

## ACEP Comprehensive Energy Psychology Certification Module:

**Willingness to Succeed/Psychological Reversals****"Willingness to Succeed vs. Objections to Success"**

<b>SPECIFICATION</b>	<b>DESCRIPTION</b>
<b>What is it?</b>	This step is about establishing that the person has provided willingness, psychospiritually, emotionally and physioenergetically, to succeed at treating the selected issue.
<b>What is it for?</b>	Addressing objections to change and verifying that the person "understands" the treatment issue well enough, whether on a conscious or unconscious level, in order for treatment to succeed. These steps can and probably should be done prior to any treatment intervention, whether EP-oriented or not.
<b>Background</b>	Obtaining permission to treat is a time-honored tradition across virtually all healing methods. Change almost inevitably involves risk. A desired change that has not already occurred absolutely invariably involves risk. The original framing in the EP field for these objections was called Psychological Reversals (PRs). Later that term was amended by some and renamed Psychoenergetic Reversals. Even with this re-naming, this terminology remains confusing in some circles and downright objectionable in others. As a result, fewer and fewer practitioners use either term. As well, the original procedures for diagnosing and treating psychoenergetic "objections to success" have evolved in numerous EP methods beyond the original PR treatments and into the notion of "willingness." This concept is far more understandable and palatable to more people than Psychological Reversals, and arguably may more precisely address the heart of what generates PRs.
<b>Treatment of Psychological Reversals</b>	A compendium of Psychoenergetic Reversals diagnosis and treatment methods as they were originally developed (and are still used by many practitioners to address psychoenergetic blocks to successful treatment), is first presented.
<b>Treating Objections to Success. How is it done?</b>	Willingness to Succeed can be obtained through assessing what's at risk if one succeeds in making the desired change, and what's at risk if one instead continues to maintain the status quo, and then treating to either "clear" the objections or to establish the ability to hold the two sets of risks side by side with grace while choosing change anyway. Two ways to accomplish this are described in this module, including

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	detailed instructions about how to do each.
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## Learning Objectives

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Successful completion of this module includes gaining knowledge of the on-line didactic material evidenced by successfully passing the evaluation questions.

Upon completion of this (3 Hour) module, the CEP practitioner will be able to:

1. Define the concept of Willingness to Succeed and explain how it fits within a Comprehensive Energy Psychology session.
2. Explain how "Willingness to Succeed" relates to other related concepts such as Psychological Reversal and Psychoenergetic Reversals.
3. Know the proper use of Muscle Testing as a tool for establishing Willingness to Succeed blocks. This includes knowing how to check for Systemic Energetic Interference (Non-polarization(NP), Neurological disorganization, etc).
4. Know how to set proper goals, establish empathy and rapport in the delivery of a CEP session.
5. Define the concepts of Disorientation Fear and Not Understanding the Treatment Issue and explain how they might block treatment success.
6. Provide a working conceptual model for how Willingness to Succeed obstacles can be understood as internal parts.
7. Define and demonstrate treatments for addressing "Global," "Issue-specific" and "Completely-Level" PRs.
8. Identify and correct safety, deservingness, vengeance and co-dependence PRs.
9. Know how Objections or obstacles to Success can be corrected using Chakra based energy centers.
10. Identify and Correct limiting beliefs by using a Willingness to Succeed model.

## **Background: The History & Evolution of “Psychological Reversals”**

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The first generation of Psychological Reversals (PRs) was discovered and explored by Roger Callahan and John Diamond during their brief period of attempting to collaborate with one another. Callahan coined the term Psychological Reversal and Diamond coined the term “Reversal of the Body Morality.” These are not identical, but they are similar. (For more information on this read the latest edition of Fred Gallo’s text, *Energy Psychology*.)

Students of Diamond’s and/or Callahan’s, most notably James Durlacher, D.C., Fred Gallo, Ph.D. and Gregory Nicosia, Ph.D., expanded on the initial understandings about reversals, cataloguing varieties of reversals not initially identified by Callahan and Diamond. Fred Gallo talks about “Criterion-Related” PRs in his text, *Energy Psychology*. These are also defined and discussed in David Feinstein’s *Energy Psychology Interactive CD*.

Subsequent to Durlacher’s, Gallo’s and Nicosia’s further elucidations of Psychological Reversals, Gruder coined (in 1998) the term Psychoenergetic Reversal, to emphasize that these reversals did not always appear to be psychological in nature, but rather sometimes seemed to simply be held in the person’s energy system.

### **The Essence of “Unwillingness to Succeed:”**

#### **What’s at Risk If Treatment Succeeds & If Treatment Fails?**

The very existence of a goal means that it has not yet fully manifested. The very existence of a treatment issue means that there is something blocking the manifestation of that goal. The very existence of a block to manifesting a goal implies that there are risks in manifesting it. Hence, whenever someone has not already manifested an intention, it may be because of the perceived risks involved in succeeding. Because of this, addressing objections to success is a key component in helping ensure the success of all psychological treatment methods, especially Energy Psychology methods. Establishing Willingness to Succeed is the essence of what has historically been called in Energy Psychology circles “Psychological Reversals.” Understanding the nature of objections to success has enabled the Energy Psychology field to evolve beyond our initial understanding of PRs into what may be more straightforward and elegant ways to establish Willingness to Succeed.

## THE CLASSICAL WAY OF DIAGNOSING & TREATING PSYCHOENERGETIC REVERSALS: A CONCEPTUAL INTRODUCTION

The existence of a PR can be easily diagnosed by doing Muscle Testing with the contrasting PR statements. When the client tests are reversed from what they would want to test, you've found a PR. When this is the case, the classic way to proceed is to have the person stimulate a specific energy treatment point while repeating a self-acceptance affirmation three times (for instance, "Even though I have this problem I deeply and completely love and accept myself.") There is nothing magic about the number "three." It's simply that the amount of time it ordinarily takes to treat a PR roughly corresponds to the amount of time it takes a person to repeat the affirmation three times.

It is generally understood that there are three major categories of PRs: "Global," "Issue-Specific" and "Completely." Detailed instructions for diagnosing and treating the most frequently mentioned PRs are in the following section of this module. One way to think of Psychoenergetic Reversals is as energetic "objections" to treatment. On a more literal level, PRs are thought to be meridian reversals in which the energy is flowing along one or more meridians in the reverse direction that it is supposed to flow.

1. **Global PRs (gPRs):** A **Global Psychoenergetic Reversal** is one that is extremely broad in scope. These PRs are generalized rather than issue-specific. They represent consistent energetic signatures across many situations. The first catalogued gPR was Callahan's "Massive Psychological Reversal," which is revealed by muscle testing when a person tests weak in response to "I want to be happy" and strong in response to "I want to be miserable." EP practitioners have found a number of other gPRs active in certain clients. For example "I want to live/die." In other words, gPRs are systemic rather than being exclusively related to any one specific treatment focus. Because of this, you might recall that gPRs are addressed as part of the Systemic Energetic Interferences module. There are also Theme-Related gPRs, which are global (generalized) versions of some of the issue-specific reversals. For instance, one of the issue-specific reversals is about deserving to get over a particular problem. However, some people's deservingness issues are so pervasive that their energy system is wired as though they don't deserve to be happy in general, let alone deserve to get over any one particular problem. This manual contains some examples of the different varieties of gPRs that exist.
2. **Issue-Specific PRs (sPRs):** These are PRs that may arise in a person in relation to the specific issue being treated. The catalogue of sPRs has expanded far beyond the couple that Callahan acknowledged to now include almost two dozen issue-specific PRs. Two examples are: "I deserve/don't deserve to be over this issue" and "It's safe/not safe for me to be over this issue." "Undeservingness" and "unsafety" are two out of the four major Disorientation Fears addressed in this module. For your convenience, this manual contains three slightly different sPR charts for you to use, depending on what you're treating Emotion Disturbance (e.g., trauma, phobias, or anything other treatment focus other than treating beliefs), Limiting Beliefs Removal and Desired Beliefs Instillation. The wording in each of these charts is specifically adapted for treating that type of issue.

- 3. PRs at the "Completely" Level (cPRs): A Completely-Level Psychoenergetic Reversal** is a sPR that surfaces only as treatment makes progress. When an objection arises while treatment is progressing, it is about being *completely* over the issue or completely manifesting the desired goal. It has to do with the client not being okay to get *completely* over the issue being treated, even though it's okay to be *partially* over it. Hence, the term "Completely-Level." These reversals reveal objections to being fully over a problem that may exist even when there are no initial objections to making progress in treating the problem are evidenced while establishing Willingness to Succeed prior to beginning treatment. Typically, cPRs reveal themselves only after treatment progress has begun to occur. Any sPR can potentially show up as a cPR, even when it did not initially emerge as a sPR. The cPR forms of the sPRs examples used above are: "I deserve/don't deserve to be *completely* over this issue" and "It's safe/not safe for me to be *completely* over this issue."

**Clearing PRs by Treating the Major Chakras:** Psychoenergetic Reversals are not confined to the meridian aspect of the human vibrational matrix. They can also occur in the chakras. So, included at the end of this module is a summary sheet containing each of the seven major chakras, their locations, and some gPR, sPR and gPR chakra-based treatments you can also utilize.

## “Willingness to Succeed” Treatment Option 1: Original Psychological Reversal Treatments

### “Global” Psychoenergetic Reversals (gPR)

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#### GLOBAL PSYCHOENERGETIC REVERSAL DIAGNOSIS (CALLAHAN)

(CALLAHAN REFERS TO GPR AS “MASSIVE PSYCHOLOGICAL REVERSAL”)

1. Have client say, “*I want to be happy*” and MT (strong is desired)
2. Have client say, “*I want to be miserable*” and MT (weak is desired)

#### GLOBAL PSYCHOENERGETIC REVERSAL TREATMENTS (CALLAHAN, GRUDER, SWACK)

If client is reversed *OR* non-differentiating, treat with the following:

1. Have client rub the Neuro-lymphatic Reflex spot\* (NLR) in clockwise direction (The NLR spot is on the heart side of the chest wall, about 2½ inches above the nipple, in a slightly tender indentation about the size of a quarter: have client place right hand as though about to say the Pledge of Allegiance and he/she will easily find it.)
2. **gPR1** (Callahan) – While rubbing, have client repeat the following statement three times: “*I deeply and profoundly accept myself with all my faults, problems and limitations.*”
3. **gPR2** (Gruder) – In the rare event that the gPR1 treatment fails to correct the reversal an alternative is to have client repeat the following statement three times while rubbing NLR: “*I deeply and profoundly accept myself with all my gifts, strengths and ability to love.*”
4. **GPR3** (Swack) – If neither gPR1 nor gPR2 treatment is successful, MT using the diagnostic statements: “I want to live” vs. “I want to die.” If weak on “I want to live,” do custom diagnosis to determine which treatment point corrects the reversal on these two statements. When you find that point, have person treat it while saying some wording that fits right for them, such as, “Even if some part of me wants to die, I deeply and profoundly accept myself.” Please be aware that if this comes up, the client probably has “parts” work to do.

\* Each organ apparently has an associated NLR spot. However, based on results, the NLR spot used in treating Global and Issue-Specific PRs does work the vast majority of the time, so there must be some bona fide phenomenon occurring with this spot, even though it is not directly connected with any particular meridian!

#### OTHER THEME-RELATED GLOBAL PSYCHOENERGETIC REVERSAL EXAMPLES

Theme-Related gPRs are global (generalized) versions of some of the issue-specific reversals. The following are the MT diagnosis statements in the positive wording. Diagnose and treat as you would any other PR. The below are just examples. Use your client’s cues and your creativity to ferret out any Theme-Related gPRs your client may have. (You may need to do custom diagnosis to discover this client’s optimal treatment location for a Theme-Related gPR.)

- 1) “I deserve to be a happy person.”                      “[Others] deserve for me to be a happy person.”
- 2) “It’s safe for me to be a happy person.”            “It’s safe for [others] for me to be a happy person.”
- 3) “I have the right to be a happy person.”
- 4) “I will allow myself to be an empowered person.”

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Also see the end of this PRs section for some information on chakra-based PRs treatments! As you can see, these types of gPRs start to sound very much like limiting beliefs! Energy Psychology methods can help people clear limiting beliefs out of their thought fields.

## **“Issue-Specific” Psychoenergetic Reversal (sPR) Diagnoses & Treatments for Emotional Disturbance Removal**

***SPRS ARE SIMILARLY DIAGNOSED BY HAVING THE CLIENT STATE ONE OF THE FOLLOWING AND MUSCLE TESTING TO DETERMINE IF A REVERSAL EXISTS***

<b>PR Type</b>	<b>Dx: “Say...”; then Muscle Test to see which is strong and weak</b>	<b>Tx: Repeat out loud 3 times...</b>	<b>Treatment Point</b>
<b>INITIAL DETERMINATION OF THE EXISTENCE OF AN SPR (NICOSIA)</b>	“There are no psychoenergetic reversals currently affecting this problem” vs. “There is a psychoenergetic reversal currently affecting this problem”		
<b>INTENTION (“SPECIFIC,” “PR”) (Callahan)</b>	“I want to get over this problem” vs. “I want to keep this problem”  * Sore spot between 2 <sup>nd</sup> and 3 <sup>rd</sup> rib on heart side of the chest, about 2 inches directly above the nipple	“Even though I have this problem, I deeply and profoundly accept myself”	Rub NLR* with firm pressure in a clockwise circle
<b>FUTURE (“DEEP LEVEL,” “MAXI,” PR2) (Callahan)</b>	“I will be over this problem” vs. “I’ll never be over this problem”	“Even if I never get over this problem, I deeply accept myself”	Tap un (under nose in middle of upper lip)
<b>DESERVING I SELF (“SHAME”) (Durlacher, Gallo, Nicosia)</b>	“I deserve to be over this problem” vs. “I don’t deserve to be over this problem”	“Even if/though I don’t deserve to be over this problem, I deeply accept myself”	Tap ul (under lower lip right where chin starts)
<b>DESERVING II OTHERS (Gallo)</b>	“(Person’s name) deserves for me to be over this problem” vs. “(Person’s name) doesn’t deserve for me to be over this problem”	“Even if others don’t deserve for me to be over this problem, I deeply accept myself”	Tap ul (under lower lip right where chin starts)
<b>SAFETY I: SELF (Durlacher, Nicosia, Gallo)</b>	“It is safe for me to be over this problem” vs. “It is not safe for me to be over this problem”	“Even if/ though it is not safe for me to be over this problem, I deeply accept myself”	Tap h (side of either hand) [or, if that doesn’t clear it, rub NLR]
<b>SAFETY II:</b>	“It is safe for (person’s name) for me to be	“Even if/ though it	Tap h (side

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<b>PR Type</b>	<b>Dx: "Say..."; then Muscle Test to see which is strong and weak</b>	<b>Tx: Repeat out loud 3 times...</b>	<b>Treatment Point</b>
<b>OTHERS</b> (Nicosia & Gallo)	over this problem" vs. "It is unsafe/risky/dangerous for ( <u>person's name</u> ) for me to be over this problem"	is not safe for ( <u>person's name</u> ) for me to be over this problem, I deeply accept myself"	of either hand) [or, if that doesn't clear it, rub NLR]
<b>POSSIBILITY</b> (Gallo, adapted from Durlacher's "Belief" PR)	"It's possible for me to be over this problem" vs. "It's not possible for me to be over this problem"  * just beneath either collarbone, in the hollow where your sternum ends	"Even if/ though I believe it's impossible for me to get over this problem, I deeply accept myself"	Tap uc*, h, un, or rub NLR
<b>PERMISSION</b> (Durlacher)	"I will allow myself to get over this problem" vs. "I will not allow myself to get over this problem"	"Even if/ though I will not allow myself to get over this problem, I deeply accept myself"	Tap h, un, or rub NLR
<b>MOTIVATION</b> (Durlacher)	"I will do whatever is necessary to get over this problem" vs. "I will not do whatever is necessary to get over this problem"	"Even if/ though I will not do what is necessary to get over this problem, I deeply accept myself"	Tap h, un, or rub NLR
<b>BENEFIT I: SELF</b> (Durlacher)	"My getting over this problem (is) (will be) good for me" vs. "My getting over this problem (is not) (will not be) good for me"	"Even if/ though getting over this problem is not good for me, I deeply accept myself"	Tap h, un, or rub NLR
<b>BENEFIT II: OTHERS</b> (Durlacher)	"My getting over this problem (is) (will be) good for ( <u>person's name</u> )" vs. "My getting over this problem (is not) (will not be) good for ( <u>person's name</u> )"	"Even if/ though getting over this problem is not good for ( <u>person's name</u> ), I deeply accept myself"	Tap h, un, or rub NLR
<b>DEPRIVATION</b> (Nicosia & Gallo)	"I will not feel deprived if I get over this problem" vs. "I will feel deprived if I get over this problem"	"Even if/ though I might/will be deprived if I get over this problem/desire/attachment, I deeply accept myself"	Tap h, un, or rub NLR
<b>IDENTITY</b>	"I will lose (a part of) my identity (self) if I get over this problem"	"Even if I lose my identity getting over	Tap h

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<b>PR Type</b>	<b>Dx: "Say..."; then Muscle Test to see which is strong and weak</b>	<b>Tx: Repeat out loud 3 times...</b>	<b>Treatment Point</b>
(Durlacher)	vs. "I will not lose (a part of) my identity (self) if I get over this problem"	this problem, I deeply accept myself"	
<b>FORGIVENESS</b> (Gruder)	"My having this problem is forgivable" vs. "My having this problem is unforgivable"	"Even though I have this problem, I forgive myself"	Tap ul
<b>LOOPING</b> (Gruder)	"I can be over this problem even though I'm not getting what I want from (person's name)" vs. "I cannot be over this problem unless I get what I want from (person's name)"	"Even if I never get what I want from (person's name), I deeply accept myself"	Tap oe
<b>SECONDARY GAIN</b> (Gruder)	"I am willing to give up the benefits of having this problem" vs. "I am not willing to give up the benefits of having this problem"	"Even if I lose the benefits this problem provides, I deeply accept myself"	Tap h, un, or rub NLR
<b>RIGHT</b> (Veenstra) (Prevalent with Viet Nam Vets)	"I have a right to get over this problem" vs. "I have no right to get over this problem"	"Even if I don't have a right to get over this problem, I deeply accept myself"	Tap h
<b>CUSTOM PRS:</b> (If none of the above work and a PR is still testing as active)	1) Perform Dx procedure to determine the appropriate tx point for listed active PRs; or 2) Interview the client to identify an unlisted idiosyncratic PR. Word it using binary statements. MT to be sure you've got a reversal that's both active and testable. Do dx procedure to determine tx point; 3) Treat PRs using the chakras (see below)	Create a treatment statement using the phraseology: "Even if _____, I deeply accept/ forgive myself"	"Point therapy localize" to determine proper tx point
<b>CHAKRA-BASED PRS</b>	See last part of this PRs section for specific information	Chakra PRs can be treated using affirmations	Chakra PRs can be treated by tapping the chakra or clockwise rubbing

### **A NOTE ABOUT PARTS**

- ❖ It is not necessarily our entire self that objects to 'clearing' an issue, or to fully embodying an upgrade.
- ❖ Often it's only specific parts of us that hold an objection. When this is confirmed (via Muscle Testing), the reversal treatment wording can be modified. For example, "Even if *a part of me* doesn't feel it's safe for me to get over this issue, I deeply and completely love and accept all of me."

## “Completely-Level” Psychoenergetic Reversal (cPR) Diagnoses & Treatments for Emotional Disturbance Removal

*NOTE:* Perform the Initial Determination of the presence of a PR as with sPR. Make sure NP or gPR has not surfaced. Treat if it has. Then, treat yourself for YOUR reversals while you treat your client (because it's possible some of the problem is you!)

<b>cPR Type</b>	<b>Dx: “Say...”; then Muscle Test to see which is strong and weak</b>	<b>Tx: Repeat out loud 3 times...</b>	<b>Treatment Point</b>
<b>INTENTION</b> (“Specific mini PR”) (Callahan)	“I want to be completely over this problem” vs. “I want to keep some of this problem”	“Even though I <i>still</i> have <i>some</i> of this problem, I deeply accept myself”	rub NLR or Tap h
<b>FUTURE</b> (MINI PR2, mPR2) (Callahan)	“I will be <i>completely</i> over this problem” vs. “I will never be <i>completely</i> over this problem”	“Even if I never get <i>completely</i> over this problem, I deeply accept myself”	Tap un
<b>DESERVING I</b> (“SHAME”) (Durlacher, Gallo, Nicosia)	“I deserve to be <i>completely</i> over this problem” vs. “I don’t deserve to be <i>completely</i> over this problem”	“Even if/though I deserve to have some of this problem, I deeply accept myself”	Tap ul
<b>DESERVING II</b> <b>OTHERS</b> (Gallo)	“Others deserve for me to be <i>completely</i> over this problem” vs. “Others don’t deserve for me to be <i>completely</i> over this problem”	“Even if others deserve for me to keep some of this problem, I deeply accept myself”	Tap ul
<b>SAFETY I:</b> <b>SELF</b> (Gallo, Nicosia)	“Deep in my unconscious, it is safe for me to be <i>completely</i> over this problem” vs. “Deep in my unconscious, it is not safe for me to be <i>completely</i> over this problem”	“Even if/though it is not safe for me to be <i>completely</i> over this problem, I deeply accept myself”	Tap h
<b>SAFETY II:</b> <b>OTHERS</b> (Gallo, Nicosia)	“Deep in my unconscious, it is safe for _____ for me to be <i>completely</i> over this problem” vs. “Deep in my unconscious, it is not safe for _____ for me to be <i>completely</i> over this problem”	“Even if/though it is not safe for _____ for me to be <i>completely</i> over this problem, I deeply accept myself”	Tap h
<b>POSSIBILITY</b> (Nicosia & Gallo)	“It’s possible for me to be <i>completely</i> over this problem” vs. “It’s not possible for me to be <i>completely</i> over this problem”	“Even if/though it’s impossible for me to get <i>completely</i> over this problem, I deeply accept myself”	Tap h, un, or rub NLR

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cPR Type	Dx: "Say..."; then Muscle Test to see which is strong and weak	Tx: Repeat out loud 3 times...	Treatment Point
<b>PERMISSION</b> (Gallo, adapted from Durlacher's "Belief" PR)	"I will allow myself to get <i>completely</i> over this problem" vs. "I will not allow myself to get <i>completely</i> over this problem"	"Even if/though I won't allow myself to get <i>completely</i> over this problem, I deeply accept myself"	Tap h, un, or rub NLR
<b>MOTIVATION</b> (Durlacher)	"I will do everything necessary to get <i>completely</i> over this problem" vs. "I will not do everything necessary to get <i>completely</i> over this problem"	"Even if/though I will not do all that is necessary to get <i>completely</i> over this problem, I deeply accept myself"	Tap h, un, or rub NLR
<b>BENEFIT I: SELF</b> (Durlacher)	"My getting <i>completely</i> over this problem is/ will be good for me" vs. "My getting <i>completely</i> over this problem is/ will not be good for me"	"Even if/though getting <i>completely</i> over this problem is not/will not be good for me, I deeply accept myself"	Tap h, un, or rub NLR
<b>BENEFIT II OTHER:</b> (Durlacher)	"My getting <i>completely</i> over this problem is/ will be good for _____" vs. "My getting <i>completely</i> over this problem is/ will not be good for _____"	"Even if/though getting <i>completely</i> over this problem is not/ will not be good for _____, I deeply accept myself"	Tap h, un, or rub NLR
<b>DEPRIVATION</b> (Nicosia & Gallo)	"I will not feel deprived if I get <i>completely</i> over this problem" vs. "I will feel deprived if I get <i>completely</i> over this problem"	"Even if/though I might/ will be deprived if I get <i>completely</i> over this problem/desire/ attachment, I deeply accept myself"	Tap h, un, or rub NLR
<b>IDENTITY</b> (Durlacher)	"I will lose (a part of) my identity (self) if I get <i>completely</i> over this problem" vs. "I will not lose (a part of) my identity (self) if I get <i>completely</i> over this problem"	"Even if I lose my identity if I get <i>completely</i> over this problem, I deeply accept myself"	Tap h
<b>FORGIVENESS</b> (Gruder)	"My having this problem is <i>completely</i> forgivable" vs. "My having this problem isn't <i>completely</i> forgivable"	"I forgive myself even though I <i>still</i> have <i>some of</i> this problem"	Tap ul

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cPR Type	Dx: "Say..."; then Muscle Test to see which is strong and weak	Tx: Repeat out loud 3 times...	Treatment Point
<b>LOOPING</b> (Gruder)	"I can be <i>completely</i> over this problem even though I'm not getting what I want from ____" vs. "I cannot be <i>completely</i> over this problem unless I get what I want from _____"	"Even if I never get everything I want from _____, I deeply accept myself"	Tap oe
<b>SECONDARY GAIN</b> (Gruder)	"I am willing to give up <i>all</i> the benefits of having this problem" vs. "I am not willing to give up <i>all</i> the benefits of having this problem"	"Even if I lose <i>all</i> the benefits this problem provides, I accept myself"	Tap h, un, or rub NLR
<b>RIGHT</b> (Veenstra)	"I have a right to get <i>completely</i> over this problem" vs. "I have no right to get <i>completely</i> over this problem"	"Even if I don't have a right to get completely over this problem, I deeply accept myself"	Tap h
<b>RECURRENT</b> (Callahan uses this if cPRs continue to recur despite repeated cPR treatments)	"I want to be <i>completely</i> over this problem" vs. "I want to keep <i>some</i> of this problem"  <i>Also, diagnose and treat energy or chemical toxins, ND, or structural blocks (or refer out for whichever of these treatments you don't do)</i>	"Even though this problem keeps coming back, I deeply accept myself" or "Even though I cannot visualize myself being over this problem..."	Rub NLR
<b>CUSTOM PRS:</b> (If none of the above work and a PR is still testing as active)	1) Do dx procedure to determine unusual tx point for listed active PRs; or 2) Interview the client to identify an unlisted idiosyncratic PR. Word it using binary statements. MT to be sure you've got a reversal that's both active and testable. Do dx procedure to determine tx point; 3) Treat PRs using the chakras (see below)	Create a treatment statement using the phraseology: "Even if _____, I deeply accept/ forgive myself"	"Point therapy localize" to determine proper tx point
<b>CHAKRA-BASED PRS</b>	See last part of this PRs section for specific information	Chakra PRs can be treated using affirmations	Chakra PRs can be treated by tapping the chakra or clockwise rubbing

## Diagnosing and Treating PRs Affecting Limiting and Desired Beliefs

The same approach that has traditionally been used to diagnose and treat Psychoenergetic Reversals affecting the EP treatment of Emotional Disturbances has also been extended to the treatment of Limiting Beliefs and the enhancement or instillation of Desired Beliefs. Similar types of PRs (i.e., Issue-specific PRs and completely-level PRs) have also found to affect an individual's Beliefs, both limiting and desired. Thus, the diagnosis and treatment procedures above can be easily modified to apply to beliefs for all of the above cited PRs. These modifications are given below for the first few PR types in each class by way of example and you can extend these to all of the previously cited PRs.

### "Issue-Specific" Psychoenergetic Reversal (sPR) Diagnoses & Treatments for Limiting Beliefs EP Treatments

*SPRS ARE SIMILARLY DIAGNOSED BY HAVING THE CLIENT STATE ONE OF THE FOLLOWING AND MUSCLE TESTING TO DETERMINE IF A REVERSAL EXISTS*

PR Type	Dx: "Say..."; then Muscle Test to see which is strong and weak	Tx: Repeat out loud 3 times...	Treatment Point
<b>INITIAL DETERMINATION OF THE EXISTENCE OF AN SPR (NICOSIA)</b>	"There are no psychoenergetic reversals currently affecting this limiting belief" vs. "There is a psychoenergetic reversal currently affecting this limiting belief"		
<b>INTENTION ("SPECIFIC," "PR") (Callahan)</b>	– "I want to get over this belief" vs. "I want to keep this belief"  *NLR is the sore spot between 2 <sup>nd</sup> and 3 <sup>rd</sup> rib on heart side of the chest, about 2 inches directly above the nipple	"Even though I have this belief, I deeply and profoundly accept myself"	Rub NLR* with firm pressure in a clockwise circle
<b>FUTURE ("DEEP LEVEL," "MAXI," PR2) (Callahan)</b>	"I will be over this belief" vs. "I'll never be over this belief"	"Even if I never get over this belief, I deeply accept myself"	Tap un (under nose in middle of upper lip)
<b>DESERVING I SELF ("SHAME") (Durlacher)</b>	"I deserve to be over this belief" vs. "I don't deserve to be over this belief"	"Even if/though I don't deserve to be over this belief, I deeply accept"	Tap ul (under lower lip right where chin

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PR Type	Dx: "Say..."; then Muscle Test to see which is strong and weak	Tx: Repeat out loud 3 times...	Treatment Point
		myself"	starts)

## **"Completely-Level" Psychoenergetic Reversal (cPR) Diagnoses & Treatments for Limiting Beliefs EP Treatments**

*NOTE:* Perform the Initial Determination of the presence of a PR as with sPR. Make sure NP or gPR has not surfaced. Treat if it has. Then, treat yourself for YOUR reversals while you treat your client (because it's possible some of the problem is you!)

PR Type	Dx: "Say..."; then Muscle Test to see which is strong and weak	Tx: Repeat out loud 3 times...	Treatment Point
<b>INTENTION</b> ("SPECIFIC," "PR") (Callahan)	"I want to get completely over this belief" vs. "I want to keep some of this belief"  * Sore spot between 2 <sup>nd</sup> and 3 <sup>rd</sup> rib on heart side of the chest, about 2 inches directly above the nipple	"Even though I still have some of this belief, I deeply and profoundly accept myself"	Rub NLR* with firm pressure in a clockwise circle
<b>FUTURE</b> ("DEEP LEVEL," "MAXI," PR2) (Callahan)	"I will be completely over this belief" vs. "I'll never be completely over this belief"	"Even if I never get completely over this belief, I deeply accept myself"	Tap un (under nose in middle of upper lip)
<b>DESERVING I SELF</b> ("SHAME") (Durlacher)	"I deserve to be completely over this belief" vs. "I don't deserve to be completely over this belief"	"Even if/though I don't deserve to be completely over this belief, I deeply accept myself"	Tap ul (under lower lip right where chin starts)
<b>DESERVING II OTHERS</b> (Gallo)	"(Person's name) deserves for me to be completely over this belief" vs. "(Person's name) doesn't deserve for me to be completely over this belief"	"Even if others don't deserve for me to be completely over this belief, I deeply accept myself"	Tap ul (under lower lip right where chin starts)
<b>SAFETY I: SELF</b> (Callahan)	"It is safe for me to be completely over this belief" vs. "It is not safe for me to be completely over this belief"	"Even if/ though it is not safe for me to be completely over this belief, I deeply accept myself"	Tap h (side of either hand) [or, if doesn't clear, rub NLR]
<b>SAFETY II: OTHERS</b>	"It is safe for (person's name) for me to be completely over this belief" vs.	"Even if it is not safe for (person's name) for me to be	Tap h (side of either hand) [or, if

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PR Type	Dx: "Say..."; then Muscle Test to see which is strong and weak	Tx: Repeat out loud 3 times...	Treatment Point
(Nicosia & Gallo)	"It is unsafe/risky/dangerous for ( <u>person's name</u> ) for me to be completely over this belief"	completely over this belief, I deeply accept myself"	that doesn't clear it, rub NLR]

### "Issue-Specific" Psychoenergetic Reversal (sPR) Diagnoses & Treatments for Desired Beliefs EP Treatments

*NOTE:* Treat yourself for YOUR reversals before and while you treat your client (because it's possible that some of the problem is you!)

PR Type	Dx: "Say..."; then Muscle Test to see which is strong and weak	Tx: Repeat out loud 3 times...	Treatment Point
<b>INITIAL DETERMINATION OF THE EXISTENCE OF AN SPR (NICOSIA)</b>	"There are no psychoenergetic reversals currently affecting this desired belief" vs. "There is a psychoenergetic reversal currently affecting this desired belief"		
<b>INTENTION ("SPECIFIC," "PR") (Callahan)</b>	"I want to embody/embrace this belief" vs. "I object to embodying this belief"  * Sore spot between 2 <sup>nd</sup> and 3 <sup>rd</sup> rib on heart side of the chest, about 2 inches directly above the nipple	"Even though I object to embodying/embracing this belief, I deeply & profoundly accept myself"	Rub NLR* with firm pressure in a clockwise circle
<b>FUTURE ("DEEP LEVEL," "MAXI," PR2) (Callahan)</b>	"I will embody this belief" vs. "I'll never embody this belief"	"Even if I never embody this belief, I deeply accept myself"	Tap un (under nose in middle of upper lip)
<b>DESERVING I SELF ("SHAME") (Durlacher)</b>	"I deserve to embody this belief" vs. "I don't deserve to embody this belief"	"Even if/though I don't deserve to embody this belief, I deeply accept myself"	Tap ul (under lower lip right where chin starts)
<b>DESERVING II</b>	"( <u>Person's name</u> ) deserves for me to embody	"Even if others	Tap ul

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PR Type	Dx: "Say..."; then Muscle Test to see which is strong and weak	Tx: Repeat out loud 3 times...	Treatment Point
<b>OTHERS</b> (Gallo)	this belief" vs. "( <u>Person's name</u> ) doesn't deserve for me to embody this belief"	don't deserve for me to embody this belief, I deeply accept myself"	(under lower lip right where chin starts)
<b>SAFETY I: SELF</b> (Callahan)	"It is safe for me to embody this belief" vs. "It is not safe for me to embody this belief"	"Even if/ though it is not safe for me embody this belief, I deeply accept myself"	Tap h (side of either hand) [or, if that doesn't clear it, rub NLR]

**"Completely-Level" Psychoenergetic Reversal (cPR)  
Diagnoses & Treatments for Desired Beliefs EP Treatments**

*NOTE:* Perform the Initial Determination of the presence of a PR as with sPR. Make sure NP or gPR has not surfaced. Treat if it has. Then, treat yourself for YOUR reversals while you treat your client (because it's possible some of the problem is you!)

PR Type	Dx: "Say..."; then Muscle Test to see which is strong and weak	Tx: Repeat out loud 3 times...	Treatment Point
<b>INTENTION</b> ("SPECIFIC," "PR") (Callahan)	"I want to completely embody this belief" vs. "I object to completely embodying this belief"  * Sore spot between 2 <sup>nd</sup> and 3 <sup>rd</sup> rib on heart side of the chest, about 2 inches directly above the nipple	"Even though I object to completely embracing this belief, I deeply & profoundly accept myself"	Rub NLR* with firm pressure in a clockwise circle
<b>FUTURE</b> ("DEEP LEVEL," "MAXI," PR2) (Callahan)	"I will completely embody this belief" vs. "I'll never completely embody this belief"	"Even if I never embody this belief, I deeply accept myself"	Tap un (under nose in middle of upper lip)
<b>DESERVING I SELF</b> ("SHAME") (Durlacher)	"I deserve to completely embody this belief" vs. "I don't deserve to completely embody this belief"	"Even if I don't deserve to completely embody this belief, I deeply accept myself"	Tap ul (under lower lip right where chin starts)
<b>DESERVING II OTHERS</b> (Gallo)	"( <u>Person's name</u> ) deserves for me to completely embody this belief" vs. "( <u>Person's name</u> ) doesn't deserve for me to completely embody this belief"	"Even if others don't deserve for me to completely embody this belief, I deeply accept myself"	Tap ul (under lower lip right where chin starts)
<b>SAFETY I: SELF</b>	"It is safe for me to completely embody this belief" vs.	"Even if/ though it is not safe for me completely embody	Tap h (side of either hand) [if that

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PR Type	Dx: "Say..."; then Muscle Test to see which is strong and weak	Tx: Repeat out loud 3 times...	Treatment Point
(Callahan)	"It is not safe for me to completely embody this belief"	this belief, I deeply accept myself"	doesn't clear it, rub NLR]
<b>SAFETY II: OTHERS</b> (Nicosia & Gallo)	"It is safe for ( <u>person's name</u> ) for me to completely embody this belief" vs. "It is unsafe/risky/dangerous for ( <u>person's name</u> ) for me to completely embody this belief"	"Even if it is not safe for ( <u>person's name</u> ) for me to completely embody this belief, I deeply accept myself"	Tap h (side of either hand) [or, if that doesn't clear it, rub NLR]

## Clearing PRs Through Treating the Major Chakras: Chakra Treatment Points & Associated Affirmations (Hover-Kramer & Gruder)

Chakra	Location/Radiation	Associated Affirmations (repeat three times)
7 Crown (spiritual center)	Above middle of top of head. Radiates upward. <b>Treat by rubbing Clockwise (or tap, per Asha Clinton) while repeating the associated affirmation.</b>	"Even if I am not (completely) honoring my true nature/purpose (concerning _____), I deeply and profoundly accept myself."
6 Brow (center of insight, vision, paranormal ability)	In the middle of the forehead. Radiates forward and backward. (Also referred to as the "third eye.") <b>Treat by rubbing clockwise (or tapping) + affirmation.</b>	"Even if I am not (completely) compassionate/intuitive (concerning _____), I deeply and profoundly accept myself."
5 Throat (center of creativity)	In the middle of the neck in vicinity of the Adam's Apple. Radiates forward and backward. <b>Treat by rubbing clockwise (or tapping) + affirmation.</b>	"Even if I am not (completely) creatively expressive (in response to _____), I deeply and profoundly accept myself."
4 Heart (center of harmony, love, forgiveness)	At the center of the chest between the nipples. Radiates forward and backward. <b>Treat by rubbing clockwise (or tapping) + affirmation.</b>	"Even if I am not (completely) accepting (of _____), I deeply and profoundly accept myself."
3 Solar Plexus (center of power, strength, connection with ego identity)	Where the solar plexus is located, in the hollow at the base of the sternum (in the middle of the body just below where the lower end of the ribcage comes together). Radiates forward and backward. <b>Treat by rubbing clockwise (or tapping) + affirmation.</b>	"Even if I am not (completely) thinking clearly (about _____), I deeply and profoundly accept myself."
2 Sacral (center of vital body energy, sexuality, right relationship)	Just below the umbilicus (halfway between the base of the spine and sternum). Radiates forward and backward. <b>Treat by rubbing clockwise (or tapping) + affirmation.</b>	"Even if I am not (completely) choosing what fits (concerning _____), I deeply and profoundly accept myself."
1 Root (center of life energy & will to live)	Base of spine. Radiates downward. <b>Treat by rubbing clockwise (or tapping) + affirmation.</b>	"Even if I am not (completely) secure (about _____), I deeply and profoundly accept myself."

☞ AFFIRMATIONS OPTIONS: "I choose to succeed with treating this issue"

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**NOTE: Refer to the CEP Chakras module for more information on treating “objections to succeeding” utilizing the chakra system.**

## **The Two Main Blocks to the Willingness to Succeed**

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Beyond the classical ways of diagnosing and treating PRs, the latest developments in Comprehensive Energy Psychology conceptualize establishing Willingness to Succeed through identifying and treating a person's objections, whether psychological or energetic, to succeeding with treatment.

Today the leading edge in what has grown out of our initial understandings of Psychoenergetic Reversals is that PRs are objections to treatment success. These objections appear to fall into two categories:

1. **Disorientation Fear (DF):** This is the fear that if treatment succeeds, my understandings of myself, others or how the universe works might be altered in ways that feel too scary to handle. Disorientation Fear is what keeps the status quo locked in place even when maintaining the status quo doesn't serve our highest good.
2. **Not "understanding" the treatment issue,** consciously or unconsciously, at a level that makes it possible for that issue to be successfully treated. How to diagnose and treat this issue is covered in this training module on page 25.

## **Disorientation Fear: The Relationship Between Willingness to Succeed and Psychological/Psychoenergetic Reversals**

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1. The more **consistent & predictable** things are, the safer people feel.
2. **Change** scares us because it **disorients** our sense of identity and view of how the world works (our paradigm).
3. **Disorientation Fear** is an apt term for what is at the core of the fear of change: "It may be hell but it's home."
4. **Speed Potentiates Disorientation Fear:** The faster a change or healing method works, the greater Disorientation Fear is likely to become.
5. **Energy Psychology Methods Work Fast:** The speed of change/healing with EP is often so fast that it is perhaps more crucial to identify and treat Disorientation Fear before proceeding with these methods than with any other methods currently available.
6. **Psychological Reversal (PR)** was a concept developed by early two innovators in the EP field (John Diamond, MD & Roger Callahan, Ph.D.) as ways to identify and treat what they did not explicitly identify as Disorientation Fear.
7. **Getting to the Core of Psychological/Psychoenergetic Reversals:** The Energy Psychology field's exploration of PRs has expanded our understanding of DF. As a result it is possible to move beyond the term and concepts about PRs into a fuller understanding of the nature of willingness to change and objections to change (i.e., Disorientation Fear).

## **MORE ABOUT THE CONNECTION BETWEEN DISORIENTATION FEAR, OBJECTIONS & PSYCHOENERGETIC REVERSALS (PRs)**

Objections, then, are reservations about being successful in treating a particular issue. An objection is a block that will sabotage successful treatment of a specific issue unless it is treated prior to treating the issue itself. (Note: Sometimes objections surface – or resurface – while treating the issue itself. When this occurs, they need to be treated or re-treated at that time.)

Objections to success are caused by “Disorientation Fear.” In other words, we object to getting over a problem, or to fully manifesting a desired state, because succeeding will be too disorienting to be handled...either by ourselves (I won’t know who I am) and/or others (they won’t know how to react to me or my changes will scare them because of calling them into dealing with something inside themselves, thus disorienting them).

A Psychoenergetic Reversal (PR) (originally called a Psychological Reversal) is the original Energy Psychology term for how an objection becomes apparent *through Muscle Testing*. In other words, PRs are how the existence of Disorientation Fear is diagnosed through muscle testing. Non-polarization (Systemic Energetic Interference) exists when a person’s muscle testing doesn’t differentiate between responses. In contrast, when a person is “reversed,” s/he *does* have contrasting muscle testing responses to contrasting statements or questions. However, these responses will be the *opposite* from what the client would like to be true for him/her. For instance, a person might have come to you wanting to be over some problem, but when you muscle test him/her, s/he tests weak on “I want to be over this problem” and strong on “I want to keep this problem.” This is the essence of what, in the Energy Psychology field, has classically been called a Psychoenergetic Reversal.

There appear to be four major categories of objections/excuses people tend to have for not finding within themselves sufficient willingness to succeed at removing a block and/or embodying a desired intention:

1. **Unsafety:** The client fears that something unsafe might happen to him/her if a piece of Emotional Disturbance is cleared and/or if s/he succeeds at embodying a desired intention, goal or state. Therefore, the client’s energy system won’t allow him/her to succeed with the treatment.
2. **Undeservingness:** Part of the client believes s/he doesn’t deserve to be over a problem or trauma or wound and/or to fully embody a desired intention, goal or state. Therefore, the client’s energy system won’t allow him/herself to succeed with the treatment.
3. **Codependence:** Part of the client fears it might be unsafe for someone else if s/he gets over problem or trauma or wound and/or fully embodies a desired intention, goal or state, AND that it is the client’s responsibility to keep that person safe, even if this means not succeeding with the treatment. This objection is often connected with dysfunctional loyalty scripts people tend to carry, usually from their original family.
4. **Vengeance:** Part of the client believes that if s/he gets over problem or trauma or wound and/or fully embodies a desired intention, goal or state, then this will mean that someone else got away with having hurt him/her, and that this cannot be allowed. Therefore, proving that someone else did something awful to them (or even other loved ones) is important enough to

not succeed with treatment (no matter how much the client tries or says s/he wants to succeed).

The protocols in the next two sections provide you with step-by-step instructions for addressing the four key “objections” categories described in the section immediately above.

## **“Willingness to Succeed” Protocol, Option 2: Modified Psychoenergetic Reversal Treatment Procedure**

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1. **Master Energy Check Question:** “All of me is 100% willing to (completely) succeed with treating this issue at this time.” *versus* “Some part of me has an objection to (completely) succeeding with treating this issue at this time.” (Please note that the word “completely” is in parentheses in these testing statements as well as the ones below, as a reminder to include that word when you are treating objections that surface or resurface while treating the issue itself.)
2. **Specific Objection Diagnosis Questions & Treatments:** Check the following four categories of objections (Disorientation Fears), one at a time. When you find the first objection, treat it immediately without checking to see if there are more objections. Then go to step three, again before checking to find out if there are any other objections. The reason for this is efficiency: even if there is initially more than one objection, frequently clearing one objection will also clear one or more other objections. So, when you find your first objection, go immediately to step three.
  - a. **UNSAFETY:**

**Muscle Testing Diagnosis:** “It’s unsafe for some part of me to be (completely) over this problem/embody this goal.” *versus* “It’s safe for all of me to be (completely) over this problem/embody this goal.” (Optional: When this objection exists, ask the client what might happen if treating this issue is successful. This specificity can sometimes help the objection clear more easily. Examples of unsafety include fearing even admitting to having this problem, fearing that certain life changes will become necessary if treatment succeed, fearing one will lose one’s sense of identity if treatment succeeds, or fearing that one’s beliefs about how the world works, how healing works, or their relationship with spirituality will be challenged if treatment succeeds, or fearing with it might mean if healing in general or healing this issue in specific were possible. These are all examples of Disorientation Fear.)

**Treatment:** While client is tapping side of hand to side of hand, have him/her repeat the following affirmation three times – “Even though it’s unsafe for parts of me to be (completely) over this problem/embody this goal, I deeply and profoundly love and accept all of me.”

**Check Results:** Repeat the “unsafety” Muscle Testing diagnosis procedure above to make sure this objection is now cleared. When it is, immediately go to step three. (If it isn’t, repeat treatment with client rubbing the NLR spot on the heart side of the chest – see diagram. If this doesn’t work, do a complete “9 gamut treatment” while repeating the affirmation in the treatment step above or energy check to diagnose a custom meridian or chakra treatment point and re-do the treatment above using that point. If none of these

work check for SEI and correct if present, if not use the more detailed treatment protocol Option #3 on the following pages in place of this treatment protocol.)

**b. UNDESERVINGNESS:**

**Muscle Testing Diagnosis:** "Some part of me feels it doesn't deserve to be (completely) over this problem/embody this goal." *versus* "All of me feels I deserve to be (completely) over this problem/embody this goal." (Optional: When this objection exists, ask the client why s/he might not deserve to succeed with this treatment. This specificity can sometimes help the objection clear more easily.)

**Treatment:** While client is tapping under his/her lower lip (ul) alternating left and right fingers to do the tapping, have him/her repeat the following affirmation three times – "Even though parts of me feel they don't deserve to be (completely) over this problem/embody this goal, I deeply and profoundly love and accept myself."

**Check Results:** Repeat the "undeservingness" Muscle Testing diagnosis procedure above to make sure this objection is now cleared. When it is, immediately go to step three. (If it isn't, repeat treatment with client tapping side of hand to side of hand or rubbing the NLR spot on the heart side of the chest – see diagram. If neither of these work, either do a complete "9 gamut sandwich" while repeating the affirmation in the treatment step above or energy check to diagnose a custom meridian or chakra treatment point – see last page of module for chakra treatments – and re-do the treatment above using that point. If none of these work check for SEI and correct if present, if not use the more detailed treatment protocol Option #3 on the following pages in place of this treatment protocol..)

**c. CODEPENDENCE:**

**Diagnosis:** "It's unsafe for someone for me to be (completely) over this problem/embody this goal." *versus* "I'm willing to be (completely) over this problem/embody this goal even if it's unsafe for anyone else for me to succeed." (When this objection exists, ask the client who the person is/people are, and confirm this with Muscle Testing. Optional: also ask what would be unsafe for that person if your client succeeded with treating this issue.)

**Treatment:** While client is tapping side of hand to side of hand, have him/her repeat the following affirmation three times – "Even if it's unsafe for \_\_\_\_\_ for me to be (completely) over this problem/embody this goal, I now free him/her to deal with my healing in whatever way s/he needs to."

**Check Results:** Repeat the "codependence" Muscle Testing diagnosis procedure above to make sure no codependence remains with any person regarding this issue. When it is, immediately go to step three. (If it isn't, repeat treatment with client rubbing the NLR spot on the heart side of the chest – see diagram. If this doesn't work, either do a complete "9 gamut sandwich" while repeating the affirmation in the treatment step above or energy check to diagnose a custom meridian or chakra treatment point – see last page of module for chakra treatments – and re-do the treatment above using that point. If none of these work, check for SEI and correct if present, if not use the more detailed treatment protocol Option #3 on the following pages in place of this treatment protocol.)

**d. VENGEANCE:**

**Diagnosis:** "Someone doesn't deserve for me to be (completely) over this problem/embody this goal." *versus* "I'm willing to be (completely) over this problem/embody this goal even if anyone else doesn't deserve for me to succeed." (When this objection exists, ask the client who the person is/people are, and confirm this with Muscle Testing. Optional: Also ask what your client is waiting for that person to do in order for that person to deserve for your client to succeed with treating this issue.)

**Treatment:** While client is alternately tapping on each outer eye (oe) spot, have him/her repeat the following affirmation three times – "Even if \_\_\_\_\_ doesn't deserve for me to be (completely) over this problem/embody this goal, I now choose succeed anyway."

**Check Results:** Repeat the "undeservingness" Muscle Testing diagnosis procedure above to make sure this objection is now cleared. When it is, immediately go to step three. (If it isn't, repeat treatment with client tapping under lower lip, side of hand to side of hand, or rubbing the NLR spot on the heart side of the chest – see diagram. If none of these work, either do a complete "9 gamut sandwich" while repeating the affirmation in the treatment step above or energy check to diagnose a custom meridian or chakra treatment point – see last page of module for chakra treatments – and re-do the treatment above using that point. If none of these work check for SEI and correct if present, if not use the more detailed treatment protocol Option #3 on the following pages in place of this treatment protocol.)

- Determine What to Do Next:** After you successfully treat an objection above, repeat step one to discover if that objection was the only (or final) one needing treatment. If Muscle Testing confirms that another objection exists, go to step two again and follow the instructions. Then go back again to step one to find out if 100% willingness to succeed has been established. When 100% willingness to succeed has been established, go to the Sufficient Understanding section on page 25. If 100% Willingness to Succeed has not been established after clearing all four categories of objections, then there is a need to explore more idiosyncratic aspects of the blocking objection that may be identified and treated by utilizing the last Willingness to Succeed protocol Option 3.

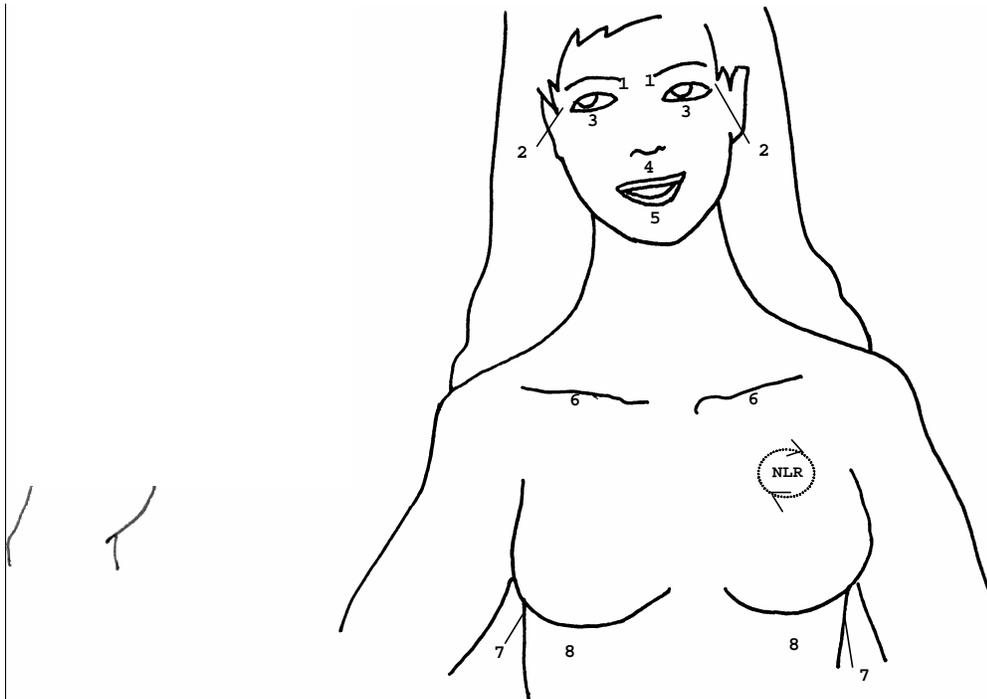
### **“Willingness to Succeed” Protocol, Option 3 (Takes Time, Most Interactive): Establishing Intentional Effectiveness**

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1. **Specify what’s at risk** if you do – and if you don’t – succeed at clearing away the problem or trauma or wound and/or to embodying a desired intention, goal or state: Help your client identify what’s at risk if s/he succeeds by reviewing each of the four categories described above for clues. Then ask the client what’s at risk if s/he keeps the status quo on this issue.
2. **Hold the Risks with Grace:** Have your client tap on the specified acupoints (see next page) while attuned to this list of both sets of risks (changing and maintaining the status quo). Then ask your client to report how s/he feels about these risks. Verify this self-report with Muscle Testing. *You’re looking for your client to verify that now s/he can hold these risks with enough grace so that s/he feels sufficient inner willingness to make the inner stretch necessary to allow the treatment to succeed EVEN THOUGH there are risks.* Check these results through self-report and Muscle Testing. Repeat this procedure if your client is not able to hold both sets of risk with grace after the first time.
3. **Optional (if client feels this extra step might be helpful) – Commit to the Stretch:** Sometimes clients need to intensify their commitment prior to treating the issue itself, following having started to hold the risks with grace. When this is the case, have your client do another round of tapping on the specified acupoints (see chart on a subsequent page) while repeating something like: “Since I am taking risks either way, I choose success with this issue.” Then ask the client to report what came from this treatment in terms of willingness to succeed and verify this self-report with Muscle Testing. You’re looking for your client to verify *that now s/he feels sufficient inner willingness to make the inner stretch necessary to allow the treatment to succeed EVEN THOUGH there are risks.*

# ENERGY PSYCHOLOGY

## WILLINGNESS-STRENGTHENING TREATMENT POINTS



# ON DIAGRAM	ACUPOINT CODE & NAME	TREATMENT POINTS LOCATION AND INSTRUCTIONS
NLR	<b>nlr</b> = Neuro-lymphatic Reflex	Firmly RUB in clockwise motion on indentation on heart side of chest, 2" above nipple
1	<b>eb</b> = Eye Brow	TAP in corner where the inner eyebrow meets the nose
2	<b>oe</b> = Outer Eye	TAP in the soft spot between the eye and the hairline
3	<b>ue</b> = Under Eye	TAP in middle of lower eye orbit, at the notch
4	<b>un</b> = Under Nose	TAP on middle of upper lip between the ridges
5	<b>ul</b> = Under Lip	TAP in middle where chin begins protruding
6	<b>uc</b> = Under Collarbone	TAP indentation under collarbone at outer edge of breast bone
7	<b>ua</b> = Under Armpit	TAP on side of body about 2 inches below armpit parallel with nipple
8	<b>r</b> = Ribcage	SLAP (lightly) with open palm on ribcage below breast

## **Sufficient "Understanding" for Treatment Effectiveness**

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Metaphysically speaking, one could assert that we do not acquire a "problem" unless there is some important learning in it for us. When in the healing process this learning will come to us, however, varies from person to person and issue to issue.

Prior to doing a treatment intervention, some therapists try to get the client to understand more about the issue than is necessary for successful treatment. Other therapists will try to "clear" a piece of Emotional Disturbance, trauma or wounding prior to the person's system grasping it well enough to attune to it to the extent necessary for treatment to succeed. Both of these tendencies are mistakes. Learnings will come whenever they are supposed to. Speaking purely on a practical level, the only amount of insight or awareness or understanding a person needs to have about an issue *prior* to treating it is the amount necessary for full attunement to it while the treatment intervention occurs. This amount comprises a "sufficient understanding" for treatment effectiveness.

So, after assuring that the client's energy system is ready to benefit from treatment (System Electromagnetic Readiness), and after then seeing to it that objections to succeeding are removed (establishing Willingness to Succeed), it is important to make sure the person's system "understands" the treatment issue fully enough to attune to it to the extent necessary for treatment to be effective.

### **DIAGNOSING**

MT: "Does [client's name] system currently understand this issue well enough for treatment of this issue to be fully effective?" *versus* "Does [client's name] system currently *not* understand this issue well enough for treatment of this issue to be fully effective?"

### **TREATING**

When the client's system confirms that it "understands" the treatment issue well enough to succeed with treating it, s/he is ready to treat the issue itself. If the MT confirms that the client's system does *not* understand the issue well enough then further exploration of the issue is necessary and can be facilitated by the therapist until a sufficient understanding is achieved to permit effective treatment.

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