

CHAPTER 1

Resource Tapping— Origins and Principles

There is in all things an inexhaustible sweetness and purity, a silence that is a fountain of action and joy. It rises up in wordless gentleness and flows out to me from unseen roots of all created being.

—THOMAS MERTON

MARYANN WAS SCHEDULED for surgery to remove a nonmalignant tumor from her breast. This was the second time she had developed tumors in her breast, and the second surgery. Because of how awful she felt from the general anesthesia after the first surgery, she wanted to avoid using it for this one. She asked her doctor if she could remain awake during the surgery. She told him that she would try to control her anxiety herself using a technique she had learned. She assured the doctor that if she became overwhelmed with anxiety she would agree to being put under.

The day of the surgery MaryAnn was anxious but determined to control her anxiety. As she was wheeled into the operating room, her heart beat loudly in her chest, reverberating like a drum. The nurses and techs were busy preparing the room, and the bright overhead lights glared down at her on the table below. The nurses prepped her for the surgery. They extended her arms out to each side and fastened her wrists to the table. She was immobilized, her body in the shape of a cross. The anesthesiologist gave her a shot so that she would not feel any pain during the surgery but gave her nothing for anxiety.

Surrounded by doctors, nurses, and techs, the bright lights exposing her bare breasts, MaryAnn's heart began to race. Her chest was tight, and it was hard to catch her breath. But in spite of her surroundings, she closed her eyes and brought her attention to a quiet, familiar place inside herself. She spent a few moments following her breath, feeling her body, being present. At first she attempted to keep herself calm by using her breath alone. When that didn't work, and waves of anxiety began to crash over her, she began to tap her fingers very lightly on the operating table—right-left, right-left. As she did this she noticed that the tightness in her chest began to release, and her breathing became smooth and flowing. She tapped for a while, stopping when she felt relaxed. She rested in a peaceful state for several minutes. Then her

mind became active, and her chest began to tighten again. She began to tap her fingers once more, continuing until she once again felt peaceful and calm. Throughout the surgery, whenever she felt anxiety beginning to build, she would resume tapping. By the end of the surgery, she felt relaxed and at ease. She felt refreshed, not wiped out by the experience like the time before. She had done it! She was happy and proud of herself. This experience gave her confidence that she could get through other challenging experiences in the future with her resource tapping technique.

Our Natural Resources

Within each of us is a hidden potential, a wellspring of untapped natural resources we can use to heal our psychological wounds and help us better navigate challenges we face in our lives. The problem is that these resources too often remain buried, and we don't know how to access them. We dig in the wrong place, or we don't think to dig at all. Spiritual traditions teach ways to contact our resources by using prayer and meditation practices. Tibetan Buddhism, in particular, has developed sophisticated technologies for developing and cultivating different states of consciousness. Today, in western psychology, we have found a highly effective new way to harness the power of our inner resources. The technique is very simple. Sometimes I still find it hard to believe that it works, even though

I have experienced it myself, witnessed it work with my clients, and heard reports from my trainees and consultees. It sounds too easy to be possible.

This method, called “Resource Tapping,” evolved out of Eye Movement Desensitization and Reprocessing therapy, or EMDR. EMDR, which was developed by psychologist Francine Shapiro in the late 1980s, is a powerful, well-researched treatment for trauma that incorporates alternating bilateral stimulation into a structured therapy. Shapiro found that people could process a trauma memory at an accelerated rate when it was paired with bilateral stimulation. People who had been suffering with post-traumatic stress disorder would find their symptoms relieved after only a few sessions. In the early days of EMDR, we used eye movements exclusively for bilateral stimulation. Clients were instructed to follow the therapist’s fingers with their eyes, moving them to the far right and then far left. The eye movements used in EMDR were found to activate an accelerated processing effect. Clients would experience a mind-body free-associative processing during which emotions, body sensations, images, memories, and thoughts moved rapidly through their systems. Some well-regarded brain researchers believe that the bilateral stimulation used in EMDR may be activating both hemispheres of the brain much in the same way that REM sleep does. During REM sleep, our eyes move rapidly back and forth, and we process and integrate information.

But many people were not able to use the eye movements in EMDR. Some had eye injuries, were blind, or found it physically uncomfortable. Over time we discovered that other forms of bilateral stimulation also worked, as well if not better than eye movements, to elicit the accelerated processing effect. We began to tap on clients' knees and hands or to use alternating sounds, stimulating each side alternately—right-left, right-left. In this way we would activate each side of the person's brain, which seems to be the key to the rapid processing effect we see in EMDR.

When clients activate a disturbing memory by evoking the emotions, body sensations, and thoughts associated with it, and then add bilateral stimulation, they begin an extraordinary free-associative process between mind and body. Clients can have thoughts, feelings, old memories, or dreamlike fantasies that move rapidly through their awareness. As this information is processed, they often have new insights and new ways of viewing themselves and their lives. By the end of an EMDR session the old memories no longer feel disturbing. Clients naturally arrive at a place of health and wholeness.

Experience with thousands of people led to the foundational EMDR theory that within each person is a natural ability to heal that is disrupted after a traumatic experience. In this theory, our body-mind has a natural information processing system that works

to process and assimilate new information. We have experiences all the time that are stored for later use. However, trauma memories are processed in a different way. When we have a trauma our information processing system is disrupted. The information is left in fragmented form, unprocessed, and not stored in long-term memory. The unintegrated fragments often cause symptoms that disrupt our lives. A sound or even a smell that reminds you of the trauma can elicit a full-blown panic response. Unprocessed traumas can cause us to feel anxious and depressed and to have nightmares and trouble sleeping. Instead of feeling like the trauma happened in the past, it feels like it is alive in the present. When you have a wound, your body cannot heal until the wound has been cleaned of debris. In the same way that debris inhibits our bodies' ability to heal, a serious trauma disrupts our natural healing system. The bilateral stimulation we use in EMDR activates our inherent information processing system and allows our minds and bodies to find their way back to wholeness.

In the early days of EMDR we discovered that bilateral stimulation could also be used in a focused way to activate and strengthen certain resources within our clients. The first resource to be tapped in was the safe place. Guiding people to imagine a place where they feel safe and comfortable had been used for many years by psychotherapists to help people reduce anxiety. We found that directing clients to focus on a safe place and

then adding short sets of bilateral stimulation worked even better than the imagery alone to calm them and provide them with a sense of control over their distress. This practice, called “installing a safe place,” helped traumatized people feel safer and was used by therapists prior to beginning EMDR sessions. Later we found that we could tap in many different kinds of resources—such as images of nurturing figures, protector figures, and inner wisdom figures—to help strengthen and stabilize clients who had been severely traumatized in childhood. Resource tapping became an important tool in helping to prepare clients for the difficult EMDR trauma processing work.

Over the years resource tapping has expanded and developed considerably. There are many positive resources that can be tapped in that comfort us, lift our spirits, or empower us, including inherent qualities such as love, wisdom, and joy, as well as memories, experiences, images that arise from our imaginations, and people to whom we can connect. Moreover, tapping in has expanded beyond EMDR and trauma work. Resource tapping is now done as a stand-alone technique, independent of EMDR, and new applications for resource tapping are being discovered every day. Resource tapping is used to reduce anxiety and depression, help with sleep, increase creativity and performance, aid in healing, and decrease distress after a traumatic incident. Colleagues of mine in Germany are using it to help cancer patients

cope with their illness. School children with heavy course loads are using resource tapping to help alleviate their daily stress. By focusing attention on our resources and adding short sets of simple bilateral tapping, we can strengthen these resources, making them more present and accessible to us.

Resource tapping is related to EMDR but is essentially a different model. With EMDR we focus on the trauma memory, add bilateral stimulation, and follow a protocol that allows the unfolding of a free-associative processing. In contrast, when we tap in resources we focus on the positive resource and only allow a short amount of bilateral stimulation. We keep the work focused exclusively on the positive, healing resources and do not allow a free flow of processing. The idea with tapping in resources is that we want to select the resources according to the situation. We are using the resources as specific tools for specific applications. For example, if I am feeling anxious, I want to tap in resources that will help me relax. I might choose a calming image such as a verdant meadow covered with bright yellow flowers, a bubbling brook, and gentle grazing deer. As I bring my imagination to bear, and really see, smell, and hear this meadow, I tap right-left, right-left to increase the experience of relaxation this resource evokes in me. I do not allow myself to tap for too long. If I do, I risk activating anxiety-producing information.

Throughout this book I use the terms “tapping” and “tapping in” resources. We *tap in* a resource by locating