

Erasing Phobias, Addictions and Obsessive Behaviors

by Thomas R. Margrave

Abstract. The phobia correction technique is a potent and effective tool with applications in a wide range of situations. It is under-utilized largely because the foundational concepts are not understood. Two key concepts are anxiety and reversal. Understanding the nature and effect of anxiety allows a broader application of the technique. A greater appreciation of the significance of reversals and their elimination, helps the practitioner identify and resolve unconscious self-sabotage while enhancing the overall effect of the phobia technique. An effective procedure for the application of these concepts is also essential.

"This morning, I walked up to the elevator in the building where I work, pushed the button, watched the door open, then close. I must have stood there for at least five minutes. Then, without really thinking about it, I pushed the button again and entered the elevator. What a power rush! ...the panic I've always felt of being trapped without anyone knowing where I was, wasn't there. I exited the elevator feeling like such a strong person. Words can't express how jubilant and whole I felt. Again I was reduced to tears of joy."

The above paragraph is excerpted from a letter written by a woman who, for 23 years, had been unable to ride an elevator alone. She learned the phobia correction at a workshop I teach entitled:

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I have been having outstanding results with the class. I want to share with you some of the distinctions and understandings that have contributed to that success.

Where We're At

Many people within the Touch For Health synthesis are already familiar with the phobia tapping techniques pioneered by Dr. Roger Callahan. In fact, Callahan presented his work at a TFH Annual Meeting a few years ago. The phobia technique is part of the TFH Facilitator program, and Callahan's book was sold by the THERprises Bookstore for a long time.

In spite of these facts, my experience is that very few Touch For Health instructors use or teach the techniques and, when they do, they may get less than the desired results. Our treatment of the techniques in the Facilitator Manual is perfunctory. There is no mention of applications other than phobias and it fails to explain the underlying concepts that make the phobia correction so powerful.

Achieving clarity concerning two of these important concepts made a big difference for me. The way we think about things often has a major impact on how well we can use information. The two concepts are anxiety and reversal.

Looking At Anxiety



ANXIETY • is the body's physical/emotional response to two concurrent and conflicting conditions—the presence of a

perceived threat (either physical or emotional) and the absence (or perceived absence) of any means to achieve a positive outcome in response to the threat.

Why is this significant? The above definition allows us to distinguish anxiety from fear. Fear is an appropriate response to perceived threats and unfamiliar experiences and is part of the body's normal protective reflex. As long as you are living and growing, you will experience fear. See Joan Dewe's excellent contribution *Breakthrough the Boundaries of Fear* in last year's TFH Journal.

Anxiety occurs when a fearful, threatening situation apparently has no positive resolution. In the environment in which humans evolved, most of the threats were of a physical nature. Physical threats, such as an attack by a wild animal, tend to be resolved, one way or another, rather quickly. It therefore evokes fear, not anxiety. Emotional threats, on the other hand, are often long-term and unresolved. They seem to comprise the majority of the threats faced by modern human kind.

Consider the employee who daily contends with an overbearing, irritable, unreasonable boss. His instinctive response to this challenge to his self-esteem and emotional wellbeing, is to confront his tormentor or remove himself from the situation—the same fight or flight reflex that comes on line with a physical threat. But neither confrontation or quitting seems to offer a positive outcome. The result—an unresolvable emotional threat that evokes feelings of anxiety.

Strategies For Dealing With Anxieties

Everyone has developed ways of handling the anxiety in their lives. Some methods are empowering and life sustaining, others are not. Phobias, addictions and obsessive behaviors are strategies for dealing with anxiety. These behaviors effectively deal with anxiety in the short term but are ultimately counterproductive and limit the individual's experience of life.

To ensure that we're talking about the same thing, let's get some working definitions of phobias, addictions and obsessive behaviors:

PHOBIA • an unrealistic or irrational fear that, in some way, interferes with or limits an individual's experience of life.

ADDICTION • the habitual use of any substance to the detriment of the individual. Addiction is characterized by a strong, compelling urge to use the substance of abuse.

OBSESSIVE BEHAVIOR • an habitual behavior pattern that creates problems in or interferes with a person's life. The individual experiences a powerful desire to continue the behavior in spite of its negative effects on his or her social, domestic or work relationships.

Essential Time Orientation

Again, the underlying, condition that motivates these behaviors is anxiety. The behaviors are simply strategies that are effective at reducing anxiety in the short term but which exact a heavy toll down the line. Stokes and Whitesides, in their book *Structural Neurology* (revised edition), also indicate that each of these behaviors has a unique association and relationship to time:

Phobias - Focused in the Past A phobia is an extreme avoidance reaction to a current, anxiety provoking stimulus based on its similarity to a traumatic experience from the past. For the phobic, in the presence of the object of his fear/hatred, the present moment doesn't exist—he is locked into the traumatic past.

Addictions—Focused in the Present. Addictions are used to ignore painful, anxiety provoking feelings and experiences that have their basis in the past. It is an attempt to remain focused in the present moment by using the pleasure of the addictive substance as a distraction from the anxiety.

Obsessive Behaviors—Focused in the Future. Obsessions are habitual, ritualistic or compulsive behaviors. The purpose of these behaviors is to control the future and thereby reduce the anxieties associated with it. What's happening in the present moment only has significance in the context of its effect on the future. Now is never enough. Things will be OK if I can only work harder, make more money, bed more partners, keep

the house cleaner, be more perfect—or whatever.

Each of these patterns of dealing with anxieties are learned behaviors with their roots in the past. They are very effective at reducing or eliminating anxiety in the moment. In the process, however, they leave the individual feeling that they are out of control, have no power and above all, have no choice.

Restoring The Power Of Choice

One of the ways that individuals can regain control, reassert their power and restore their ability to choose, is to address the effects of anxiety on the body's energy system. Anxiety creates a disturbance and imbalance in the energy system. It shows up as an over energized meridian that relates directly to the anxiety. Our experience indicates that approximately ninety percent of the time this comes up on the stomach meridian, about seven percent of the time on spleen meridian and the remaining three percent on one of the other meridians.

The over-energy state can be normalized by tapping the end or beginning point of the affected meridian while thinking of the object of the phobia, the addictive urge or the obsessive compulsion. Think of the tapping as draining the over-energy. This effectively lowers the anxiety level and reduces or eliminates the feelings of compulsion. Conscious choice in the moment is restored and appropriate, life enhancing options are now possible.

When dealing with addictions it is ultimately more effective to think of the source of the anxiety while tapping the affected meridian rather than the addictive urge. Likewise, when dealing with obsessions, it is more effective to focus on the underlying anxiety rather than the compulsive urge. This requires a good degree of self-awareness and sensitivity, however. Very often, a component of addictive or obsessive behaviors is a state of denial and being out of touch with feelings.

If you are unable to identify the underlying anxiety, don't worry about it. Just have the individual think of the addictive urge or

feeling of compulsion while using the meridian tapping technique. If you want to take your compulsive behavior defusion skills to an even deeper and more effective level, consider Three In One Concept's Structural Neurology class. It combines digital prioritization, age recession and other skills to defuse the compulsive behavior at the age of cause.

Subtle Shades Of Self-Sabotage

At the beginning of this paper, I mentioned that clarification of two important concepts enabled me to greatly improve my ability to use the phobia (addiction and obsession) correction technique. The first concept was anxiety and the second is reversal. When Callahan discovered the phobia correction, he found that it had no effect on a significant portion (about 40%) of the people with whom he worked. Further research enabled him to identify the source of this problem.

He found that sometimes a person's stated desire ("I want to overcome my fear of cats.") disorganized the system and caused a switched off response from the indicator muscle. On the other hand, the negative statement ("I do not want to overcome my fear of cats."), allowed the system to remain organized and caused the indicator muscle to stay switched on. Callahan named this contradictory response psychological reversal. Because we are not psychologists, and we want to avoid even the appearance of prescribing and treating, we will simply call it reversal.

Here is Callahan's definition of reversal:

REVERSAL • is a condition in which a person states that he or she desires to achieve a specific goal but his or her actions, major motivations and especially results are contrary to the stated goal. Superficially, he or she strives to achieve the goal but inevitably, grossly or subtly, sabotages his or her own every effort. Others have called it self-sabotage, loser syndrome, self-destructive behavior, and death instinct.

Essentially, reversal is the result of a conflict between different levels of awareness. Reversal seems to result from an unconscious tendency toward self-denigration, expectation

of failure and a lack of self-acceptance in one or more areas of life. If, for example, I want to quit smoking, I may view my addiction as despicable and an indication of weakness. If I try to quit and fail, this confirms my suspicions that, in this area of my life at least, I am essentially loathsome and destined to fail.

My self-talk, or stream of thoughts that I think, when I smoke, will reflect and reinforce my decision to look at myself in a self-denigrating way. In essence, I am holding outside the circle of self-love and self-acceptance, the part of me that finds comfort and shelter from anxiety in that simple activity. While being held in contempt, the aspect of self that enjoys smoking has no reason to cooperate in ending the addictive behavior. It knows from past experience, that anything to do with quitting smoking results in more hatred directed its way.

Getting Out Of Reverse And Back Into Drive

This speaks beautifully to the need for love and acceptance for every part of ourselves. It also points out that when we want to make changes in our behaviors, the source of our motivation is important. If our motive stems from self-contempt, it will be much more difficult to accomplish than if the impetus comes from a desire for self-improvement as an expression of self-love.

Callahan found that with reversal present, the phobia (addiction and obsession) correction technique is totally ineffective. How then, do you deal with reversal. Not surprisingly, the procedure that eliminates the reversal (or reverses the reversal, if you will) is a dose of self-love. Making a statement of self-acceptance such as "I deeply and profoundly love, accept and respect myself even though I am addicted to cigarettes" while tapping the small intestine 3 acupuncture point (SI-3), effectively takes care of the reversal, at least temporarily.

Because the self denigration, expectation of failure and negative self-talk are habitual behaviors, elimination of the reversal may be only temporary. If the reversal returns, simply use the affirmation of self-acceptance

and the SI-3 tap again. The affirmation can be used as a take-home exercise to be used any time the individual notices negative self-talk or negative feelings towards self. Eliminating the reversal will last longer if used with age recession as indicated in the procedural section below.

Eliminating reversals is a very potent tool. You may want to spend some time examining and clearing reversals in any area of life using the procedure outlined by Joan Dewe in her paper entitled *Clearing Sabotage Programs* in last year's TFH Journal. It is important to remember that no lasting progress can be made in any area of self improvement in the presence of a reversal. Clear any reversal on an issue before using any other correction.

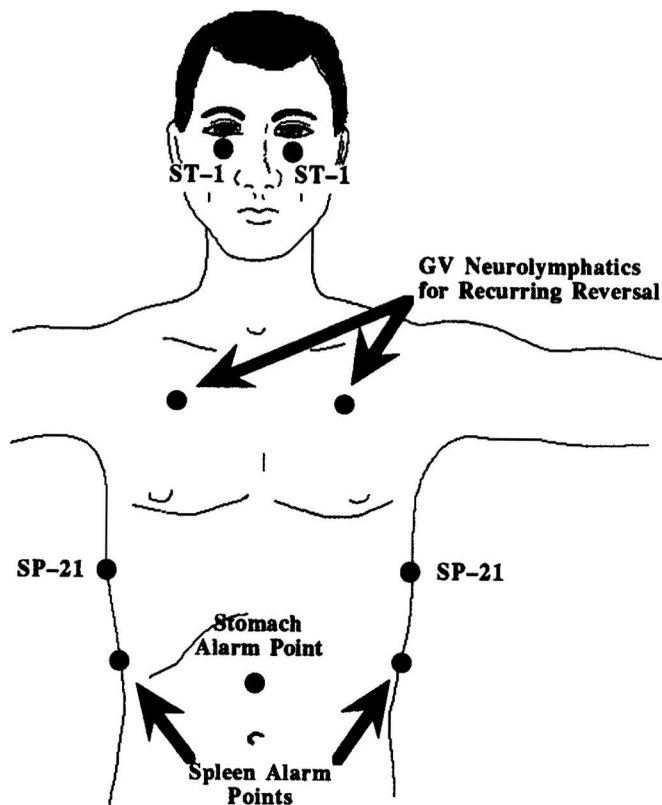
Before I outline the phobia, addiction and obsession correction procedure, I want to provide some definitions of terms I use:

MAJOR CORRECTION • the technique for eliminating over-energy that causes the feelings of anxiety and results in the phobic, addictive or compulsive behavior. It involves tapping the end or beginning points of the affected meridian while thinking about the object of the phobia, the addictive craving or the behavioral compulsion.

GAMUT CORRECTION • reinforces and deepens the major correction by activating and involving different portions of the brain. It is used when, in the absence of reversal, the major correction no longer produces significant decreases in the level of anxiety.

MINI-REVERSAL • is a reversal that occurs during the middle of the major correction. If the major correction and the gamut correction produce no further reduction in the anxiety level, the presence of a mini-reversal is indicated. A mini-reversal is cleared in the same way as a regular reversal. No further progress will occur until it's corrected.

RECURRING REVERSAL • is a reversal that reoccurs immediately after it is corrected. A recurring reversal can be cleared by vigorously massaging the front neuro-lymphatics for the governing meridian (see the illustration on the next page) while repeating a statement of self-acceptance.



PROCEDURES

I. EVALUATION

Do a Touch For Health balance, then:

1. Get a clear indicator muscle, check for overload (switching), hydration and over energy on the central and governing meridians.
2. Identify and think of the phobia, addiction or obsession and test the indicator muscle—it will switch off. If not recheck your indicator muscle for blocking.
3. Determine which meridian is over energized by the anxiety or craving:
 - a). Place hand over the stomach meridian alarm point, think of the phobia, addiction or obsession and test indicator muscle.
 - b). If indicator switches back on, use the beginning or end points of the stomach meridian for the Major

Correction. 90% of all phobias over-energize the stomach meridian.

c). If the indicator stays switched off, place hand over a spleen meridian alarm point, think of the phobia, addiction or obsession and test indicator muscle. If indicator switches on, use the beginning or end points of the spleen meridian for the Major Correction.

d). In the rare instances that the indicator still doesn't change, check the rest of the alarm points and identify which one causes an indicator change. Use the end or beginning points of that meridian for the Major Correction.

4. Ask the individual to subjectively evaluate the intensity of the phobia, addiction or obsession on a scale of 1 to 10, where 1 is unnoticeable and 10 is unbearable. This will be your baseline for later comparison.

II. MAJOR CORRECTION

1. Check for and (if present) correct reversal (see Section III on Reversal below).
2. While thinking of the phobia, addiction or obsession briskly and solidly tap the appropriate points (as determined above) at the beginning or end of the stomach or spleen meridians. The intensity of the phobia, addiction or obsession will begin to reduce immediately.
3. If the intensity of the anxiety or craving doesn't reduce, check for mini-reversal and (if present) correct (see Section IV on Mini-Reversal below). If you had to correct for reversal under step 1 of this section, correct for recurring reversal (see Section V on Recurring Reversal). Repeat step 2.
4. As you proceed, notice that the tapping quickly reduces the intensity of the anxiety or craving. Tapping alone may be enough to bring the phobia, addiction or obsession to the level of a 1. More commonly, you will notice that the anxiety or craving reduces significantly but that the tapping doesn't bring it to the level of a 1. At this point, use the Gamut

Correction (as described below) & then continue tapping as in step 2 of this section, until you reach an intensity level of 1.

5. If at any time during the Major Correction process, the level of intensity refuses to reduce, repeat the Gamut Correction. If that doesn't work, re-check for mini-reversal and correct.

III. REVERSAL

1. To check for reversal ask the individual to say "I want to overcome my _____ (stating the exact nature of the phobia, addiction or obsession)." For example, "I want to overcome my addiction to alcohol." If the indicator muscle stays switched on, a reversal is not indicated. If the statement causes the indicator to switch off, correct the reversal. You can make no further progress until the reversal is corrected.
2. Age recess to the best age to clear the reversal by saying, "Take yourself to the best age to clear this reversal. Show me that you are there with an indicator muscle change." It is not necessary for the individual to verbalize or even consciously know what age is on line.
3. Verify the presence of the reversal at that age by repeating step 1 of this section.
4. Tap the small intestine 3 (SI-3) acupuncture point on either hand briskly and solidly 35 times while repeating the statement "I deeply and profoundly love, accept and respect myself even though I am _____ (stating the exact nature of the phobia, addiction or obsession)." For example, "I deeply and profoundly love, accept and respect myself even though I am addicted to cigarettes."
5. Verify the defusion of the reversal at that age by repeating step 1 of this section. The indicator muscle will now stay switched on.
6. Instruct the person to return to the present time. Check that the statement is still clear.
7. Proceed to Major Correction.

IV. MINI-REVERSAL

1. It is not uncommon during the Major Correction process for the level of intensity, after reducing significantly, to resist further reduction even after the Gamut Correction. If this occurs, check again for reversal.
2. If reversal is present, you have a mini-reversal. You can make no further progress until it is cleared.
3. Age recess to the best age to clear the mini-reversal by saying, "Take yourself to the best age to clear this reversal. Show me that you are there with an indicator muscle change." It is not necessary for the individual to verbalize or even consciously know what age is on line.
4. Verify the presence of the reversal at that age by repeating step 1 of this section.
5. Tap the small intestine 3 (SI-3) acupuncture point on either hand briskly and solidly 35 times while repeating the statement "I deeply and profoundly love, accept and respect myself even though I am _____ (stating the exact nature of the phobia, addiction or obsession)." For example, "I deeply and profoundly love, accept and respect myself even though I am terrified of terriers."
6. Verify the defusion of the reversal at that age by repeating step 1 of this section. The indicator muscle will now stay switched on.
7. Instruct the person to return to the present time. Check that the statement is still clear.
8. Return to Major Correction and continue.

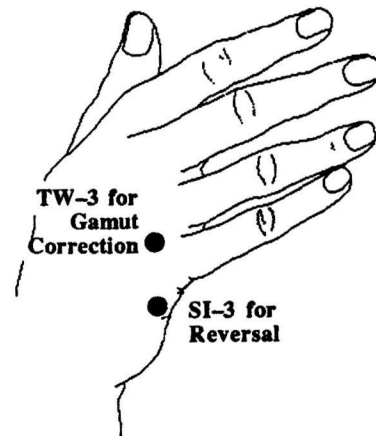
V. RECURRING REVERSAL

1. Occasionally, after you correct a reversal and then continue the Major Correction, there will be no change in the level of intensity. Recheck for reversal.
2. If reversal is again present, you have a rapidly recurring reversal - you can make no further progress until it is corrected.

3. Age recess to the best age to clear the recurring reversal by saying, "Take yourself to the best age to clear this reversal. Show me that you are there with an indicator muscle change." It is not necessary for the individual to verbalize or even consciously know what age is on line.
4. Verify the presence of the reversal at that age.
5. Massage, with deep pressure, the front neuro-lymphatic points for the governing meridian while repeating the statement "I deeply and profoundly love, accept and respect myself even though I am _____ (stating the exact nature of the phobia, addiction or obsession)." For example, "I deeply and profoundly love, accept and respect myself even though I am obsessed with cleaning house."
6. Verify the defusion of the reversal at that age.
7. Instruct the person to return to the present time. Check that the statement is still clear.
8. Return to Major Correction and continue.

VI. GAMUT CORRECTION

1. It is very common during the Major Correction process for the intensity level of the anxiety or craving to reduce quickly and significantly but less than completely. For example a phobia originally at 9 may quickly reduce to 5 or 6 but then resist further reduction. In this or any similar situation, use the Gamut Correction.
2. Age recess to the best age to do the Gamut Correction by saying, "Take yourself to the best age to do the Gamut Correction. Show me that you are there with an indicator muscle change." It is not necessary for the individual to verbalize or even consciously know what age is on line.



3. Locate the triple warmer 3 (TW-3) point on either hand and tap briskly and solidly 15 times for each of the following steps:
 - a). hold eyes open
 - b). hold eyes closed
 - c). point eyes down and to the left without moving your head
 - d). point eyes down and to the right without moving your head
 - e). rotate your eyes in a complete circle in either direction without moving your head
 - f). rotate your eyes in a complete circle in the opposite direction without moving your head
 - g). hum a tune—any old tune will do
 - h). count or do times tables
 - i). hum again
4. Instruct the person to return to the present time.
5. Return to Major Correction and continue until the level of intensity reaches 1.

Final Thoughts

Phobias may be simple or complex. A simple phobia can be defused with one run-through of the above procedure. In the case of a complex phobia, each aspect of the phobia will need to be defused. For example, a phobic fear of flying may have several components. It may involve fear of airplanes, fear of getting on airplanes, fear of getting lost in the terminal, fear of take-offs, fear of landings etc. Each of these aspects will need to be addressed separately.

Addictions and obsessions may take repeated corrections every time the addictive urge or behavioral compulsion appears. No muscle testing is necessary if the individual with the compulsive behavior takes responsibility for their own correction. They simply need to ensure that there is no reversal present by making the statement of self-acceptance and tapping SI-3. Next they tap the previously identified meridian end points for the Major Correction. If the anxiety level isn't reduced completely, they can do the Gamut Correction procedure and then come back to the Major Correction.

Consider using the phobia technique in any anxiety provoking circumstance. I use the tapping to drain off the over-energy whenever I feel it in my body—before a major presentation or test for example—with excellent results. I've found that using this procedure has also helped me to "tune in" to what my body is telling me about the circumstances and situations of my life. By knowing clearly what is threatening and anxiety provoking, I have more options for handling the situation.

If you learn and follow the steps detailed above, you are almost certain to have extremely positive and completely

satisfactory results. If you are interested in sharing these techniques with your students or clients, I have published a workbook, titled *Erasing Phobias, Addictions and Obsessive Behaviors*.

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