EFT and the addictive mind

The addictive mind can slippy. It can side step, make excuses and shift aspects. Although we are all prone to these behaviors, it seems to be more pronounced in those who are struggling with addiction.

As a seasoned practitioner I understand that as we are taking someone through the EFT process, should they change direction it's a sign of a new aspect. Isn't that what Gary Craig used to call 'following the string'? You follow the string as one aspect is low enough that another pops up to be cleared, and so on. It's a great way to clear an issue; especially when not all of the aspects are known.

Having worked with many individuals struggling with some form of addiction, I began to notice that extra vigilance was required on my part. This extra vigilance seems to be best employed in the early stages of sobriety, or whilst the client is still using. My experience has shown me that this client may well do one of two things, or both.

Firstly, there may be a tendency to shift into different aspects, not because one is cleared, or near-cleared and another is popping up. The shifting can be *an avoidance tactic*. This could be that the reason/s for needing to tranquilize are beginning to surface. The subconscious mind is *protecting* the individual from feeling some sort of pain, whether that is a memory, a belief or current situation. So it may be that the client's mind will shift into aspects and deceive itself that something new is coming up. So how do we tell if this is beginning to happen? There'll likely be changes in tone or non verbal communication; perhaps subtle, perhaps not. The voice may have a slightly defensive edge to it. The body language may say 'that's it you're not getting any closer'. Even working through the 'tell the story' or 'movie' technique where we tap on the intensity of even getting ready to think about the issue, may not help.

So what do we do? I usually tap on the *resistance* first, followed by *vulnerability and safety* issues. Then I go onto getting ready to think about …….

Secondly, instead of following the switch in aspects, I make a note of what is coming up but guide the client to completing the rounds until SUDS are at 0. This may include taking a break and tapping again on the client's resistance. I'll then recheck for feelings of vulnerability and/or safety issues before continuing with the issue the client feels compelled to avoid. We also tap on the avoidance itself. It must be noted at this point that the client must be willing to go through with these rounds. We also have to assess their decision-making skills about continuing with the rounds. If in doubt; stop the process. Ensure the client is at a neutral place with no aspects being opened but not resolved. Bring in some Choices Method rounds. Congratulate the client on his or her progress and be available for another attempt to

address the issue further down the line. Assess the client and follow up. Seek professional advice and refer if necessary. Do not go outside your remit.

In consideration of the practice of sticking with the one aspect, the others automatically loose [at least some of] their charge. As already expressed: don't leave anything 'hanging'. Bring all intensity down to 0, or very close to that.

The second tendency I have come across is a neediness of not wanting the session to end. I have known clients to suddenly be switching aspects in an effort to manipulate the practitioner into staying longer. The way to address this is to set clear boundaries at the session's onset. State how long the session will last for and stick to that. I usually set aside 90 minutes per session. When dealing with the addictive mind, I set my imaginary clock for 60 minutes which gives us 30 minutes to wrap the session up. Stick to the time limits, unless you really must stay to finish up. There is a mastery in sticking to boundaries as practitioners. This is an area to practice and perfect – how to finish the session so that the client has release and yet time constraints are adhered to.

In regard to the clients who have displayed the above tendencies, my experience thus far is that all used the same addictive substance: either methamphetamine or alcohol. I don't have an answer as to why that should be. I'm a counselor, a nurse and a minister. I am not a psychotherapist with expertise in drug counseling. Perhaps there is an emerging trend here; perhaps it's coincidence. By writing this article it would be good to find out if other practitioners have similar or contradictory experiences.

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