

DID THAT REALLY HAPPEN?

EFT is at its best when it is at its most specific. That is why we try to remember the specific incidents that put the writing on our walls. But it can be much less straight-forward than that sounds.

Ask someone who told them that about themselves and they will often say: "It happened all the time. I cannot remember a specific time. My mother was always saying I would never amount to anything." Or they will say: "I have a memory but I don't know if it is a single incident, or a composite of a number, or if I have just made it up."

My response: "It really doesn't matter." Historical accuracy is not relevant here. What is is what is stored in your system. So that is where we are trying to go. Tap on the memory you seem to have whether it actually happened that way or not."

What clients have taught me over the years is that what they have stored in their systems is sometimes completely imagined. Not imaginary. It did happen to someone. Just not to them, or in their presence. They did not see – except in imagination.

The first time I realised this I was working with a client with a kind of limited agoraphobia. She could go out of her home, but could not go far. She became extremely anxious if she outside an area she had defined as safe. Even within this area she would not go far from her own car. That way, she was in control. She could leave whenever she wanted.

One of the joys of working with EFT is that it tells you where you need to go. We begin to take it for granted when memories pop up and alert our clients and us to their existence and relevance. However, when this client began talking about a "memory" of being in a major underground disaster in London, I thought I had really missed a beat in my trauma history-taking.

But I just stayed with the client until the memory no longer troubled her. Then I asked her about it. I told her I was surprised to have missed it when I was finding out her history. But she was not, she explained, there at all. She had just read all the newspaper coverage and imagined it so vividly she had created a memory of her own.

Another client's high anxiety whenever she was a passenger in a car evaporated when we processed the memory of an accident her mother was in, when she was just a little girl and had not even known about it at the time it happened.

Another client who reinforced my understanding of the imagined memory had a water phobia. We had done the movie technique on a couple of aversive memories of her own. The phobic response was less intense. But it had not gone. And those memories had never really convinced me that they were bad enough or evoking in her a strong enough response before we processed them to account for the strength of the phobia. Something was just not adding up.

She had mentioned that her mother had nearly drowned when her mother was a young girl. This was before my client was born. But I asked her if she had formed some picture of it in her mind anyway. She had. It was of her mother swimming among reeds which were clinging to her and dragging her down. She described it vividly. Imagining it was every bit as emotional for her as remembering it would have been had she been or seen the girl in the movie.

Once we did the movie technique on that imaginary memory the emotions attached to it went and the water phobia with it.

Why should I have been surprised? We know anyway that memory is constructive. We use the movie technique as a metaphor but memories are not really stored like videos in our brain. Every time we remember something we edit it to some extent and then store for the next retrieval some edited version of it. What we have on that internal video is the current version of it.

In a sense, the exception to this is memories that are really Traumatic, as opposed to small t traumas. By “big T” Traumas I mean traumas that are too overwhelming at the time to process and put into long term memory. They are “frozen” in the brain with a lot of the sensory information still attached. It might, for example, be a smell that comes up as strongly every time someone recalls a traumatic scene as it did the day it happened.

We know that Trauma is stored in a fairly primitive part of the brain without much language available. That is why people who have post traumatic stress disorder can do cognitive debriefing for a long time and find nothing is changing. Or not much. They may have more insight, they will tell you, and they can now talk about it with less emotions but they still have flashbacks, intrusive memories, nightmares. They are no less likely to hit the deck if a car backfires near them no matter how much they have talked about what it was like to be in a war zone. They have not desensitized the memory. They have just desensitized to talking about it.

If something “ordinarily awful” happens to us, we may be upset for a time but then we come to terms with it. It goes into long-term memory with a narrative attached. In time, we may even forget completely that it ever happened.

With real Trauma we cannot do that, until something moves the frozen memory to a different part of the brain and enables us to finish off that stuck processing. EFT is such a something. The jury is still out on exactly how this happens. But neurological studies of the similar effect achieved by EMDR (Eye Movement Desensitization and Reprocessing) shows that the two sides of the brain are working more symmetrically when someone thinks about what was a traumatic memory after it has been processed. Although comparable brain mapping evidence is not yet available for EFT, having worked with both I think movie technique achieves the same thing.

Outside the therapy room, we process by template matching. We have to. Walk into a room and there is so much information for our senses that we could not possibly process all of it. So we match to the templates we have in our minds which are drawn from our previous experiences. This means that whatever our early experiences told us about ourselves and the safety of the world we keep finding

repeated. We look for them. We mostly fail to perceive what contradicts them. Until we revisit them and the decisions we made at the time of the experience, we have just programmed ourselves to find more and more of the same.

Those internal spectacles colour our futures, unless we do something to ensure they do not. When we run a movie of what we expect to happen we tend to see it as more of the same.

What happened to us – and even what didn't – is not only our past and our present. It is also our future, unless we take steps to ensure it is not.

And, this is another potential use of the movie technique. When a client runs a future movie and finds it has negative emotions attached, they can do the movie technique on that, too.

Running a future memory movie after we have worked with EFT can be useful. It can be a good way to check if our work is thorough and complete. Say you have been working on fear of flying and you have done the movie technique on any previous bad experiences of flying, and you have tapped on the feelings that come up around every aversive aspect of the experience a client can tell you – turbulence, the smell of the cabin, doing up the seat belt and so on – and the client seems clear. Then asking them to close their eyes and imagine going on the flight may be a way to discover any bits you have missed.

So much for the why and when. Here are few reminders about the how of doing it:

- 1 Pick a memory only a few minutes long with only one emotional peak in it. (If it is much longer, you may need to make it more than one movie.)
- 2 Give it a title, which needs to be specific enough to keep the person's mind on that event but which does not need to win an Oscar for movie title writing. Sometimes clients get really stuck on what to call it. So "The Disaster" is probably too vague but the "The Riverside Disaster" might be okay if it evokes the event for the client.
- 3 If you suspect or know it has high SUDS (Subjective Units of Distress or disturbance, the 1 – 10 measure we use to calibrate feeling) ask the client to guess how high it is. Watch their eyes and when they start rapid eye movement or to defocus repeat the instruction more forcefully: "Don't run it. Just guess." Otherwise, if it is not so big that it might be retraumatizing to review it at this point, ask them to run it and see how high the emotion goes.
- 4 You can sneak up even more gently. If someone is showing or telling you they have high anxiety at the prospect, you can tap on: "Even though I am afraid to go there". Or you can put it behind a curtain, or behind them. Use your imagination to distance it as much as you need to get started.
- 5 Stick with the terminology "run it" rather than watch it. If you say "run" people will do in whatever representational system they choose. It may be a memory that is entirely in sound, for example. Once you say "watch" you give an instruction to do it visually.
- 6 Tap two rounds on "Even though I have this xxxxx movie memory" with the reminder phrase "this xxxxx movie memories."

- 7 Calibrate again. If you started with a guess, ask the client to guess again. Only when they are down to a moderate number do you ask them to run it and check.
- 8 If necessary: "Even though I still have part of this xxxxx movie memory."
- 9 Keep going to zero. Or to a low number, and then switch to story telling.
- 10 You can, if it is taking too many rounds and becoming boring, get the client's attention focussed again by asking them to switch to telling you the story of the memory as if you have never heard it before, in as much detail as possible, and to stop and tell you the minute they feel even a 1.
- 11 Watch them as they do. Few clients will tell you when they detect low emotion. Maybe they do not even notice. But you need to pick up those minimal cues in skin tone, voice tone, breathing etc that suggest some emotion has been accessed and stop them and ask. "Are you sure you are not even a 1?"
- 12 When they can tell the story from start to finish without a hint of emotion you are probably done. Story-telling has roles in ringing the changes in processing if it would otherwise become monotonous. and in testing out the work. It will often access details or emotions that were not in the original movie.
- 13 When you ask the client to run the movie again and see if there is any emotion left, ask if it seems exactly the same at the first time. Typically, it will be fuzzier, further away, harder to recall, seem as if it happened longer ago. Often clients say they were in the picture before and are now looking at it from the outside.
- 14 Typically when the emotion clears from the memory, there will also be a spontaneous reframe. So someone might say: "I did not fail really. No one could have done more." Or "It was not that my mother did not love *me*. She just didn't do love." Or "You know I think those kids did not dislike me. They were jealous of me."
- 15 Another way to check if you are really done is to ask the client to try as hard as they can to vividly imagine being in that situation again and see if they can access the emotion. Ask them to beef up the picture, sounds etc
- 16 If someone has a memory they suspect is traumatic but cannot access the emotion around it, tap on it anyway. Sometimes tapping lifts the repression and enables them to measure the emotion. Then it is available to tap down again
- 17 If you are processing a movie and the client seems stuck – the SUDS are not zero and not changing – ask them to look around and see who else is there. Ask if they can see expressions on anyone's faces. Sometimes the trauma is not where they think.