

## **TOUCH AND BREATHE (TAB): An Alternative Treatment Approach With Meridian Based Psychotherapies**

John H. Diepold, Jr., Ph.D.

Moorestown, New Jersey

1998 (revised 1999)

Available at: <http://www.tftworldwide.com/tab.html>

Website: <http://www.tftworldwide.com/index.html>

Published in: *Traumatology*, Volume VI, Issue 2, Article 4 (August, 2000)

Available at: <http://www.fsu.edu/~trauma/v6i2a4.html>

Tapping on acupuncture meridian points for the treatment of psychological problems has persisted over the 18 year period since psychologist Roger J. Callahan, Ph.D. introduced his Callahan Techniques™. The Callahan Techniques™, also known as Thought Field Therapy™, have explored a revolutionary conceptualization about the nature of psychological problems, and the rapid alleviation of emotional distress.

Following the insights and discoveries of chiropractor George Goodheart, D.C., who related neuromuscular function and organ system health to the acupuncture meridian system, Callahan developed a causal diagnostic procedure. Callahan's causal diagnostic procedure utilized Goodheart's muscle testing methods in Applied Kinesiology to therapy localize (identify) which acupuncture meridians were involved in psychological issues. Once identified, Callahan has the patient repeatedly tap fingers on a designated treatment point along that acupuncture meridian to effect change or restore balance in that meridian. Frequently a sequence of acupuncture meridian points to be tapped results from the causal diagnostic procedure.

As an outgrowth of the success of The Callahan Techniques™, tapping as treatment on the acupuncture meridians has continued, and has been incorporated into other acupuncture meridian based psychotherapies (e.g., James Durlacher's Acu-POWER, Gary Craig's EFT™, Fred Gallo's EDx™™, etc.). For some unknown reason, tapping appears to have been established as the "Gold Standard" without critical review or an optional treatment approach.

### **Why Tapping?**

In The Rapid Treatment Of Panic, Agoraphobia, and Anxiety, (1990), Callahan wrote:

"...the tapping provides an external source of energy which, when done correctly, at the right spot, with the mind tuned to the problem being treated, balances the energy in a particular energy system in the body which is suffering from a deficiency or imbalance. We hypothesize that the energy from tapping is transduced into the system into usable energy as needed." (Chapter 3, p. 7)

A couple years later Callahan (1992) commented on his practical and theoretical ideas related to tapping.

"The points we tap are related to the ancient meridians of acupuncture. Tapping the PROPER point

when the person is thinking of the problem is quite effective" It appears to me that these points are transducers of energy; where the physical energy of tapping can be transduced into the appropriate (probably electromagnetic) energy of the body so that the person with a problem can be put into proper balance by a knowledgeable person..." (p. 11)

While Callahan commented about tapping, he never reported the source or the reasoning behind the discovery and use of tapping. Gallo (1999) however reported that Callahan's use of tapping, or percussing, originated in a procedure introduced by Goodheart in Applied Kinesiology. According to Gallo, tapping may cause a piezoelectric effect due to bone stimulation at the acupuncture points. The piezoelectric effect hypothesizes that tiny amounts of generated electrical current result from stimulating the crystallized calcium in the bone, and thus impacts the meridian system. Use of cold lasers, rubbing, and pressure holding of the acupuncture points in meridian based psychotherapy were reported by Gallo to be "effective at times" when used. Gallo provided no further explanation about the effective times or related circumstances. However, it was Gallo's opinion that "...in most instances, percussing appears to more profoundly stimulate the acupoint and produce more rapid results." (p. 150)

As Callahan followed Goodheart, now others follow Callahan in the continuation of tapping with little more foundation than "it works". While it is true that nothing succeeds like success, this author believes that it is time to modify and add new findings to this treatment paradigm that "work even better". We, as practitioners, have reached the point in the development of meridian based psychotherapies where we need to re-examine what works, and why. This ought to be done in the context of the patient, and the increasing information about subtle energy fields.

This author has studied with both Callahan and Gallo, and has exposure to the other similar meridian based psychotherapies. Like many others who have studied Thought Field Therapy™, this author has tapped his way to psychotherapeutic success hundreds and hundreds of times. Tapping does work. However, there is an alternative treatment approach that appears to "work better" (by both therapist and patient reports), which is also more congruent with the current information about our bioenergy system. This alternative treatment for use with meridian based psychotherapies is called Touch And Breathe™ (TAB™).

### **Touch And Breathe™ (TAB™)**

The TAB™ approach is a gentle, mindful, and natural treatment, used in lieu of tapping, to facilitate Chi influence along the acupuncture meridians. The TAB™ approach is consistent with traditional and contemporary Chinese thinking related to the flow of Chi, and with emerging evidence of the complexity of bioelectric currents throughout the body. With TAB™, the patient is invited to lightly touch the diagnosed treatment sites along the acupuncture meridians with 2 fingers, **and** take one complete respiration (at their own pace, usually through the nose) while maintaining contact at each treatment site. The TAB™ approach is a replacement for tapping in all TFT™, EFT™, and other meridian based psychotherapy procedures. [ Note: TAB™ does NOT replace rubbing at the Neurolymphatic Reflex Area, the "sore spot" in the upper left chest. ]

Traditional acupuncture meridian theory holds that Chi is a form of bodily energy which is , in part, generated in internal organs and systems (Tsuei, 1996). Further it is believed that Chi enters the body

from the outside through breathing and the numerous acupuncture points. Chi, often called the Life Force, combines with breath to circulate throughout the body along complex pathways called meridians and vessels. In essence, **breath facilitates the flow of Chi in its most natural state**. Imbalance of flow or distribution of Chi throughout the body is the blueprint for physical and/or psychological problems. Such imbalances become evident at the acupuncture points through definite changes in electrical activity and possibly tenderness.

The pioneering work of Reinhold Voll, M.D. revealed that acupuncture points show a dramatic decrease in electrical resistance on the skin compared to non-acupuncture points on the body. In addition, Voll and his colleagues found that each acupoint seemed to have a standard measurement for individuals in good health, and notable changes when health deteriorated (Voll, 1975). Becker (1990, 1985) reasoned from his research that not only does an electrical current flow along the meridians, but that the acupoints functioned as amplifiers which boost the electrical signals as they move across the body.

More recently, the research and theories of Stanford University's Professor Emeritus in Physics, William A. Tiller (1997), have shed more light on the interplay among mind, body, spirit and subtle energies. His work is particularly relevant to the applicability of Touch And Breathe™ for use with meridian based psychotherapies. Considering the complex array of electrical and electromagnetic circuitry in and around the body, Tiller theorizes that

"...the body can be thought of as a type of transmitting/receiving antenna. " (p. 107)

Tiller cites the autonomic nervous system (ANS) as a signal carrier, waveguide, and signal conductor utilizing both sympathetic and parasympathetic branches. He describes the acupuncture points as a set of antenna elements that "...provide an exquisitely rich array with capabilities exceeding the most advanced radar system available today. These sensitive points are coupled to the ANS via the fourteen known acupuncture meridians" (p. 117).

From the above it could be argued that the body's acupoints have the potential to transmit and receive Chi, depending on the need of the meridian system to restore balance. This author hypothesizes that insertion of acupuncture needles serve as literal antenna / transmitter extensions of the acupoints. When we touch an acupoint we perturb it and stimulate ion flow "which reacts at the etheric level to unclog the meridian flow channel" (Tiller, 1997,p. 121). In maintaining the contact by touch we extend the antenna / transmitter capacity of the body system with a direct feed to the held acupoint. In contrast, while **tapping** perturbs, it also **connects then disconnects the circuits**, thus creating an inconsistent and disrupted signal to the body.

In TAB™, the use of one complete respiration (one easy inhalation and exhalation), is the natural vehicle of Chi circulation, which also creates a piezoelectric effect via vibration and sound (sonic resonance). In this regard Tiller writes:

"...an additional indirect mechanism exists for emissions from the body. Here, the primary stimulus comes from the sound spectrum (also called the phonon spectrum) of the body's cells, muscles and organs associated with their relative motion. The sonic resonances for a particular body part occur in a

significantly lower frequency range (by a factor of ~1 million to ~10 million) than its EM resonances. This is so because the sound wave velocity through tissues is about 1 million times slower than the EM wave velocity. Because collagen, tissue and bone are all piezoelectric materials, the small stresses produced by the sound wave patterns generate associated electric field patterns and thus emit EM wave patterns. Thus movements of a particular body part give rise to two emitted EM wave pattern signatures. One signature occurs at a very high frequency due to direct ion movement while the other occurs at low to intermediate frequencies via electrically neutral mass movement coupled to the piezoelectric response mechanism."(p. 106)

It appears that the natural motion and sound of the breathing process creates a powerful energetic influence involving the piezoelectric response mechanism. The radiation of this energy conceivably enhances the antenna / transmitter function of the body as it is directed to the specific acupuncture points by way of sustained touch. Perhaps this connection explains why various types of breathing and movements have been such an integral aspect of many Eastern practices (e.g., Yoga, Qigong, Shiatsu, etc.) used to facilitate a balanced flow of Chi.

One more point. In 1972, Tiller observed and reported that variations in **mental alertness** caused significant changes in the electrical characteristics of the acupuncture skin points. This author suspects that this reflects the influence and impact of intentional thought attunement which is paramount in TFT™ and the other meridian based psychotherapies. Tiller's experiments from 1977-1979 (several thousand) revealed that mind direction or intentionality is evident and measurable, and was not indicative of a "classical electromagnetic energy..."(p. 10) Accordingly, this author believes that treatment of therapy localized acupuncture meridians, diagnosed while attuned to the specific problem, will be more profound using the TAB™ approach than tapping or pressure alone.

While the foregoing information and hypotheses appear reasonable to explain the development and use of TAB™ in doing treatment, the origin of this discovery and subsequent application was derived from listening to and watching patients. It has been this author's understanding that many therapists employing the tapping treatment were subjected to various patient criticisms and reports of discomfort regarding the tapping. It was common to hear comments like: "This looks/feels stupid...This is silly...I can't do this in public...It hurts if I do tapping too much...Tapping distracts me...I couldn't remember how many times I was suppose to tap...How hard do I tap?..." Compliance with "homework" as follow up self care also suffered because of concerns like those voiced above. In addition, there have been therapist reports that tapping was completely out of the question for some victims of abuse who refused to tap on themselves. All this having been said, the vast majority of patients performed the tapping as it was a requirement of successful treatment.

Watching patients while they tapped proved most interesting. Often it was observed that a full breath or sigh accompanied the tapping procedures. Additionally, when patients were not reminded about the number of taps to do, it was observed that they would tap as many times as matched a full respiration before inquiring or looking for guidance. In response to these observations, the author began to experiment and develop the Touch And Breathe™ approach to treatment. Much to this author's surprise, every single patient preferred the TAB™ approach over the tapping **and** they reported more profound, comfortable, and relaxing effects. Over the past couple months this author has demonstrated and shared the TAB™ approach with several therapists for trial with their patients. Again, the patients

were reported to respond in similar form, as did the therapists when they were treated using TAB™. Consequently this author has exclusively employed TAB™ over the last three months while working within the TFT™ framework in doing psychotherapy.

### **Incorporating The TAB™ Procedure**

The TAB™ procedure is easily inserted into any meridian based psychotherapy in place of tapping. This includes treatment of all acupoints in a Major treatment sequence, the 9 Gamut treatment, the Eye Roll treatment, and all treatments for Psychological Reversal that do not use the NLR area. All treatments are done while the patient is attuned to their problem.

**For treatment of any given acupoint**, the patient is directed to **lightly touch the acupoint** (usually with 2 to 4 finger depending on the location), **AND "Take one full respiration"** while maintaining contact at the treatment site. Afterwards, simply move to the next treatment point or procedure.

**For treatment with the 9 Gamut sequence**, have the patient **lightly touch the Gamut spot, AND "Take one full respiration"** while maintaining contact at the Gamut spot. Then have patient proceed through the 9 Gamut sequence while maintaining contact at the Gamut spot and breathing normally.

**For the Eye Roll treatment**, have the patient **lightly touch the Gamut spot, AND "Take one full respiration"** while maintaining contact at the Gamut spot. Then have patient proceed through the Eye Roll treatment while maintaining contact at the Gamut spot and breathing normally.

**For treatment of all Psychological Reversals not correcting at the NLR area**, have the patient **lightly touch the appropriate treatment site** (e.g., side of hand, under the nose, etc.), **AND "Take one full respiration"** while maintaining contact at the treatment site. Then have patient proceed through the appropriate corrective affirmation statements (when they are used) while maintaining contact at the treatment site and breathing normally.

**For treatment of the Gamut spot with depression, sadness and pain**, have the patient **lightly touch the Gamut spot, AND "Take one full respiration (pause), and continue the respirations for as long as you feel change continuing, or as long as you might need"** while maintaining contact at the Gamut spot. Often a patient will continue for 5 to 8 respirations before spontaneously releasing the touch.

**For the Collarbone Breathing Treatment**, have the patient touch the collarbone spots as usual with one hand, and **lightly touch the Gamut spot** with the other hand. Begin each sequence of breathing positions for fingers and knuckles with **"Breathe normally, one full respiration."** Hold each breathing position 2 seconds before moving on to the next.

### **In Conclusion: Benefits Of The TAB™ Approach**

The TAB™ approach permits energy treatments within meridian based psychotherapy to become more profound, and user friendly. Gone are the critical comments and resistance previously related to tapping. Instead patients enjoy a pleasant, mindful, and comforting procedure which appears to

intensify the energy activity which the treatment purports to make. Patient comments are now of amazement, relief (not having to tap), relaxation, and "Wow, I like that so much better". Follow up self care at home is more palatable and inconspicuous with TAB™, and therefore more likely to enhance compliance. The TAB™ approach is consistent with traditional and contemporary Chinese thinking related to the flow of Chi via breath, and with the emerging evidence of the complexity of bioelectric currents and circuits throughout the body. Therapists who have subsequently tried TAB™ have described this treatment refinement as "Natural,....powerful, ...elegant" and "a major contribution" with meridian based psychotherapy.

### References

- Becker, R.O. Cross currents: the promise of electromedicine, the perils of electropollution. Penguin Putnam, NY. 1990.
- Becker, R.O. & Shelden, G. The body electric: electromagnetism and the foundation of life. William Morrow, NY. 1985.
- Callahan, R.J. The rapid treatment of panic, agoraphobia, and anxiety. The Callahan Techniques &#153;, Indian Wells, CA. 1990.
- Callahan, R.J. Special report #1: The cause of psychological problems. Introduction to theory, second ed. Indian Wells, CA. 1992.
- Gallo, F.P. Energy Psychology: Explorations at the interface of energy, cognition, behaviors, and health. Innovations in Psychology, CRC Press, Boca Raton. 1999.
- Tiller, W.A. Science and human transformation: subtle energies, intentionality and consciousness. Pavior Publishing, Walnut Creek, CA. 1997.
- Tsuei, J.J. "Scientific evidence in support of acupuncture and meridian theory: I Introduction." Institute of electrical and electronic engineers. (with permission from IEEE, Engineering in Medicine and Biology Magazine, Vol. 15 (3), 1996.
- Voll, R. "Twenty years of electroacupuncture diagnoses in Germany. A progress report." Am. J. Acupuncture, Special EAV issue. First printed, Vol. 3, 7-17, 1975.