

**Part 2**  
**The Mind/Body Connection**

**1. Insight into the Mind/Body Connection**

**Psychoneuroimmunology** - now that's an interesting word! Researchers from various disciplines have been combining their knowledge and expertise to map out the pathways, from the mind all the way to the very DNA inside each cell. The term they coined for this exciting exploration is called Psychoneuroimmunology. I have explored this subject for many years. One of the outcomes of my own interest was to translate a very complex subject into everyday, understandable language.

Did you know that the mind **talks** to the body? Actually, it is more accurate to say the cells **listen in** to the thoughts. Every single cell. Granted, the **language** used is not visual or auditory.

The cells don't see pictures, or hear words. Yet the mind does. The mind generates both internal pictures and words to process information. The question then, is, "How can the cells throughout the body **hear** or otherwise receive information from the mind, and act upon it, if both are using different languages?" To borrow from computer terminology, there is an interface, a mechanism, that translates from one language to another, and it is called the brain.

Long ago, when the shamans (also known as healers) were presented with a health concern, they inevitably treated the whole person. They did not simply listen to the symptoms and pick something off a tree. This idea, treating the patient and not just the symptoms, has fallen by the wayside in today's society. The shaman on the other hand, knew that the symptoms he was presented with, represented the end result of a complex chain of events. And to simply remove the symptoms was... well, let me use a modern analogy.

Let's suppose you're driving along in your car. You are enjoying movement, sights and sounds. Then a red light comes on. The red light represents something is wrong in the system. What do you do? You can blame your husband, or your son, or daughter. After all, *they* had the car last. How about the manufacturer? If you have trouble blaming the maker, you can always shift to something even more esoteric. How about karma? I love karma. The great dumping ground for blame and fault. Let's see, what did I do with my camels in a previous life, that was so upsetting to the universe, I'm paying for it now?

Back to the car and the red light on the dash. How about just unscrewing the bulb? If you want to do that, you can. That's called removing **the symptom**. It doesn't fix the problem that the symptom represents, does it? In order to fix it properly, you need to go beyond just removing the bulb. You need to repair or adjust something, in some way within the system, so that the light doesn't come on. The red light analogy is a symptom, or warning if you like, that something is wrong.

The shaman's approach was to treat the person, not the symptom. That way, when the symptom disappeared, he knew the person was well. And, more importantly, so did the patient. His approach is referred to in today's parlance as holistic. First, the shaman would collect the necessary herbs or plants, thus taking care of the nutritional requirements, and have the patient take it either raw, in the form of soup, or a tea, depending on circumstance. Now, we've taken care of the body's needs.

Meanwhile, the shaman would devise a quest, or task to be performed. This changed the patient's focus of attention. By focusing the attention in this way, the patient becomes what we call **solution oriented** in their thinking, as opposed to problem oriented.

By taking the time to adjust the diet, the emotional state, the mental processes and focus of attention, the patient was induced to think differently. He or she was no longer subject to, or responding to, the problem. Just the reverse. The problem began to respond to the individual. **They** were in charge of **it**.

One of the questions most often asked at this point is: "Are we talking about genetically **inherited** programs, or those that are **environmentally** produced?" The answer is: **Both**.

So, **how** do we move from problem oriented thinking to solution oriented thinking? And, once we understand **how** to do that, how do we get the new information to influence the body? The answer is: By using exactly the same mechanism already in place, the mechanism that was used to process the unwanted thoughts.

Let's back track. We think in pictures and words, a way of representing things, in our mind. Some of those *things*, those thoughts, evoke a negative emotional response. The emotion, as part of the thought, downloads into the body as a chemical called a neuropeptide. Because it was an unwanted emotion, it becomes an unwanted neuropeptide, a negative neuropeptide - a **bad** code. "Just think positive," is the typical feedback from well meaning friends. Sometimes that works and sometimes it doesn't, just like everything else.

Something makes a difference. Sometimes "Just think positive" works and sometimes it doesn't. What is the difference that makes the difference? Suppose, in a circuit, there is a large negative charge. Now we apply a small positive charge (the affirmation). At best, we cancel a small part of the negative charge.

**Negative charge** 

**Apply a small + charge (affirmation)**

**This creates a reduced negative charge** 

Over time this process will work, but there is a faster way to remove the negative charge so that the positive input (affirmation) takes hold more quickly. Enter EFT!

In my private practice, I have constantly sought for ways to more quickly deal with negative emotions. Nothing sidelines the healing process of therapy and counselling more effectively than having an unwanted emotion pop out. It's as if the bio-computer blew a circuit.

EFT was the missing piece. This ultimate *electrician* quickly resets the circuit by deleting the negative emotion that tripped the breaker or fuse in the bio-computer's (the brain's) processing circuits. Now the brain can begin to resolve the issue. My dream is that at least one member of every family around the world, will one day know about EFT, and how to use it.

<b>Motivation and EFT</b>
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**Motivation and EFT****Forward by Gary Craig:**

*Hi Everyone,*

*A thank you to EFT Contributing Editor Dr. Alexander Lees (from Canada) and his client "Janet" for this useful case about how to approach a difficult-to-define issue. Some clients define their problem in such intangible terms as "I don't feel good about myself" or "I'm not very likable" or, as in Janet's case, "There's something lacking in my career."*

*These complaints are usually too global for efficient resolution and thus challenge EFT'ers to find the underlying issues. Those of you who have studied Alex's previous cases on this email list are already aware of his expertise in using effective language to unearth such problems. This case is no exception. Please note how he takes Janet from "There's something lacking in my career" to "I'm not allowed to be good enough." This is an important step.*

*I've added some comments of my own.*

**Motivation and EFT "Janet"****By Dr. Alexander R. Lees**

"Janet" is a massage therapist, in her late 20s, and has been involved in the profession for eight years. Although business was steady, and a fair percentage was by referral from other satisfied clients, Janet stated there was "something lacking in her career," and wanted help with discovering the cause, and if possible, a cure.

As sometimes happens, when asked the classic question: "Well, if you did know what was missing, or, if you did know what needs to change, or, if you did know what you need, what would that be?" The answer was, "I don't know." The following works often enough when the client is stuck in this way, that I then said, "Of course you don't know, yet, but if you did know, it would be...?" "I just don't know, and that's the problem." I then said, "Then pretend you know."

Janet was lost in thought for a while, then her eyes refocused, and she said, "Sorry (with a sigh). That doesn't work for me." "Okay." I responded, "Lie." This is a shocker statement to hear from a therapist, for many people. Nonetheless, it sometimes provides the jolt they need, causing a shift in state, and allowing information to come tumbling forth. But not this time.

"I won't do that," said Janet emphatically, "Why would I want to do that?"

"Well, it depends on your definition," I said. "When it comes to therapy, a lie can be thought of as an untruth. And if a person really doesn't believe something, then it can be thought of as a lie, or untrue."

"If you have had a thought, or an insight, into the past, about what it is you would like to change, but immediately dismissed it as untrue, then asking you to lie, to speak that untruth, can sometimes bring it back to your awareness. Then we can explore it further."

Janet was again silent for a few minutes, then said in a small voice, "I've been here before." I simply raised my eyebrows, and remained silent. "I saw a counsellor last year. He was very nice. I enjoyed our talks very much. We got to this same place, me saying I know something

was wrong, but we just couldn't get past the not knowing. Does this make any sense?

*GC COMMENT: Conventional therapy often just talks about the problem in an effort to gain insights. As in Janet's case, it rarely solves the problem. Clients are just more aware of **why** they feel stuck.*

ALEX CONTINUES: "Of course it does, and getting stuck in the not knowing is so common for people, that I took some special training in a technique that deals quite well with it. Since you've already worded the problem so clearly, we won't have to change a thing -- so we'll use the technique using your words exactly."

"Since you are a massage therapist, you already know about energy blocks, don't you." (Don't you, was stated, not asked.) Janet nodded, and I tapped the P.R. point using the phrasing: "Even though I don't know what I need, or want, I completely and deeply accept myself." The slight frown caused me to pause and ask, "Does your inner mind want me to know something?" "Yes. It's like an inner voice saying, 'you can't accept yourself not knowing.'" "That's true", I said. "But you can accept that you don't know, can you not?"

After a bit more discussion, Janet volunteered, "I can realize I don't know what's wrong, and I can accept that I don't know consciously, but I believe my subconscious does know."

*GC COMMENT: Superb languaging on Alex's part! Please note that after initiating EFT, Janet begins to have cognitive changes--she comes up with the idea that her subconscious probably knows why. This frequently happens during EFT sessions.*

ALEX CONTINUES: "I agree. How about --'Even though I don't consciously know what's wrong, I deeply and completely accept that my subconscious knows, and I can accept that?'" "Okay", said Janet, "I like that."

We then tapped the P.R. point, using the above phrasing, then did a round of "This not knowing consciously." "Well, that was interesting. I feel better, in some way. But I still don't know the answer." "Of course not, not yet. Let's do the next part."

We then did the 9 Gamut, and followed with a round using the reminder phrase, "This remaining not knowing." "Gee, I should use this with my clients. It's so relaxing," smiled Janet.

"Exactly. And when we relax, it's so much easier to go inside, and begin to notice the answer to the following question: How do you know that something is wrong?"

"Well", said Janet, after another thoughtful pause, "Everything is going along fine, and then I get this feeling...."

"And you would call that feeling....?"

"I think I'm just not good enough."

"And where do you get that feeling?"

"In my chest. It tingles, and feels like falling."

"On a scale of 1 to 10, 10 being the most intense, what number is it now?"

"Eight or so."

We tapped for "This feeling of not good enough."

"Actually, it's really that I'm not allowed to be good enough." We did a short cut round for "Not allowed to be good enough." and I asked "How do you feel now?"

"I think it was heartburn," she laughed.

*GC COMMENT: Apparently, using EFT on "not allowed to be good enough" did the job.*

ALEX CONTINUES: The following week Janet returned, this time with a clear agenda. "I want to learn that technique," she stated, completely congruent and bubbly, all at the same time.

"How's the, er, heartburn?" I asked tentatively." "Gone," was the quick response. "And that's why you're going to teach me more about it. I thwacked two clients this week, before their massage. They both said it was the best massage they'd ever had!" "You thwacked them?" I asked. "How much do you weigh?" "110 pounds."

"A one hundred and ten pound massage therapist shouldn't go around thwacking people." "I'm gonna thwack you if you don't start teaching," Janet said with a determined stare. So I did.

Dr. Alexander R. Lees

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