do the 9 gamut and then look for another sequence. It may not be the identical sequence I had to begin with.

00:48:54

There's another way to do it (intuitive diagnosis) besides this (using mental metaphors) and this is probably going to be the easiest for most people. I had a number of people that called me after the seminar last time saying "I've been trying to do this, how do you do it again?" What they were looking for is some magic answer, they were waiting for the gong, or waiting for something to go off, and this bit about trusting whatever comes to you is difficult for them to do. So I thought "How do you really do that?"

00:49:18

I got to looking at what I was doing and what it was coming to after a period of time. We can summarize the whole thing in one word. Are you ready for this? You folks traveled all over the world to come here to hear this one word. Are you ready for this? The word is 'Guess'. Now let me ask you something, when you guess, is not your intuition built into that guess somewhere? Is it not? Yes, of course, it has to be. When you guess, is it totally intuition? Not necessarily. But if you do this: if you guess and you keep guessing and keep guessing and keep guessing, after a while if you watch what's going on, you're going to find that your guesses start to count because you're trusting them more and more and more and they're beginning to count. You're seeing that your guesses are better than just random and after a while you trust them a little better.

00:50:22

Remember I give this example of getting yourself out of the way, the guy shooting yellow bullets at me in tennis and I had to get myself out of the way..... when you're playing football you have to get yourself out of the way or you don't make any headway at all. You've got to run on your intuition and your instincts in those cases and you need to do that here. But a great way to do that which is not embarrassing, you can stub your toe and blow it and nobody will even know the difference..... You're dealing with a client and the client has an issue and instead of going through the normal EFT -- if you're using EFT at the

moment -- and have them do the reversal correction and go through the sequence again, etc..... just *guess*. They don't know you're guessing. They don't know all of this. Just *guess* and guess to yourself "Are they reversed or not?" And proceed accordingly. Just *guess*.

00:51:19

By the way, if they're not really reversed here and you do the tapping and lo and behold the sequence works, then your guess was right, wasn't it. If you guess and you're wrong, what can you fall back to? Very easily done, mechanical EFT, very easily done. Then you'll start guessing at the points. Just say to yourself, you can see these black spots if you want to, you can get a feeling in your body if you want to, where they may be, etc., just guess and follow your guesses. It takes seconds to do. If it doesn't seem to work this time, OK, fall back, but with the next patient you have, guess again. Just keep guessing and after a while you'll prefer to guess rather than going through the other procedures because it will be more efficient and you'll start to learn more about where you are in the processes as it goes along. You can summarize the whole thing about intuitive diagnosis, if you wish, as guessing.

Right behind you here.

00:52:19

Steve: One of the things that I found really helped build my confidence was I would guess in my mind and then I would do a kinesthetic muscle test and when the muscle test verified what I'd guessed, it built my confidence.

GHC: Yes, but let me point out, I would ask you not to go try to verify it because when you go try to verify it and your verification is wrong, then you're going to go "Oh, oh, something's wrong with my guess." It's great to reinforce it but remember psychological reversal comes and goes in seconds and it can be here now and then when you test it, it's not there and vice versa. You need to just let it go and just trust it, that would be my suggestion to you. Just keep doing it and doing it. After a while, you'll recognize that your guesses are more intuition than they are just you flat out saying something to yourself. After a while it gets to be purer and purer and purer and sometimes it will come out of your face like I did with Leslye yesterday.

Go ahead, Larry.

00:53:16

Larry: I totally support what you're saying about taking that kind of a personal risk of guessing. If you're uncomfortable about that, treat yourself for your discomfort. Treat yourself for anything that might stop you from being able to guess accurately. I do surrogate testing. I do that instantly so I know a lot of times what's going on.

GHC: I'll do it today. You'll see, I'll be doing this, it's my crutch.

00:53:44

Larry: And in that process I've learned to trust my intuition enormously because of that..... because I did have the continual on-going confirmation of whether that was accurate or not. Then I would test them with the muscle and see if that was true. I have not found it (PR) to switch so quickly most of the time. I don't see that as being an issue most of the time.

00:54:04

GHC: Well, one of the reasons, I think, that it switches so quickly in my perception is that's what I was taught that it does. Serious statement. I always thought that's the way it was expected to be and that's the way it was.

Larry: I was too because we were taught by the same person but sometimes things change or evolve, whatever the case may be.

GHC: Tapas Fleming, is presenting here a bit later and she doesn't run into psychological reversal.

Larry: I think she's probably by-passing it.

GHC: By-passing it or something's coming up within her process that takes care of it.

Larry: Possibly. That's true.

GHC: Because to me it's a very real phenomenon.

00:54:38

Larry: I just resolve that by just addressing it initially and then I don't deal with it anymore.

GHC: Yes, so it's all different.

Go ahead.

00:54:48

Fritz: Back in the early '70s I, and I know there are a couple of people in the room who did this as well..... I took something called the Silva Mind Control course. Anybody familiar with that? If you're familiar with it you may remember at the very end of the the basic level, when you're doing that major, they called it

'Psychic Training' and they did a lot of visualization training. This is going back to your guess because that really resonates with me -- in that early training for me. What they used to say was when people said "Gosh, I don't know what to do. I don't know what it feels like. I don't know how to do that." The phrase was always "*Make it up.*" It feels like you're making it up. That for me is exactly the same thing as guessing and it's true.

00:55:38

GHC: Yes, just recognize that at first your guess may be more guess than it is intuition. But if you keep doing it and keep doing it, after a while you won't be calling it a guess so much anymore.

Cloudia, please.

Cloudia: What I've noticed is that I scare them because I *am* right on and they back away. So how do you deal with it?

GHC: Well, lighten up. (Laughter)

00:56:04

Cloudia: So you dampen your intuition or what you're picking up from them.

GHC: I don't think I scare anybody. Maybe it's a matter of delivery because what I will do is I will just say "OK, it's like I'm the guy who knows this thing, OK. Let's just tap here, da da da da and let's see you tap under your nose and on the side of your eye and tap here. How's it going?"

Cloudia: So in other words do not give them what you're picking up, just say "Let's do this."?

GHC: Yes. Not so scary that way. You're just doing what you do.

Cloudia: Got you.

GHC: Go ahead, Larry.

00:56:45

Larry: But of course you can always treat them for being scared and get that out of the way.

GHC: Would someone turn this record off? (Laughter)

Go ahead, Alan.

00:56:58

Alan: What I do is I don't tell them I'm guessing and I never act surprised at anything that happens. So if they like shoot up and hit the ceiling "Oh, good. OK,

good. Yes, that's one of the things that should happen. Here's a bandage and let's get on with it." So if you look like you expect everything, then that puts them at ease.

00:57:21

GHC: By the way, when you come from an intuitive place, and I must emphasize to you, mine is no more near as well developed as I think it could be in time..... I don't put it forward as *the* most accurate thing on the planet but it's just like if you're proficient at one-on-one muscle testing, it's an excellent guide and it keeps giving you direction and so on and so forth when you work with a client. The more I do this, the more I like it and the less and less and less I use the mechanical EFT, even though I'll still use mechanical EFT from time to time.

00:57:56

Will: I like to think about this guessing as being with the primary selves at the edge of the personality and the making it up is like a bridge over into guidance. Like with the spoon and fork, the way I experience that is I'd have moments when it was like I was over into the energy of letting go and then I'd come back over to the other side and then I'd let go and go over there. It's a shuttling back and forth between guessing and really receiving guidance.

00:58:25

GHC: You'll absolutely do that with your clients if you are new at this, which most of you would be. But the beauty of it is since you already have a technique that will work mechanically pretty well, pretty consistently, you can just fall right back to it and keep guessing another time and eventually it's so painless to get to it, you don't have to embarrass yourself or anything.

Yes, Corey.

00:58:47

Corey: I find that my guessing and my intuition seem to work better with people that I'm more comfortable with. I'm thinking about people that are very skeptical of the process, they're usually wearing suits in front of me and they come from down around the

GHC: (Tapping) "Even though this guy's wearing a suit", I'm serious. But yes, you will be intimidated. There will be places where you're going to have to "prove it", not only to yourself but to them and you'll bring all that up, and that's when you're

asking your intuition to go out the door, overriding it with your stuff, which is nowhere near as good in my experience as intuition.

00:59:32

Ruth: That reminds me, there are two things that get in the way of intuition usually. One is wishful thinking and the other is fear. So when we can, as you say, move away from that and let the energy flow through us and just surround the person with love, then I find that it taps into the intuition. I also will ask myself if I get a twinge or a sense, "Is this mine or is it the client's?" Then I'll get my answer to that.

GHC: I would not ask the question because that's testing it. I would just go with whatever shows up and just go. But to each his own, I'm not saying don't do that but this is what I would do.

Sharon down here had a question.

Sharon: I'm curious if you have to teach clients to apply this on their own. Do you teach them to do it intuitively?

GHC: No. Do you teach the client intuitively to do it on their own? No, I wouldn't do that, no. For the unusual client maybe. But that's what the advantage of mechanical EFT is, you just teach the client to do it. And the odds are they are going to get results by doing it on their own.

01:00:37

Steve: This might seem an obvious point but to me the proviso is guess and then pay attention to the results that you get from that, the feedback that you're getting from the client proves that.

GHC: Yes.

Steve: While I have the microphone can I say -- because it might be a while before I get it again -- I haven't worked with any of these other people but I really respect and appreciate and admire the way you have been willing to open up this workshop to doing that.

[Applause]

Larry: (speaking without a microphone) And besides, you're a hunk. (Laughter)

GHC: You have to give him a microphone when he says these things. But if a lady says it, it counts more.

Steve: So thank you very much for that.

01:01:33

GHC: OK. But let me comment on that if I can. When I did EFT, what I considered it to be -- this is my view and it's criticized some -- *the next step up* from previous technology, only because it was simpler to do and covered wider things and conflicted and contradicted some of the existing theories, etc. But I never put it out as the last word. I don't expect what's going on here is the last word. I don't expect anybody here, as effective as they are, is the last word. My fondest desire is for EFT to become obsolete. Somebody else will come along with a better theory that does the thing more elegantly and we can take EFT and put it in the waste paper basket, because we have something else. Then my job will be done.

Larry: And we'll be happy about that.

GHC: We'll be happy about that and if we're not we can tap for that, right Larry? (Laughter)

Larry: That's right.

[Applause]

Larry: God knows what we'll be doing in the next century.

GHC: I will say it again, we're on the ground floor of a healing high rise.

Larry: Absolutely.

01:02:46

GHC: So we have to question everybody's technique and everybody's theory, etc. And we've done that here.

Larry: I want to give some encouragement to everyone that may feel a little intimidated by some of the things that you're suggesting here today and that we talked about over this three days now. When I first started doing this I started using Callahan's book *The Five-Minute Phobia Cure* that had been introduced to me by an applied kinesiologist and it took me a long time to be willing to do that. It was pretty scary to think about doing that and how absolutely nuts I would look to a client if it didn't work. So I finally realized that I need to treat myself for that fear. So I did that and then I was still very apprehensive and feeling very self-conscious, and I didn't treat that nearly sufficiently.

01:03:36

But I went ahead and decided I couldn't remember all the procedure, it was too complicated for me to remember. I said "Well, do it because this person's got to make this trip to Michigan to her dying relative

Video Tape 14

Session with Craig, "Bashful Bladder"

GHC: Craig is very kind to share with us what amounts to a reasonably personal issue, right?

Craig: It can be.

GHC: It can be?

Craig: If you think of it.

GHC: All right. I think the less technical term for it is bashful bladder. Is that what they call it?

Craig: Among other things.

00:02:07

GHC: What else do they call it?

Craig: Pee shy.

GHC: Pee shy. It's like when we go in the men's room, if any other fellow's there, you have to go in the stall if it's going to work. Do I have that right?

Craig: I'm getting better at it but there's still times when it's like the muscle just goes "Uh, oh."

GHC: OK. But if you're not in the men's room, like if you're at home and your wife walks in, no problem?

Craig: No problem.

GHC: But if you're in the men's room and somebody's already there, then we've got a problem?

Craig: Right. And there's all sorts of variations on it.

0:02:40

GHC: But except for those variations, you can pee with the best of them, right? (laughter)

Craig: Yes.

GHC: Isn't it nice that you're sharing that with us, by the way?

Craig: Awesome.

Craig: But of course nobody else here has to pee so it doesn't really matter anyway.

0:03:01

GHC: What I would like to do -- and I'm so happy you're going to share this -- but there's a way to get at this I think which I think is worth giving a shot at and I hope it's going to give you some value as the way to get at this point. And that is, I want to ask you a question.

Craig: Can I say one more thing. One of the things that's interesting for me, aside from wanting to get over this problem, I've come at this problem from many different angles, from many different therapeutic modalities and have gotten headway but I haven't gotten to it. So it's interesting to work on this for years and years and not get through it. That's another reason I wanted to do it here.

0:03:48

GHC: But one of the things that happened here, this was a day or two ago, I walked into the men's room and there you were in all your glory. You didn't seem to have a problem and I was standing right next to you. 'Glory, glory, hallelujah.' (laughter)

Craig: That was awesome.

GHC: And I said to you -- because we'd had this conversation on the phone before, before we'd ever even met -- and I said I thought we had a difficulty here. I think you said "When I walked in there was nobody here."

Craig: Yes, somebody was leaving. And there's times when I can sort of do these mental gymnastics and sort of get myself to do it but it's not predictable.

GHC: OK. Here's what I would like to ask you and you've never been asked this question before so you may not have an answer yet but I'm going to guide you through it.

When I go stand at the urinal I don't have a problem. Off we go, with or without my mike. (laughter) But when you do that, especially with other people around, or whatever other variations are involved, you have difficulty doing that. Which means that you do something different when you stand at that urinal than I do. What I'd like to have you do is teach me how you do that.

Participant: Show it. (laughter)

GHC: No, I don't mean in that sense. Can we have the audience leave?

Craig: We all joking because we talk about pee pee and stuff. (laughter)

0:05:26

GHC: But here's what I mean. I'm guessing that when you stand there you're making a mental image of something, you're recalling a memory, you have an internal voice that's saying something to you. Something is going on and if you can do it, I can do it and I'd like to have you teach me what you do.

Craig: OK.

GHC: I want to be able to go do what you do. I want to go in and go “Oh, I can’t.”

Craig: There’s an “Uh, oh.”

GHC: There’s an “Uh, oh.” You say to yourself “Oh, oh”?

Craig: Yes, sometimes before even going in.

GHC: Before even going in? Uh-oh what?

Craig: Uh-oh, I may not be able to go.

GHC: Uh-oh, I may not be able to go.

Craig: Right. So it’s kind of like in terms of how it disturbs me now, it’s not like an image comes up or anything that’s going on. It’s more like this is such a pain in the ass and I may not be able to go again.

GHC: My guess is something’s behind the “Uh oh, I’m not able to go.” So how do you get the uh-oh? I don’t have an uh-oh. Teach me how to have an uh-oh. I’ve got to have an uh-oh from someplace.

Craig: See if I can work with my experience. So I’m going in there and I may just say, if it’s a restroom I don’t know what the urinals are like, if they have a big trough those are the worst. I’ll go “I don’t know what it’s going to look like in there. I don’t know who’s going to be there.” So there’s a rising tension about I don’t know if I’m going to be able to go or not.

GHC: OK. But you can walk in and go in the stall and you’re fine?

Craig: Yes.

GHC: OK. So there’s something about not being in the stall?

Craig: There was a time when I was in high school or junior high, I couldn’t even go in the stalls.

GHC: OK. But that’s then. Now you can go in the stalls?

Craig: Right.

GHC: See you’re still doing something which I’d like to get at. Something is going on and you’re recalling something, something other than just “Uh oh.” The uh-oh is coming from someplace. See here. I’m about to go in the men’s room, all right, and I walk in and I say to myself “Uh oh, I may not be able to go.” That doesn’t do it for me. That does not do it for me. I’ve got to have more to it so what else do I need?

0:07:53

Craig: There’s this doubt that goes with that that I may not be able to, it’s almost like I feel like I lose voluntary control of that muscle, like I’m not going to be able to let go of it. So there’s some anxiety that goes with that.

GHC: OK, so I’m saying “Uh oh, I’m going to lose control.” We’re getting there but that’s not quite going to do it for me. “I may lose control.” All right, what else do we have? I don’t want to lose control, that’s getting to me a little bit.

Craig: What’s coming up is what it used to bring up was this sort of like layers and variations of the original.....

GHC: OK, go ahead, whatever comes up.

Craig: The original, it might be easier for me to start from there.

GHC: Sure.

0:09:07

Craig: Around puberty time I was a little late developing, didn’t have pubic hair when other guys did and I don’t know if I was ever made fun of, I don’t think so. I think I may have seen somebody else made fun of and sort of done that rejection myself. This was back in New York and the greasers were hanging out in the back room smoking cigarettes and giving shit to whoever comes in there. And that’s where it started.

GHC: And you’re going in there and you’re not a man yet.

Craig: Right. So that’s where it started.

GHC: By the way, when I said “You’re not a man yet”, how did that feel when I said that? Did that get to you at all, do you sense anything?

Craig: No, but back then it would have. But now I feel disconnected from that but the symptom’s still there.

So then it sort of went to this thing about “If I can’t go and there’s like a line behind me, or other people waiting for the urinals, and then maybe I can’t go and I’m keeping other people waiting and then there’s all this embarrassment, anger at myself.

GHC: So we’re going to do all that stuff.

Craig: Can you do that stuff?

0:10:20

GHC: Well, I probably could but I don't think I'm going to. There is some difference that I'm hearing between going in the stall, where nobody can see you and being in more publicly displayed place at the gentleman's urinal where you can be seen.

Craig: Then there's a difference if they have those dividers between the urinals.

GHC: There's a difference in there? Now if I recall, the urinal we were at didn't have a divider, and I can just peek over and probably did. But suppose I did. Did I? Were you noticing, did I?

Craig: When you told me that I was going.

GHC: You were, as a matter of fact. I did, I forgot about that. I started saying "Is he going?" Yes, you are, I thought, and I was saying to myself, "Good job."

Craig: We talked about being awesome and stuff.

GHC: However, the mere fact that I looked, did that bother you?

Craig: No, once I'm going it's OK.

0:11:42

GHC: Once you've started, heaven help anybody, you're going to keep going. You don't have control over stopping it?

Craig: Well, I could but it's not an issue.

GHC: It's not an issue, OK. But to begin with it is?

Craig: Right. Getting started is the issue.

GHC: OK. Tap right here. Say "Somebody watching me."

Craig: Somebody watching me.

GHC: Let me ask you, can you go back in time and find a time when you were in the men's urinal, or any other time when you were in the process or about to go into the process, where you felt intimidated, where you felt embarrassed because you couldn't do that? You'll probably have several times but can you pick out a time, an event if you will, that stands out?

0:12:55

Craig: You want recent or more historic?

GHC: Doesn't matter to me, whatever fits for you. You pick it out.

Craig: OK.

GHC: OK. How long ago was it?

Craig: A few weeks ago.

0:13:20

GHC: If you would, just close your eyes for a minute and just go through that movie and tell me on a scale 0 to 10 if any SUDS comes up now about that event?

Craig: I feel rising in my chest here. It's a 4.

GHC: "Even though I have this tension in my chest,"

Craig: Even though I have this tension in my chest,

GHC: "I deeply and completely accept myself."

Craig: I deeply and completely accept myself.

GHC: "Even though I have this tension in my chest,"

Craig: Even though I have this tension in my chest,

GHC: "I deeply and completely accept myself."

Craig: I deeply and completely accept myself.

GHC: Side of your eye. Eyebrow. Say "This tension."

Craig: This tension.

GHC: Eyebrow again. "This tension."

Craig: This tension.

GHC: Collar-bone point. "This tension."

Craig: This tension.

GHC: Under your arm.

Craig: This tension.

GHC: OK. How's the tension now?

Craig: It's kind of sliding down.

GHC: Is it still a 4 but sliding down?

Craig: No, it's more like a 3 and sliding down. I can actually feel there's something in my throat here, too.

GHC: Which is more intense, the throat or here?

Craig: They're about the same.

GHC: They're about the same. They're both 3?

Craig: Yes.

GHC: I'm just going to zero in on the throat for a second. Right here, "Throat tension."

Craig: Throat tension.

GHC: Throat tension still there? What number is it?

Craig: It's changing some. Now it's kind of like a little knot in there. It's still about a 3 but it feels different.

0:15:07

GHC: It has a different quality to it?

Craig: Yes.

GHC: OK. "Throat tension."

Craig: Throat tension.

GHC: "Remaining throat tension."

Craig: Remaining throat tension.

GHC: Check it out. Has it changed at all?

Craig: Yes, the quality keeps shifting. It's about a 2. I feel some sadness with that too.

GHC: OK. "This sadness."

Craig: This sadness.

GHC: How's it now. Check it out. Has it changed at all?

Craig: It feels like it's clearing.... a 1 now, again, it's a different quality but it's like 1.

GHC: "This sadness."

Craig: This sadness.

GHC: "This sadness."

Craig: This sadness.

GHC: "This sadness."

Craig: This sadness.

GHC: Still a 1, same quality, checking?

Craig: Yes.

GHC: It hasn't shifted at all.

Craig: It's still a 1 but it's shifted some.

GHC: It's still a 1 but it's shifted some. What is the quality of it now? What about the sadness quality? Are you able to get in touch with that sadness quality?

Craig: Yes, it's funny, it feels like the sadness is more here now though, inside here.

GHC: That's OK. Just so I can talk to them for a second. (to audience) This is what I call chasing the pain. It is my perception, right or wrong, that each one of these things shifts around and changes in intensity and different qualities and so forth. It is a physical manifestation of an emotional issue which you are not able to articulate. That's just where I'm coming from, right, wrong or otherwise. I do that often and quite often we do something worthwhile with other issues, so it's almost a little blessing for us.

(to Craig) Still feel the sadness?

Craig: It's actually sinking down through here now.

GHC: OK. What number's that?

Craig: As I focus on it, it gets stronger. It's continuing to grow if I focus on it.

0:17:40

GHC: Are you tuning into a specific event or just in general?

Craig: I can just feel a sadness.

GHC: But there's no specific event going on with that?

Craig: No.

GHC: Is this helping, and be accurate.

Craig: I can feel but it's like a welling, like the sadness welling.

GHC: OK. Say "This welling."

Craig: This welling.

GHC: How's it going?

Craig: It's decreasing.

GHC: "Remaining welling."

Craig: Remaining welling.

GHC: "Remaining welling."

Craig: Remaining welling.

GHC: "Remaining welling."

Craig: Remaining welling.

I feel it more around my eyes now. It's about a 2.

GHC: "Remaining eye issue."

Craig: Remaining eye issue.

GHC: "Even though I have this eye" eye what?

Craig: Eye tears.

GHC: "Remaining tears."

Craig: Remaining tears.

GHC: "Remaining tears."

Craig: Remaining tears.

GHC: "Remaining tears."

Craig: Remaining tears.

GHC: How are they now, still a 2?

Are you tuned into an event?

Craig: No, just a sensation.

GHC: Is this helping the sensation?

Craig: It's moving around.

GHC: Moving around, OK.

Craig: It's down in my throat more now.

GHC: Just focus on your throat for a second.

0:19:26

Craig: I feel it all through my body.

GHC: All through your body?

Craig: All through my body.

GHC: Is this good or bad?

Craig: It feels helpful.

GHC: Aren't you glad you came up? (laughter)

Craig: Yes.

GHC: Don't you wish you could pee? If you could pee you wouldn't be here.

Craig: I can just feel this huge energy rush through my whole body right now.

GHC: All right. Did it feel cleansing?

Craig: Yes, it feels like stuff's moving out.

0:19:56

GHC: Listen, we've got a lot going on here. I just want to keep tapping all over the place. You can use your fingers because I want to tap on everything.

Can you give me some idea on how you're doing?

Craig: Just lots of energy movement.

GHC: OK. Stay with me.

Does it get worse, better?

Craig: Those words don't match. I can feel this energy moving very intensely all through. It's like in a deep meditation when the energy moves really strongly

GHC: Do you have to pee?

Craig: No. (laughter)

GHC: Just curious. Still moving?

Craig: Yes.

GHC: Is it moving more or less?

Craig: I feel like it's kind of calming down. There's something about that spot (ankle point).

0:21:19

GHC: When they tell you something about that spot, pay attention, OK. Now I wasn't picking that up intuitively necessarily but when they say that, pay attention.

If the energy level was a 10 when we first started, is it still a 10?

Craig: No. It's a 7.

GHC: A 7. So you're still up there.

Craig: It's not uncomfortable, it's just strong.

GHC: Anything going on on your ankle or any of these other points that give you noticeable relief or noticeable charge of some kind?

Craig: It's hard to tell because you're moving quickly.

I think they all are.

GHC: I'm not even sure what's happening. All we know is we've got energy moving and something is happening and energy's disrupted. That's the way I look at it. It may well be that you're bringing up all kinds of emotional stuff that you haven't even dealt with once upon a time and you can't even articulate. It's possible. I don't know what's happening.

0:22:38

Craig: There's no content here.

GHC: There's no content? That's interesting. Is it possible you're repressing something?

Craig: Could be. But this is also a familiar way of processing for me.

GHC: What does that mean?

Craig: In the meditation that I do, I experience this a lot.

GHC: If you were a 7, what are you now?

Craig: A 4.

This seems to calm me a lot (ankle point).

0:23:23

GHC: Oh, does it? Well, this (ankle point) and this one (under the arm) are the same meridian. It's interesting that you brought up this one because it's on the same meridian as this one. Are there any spleen meridian points, Michael, that I can use?

Michael Gandy: One on the leg

GHC: OK. We have that one.

Michael: OK. You're trying sangwinjouen [sp?] with no effect?

GHC: I don't know the names of them. But we're doing down here and the rib cage.

Participant: Did you try that bi-laterally, just out of curiosity?

GHC: That's what I'm doing.

Craig: That's different.

GHC: If you were a 4, how are you doing now?

Craig: 2.

GHC: 2. Any other points, Michael?

0:24:32

Michael: There's a point about 2 or 3 inches below the knee on the inside. If you run your hand along the bone, which is the tibia that large section, just let it drop off the edge. Every woman who does this will yelp if she gets it good. We hear a yelping? Just slap that whole inside of that big tibia there.

GHC: I bet you when you went to school for psychology you never thought you'd be doing this, right?

Craig: I can really feel that.

GHC: Oh, you can.

Craig: There's a kind of lifting going on here.

GHC: Is it good lifting?

Craig: Yes.

GHC: Hey, listen. Bongo drums. (laughter)

How we doing now?

Craig: It's calmed down a lot. It's kind of a tension up here.

GHC: If the overall energy was a 10, then a 7, then a 4, then a 2. The overall sensation of energy, is it still a 2?

Craig: No, overall in my body it's probably about a 1, then right here it's about a 5.

GHC: OK. Tap right here. It's tension, is that what it is?

Craig: It's hard to describe.

GHC: OK. "This thing."

Craig: This thing.

GHC: "This thing."

Craig: This thing.

GHC: "This thing."

Craig: This thing.

GHC: How's that tension?

Craig: This thing.

Craig: This thing.

Craig: This thing.

0:27:23

GHC: Are you still a 5 here?

Craig: No.

GHC: What are you?

Craig: That's a 0.

GHC: Say "I can't pee."

Craig: I can't pee.

GHC: You didn't have a charge to begin with on that?

Craig: To say that?

GHC: Yes. There was no charge to begin with on that?

Craig: There wasn't charge on that. The thing about being a man didn't have the charge.

GHC: OK. Say "I can't pee."

Craig: I can't pee.

GHC: Is there a charge on that?

Craig: There's a doubt. It feels like a 1 or 2.

GHC: That event of 4 months ago -- was it 4 months ago?

Craig: No, 2 weeks ago.

GHC: 2 weeks ago, I'm sorry. Close your eyes and go through that one now. All the way through it and see what kind of thing you get on that.

Craig: There's a moment of standing there and being disappointed.

GHC: What would it normally be do you think? Would it normally be a 2? Is that a typical level for it if you were to

Craig: No, that's lower. Normally it would be a probably a 3 or 4.

GHC: Can you tell the story. Are you comfortable telling the story?

Craig: OK.

GHC: We'd like to tell the story and what we'll do is the moment we get the intensity going on, we'll stop right there and we'll do some tapping for it. Go ahead.

Craig: I start to get tense just thinking about telling the story.

GHC: OK. Well, what number are you at?

Craig: I feel like a 4.

0:29:07

GHC: "Even though I have a problem telling the story,"

Craig: Even though I have a problem telling the story,

GHC: "I deeply and completely accept myself."

Craig: I deeply and completely accept myself.

GHC: "Even though I have a problem telling the story,"

Craig: Even though I have a problem telling the story,

GHC: "I deeply and completely accept myself."

Craig: I deeply and completely accept myself.

GHC: "Telling the story."

Craig: Telling the story.

GHC: "Telling the story."

Craig: Telling the story.

Telling the story.

Telling the story.

Telling the story.

GHC: How are you now about telling the story, is it still a 4?

Craig: No. It's like a 1.

GHC: OK. "Remaining telling the story."

Craig: Remaining telling the story.

GHC: How's that. Is it still a 1.

Craig: Yes.

GHC: "Remaining telling the story."

Craig: Remaining telling the story.

GHC: "Remaining telling the story."

Craig: Remaining telling the story.

GHC: "Remaining telling the story."

Craig: Remaining telling the story.

GHC: “Remaining telling the story.”

Craig: Remaining telling the story.

GHC: Still a 1?

Craig: Yes, a half.

GHC: Are you comfortable enough to start telling the story?

Craig: Oh, I can tell it.

GHC: OK, go ahead.

Craig: So it’s just in a movie theater, going in, thinking maybe I can go. Getting up there and then, can’t go. I don’t feel a big charge on it now.

GHC: You don’t? But you just danced right through it. You can do better than that. I mean you had to leave the seat and you had to walk up the aisle and you had to go someplace and then walk in the men’s room. Did you do all that?

Craig: OK. So I can go through that.

GHC: You walk in the men’s room.....

Craig: Walk in there kind of wondering.

0:30:43

GHC: So you wonder if it’s going to be OK because you don’t know. Sometimes yes and sometimes no, but usually no if somebody else is in there.

Craig: It’s like I could go in the stall but I decide that I want to push on this more. So I go ahead.

GHC: So you push on it more and what happens?

Craig: So then I go up there and it’s sometimes like that sensation that just knowing that I could stand there for an hour and that muscle’s going to be just not in my control.

GHC: “Even though I can’t stand being controlled,”

Craig: Even though I can’t stand being controlled,

GHC: “I deeply and completely accept myself.”

Craig: I deeply and completely accept myself.

GHC: Did I hit the target?

Craig: Yes, I just went way back to feeling controlled by those guys.

GHC: “Even though I can’t stand being controlled”

Craig: Even though I can’t stand being controlled,

GHC: “And I’m intimidated by it,”

Craig: And I’m intimidated by it,

GHC: “And I give up my power to other people because of it,”

Craig: And I give up my power to other people, those assholes, because of it.

GHC: “And have great anger”

Craig: And have great anger

GHC: “And I wish I could piss all over them” (laughter)

Craig: And I wish I could piss all over them

GHC: “And I wish I could piss all over them”

Craig: And I wish I could piss all over them

GHC: “I deeply and completely accept myself.”

Craig: I deeply and completely accept myself.

GHC: “I love myself”

Craig: I love myself

GHC: “I forgive myself”

Craig: I forgive myself

GHC: “I forgive myself”

Craig: I forgive myself

0:32:22

GHC: “I genuinely forgive myself”

Craig: I genuinely forgive myself

GHC: “These aren’t just words”

Craig: These aren’t just words

GHC: “I will let it go”

Craig: I will let it go

GHC: “And I forgive those assholes”

Craig: And I forgive those assholes

GHC: “They’re just being assholes”

Craig: They’re just being assholes

GHC: “Because that’s what assholes do.” (laughter) Isn’t that what assholes do?

Craig: They were very good at it, yes.

GHC: “And even though”

Craig: And even though

GHC: “You’re keeping me from peeing”

Craig: You're keeping me from peeing
GHC: "I deeply and completely accept myself"
Craig: I deeply and completely accept myself
GHC: "And I" take a deep breath,
Craig: And I
GHC: (exhaling) "Let them go"
Craig: Let them go
Say that again.
GHC: "And I" (deep breath in)
Craig: And I
GHC: "Let them go"
Craig: (exhaling) Let them go
0:33:17
GHC: Did they have names by the way, first names or something like that? And how many were there?
Craig: They're greasers. 5, 6.
GHC: There were 5 or 6 of them. What did they say to you when they came in, or when you came in? Remember? Or what did they do?
Craig: They would just give people shit.
GHC: Well, yes, *people*. I want to know what they did with *you*.
Craig: I don't know that they did anything with me but I saw them doing it to other people because I don't have a memory of them actually doing it to me.
0:33:54
GHC: If you saw them doing it to somebody else, my guess is you're projecting some of your stuff on them. You're looking at that and that means something. If you were projecting something, what was it?
Craig: About what they'd be saying? "What's wrong with you?" "Oh, look at him, he doesn't have any hair." "A wimp." That kind of stuff.
GHC: "Even though it took me quite a while to be a man,"
Craig: Even though it took me quite a while to be a man,
GHC: "And at some level I don't even think I'm one now,"
Craig: And at some level I don't even think I'm one now,

GHC: "At least I question it,"
Craig: At least I question it,
GHC: "I deeply and completely accept myself"
Craig: I deeply and completely accept myself
GHC: "And being a man is an inside job"
Craig: And being a man is an inside job
GHC: "Being a man"
Craig: Being a man
GHC: "Controlled by those assholes"
Craig: Controlled by those assholes
GHC: "Controlled by those assholes"
Craig: Controlled by those assholes
GHC: "Letting them go"
Craig: Letting them go
GHC: "Letting them go"
Craig: Letting them go
GHC: "Letting them go"
Craig: Letting them go
GHC: Why don't you close your eyes and go through that story again and this time when you go through literally try to get yourself upset about it.
Craig: Try again on the original story or the
GHC: No, no. Either one. Whichever one you think you want to deal with. Try them both. But what I want you to do is make the sounds louder, magnify them to the point where you try to get yourself a huge SUDS level.
Craig: You want me to talk it out loud or just go through in my head?
GHC: Go through in your head for the moment. (Craig imagines the event)
How was it?
0:36:07
Craig: Well, being from New York the thing that comes up is "Fuck you" to those guys.
GHC: Did you have any charge on it?
Craig: No.
GHC: What about the one 2 weeks ago?

Craig: I feel like there's still some piece about letting go.

GHC: All right. Letting go of what? I'm not talking about your muscle.

Craig: As you said that the first thing that came up was rejection.

GHC: OK. Who rejected you?

Craig: Well, hypothetically those guys by projection.

0:37:05

GHC: You're addressing a nice big broad issue with rejection. You can't live on this planet without getting rejection. All of rejection is an inside job as well. People will make sure that you have an opportunity to have an inside job but you've still got to do it yourself.

When's the last time you came up with being rejected?

Craig: It comes up with me about 8 years ago.

GHC: Who rejected you?

Craig: Some guys on the softball team I was playing on.

GHC: What did they say to you or how did the rejection manifest?

Craig: They were kind of a tight clique and you just couldn't get in. So it was like trying to get in on the conversation and joke around.

GHC: OK. "Even though I was not attended to and didn't count"

Craig: Even though I was not attended to and didn't count

GHC: "And was ignored"

Craig: And was ignored

GHC: Is that a fair statement?

Craig: Yes.

GHC: "Even though I was ignored"

Craig: Even though I was ignored

GHC: "I was rejected"

Craig: I was rejected

GHC: "And didn't count"

Craig: And didn't count

GHC: "I deeply and completely accept myself"

Craig: I deeply and completely accept myself.

GHC: "But more importantly I let them go because it's their problem"

Craig: But more importantly I let them go because it's their problem

GHC: "They didn't even have a chance"

Craig: They didn't even have a chance

GHC: "To experience me"

Craig: To experience me

GHC: They didn't, did they?

Craig: No, true enough.

GHC: "Rejected"

Craig: Rejected

GHC: "Softball rejection"

Craig: Softball rejection

GHC: "Softball rejection"

Craig: Softball rejection

0:38:49

GHC: Go through that rejection again in your mind and tell me if you get to a SUDS level. (Craig imagines the event)

Craig: No. When you did this (tap top of head), it all went away.

GHC: I don't know if you'll now be able to pee with the best of them under any circumstances or not. Because we never know if we're going to get all the pieces and one thing and another. But my guess is we got some of the issues anyway. But I don't want to put words in your mouth. What do you think happened here?

Craig: There's a thing about letting go and forgiving myself and separating myself from the issue. Separating myself from that initial thing.

GHC: Any questions for Craig or me?

Gloria: Where's the uh-oh?

0:39:51

Craig: I feel real removed from it. It could be there but I don't have to attend to it even if it is.

GHC: You're not really going to know if this will allow you to pee whenever you want until you can pee whenever you want. It's one thing you want to test, of course, but this is not the place to do that. (laughter)

0:40:15

I tell you what, I had a case similar to this that I did a couple of years ago or so and the fellow later on was able to go ahead and pee in public circumstances. But he couldn't at the seminar and the reason that he couldn't -- at least the way he articulated it was -- he had a new pressure on him because he now felt like everyone was waiting for him to pee. Every time he'd leave to go pee, everyone would go (GHC adopts listening pose) (laughter)

Craig: I was wondering about that.

GHC: So we're not putting any pressure on you.

Craig: I don't have to wear this thing (microphone) into the bathroom? (laughter)

GHC: Any other question here?

OK, Craig, thank you so much.

[Applause]

After the break...

(Craig is back on stage with GHC)

GHC: Tell me, Craig, at the break what did you do?

Craig: I had some anxiety about going in with this performance thing you were talking about. So I was the only one there and I just started to go and then somebody came in and it was like whoot.... it just cut off. Then I just stayed there and it went OK.

[Applause]

0:41:38

Participant: You're the man! (laughter)

GHC: Don't we take some things for granted sometimes, like just being able to pee?

You also had some comment to me about your experience up here which maybe you want to share.

0:41:59

Craig: It was a little confusing at times. I felt like things were going so fast I wasn't sure if I was clearing issues or bypassing issues, especially early on when I felt like some sadness came up, at the first point I hit. I just closed my eyes and you were going elsewhere and I just had all kinds of stuff come up with this first point. But then I just kind of stayed with it. So I had some sense that slowing down would have been more helpful at times.

GHC: If I had slowed down?

Craig: Right. From the client perspective I guess it was a little confusing about "Am I clearing this or am I just touching this and going to something else?" I think I was doing that somewhat but obviously it was still helpful at the same time. But slowing down would have made a difference.

GHC: That's very valid because sometimes when I'm up here we have a lot of things to do and I shouldn't do that. But I wasn't picking up on my thermometer that we needed to slow down. But your experience is more important than my thermometer because you're the one who is experiencing it. I always listen to the client and give that weight. There will be times when I'll say something and they'll give me some guidelines to either get off it or move on or stay with it. But when the client tells you that, you need to slow down. But you didn't tell me that at the time.

0:43:44

Craig: I was trying to stay with the process. I felt stuff moving and so I was a little confused and wasn't sure. It could have been some of that stuff on stage too because I think in a normal session I might have said, "So what's happening here. I will slow down." I would have been different too.

GHC: The stage is a little different than other places. There are things about being on the stage that are much different than the one-on-one. The privacy issue is one of them. The other is quite often the intention of everybody in the room is contributing to this. It's like everybody's pulling for you. But there's also a bit of tension because it's supposed to work for me and it better work for me, or I'm going to feel like a failure. Some people feel that way up here.

Anyway, any questions for Craig? **0:44:36**

Brian: I'm wondering if -- obviously the peeing thing is better, and you had so much energy moving -- I was just wondering if you noticed any general overall difference in the way you feel or the way you are as opposed to before Gary started the treatment?

Craig: It's subtle but yes, I feel pretty energized for the third day of a long workshop. Yes, I feel pretty clear.

GHC: All right. Thank you so much, Craig.

[Applause]

0:45:19

GHC (in studio): As a postscript here, Craig placed a message on our email forum several weeks after this

session letting us know that the result was holding and he was peeing freely. In fact, he even titled the message 'Free to Pee'.

Session with Martha, "Being reserved"

GHC: Can we say hello to Martha?

Participants: Hello, Martha!

GHC: You and I talked on the phone a couple of weeks ago, I guess, or 3 weeks ago. How long ago was it?

Martha: I called because you asked for people who might want to work with you, to put my hat in the ring

0:46:00

GHC: Oh, yes, then you called me and you said "I might want to put my hat in the ring", that is work with you on stage. Because of what?

Martha: Yes, because I would like the opportunity to grow and heal in working with you.

GHC: But there was a specific issue?

0:46:17

Martha: OK. The issue I guess had come up for me is that I'd got some feedback in teaching that people wanted to feel more where I was coming from. It's feedback I've had before in a large group, and I do a fair amount of teaching and somehow I have trouble expressing my emotions in a transparent enough way for people to really feel me in a group setting. It doesn't seem to happen one-on-one.

GHC: You mean the problem doesn't happen one-on-one?

Martha: It doesn't seem to.

GHC: But if you're giving a public presentation, for example, and if I recall our conversation, it's more like you feel reserved.

Martha: Yes.

0:47:08

GHC: Everybody has their own style, by the way, and when I was talking on the phone, I think I mentioned, I could hear *reserve* in your voice..... If you want something different, maybe we can get you unreserved. We might try that. Isn't she a flower?

One of the reasons, if I can recall it right, for the issue had to do with your mother. Something about your mother always wanting to be center stage. Can you go over that a little bit?

Martha: Actually, it came up because the first issue I mentioned to you was having a little phlegm in my lungs and then you did a breathing exercise with me and related that to breathing space and then I made the connection with my mother occupying center stage in the family and I was more in a background role. Somehow I didn't have my own breathing space. This morning at breakfast we got into the issue of intrusion and how there's a kind of a multi-generational thing happening. My mother was very intrusive also with me. I experienced her as intrusive and then I kind of went to the opposite extreme with my own kids, to keep hands off. Too much so.

0:48:45

GHC: If I remember it right -- with your mother for a second -- your mother had such a big need to be center stage, that you had some fear about ever taking over her center stage, or even impinging upon it at all. Do I have it right?

Martha: Right.

GHC: And if you did the consequences would be?

Martha: I've never put it to the test but I imagined that she would feel hurt, something else -- I just thought of something else that just left my mind so it's probably significant.

GHC: Or just came and went.

Martha: Or just came and went

GHC: We'll get it back.

Martha: Oh, yes, she would somehow appropriate -- if I expressed something that was going on with me that somehow she would take it over -- that's the intrusiveness -- and then want to control me or somehow appropriate it under herself. I protected myself by staying invisible.

GHC: And having a reserved personality?

Martha: Right.

GHC: Did I say it right?

Martha: Yes. So it's all related.

0:50:05

GHC: Reasonable protection. I'm noticing one thing as we're talking, there seems to be an arresting of your breath as you breathe. Are you noticing it?

Martha: I am now.

GHC: Let's just take a deep breath for a moment. As far as you can take it. OK, now just let it out. I like to have people take that deep breath first because it's like a stretching exercise so the next time we do it, you've already stretched it a little bit so we're not just getting a stretching effect, a lung stretching effect.

0:50:41

Let's try it again but this time before you do it, like we did earlier in this workshop, get the sense of a 10 as your maximum capacity. Do you get to a 10 or you get to something below that, like a 7 or 8 or 4? Ready? Now go ahead.

What would you estimate that?

Martha: Like a 9.

GHC: A 9. OK.

Martha: Or 8½ maybe.

GHC: 8½ OK. Tap right here and say "Constricted mother breath."

Martha: Constricted mother breath?

0:51:15

GHC: Yes, and the reason I would say that, that's my words but it means the same thing to you, that the issue about your mother has something to do with your breath, the constriction of your breath, and therefore something to do with the constricted personality.

"Constricted mother breath."

Martha: Constricted mother breath.

GHC: OK. Take a deep breath again. Is that still an 8½ or 9?

Martha: It could be up, more like a 9½

GHC: OK. "Constricted mother breath."

Martha: Constricted mother breath.

GHC: "Remaining constricted mother breath."

Martha: Remaining constricted mother breath.

GHC: "Remaining constricted mother breath."

Martha: Remaining constricted mother breath.

GHC: "Remaining constricted mother breath."

Martha: Remaining constricted mother breath.

GHC: Tap both sides then. "Remaining constricted mother breath."

Martha: Remaining constricted mother breath.

GHC: Try it again. (deep breath)

Martha: Yes, it's kind of topping out.

GHC: Are you closing in on a 10?

Martha: Yes.

GHC: Could you go back and remember a time when mother was really on your case, so to speak, or you really had a fear of taking over her center stage? Or any other emotional issue that you can recall that might give you some intensity? Is there one like that?

Martha: There should be many but there's no specific. That's another problem I have is recalling a specific.

GHC: "Even though I have a problem recalling,"

Martha: Even though I have a problem recalling,

GHC: No, just say "Recalling mother issues"

Martha: Recalling mother issues.

GHC: "Recalling mother issues."

Martha: Recalling mother issues.

GHC: "Recalling mother issues."

Martha: Recalling mother issues.

GHC: "Recalling mother issues."

Martha: Recalling mother issues.

OK, I got one.

GHC: You got one?

Martha: Yes, opening my mail.

GHC: Opened your mail? How old were you?

Martha: As a teenager.

GHC: You were a teenager? She opened your mail. As you speak of that, do you get an emotional intensity on a SUDS level just as you speak of it?

Martha: Maybe a 6.

GHC: Don't do this, but if you were to close your eyes and *vividly* imagine it, how high a number *might* that be? What would be your guess? This is guess. It could be a 6, or higher?

Martha: About a 6/7.

GHC: So you can imagine the intensity of a 6 or 7. How do you know it's a 6 now when we just talked about it? Did you have a physical feeling in your body?

Martha: Something in here. A kinesthetic feeling in my lungs and I was totally unconscious of it at the time but it seems like my lungs were filling 6 on 10, 6 out of 10.

0:54:20

GHC: Like phlegm?

Martha: No, filling with air. I think my breath stopped short and it was about 60% full. I'm just trying to reconstruct how 6 came to me and it was something I felt in here that probably

GHC: You mean as you recall this incident?

Martha: Yes.

GHC: Then your breath got constricted, is that what you're talking about? To roughly a 6, you would estimate it?

Martha: Yes.

GHC: OK. But there wasn't necessarily a particular feeling in there?

Martha: A mild anger, anger.

GHC: OK. Do this, say mail anger, opening my mail anger. "Opening my mail anger."

Martha: Opening my mail anger.

GHC: "Opening my mail anger"

Martha: Opening my mail anger.

GHC: "Opening my mail anger."

Martha: Opening my mail anger.

GHC: (to audience) By the way, I am just intuiting these points. I'm not seeing any reversal here so I'm not even bothering with it. (to Martha) "Opening my mail anger."

Martha: Opening my mail anger.

GHC: "Opening my mail anger."

Martha: Opening my mail anger.

GHC: "Opening my mail anger."

Martha: Opening my mail anger.

GHC: "Opening my mail anger."

Martha: Opening my mail anger.

GHC: Say "My mother opened my mail and she had no right to do that."

Martha: My mother opened my mail and she had no right to do that.

GHC: Did you get it back up to a 6?

Martha: No, a 2.

GHC: "Remaining opening my mail."

Martha: Remaining opening my mail.

GHC: "Remaining opening my mail anger."

Martha: Remaining opening my mail anger.

GHC: "Remaining opening my mail anger"

Martha: Remaining opening my mail anger.

GHC: "Remaining opening my mail anger."

Martha: Remaining opening my mail anger.

0:55:48

GHC: How's it now?

Martha: A zero.

GHC: I'd like to do this though, if you would, Martha, in a minute. I'd like to have you close your eyes in a minute and then go through the entire scene if you will. Any intensity whatsoever, you just stop and say that's a 3 or that's an 8, or something like that. Close your eyes and go through it, OK? Then tell me what intensity you get to.

Martha: Maybe a 1.

GHC: "Remaining opening my mail anger."

Martha: Remaining opening my mail anger.

GHC: "Remaining opening my mail anger."

Martha: Remaining opening my mail anger.

GHC: Try it again and this time go through and literally try to get yourself upset, meaning make the sounds louder, make the images brighter, bigger,

whatever it takes. Literally try to get yourself moving on it, OK. Then tell me what you get to. Go ahead.

Martha: I feel something in my gut now.

GHC: It's a new issue though. Is it a new issue?

Martha: It feels like the same.

0:57:23

GHC: What number would you give it?

Martha: 3.

GHC: Right here, "Feeling in my gut."

Martha: Feeling in my gut.

GHC: "Opening the mail feeling in my gut."

Martha: Opening the mail feeling in my gut.

GHC: "Opening the mail feeling in my gut."

Martha: Opening the mail feeling in my gut.

GHC: "Opening the mail feeling in my gut."

Martha: Opening the mail feeling in my gut.

GHC: "Opening the mail feeling in my gut."

Martha: Opening the mail feeling in my gut.

GHC: Do you have it now?

Martha: I still feel something in here. Maybe it is something different coming up, I'm not sure.

GHC: Same intensity?

Martha: It feels like it's more.

GHC: It feels like it's more?

Martha: Yes, it feels like it's expanding into something else. It's not just that.

GHC: Get me a label for what that feels like. Is it an upset in the stomach, or what would you call it? Tension?

Martha: I think kind of an anxiety, tension.

GHC: Give me a number for it.

Martha: 6.

0:58:21

GHC: Right here. "Stomach anxiety."

Martha: Stomach anxiety.

GHC: "Stomach tension."

Martha: Stomach tension.

GHC: How's it now?

Martha: Less.

GHC: If it was a 6, what is it now?

Martha: The 6 is probably a 3.

0:58:47

GHC: "Remaining stomach tension."

Martha: Remaining stomach tension.

GHC: "Remaining stomach tension."

Martha: Remaining stomach tension.

GHC: How's it now?

Martha: There's still something in there.

GHC: Is it still a 3?

Martha: Yes.

GHC: "Remaining stomach tension."

Martha: Remaining stomach tension.

GHC: "Remaining stomach anxiety."

Martha: Remaining stomach anxiety.

GHC: "Remaining stomach anxiety."

Martha: Remaining stomach anxiety.

GHC: "Remaining stomach anxiety."

Martha: Remaining stomach anxiety.

GHC: Is it still there? Is it still a 3, I should say?

Martha: It's as though I'm kind of further away from it. I can see it but I've separated myself from it.

GHC: You've separated yourself from it? What does that mean?

Martha: It's just like I sort of stepped back from it. Like I'm watching the child. She's still feeling the emotion but I'm not.

1:00:11

GHC: I don't think that's true.

Martha: I just went somewhere with it. I just split off from it.

GHC: "This emotion."

Martha: This emotion.

GHC: Give me a label for your emotion.

Martha: Anxiety.

1:00:35

GHC: Having to do with the mother issue?

Martha: Yes.

GHC: Rub right here for me. Can you find a sore spot?

"Even though I feel smothered by my mother,"

Martha: Even though I feel smothered by my mother,

GHC: Is that the correct term?

Martha: Yes, I was remembering getting asthma. As a little kid I had asthma.

GHC: "I deeply and completely accept myself."

Martha: I deeply

GHC: No, no. "I *deeply* and *completely* accept myself"

Martha: I deeply and completely accept myself.

GHC: "Even though I have this mother smother"

Martha: Even though I have this mother smother

GHC: "I deeply and completely accept myself."

Martha: I deeply and completely accept myself.

GHC: "I love and forgive myself"

Martha: I love and forgive myself

GHC: "For being a wimp all these years"

Martha: For being a wimp all these years

GHC: Does that fit?

Martha: Yes.

GHC: "Being a wimp all these years"

Martha: Being a wimp all these years

GHC: "Being a wimp all these years"

Martha: Being a wimp all these years

GHC: "Being a wimp all these years"

Martha: Being a wimp all these years

GHC: "Being a wimp all these years"

Martha: Being a wimp all these years

GHC: "Even though I still have some problems being a wimp all these years,"

Martha: Even though I still have some problems being a wimp all these years

GHC: "I deeply and completely accept myself"

Martha: I deeply and completely accept myself

GHC: "I love my mother"

Martha: I love my mother

GHC: "I forgive my mother"

Martha: I forgive my mother

1:01:40

GHC: "She was doing the best she could"

Martha: She was doing the best she could

GHC: "Given all her own fears and background"

Martha: Given all her own fears and background

GHC: "I was just in the way"

Martha: I was just in the way

GHC: Is that true?

Martha: Yes.

GHC: "Mother fear"

Martha: Mother fear

GHC: "Mother smother"

Martha: Mother smother

GHC: How's your stomach?

Martha: OK.

1:02:01

GHC: Is it? Incidentally, I'm going to tell you something I just did there, if you don't mind me just making an aside here.

(to audience) I was getting she wasn't reversed. But she wasn't making any headway so I just said we're going to do the reversal anyway but I did the reversal and I let come through me whatever the words were, which led me to wimp and all this kind of stuff, which I had no thought of before I started even saying it. But we happened to hit it, did we not?

Martha: Yes.

GHC: And out of all the infinite number of possible things I could have said, we happened to hit something that fit. The stomach thing is gone?

Martha: Yes.

GHC: Close your eyes now, if you would, and remember this mother thing about opening the mail in vivid detail and literally try to get yourself upset again and see how you do.

Martha: It's lifted.

GHC: Is that what that meant?

Martha: Yes.

GHC: Take a deep breath for me and tell me what it is. Give me a number for that.

Martha: I think a 10.

1:03:01

GHC: If you would, Martha, pick out another issue with your mother that might have some charge on it, another event, another scene.

Martha: She'd tell me what boyfriends she approved of.

GHC: Yes, that'll do it. Any of them hunks?

Martha: The hunks she didn't like.

GHC: Oh, she didn't like the hunks? I wouldn't do, right?

Martha: Oh, you'd do.

GHC: I would do. That's because I'm a hunk, right? Thank you.

Martha: You're an awesome hunk. (laughter)

GHC: I had to put that in. Awesome hunk. There you go.

Anyway, can you think of a specific scene where she said "I don't like George" or whatever? Can you think of a specific thing?

Martha: She liked George. I didn't like George.

GHC: I made that one up, all right.

1:04:04

Martha: George liked *her*.

GHC: Well, who was it she did not like?

Martha: Sam she didn't like.

GHC: She didn't like Sam. Was there a scene with Sam where she got to you a little bit? Give an event with Sam with your mother.

Martha: I can't remember a specific event. It was just the kind of attitude that really he wasn't a very nice person.

1:04:27

GHC: And what might she have said or done?

Martha: "He's cold." He wasn't too friendly to her.

GHC: Well, when you're center stage and not friendly to you, she'd have a problem, right? Can you remember a time when she said or did or something or implied something where you went *clunk* yourself and you felt like you were once again smothered? Or you felt wimpy because you couldn't stand up for yourself and say "Mom, this is my choice."

Martha: She was alcoholic all the time and she would be in her drunk rage. I would just disappear and felt powerless to do anything.

GHC: As you said that do you get any emotional sense?

Martha: I think there's something in there, down here.

GHC: Rub right here for me. "Even though I felt powerless,"

Martha: Even though I felt powerless,

GHC: "And still feel that way sometimes"

Martha: And still feel that way sometimes

GHC: "I deeply and completely accept myself"

Martha: I deeply and completely accept myself.

1:05:42

GHC: “I was just an actor on the stage at the time”

Martha: I was just an actor on the stage at the time

GHC: “My mother was the director”

Martha: My mother was the director

GHC: “And I had to do what she said”

Martha: And I had to do what she said

GHC: “I don’t have to anymore”

Martha: I don’t have to anymore

GHC: “Powerless”

Martha: Powerless

GHC: How’s that feeling in your stomach at the moment?

1:06:08

Martha: There’s some anxiety in there.

GHC: “Remaining anxiety”

Martha: Remaining anxiety

GHC: Still there? Still the same number? We didn’t get a number before.

Martha: It’s down. It’s about a 2 now.

GHC: “Remaining anxiety”

Martha: Remaining anxiety

GHC: Still a 2?

Martha: I think it’s pretty much gone.

GHC: Pretty much gone. OK. How would you know if the restriction on your ability to exude in front of an audience is gone?

Martha: Uh oh. (laughter)

GHC: “Even though I have this uh oh”. Go ahead. “Even though I have this uh oh”

Martha: Even though

GHC: I want you to look at the audience when you’re doing that. “Even though I have this uh oh, I deeply and completely accept myself.”

Martha: I deeply and completely accept myself.

GHC: Look at the audience. “Even though I have this uh oh,”

Martha: Even though I have this uh oh,

GHC: “I am about to exude in front of this audience”

Martha: Uh oh. (laughter)

1:07:37

GHC: “In a manner I’ve never done before”

Martha: In a manner I’ve never done before

GHC: “And even though I’m afraid of it”

Martha: And even though I’m afraid of it

GHC: “I’d really like to let it go”

Martha: I’d really like to let it go

GHC: Is that true?

Martha: Yes.

GHC: “And I deeply and completely accept myself.”

Martha: And I deeply and completely accept myself.

GHC: “And I let mother go”

Martha: And I let mother go

GHC: “I’m tired of being a wimp”

Martha: I’m tired of being a wimp

GHC: “It’s cost me dearly”

Martha: It’s cost me dearly

GHC: True statement?

Martha: True.

1:08:02

GHC: “Letting go”

Martha: Letting go

1:08:12

GHC: I’m going to ask you to do something here in a minute. I want to know what you feel about it even though you don’t know what it is. Be accurate, by the way. If you’re tapping and really don’t want to do it and you’re getting resistance, if you want to talk about that then say that.

Martha: I have something in here, a little bit.

GHC: Give me a number for it. Is it like a pounding heart or a tension.

Martha: Maybe it’s a full heart also.

GHC: It’s a full heart? What does that mean?

Martha: It feels like my heart is opening.

GHC: OK. We don’t allow love here, just so you know that. (laughter)

I’m not getting much in the way of reversal here.

“Even though I’m petrified”

Martha: Even though I’m petrified

GHC: No, “Even though I still have some reservations about what I’m about to do,”

Martha: Even though I still have some reservations about what I’m about to do,

GHC: “I deeply and completely accept myself.”

Martha: I deeply and completely accept myself.

1:09:13

GHC: “Excuse me, “I *deeply and completely* accept myself.”

Martha: I deeply and completely accept myself.

GHC: “I deeply and completely accept myself.”

Martha: I deeply and completely accept myself.

GHC: Again. “I deeply and completely accept myself.”

Martha: I deeply and completely accept myself.

GHC: “Even though I feel foolish doing this”

Martha: Even though I feel foolish doing this

1:09:26

GHC: Do you feel foolish doing this?

Martha: Yes.

GHC: “Feeling foolish doing this”

Martha: Feeling foolish doing this

GHC: “Feeling foolish doing this”

Martha: Feeling foolish doing this

GHC: “Feeling foolish doing this”

Martha: Feeling foolish doing this

GHC: “Feeling foolish doing this”

Martha: Feeling foolish doing this

GHC: “Feeling foolish doing this”

Martha: Feeling foolish doing this

GHC: How do you feel now?

Martha: I feel OK. I feel more expanded.

1:09:52

GHC: Let me tell you what I’d like to have you do. Do you want to know this?

Martha: No. (laughter)

GHC: I’m going to tell you anyway. What I’d like to have you do, I’m going to demonstrate it for you first. I’m going to do it in slow motion.

Get out of your chair and come back to the back part of the stage, then sort of wind up and say “Are you awesome?” Like that, to all these people. But I don’t want you to just say “Are you awesome” [quietly] and

I don't want you to go "Are you awesome". (to audience) Now don't respond yet, but like this "ARE YOU AWESOME"

(to Martha) I mean really getting into this. Are you ready? Now what I want to know is, as you just saw me do that knowing I'm going to ask you to do this, what kind of intensity do you have?

1:10:35

Martha: That was easy.

GHC: That was easy?

Martha: Yes.

GHC: What would be hard?

Martha: No, I mean that would be very hard.
[Laughter]

1:10:56

GHC: (GHC places clown nose on Martha's nose)
Now what do you feel?

Martha: I feel fine.

1:11:04

GHC: I want you to put this on, stand back there if you would, and get yourself a nice runway.

Participant: Center stage.

GHC: Center stage, that's correct. Center stage, we've got to get everything out of the way for you. I'm going to do it for you one more time but (to audience) don't respond to me. (to Martha) This is how you do it. Remember, you've got to let this thing go. "ARE YOU AWESOME!" You got that?

Before you even do that I want you to practice, a little more. OK. (more practice)

Are you ready?

Martha: (to audience) Are you ready?

OK guys, I want to hear it even louder than you said it for our awesome leader. ARE YOU AWESOME!
(Crowd yells with a YES!!)

GHC: How do you feel?

Martha: I feel great.

GHC: Could we have a hand for Martha?

[Applause]

1:12:27

GHC: Wait a minute, stand up here Martha. You came back here, Wayne had his hand up for a high

five, and you missed it. Now we're going to do this again. Let's put this back on. Come on back up here. Do you want your nose or not?

Martha: Sure.

GHC: Is that because you're hiding behind your nose?

Martha: No.

1:13:03

GHC: Now here's what I'd like to have you do. We're going to do the same thing "ARE YOU AWESOME!" and we're going to get the same response but you need to go out and give people high fives, OK? Ready?

Martha: None of this wimpy response here. Let's see if you can amplify it by twice. ARE YOU AWESOME!! (Applause-gives audience "High Fives")

GHC: Thank you, dear.

Martha: Thank you.

(End of Tape 14)

Video Tape 15

Tapas Fleming demonstrates her TAT procedure with Kate, “Kicked out of Heaven”

GHC: Tapas Fleming, would you please come up here and sit next to me, my dear?

[Applause]

Tapas Fleming: Finally.

GHC: I knew Tapas Fleming’s name long before I met her, as many of you have. And TAT stands for? You can say it yourself.

TF: Tapas Acupressure Technique.

GHC: Which is a well known, and getting better known, technique. When I heard about it and I talked a few times to her on the phone and she said she’d answer some questions, that really got my attention. Then you came up to visit some friends from southern California to northern California for Thanksgiving and we had lunch.

TF: Yes, we had some good laughs, too.

GHC: Yes, we did. You’re going to talk about your process and you’re going to demonstrate. You have until 12:30, which is about 50 minutes altogether.

TF: That’s great.

GHC: But you and I are going to spend 2 or 3 minutes here.

TF: That’s fine.

00:02:47

GHC: The interesting thing about Tapas’ technique is that she addresses the energy system, as do we, but she doesn’t tap. You use a pose that looks something like this, but do not tap.

TF: Good job.

GHC: I don’t think I mentioned this to you and I didn’t put this on the email list, but there was a case I sent out – it was the case of Mary Ann and a trip to Woowoo Land -- and it was the case where this lady is several thousand miles away and EFT seemed to be stopped by something. My intuition said it was oranges and it turned out she was eating oranges but they were not organic oranges. Anyway, what I did was I used my intention from several thousand miles away. I assumed I was her and I just intended that whatever toxic thing there was about the oranges would dissipate. This was the first time that we

worked where we started to get results. But what I didn’t say in that case was that as I was doing that, I was using Tapas’ pose.

TF: Oh, really.

00:04:00

GHC: I don’t know if that made a difference or not but I neglected to say I was using it. But I *did* use it. I just sat there and did this for about 30 seconds. So I thought I’d give you that little plug.

TF: Thanks, Gary.

00:04:12

GHC: I didn’t know how to put that down (in email) because most people don’t know what that means so I didn’t add that to it. The other thing that I find fascinating is that the whole subject of psychological reversal is like a new subject to you and yet your results tend to be in the 90% range typically.

TF: Yes.

GHC: You deal mostly with trauma. You haven’t really used it, if I understand it right, on phobias other than trauma.

TF: I use it on trauma and allergies. Also any kind of stuck mental thing.

GHC: All right. That’s where you tend to focus. You don’t really know how well it works on some other things as you haven’t really

TF: Right. Some people have told me that they’re used it for phobias and it’s worked fine but I just haven’t ended up with those patients.

00:05:00

GHC: So be it. But interesting, there is no correction in what she does for psychological reversal. You don’t do it at all, do you? Or do you?

TF: The more I’ve heard you all talk about it I realized I do it but I never *called* it that.

GHC: What do you do?

TF: I also never thought about the energy going backwards.

GHC: You mean polarity?

00:05:22

TF: Polarity changes. I just don’t think about it that way. What I do is when I’m working with somebody I say “OK, what’s your problem?” They tell me their problem. Then I say “OK, so put your attention on it

and do this.” There’s just this little hesitation. Then I say “What’s up?” Then they say “Well, I’m afraid that if I clear up the fact that my son died then it means I will lose my connection with my son.” Or whatever their ‘before I clear this up thing’ is ‘I’ve got to clear up this other thing’. It’s like a consideration that comes up.

GHC: But anyway, if I’m hearing you right, built within your process appears to be a form of psychological reversal correction?

00:06:33

TF: Yes, I just don’t call it the same way that apparently Larry does. It’s just like “Oh, now this thing is here.” It’s as if we both have our sights set on them clearing up their problem and then when they start to walk down that road they say “Oh, this rock is here, which means that if I get over this people will know how I really feel and that would be dangerous.” So I say “Oh, OK, then let’s do that.” So that’s pretty much the same thing.

GHC: So you may well be correcting PR, but we don’t know that. But whatever the reason, until somebody brought the subject to your attention, it didn’t seem to be a problem?

TF: Right. I just don’t call it that.

00:07:17

GHC: You also use intuition a lot in what you’re doing and what I think is important here is not only the fact that you address it differently and you get results, but that you use one-on-one muscle testing sometimes and you use surrogate muscle testing at other times. Why don’t you describe how your surrogate muscle testing works. Show them how it works.

TF: OK, there’s a couple of forms I use. The one I like and use the most is I take my index finger and I run it across my thumb nail, anywhere from my thumb nail to my knuckle, actually, like this in one direction. So it’s as if you were plucking a single string on a drone instrument, you’re just making one soft drone. So that’s my base line, that’s my ‘yes’, that’s “my energy’s flowing fine, everything’s OK.” Then I just say to my body “What I’d like you to show me is sticky for a problem.” Then I’d just say to my body “OK, show me what a sticky feels like,” –thud -- or you can’t move it. It’s just whatever the slightest difference is, as long as you know there’s a difference, that’s it.

So that’s one I use. I also sometimes will use an auditory one where I’ll say to them “Let me hear you say” -- I don’t say it out loud but -- I say to them “Let me hear you say ‘I’m done’ in your voice to me when you’re done.” So they’ll be going through this thing and I’ll have my attention on them, hmm, hmm, hmm and then I’ll hear them say “I’m done.”

GHC: “I’m done,” like that or what? Give me a sense of it.

00:09:01

TF: No, it’s like I hear it. It’s the same kind of voice when you hear a voice say “Oh, if I do that I’m going to be embarrassed.” Or whatever that internal talk voice is. But I hear it in my patient’s voice saying to me “I’m done.” So that one works for me.

Then sometimes if my hand gets tired, then I’ll just take my pinkie and rub it across my palm. It’s the same kind of thing where it’s smooth and then sticky. But usually for me when I’m working it either just jams up, crunch, no flow. Or opens up like this. So my ‘yes’ is like this. My ‘no’ is crunched.

GHC: I watched you do this near Thanksgiving and I think in that conversation you were telling me that you make a choice between doing one-on-one muscle testing with a client or doing it on yourself, depending on what you think the client... if this is too woo-woo for the client then you don’t bother using it, you just use the arm, that’s less woo-woo.

TF: No, I don’t do the arm. I do the one I’ll show on you.

GHC: OK. Hunk that I am. (laughter)

00:10:11

TF: I just need your hand.

So you hold strong while I pull, OK. Hold and relax. So when I’m working with a patient, say it’s a new patient so it doesn’t look too woo-woo, so they have some feedback on their own body that I test on them. So first I get a sense of their strength. Then I say to their body “Let me see what a ‘yes’ looks like.” Then I say to you “Hold.” Then I say “Let me see what a ‘no’ looks like. Hold.” So I just get the difference and they get it so they can feel it and then I test the ‘yes’s’ and ‘no’s’ on them.

GHC: And you make that decision based on what you think is tolerable to the client?

TF: Yes, whatever our relationship is. If they’re coming in and they’re used to woo-woo stuff and I say

it's easier for me to sit in my chair than lean over, they go "Fine." So I do it on myself.

GHC: Good. You're going to talk more about your system and then have Kate come up? Or do you want to have Kate come up now? How do you want to do it? I'm done. It's going to be yours.

TF: Thanks, Gary. I'm really a ham and so I've been dying to get up here.

GHC: Do I leave now?

00:11:42

TF: No, sit here a minute. I'd like you guys to give a testimonial. I didn't get around to treating people for food that they could test. So some people went out to dinner and had an experience with it.

00:11:56

Stephanie: Yes, Marty and Beverly and I went out to dinner and we treated everything with Alan's card except for one thing and that was potstickers, and they nailed me. I started fogging out, started losing touch, felt like I had had liquor and I don't drink hardly at all, and I hadn't. I used Alan's card on the top of my head, that gave me relief. I walked out of the restaurant and wham! a headache. It was just a few seconds. Beverly suggested doing Tapas' position and I did and it was gone and did not come back.

TF: Thank you.

I haven't had a chance to re-test on the people we did the perfume for. We'll check that out and maybe they can come up later. We'll check it out later.

I just want to say a couple of things and I'm happy to have you sit near me. I've heard some concerns with people about which technique is really the best, which points are really the best, which way am I going to go, and kind of trying to figure it all out. My perspective is we're all trying to get to the same place. We know this and which points you use doesn't matter so much. If you have faith in them, they're going to work for you. Gary sees PR coming and going every few seconds, I never see it. The same person that would come to Gary would have PR coming and going and Gary would help them with it. Whatever the part of the mind is that's going on, that would truly unravel by Gary's love and the points he comes up with.

00:13:44

GHC: In Bill Tiller's terms, we're drawing our formula from the universe that works for us.

TF: Yes, and he's got his resources. He's got his background, I've got mine. Somebody would come to me and I would intuit different points and because of what I have to offer, then different things would present themselves to me for me to heal. Even if Gary gets a 'yes' and you get a 'no' and everybody's trying to muscle test on the same person, it's a different relationship that you have with your patient/client and so just accept that it's the context of love that's happening, and you're helping them out. No worries, mate.

The other thing I realized in doing this spoon bending is that I'm actually in that condition with the person that I'm working with. I'm in the condition -- it's like I'm in the condition of melting them. They're getting softer and softer and all their problems are going away. It's like they become so malleable in that love that you just do whatever your technique is that you have faith and belief in and then you go "My technique's so cool. I've got to give seminars."

GHC: I want to make sure you have plenty of time to work with Kate.

00:15:26

TF: OK, I will. Kate and I will do fine. There's a professor I had who was the best when I went to acupuncture school. He was a famous surgeon in all of China and then later in his career he learned acupuncture and herbs. He said "When I was a young famous surgeon, every patient that came in front of me I thought needed surgery." He says now "Some people with appendicitis I can heal with a bag of herbs that cost \$2." So wherever we are in our process is going to be what we see and what we have to offer.

GHC: What's the phrase, if you're a hammer, everything you see is a nail? Or something like that.

TF: Yes.

Larry: I just want to present to all of you, ladies and gentlemen, this is the hunk and the honey. (laughter)

GHC: Unless you need me, I'm going to disappear and let you do your thing.

TF: OK. Let's work, Kate.

What time is it?

It's 11:51.

00:16:49

GHC: I don't know what time you need to spend, but what I'd like to have you do is make sure they have the basics of what you do and describe it.

00:17:04

TF: I'll tell you how I came across this. I'm an acupuncturist, in case you didn't know, and I learned Devi Nambudripad's NAET – Nambudripad's Allergy Elimination Technique. My tendency is to like things simple, easy, painless, fast. That's what I like for working with people. So, part of her technique is patients have to avoid the allergen after you treat them for 25 hours.

Welcome to the stage. Let's hear it for Kate.

[Applause]

Do you like that? That's my story.

So I had a couple of pregnant women, and at that time I'd just had my baby less than 2 years before. I was really aware that every day you're pregnant you want this baby to have all the nutrients so I didn't want to say "Oh, I just treated you for B vitamins so therefore you can have white rice, cauliflower and water for the next 25 hours." So I was trying to figure that out and I came up with a way to do that. Then to find out exactly which hours of the day they needed to avoid contact with the allergen.

00:18:27

Then further along in my practice, months later, I was taking a nap on the table between patients on a slow day and, when I woke up from a cat nap, I just had this thought of one of my teachers from school saying that all the acupuncture meridians enter the brain right here through internal and external connections. And I thought "I think I'll try adding that into my treatments since I'm already treating this channel, which is the urinary/bladder meridian in my allergy work. So what happened was I tried it on the next patient and then I asked their body through muscle testing afterwards "OK, when do you need to avoid this allergen?" And their body said "Not at all," and I thought I must have spaced out. Let me check this again. It was the same answer. What their body was saying to me was "You just cleared this up and now it's done. They don't need to avoid this allergen." This is through muscle testing, their body's talking to me, that's what I mean.

00:19:46

So I started doing this on patients. Doing that and doing my acupressure and acupuncture for allergies. Then I was telling and showing it to one of my patients and he said "Oh, my Tai Chi master from China told me to do this plus this or you could add

your index finger in, if I had a headache. I would clear it up. And I thought "Oh, universe, thank you so much for this confirmation."

At the same time I had a friend who was doing emotional work, which was brain re-integration using eye exercises, because she said the eyes are the brain. The eyes are the brain piercing the skin. So I thought since this is so vision oriented what -- I'm using to treat allergies -- maybe if I had the other hand here, which is the brain's vision center, it would strengthen the treatment. So I started doing that on my patients. She also told me that somebody that she spoke to who was developing video games was working with Russian scientists who were putting electrodes here, like taping them on or something, and you could look at the computer screen and make the game happen just by moving your eyes. So I thought eyes are where it's at. She also told me that eyes are the king sense. What the eye says is happening, is what the rest of the senses go along with it. Yes, that's true, that's what's happening. Seeing is believing.

00:21:37

That is where it came from. I was doing it on my patients and I just found that sometimes at the end of the day I felt like the energy was kind of jamming up in my arms and I had to wash it off. I thought OK, I'm going to let go of being healer of the world and just go "You do it yourself. I'll sit back and watch. I'll keep my attention on you. I won't get tired. You'll be empowered and we'll both be better off at the end of the day."

So that is how I came up with it. Then I wrote a Taoist master friend, who's been Taoist master Liege [sp?] since the Han Dynasty, to say "Is this OK. Because here's somebody with an allergy they've had in their family maybe for generations and maybe it's part of their karma. Is it OK to make such a big change?" He wrote back and said "Your personal discovery truly aligns with ancient knowledge." So then I felt that this is something that's OK to have out there in the world.

What I thought I would do instead of explaining the whole technique to you since Kate doesn't know it inside out and we've never worked together, I figured I would just work with Kate like a patient and then you could see what you might be doing with a patient. Does that make sense?

Kate: I've been waiting for this.

TF: So what do you want to work on? Let me ask, (to audience) would it work with you all if we face each other?

Participants: Yes.

TF: Because that's how I usually work and I'd be more comfortable.

We've been waiting for this for about 3 years.

00:23:44

Kate: I just had something that I thought of while we've been here. You said think of an incident, kind of a trauma kind of thing. I've worked on most of my traumas, I think, over the years and this one I didn't because it was hidden after a real peak experience. So over 20 years ago I had this experience of just being transformed into this blazing white light energy and then after that everything was different. I just experienced the world differently. I could do things intuitively, everything was magical and then after about 3 weeks I got kicked out of heaven, confused, some certain things happened which would be the trauma at that time.

TF: So what happened?

00:24:32

Kate: Well, what I'm thinking of happened right around the time I lost it. There were these two guys who had both been former boyfriends and I didn't want to have either one of them as a boyfriend anymore. They both liked me and they both showed up at the same time and it was very awkward and I just felt real confused and stupid and all the magic disappeared. So I just have this image of both of them sitting on my porch looking at me with these -- you can imagine -- looks, looking at each other, looking at me.

TF: So it was feeling confused and stupid that you feel like was what brought you out of that state.

Kate: Yes, I guess so because I just know that around that time I lost it. I don't remember a moment, where one moment it was on and the other moment it was off. But it happened around that time.

TF: I'm not really clear, what's the trauma for you? What is it?

Kate: Well, there's definitely a feeling of guilt and confusion and I've got this one image and other than that I don't really know the moment or if something particular traumatic happened at a particular moment.

TF: OK. I'm still kind of lost with it. Do you mean that falling out of that state was the trauma?

Kate: That was definitely a trauma, yes.

TF: Would you say it's the loss that's the trauma, or is it the guilt and confusion?

00:26:16

Kate: There was a loss of this really wonderful state of consciousness. The loss of that was the trauma.

TF: OK. I'm not meaning to put words in your mouth, just trying to get it.

Kate: That's OK. Sure. I tried not to think about this ahead of time so I don't have this all figured out. I figure if I really had it figured out then I'd tap a little bit and be done with it. We wouldn't be doing a demonstration.

TF: Thank you.

So the first thing I'm asking, would you like me to test on you or is it OK if I test on me?

Kate: OK.

TF: (surrogate testing) So can we work on this now? Yes. So if we just use loss of the state, what would you call it? Loss of awareness?

Kate: Yes, I think love too. It was just a feeling of love and connection.

TF: So I'm reading loss of the awareness, love and connection.

00:22734

Kate: Yes, it was really like getting kicked out of heaven.

TF: What did I do with my Kleenex?

TF: Could you bring that over? We're up on these perches. Thank you. Getting kicked out of heaven.

Kate: Yes, getting kicked out of heaven, that's a pretty good term.

TF: OK. So can we work with it, 'yes'. Put your attention on getting kicked out of heaven and sit like this. There's no pressure and the other hand's at the base of your skull. Just sit with it a minute, two, three, four minutes, until you feel a shift happen for you. Just be with getting kicked out of heaven and I will pray for you to heal.

Kate: Yes, I just had an immediate shift. I keep trying to close my eyes and get back into it but it just shifted right away.

TF: OK. Fine, so what happened?

Kate: I just put my attention on that and it was just a little non-verbal opening like "Yeah." It didn't really

come with any words. I kept trying to sort of put the lid back on it, but it wouldn't.

TF: That's fine. So I'm going to ask, would it help to do the second step? 'Yes'.

00:29:15

What you do is you come up with the opposite condition and make it a statement and tell me what that is. What would be the opposite for you of getting kicked out of heaven?

Kate: "I can live in heaven here".

TF: OK. Put your attention on that.

[Breathing. Finally, laughing. Both Tapas and Kate laugh spontaneously for an extended period of time]

TF: Anything you'd like to say?

00:31:53

Kate: Yes, I can say thank you but that's so obvious and you already know it.

Thank you.

Kate: You don't want to get rid of all the emotions, you know.

TF: No, no, I like them all.

OK. Would it help to do anything else about this? No, you're done.

Kate: Thank you.

[Applause]

TF: Oh, God! Turn your chair this way. Oh, mercy!

Kate: My cheeks hurt from smiling too much.

TF: Oh, my God, that was for me, too. Gary kept saying "Try and find something that's like your typical trauma so it would make a good demo." And I kept trying to find somebody with something like, "Oh, I was beat up, or raped." I kept trying to find some typical something. Then I went "Oh, well, I'm sorry, Gary."

Do you have any questions? You didn't really get to see the whole I'll talk to you about it in a little while.

Participant:about doing the NAET number, you use this instead?

TF: Yes, successfully too. A lot of the people that use this are seriously ill: environmental allergy people, can't get out of their house and this works them out of it.

This is for us. I've told about ten people here so far. But we've talked email, we've talked on the phone for two and a half years or so and we've always just had this connection. This is the first time we've met with this seminar. This was for both of us.

Kate: I feel like we got a gift from everybody.

TF: Yes, yes.

00:34:38

Wayne: One technical question, does it make any difference which hand is over the front and which hand is over the back?

TF: I don't find so but some people tell me it does. So you can just test and ask the body what would be good.

Wayne: The other thing that I sensed was, Kate, when your emotion began to move, the energetic feel that I had was that it went inside of you.

TF: It's like I was saying, when you talked about the spoon bending thing, I realized that when I work with patients I'm at a condition of you and me. It's like this one field of you, me, or you, me and God. But it's really you, me and this open condition together. So it's really like when you're talking with somebody and you just want to hear every word they say and you're just right with them. That's the kind of feeling.

Wayne: Is that how it feels to you that comes out of her and goes through you and somewhere else?

TF: How it feels for me? Nobody ever asked.

00:35:54

Wayne: I've had that experience with clients myself and that's why I'm bouncing that off of you. That's what it looked like -- I've never seen it from the outside. So I'm curious about how that felt to both of you really, did it feel like it was taken away from you through her?

TF: No.

Kate: For me it just felt like it came in and shook up through. I was actually trying to subdue it a little bit because I was in kind of all of this. Otherwise it might have been a little more noticeable.

Participant: Nice try! (laughter)

Kate: I didn't want to stop it but I didn't want to be noisy.

TF: For me it's just like watching the sun rise and going "Wow!" and the rays of the sun are here. It was

the dawning of that reality, for her it was like the rays of that reality were here for me as well. That's why it was a blessing for me, too.

Participant: Last question. With people who are multiply sensitive, do you do that one at a time?

TF: I don't know what that is.

Participant: You said the people who have so many sensitivities they can't leave their houses.

TF: Chemically? You have to ask their bodies. On the videotape I talk about there's a good order to do things so that you strengthen the whole system and a lot of times people with those types of conditions have had severe traumas so you do the traumas first and then their whole system is like strengthened. In Chinese medicine we call it 'wei chi' [sp?]. It's protective energy and if they've been violated and they don't have their fortress up around the castle..... So you help them with that first and then you do the interior repairs later.

Yes? We had enough time, Gary! OK, go ahead.

00:37:58

Michael: Tapas, do you know if people get as good results if they do this by themselves for themselves, as with working with you or working with the practitioner?

TF: I noticed that it is useful to work with someone. Just having someone sit there with the intent that you're going to get better, or you're going to heal, or God's going to help you, or whatever. Their intent and that love, them holding you in that love, it's like in the New Testament where it says "When two or more of us are gathered in His name." There's something about two people that allows a change in reality. When I do it by myself, I consider it's me and God, or me and everyone. I always have a sense of my connectedness with everyone whether I'm alone or not. So usually if I work on myself then I'll go tell somebody "Look what I just did."

I have one of those for you, I have to tell you. In the middle of the night after listening to Larry, I was inspired and I woke up around 4 or so in the morning and I don't know quite how I came to this place but I realized in myself that I had the thought that I can't recognize or know truth. Like there was this feeling of separation like that. So then I did TAT on myself about it. First I did "I can't know and accept truth." Then I did "I can." So I'd like to give you this gift. Should you decide to accept this offer, then do this with me. Here's what you do.

00:39:52

You can test yourself -- should I do this now or shouldn't I? You can just do it because it won't hurt. First before you do it, I'm going to tell you what I'm going to tell you. So it's going to be "I cannot recognize, know and accept truth, love and God." So you can mix those around like you like or you can just use the whole thing. Then we'll do "I can." So whoever's game, you can do that with me and you just do the pose for about a minute or so. So the first part is "I cannot recognize, know and accept God, love and truth." And you just allow yourself to be with that thought. You don't have to do anything, just be with that thought.

00:41:16

And I'm praying for this to heal for you, each of you. When you feel like there's a shift, or there's no more charge on it, nothing more to do about it, then put your arms down and I'll know that you're done with that.

There's a beauty with this which is accepting that thought is a thing. It's a thing you can work with, it's like a thing in a vial. It's subtle and when you have homeopathic medicines, the more subtle it is, the more potent it is. What would be more subtle than our thought, and more potent? Subtle medicine.

Then do the opposite. Put your attention on "I can recognize, know and accept God, love, and truth."

When you feel that it's done, let your arms come down and I'll know you're done.

TF: [whispering, Oh, my gosh!]

00:43:52

OK. That's the most of us. I'll talk to you a little about TAT. One of the beautiful parts of it is that nobody has to get into it, dive into stuff. It's like a hologram when you have one tiny bit of it -- when you just have the thought of it -- you have the whole thing. So you just have the tiniest inkling of a piece of that trauma, or just the thought of the food that bothers you, that's enough to do this. I'm so blown away, I'm just about to fall over just looking at you.

Kate: I had something I wanted to say.

TF: Go for it!

Kate: In response to the question about does it make a difference doing it yourself or having somebody else there. When I first got Tapas' manual a couple of years ago, it came in the mail. I was in the office and

I'm reading through it and I thought "OK, I'll try this out." And I thought of something and I don't remember what. I remember I did the pose and as soon as I did it, within seconds I burst into tears. Then within seconds somebody walked in the office door and I got it together. But it did something and I've had good results working on my own. But never anything like this. There was something about this that came with the factor of us being together and the whole situation here. So you can use it on your own and you can have your clients do it on their own and -- doing it together -- there's something else that happens.

TF: There's another thing. If you can recognize God, love and truth, like I guess you can now, then when you're patient's sitting there, you know they're it. So when they're going through their stuff, you don't feel attached to it. It doesn't stick to you, it doesn't stick to them. It's like "Oh, this awful thing happened. OK. Do this little thing and you'll be feeling better in a few minutes." It allows the freedom of that pure contact and in the midst of that pure contact there's this form of thing, which is I got kicked out of heaven. Then there we are meditating on that form together and then that form disappeared. I know what it's like.

OK. I will take questions.

Participant: The other steps?

TF: The other steps, good idea. You can stay here or you can sit in your chair down there. Whatever you feel like doing.

Kate: I like it here.

TF: Good. I like you here, too.

Kate: If you fall over, I'll catch you.

00:46:42

TF: OK. Can you see this (an easel) from where you are? Would you bring it up for me?

Marty: I just wanted to communicate what came to me was an additional line. "And to know when to communicate what I know and when simply to know it."

TF: OK. Good for you. I snuck up here on a break. I put this up. TAT.

00:47:25

TAT is Tapas Acupressure Technique. TAT -- this is a trick, too. It's not a trick, it's like an inside joke. In the Vedas, ancient Indian scripture, there's a sentence that says "Tat tram asi" [sp?], which means "Thou Art That." So now you're in on the joke. TAT.

Here's what you do. You first ask with a muscle test, "Can we work on this now?" Is it OK to do this? If she had said 'no', I would have had to say "Think of something else then" or bring somebody else up here. Sometimes it happens. Really rare. Then sometimes you can say, "Oh, well....." then that's a hint that you might want to say, "When you think about clearing this up, what happens?" The client might say, "I think this is so bad it can never clear up." Then you do that. That's a thought that's like a boulder there. This is so bad it can never clear up, so then you do that.

00:48:34

Then you go on. OK, so step number one is the bad news.

[Note: the TAT pose should be done during each of these steps]

You were kicked out of heaven. It *happened*. So what it's about is the thing is stuck. In Chinese medicine you would say "it's stagnant chi," it's a stuck thing. "I was kicked out of heaven," and it's just that moment is stuck. You don't mind me making fun of you, do you?

Kate: [inaudible].

TF: No, of course not! Then they do that until that is in a condition where there's no more charge on it, it's flowing. OK, that happened. Then because that happened, then they can't also receive the opposite, which is the good news, which she said and I wrote it down "I can live in heaven right here." Something like that? "I can live in heaven here." I always write things down. I think it's important to write it in exactly their words, that's just me, because their feelings are in the words that they said and it's like their own beautiful tapestry or poem and I want it just the way they said it. Besides I'm so out there I have to write it or I'll never remember what just happened a minute ago.

So that's step two. But I check first. I say "Do we need to do step two" and if her body says 'no' then we don't. But that's what step two is.

Then step number three is the origins. There's two ways to state this basically. Let me tell you what the origins are first. The origins means wherever this problem came from and we don't need to know where, what it was. It's just it came from somewhere and we're open to it. So in the case of an allergen maybe it was from your mother's side five generations back. It was the potato famine, or our grandparents were coming over on the ship and there was only moldy wheat. So now every time we eat wheat, us

Jews, oh, boy! It's either eat wheat or die. So it's information, it's just like stored information.

00:51:02

Participant: You don't have to know what it is?

TF: You don't have to know what it is. Something happened.

Participant: You just direct your mind to go there?

TF: I don't even have the thought "Direct my mind to go there." It's more like I'm open to it and it's there, I'm here, wherever there is, I'm here, it's there. I don't have any sense doing this that I need a connection, like an energetic connection to wherever it is. There is that connection because we already are everything. So the connection's there. It's us.

00:51:40

So I ask about would it help to do the origins? 'Yes.' Mostly I would just say "Be open to the origins of this problem." There's a statement like "The origins of this problem can heal." Or if a person has a personal relationship with God and they would like to include that, then they'll say "God, thanks for healing the origins of this problem."

Then the last step is, wherever they have stored the problem. In other words, it might be their heart, in this case. It might be -- who knows. We don't need to know. This is also a "do not need to know." But it's wherever within the body -- and also out in life -- that this has been a problem, 'I'm open to that healing now', or 'that can heal', or 'God, thanks for healing wherever in my body. It's been a problem out in life that's been triggered, like every time I even look at a bottle of perfume.' Like that.

00:53:01

So that's it in short. With the origins sometimes there's an added protocol where just doing this doesn't clear it up. I have it in my book -- plug, plug -- and in my video -- plug, plug. Because sometimes you need to hear a little bit about the particular genetic story or whatever it is. You just need a little teeny more detail before it lets go. But usually a lot of times this is enough.

OK, I have, Gary just informed me, I've got about one more minute. So what should I do, Gary, take a question or two? OK.

Participant: As far as the places, what's the question that you ask?

TF: Their body?

Participant: Yes.

TF: "Do we need to do the origins, the places?"

Participant: Yes, but.....

TF: Oh, the places, I'm sorry. This one? I also call it the storage place. In other words, where you've stored it in your body and where you've stored it out in life as an issue.

Participant: So you ask "Do we need to do the storage places," muscle test 'yes' or 'no'. If they say 'yes', what's the question that you give to them to initiate that one.

TF: For number 4?

Participant: Yes.

TF: It's "God, thanks for healing all the places in my body and in life where this has been a problem." Or, "All of the places in my body and in life where this has been a problem can heal."

Participant: Thanks.

TF: OK. We're going to have to close.

GHC: Can we give both these ladies a hand?

[Applause]

Business Blocks

GHC (in studio): Next we have a short session. It started out with Stephanie and Danielle, who you'll see on the stage, but evolved into a business discussion between myself and the participants in the audience. We talk about a number of issues having to do with expanding one's practice and the self-imposed limits we sometimes have, all of which are tappable issues and I thought you'd find this useful.

00:55:08

GHC: If anybody here -- if you wouldn't mind, if you could articulate a particular block which you could think of for yourself? OK, go ahead.

Steve: I've a particular block in regard to making a lot of money and my own spirituality.

GHC: And put words around that "If I make a lot of money then"

Steve: "I might"

GHC: "..... be less spiritual?"

Steve: Yes.

GHC: Say that to Robert Schuller. You know who that is?

Steve: Yes, I know who it is. I know it's an irrational belief but from my early religious training, the money, or the love of money, being the root of all evil. That sticks.

00:55:52

GHC: Oh, yes. This is called a passenger on a bus. Passengers I was trying to get out of them (Stephanie and Danielle) which I was expecting to but did not, and that's OK. Typical responses are..... mega-rich people or filthy rich people are lucky, mega-rich people are greedy, mega-rich people are all kinds of other words that tend to be negative. As long as we have that passenger on our bus and we're going to go towards that, we're going to get stopped by our own passenger on our bus. What yours says is "Very rich people, filthy rich people, mega-rich people, aren't very spiritual." Did I say it right?

Steve: Not necessarily. It's more a concern with my own spirituality and what that may do to me, absolute power and that sort of thing.

GHC: Oh, absolute power, if one has all that money, one has absolute power, therefore one is not spiritual.

Steve: Well, it's the

Participant: Absolute power corrupts absolutely.

Steve: Yes, you've got it.

GHC: Oh, OK, interesting belief, absolute power

Steve: I might be corrupted by all this success.

GHC: Yes, you might be. On the other hand, who contributes the most to all the charitable institutions in the world? Mega-rich people. Is that a spiritual act?

Steve: Absolutely.

00:57:10

GHC: You can take it either way if you want to. If you were mega-rich and made all kinds of money, could you not be the most spiritual guy on the planet?

Participant: Absolutely. These are all the things that I've tried to convince myself cognitively.

GHC: OK, well rub right here. The rest of you do the same thing, OK? Rub right here. "Even though I'm stuck on this spirituality thing,"

Participants: Even though I'm stuck on this spirituality thing,

00:57:35

GHC: "And I somehow think that my making a lot of money,"

Participants: And I somehow think that my making a lot of money,

GHC: "Makes me not spiritual,"

Participants: Makes me not spiritual,

GHC: "I deeply and completely accept myself,"

Participants: I deeply and completely accept myself,

GHC: "I love myself,"

Participants: I love myself,

GHC: "I think I'm silly,"

Participants: I think I'm silly,

GHC: "The belief is silly,"

Participants: The belief is silly,

00:57:52

GHC: "I know it's irrational,"

Participants: I know it's irrational,

GHC: "This irrational belief"

Participants: This irrational belief

GHC: "Money and spirituality"

Money and spirituality

00:58:06

GHC: "Even though I still have some of this money and spirituality issue left,"

Participants: Even though I still have some of this money and spirituality issue left,

GHC: "I deeply and completely accept myself."

Participants: I deeply and completely accept myself.

GHC: “Even though I still have some of this money and spirituality issue left,”

Participants: Even though I still have some of this money and spirituality issue left,

GHC: “I deeply and completely accept myself.”

Participants: I deeply and completely accept myself.

GHC: “Remaining money and spirituality”

Participants: Remaining money and spirituality

GHC: “Remaining money and spirituality”

Participants: Remaining money and spirituality

GHC: “Remaining money and spirituality”

Participants: Remaining money and spirituality

GHC: “Remaining money and spirituality”

Participants: Remaining money and spirituality

GHC: “Remaining money and spirituality”

Participants: Remaining money and spirituality

GHC: Who else has one here?

00:58:42

Stephanie: If I’m really rich, I won’t really be loved for who I am.

GHC: People will love you for your money?

Stephanie: Yes.

GHC: OK. Somebody give me some good words for that. Use your own intuition here. “Even though I” Who comes up with something?

Participant: Even though I’m not lovable for myself.....

00:59:01

GHC: “Even though I’m not lovable for myself,”

Participants: Even though I’m not lovable for myself,

GHC: “The fact that having a lot of money reflects that,”

Participants: The fact that having a lot of money reflects that,

GHC: “I deeply and completely accept myself,”

Participants: I deeply and completely accept myself,

GHC: “And I reject that notion.”

Participants: And I reject that notion.

GHC: “Even though I’m not loved for myself,”

Participants: Even though I’m not loved for myself,

00:59:24

GHC: “And if I had a lot of money, I would be loved only for that, nobody would see me,”

Participants: And if I had a lot of money, I would be loved only for that, nobody would see me,

GHC: “I deeply and completely accept myself.”

Participants: I deeply and completely accept myself.

GHC: “Love and money”

Participants: Love and money

GHC: “Love and money problem”

Participants: Love and money problem

GHC: “Love and money problem”

Participants: Love and money problem

GHC: “Love and money problem”

Participants: Love and money problem

GHC: “Love and money problem”

Participants: Love and money problem

GHC: “Love and money problem”

Participants: Love and money problem

GHC: “Love and money problem”

Participants: Love and money problem

GHC: “Love and money problem”

Participants: Love and money problem

GHC: “Love and money problem”

Participants: Love and money problem

GHC: Put your left foot in and your right foot out. Marty here? (laughter)

00:59:54

Marty: Well here goes, In order to have a lot of money, I need to work really hard. If I work really hard, I will neglect my children. I’m supposed to be home raising my children.

GHC: Oh, interesting, and the core of that, if I may suggest -- and by the way, this is something, I have done a lot of work on with sales people who I test on "I want to triple my income." They'll tell me consciously 'yes' and I will get a response different than I got from Danielle. And they really don't want it. The reason for that is somewhere back there is "I've got to work too hard," or they've got these passengers on their bus. But do you know what's interesting about that is

01:00:45

Marty: It's I want to work a lot of hours. I will have to work a lot of hours, not necessarily will I have to work too hard. I'll have to work a lot of hours.

GHC: Because the way you're doing business is you charge so much an hour, therefore if you want to make more money you've got to work more hours.

Marty: Yes.

GHC: What would be wrong with charging by the result?

Marty: Nothing.

GHC: Are you sure?

01:01:12

Marty: That's the right answer right now. My mind goes kind of cross-eyed when I think about how to organize that and how to have that happen.

01:01:25

GHC: You may not know how to do it but let me suggest something. I started doing a business series on the EFT email forum it and I got stopped by doing this project here. But I started putting out things like going to the golf course and getting in with golfers. That's where the money is. There's tons of money out there. Let me suggest to you, the most ideal client in the world is the rich person. They still have problems, they have lots of them. Their kids have problems, all kinds of problems. Their corporations, their executives have problems, all kinds of them. They've got lots of money, they pay their bills

Participant: I still want to be rich!

01:01:59

GHC: And this is important, they don't give a twit most of them, what your credentials are, whether you are licensed or not, etc. But business people want one thing: results. I'll guarantee you that. So as long as you have the belief that a therapist must sit in their

office and charge by the hour and only charge so much because the rest of the therapists are all charging a certain range -- "if I charge too much, I'm out of the range and I'm not spiritual if I do that." If you instead charge by the result..... I know guys who will give you their Ferrari if you could knock five strokes off their golf score. I speak metaphorically, my dear, but there are probably some that would do that.

01:02:46

Shaquille O'Neal, he's the world's worst free thrower. By the way, I saw him on TV and he was talking about his free throw problem, he said "I have a phobia when I get on the free throw line." Here's a guy that's paid \$124 million over 7 years, just to give you an example..... There's lots of money to be made and you don't have to do it the hard way unless you think you have to do it and you're stuck in that particular mode. You don't have to do it by charging so much an hour and seeing so many patients and you to put out so many ads, and all that sort of stuff.

If I were to do this for money I would go right to the corporate market. I would go to the golf course and I would go to the corporate market. If you took care of the depression of one executive, that means mountains to that corporation.

Participant: [inaudible]

GHC: Of course, that's what we were intending to do. That's why I want to get all this. Anyway, I started pontificating a little bit. It was love and money, give it again.

Marty: Well, it's related to what you were talking about definitely.

GHC: Say the words.

01:04:06

Marty: "If I want to be rich, then I have to work too many hours and what I'm really supposed to be doing is staying home and taking care of and raising my children."

GHC: OK. But it also suggests.....

Marty: "And if I'm raising my children, I won't make any money because what I'm really supposed to be doing is being out in the world making money."

01:04:28

GHC: That's a great pair of beliefs. It's called can't win.

Marty: I do a 50-50 life.

GHC: Yes. OK. But part of that belief is also that in order to make a lot of money, I can't be home. It's an interesting belief. Is it true?

Marty: No.

GHC: I know you have legal to the contrary, but move to some other state -- somebody was talking about that, I forget who it was.

Marty: No, that's true, but it still isn't true.

01:04:55

GHC: You could run a whole business by the phone if you chose to do so. The whole world would be your market place. One advertisement gets everybody in the United States, for example.

Marty: That we can't do. But within Washington State and outside the United States we could.

GHC: Are there enough clients within Washington State to run your business?

Marty: Yes, absolutely.

GHC: Are there enough corporations?

Marty: Absolutely.

01:05:13

GHC: Could you not go to all the corporations around and say I can do this and I can do it by phone.

Marty: Absolutely.

GHC: You could?

Marty: It's already on the internet.

GHC: It's already on the internet. OK, if it's not working it's only because, if you use my metaphor, you have bad breath in your advertisement. That is, the market place is telling you -- if you're not getting responses to that, I don't know if you are or not -- the market place is telling you your advertising doesn't work. The market place is always, always, always, your best friend because it's the only one who will tell you you have bad breath. Only your best friend will tell you that.

So what you need to do is to keep working on your advertisement. I'm going to send some stuff out about advertising.

01:05:47

Marty: You know what, I'm relating right now as you're talking, because I don't know if the advertising was out there and we would absolutely..... yes, yes, yes, and yes.... what I'm relating to now is what

Stephanie said about my own limitations about wanting to generate so much that I can't handle it, not for different reasons, that I'll get too much business. You see what I mean? It's the fear of having too much business, I guess.

GHC: Which means you have to spend too many hours.

Marty: That's right. It loops back to

01:06:20

GHC: being away from your children. All that goes away if you market yourself properly. You have skills -- although these techniques are expanding -- you have skills that 1% of all the therapists in the world have. It's brand new to corporations and stuff like that. Be the first one on the bandwagon. Get out there and do it as far as I'm concerned.

Back to Ruth. We're going to take a break here in a little bit.

01:06:42

Ruth: I work with the corporate market so I just want to encourage people to do that because the hardest thing for me was to charge enough. I finally had an executive say "You can charge three times what you charge and we'd be happy to pay it."

GHC: If you get results.

Ruth: And coming from a psychologist background - - that was a thing I had to get over -- that I could charge this much and work half as many hours and make more money and be happy. It's wonderful, it's exciting.

GHC: There is a fellow wandering around who is an unlicensed therapist, that's Tony Robbins. Tony Robbins is a very very wealthy man. Very, very, very wealthy man.

Participant: [inaudible]

GHC: Oh, well, he only worked 30 hours. I don't know how many hours a week he works. But I just give that as an example.

Go ahead.

01:07:44

Steve: First of all, in regard to the having more work issue and I'm speaking to myself as well here, when you have that problem you can just raise your fee and you will lose some clients but they'll be more than made up for by the amount of money that comes in, and I have actually been raising my fee.

The other one is in regard to your golf issue because I knew when you put that on the internet that that was an opportunity and I also knew that more than likely not many people would pick up on that and do that. Just prior to coming here I managed to get in touch with the guy who creates all the professional golfers in our country. In fact he's the guy who has the best record for taking people from the amateur ranks and making them professional. Really it is simply a matter of finding out who these people are and going to them and saying "Here is something that I can do for you."

I think of this in terms of my business. Anyone who contacts me in my business and says "I have something which will help you to do better in your business." I'll listen to them. Now I may not listen to them for long but I will be prepared to listen to them. I've found in my short experience that people at any level will be prepared to listen to you if you have something that can help them.

01:09:02

GHC: Yes, and that would be at the corporate level. I'll tell you one thing that will always get a corporate president's attention, always, always, always, always - if you can back it up -- and that is "I can help your sales people make more sales," because what makes every business run is the revenue in the front door. And what happens with the sales people is they have their passengers on their buses. The same things that we're talking about here: "If I make too much money, then"

Steve: One of the challenges that I have faced is really being able to speak their language. Because we could go in and do the same work but if we don't use their words, like profits and bottom line and so on, then it's not meaningful to them.

GHC: Yes. "Even though I have a problem making really big money,"

Participants: Even though I have a problem making really big money,

GHC: "Because I think I have to do it the way everybody else does,"

Participants: Because I think I have to do it the way everybody else does,

GHC: "And I really have some fears about stepping out of my own paradigm,"

Participants: And I really have some fears about stepping out of my own paradigm,

GHC: "Even though I'm willing to tap on people,"

Participants: Even though I'm willing to tap on people,

GHC: "I deeply and completely accept myself."

Participants: I deeply and completely accept myself.

01:10:05

GHC: "Stepping out of my own paradigm,"

Participants: Stepping out of my own paradigm,

GHC: "Stepping out of my own paradigm,"

Participants: Stepping out of my own paradigm,

GHC: "Stepping out of my own paradigm,"

Participants: Stepping out of my own paradigm,

GHC: "Stepping out of my own paradigm,"

Participants: Stepping out of my own paradigm,

GHC: "Stepping out of my own paradigm,"

Participants: Stepping out of my own paradigm,

GHC: "Stepping out of my own paradigm,"

Participants: Stepping out of my own paradigm,

GHC: "Stepping out of my own paradigm,"

Participants: Stepping out of my own paradigm,

GHC: "Stepping out of my own paradigm,"

Participants: Stepping out of my own paradigm,

GHC: "Stepping out of my own paradigm,"

Participants: Stepping out of my own paradigm,

GHC: "Remaining stepping out of my paradigm,"

Participants: Remaining stepping out of my paradigm,

GHC: "Remaining stepping out of my paradigm,"

Participants: Remaining stepping out of my paradigm,

GHC: "Remaining releasing myself to make some money,"

Participants: Remaining releasing myself to make some money,

GHC: "Real money"

Participants: Real money

GHC: "Real money"

Participants: Real money

GHC: “Real money”

Participants: Real money

GHC: “Real money”

Participants: Real money

GHC: “Real money”

Participants: Real money

01:10:35

GHC: I would be very curious as to what happens because we don't have one-on-one here. By the way, that was a use of mechanical EFT, wasn't it? To do in a group. I “fell back” to it in this case because there's no way I'm going to diagnose everybody.

So now we're going to take ourselves a little break. It's now 3:01, so let's get back at about 3:20, OK?

After the break....

01:11:07

GHC: maybe I should go to the sports world, etc. How do I do it? The first thing you can do is called cold calling and knock on the door and say “Here I am.” But many people have resistances to that. So this is what I might suggest to you. That you make telephone calls to various places, the various sports teams in your area, the various corporations in your area, etc., and tell them what you can do. Now they may or may not let you in the door. They may or may not give you the time of day. They may or may not consider you just one more salesman, etc., or salesperson. That notwithstanding, there is a technique you can use to eventually get in just about any door.

For example, let's just say you're going to deal with the corporate market. You just want to get in corporations. You want to do work for their employees, their executives, their salespeople, or whatever. Corporations are quite aware that the bottom line of their business -- that they're all intent upon -- is dependent upon the quality of the services that their people provide, particularly their sales people and executives. If those people have mental blocks themselves, if they have depression, if they have migraine headaches, if they have all this stuff that people have, especially when professionals are under so much stress, you can do more for them than just about anybody else. Now you know that but the corporation doesn't know that yet. Just because you say so doesn't mean they're going to believe it. Just because you say “I'm going to tap on them,” doesn't mean they're going to believe it even more.

01:12:27

But here's what you do. You take 20 or 30 of those corporations and you make a telephone call to whoever it is that's in charge of making the decision. Introduce yourself, get an appointment if you can. If you can't, fine. But at least they have heard your name, have they not? No longer are you a stranger to them. That's all you care about at this point. Then you make up a letter to them, once a week. And that letter says “Dear” It's easy to do with computers now, you put somebody's name in, Dear Whatever, it's the same letter. “Just to keep you informed. This week I dealt with ---, on their issue of ---, and this is what happened. By the way, this is their name and their phone number and they're happy to talk to you.” Most of your clients -- many of my clients -- are happy to say “I'll verify that.”

Do that each week and every week, because you're having these kind of results anyway in your practice. And keep sending out to these 30 places. Just keep sending it out and sending it out. Now what happens? Every week, somebody sees your name, do they not, on a letter that says you've had results. Every time they see that, you're no longer a stranger. In fact, you are less and less and less of a stranger, the more they see it. Then sooner or later as you make follow up telephone calls, somebody's going to see you, then somebody else is going to see you. It's a way to make cold calls become warm calls, if you will. And by the time you get in there, they've read four, or five, or eight of these letters. They've kept them, those who want to see you. You may only get to see eight or so out of the thirty, but let me tell you, if you get two of those eight, you've got a lot of business started. Then while you're doing business there, you can start with thirty more corporations. I can assure you there's lots of corporations in your backyard within a hundred miles of you.

Any questions on that? Because I just gave you, by the way, the key to the pot of gold.

[End of Tape 15]

Video Tape 16

Session with David, “Fear of Public Speaking”

00:02:00

GHC: (to David) How’s the heart rate?

David: Up.

GHC: Then why don’t you turn your chair and face me.

(to audience) We’re dealing with the world’s most common issue, the fear of public speaking.

(to David) In fact, On the phone I asked you if you came up, what would your number be and I think you said 8. Were you right?

David: It’s a 9. (laughter)

GHC: It’s a 9, OK. And the symptoms are..... do you have a pounding heart at the moment?

David: Yes, I think you can see it.

GHC: I don’t but that’s OK.

David: It’s physiological. I get a pounding heart, wobbly voice, dry mouth, can’t think clearly. That’s the most difficult part.

GHC: OK. Tap right here and say “This pounding heart.”

David: This pounding heart.

GHC: Maybe you should take your glasses off. Is that going to be OK for this?

David: Yes.

GHC: “This pounding heart”

David: This pounding heart

GHC: If it was a 9, is it still a 9?

David: It’s about a 7.

GHC: OK. “Remaining pounding heart”

David: Remaining pounding heart

GHC: Is it still a 7?

David: It’s about a 4.

GHC: It’s about a 4, fine. “Remaining pounding heart”

David: Remaining pounding heart.

About a 2.

GHC: “Remaining pounding heart”

David: Remaining pounding heart

GHC: “Remaining pounding heart”

David: Remaining pounding heart

GHC: Still a 2?

David: About a 1.

GHC: Well, because Ken Barclay suggests we do this, we’ll do the floor to ceiling eyeroll.

Why don’t you just look out there and keep your head steady, OK. Look at my finger. Put your eyes on it. Remind yourself of your pounding heart, just watch it. “Pounding heart.” “Remaining pounding heart.” Is it still a 1?

David: Yes.

GHC: It’s still a 1, OK. “Remaining pounding heart”

David: Remaining pounding heart

00:04:30

GHC: “Even though I still have some of this remaining pounding heart”

David: Even though I still have some of this remaining pounding heart

GHC: “I deeply and completely accept myself”

David: I deeply and completely accept myself

GHC: “And I’m sick and tired of it”
David: And I’m sick and tired of it
GHC: “It’s time to let it go”
David: It’s time to let it go
GHC: OK. Right here. “Remaining pounding heart”
David: Remaining pounding heart
GHC: “Remaining pounding heart”
David: Remaining pounding heart
GHC: “Remaining pounding heart”
David: Remaining pounding heart
GHC: “Remaining pounding heart”
David: Remaining pounding heart
00:04:48
GHC: Is it still a 1?
David: No, it’s a 0.
GHC: OK. How’s your voice?
David: About a 3.
GHC: Well, what does a 3 mean?
David: It means I don’t feel relaxed in my voice. It’s coming down.
GHC: Is it now a 2?
David: Yes.
GHC: Should we just wait a while?
David: Yes. It’ll go.
00:05:15
GHC: Fine. I’ll be patient. “Remaining voice problem”
David: Remaining voice problem
GHC: “Remaining voice problem”
David: Remaining voice problem
GHC: “Remaining voice problem”
David: Remaining voice problem
Yes, it’s about back to normal.
00:05:29
GHC: If I may here, I dealt with reversal one time, didn’t I? You see how much time that saved? I sensed that he was not reversed with a very intense fear of public speaking. We didn’t have to go through the

reversal at all. We did no 9 gamuts. We just did various sequences, down, down, down. Now, we’re not done, you haven’t looked at the audience yet. But as far as the voice and the pounding heart are concerned, those symptoms are now down? OK.

Are there any other symptoms.

00:05:58

David: I feel a tension in my mouth, that’s about it.

GHC: Give me a number for that?

David: About a 4.

GHC: About a 4. OK. “Remaining tension in my mouth”

David: Remaining tension in my mouth

GHC: “Remaining tension in my mouth”

David: Remaining tension in my mouth

GHC: Is that still a 4?

David: About a 2.

GHC: “Remaining tension in my mouth”

David: Remaining tension in my mouth

GHC: Still a 2?

David: About a 1.

GHC: “Remaining tension in my mouth”

David: Remaining tension in my mouth

GHC: “Remaining tension in my mouth”

David: Remaining tension in my mouth

GHC: “Remaining tension in my mouth”

David: Remaining tension in my mouth

GHC: Is that better now? Still a 1?

David: Yes.

GHC: Still a 1?

David: Yes.

GHC: “Remaining tension in my mouth”

David: Remaining tension in my mouth

GHC: “Remaining tension in my mouth”

David: Remaining tension in my mouth

GHC: “Remaining tension in my mouth”

David: Remaining tension in my mouth

GHC: Still a 1?

David: It's a something. About a half.

00:06:48

GHC: About a half. "Remaining tension in my mouth"

David: Remaining tension in my mouth

GHC: "Remaining tension in my mouth"

David: Remaining tension in my mouth

GHC: "Remaining tension in my mouth"

David: Remaining tension in my mouth

GHC: Still a half?

David: Yes.

GHC: OK. But as far as the pounding heart, that seems to have subsided?

David: Yes.

00:07:07

GHC: And the throat thing has subsided?

David: Yes.

GHC: Why don't you turn your chair so you can really see the audience, and you might even put your glasses on and that'll really do it to you. Now that you've turned your chair, does anything go up a little bit?

David: No.

GHC: Nothing. Say "Hello, everybody."

David: Hello, everybody.

Participants: Awesome!

GHC: But check it out now, how are you in that regard?

00:07:29

David: Pretty good.

GHC: Pretty good. What's happening?

David: No more than a 2. Well, I don't have to do anything.

GHC: Oh, you will! (laughter) What does that do for you?

David: It brings it up.

GHC: Give me a number.

David: 5.

GHC: A 5, OK. I have reversal on that one. "Even though I'm going to have to do something up here,"

David: Even though I'm going to have to do something up here,

00:07:53

GHC: "I have no idea what it is,"

David: I have no idea what it is,

GHC: "And my heart's pounding a little bit."

David: Well, it's not.

GHC: Well, what is your symptom? How do you know?

David: I feel tense in my throat.

GHC: "And I have this throat tension"

David: And I have this throat tension

GHC: "I deeply and completely accept myself"

David: I deeply and completely accept myself

GHC: "I love and forgive myself"

David: I love and forgive myself

GHC: "For everything I've done to cause this"

David: For everything I've done to cause this

GHC: "And for every need I have"

David: And for every need I have

GHC: "To run and hide"

David: To run and hide

GHC: "When the going gets tough"

David: When the going gets tough

GHC: Does that fit?

David: It could.

GHC: It could, all right. Under here. "Remaining problem"

David: Remaining problem

Remaining problem

GHC: "Remaining problem"

David: Remaining problem

GHC: How's your throat right now, OK?

David: Much better. It's about a 1.

GHC: It's about a 1, OK. So what do you think I'm going to have you do?

00:08:53

David: I hate to think! (laughter)

GHC: Did it go up?

David: No.

GHC: It didn't go up.

David: No, I'm doing it already, sort of thing. It's paradoxical. I'm doing it but I'm not doing anything special.

GHC: Oh, OK. When I tell you, take a deep breath. Just take a deep breath without assessing anything.

00:09:19

Now I'm going to ask you to do it again in a moment. But this time when you do it, of course, assess what your capacity is if 10 is your estimated potential. If you want to give me a 9, 8, 7, 6, whatever. Ready?

David: About an 8.

GHC: Say "Even though I have this stage fright constriction"

David: Even though I have this stage fright constriction

GHC: "I deeply and completely accept myself"

David: I deeply and completely accept myself

GHC: "Even though I have this constriction because I might have to sing a song"

David: Even though I have this constriction because I might have to sing a song

GHC: "I deeply and completely accept myself"

David: I deeply and completely accept myself

GHC: What happened here, anything?

David: No.

GHC: "Even though I have this constriction"

David: Even though I have this constriction

GHC: "This stage fright constriction"

David: This stage fright constriction

GHC: "Because I might have to sing a song"

David: Because I might have to sing a song

GHC: "I deeply and completely accept myself"

David: I deeply and completely accept myself

GHC: Steve, knows David all too well.

Steve: Having him sing a song is far too easy. He can sing.

GHC: What would be a

David: You bugger! (laughter)

GHC: What would be a better test? I'm a great one for testing? Most people with a fear of public speaking can't stand to sing.

Steve: I might have to tap on this after David's response now. (laughter)

Steve: How about a discourse on his understanding of energy therapy?

GHC: (to David) Does that do it for you?

David: It will be harder.

GHC: But if we were going to sing a song together?

David: That's OK, we can do that?

GHC: You don't have any problem with that? What's your fear of being up here right now, on a scale of 0 to 10?

David: About a 6.

GHC: Oh, where did that come from?

David: I just don't like it. It's something I can do but I really don't like it, I've never enjoyed it.

GHC: OK. I didn't say you're going to like it.

David: No, you didn't.

00:11:30

GHC: You don't necessarily have to like it. The thing we were trying to do is get your response to the point where you could do it if you chose to do it. I happen to like it. You couldn't keep me off the stage.

David: Yes.

GHC: But that doesn't mean you have to like it. What we're trying to do is get all the response out of the way. You have a pounding heart right now?

David: Yes, about a 5.

GHC: Oh, you do, OK. "This pounding heart"

David: This pounding heart

GHC: "This pounding heart"

David: This pounding heart

GHC: "This pounding heart"

David: This pounding heart

GHC: Is it still a 5?

David: No, it's about a 2.

GHC: OK. "This pounding heart, remaining pounding heart."

David: Remaining pounding heart.

GHC: "Remaining pounding heart."

David: Remaining pounding heart.

GHC: Is it still a 2?

David: 1.

GHC: It's a 1, OK. "Remaining pounding heart."

David: Remaining pounding heart.

GHC: "Remaining pounding heart."

David: It's actually the wanting to do it well, wanting to do a good job.

GHC: Of what?

David: Whatever it would be, to perform.

00:12:29

GHC: OK, actually to me, and correct me if you think I'm wrong here, but that's two different problems. One is the anxiety about being up here, period, the stage fright. The other is the beating yourself up about it -- the perfectionism, if you will.

David: Yes, it's more not just being here but performing, of producing. I can come up on stage and sit around or stand around and I can say something briefly or do something but an extended kind of performing is much more exposing and threatening.

GHC: "Even though I have this problem performing,"

David: Even though I have this problem performing

GHC: "Even though I have this anxiety about performing,"

David: Even though I have this anxiety about performing,

GHC: I want to stop you a second. I want to see if there's a distinction you have in your thinking. There's a difference between being prepared and not being prepared if you're giving a performance.

David: Yes, very much so.

GHC: What would happen if I gave you a subject to talk about that you were totally unprepared for like how do you make a T-39 jet bomber?

David: That would be fine because I'd know I knew nothing about it so I could happily do it. But it's when I do know about it and I want to do it well.

00:13:51

GHC: OK. What does well mean? If you were doing a discourse that Steve was talking about -- your view of energy therapy, did I say it right? Your understanding of energy therapy?

David: It's like a negative at the moment for me, just being honest about it. It's like not being a fool, not being stupid, not being an idiot, not stumbling, not fumbling. It wouldn't really matter about the content as long as I could perform.

GHC: What would happen if you stumbled and messed up your words and said the wrong thing?

David: I'd get over it but I'd be cranky with myself.

GHC: "Even though I beat myself up a lot,"

David: Even though I beat myself up a lot,

GHC: "I've done it for years,"

David: I've done it for years,

GHC: "I'll keep on doing it if I don't get over this,

David: I'll keep on doing it if I don't get over this,

GHC: "I deeply and completely accept myself."

David: I deeply and completely accept myself.

GHC: "And I really mean it, I do deeply and completely accept myself,"

David: And I really mean it, I do deeply and completely accept myself,

GHC: "Because I have been doing it all these years,"

David: Because I have been doing it all these years,

GHC: "It's not always been my fault,"

David: It's not always been my fault,

GHC: "Perfectionism sometimes is something that's laid upon us,"

David: Perfectionism sometimes is something that's laid upon us,

00:14:56

GHC: "Like my own parents,"

David: Like my own parents,

GHC: "And our peers,"

David: And our peers,

GHC: “And society in general,”

David: And society in general,

GHC: “Thou shalt do it right.”

David: Thou shalt do it right.

GHC: “I shalt do it right.”

David: I shalt do it right.

GHC: Over here.

David: I shalt do it right.

00:15:18

GHC: By the way, as you’re doing this, we’ll just do the EFT thing and just follow me. Tell us what right is.

David: Right is what someone else thinks is right.

GHC: Who else?

David: Right is what you’re told is right before you get to think about it yourself. It’s a double system.

GHC: Who told you what right is?

David: Someone who knows.

GHC: Who again, exactly?

David: It would be a teacher telling me what color to color in.

GHC: Oh, I see.

David: And you’ve got your own color but then you do it wrong.

GHC: You had to use brown and you wanted to use red. I see. Here. “Even though I wish I had different teachers,”

David: Even though I wish I had different teachers,

GHC: “I deeply and completely accept myself.”

David: I deeply and completely accept myself.

00:16:05

GHC: “Different teachers,”

David: Different teachers,

GHC: “Using my own version of what’s right,”

David: Using my own version of what’s right,

GHC: “Relaxing on my own version of what’s right,”

David: Relaxing on my own version of what’s right,

GHC: “My own version counts,”

David: My own version counts,

00:16:17

GHC: Does that fit. “Even though my own version doesn’t count,”

David: Even though my own version doesn’t count,

GHC: “Even though my own version doesn’t count,”

David: Even though my own version doesn’t count,

GHC: Do it right, OK? (laughter) How is that here?

David: It’s OK.

GHC: (to audience) By the way, with me do it right!

Participants: Do it right!

GHC: (to David) How’s that? I want to know if it got to you?

David: No, no, I appreciate it. It’s right, it’s true. These are not my teachers. They’re my peers *and* my teachers. It’s a difference.

00:16:53

GHC: Who’s the teacher that has told you about what is right?

David: Parents, father.

GHC: OK, and what’s an example of what your father may have said to give you an idea of what is right?

David: It’s just when you do something wrong, you’re in trouble and you never meant to do wrong. So by definition.

GHC: Give me an example. ‘When I was a little boy I did..... My father said’, or something like that.

00:17:21

David: Upsetting my brother and he’d be cranky. Or he’d just be cranky anyway and he’d think I must have done something wrong.

GHC: Did he say what you did wrong?

David: No, sometimes it’s delays. You’d do something wrong, which I did plenty of, but then you’d get into trouble later.

GHC: Does that make you unique when you do something wrong?

David: No.

GHC: Are you sure?

David: Yes.

GHC: (to audience) Anybody here who's ever done anything wrong, please raise your hand. (to David) See these people have never done anything wrong. Would you please be his teacher?

Did your father ever really say "David, you did that wrong, you should have done so and so"? or anything like that?

00:18:06

David: Sometimes but often it was like you'd get into trouble so much later you could never really remember what it was.

GHC: OK. Rub your sore spot for me.

"Even though my teacher is my father,"

David: Even though my teacher is my father,

GHC: And how old were you, by the way, when this was happening?

David: 6,7,8.

GHC: 6,7,8. "And the fact that he was cranky,"

David: And the fact that he was cranky,

GHC: "Made me think I did something wrong,"

David: Made me think I did something wrong,

GHC: "I'm still willing,"

David: I'm still willing,

GHC: "To take the interpretation,"

David: To take the interpretation,

GHC: "Of a 7 or 8-year-old boy,"

David: Of a 7 or 8-year-old boy,

GHC: "7 or 8-year-old boy," is that about right?

David: Yes.

GHC: You did make an interpretation. "Even though people are cranky,"

David: Even though people are cranky,

GHC: "For their own reasons,"

David: For their own reasons,

GHC: "For their own upbringing and background,"

David: For their own upbringing and background,

GHC: "And the passengers on their bus,"

David: And the passengers on their bus,

GHC: "I deeply and completely accept myself,"

David: I deeply and completely accept myself,

GHC: "I let my father go,"

David: I let my father go,

GHC: "In all his crankiness."

David: In all his crankiness.

GHC: Right here. "Fear of being up here."

David: Fear of being up here.

GHC: "Fear of performing."

David: Fear of performing.

00:19:24

GHC: How are you doing now?

David: Good.

GHC: Well, why don't you talk about your understanding of the energy therapy. Before you start, did something go up?

David: My heart went up a little bit.

GHC: A little bit? How much?

David: To a 3.

GHC: "Remaining heart pounding,"

David: Remaining heart pounding,

GHC: Do both sides. How's the heart right now?

David: About a 1.

GHC: Why don't we do this? The moment you get tense, you let me know. This is important, this isn't the kind of thing where we gut it through. If you're getting intense but why don't you start with it and

(to audience) what I'm going to ask you to do out here is raise your hand if you have any questions, and (to David) I'd like to have you moderate a discussion on the subject. Could you do that?

David: OK.

GHC: As you now think about doing that, are you OK?

David: It's all right.

GHC: You will have a question back here to begin with anyway.

00:20:33

Roxanne: Thanks for doing such a great job up there. I wanted to ask you if you have any idea of what Gary was doing when he had his hand up and went down, or had his hand down and went up?

David: No.

GHC: That was the floor to ceiling eye roll procedure. Are there any more? OK, Tony.

Tony: Again, thank you. I hope you're not too embarrassed at the end of the process.

GHC: Thanks for the seed, Tony, that's wonderful. (laughter)

00:21:02

Tony: I wanted to ask you, when you were confronted with those 4 different issues that Gary just did a moment ago, one was an interpretation of your behavior as an 8 year old, another was reality testing, another There were 4 or 5 different things that he did. Did any of those link with you? Did any of those specifically have you change a cognition as he was doing that?

David: I'm not cognitively aware of that because my understanding of energy is that it's person to person or universe to person or as an interlinking. I think Tapas is the example of that. I personally think you could just sit with the client and say nothing and you'd get all your results. That's my opinion.

GHC: I want to know how you're feeling now as you're speaking about it?

David: I'm getting a bit intense as I'm looking at Tapas.

GHC: Why would that be, because she's a teacher?

00:21:59

David: No, no, not because she's a teacher but because she knows how I feel.

GHC: So it feels like an exposure?

David: Yes, it's a good knowing.

GHC: "Even though I feel exposed to Tapas," (laughter)

David: Even though I feel exposed to Tapas,

GHC: "Even though I feel exposed in general,"

David: Even though I feel exposed in general,

00:22:16

GHC: "I deeply and completely accept myself,"

David: I deeply and completely accept myself,

GHC: Right here, "Exposed,"

David: Exposed,

GHC: Look out there, "Exposed,"

David: Exposed,

GHC: Look at Tapas, "Exposed,"

David: Exposed,

GHC: Under your eye,

David: Exposed,

GHC: "Exposed,"

David: Exposed,

GHC: How is it now?

David: It's very good.

GHC: Is it?

David: I'm getting the double therapy.

GHC: Well, what *is* your understanding of energy therapy?

00:22:42

David: It's a transmission.

GHC: A transmission?

David: Yes.

GHC: By the way, when you do it I want to make sure it's correct. You're being graded now.

David: The way I'm feeling now it doesn't really matter if it's right or wrong, because I know what I know.

[Applause]

00:23:06

GHC: But let's keep going anyway and see if we can't test this thing and find some little pieces to it and step all over it if we can.

David: I'm very confident knowing what I know and I guess there's a concern that other people might not comprehend or agree, get on the side of it. I feel a bit intense talking about that. As if they would oppose, silently or actively.

GHC: OK. Rub right here. "Even though I'm a slave to other people's opinion,"

David: Even though I'm a slave to other people's opinion,

GHC: "And they're not really entitled to it unless it's the one I want,"

David: And they're not really entitled to it unless it's the one I want,

GHC: "I deeply and completely accept myself,"

David: I deeply and completely accept myself,

GHC: "Slave to other people's opinion,"

David: Slave to other people's opinion,

GHC: Here, "Slave to other people's opinion,"

David: Slave to other people's opinion,

GHC: Look out there and say these words, "I'm really concerned about what you think,"

David: I'm really concerned about what you think,

GHC: How true does that feel?

David: Not that true.

GHC: That doesn't mean you have to

David: A little bit true.

GHC: A little bit true. I care what people think up here, because if they all opposed me and walked out I'd say "What the hell's wrong?" It would probably bother me for at least 20 minutes.

David: The question is more like would they oppose what I think?

GHC: What if they opposed you?

David: Well, that would be unpleasant but it wouldn't be the end of the world.

00:24:40

GHC: OK. "Even though I have a fear of opposition,"

David: Even though I have a fear of opposition,

GHC: "I deeply and completely accept myself,"

David: I deeply and completely accept myself,

GHC: "And even though I don't really recognize,"

David: And even though I don't really recognize,

GHC: "That opposition is healthy,"

David: That opposition is healthy,

00:24:51

GHC: "And that's how we grow,"

David: And that's how we grow,

GHC: "And learn new ideas,"

David: And learn new ideas,

GHC: "Even if it's hostile sometimes,"

David: Even if it's hostile sometimes,

GHC: "Opposition,"

David: Opposition,

GHC: "Opposition to my ideas,"

David: Opposition to my ideas,

GHC: "Opposition to my ideas,"

David: Opposition to my ideas,

00:25:11

GHC: Why don't you sit here and say this now. "I really hope you agree with me. My life depends on it."

David: I really hope you agree with me. My life depends on it.

GHC: How's it feel?

David: Well, I hope it doesn't! I'll be in deep shit if it does.

[Laughter]

00:25:35

GHC: Why don't you put your glasses back on and let's go on with our discussion. (to audience) By the way, if you have any questions on this subject of energy therapies, etc., he's going to moderate it. Do you mind if I leave the stage?

David: Go ahead. Do you mind if I don't ask you back!

[Laughter]

GHC: Oh, God, I love this job!

David: The power of this is incredible!

00:26:16

Stephanie: David, I'm going to try get your SUDS level up by asking you to stand up, it's much harder to do this as you stand. (David stands up) Now talk. Don't hold onto anything.

GHC: Is there a difference?

David: Not really.

Stephanie: Well, wait a second, somebody ask him something.

GHC: You ask him something, smartass. (laughter)

David: Yes, you ask him something. Maybe you're wanting another neckrub.

Stephanie: Why don't you compare what you think of TAT to Larry Nims' system and just what are your thoughts on that?

David: Well, you could compare them but I don't think it's a good thing to do except cognitively, because they both work and they're both very energetic. I think Larry and Tapas are brother and sister but Larry wouldn't want me to say that. I think he likes to hide his spirituality under a bushel. I'm getting a bit intense saying that.

00:27:28

GHC: Oh, good. What's the intense part? The spirituality part?

David: It's like your intention when you feel strongly about an emotional connection like you did with Adrienne here.

GHC: That's not necessarily bad, by the way. But for the moment let's say "This spiritual intensity,"

David: This spiritual intensity,

GHC: That's the right term for it?

David: Yes.

GHC: "This spiritual intensity,"

David: This spiritual intensity,

00:27:57

GHC: I was banging all over myself while that was happening. To me, I don't really mind that. I had to bring myself down from all of that so I wasn't going to sit here and cry for 3 days, so you need to come down. But I don't consider that something to necessarily get rid of forever.

So make that distinction. How are you doing right now with it?

David: Very good.

More questions? I could just go on and on and on. (laughter)

00:28:44

Marti: I would like to know what you think I should do when I get back to my office and I try to apply all the various theories and all the various techniques that we've heard in the last 3 days? What would be your advice about integrating this back into my practice.

00:29:01

David: I think you really do know what to do so I would agree with Larry if you had asked yourself what would be the best thing to do, then you could do that. Then if you couldn't figure it out then you could email me and I'd tell you. (laughter)

00:29:17

GHC (in studio): As you may recall, when David started out in this session he indicated one of the most difficult things for him in public speaking was for him to be able to think clearly. Notice now how he's speaking, how easy it is for him to put his thoughts together. When I talked to him 2 weeks after this he said that was the most obvious evidence to him that he is making progress here. By the way, the problem doesn't seem to have bothered him since.

00:29:48

David: You've just emailed me?

Marti: I've just emailed you.

David: OK. I'll just read it. (laughter)

GHC: How are you doing in intensity now?

David: Fine.

GHC: Couple more questions.

David: At the back.

00:30:05

Judith: A couple of questions I've been meaning to ask, and you'll do just fine to answer them. One is on the apex problem, that hasn't come up in my remembrance in this conference. If you could comment on your perceptions about that. The second one is on collarbone breathing, whether you use that

and what you think about that, and when you might use that.

David: The apex problem is a problem I have on a deeper level which is why I think reversal exists. I don't think clients have the apex problem, I think we all have it, unconsciously. So I'm very sympathetic when a client doesn't know why they've gotten better, that doesn't worry me at all.

Collarbone breathing I think is quite cumbersome and it makes me think all over again about the gamut point and why it should be necessary.

(to Gary) Just feeling a bit of dry mouth but it doesn't worry me.

GHC: Well, as long as we're here we might as well..... if that's connected somehow. "Dry mouth." I was curious, out of 10, how dry is it?

David: Since I've got up here it's been pretty dry, about 5.

GHC: 5, OK. "Dry mouth,"

David: Dry mouth,

GHC: "Dry mouth,"

David: Dry mouth,

GHC: "Dry mouth,"

David: Dry mouth,

00:31:21

GHC: Still 5?

David: Yes.

GHC: Would water help? I mean is it *that* kind of dry mouth?

David: Yes.

GHC: (giving David some water) I mean, there's dry mouth and there's dry mouth. One more question.

Marty: David, I'd just like you to elaborate more on your thoughts about the energy theory.

David: Sure. For me it's a modification of something that I learned through sita yoga.....

GHC: (to audience) Say it right!

Audience: Say it right!

GHC: (to audience) Make no mistakes!

Audience: Make no mistakes!

David: Even if you don't agree, or even if I don't say this right, or even if you don't know whether I'm

saying it's right or not, it's my opinion so it's right for me. But you can choose to agree or not, it's up to you. That doesn't worry me at all.

[Applause]

Thank you, thank you. Unaccustomed as I am.....

00:32:56

David: It's an energy transmission and you can get it from people or from other energy sources. There are so many and so many people have it. Gary has it, a *lot* of it and I think EFT allows him to express it. He'd express it without EFT. Tapas is the same, and Larry. Larry very much. You can't fool me.

GHC: I would like, if you wouldn't mind, to end this up asking the audience correctly if they're awesome. Do you want to do it?

David: Yes.

GHC: Practice here for a minute. Get your body into this. "Are you awesome!" Like that. Just give me this part right now.

David: Are you awesome?

Participants: Yes!

Session with Joyce & Michael Gandy, "Health Issue"

00:34:32

GHC: And by the way, I neglected to re-introduce to you Michael Gandy again, who you already know. Michael, why don't we just go over for a moment what's going to happen. You have already spent some time with Joyce doing what you call a map. You've gotten some background information on her energetically, etc. Why don't you just give a rough idea of what you've done and what you expect to do by putting these electrodes on both her and you.

Michael: So how many people got a copy of my map the one I use? I was handing them out, if you leave me your card and you want one I'll be happy to send it to you.

Probably that by itself wouldn't make a lot of sense to you but when it's filled in with information that's relevant to a given individual what it becomes is like kind of a meta-map of patterns that normally appear over a period of months or even years that are the underlying tendencies for that person. When a person is kind of caught in certain boxes of that map, then

they are no longer here and now in a real and responsive way. They are there in a kind of reactive and somewhat robotic way. That's when they're not truly alive because they're still in a sense stuck on a script or a pattern that's quite old.

00:36:07

In my testing I find that in 3,4,5 or so of these meta-maps that one of those boxes will be related to a trauma in time and space. The rest of them are all, if you will, compensations and adaptations and belief system changes that are interconnected and related to that.

00:36:36

As you see there are several maps that come up for an individual and you change them. What happens is those people start being able to be in the world and be with people in a completely different way. These people transform their lives, not just feel real up and that was a great session. But they start doing very different things in their lives over the months and over the years.

00:36:58

So these meta-maps -- all I can describe them as is they are very deep parts of that person. I call them specific warps in the spiritual field. I use terms like emotions adhering into the energetic system of either chakras or acupuncture systems, or what not. So what I'll test for is I'll find the emotions and the traumas that have warped the spirit field, which is the most complex field that humans exhibit. I'll find emotions and the thought patterns and the acupuncture adhesions or the chakra adhesions related to those emotions. Those become like a basic underlying thing that will be up for that person again and again and again, over that year, that 2 years.

00:37:50

So that's what I did with a couple of volunteers and I want to thank both of them for volunteering to have that done. I did a different kind of map, a chakra map, for somebody who walked over. We sort of did that real quickly. That's a different kind of energetic adhesion.

00:38:07

I use flower remedies as a way of having the person communicate what kind of belief that they take on. I also use those same flower remedies in high potencies, Don and I call it WD-40 for the soul. It just kind of loosens the bulk that's kind of nailed the soul into that

fixed and reactive place and these high potency flower remedies help these distortions uncongeal themselves and you give that original freedom to the soul. So that's what the map is about.

GHC: May I make a suggestion?

Michael: Sure.

00:39:00

GHC: We haven't even talked about this but I know for one thing Joyce has an incident that she had some charge on that I might want to do while you monitor what I do when I do it the normal way and whatever happens happens.

Then I thought what I'd do on Joyce's behalf, for the latter part of the incident -- I hadn't talked to you about this -- there appears to be something in the past, something or other. We can deal with that but would it be possible for you to just dictate the tapping part?

Michael: Absolutely.

GHC: Let's give that a shot and see what happens. So we'll do that on 2 levels here.

Michael: That's right. Sounds great.

I want to explain this raggedy looking herbal patch just in case you wondered. I injured myself gardening and I wanted to make sure that my own muscles weren't going to get in the way of my surrogate muscle testing. So I've been taking homeopathics, magnets, herbs, anything that I can do to make sure.

GHC: One of the things that I want to point out here which is one of the things that is demonstrable is that what you're doing while you have yourself hooked up to Joyce -- you have a wiring connection, if you will -- you're energetically or electrically connected. What you'll be doing is you'll be putting your fingers on these various vials which represent various emotions.

00:40:21

Michael: There are 28 different emotions that we look at. I look at the acupuncture energetics -- and I have ways of breaking that down, not into just the main system of channels but also subsidiary ones like the diversion channels which are the deepest -- muscle channels, etc. I can also check in with chakra energetics. I generally find between the emotions, the acupuncture energetics and the chakras, I seem to be able to kind of see the changes and in real time that you're having as you're doing this work.

GHC: The other thing that I'd like to have you notice as he's doing this is while he's touching those vials,

he's surrogate muscle testing himself, right?, as though you were Joyce, although you're connected to her. So he's touching these, he's surrogate muscle testing, getting 'yeses' and 'no's', etc., and knowing when channels are clear and other information. Do I have it right?

So what I think we might do, why don't you wire her up..... Is that OK with you?

Joyce: Yes.

GHC: Is that OK with you, Michael?

Michael: [inaudible—hooks up electrodes to Joyce and himself]

GHC: (to Joyce) You had a physical challenge recently?

Joyce: Right.

GHC: And you're perfectly clean and clear about talking about it and so on?

So what was the challenge and what's happened and how does that relate to the traumatic incident that we're going to try to deal with here?

00:42:21

Joyce: Why don't I start with the traumatic incident?

GHC: OK. Sure. By the way, there is some privacy involved in this, naming names and this kind of thing, so she may be using initials or some other way to indicate what's going on. Go ahead.

00:42:36

Joyce: I have someone in my life who seems to have 2 sides to his nature and it's been a long-term relationship over 30 years. He's very kind in many ways but when the flip side happens -- and it's been intensifying over the years such that about 5 months ago I came home from a summer away at school and found myself at a social event talking to another lady when this person came up to me, realizing this lady had told me something that he didn't want me to know, came up and shook his fist and said "If I hear another word out of you, I have 4 barrels waiting for you," which put me into shock.

GHC: How do you feel right now as you say that?

Joyce: I'm OK. It put me into shock such that -- I do energy work so I know it happens to my chakras and they all shut down -- then 5 months after that incident I developed my second experience with breast cancer. To me the shutting down of my energy field is related to what's been happening in gradual increments over

the years. Since this is my second experience with breast cancer, my life is on the line as far as I'm concerned. So I've had a mastectomy, I've had chemotherapy, only 5 weeks ago was my last surgery. So I need to deal with this.

I will tell you I've been tapping on it, I couldn't not tap so.....

GHC: I was going to say when we talked on the phone about it, you expected it to be an 8 or more and you've been tapping on it so where is it now?

00:44:31

Joyce: The actual traumatic incident, if I visualize and place myself back there probably a 6.

GHC: If the traumatic incident was a movie, how long would the movie last?

Joyce: Do you count the after-effect as well because I had to watch out for my children as well?

GHC: It's your movie.

Joyce: Half hour. Well, it goes on all night long.

GHC: It goes on all night long. So we know there must be a number of aspects you haven't tapped on yet? Would that be likely?

Joyce: That's probably true.

Joyce: I'm getting hot.

I can take my glasses off maybe. I don't need to see.

00:45:36

GHC: How's that. My guess is, we're going to have a number of things as we go through this. But the bit about shaking the fist seemed to be pretty well done?

Joyce: That's a 6.

GHC: That's a 6. When we talked about it and I asked you about it and you said no, it wasn't really bothersome.

Joyce: Well, you know, I'm used to dealing with this.

00:46:01

GHC: Tap under your nose. Say "Shaking that fist,"

Joyce: Shaking that fist,

GHC: "And all that it meant,"

Joyce: And all that it meant,

GHC: "Shaking that fist,"

Joyce: Shaking that fist,

GHC: “And all that it meant,”
Joyce: And all that it meant,
GHC: “Shaking that fist,”
Joyce: Shaking that fist,
GHC: “And all that it meant,”
Joyce: And all that it meant,
GHC: “Shaking that fist, and all that it meant.”
Joyce: Shaking that fist, and all that it meant.
00:46:19
GHC: Still a 6?
Joyce: It’s a 4.
GHC: “Remaining shaking that fist.”
Joyce: Remaining shaking that fist.
GHC: “Remaining shaking that fist.”
Joyce: Remaining shaking that fist.
GHC: “Remaining shaking that fist.”
Joyce: Remaining shaking that fist.
GHC: “Remaining shaking that fist.”
Joyce: Remaining shaking that fist.
00:46:38
GHC: Is it still a 4?
Joyce: It’s a 3.
GHC: “Remaining shaking that fist.”
Joyce: Remaining shaking that fist.
GHC: “Remaining shaking that fist.”
Joyce: Remaining shaking that fist.
GHC: “Remaining shaking that fist.”
Joyce: Remaining shaking that fist.
GHC: “Remaining shaking that fist.”
Joyce: Remaining shaking that fist.
GHC: “Remaining shaking that fist.”
Joyce: Remaining shaking that fist.
GHC: Still a 3?
Joyce: 2.
GHC: How do you know it’s a 2?
Joyce: Because I can feel a calmness in there as well.
GHC: When you say ‘in there’ what does that mean?
Joyce: In my body.
GHC: “Remaining shaking the fist,”
Joyce: Remaining shaking the fist,

GHC: “And everything that it means,”
Joyce: And everything that it means,
GHC: “Including all the follow up,”
Joyce: Including
00:47:26
GHC: We’ve got a new issue.
Joyce: Yes.
GHC: “Remaining issue and all that it means,”
Joyce: Remaining issue I’m sticking with that one.
GHC: “Remaining issue and all that it means,”
Joyce: Remaining issue and all that it means,
GHC: Under your eye, “Remaining issue and all that it means,”
Joyce: Remaining issue and all that it means,
GHC: Does that hurt to tap there?
Joyce: No, it’s the other side.
GHC: “Remaining issue and all that it means,”
Joyce: Remaining issue and all that it means,
GHC: Still a 2?
00:47:56
Joyce: I can feel myself shaking inside now?
GHC: Because you’re shifting onto something else?
Joyce: Probably, yes.
GHC: I now have 2 thermometers. I have one that I got you to a 1 or 2, I want to get you down to 0. The other one’s up there, like a 9 or something. Am I about right?
Joyce: Yes.
GHC: Right here, “Shaking inside,”
Joyce: Shaking inside,
GHC: “Shaking inside,”

Joyce: Shaking inside,
GHC: Could you take the watch off?
Joyce: Yes.
GHC: “Shaking inside,”
Joyce: Shaking inside,
GHC: “Shaking inside,”
Joyce: Shaking inside,
GHC: If it was a 9, is it still a 9?
Joyce: We’re on the second issue now that we’re talking about.
GHC: Is that a 9? I don’t know what these issues are, I don’t really have to know. It might be helpful sometimes.
Joyce: No, it’s a 7.
GHC: It’s a 7 because you’re shaking inside?
Joyce: No, just my thinking about the next issue.
GHC: How’s the shaking inside?
Joyce: Oh, that’s gone.
GHC: That’s gone. That’s what we were tapping for was the shaking issue.
00:49:13
Joyce: But I was visualizing what was making me shake.
GHC: OK. Can you give me a label for what was making you shake?
00:49:21
Joyce: The thoughts of facing this again. Really doing the whole business I have to go through.
GHC: There’s lots of stuff going on with that, OK.
“Facing this again,”
Joyce: Facing this again,
GHC: “Facing this again,”

Joyce: Facing this again,
GHC: “Facing this again,”
Joyce: Facing this again,
00:49:43
GHC: Close your eyes and visualize facing this again and tell me what happens with it.
Joyce: I’m at a 5 and I can feel steadiness.
GHC: “Remaining facing it again,”
Joyce: Remaining facing it again,
GHC: “Remaining facing it again,”
Joyce: Remaining facing it again,
GHC: “Remaining facing it again,”
Joyce: Remaining facing it again,
GHC: “Remaining facing it again,”
Joyce: Remaining facing it again,
GHC: “Remaining facing it again,”
Joyce: Remaining facing it again,
GHC: “Remaining facing it again,”
00:50:08
GHC: Still a 5?
Joyce: Yes.
GHC: Still a 5. Same issue?
Joyce: Yes.
GHC: “Remaining facing it again,”
Joyce: Remaining facing it again,
GHC: “Remaining facing it again,”
Joyce: Remaining facing it again,
GHC: “Remaining facing it again,”
Joyce: Remaining facing it again,
GHC: “Remaining facing it again,”
00:50:22
GHC: Still a 5?
Joyce: 3.
GHC: “Remaining facing it again,”
Joyce: Remaining facing it again,
GHC: “Remaining facing it again,”
Joyce: Remaining facing it again,
GHC: “Remaining facing it again,”

Joyce: Remaining facing it again,

GHC: Still a 3?

Joyce: 2.

GHC: How do you know it's a 2?

00:50:42

Joyce: I just do.

GHC: You just do? There's no physical sensation going on?

Joyce: It's more of a calming down rather than an acting out.

00:50:53

GHC: "Remaining facing it again,"

Joyce: Remaining facing it again,

GHC: "Remaining facing it again,"

Joyce: Remaining facing it again,

GHC: "Remaining facing it again,"

Joyce: Remaining facing it again,

GHC: "Remaining facing it again,"

Joyce: Remaining facing it again,

GHC: Is it still a 2?

Joyce: It's OK, I'm a 0. Somewhere between 1 and 0.

GHC: Are you calm on it?

Joyce: Yes.

00:51:13

GHC: Is that the only issue, the actual shaking the fist and what you're going to have to go through after that, the facing it again?

Joyce: Isn't that enough?

GHC: I don't know, that's why I'm asking you.

Joyce: Unless you get into what led up to that pattern, a relationship in my life which I think lays with what Michael was doing.

GHC: Ok, let's not go there right at the moment. This is what I'd like to have you do: that would be to close your eyes, in a moment, and go through the whole half-hour issue, if you would, which you can do much faster than half an hour and visit all the parts of it. The moment you get intense, if you do, stop right there and say "Whoops, that's a 3, or a 5, or whatever it happens to be." Can you do that now?

Joyce: OK. (Joyce goes through the incident mentally)

00:52:13

GHC: Zero?

Joyce: Yes.

GHC: OK. I'd like to have you do it differently this time. Do it again this time -- as you heard me before -- try to get yourself upset, which means exaggerate the sounds, the size of things, the lightness, the brightness, whatever you can do to try to get yourself upset at this thing.

Joyce: I can't get over a 1.

GHC: All right. Michael, do you have any input on what was going on?

Michael: No. (laughter. I had the input that I think..... the way this system works it's all or nothing. So if anything is still there it still shows on my system. So what happens is, I wouldn't say it's at a 0 from my point of view, subjectively maybe. But that's as far as things clearing, whatnot, I don't have any specific input.

GHC: But just to make sure we're clear on what you're saying. When you're doing this, it's either 100% clear or

00:53:38

Michael: If it's only 98%, then I got a no. So what we're looking at is a complete release of the issue, so it's no longer adhered energetically.

GHC: To have a complete release of it, do you have suggestions where to tap and what to do from here?

Michael: Yes.

GHC: All right. Well, why don't you just do that?

00:54:12

Michael: My access to it has to be via a given emotion so my sense is that I would give you an emotion and a thought form and see if that takes you back to a specific place, and I want to work out the governing vessel, either this point right up here (top of the head), the spine vessel. Would that be OK?

Joyce: Yes.

Michael: So the emotion would be fear and it would be somehow connected in with -- we talked about something's wrong out there and therefore I'm allergic to the environment and there's something

impure, unclean and it's hurting me. Do you remember that discussion?

So I'm wondering if in this particular issue there's something that was fearful and like yucky, made me feel yucky.

Joyce: Yes, the fearful.

Michael: And I'm thinking there was embarrassment, shame, fearful, that nexus right there?

Joyce: Humiliating?

Michael: Yes, that one. So if we could work on that one and discharge and particularly do the governing vessel, that would be where this says to start.

00:55:31

GHC: Yes, but from my point of view, with her response for that particular issue, we've got it down to a next to nothing kind of thing. She had a 1, trying to get herself upset. That doesn't mean we couldn't do more. But from my point of view, we've probably got some headway. That doesn't mean we're done with everything by any means, this is just one little thing.

So what would you suggest we do to complete it? Tap here (top of head) some more?

Michael: Yes, I'd go right there and see if when I just said that there was something that came up for you. I thought you remembered something. Was there a particular thing that you had?

00:56:07

Joyce: I remembered I developed asthma at 46. It's like my breathing, suffocating, kind of thing came in.

Michael: (to Gary) then your breath thing, with this fear would be perfect.

GHC: That's exactly what I was going to do. I was hesitating only because her taking a deep breath is somewhat inhibited by the effect of the operation but you were telling me earlier that even though you were inhibited, you also knew that there was some constriction over and above that.

Joyce: Yes, definitely.

GHC: So why don't we just give that some energy, if you want to just turn back this way.

Michael: Just to pass this along, the energy of fear is the energy of constriction and sinking. So we want to bring that energy out and let it expand and move it up and that's the images of the energy you want.

GHC: What would be helpful right here is if you would take a couple of deep breaths. I know it's difficult for you to do but we want to get to a point where as much as you can get in given the constrictions -- how am I going to say this?

Joyce: I get it.

00:57:15

GHC: I'd like you to take a couple of deep breaths anyway, just to take a couple of deep breaths.

Joyce: Let me blow my nose.

GHC: Just so you can get an idea of what your deep breath capacity is, given the fact that you have some discomfort from the operation.

Joyce: OK.

00:57:40

GHC: Now I'm going to ask you to take another deep breath and this time when you take it, on a scale of 0 to 10 where 10 is the maximum potential that you think you could have given the operation -- that would be a 10 -- and then as you fall short of that, tell the number.

Joyce: It's between a 7 and 8.

GHC: Let me ask you, a while back you said you were starting to get hot. How are you doing now with that?

Joyce: That's better.

GHC: That's better.

Joyce: It comes and goes.

00:58:26

GHC: "This constricted breath,"

Joyce: This constricted breath,

GHC: "Constricted fear breath,"

Joyce: Constricted fear breath,

GHC: "Constricted cancer breath,"

Joyce: Constricted cancer breath,

GHC: "Constricted cancer breath,"

Joyce: Constricted cancer breath,

GHC: You want to concentrate up here. "Constricted cancer breath,"

Joyce: Constricted cancer breath,

GHC: Again.

GHC: Up here.

Joyce: Remaining constricted breath,

GHC: Does it hurt?

Joyce: It does on that side.

Remaining constricted breath.

“**GHC:** “Remaining constricted breath,”

Joyce: Remaining constricted breath,”

GHC: “Remaining constricted breath,”

Joyce: Remaining constricted breath,”

GHC: “Remaining constricted breath,”

Joyce: Remaining constricted breath,”

GHC: Try it again. See if you’re still an 8 or 9.

01:01:07

Joyce: Yes, it’s just staying there. It’s just not going to go any farther because of this

GHC: Because of that? What I’m curious about is your sense of the emotional constriction that may be there in your breath. Is that going?

Joyce: Yes, I think we’re OK.

GHC: What do you get, Michael?

01:01:29

Michael: It’s cleared something up in the governing vessel. After a little while when you started talking this last time, we hit the governing vessel it cleared and right now she’s looking good. You’re looking good.

Joyce: Thank you, I appreciate that.

01:01:45

GHC: (to Michael) Why don’t we now shift over, if it seems appropriate, to the other issue that you think is going to be there and you dictate to me the tapping and we’ll just go from there and see what happens.

Michael: I have no idea if this is correct or not, but in essence we’re sort of trying to merge an issue that’s at the top of the iceberg with my sense of this map which was the underlying piece.

To challenge whether we’ve got this fear and all of its aspects in the past, we talked earlier about something’s impure or bad about the environment and allergies and asthma or maybe there’s something wrong. The crabapple is the flower I’m working with and there’s a sense of something unclean and impure

and it’s often in the self, like the classic Lady Macbeth out spot, spot -- that’s the one I always think of. But it can also be when that is projected onto the environment and the environment somehow feels toxic to one and so it’s impure.

So I was wondering if we could go for some other manifestations of that and I’d just like to really challenge this and make sure this fear piece is done while we get going.

01:03:07

GHC: This, by the way, will be a different technique and this will be basically your technique.

Michael: OK, we’re making it up as we go.

GHC: Can’t stand that! (laughter)

Michael: Let me just interject this: I really appreciate your going with all this. Sometimes I feel like this has sort of been the Ed Sullivan Energy Hour.

[Laughter]

01:03:32

GHC: Well, we’re here to learn. You have another angle with your test -- which I know nothing about -- you’re able to zero in on what may be quite a deep issue which I’m not zeroing in on, we may if we spend the time.

Michael: (to Joyce) So if you took that idea and free-associated and found different instances with fear and something is impure or unclean here or out there and if you free-associated, is there anything that would come up for you?

Joyce: I just keep thinking about relationships, basically, that are toxic.

GHC: What does that mean?

Michael: Take it and run with it. Relationships are toxic. Do something with it. You can’t goof off all the time over there, Gary!

GHC: Thanks for the nice specific issue.

Michael: She’s going to make it very specific right about now. Can you make up a name to represent an example of a toxic relationship.

01:04:37

Joyce: Can we use those initials? CD?

GHC: CD. All right, OK. You’re not reversed on it.

Michael: The fear just popped back up in the testing so that’s the perfect place to be. Go there.

GHC: Even though I don't find you reversed, I'm going to go through the reversal thing anyway.

Joyce: OK.

GHC: "Even though I have this toxic relationship with CD,"

GHC: Say it.

Joyce: Even though I have this toxic relationship with CD,

GHC: "I deeply and completely accept myself,"

Joyce: I deeply and completely accept myself,

GHC: "I accept CD,"

Joyce: I accept CD,

01:05:14

GHC: "Sort of,"

Joyce: Sort of,

GHC: "At least for now,"

Joyce: At least for now,

GHC: OK. "Maybe I can build up more acceptance a little bit later,"

Joyce: Maybe I can build up more acceptance a little bit later,

GHC: "Because after all,"

Joyce: Because after all,

GHC: "He's a major cause of my problems,"

Joyce: He's a major cause of my problems,

Michael: Do you agree 'He's a major cause of my problems'?

Joyce: Well, yes and no, because I'm sitting here with my problems, too.

GHC: OK. "He's a contributing cause of my problems,"

Joyce: He's a contributing cause of my problems,

01:05:42

GHC: "I deeply and completely accept myself,"

Joyce: I deeply and completely accept myself,

GHC: "And CD,"

Joyce: And CD,

GHC: "And I forgive everyone,"

Joyce: And I forgive everyone,

01:05:52

GHC: "For all their frailties,"

Joyce: For all their frailties,

GHC: "Because they're only doing the best they can,"

Joyce: Because they're only doing the best they can,

GHC: "Given their background,"

Joyce: Given their background,

GHC: "The passengers on their bus,"

Joyce: The passengers on their bus,

01:06:03

GHC: "Their training,"

Joyce: Their training,

GHC: "Their beliefs,"

Joyce: Their beliefs,

GHC: "That's what they act from,"

Joyce: That's what they act from,

GHC: "They're doing the best they can,"

Joyce: They're doing the best they can,

GHC: "And I have to do the best I can,"

Joyce: And I am doing the best I can,

GHC: "Even though my beliefs, background and training are different,"

Joyce: Even though my beliefs, background and training are different,

01:06:21

GHC: "Toxic relationship,"

Joyce: Toxic relationship,

GHC: "This fear,"

Joyce: This fear,

GHC: “This fear,”

Joyce: This fear,

GHC: I didn’t get a sense ahead of time. My thermometer has you at about a 5 or 6. Does that fit?

Joyce: Yes.

01:06:51

GHC: “Even though I still have some of this fear,”

Joyce: Even though I still have some of this fear,

GHC: “And this toxic relationship,”

Joyce: And this toxic relationship,

GHC: “I deeply and completely accept myself,”

Joyce: I deeply and completely accept myself,

GHC: “For all the contributions I’m making to it,”

Joyce: For all the contributions I’m making to it,

01:07:08

GHC: “Which I have a hell of a time admitting,”

Joyce: Which I have a hell of a time admitting,

GHC: “And I’m having cancer because of it,”

Joyce: And I’m having cancer because of it,

01:07:19

Michael: My sense of it is I think our fear is clearing. I think what’s happening. She went from a cynical place to what’s called a resigned place. For her it has to do with panic and a sense of worry and compulsive-obsessive sort of energy. So my sense is what’s happening is there’s been somehow a shift to another place. Does that make any sense inside of you?

Joyce: I can feel a change. I wouldn’t have had all those words.

Michael: Pick a word that might fit, or pick another word.

01:08:00

Joyce: A long enduring was sort of coming through as we were working. Like I had to have a sort of sustained strength to get through this somehow because things are on a slow boil and I have to move through that.

Michael: This energy’s in the third chakra which is about your power. So right now this about your power is blocked.

GHC: Right here. “Even though I’m tired of fighting this,”

Joyce: Even though I’m tired of fighting this,

GHC: “And all this conflict is causing my cancer,”

Joyce: And all this conflict is causing my cancer,

01:08:35

GHC: “I can relax about it,”

Joyce: I can relax about it,

GHC: “In fact I’d better,”

Joyce: In fact I’d better,

GHC: “Because that’s the real problem,”

Joyce: Because that’s the real problem,

GHC: “Other people are going to do what they’re going to do,”

Joyce: Other people are going to do what they’re going to do,

GHC: “I deeply and completely accept myself,”

Joyce: I deeply and completely accept myself,

GHC: “And relax,”

Joyce: And relax,

01:08:52

GHC: “And let go.”

Joyce: And let go.

GHC: “Letting go,”

Joyce: Letting go,

GHC: “Relaxing,”

Joyce: Relaxing,

GHC: “Relaxing,”

Joyce: Relaxing,

GHC: “Relaxing,”

Joyce: Relaxing,

GHC: “Letting go of my stuff,”

Joyce: Letting go of my stuff,

GHC: “Letting go of my stuff,”

Joyce: Letting go of my stuff,

GHC: “Letting go of my stuff,”

Joyce: Letting go of my stuff,

01:09:09

GHC: "Letting go of my conflict,"

Joyce: Letting go of my conflict,"

Michael: "Becoming empowered,"

Joyce: Becoming empowered,

GHC: How are you doing?

01:09:54

Joyce: Something's far up here. I don't know if something moved up. Is that what happened?

GHC: Right here. "Even though something moved up here," go ahead.

Joyce: Even though something moved up here,

GHC: "Whatever it is,"

Joyce: It wasn't a bad thing. It was a good thing.

GHC: We need not tap on it?

01:10:14

Michael: We need not tap on it. We need . . . to acknowledge that power that you just brought into your system.

Joyce: I want it to stay here.

GHC: All right!

Michael: And you have choices. That is your choice. Do you choose to keep it?

Joyce: Yes, I choose to keep it.

Michael: Actually what happened was.....

Joyce: How did you get it up there?

Michael: Who got it up there?

Joyce: Me.

Michael: Thank you. I'm just WD-40. (laughter)

Could you hold this for me? I want to test something real time while I'm talking.

01:11:01

Whatever change you did there just released a panic and a shame and an anger and a fear and a whole bunch of stuff happened and I would say if we're going to go any one place, my sense is that what's going to bring this in and make this your own is going to be some sort of work around the sentence "I deserve love. I am loved. I am lovable." For you to take in love of yourself and that you deserve it from others is the cement that's needed here right now. That's what I see.

01:11:42

GHC: My sense of it -- I'm just going to go with this if we can -- is to do this technique we did a little earlier where you close your eyes and send out love and peace.

When I did it before what I did not do was tell you where that came from. As I mentioned my own spiritual guide is A Course in Miracles and it has a number of lessons in it and one of the lessons is called Giving is Receiving. That's a very old spiritual lesson, giving and receiving are the same thing. But it's not like if I give you a dollar, I get a dollar back. It's not a physical thing. But you cannot give out love unless you receive it because you've got to generate it yourself before you give it out. So giving and receiving are the same thing.

So this is what I'd like to do and I may tap on you. Just close your eyes for a moment. The rest of you can do this as well if you wish. Just close your eyes and visualize somebody, CD maybe, or whoever else may be in the way of your love -- accepting love, receiving love. And whoever you see there, say to yourself "I send you gentleness," and send them gentleness, real gentleness and mean it.

01:12:59

In fact, experience gentleness within yourself or you won't be able to send it. "I send you gentleness." Say "I send you peace," and send them peace, real peace. Let them be. They have to be here and they have to be, just as you have to be. "I send you forgiveness," send them forgiveness. About all the stuff you thought they did. Now say "I send you love." Feel love within yourself then send it out. Then say "I send you even more love," then feel even more love within yourself and send it out. Then say "I send you even more love," then send that and bathe them in it and notice

you're having it as well. As the love goes out, so does the cancer and all possibilities of it returning, because maybe cancer and hate and cancer and fear are the same things. Maybe. Who knows. But we can send it out.

How did you do with that?

Joyce: Good.

GHC: Were you able to send it out?

Joyce: Oh, yes.

GHC: What do you find, Michael?

01:14:36

Michael: Of the 7 emotional states that were all in a jumble when we started, they're all looking really balanced to me. I was curious how it feels to you?

Joyce: It feels wonderful.

GHC: When you first sat here and when you're sitting here now, there's a difference within you that you're noticing. Can you articulate what it is?

01:15:03

Joyce: It's a vibration shift. It's one of peace. It's stabilizing. It's much more present. I can take in everything that's going on, not just my own little space, or worrying about what's going on here, because it's not that way now. I can take it all in and still be calm and peaceful taking it all in. It's solid, grounded.

GHC: Say this for me. "CD, I forgive you."

Joyce: CD, I forgive you.

GHC: How true does that feel?

Joyce: It *does* feel true.

GHC: Does it? "CD I love you."

Joyce: CD I love you.

GHC: True?

Joyce: It's true.

GHC: "Whoever shook your fist at me, I love you too."

Joyce: Whoever shook your fist at me, I love you too.

GHC: How does that feel?

Joyce: It's OK.

GHC: Any question about the maps?

01:16:14

Michael: What I am going to do for you if you'll give me an address, I will send you the high potency flower remedies.

Joyce: I would appreciate that.

Michael: And a copy of this map so you can make sure you don't need to walk this map anymore. You don't need to go this road. This road has been a road you've done probably repetitively since 13.

Joyce: Can you say anything that will help me keep it stable in my system? I just don't want to lose it.

GHC: "Even though I fear keeping it stable,"

Joyce: Even though I fear keeping it stable,

GHC: "I deeply and completely accept myself,"

Joyce: I deeply and completely love and accept myself,

GHC: "Even though I fear keeping it stable,"

Joyce: Even though I fear losing it, I want it stable in my system,

GHC: OK. "I deeply and completely accept myself,"

Joyce: I deeply and completely accept myself,

GHC: "And recognize that it's just a fear,"

Joyce: And recognize that it's just a fear,

GHC: "And the very fear itself"

Joyce: And the very fear itself

GHC: "Is the real problem."

Joyce: Is the real problem.

GHC: "This fear"

Joyce: This fear

I think it's OK. Yes. It's all right.

01:17:27

Michael: I have one to try, just to finish. Would you do the inner arm tap? This gets all three yang channels. By the way, everything with her was either connected in with the governing vessel or the lung channels, except for the third chakra.

“Serenity is my birthright.”

Joyce: Serenity is my birthright.

Michael: “It’s accessible to me whenever I want it,”

Joyce: It’s accessible to me whenever I want it,

01:17:56

Michael: “And the love I have of my children,”

Joyce: And the love I have of my children,

Michael: “And the love my mother had for me,”

“Are always there to give me guidance.”

GHC: Are those good tears?

Joyce: Yes.

01:18:19

Joyce: And the love I have of my children and my mother are always there to give me guidance.

Michael: “The strength is within me,”

Joyce: The strength is within me,

Michael: “And is within the connections of love I have,”

Joyce: And it is within the connections of love I have,

01:18:50

Michael: “Because those bonds are bonds of freedom,”

Joyce: Because those bonds are bonds of freedom,

Michael: “And I shall rejoice in serenity.”

Joyce: And I shall rejoice in serenity.

Michael: “I allow healing.”

Joyce: I allow healing.

Michael: “I allow strength and health.”

Joyce: I allow strength and health.

01:19:18

Michael: “This incarnation,”

Joyce: This incarnation,

Michael: “Shall be a transformative one,”

Joyce: Shall be a transformative one,

Michael: “I make it so.”

Joyce: I make it so.

01:19:31

Michael: “I declare it in front of you.”

Joyce: I declare it in front of you.

Michael: “This is so.”

Joyce: This is so.

GHC: I want to make sure those tears were cleansing tears and not tears of an emotion that needs to be addressed.

Joyce: I was remembering the love of my children.

GHC: Those are happy tears?

Joyce: Yes.

GHC: God bless you.

Joyce: And you, dear souls, thank you.

[01:20:06

GHC (in studio): I was curious, as you might be, just how well this session held up for Joyce as time went on. So I called her about two weeks after this session occurred and I asked her how things were going and she said that she had felt lighter ever since and in her words “something had definitely shifted.”

(End of Tape 16)

Video Tape 17

Session with Jane & Michael Gandy, "Accident"

GHC: Jane has agreed to work on one issue. We're going to take a very isolated issue, 'Once upon a time', and like all of us we have daisy chains and stuff..... but we're going to try to stay on the one simple issue of once upon a time, which was an accident, was it not?

Jane: Yes.

GHC: Just saying that, do you get an intensity?

Jane: Yes.

GHC: Do have a number for it?

Jane: You were going to use your thermometer, not my numbers.

GHC: Well, I may do that, but do you have a number for it?

Jane: It started as a 3, but I think it's up more than that now. I don't know how much of that has to do with the anxiety of being up here.

GHC: I have a 6 or a 7. (to audience) By the way, does that make it absolutely accurate? No, that's a guide for me, it's a 6 or a 7. She's reporting a 3 but she's also telling me that she's not particularly good at doing SUDS levels. Some kind of repression, or something, right?

Jane: Yes.

GHC: But it was an accident at what age?

Jane: 12.

GHC: An accident at age 12. Were you hurt?

Jane: Yes.

GHC: Did the injury heal?

Jane: Yes. I do have some residual damage from it. I have a loss of memory in the right visual field. So if you do a test of somebody's memory and you have them redraw something that they have drawn while they're looking at it, I don't remember the right side of the figure. So when I'm driving I have to be careful to remember to look to the right as the very last thing before I go, because if I look to the right first and look to the left, I may have forgotten what's on the right.

GHC: Oh, interesting. I've never heard of this. See I learn something new.

Just tap right here and say "This accident."

Jane: This accident.

GHC: "This accident."

Jane: This accident.

GHC: "This accident."

Jane: This accident.

GHC: Can we take these off (glasses)? Now "This accident."

Jane: This accident.

GHC: What I'm seeing, I'm seeing about a 5. But I'm also seeing a couple of little things behind. There's pieces of this accident that bothered you.

Jane: Yes.

GHC: Pieces to it. Like maybe some anger issues or there's some fear or something. You were telling me that there was something coming around a corner or something. ooh? Right here. Say, "coming round the corner,"

Jane: coming round the corner,

GHC: "I deeply and completely accept myself."

Jane: I deeply and completely accept myself.

GHC: "Coming round the corner."

Jane: Coming round the corner.

GHC: "Coming round the corner."

Jane: Coming round the corner.

GHC: "Coming round the corner."

Jane: Coming round the corner.

GHC: Now say "I was coming round the corner,"

Jane: I was coming round the corner,

GHC: How does that feel to say it?

Jane: That's better.

GHC: I'm getting a 2 or 3 on it.

Jane: A 3 is what I was getting.

GHC: "Remaining coming round the corner,"

Jane: Remaining coming round the corner,

GHC: Coming round the corner, was that fear, like “Oh, it’s going to happen!” What was happening as you were coming round the corner?

Jane: Do you want the movie?

GHC: Sure. We’ll just do the whole movie technique if you want. We can start off with you driving, where there’s no intensity.”

Jane: Well, I was not driving.

GHC: OK. Somebody was driving. But you want to stop the moment you get intensity.

Jane: My sister and I were taking my cousin back to the train. This was during the war and he was catching a troop train and we went and told him good-bye at the train and I suggested one of the routes that we could go back to my grandmother’s house.

GHC: When you said “I suggested,” my thermometer went up. What happened about “I suggested?”

Jane: That has started a thing of my not wanting to be responsible because if I hadn’t suggested that we go *that* way, then we wouldn’t have had the accident. So that has plagued me.

GHC: All right. “Even though I made the suggestion,”

Jane: Even though I made the suggestion,

GHC: “And all my suggestions should be stifled ever since,”

Jane: And all my suggestions should be stifled ever since,

GHC: “I deeply and completely accept myself,”

Jane: I deeply and completely accept myself,

GHC: “Even though I made that suggestion,”

Jane: Even though I made that suggestion,

GHC: “I let go of it,”

Jane: I let go of it,

GHC: “Because I’ve been making suggestions ever since,”

00:06:01

Jane: Well, I avoid making suggestions ever since.

GHC: OK. “Even though I have avoided making suggestions ever since,”

Jane: Even though I have avoided making suggestions ever since,

GHC: “Just because I made one suggestion that ended up badly,”

Jane: Just because I made one suggestion that ended up badly,

GHC: “And I’m the only person that’s ever made a suggestion that’s ended up badly,”

Jane: And I’m the only person that’s ever made a suggestion that’s ended up badly,

GHC: “I deeply and completely accept myself.

Jane: I deeply and completely accept myself.

GHC: “Making that suggestion,”

Jane: Making that suggestion,

GHC: “I suggested where we go,”

Jane: I suggested where we go,

GHC: “I suggested where we go,”

Jane: I suggested where we go,

GHC: “I suggested where we go,”

Jane: I suggested where we go,

GHC: “Even though I still...” See I get a 1 or 2. “Even though I still have some of this suggestion problem left,”

Jane: Even though I still have some of this suggestion problem left,

GHC: “I deeply and completely accept myself.”

Jane: I deeply and completely accept myself.

GHC: “Remaining suggestion problem,”

Jane: Remaining suggestion problem,

GHC: “Remaining suggestion problem,”

Jane: Remaining suggestion problem,

GHC: “Remaining suggestion problem,”

Jane: Remaining suggestion problem,

GHC: Say “I suggested it and it wouldn’t have happened if I hadn’t,”

Jane: I suggested it and it wouldn’t have happened if I hadn’t,

GHC: What do you get?

Jane: It goes up again.

GHC: To what?

Jane: A 5 at least.

GHC: A 5 at least. I get a different number for it but that's OK. What did it come up for? I mean was there a new aspect to it?

Jane: It kicked in to the thing about if you go backwards from an event that happens and you say each little thing that happened up to it, you know that if any one of those things hadn't happened, then the accident wouldn't have happened. So when I think about my suggesting it, then I'm tied into that whole chain of events that I could have stopped it if I hadn't done that.

GHC: That you could have stopped it if you hadn't suggested it?

Jane: Yes. It wouldn't have happened.

GHC: I don't know how that follows. I mean once you suggest, you suggest.

Jane: I mean, the accident would never have happened if I hadn't suggested that we go that way, is what I mean. Any thing along the way that was part of the whole event, if it interrupted any of those places, it wouldn't have happened.

GHC: Actually, I'm not getting you reversed. "It was all my fault."

Jane: It was all my fault.

GHC: "It was all my fault."

Jane: It was all my fault.

GHC: "It was all my fault."

Jane: It was all my fault.

GHC: "It was all my fault."

Jane: It was all my fault.

But it wasn't all my fault. My sister went around the curve on the wrong side of the road.

GHC: "It wouldn't have happened if it hadn't been for me."

Jane: It wouldn't have happened if it hadn't been for me.

GHC: Is that a true statement?

Jane: Yes.

GHC: "It wouldn't have happened if it hadn't been for me."

Jane: It wouldn't have happened if it hadn't been for me.

GHC: "It wouldn't have happened if it hadn't been for me."

Jane: It wouldn't have happened if it hadn't been for me.

GHC: "It wouldn't have happened if it hadn't been for me."

Jane: It wouldn't have happened if it hadn't been for me.

Gary, I just had something happen that is indicative with me. When I'm tapping and I get down to something that seems to correct it, whatever's going on, there's a little thing that happens in my breathing. It's like if you've been crying and you finished crying you go "Ahhh." It's involuntary and if I'm not watching for that, if I'm just being relaxed and casual about it, that's my tip-off that I've reached the end of the algorithm thing.

GHC: That was interesting because you saw me hesitate when I did this, and I said to myself "Do you really need that?" But then I remembered Michael had me tap there once and I just thought I'll throw that in, that's what I did. But I had you done before I tapped there. I just assumed if I didn't get it done, to throw it in.

Jane: Did you hear my breathing?

GHC: No, I didn't notice it. I was inside myself trying to see points in my own mind and using my intuition and I really wasn't plugged into that.

GHC (in studio): It might be helpful to know that this breath thing that Jane just did, she actually now uses as a form of surrogate muscle test, if you will, as an indication when a client is making progress because she'll have this breath thing now when the client is actually making movement.

We all have our own individual ways of doing this thing and remember we're not talking about *THE* way to do things, we're talking about *A* way. This happens to be one of her ways to do it and you, of course, will develop your own.

GHC (back in seminar with Jane): OK. Say "It was my suggestion and the whole thing wouldn't have happened if it weren't for me."

Jane: It was my suggestion and the whole thing wouldn't have happened if it weren't for me.

GHC: OK. What number's that?

Jane: Maybe a 1 or 2.

GHC: "Even though I still have some of this suggestion problem,"

Jane: There it went again. Even though I still have some of this suggestion problem,

GHC: Here's what I want to know. When it went again, is it a new aspect to tap for.

00:10:21

Jane: No, no. That little breath thing. Just when you started rubbing, showing me to rub there, then I had that breathing thing, like that was it.

GHC: It's interesting to me because when you say a 1 or 2, I was getting a 0. That's why I was asking you if there was something else coming up.

Say "I made the suggestion and there wouldn't have been an accident if we hadn't started because of that."

Jane: I made the suggestion and there wouldn't have been no accident if we hadn't started because of that.

GHC: Do you have any intensity on that?

Jane: No, I don't think so.

GHC: You don't think so, OK. As the story goes, you were driving and you were going to go around a corner. Continue the story.

Jane: She went around ...

GHC: Wait a minute. I stopped you when you said, "I suggested" because I got a little blip and we went back to that. So go back to "I suggested" and start the story from there.

Jane: I suggested that we go to my grandmother's house by the back route and if I hadn't done that we wouldn't have had the accident. But if my sister hadn't gone around the curve on the wrong side of the road, we wouldn't have had the accident either. This was kind of par for the course. We lived out in the country and you didn't expect cars to be coming along in those days and so a lot of times people would drive on the wrong side of the road. But as we go around the curve, I looked up and saw a car coming and I knew that the crash was inevitable. He was too close for us to do anything and I was helpless because I didn't even have the wheel.

GHC: How does it feel to say it?

Jane: It's not as bad as it usually is.

GHC: If there was a number, what number would you give to it?

Jane: A 5 or a 6.

GHC: "The crash was inevitable,"

Jane: The crash was inevitable,"

Now I'm getting the other part of that which I got into when you started the group the other day. Whenever I thought of that inevitability, there's a scream in me that I didn't do at the time of the accident but when I think about it now, I feel like screaming.

GHC: Do you want to scream? You don't have to scream. We can just tap for screaming.

Jane: Let me try screaming.

[scream]

I needed to do that.

Then the next thing I knew I was on the floor under the dashboard but I had hit the windshield with my head and cracked the windshield and the glass cut my forehead and knocked my glasses off and broke my glasses. I saw blood streaming down my face and I thought I was dying. We got out of the car and went into the house of this woman who lived on the corner with a big estate kind of thing and we went in and I got very shaky. I went into shock and I asked her if I could lie down somewhere. So she took me into this room where she had a little cot with a lace bedspread on it and she let me lie down on her cot for a while. The shocking feelings got better after a while.

My sister called my family and they sent someone to pick us up and the next scary thing was that I looked out the window, down the hill to the canning flat, which was where my mother and father both worked and my mother was very, very anxiously almost running up the hill, and then when she came in the door, she's cool as a cucumber, like nothing was the matter, pretending that she wasn't scared, and my seeing both her fear and her deceptive appearance when she walked in to talk to me about it, scared me. Then she was frightened about it and she wanted me to go see the doctor. I thought "There's nothing wrong and I don't need to see the doctor," so I never did go to see the doctor.

Then rumors went around town that I had been killed in the accident and my sister was not expected to live. I think it was the first time in my life that I ever realized that I could die. I had a terrible time after that riding in cars. Interestingly, I only wanted my sister to drive, the one who'd been driving when the accident

happened. I think it was because I thought I could control her into slowing down and being careful and the other drove like a bat out of Hades and I couldn't stop that. But for years it was very, very difficult for me to take a trip anywhere, it was like I had to decide that going where I was going to go was worth dying for in order to take the trip.

00:16:06

GHC: How about coming here? Did you have to go through that?

Jane: No. I've had a lot of therapy and I'm over that part of it but I think where it still is affecting me is in taking initiative, being the one to suggest things and set things in motion. And also in phobia, about driving on the expressway.

GHC: You have a phobic response there?

Jane: It's partly cured. I used Roger's algorithm for it when I first got his 5 minute phobia tape and was able to drive from Atlanta to Highlands by myself. 76 trombones, boy, when I drove into town, it felt so triumphant! And I can drive to Milledgeville, which is where my brother's home is, but I often have to tap along the way. I now use the EFT tapping because I don't have to look up the algorithm and see what it is, just heading down the highway tapping as I go.

GHC: My guess is -- I'm just going to guess this and tell me if this seems right intuitively -- that part of your driving phobia has to do with what we're doing right now.

Jane: Yes, I think that's a holdover from this.

GHC: (to audience) A lot of times these phobias are delimited. Just do a couple tappings and they're done. But other times, like the fellow on our audio tape -- I call it "Del on the roof" -- you know. the fellow's on the roof? What you don't know about that is the night before that I was talking to him on the phone and I would say to him "Think about your height fear and how is that?" He'd say "It's an 8," and he'd tap "Oh, it's a 0, Gary." Do it again. "Oh, it's 9." Tap, tap, tap, it's 0. Do it again. Think about it again. We did this 4 or 5 times and I said "I'm not used to this." Then he said "This one's an 8." I said "What do you mean *this* one?" What he was doing was going over all the traumatic experiences he had had in the past and we were taking care of them one by one. I didn't realize what he was doing. I was just generalizing the height phobia, it was like tomorrow he was going to get on top of the roof with a cell phone, which was what you heard.

(to Jane) But what I'm suggesting is -- and I don't know this for sure -- but part of what we're doing here is we take care of some of the emotional trauma involved in the whole accident and that might be the missing piece to get the phobia out of the way, I don't know that. But you'll know when you go driving on the freeway, won't you?

Jane: Yes. I can do it in areas that I'm sort of familiar with. I've been over that road many times, with other people driving and with myself driving. It's when I'm by myself that I'm most frightened. If I have somebody else with me, I can drive without being so frightened. Part of it has to do -- I'm seeing the connection there -- I'm afraid I won't know what to do when I get to choice points. I think that connects back to this business of my being the one who decided which way to go. If I'm not familiar with the road I come to a place where there'll be a choice point and I won't be able to quickly decide what to do.

GHC: "Even though I have this problem with suggestions,"

Jane: Even though I have this problem with suggestions,

GHC: "I deeply and completely accept myself."

Jane: I deeply and completely accept myself.

GHC: "I allow myself to join the human race,"

Jane: I allow myself to join the human race,

GHC: "And even make another suggestion or two before my life ends,"

Jane: And even make another suggestion or two before my life ends,

GHC: "Without even trembling about it,"

Jane: Without even trembling about it,

GHC: "And leaving it be."

Jane: And leaving it be.

GHC: Take a deep breath for me.

Any restriction there?

Jane: Yes.

GHC: And on a scale of 0 to 10 what is it?

Jane: The restriction or the amount of fullness?

GHC: If 10 is as full as you could possibly be, what did you get to?

Jane: An 8, I guess.

00:20:27

GHC: Right here. "Breathing constriction."

Jane: Breathing constriction.

GHC: Right here. "Suggestion constriction."

Jane: Suggestion constriction.

GHC: "Suggestion constriction."

Jane: Suggestion constriction.

GHC: Tap up here.

Jane: Suggestion constriction.

GHC: Try it again.

Jane: That's better than an 8, maybe it's a 9.

GHC: "Remaining congestion restriction."

Jane: Remaining congestion restriction.

GHC: "Remaining suggestion constriction."

Jane: Remaining suggestion constriction.

Michael: (tapping her ankle points) The divergent channel of the spleen is connected with something to do with loveless, or ability to feel loved in some way? Does that make sense?

GHC: Of course, if you had that problem, you're the only one in the room. I want you to feel totally isolated.

Jane: That's gets into the current problem about restricting.....

Michael: How's your breathing?

Jane: It's full. Maybe not quite a 10 but it's close.

GHC: Take about 2 minutes, if you would, and go tell the story about the accident again. Take whatever time, we have enough time. Tell the whole story from beginning to end and stop any time you get intense.

Jane: OK. My sister and I were taking my cousin Irwin to the train. He was in the army and was catching a train for troops back to his station. After we left -- there is another piece there and I think it may be important but it's a different issue -- I was 12 and I was just beginning to get turned on to guys. And here was this whole trainload of guys, all in uniform.

GHC: Oh, and in uniform. Even of them wearing green sweaters? (laughter)

Jane: No, too bad they weren't, Gary!

GHC: Go on.

Jane: And I think there were some stirrings of sexual feeling for them and I suspect that that also having been raised in a very Fundamentalist Baptist home in which the only place for sex was in marriage and probably not passionate sex at that.... I probably had some guilt feeling about that.

GHC: Because the suggestion had to do with "I want to go see the guys..."

Jane: No, we'd already seen the guys. But maybe I was being punished on the way home.

GHC: I see. OK. "Even though I was punished on the way home,"

Jane: Even though I was punished on the way home,

GHC: "I deeply and completely accept myself."

Jane: I deeply and completely accept myself.

GHC: "And I give up sex forever."

Jane: No.

[Laughter]

GHC: "Even though I was punished on the way home,"

Jane: Even though I was punished on the way home,

GHC: "I deeply and completely accept myself."

Jane: I deeply and completely accept myself.

GHC: "It's OK to be normally sexual."

Jane: It's OK to be normally sexual.

GHC: No, say it loud. "It's OK to be normally sexual."

Jane: It's OK to be normally sexual.

GHC: "It's OK to just let it go and go Ah!" (laughter)

Jane: It's OK to just let it go,

GHC: "And go Ah!"

Jane: And go Ah!

GHC: Michael says we're going to tap right here.

Jane: That's my meridian, right?

[Laughter]

GHC: I've got you here, OK. Say "Punish feelings,"

Jane: Punish feelings,

GHC: "Punish feelings,

Jane: Punish feelings,

GHC: OK. But you were telling the story and we got waylaid on another issue.

Jane: Funny that you should use that word!

[Laughter]

00:24:55

Jane: Sorry about that!

GHC: I rarely get embarrassed like this.

OK. Tell the story.

Jane: I've forgotten where we were.

GHC: No wonder. (laughter)

Jane: OK. We were about to leave and go home and I made the suggestion about which way to go to grandma's house and then my sister went around the curve on the wrong side and I looked up and saw the car coming and I knew that the crash was inevitable and I was helpless.

GHC: Now, how are you doing right here?

Jane: I'm OK.

GHC: Michael says you're not. I've got you at a 2 or 3 or something.

Jane: What did you get me at, Michael?

Michael: I don't know about a 2 or 3 but all of a sudden, obsession. Your obsessive, the obsessive piece on this just came up as this is the time to work on it just a second ago.

Jane: At which point was I saying? What was the last thing I was saying?

Participants: About help... It was inevitable.

GHC: All right. Right here. "Even though it was inevitable,"

Jane: Even though it was inevitable,

GHC: "I deeply and completely accept myself."

Jane: I deeply and completely accept myself.

GHC: "And my sister, who was driving,"

Jane: Yes, there's anger there.

And my sister, who was driving.

GHC: I'm just going to tap you someplace else. (Michael is tapping her too) You've got too guys with their hands on you. (laughter)

Jane: I was thinking this was a menage a trois.

GHC: Carry on, my dear.

Jane: And I knew it was inevitable and the crash happened and the next thing I knew I was on the floorboard under the dashboard with blood coming down my face...

GHC: How does it feel to say that?

Jane: Well, I think I'm still so shook up over all the other stuff we've been through in the last few minutes.

GHC: I don't get that very high.

Jane: No, it's not about what I'm saying. It's about the transactions that have been going on in the last few minutes about the sexual stuff.

GHC: Well, we can let you simmer down a little bit.

Jane: You better let me simmer down.

GHC: Well, I think we've taken at least the edge off of this problem.

Jane: We've taken the edge off one of the problems.

Michael: A cold shower will take the edge off the other one now.

GHC (in studio): Here's an interesting side benefit. This session with Jane was largely about an accident that she had. But one of the things that occurred for her after she'd been back home was a driving phobia-- particularly a freeway driving phobia that she'd had for years -- cleared up. It cleared up to the extent that she can drive on new freeways and have no problem whatsoever. There was only one little interchange she had a problem with and the intensity for that was nowhere near what it used to be. She tapped for that, the whole thing's gone.

00:29:53

GHC: Jane, thank you.

[Applause]

(to audience) We've had a delightful three days. What I didn't do when Adrenne came was sing her a song, somebody help me. My SUDS level is way up there. What do I need, Michael? I've lost my intuition. I'm going to try to sing it now. It was a love song to Adrienne but actually it is a love song to everyone.

I was going to go over everything that happened in each of the days and what we learned. But that's all going to be in your tapes for you. I was going to end it. I know I'll get it. Nobody's ever finished a seminar this way, I'm sure. (laughter)

(singing) *'I love you, more today, more today than yesterday. And I love you less today, less than I will tomorrow'*.

Thank you!

[Applause]

GHC: Are you awesome!

Participants: YES!

Closing Hugs....

(End of Tape 17—end of seminar)

APPENDIX I

Copy of Dr. Larry Nims' email letter to Gary Craig
**(Note: This letter has been expanded and
contains
more information than the original letter)**

Dear Gary,

FYI: I call my treatments BE SET Free FAST. BE SET stands for "Behavioral and Emotional Symptom Elimination Training." FAST stands for "Fear, Anger, Sadness, Trauma." I love acronyms. This one is pretty descriptive of what I do. (Anyone have any ideas for what "FREE" might stand for?)

Now, here is some info on some of the differences in the way we approach treatment of our clients. I have expanded this discourse considerably since the seminar. I am inspired!

Isn't it amazing that we have taken such different approaches and yet seem to be accomplishing very similar results? It has me puzzled as to why this is the case. There must be some larger principle(s) that subsume what we are all doing and how we explain it. It was fascinating to interact with the seminar attendees and see so many new approaches. I was eager to enjoy a very stimulating time of mind stretching for all of us. I sure did. I went to the seminar to learn as well as to share. I appreciate your gracious generosity in allowing me to join in this fascinating experience with you. Those objectives were certainly met.

One more note before I launch into my discourse on key differences for us to ponder. When we last spoke on the phone, before the seminar, you asked me something about my success rate. Or was it something about how often I see problems coming back? I don't know what I was responding to at the time. But, in actuality it is much like your own experience. I rarely have a client report the return of a problem, with the exception of with addiction issues. I am able to say this with confidence because I do longer term treatment with most of my clients.

The other areas that recur occasionally are the self-image and self-confidence treatments I do. I have noticed that, perhaps 10-15% of the time, I will have to re-treat that, using one sequence of my procedure, when I meet with them in the next session. Then it rarely ever is a problem again, unless the person has gone through some new major traumatic stress event (especially in a relationship). Most people never have to be treated a second time for these issues.

Here are some things about my techniques that I think will be of interest to you and the Forum members. They are in no particular order.

1) My theory is that all psychological problems are caused by unresolved negative emotions, which I call "emotional roots," (specifically, various forms and expressions of sadness, fear and anger experienced during hundreds of traumatic life events) which are locked, by electromagnetic circuits in our bodies (the meridians?), to an enduring, ongoing belief system that has become solidified or finalized at a specific point in time.

The beliefs give the symptoms, behaviors, and thoughts in the "problem" their direction, purpose, intention, timing, frequency and duration. The locked-in complex of emotions provides the driving energy, impetus, and the intensity, to "the problem." Once in place they operate on "automatic pilot" with little interference from the conscious mind. We all like to think we are "rational copers with life." However, my observation is that most of our functioning is a series of repetitive thought, feeling, behavior sequences that are highly programmed into us from birth onward.

2) All of this determining programming is mediated through the subconscious mind. Knowledge about the content, timing and impact on the person of each of the life experiences related to any specific "problem" is recorded fully and faithfully in the subconscious mind. This information is accessible through skillful use of clinical insights and muscle testing, but is not at all essential to effectively treat a problem.

In fact, the client does not have to know what the problem is at all. Nor does he have to have any sophisticated language to identify the problem. All he has to do to treat a problem effectively is to consciously notice that he is, in some way, not in a state of mental, emotional, physical or spiritual ease, balance or equilibrium, or, that he in some way is unable to move forward in expressing his abilities or interests.

The client can then summarize this awareness as "this problem" and address it as such in the treatment statement. He may call it "confusion," "upset," "tense" or "empty." These are words from each of the four areas of human experience and expression, vis., mental, emotional, physical and spiritual. He may not even be able to be that specific. He may say "I just don't feel good," or, "I can't seem to get it together," or, "Things aren't going well right now," or, "I feel lonely/down/numb/confused/overwhelmed/stupid/tired /upset/yucky" etc.

3) An especially significant difference between EFT/TFT and BSFF is that I use only one set of treatment points for every problem! I have not found it necessary to "mix & match" tapping sequences. I use three points for my sequence, and always in the same order. I never vary the order. I thoroughly eliminate each "problem" in one treatment sequence and move on to any subsequent problems in turn until the client reports (and muscle tests) that the issue at hand no longer is causing any distress or distress. BSFF works on every problem that tests as having emotional roots. That is almost everything, except for parts of a few physical symptoms, e.g., when there is traumatized tissue.

4) Typically there are between 700 and 1900 "emotional roots" (distressing experiences with negative feelings that have never been resolved) for any given problem in an adult. Usually fewer in younger people. The first root experience typically occurs in the first months of life. They accumulate until they are eliminated through an effective therapeutic procedure such as EFT, TFT or BSFF. Most traditional therapies simply don't get the job thoroughly done.

Through my extensive muscle testing work of several years ago I learned that about 65-75% of all roots for all the behavior, symptoms, problems and their corresponding belief system are fully developed and permanently in place by the time the person reaches the teens. Most of the rest of the final "programs" are in place by age 19. A very few are finalized at ages 20-22. I didn't find any later in life than age 23. These "programs" may be viewed as the final conclusions or decisions which comprise the belief system and which determine the meaning and role of these root experiences in the person's life. All of this can be confirmed with muscle testing.

Also, I will occasionally, using muscle testing, show the client precisely how many roots there were in a specific problem we have just treated in order to help him appreciate the extent of prior programming on current experience. It is often a bit shocking to people. But, at the same time, it is reassuring because they begin to see that they don't need to blame themselves so much for their failures and limitations. It is very satisfying to me as the therapist to be able to reassure them in this way.

The very last formative root experience for any specific problem accompanies the final development of a subconscious belief system which defines the meaning, purpose, direction, and "raison de etre" of a particular set of root experiences.

That is, the person subconsciously concludes what the exact meaning of these experiences are for him/her personally. S/he reaches conclusions/decisions about such things as her/his purpose in life, whether, how much and how long s/he can enjoy various experiences, relationships, talents, satisfactions and pleasures. Likewise, there are highly specific programs for each person about both the upper and lower limits for experiences pertaining to happiness, prosperity, developing and expressing talents and skills, personal fulfillment, etc., etc., etc. There is a specific limit on how long he/she can have the good (and the bad) things in life. At the subconscious level, he is programmed to "know" exactly where he stands vis a vis the world, his environment, other people, himself and God.

These conclusions/decisions act like "scripts," "programs," "schemas," etc., to determine how the person's life is to be...forever! They can be changed only by eliminating the roots and the belief system (and/or sometimes by severe trauma, like a near death experience).

My BE SET Free FAST techniques address this process directly and purposefully. In these treatments, the disruption in the energy system is corrected. (Interestingly, EFT's & TFT's exclusive focus on correcting the energy imbalance appears to address the belief system indirectly, via the "intention" to cure the problem, and by the focusing of attention on it during the treatment.) BSFF more directly and purposefully addresses the belief system--along with all of the emotional roots which are locked in with it.

NOTE: If I am overstating my case here, I am prepared to discuss it and hopefully to learn more from others' insights and experiences. I am in no way diminishing what you or anyone else is discovering, or how you explain it. I think it is wonderful that you and so many others are dedicated to developing this whole field of advanced treatment for humans who are hurting....and getting wonderful results! I simply find this view to be more functional in understanding what may be going on inside the person and why what we are doing works.

Consider EVERYTHING I am asserting here as "working hypotheses." I do. They are subject to change as new information is developed. That is part of the fun of this stuff! I am a trained scientist who also believes that no one but God will ever have the last word on anything! But it's sure fun to learn more and more. Especially in such a practical area of human need.

I believe that my theoretical account is more fully consistent with the entire historical view of psychological (clinical) problems being based in unresolved emotions and beliefs that reside in and are controlled by the subconscious (unconscious) mind. I suspect that the "Zzzt" that you refer to is an effect, rather than a cause, of negative emotions. That view is a bit too mechanistic and impersonal for my comfort. (I suppose I could treat myself for that!)

We may, however, all be wrestling with the age old question of "Which came first? The chicken or the egg." Fortunately, we do not have to have a definitive answer to go ahead and do wonderful things to set people free. Actually, we don't need even a vague answer. I appreciate all of us who dedicate our lives to this pursuit.

PART TWO: Here is the final part of this presentation about BSFF.

5) Every single root in any given problem is also involved in at least 17-35 other "problems" in the person's life (as discovered with extensive muscle testing). That is, each root is combined in a different mixture/complex of roots and beliefs in at least 17-35 other "programs"/"scripts"/"schemas," etc., to create and maintain all specific problems. This finding probably accounts for at least some of the generalization effects of cumulative treatments (like the "trees and forest" metaphor you use to describe the treatment process).

6) I no longer find it necessary to do treatments for psychological reversals or mini-reversals ("the setup," in your terms). First, I incorporate into my treatment, these instructions directly to the client's subconscious. I say "Whenever you are treating any problem, you are not only eliminating the roots and the deepest cause (belief system for the problem), but, you are also eliminating anything that would make me keep the problem, ever take it back, ever passively allow or permit it to come back, or ever be receptive to it coming back." I include this instruction only once, preceding the very first treatment with each client, and only after I have explained "deepest cause"/belief systems, emotional roots, and have demonstrated the treatment procedure to the client's conscious and subconscious mind. I need never deal with psychological reversals (PRs) again.

I suppose you could refer to this procedure as my "setup." Muscle testing invariably confirms that the subconscious mind agrees to include this directive in every treatment. My experience is consistent in confirming that it does. I refer to the subconscious as our "faithful servant."

I never have to treat for PRs after that first treatment. I just assume that we have another problem (with its own combination of emotional roots and a belief system) and go ahead and treat "this next problem" until the person reports and tests clear of all problems in the identified area of concern. I get complete relief on each "problem" with every treatment.

If you muscle test any "PR" (question mark) for the statement, "This reversal has emotional roots," you will confirm this every time. That is, you will if you have first explained to the client's subconscious mind just what you mean by the terms "emotional roots" and "belief system".

Interestingly, prior to the first treatment and after I have discussed and demonstrated the treatment procedure, muscle testing reveals that about 50% of clients are reversed on the statement, "I can use this simple procedure to eliminate every problem I ever choose to treat." In those cases I have the person rub both sides of the K-27 spots, the CB spot, (as per Callahan's original diagram), while they repeat three times, "I accept myself even though I have this problem." That corrects the PR temporarily (20-30 minutes). Then I use my BSFF treatment to eliminate that specific PR permanently. I never have to treat for it or any other PR again.

The spots I use are not as far out toward the shoulder as the "sore spots" which you use in your videos. I am puzzled about that. But, I suspect that we could use any of these techniques to eliminate "reversals" temporarily. Also, I believe PR is merely a term for another "problem." I find no reason to view it any other way.

7) Surrogate testing is a very useful expedient for diagnosis and for monitoring progress. I use it ongoingly in my work. I use my forefinger like the person's arm and my middle finger atop it like my hand on the person's wrist. I prefer this one-handed method because it leaves the other hand free for other duties, like driving, writing or carrying. I teach most of my clients to do it on themselves. Probably 70-80% percent of my clients (including therapists) are initially reversed for using BSFF effectively and consistently. We treat for this and then they can start using it increasingly well with practice. The "reversal" is usually around any or all of such problems as "I don't think I'm smart enough to do this successfully and consistently." , "I don't think I deserve such excellent help." or, "Besides, it's just to weird for me."

Sincerely,

Dr. Larry Nims

APPENDIX II

Discourse between Dr. Larry Nims and Gary Craig Clarifying Dr. Nims' view of Psychological Reversal.

Hi Everyone,

Dr. Larry Nims and I had recent telephone discussion regarding his version of these tapping techniques. I was particularly interested in his view of psychological reversal and queried him accordingly. It seemed to me that his claim of taking care of reversal once and for all with one process was at odds with what I saw on our advanced seminar videotapes. In those tapes he clearly encountered psychological reversals in the process of administering his technique. This seemed to conflict with his claim.

In my discussions with Larry, it became clear that this apparent conflict was simply definitional. His beginning PR process was for a much more global definition of PR than EFT or TFT uses. PR, as defined by EFT and TFT, is viewed by Larry as simply another problem to be addressed. Interestingly enough, Larry addresses what we call PR with the BSFF process and appears to get by it routinely. Recently, I adopted this same attitude and got by PR just using the EFT sequence for "this resistance to progress."

Anyway, we have much to learn as we progress upwards in this healing high rise. Below is Larry's lengthy, and insightful, response to my questions about PR.

Hugs, Gary
EFT Director

Hi Gary. I was gone for a long weekend. I am finally getting to this response to your questions about the need to clarify observations and my approach to treating Psychological Reversals. I agree that my exposition on this subject at your seminar was incomplete and may have created some confusion. I hope that this discourse will clarify the subject for everyone. Of course, feel free to post this to the List.

I am open to any constructive questions or comments about my views and my approach to dealing with Reversals. They are rampant in all of us; which is probably why they have been given so much attention since Roger Callahan started dealing with them early in his discovery work with energy therapy.

My primary emphasis, in treating what I call "Global Reversals", in the very beginning of working with clients, is to reduce the recidivism rate of these particular Reversals. I am certainly not saying that they are the only Reversals we ever have to address in treatment. Reversals are extremely prominent as one of the treatment issues in any psychotherapeutic approach. They have lots of fancy names, like "resistance", "blocking", "self-sabotage", "defense mechanisms", etc.

Here is the statement that I use for "Global Reversals" now, before treating any of the client's presenting problems. The part of the statement about "permission" was quite recently discovered by one of my clients. I have found it to be important to include in the "set up" for everyone. So, I have added it to my statement. It takes only about a minute to explain the need for this overall process, go through the statement to the client's subconscious mind, and muscle test for the statement.

Before treating a client's first presenting problem, I have them make/I make this statement to their subconscious mind: "Whenever I/you treat any problem, now or in the future, I'm/you're eliminating not only the emotional roots and the deepest cause of that identified problem; but, also eliminating everything that would make me/you keep it, ever take it back, passively accept it back, allow it to come back, or give myself/yourself permission for it to return."

It makes no difference whether I say it to them, or they say it themselves. As a matter of fact, they could just think the words and it would work just as well. I don't have them do that because it is pretty early in treatment and I imagine it would stretch their credulity too much at this point.

This statement is only said one time, and never needs to be done again. I specifically tell them, "You will never need to say this again. Your subconscious has heard it and agrees to do this for you, from now on, with every problem you ever treat. It is your 'faithful servant' and always agrees to help you when given this instruction."

I usually muscle test them to confirm to their conscious mind that their subconscious mind has agreed to do this for them. I use this procedure in order to preclude this type of Psychological Reversal problem from ever being re-established. This does not address the myriad variations of other Reversals that plague all of us. But, they can each be dealt with quite readily with BSFF treatments.

So, here is my view about how to deal with every PR that shows up during the course of helping anyone with BE SET FREE. I do not find any functional purpose in thinking of PRs, as defined in TFT and EFT, as anything other than another "problem" to be treated just like all other problems we address in the "Power Therapies." I have never found any issues/problems/aspects, or whatever term we choose to call them, requiring any different treatment than the four simple BSFF steps.

Every problem has emotional roots and a deepest cause (belief system), including those that we call Psychological Reversals. I see Psychological Reversals as just a particular type of problem, much like there are various forms of anger, sadness, fear, etc. We don't treat these categories any differently in BSFF either. They are all blocks to progress, so why treat them any differently?

We can categorize lots of therapeutic "problems" and symptomatic expressions of problems, and, perhaps, develop a nomenclature for them, for useful descriptive purposes. But, for treatment purposes, it makes no difference what they are called or what category they fit into. They are all completely eliminated in the same simple BSFF treatment procedure. In my experience, there is no need to interrupt the treatment sequence, for any type of problem, with some other tapping sequence which requires memorizing and using other meridians and/or other tapping sequences.

I recognize, respect and appreciate Fred Gallo, Greg Nicosia, Michael Gandy and others who are making very useful contributions in this domain. These are obviously bright, creative, ingenious

and creative students of the human psyche. God bless them. I value their intellectual curiosity about such things. Their dedication to this pursuit is very commendable.

Since that happens not to be my strong focus or inclination, I expect to benefit greatly from their contributions. I expect to learn a lot from them. I hope I will be able to meet them before long and discuss their ideas and contributions. I also hope to make my own contributions to the treatment side of the equation. That is where I get my most satisfying personal rewards in this work.

In my view, any method that indicates that the overall issue (the presenting problem) is not yet resolved (such as direct or surrogate muscle testing, self-report or intuition) is just telling us that there is another problem to be treated. Reversals and mini-reversals are nothing more than a special category of additional problems standing in the way of complete freedom for the client.

To my chagrin, when I learned all of this about reversals over a period of years of treatments with my clients, and myself, I had to discard a large section of my book manuscript. I had written in detail about treating primary, secondary and even tertiary reversals. Now, at any stage of the treatment process, all of that no longer seems relevant for effective, efficient, smooth and straightforward treatment and complete elimination of a client's presenting problems.

I find no additional help, insofar as treatment planning or methods of treatment are concerned, from elaborating on varied descriptions of different types or different psychological sources of reversals. Such elaborations are certainly very interesting and helpful for understanding subconscious mind processes and psychodynamics'. In that sense they help us to be alert to possible problems to treat and eliminate. That's great.

So... what about our theories and explanations of what is going on in the work that we are all developing together? Consider this important concept. There is a highly recognized principle in all scientific endeavor with respect to developing theoretical formulations about any phenomenon. It is called the "Law Of Parsimony." It states that a goal/value in science is to reduce any theory to the simplest possible (and most functional) terms that will account for the causes and effects in the phenomena under scientific study. In the vernacular, we might say it is the KISS principle. I do much prefer the kinder version of that acronym, however, vis., "Keep It Simple Sam." (or, "Samantha", if you prefer).

Meanwhile, I find no necessity to use any different treatment procedures, meridians, tapping sequences, algorithms, etc. than those that I use in BSFF. I have not seen any single problem, in my work with hundreds of people, that requires any different treatment approach than the very simple BSFF method.

I may run into some problem(s), sometime, that BSFF cannot resolve. I hope so! I like that, because it is always an opportunity to learn something new. And that is a lot of fun for me, whether I am the one to discover the answer, or whether someone else does. Much of the advance in simplicity and power of BSFF has come from just such apparent blocks to treatment progress.

My clients have taught me a lot in this regard. They often have insights that I have not yet made, and may never have. The important thing here is that we do eventually find the answers, so that we can help more and more people. I like this teamwork approach, with clients and with you, my colleagues. This is an exciting journey we are all on, isn't it?

I am oriented to using the simplest and most direct treatments and theoretical explanations possible. I believe simplification, where possible, is very helpful to ensure that the client will

understand, and be more motivated, and, therefore, be more likely to actually use the methods, with or without a therapist/counselor.

If there is demonstrated value in getting more complicated in order to understand and to adequately explain some finding, then I am all for it. So, I am glad that so many people are dedicated to trying out new ideas in every area of both theory and application of energy therapies. More power to them. I will continue to be fascinated with the multiplied discoveries we all are making.

I am sure that what we are doing now in the field of energy therapies will become archaic so rapidly that we will likely have to redefine (that is, reduce the duration of) what we call "archaic." Therefore, I believe that we are in the very early stages of developing both our theoretical, as well as, our treatment models.

We will all need to be carefully humble about our assertions about most anything in this rapidly developing arena. I was trained to be comfortable with "working hypotheses", while remaining open to, and even expecting, new findings to continually replace what we thought must be so true about some phenomenon. So if I come across as dogmatic at any time, please understand that I am always viewing these things as "working hypotheses."

I never was one to believe that any "guru" had the last word on anything. I have a favorite bumper sticker which I like to share with my "Critical Thinking" class at Chapman University, and with the counselor trainees whom I supervise. It says, "Subvert the dominant paradigm." I guess I am a revolutionary at heart!

In closing, I reaffirm my strong belief that, both theory and treatment progress are highly desirable, and probably inevitable. I am very glad to be a part of this fascinating process in the development of energy therapies. What a blessing for us all to be in the middle of it! In the professional arena, I can't imagine anything being more fun!

Bless us all,

Larry Nims

APPENDIX III

Two pages from the back of the seminar notebook.

PAGE 1

Emotional Freedom Techniques™

Steps toward becoming... The Ultimate Therapist

Summary of the EFT Shortcuts

1. The main driver in the whole process is the **first shortcut Sequence**. Experience has shown that the 9 Gamut procedure and its attached sequence are rarely necessary.
 - A. THE SETUP (The more rapport/permission you have the less this is necessary)
 - B. **SEQUENCE—EB thru UA** (This is the driver. It is the workhorse that gets the job done)
 - C. 9 GAMUT (Rarely necessary)
 - D. **SEQUENCE—EB thru UA** (Not necessary if 9 Gamut not necessary)
2. Bunch fingers – tapping *on* them by tapping *with* them
3. Combine Sequence and PR affirmation
4. Claws
5. “Your point”

New comprehensive points

1. Top of Head
2. Inner Gate—Inside of wrist about three fingers towards the elbow from the crease at base of hand
3. Inside of leg about 4 fingers up from the protruding “ankle bone.”

Emotional Freedom Techniques™

**Steps toward becoming...
The Ultimate Therapist**

Sample Self-Questions for Surrogate Muscle Testing

These are yes/no questions and are given here as examples only. They do *not* represent THE way to do this process.

In my self arm test “going short” is set up as the equivalent of “going weak” in a one-on-one arm test. In my system “going short” means “there is more to do.” You can set up your system any way you want. You are, in essence, setting up a communication system with your intuition.

PR Clear?
EB Clear?
Done?
UE Clear?
Done?
Etc.

9 Gamut clear?
Collarbone Breathing Clear?

Wheat Clear?
Caffeine Clear?