



# DELTA LIFE SKILLS<sub>sm</sub>



**EMOTIONAL FREEDOM IS IN YOUR HANDS with REB<sub>sm</sub>**

***Integral Energy Psychology***

***Phillip W. Warren, B.A., Ph.C., Zetetic Scholar, Professor Emeritus***

4459 52A St., Delta, B.C., V4K 2Y3 Canada

Phone and voice mail: (604) 946-4919

EEmail: [phillip\\_warren@telus.net](mailto:phillip_warren@telus.net)

Website: [www.rebprotocol.net](http://www.rebprotocol.net)

U.S. mailing address: P.O. Box 1595, Point Roberts, WA 98281-1595

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## **PART ONE: THE RADIANT ENERGIES BALANCE (REB)<sub>sm</sub> PROTOCOL: PHILOSOPHY/RESEARCH/THEORY BACKGROUND©**

### **Section:**

- 16.5. Client-coach/"healer" touching (physical contact)
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### **16.5. CLIENT-COACH/"HEALER" TOUCHING (PHYSICAL CONTACT)**

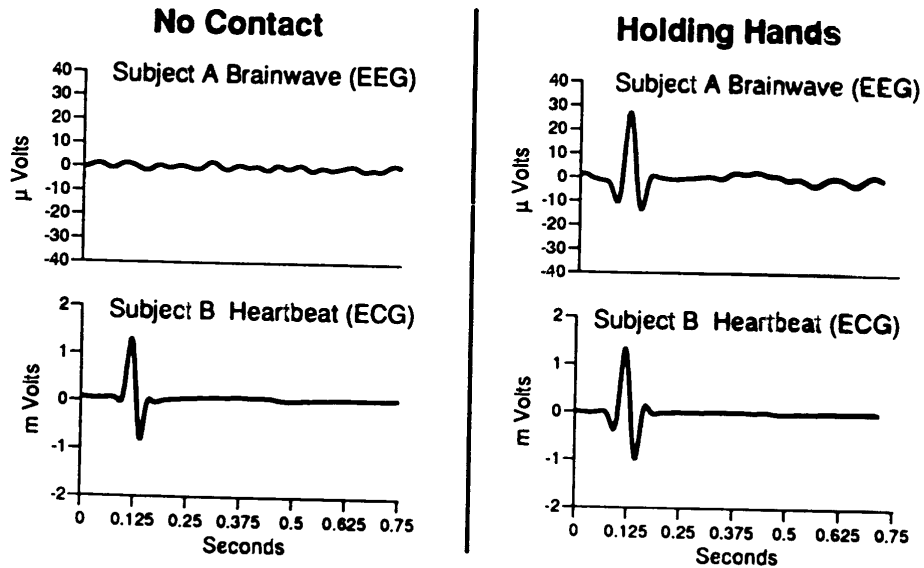
"Touch has long been associated with out-of-control sexuality and emotional dependence. As a result, it's been more or less exiled from many psychotherapists' offices. [so much so that in some jurisdictions it is illegal except with a special license]. Yet touch and contact are basic to our experience of security, connection, separateness and solidity... [E]arly touch, or lack of it, influences neurological development and biochemistry... Touch is imbued with communication... For some clients, early [abusive] touch and lack of touch formed an internal reality that can't be changed by words alone... Dissociation -- the split between the head and the body -- can result from the absence of touch, just as it does from abusive touch... Touch can humanize and ground the therapeutic relationship. The educated use of touch can remediate severe forms of abuse and neglect, and normalize the most basic of our human experiences -- that of being in a body"(Goodrich-Dunn, 2004, pp. 40-41, 64)

McCraty et al. (1998) experimentally demonstrated the impact of touching between people (see Figure 16.1). They measured the heart rhythm (ECG) of the sender and the brain wave rhythm (EEG) of the receiver. When there was no contact between the two the heart-brain rhythms were independent and uncorrelated. However, when they held hands, the sender's heart rhythm entrained the receiver's brain wave. This happens because the electromagnetic influence of the heart is much stronger than that of the brain. Thus, when people embrace they are literally influencing each others

bio-rhythms. Watch out who you hug! Their "stuff" can definitely affect your "stuff" and both bad (incoherent rhythms) and good will have an impact. The "healer" thus needs to be in a coherent state to actually help the client via touch.

## The Electricity of Touch

### Heartbeat Signal Averaged Waveforms



**Heartbeat signal averaged waveforms showing a transference of the electrical energy generated by Subject B's heart which can be detected in Subject A's EEG (brainwaves) when they hold hands.**

Figure 16.1

The REB<sup>sm</sup> protocol doesn't require any touching and, since it doesn't use any diagnostics of manual muscle (energy) checking like some energy-information protocols (e.g., Swack's Healing from the Body Level Up - HBLU, and Gallo's Energy Diagnostic and Treatment - EDxTm), it has an advantage for psychotherapists who are not allowed or are reluctant to touch clients. It relies primarily on noticing for tracking the process of the session.

However, there are two described touching activities in the REB<sup>sm</sup> protocol: Module 3f and 3g which were initiated and recommended by Janet Nestor. This "educated use of touch" is very therapeutic and transformative. Module 3f is the "Reki harmony position" which physically connects the front brain with the back (occipital lobe, cerebellum, and brain stem). Touch in the front brain areas involves the traditional "Stress Release Points" located on the bumps just above the eyes. The natural spontaneous gesture of putting your hand on your forehead when under stress is very common and when done by another person with a healing intention, it has a powerful calming effect. Module 3g is the "Brow/crown holding posture" and connects two energy plexus (Chakras). According to Janet Nestor it has more spiritual effect facilitating a stillness, resting of thoughts, a feeling of being in the presence of something holy. Both of these postures can be done by the client alone as well, but their power increases when done by a "healer" with a healing intent.

Although not part of the written instructions of the REB<sup>sm</sup> protocol, other touching activities are certainly possible. In an E-mail (2004 Aug 17), Janet Nestor wrote the following: "I am learning that for some people who are more spiritually and energetically aware [I can't make this universal at this time], ...that when they are in the REB<sup>sm</sup> position and I am using reflexology type pressure on points or muscles that the client is able (when instructed to go to the intuitive) to identify the issue buried in the tissue and release it via REB<sup>sm</sup>. This is amazing really! Fast. Accurate. etc. I say while pressure is applied to a point: 'What is this saying to you... what do you hear?' and they are able to come up with deep profound insight into their issue, then release it with REB<sup>sm</sup> and the bi-lateral squeezing. They integrate change quickly when working this way."

## **16.6. TOUCHING, TAPPING, RUBBING AND MOVING NEURO-HUMORAL MODEL of Joaquín Andrade**

Joaquín Andrade provides this **NEURO-HUMORAL** model of the mechanisms of effectiveness of therapies. [first sent 2003 January 28 from Joaquín Andrade, M.D. to the "Energym" discussion group.] The research and development group (BMSA International, Brief Multi Sensory Activation, at <http://www.bmsa-int.com> ) comprising Joaquin Andrade, Maarten Aalberse and Christine Sutherland was established in 2005.

"There are different metaphors that try to explain why tapping [and other energy/information psychotherapy methods] works. We prefer to call tapping 'Brief Multi Sensory Emotional Interventions.'

"Brief, because rapid responses are one of its characteristics.

"Multi Sensory, because most systems use at least three senses: somato, sensory and kinesthetic, when we tap, hold, rub or adopt certain positions and do some movements of limbs and trunk and do some breathing, visual, external or internal and auditory, also external or internal when we hum, count, do affirmations, etc. Recently, we have started to experiment with smell and taste, which are so related to memory recall and emotional states.

"Emotional, because those sensory stimulations are aimed at treating emotions, and

"Interventions, because there are intention driven maneuvers that we do to the patient or teach her/him to do to him/herself."

"This [2004 22 March posting to the "Energym" discussion group list] is an updated version of Neurohumoral Mechanism of Tapping [first posted to the "Energym" discussion group list on 2003 January 28 from Joaquín Andrade, M.D.]. At a recent international meeting, I gave it to four Professors of Neurology, one neuroscientist and one Ph.D. specializing in emotions. All of them said that it was perfectly verifiable and in accord to present knowledge."

"However, I think it's just one more metaphor. Here's for you to judge and make it better..."

### **16.6.1. Introduction**

"Many clinicians have observed that different sensory stimulation yields some results on some persons and some disorders."

"Sensory stimulations used are mostly kinesthetic, either external or internal (tapping, massaging or holding certain loci on the skin, adopting certain positions of the body, arms and legs, breathing, etc.), visual, external and internal, different protocols that include eye movements, blinking, etc.) and auditory-verbal, also external or internal, (counting, chanting, doing affirmations, talking about something, etc.). We have also explored the use of two additional senses, taste and smell as extra

ways of inducing sensory overload."

"Absolute requisite for results, is that a very specific representation of the problem (the core issue, as memory, sensation, emotion, imagination, etc.) is clearly present at the conscience at the same time that stimulations are made."

"As most emotional disorders are vulnerable in a short time to these techniques, we have proposed the conceptual name of 'Brief Multi Sensory Emotional Interventions.'"

### **16.6.2. Different Metaphors to Explain "Why"**

"The obvious clinical results of tapping have been explained by many theories and metaphors, most of them never verified. The existence of so called 'meridians' and 'points,' the flow of an 'energy' along them, the 'chakras,' the existence of 'disbalances' in the network, or 'perturbations,' etc."

"So what do we really have, and what can we really verify?"

"The 14th century British philosopher, theologian and Franciscan monk, William of Occam (1285-1349), frequently used, in his arguments against papal power, the so called Principle of Parsimony or Simplicity: 'Plurality should not be assumed without necessity'. The principle is used as a logical tool to eliminate pseudo-explanatory excesses and decide among explanations, one should always choose the explanation of a phenomenon that requires the fewest assumptions or leaps of logic. In any given explanation, 'Occam's razor' helps us to 'shave off' the concepts, variables or constructs that are not really needed to explain the phenomenon."

"Being reasonably updated with the tremendous amount of information that the neurosciences offered us in the last ten years, and applying 'Occam's razor', along with the Principle of Uncertainty Maximization, widely used in the field of mathematical modeling of systems, which states that in inductive reasoning, 'use all, but no more than the available information,' the mechanism of tapping can be explained with enough scientific rigor in about 80% of the cases."

In my (PWW) opinion, Andrade's model provides a bridge between Eastern and Western views of the mechanisms of intervention. It doesn't provide a complete explanation of the power and efficiency of the energy/information psychotherapies. The current research in China on Traditional Chinese Medicine (TCM) focuses on the correlations between the two approaches. I hope that this project does not throw out the very useful methods of TCM so that the unfamiliar (to Western science) metaphors of TCM can be in agreement with the Western (mainly 19th century materialistic reductionism) metaphor.

### **16.6.3. Afferent Sensory Stimulations**

"These techniques use the somato-sensory system, known for fifty years. Distributed all over the extension of the skin, but with different concentrations in different areas, there are sensory receptors specialized in receiving, transducing and sending to the CNS [Central Nervous system] all kinds of mechanical stimuli: the mechano receptors (Pacini, Meissner, Ruffini, Merkel's discs, free nerve endings, etc.)."

"Mechanical stimuli on those areas (tap, touch, hold, rub, etc.) is transduced into digital signals mediated by the Ca [calcium] ion ... that travel by the afferent somato sensory pathways to the brain."

"Mediation of Ca ion in signal transduction can be demonstrated by the suppression of signal registration after the local injection of a chelating agent (Andrade et al, preliminary studies). One thing we can be sure about is that every time we tap or do any other kind of mechanical stimuli to any area of the skin, we are involving the mechano receptors."

"In other type of interventions, such as collar bone breathing, excess of energy correction and Wayne Cook posture, there are also involvement of muscle Golgi-Mazzoni proprioceptors and joints uncapsulated receptors."

### **16.6.4. The Pathway**

"Traveling by regional nerve trunks, A Beta myelinated axons, that end in dorsal roots and ganglia (I neuron), the signal reaches the medulla. Due to upper and lower, intra and inter dermatomic bifurcations, stimuli initiated in different anatomical localizations can end on the same pathway, which could partially explain why different protocols get similar results...The signals travel upward through the medulla, contralaterally following the median lemniscus (II neuron) and ipsilaterally along the dorsal medulla and reach the thalamus, where they synapse in the anteroposterior lateral nuclei and finally ascend by the cortico-thalamic neurons to the somato sensory cortex at the parietal lobe, the four Brodman areas: 3b, 3a, 1 and 2."

"The thalamus modulates the afferent sensory inputs, widening or narrowing the focus to increase the transmission in relevant areas and to inhibit the non relevant signals under those particular circumstances. From the thalamus, particularly from its auditive area (LeDoux, Woodson) neurons are sent to the amygdala, that synapse with GABAergic inhibitory interneurons of the lateral nuclei of the amygdala."

### **16.6.5. At the CNS**

"From there, signals travel to cortical areas of higher hierarchy, including the prefrontal cortex, and to deeper limbic structures that have high significance in emotional modulation."

"Several studies of functional brain imaging (Hui et al, Andrade et al, preliminary report) have repeatedly demonstrated that when different types of mechanical stimuli are applied to the skin, fluctuation of signals can be registered at least at two different cortical areas distinct from the somatosensory cortex:"

"INCREASE OF ACTIVITY in the orbito frontal regions at the base of the prefrontal cortex and at the posterior thalamus; and"

"DECREASE OF ACTIVITY in at least ELEVEN deep structures, some of them strongly involved with emotional processing: Hippocampus, para-hippocampus, hypothalamus, amygdala, putamen, caudate nucleus, anterior insula, cingulate anterior gyrus, ventral-tegmental area, nucleus accumbens and temporal pole."

"The amygdala acts as a parallel processor, receiving, in one of its subsystems, the baso-lateral nuclei, (where the stimuli that condition the fear response are stored ...), mono-synaptic projections from the dorsal hippocampus, the thalamus and the cortex. The other important subsystem of the amygdala is the central nucleus, efferent, that sends signals to different brain areas involved in the autonomic and behavioral responses to fear."

"Ruden notes that as the central nucleus of the amygdala projects fibers to different CNS structures related with stress, trauma, mood disorders and addictive behavior, functional actions of tapping interventions on them can be predicted, strictly based on the existence of those neural paths."

### **16.6.6. Experiencing Emotions**

"Actually experiencing an emotion, or recalling a past emotional memory as we do when tuning with the problem, INCREASES the activity at the amygdala and other limbic structures, as can be easily demonstrated with different imaging equipments."

"Just recalling a traumatic memory (which includes a superposition of visual, kinesthetic, auditory, smell and taste perceptions) places that memory in a labile state which is sensitive to disruption, as have been suggested four years ago by a group of fear researchers at Prof. LeDoux's lab at NYU (Muller, Izquierdo, Brioni, Nader, Schafe, Debiec and others). To retain the memory's consolidated state, protein synthesis at the LBA, or lateral basal nuclei of the amygdala is required. So, reconsolidation after reactivation and consequent lability to disruption, is a protein synthesis dependent state. The researchers injected the protein synthesis blocker anisomycin (aniso) to prevent reconsolidation, and the memory, in its labile state, was disrupted."

"Then, recalling a traumatic memory that is capable of producing anxiety symptoms, and of INCREASING the activity at the amygdala and other structures, and while holding this 'increased activity state,' I send to these same areas emotionally neutral sensory perceptions (like tapping on the skin) these neutral sensory signals that are capable of DECREASING the activity at the amygdala, act on the not so neutral sensory perceptions that are an important part of the traumatic memory and probably by synaptic inhibition (DECREASE of the activity) disorganize, interfere and add entropy to the previous increased-activity emotional state, collapsing its symptoms-generating ability. Bandler's empirical work on sub modalities suggests that when we change the sensory perceptions of a traumatic memory, its symptoms-generating power also weakens...sometimes, almost instantly. [Garry] Flint also suggests that sensory stimuli and other interventions, like [his] Process Healing, act by generating a learning process, which in part is also neurologic, that changes the relation between traumatic memory and emotions."

"The lability and vulnerability to distortion that memories exhibit when retrieved has probably two evolutionary purposes: first, the possibility of the progressive generalization of the response, as new associations can be made, which improves the probability of surviving, and two, the possibility to direct attention to relevant aspects of the environment, which also helps to avoid or neutralize dangers (Ekman, Frijda, Izard, Derryberry and Tucker) It is not that memories (traumatic memories to our effects) are being erased, which, as suggested by recent research by Lattal, Abel et al at

Penn's Dept. of Biology, rarely happens. It's more that they remain stored but have lost the power to generate symptoms i.e. disruptions."

### **16.6.7. The Interventions**

"From a neurohumoral perspective, all tapping systems have two distinct components: 1. Reactivation of the memory to make it vulnerable to distortion, and 2. Simultaneous sensory overload, that sends, afferently, modulated signals also sensory in nature, but with zero emotional meaning. Those signals probably disorganize, overload, interfere, and add entropy to the memory [see M.E. Furman and F.P Gallo], which loses its power to generate symptoms, even when it is never deleted."

"Different eye movements, auditive and verbal inputs, as well as olfactory and gustatory signals follow a similar model, traveling by shorter and less complicated neural paths."

"Ruden suggests that the sensory interventions distort signal transmissions between the amygdala basolateral and central nuclei, blocking the generation of fight and flight symptoms."

"It is possible that the neurotransmitters GABA, serotonin and the intraneuronal second messenger nitrous oxide play critical roles in this mechanism, through complex feedback and feedforward functional interconnections. Maybe that's why lab tests in several anxiety disorders show elevated norepinephrine and low GABA and serotonin."

"The GABA system in particular, plays a crucial role in anxiety control. It is known that benzodiazepines link to specific sites of the GABA receptors and enhance its mutual affinity, which results in an activation of the Cl [chlorine] ionic channels, and that the GABA agonist muscimol inhibit the fear response (Muller, Izquierdo, Brioni, Stork)."

"As most functional events in the CNS are at the same time or sequentially ionic or chemical, in which depolarizations are almost always accompanied by ionic movements of Cl [chlorine], Na [sodium], K [potassium], Ca [calcium], and elevations or decreases in neurotransmitter concentrations, this mechanism is called neurohumoral."

### **16.6.8. What For?**

[from the 2003 post] "This model is not better than others. It simply describes events that actually happen and can be demonstrated and replicated by others...which is not so with other models. No doubt it represents a partial explanation of clinical results, [but it] has plenty of potential for future research and is easily accepted by mainstream health professionals. My guess is that in the future there will be many efforts in this direction. This is already happening with acupuncture."

"The neurohumoral theory of tapping mechanism is no more than another metaphor. It doesn't exclude other explanations. It also has six distinct advantages:"

- 1.- It's based on classical concepts and updated research on CNS.
- 2.- Speaks the language of science and is perfectly well accepted by MD's, Ph D's and other scientists.
- 3.- Follows Occam razor, tries to have logical coherence.
- 4.- Offers many lines to research.
- 5.- Gives logical explanation for relapses.
- 6.- Same with non respondents."

The REBS<sup>sm</sup> explicitly seeks to integrate approaches from both traditional body based and energy/information psychotherapies.

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