

Shift a nervous system – and you shift the world!

By Gunilla Hamne and Ulf Sandström

Abstract

In the footsteps of conflict there is often more conflict, because hurt people hurt people. Experiencing emotional and traumatic stress can cause our nervous systems to go into a state of hypervigilance, triggering defence and attack reactions in situations where they no longer are necessary. In areas of conflict and post-conflict there is rarely an infrastructure allowing conventional treatments for trauma on a one-to-one basis. An optimal solution is one that can be carried from peer to peer by non-specialists, empowering each individual to be able to stabilize themselves and their community. One such method has been taught in over 20 countries since 2007 in a model that allows it to spread efficiently, at the lowest cost possible, with maintained integrity and a minimum of spoken interventions. It is called the Trauma Tapping Technique.

Key words: Trauma Tapping Technique, Tension Tapping Technique, post traumatic stress disorder, PTSD, Self-help, Non-specialist interventions, First Aid, grounding

Introduction

"Do you know what happened when I was watching the Cycle Tour du Rwanda the other day? When the Rwandese cyclist crossed the finish line as number one I felt happy – I mean I was FEELING happiness inside me! I was even shedding some tears for the first time in a long while - in fascination I felt them tripping down my cheeks. When I noticed this, a thought came to my mind: "It seems I am finally becoming a normal and feeling human being."

This comment comes from Placide Nkubito. He is 27 years old and now one of our great colleagues in Rwanda and Eastern Congo. He grew up in Congo, one of the most conflicted corners of the world, where a wealth of mineral resources has become a curse to the population. A merciless, greedy scramble for these minerals maintains a situation of ravaging and violence that creates infinite emotional wounds in the people who live there.

Placide's life was at stake already at birth. His mother died of childbed fever and there was no one to take care of him. He was left without care and would have died if an old woman of over 70 years of age had not taken mercy on him. "She is the hero of my life!" he says.

Placide grew up, managing somehow to survive two massacres in the turmoil aftermath of the genocide in Rwanda. The first was when the perpetrators of the genocide in Rwanda fled over to Congo. They raided his village, killing and looting. Forced to flee, he became a refugee in Rwanda at the age of seven. After only few months, the killers came to "finish their work." This time he was able to escape out the window of the classroom while all his other classmates were being killed.

When we met Placide he was living with constant nightmares, feelings of isolation, headaches and fear. If you look at the list of symptoms of Post Traumatic Stress he had most of them. You would probably never

have guessed this if you had met him at the time, due to his smiling and caring personality. He would often say, "I always try to focus on the positive things in life." But in his nervous system, despite this positive approach, the symptoms persisted.

After experiencing being tapped with what we call the Trauma or Tension Tapping Technique (TTT) and learning how to do it for himself, his symptoms dissolved, step by step over a couple of weeks. Today he sleeps well at night and is able to live in the present. He dedicates his time to teaching TTT to former child soldiers, prisoners, refugees and single mothers in his community and beyond, so that they can experience the same relief he did. This is a perfect example of how we

Figure 1. Placide with children



believe the world can be changed one nervous system at a time, spreading a peaceful shift from peer to peer. (See Figure 1.)

The need for open-source techniques in a world of distress

These ripples of peace that can be spread from peer to peer are what motivate the authors to do the work we do. We have had the privilege of witnessing these kinds of inner change in people like Placide over and over again. These are people who sometimes thought they were crazy, bad or even sinners – since nightmares and flashbacks kept appearing like incomprehensible shadows or even inner demons, but who return to normal even after 16 years of symptoms.

We believe that as symptoms of stress and trauma increase, so does internal suffering and external violence. In post-conflict societies like Rwanda, after the genocide in 1994 of over 25% of the population, 1.8 million people are estimated to have symptoms of post-traumatic stress. Can you imagine what that would be like for you to experience?

But it is easy to get blinded by the needs of people in zones of current conflict, post-conflict or of natural catastrophes. In the western world, mental ill health related to stress is a number one priority, but there are very few cures available, witnessed by the growing numbers of those on sick leave for these reasons. We continue our sedentary work culture and sugar-based processed food intake, with decreasing social bonding. Nowadays loneliness and social isolation are risk factors for mortality (Holt-Lunstad, Smith, Baker, et al. 2015). All of this causes stress. Stress causes disease. Stress causes aggression.

For too many years, western science debated the need for washing hands to prevent bacteria from transferring from one patient to another, at the cost of many lives. Once the existence of bacteria was proven, hand hygiene became a rule in hospitals, and also a simple way for every person to stay healthy during normal everyday life, cooking and travel. Since bacteria transfer invisibly from one person to another, we simply make sure everybody washes their hands before sitting down to eat. Now imagine stress as invisible bacteria of the mind. Stress transfers from one person to another and can affect our health lethally. At the same time, it is simple to prevent with small measures. We are striving for a world where 5 daily minutes of cleansing the mind are as routine as cleaning hands and brushing teeth.

There is a need for a shift in the mental hygiene, and it has to be low cost, or it won't reach everybody. It needs to be brief and simple, because everybody is so stressed they won't have the time or emotional energies to notice it exists, let alone try it. The methods need to be learned and practiced by every person, and to be improved and passed forward in families, workplaces and communities.

Figure 2. Gunilla teaching

The methods need to be offered as a toolbox of free, open-source techniques to assist a world in distress. We have found that TTT is a simple and efficient way to do this that can be taught in 10 minutes (See Figure 2.) and spread in 5 minutes (See Figure 3.), regardless of age or educational level.

Figure 3. Student teaching others

Why activism?

You don't get to choose your calling. It chooses you. To follow how person after person is able to open the door from that cold desolate place of trauma and fear and step out into a life of fragrance, beauty and feelings of joy is an invaluable gift to those who are introducing TTT in places of serious needs for relief of trauma residues. For us there is no more rewarding mission. We created TTT with the assistance of Carl Johnson, PhD, from Virginia, a trauma expert and doctor of psychology, very experienced in Thought Field Therapy (TFT) – the original Tapping modality - from years of treating War Veterans in VA hospitals in the US and survivors from the conflicts in Kosovo. in an attempt to alleviate the mental suffering for the survivors of the genocide in Rwanda. When the healing effects of TTT were created and honed to the wonderful tools that they are, our path was made.

A calling is different from a job in many ways. It is the 'why' of what we do - to create a more peaceful world, with less suffering for everyone, especially for those in areas where little help is available. In many of these areas there are no means for getting paid, so we rely on our own funding and the kind donations of generous people who support us. At the same time, we find we are overpaid through what every person can teach us about the possibilities for spiritual growth and insights into the conditions of being a human. We do this for them, for us and for the world - because everybody has a right to a peaceful heart. If we only provide this to those who can easily access and afford it, we will still be sharing and living in a world full of suffering of those who can't. It is not ethical or even possible for us to do this. When every heart is peaceful, who will hurt somebody else?

Why TTT?

We come from different angles in our shared journey. For Gunilla it started as a personal desire to take a new direction from being an observer (as a journalist) to becoming a participator, a change-maker.

Gunilla: "I had been to many places, doing interviews with people who had lived through crisis of war and violence. When you do these interviews, you ask people questions to get information and also the colour, smell and light of the story: What did it look like? What smell was in the air? What did you hear? How did you feel? What was the time of day? These questions require the person you talk with to engage their memories of the senses: smell, sound, touch. They give colour, smells, tastes and feelings to the story, but they can easily re-traumatize him or her. You get a good and lively story, but you leave an open wound in the person you talked to. You have made them pick at the scabs that are still unhealed, and they hurt and sometimes bleed. It felt unsatisfactory every time I left with an engaging story.

I discovered tapping through a workshop on TFT in Sweden. In tapping I felt I had found a tool that made it possible for all those people I had interviewed to move on after experiences horrific situations. A vision appeared in my mind: I want to share this tool with those people in places with great needs but few

resources. Rwanda became the first stop because that was one of the places I knew people and had good connections. Next on the list were Congo, Burundi and other neighbouring countries.

I did my first workshop in 2007 in Rwanda, in a village constructed to house orphans and widows from the genocide in 1994. The village sits on the slope of one of the Rwanda's thousands of green hills, just at the outskirts of the capital, Kigali. I came there together with my mentor, Carl Johnson.

What emerged as Trauma/Tension Tapping Technique (TTT) is developed from the work I did with Dr Johnson. The results we achieved created a crystal clear intention: This is what I am supposed to be doing. My calling had chosen me. And I chose to stay with it.

As work progressed, I was contacted by Ulf Sandström, who like me happens to be from Sweden. Ulf was a hypnotherapist and NLP-practitioner who was looking for a language-independent technique for anxiety and stress issues, to help those of his clients who spoke languages he did not know.

Ulf: "The tools of hypnotherapy and Neuro Linguistic Programming (NLP) can be very efficient, although they are also very dependent on the spoken word. I was looking for a way to calm the reactions of the nervous system with as little talk as possible. I Googled and found Gunilla's blog, was intrigued, and asked her to teach me her methods the next time she was in Sweden. She taught me, together with our colleague Robert Ntabwoba, one of the first orphans in Rwanda who experienced the results of TTT and then spent many years spreading it to pay it forward.

Going through the training, I immediately recognised how efficient TTT was with very little need for instructions. Close to nothing needs to be said. Just activate the circuit in the brain that was created at the traumatic encoding - as we write in our instructions: "*Think about what bothers you, ever so lightly, while tapping on the points indicated.*" These are very close to being language-free, language independent, and therefore also have an integrity, since the client never needs to disclose and relive traumatic experiences through talking about what led to the traumatic responses and trauma residues."

We 'clicked,' connected, and travelled together to Rwanda, where we founded the Peaceful Heart Network. We have been moving forward from there since, refining TTT into the tool it is today for healing stress and trauma worldwide. We focus on areas where people have experienced violence, war and genocide. We seek to train perpetrators as well as survivors, basing our work on the principle that hurt people hurt people. We teach anybody who is willing to learn: the neighbour who lost her job, a co-passenger with fear of flying, a refugee who cannot focus on learning the new language, an old mother with anxiety, or a football team who are upset because they lost a game.

The development of TTT as a scalable first aid technique

TTT, like most tapping interventions, is a way of introducing vibrations into the nervous system by tapping certain sensitive trigger points on the upper part of the body, sending calming signals to the brain. This tapping acts like a reset to an electronic system, a kick-start for the nervous system to activate the relaxing part of the nervous system and de-activate the alarm mode of the fear center of the brain – the amygdala.

TTT is specifically designed to be taught in groups by laypersons. It is a simplified version of the original form of Tapping. It is devised to enable many people be able to learn, and in their turn to pass it on to others. The 'paying it forward' is very healing, as well, to those who have suffered.

Figure 4. TTT points



The components are mainly dictated by how it is intended to be taught and spread, and in what context and settings. To spread the technique in remote areas it has to be simple enough for anybody to learn and teach to others. Therefore we have included most of the original protocol for trauma suggested by Carl Johnson, (See Figure 4.) but changed the portion of the protocol with more complex eye movements and Gamut Point balancing to the easier Alpha-Theta breathing that is much simpler to explain and has produced the same results.

The science of Alpha-Theta breathing is that the nervous system up-regulates our sympathetic responses on our in-breath and enhances our parasympathetic responses on our out-breath. By breathing in and then out twice, slowly we enhance the parasympathetic activity. This is confirmed by shifts in the Theta brainwaves that are associated with relaxation, moving from the more active Alpha brainwaves to the more relaxed Theta brainwaves.

Figure 5. Ulf teaching through songs



We need to be able to conduct trainings in large groups. Therefore we want to respect every participant's privacy about why they may be traumatised or stressed. For this reason we have no spoken element in the form of affirmations. TTT is conducted in silence and can be taught in very large groups. We also do it with singing and music, which is a natural way that Africans remember and re-tell life lessons. There are videos of tapping songs in many languages, including English, on our website. Making music together is a powerful healing action in itself, and combined with TTT it is even moreso. (See Figure 5.)

We always train people to tap on themselves as well as to provide TTT for others. There is an enormous empowerment for a person to realise they can be of help to their community in a practical way.

From the recipients of tapping we learned it makes a great difference in the experience and it is perceived to be more potent, powerful and pleasant to be tapped on by another caring person. Whether this is due to being able to relax and focus, being cared for by somebody, experiencing non-aggressive, caring touch or the act of accepting help from somebody else, we don't know. We just notice that most people claim that being tapped on by someone else is more efficient and we recommend it strongly. We also teach other techniques that calm the nervous system and stimulate the relaxation response of the parasympathetic nervous system, such as the Japanese energy self-massage, called Do – In, and head holding, but TTT is our core tool. (See Figure 6.)

Figure 6. Tapping on others



Depending on the context and regulations of the place in which we teach, we need to be able to present TTT both as a self-stabilisation for symptoms of trauma, as well as a grounding technique for stress. Therefore we have purposely given it two names: Trauma Tapping Technique and Tension Tapping Technique - both in short abbreviated into TTT.

Since our initial explorations, much water has flowed under the bridges. Our work has grown worldwide, under the Peaceful Heart Network. We have spread the technique to more than 20 countries, with on-the-spot trainings and workshops, webinars, supplemented with our book, *Resolving Yesterday*, videos and other open source material for downloading from our website. See also a list of resources at the end of this article.

We do a lot of “one-person-trainings-on-the fly,” meaning that we have trained somebody very briefly during a chance meeting, in an airport or subway train, and this somebody has brought the technique

How do we reach people?

We are often asked, How do we reach people? Do we barge in and offer “them” a method to resolve the symptoms of stress and trauma we are assuming “they” may have? Never! We always connect with an already existing group through one of their members, learning about them and their possible uses of TTT. We never insist, we offer. A very important part of our way of approaching people is to build not only relationships but friendships. We spend a lot of time connecting, chatting, interacting, laughing, singing and eating together.

This is best reflected in a comment we got after a series of workshops with widows from the war in Sierra Leone:

“You were not seen as outsiders by the women: you have those elements of people’s participation: you dance, laugh and share food with everybody.”

We like to quote Australian Aboriginal activists Lilla Watson:

*If you have come to help me
You are wasting your time
If you have come because
Your liberation is bound with mine
Let’s work together*

That all participate on the same premises is an important aspect of our work. We don’t come as experts. We come as collaborators, colleague human beings offering to share a technique that has proven helpful to us and others. Our nervous system works the same wherever we come from, whatever we look like, no matter what our education or economical status is.

We look for explanations that each group can accept and understand by listening to how the community we are in talks about stress, trauma, the nervous system, energy and healing. We speak science with the scientifically oriented, spirituality for the spiritual, and practical, down to earth finding relief for pain, stress, bad memories, and so on. It all brings components of the complete picture that can include everyone.

We do, however, make it a part of every training to explain the basics of stress and trauma and how symptoms can manifest in our bodies as aggression, self-medication, poor decision making, poor short term memory, headaches, constipation, bed wetting, promiscuity, violence, self medication, self harm, chronic pain, anxiety, rapid heartbeats and loss of hope. When people realise the connections between symptoms like these and their experiences, they often feel relief and they become curious about exploring TTT to resolve their reactions to the memories.

Our shortest instruction is: "Think about whatever bothers you and tap 15 times on each point. Take two deep breaths and repeat."

And sometimes when we are in areas where many go with "alarm on" 24/7 we do a Tapping song without asking anybody to think about something special - like a preparation to lower the stress level. Then it is easier and less painful to proceed to more specific issues if necessary.

Here are two demonstration videos:

Trauma Tapping Technique /TTT/ with war affected children in Congo

https://www.youtube.com/watch?v=DD8MJXF_zTw

Two Fingers - A Trauma Tapping Song from Rwanda (TTT)

<https://www.youtube.com/watch?v=SI0AkZfRGNE&spfreload=5>

Cautions in trauma release

Others are using EP in treating PTSD. For instance, a survey of 448 practitioners of Emotional Freedom Techniques (EFT) focused on treatment for PTSD found:

Results: Most practitioners (63%) reported that even complex PTSD can be remediated in 10 or fewer EFT sessions. Some 65% of practitioners found that more than 60% of PTSD clients are fully rehabilitated, and 89% stated that less than 10% of clients make little or no progress. Practitioners combined EFT with a wide variety of other approaches, especially cognitive therapy. Practitioner responses, evidence from the literature, and the results of a meta-analysis were aggregated into a proposed clinical guideline.

Conclusion: We recommend a stepped care model, with 5 EFT therapy sessions for subclinical PTSD and 10 sessions for clinical PTSD, in addition to group therapy, online self-help resources, and social support. Clients who fail to respond should be referred for appropriate further care. (Church, Stern, Boath, et al., 2017).

In our own experiences, when it comes to offering tapping to somebody else there are further considerations. Let us make it clear that we never ask anybody to talk about traumatic experiences unless they have a wish to express them. We purposely ask people to connect "ever so lightly" because we find this is the amount of exposure necessary to resolve issues. We also recommend that if you are offering to tap on somebody else, make sure you sit like "two ships passing" so the person being tapped has nobody in front of them, should they feel an urge to get up. We rarely suggest a fixed number of sessions. We tell people to tap until calm. We like to keep it simple and open.

We also mention that if something emotional comes up that wasn't anticipated - that this is normal because emotions can be layered like the skins of an onion – one under the other. Over all these years I know of only one person who asked to interrupt a tapping session, and it was the partner of somebody who just learned it, who offered to try without agreeing to continue if some emotion surfaced. The partner

probably felt this "tapping" was nothing specific and was surprised to find tears emerging, and said they felt uncomfortable and wanted to stop. The lesson learned from this is to treat every person you offer a tapping like a client, with all explanations of the procedure.

How does it work?

After ten years of consistent and sustainable results, we know TTT and our model of teaching works, though we cannot claim we know exactly how. We have a number of explanatory models for what it is with this Tapping that works, as do other therapists and researchers (Benor, 2015). We don't say it is one or the other. Probably there is truth to be found within all. What do you think?

1. Relaxation: Processes activating the relaxation response are stimulated by the tapping on acupuncture points (Lane, 2009).
2. Influencing brain centers: A process of de-potentialization of brain AMPA-receptors of the amygdala that are programmed to alert the fight and flight responses to conditioned stimuli or triggers (Ruden, Web ref.).
3. Memory reconsolidating interruption: By bringing up the memory with an emotional component and using the TTT to calm the nervous system, allowing the same memory to be reconsolidated without the original trauma and re-traumatization emotional components, and with a more healing component instead (Ecker, Web ref.).
4. Grounding and stress reduction: Tapping is a grounding or self-stabilizing technique - introducing safety and grounding into the body. The tapping creates a state of association and "now" which is the opposite of the state of dissociation often triggered by traumatic memories. This leads to stress reduction (Varvogli & Derviri, Web Ref.).
5. Bilateral stimulation for stress reduction. (Lee, Sung W. Gerdes, Lee. Tageler, Catherine, L. et al., (2014).
6. Caring Touch: Being cared for by a person who is grounded, calm and coherent, with non-invasive touch (Alrosa, Arman, Sundberg, et al., 2016).

See Appendix A for an outline of TTT methods.

Discussion

Our experience is that TTT works extremely well. It is effective in relieving severe trauma residues, not only with single traumas but even with the multiple traumas experienced in the Rwanda genocide. People who were unable to function normally for ten or more years because they suffered from severe post traumatic stress have been able to release seriously disabling psychological and physical symptoms. Many are now living without flashbacks, physical pains, anger outbursts, depression, insomnia and more. Their relationships with their families and communities are significantly improved. Many who were unable to work are now able to work again.

TTT is easily taught to individuals and groups of all ages. Even people who are relatively new to using TTT can teach it to others.

Many questions are raised by our experiences in Rwanda, which are replicated in DR Congo, Sierra Leone, Chad, Kenya, South Sudan, Afghanistan and India. The responses to TTT have been rapid and successful in eliminating symptoms of stress and trauma.

One might speculate that despite the fact that the nervous systems are the same in all humans, the conditions for healing might differ. Perhaps the strong responses we get depend on some differences in

the cultural context and prevalent mindsets.

1. In most of these countries there are no benefits in being sick, such as sick leave or disability benefits. You have to get up and work if you want to eat.

2. In societies where Western mindsets and beliefs are not prevalent, the concepts of trauma being difficult to heal ("It has to take time"), or that the treatment should be based on cognition, are not part of the prevalent mindsets.

3. In many societies, talking to a stranger in a closed room about your inner wounds is not culturally congruent. In some cases, talking to a counselor, therapist or doctor for conventional talking therapies means you didn't get any treatment. In these societies, healing occurs traditionally in the community, together with friends and family, which works well with our group model of intervention.

It probably also has something to do with the efficacy of the intervention, since we have introduced TTT in Netherlands, Germany, Finland, France, Canada and US, with similar, excellent results in relieving severe traumas.

So far, the results of using TTT are based on personal reports and observations. We have ten years of followups from individual reports, starting when we first came to Rwanda in 2007. Many of these people lived with frequent nightmares, flashbacks, feelings of isolation, depression, etc. After learning Tapping the symptoms decreased, then disappeared, and have never come back.

We are presently conducting a study in DR Congo in collaboration with with Dr Peta Stapleton of Bond University, Brisbane, Australia.

We have not made any study to compare the efficiency of TTT with other techniques. But what we see is that in any situation and society we have been TTT has been easily included and integrated into existing therapeutic settings and methods.

Research is confirming that other Energy Psychology methods are very effective in treatment of PTSD in Western countries (Church, et al., 2017; Feinstein, 2012). Conventional medicine, psychiatry and psychology have been slow to acknowledge these results, but this is now beginning to change. There is another qualitative report of EP, using the Thought Field Therapy (TFT) method to treat severe psychological traumas in Rwanda (Edwards, 2016).

EFT and Energy Psychology have a modest but growing evidence base: Over 70 published studies, as well as four meta-analyses (statistical analyses of groups of studies), have documented evidence for EFT and other EP methods. Additional studies and reviews are being published. This means EFT can be considered evidence-based.

The increasing acceptance is evidenced by authorities such as the US Veterans Administration and the American Psychological Association officially acknowledging benefits of Energy Psychology. TFT was officially validated as being evidence based by the National Repertory of Evidence Based Practices and Procedures (NREPP), a division of the Substance Abuse and Mental Health Administration (SAMHSA), which evaluates modalities and treatments in the US.

Since EFT, TFT and TTT are all forms of meridian energy therapies, it appears probable that research on EFT and TFT in many aspects applies to TTT as well, as they all work on the principle of tapping meridian energy points. The fact that TTT produces effects very similar to those of TFT in people with PTSDs they have suffered in the Rwanda genocide (Edwards, 2016) supports this assumption.

We find that TTT can be added as a stabilizing technique for balancing the nervous system in any situation and circumstance. It releases stress responses and activates the relaxation response. When this happens, physical and psychological healing occurs.

Conclusions:

TTT appears to be a highly effective Energy Psychology method for group and individual treatment of severe PTSD in adults and children by non-specialists as well as specialists. Further research to validate our clinical observations appears to be warranted.

Outline of TTT methods

From our thoughts and experiences we have written this [brief outline] to give an introduction and explanation of our rules of thumb in how we approach this work, focusing on attitudes and practical things to consider:

Attitudes

- Take off your shoes and listen first
- Learn more than you teach
- Be compassionate, including to yourself
- Be inspired and inspiring
- Dare to learn (also by failing)
- Use what you already have

Practical things to consider

- Offer, don't insist
- Honour safety
- Take no credit for healing
- Avoid stereotypes
- Avoid suffering (by asking or talking about experiences)
- Expect little, give much
- Pay it forward – pass it on
- Bring a warm smile and stability
- Respect every person's reality
- Healing is possible
- And finally: **Be prepared for miracles**

Facts

TTT is a First Aid modality of tapping and self-regulation for emotional and traumatic stress. TTT is designed to be taught and transferred peer-to-peer in groups and individually by non-specialists.

It is structured to maintain the integrity of each individual and with as few language interventions as possible to translate geographically in the shortest and easiest way that can reach as many as possible at the lowest cost possible.

Instructions

1. Connect ever so lightly to what bothers you
2. Assess your SUD (Subjective Units of Distress), where '0' = not at all, '10' = the worst it could feel
3. Self tap or get tapping from someone else who knows TTT, using 2 rounds 12-15 taps on the points with Alpha/Theta breathing in the middle and end. Tapping is always on the same 13 points, with repetition on the chest. No set-up phrases, statements or guiding to emotions are used besides the instruction in step 1 and the general discussion about what symptoms of stress and trauma are and how they can manifest psychologically and physically.
4. SUD to see progress

Always

- Repeat when necessary or comforting
- Pay it forward by instructing and offering to others

Learning Options

- Integrate in song
- Integrate in daily routine

General

- Multiple explanatory models are embraced:
 Amygdala de-potentialization (R. Ruden, Web ref.)
 Memory Reconsolidation (Ecker, Web ref.)
 Bi-hemispherical overload (Lee, Gerdes, Tageler, et al., 2014)
 Energy Meridians (Lane, 2009)
- Be aware of the empowerment of self-regulation and of offering and accepting help from others.
- When being tapped: The components of touch, being cared for being able to relax and focus on the process in a safe zone provided by somebody else and not having to speak about any core issue unless wanted.
- Can be taught to both laymen and paraprofessionals in less than a day so that they can successfully treat others in their community.
- 3500 Case journals show persistent results after a single intervention. [Resolving Yesterday]

Resources

Trauma Tapping Technique, full description: www.selfhelpfortrauma.org

Our work, our book (Resolving Yesterday – First Aid for stress and Trauma with TTT), and more materials can be found at www.peacefulheart.se.

See review of this book in the IJHC at <http://www.ijhc.org/2016/07/ijhc-book-reviews-july-2016/>

Association for Comprehensive Energy Psychology (ACEP) - American) <http://www.energypsych.org/>

Canadian Association for Integrative and Energy Therapies (CAIET) <http://www.caiet.org>

Peaceful Heart Network (European) <http://www.peacefulheart.se>

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