

The Dream to Freedom Technique, a Methodology for Integrating the Complementary Therapies of Energy Psychology and Dreamwork

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Abstract

The psychological healing process often starts with surface-level problems, and emotional layers are peeled away until the core issue surfaces. When integrating energy psychology (EP) with dreamwork, however, it is possible to begin at a deeper level. Dreams focus on the more salient unprocessed emotional issues of the day; thus, dreamwork can quickly bring to consciousness an issue that a person is dealing with on a subconscious level. On the other hand, dreamwork alone—in the absence of other therapies—is not necessarily effective in reducing the emotional stress that may surface or in moving through the emotional impasses. EP, in turn, complements dreamwork by providing a method for reducing emotional stress and reducing the emotional barriers to healing once an issue is identified.

Combining the 2 disciplines integrates the primary benefits of both into 1 technique, which is useful for self-help or in a therapeutic setting. The Dream to Freedom technique combines a deep and rapid Gestalt-based approach for surfacing the emotional issues that the subconscious is working on with the rapid and highly effective Emotional Freedom Techniques for quickly reducing emotional stress surrounding those core issues. The protocol also provides a technique for closure that uses the dream's natural tendency for projection to provide insight.

Keywords: energy psychology, Emotional Freedom Techniques, stress response, dreams, dreamwork, Gestalt, dream analysis, Dream to Freedom (DTF)

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The Dream to Freedom (DTF) technique provides a complementary combination of approaches from the disciplines of energy psychology (EP) and dreamwork, providing a unique protocol that can be used to rapidly identify a salient unresolved emotional issue that the subconscious is working on and to rapidly reduce the stress around that issue so that a person may progress beyond it. The technique is a three-part protocol: First, it incorporates a specific Gestalt-based means for identifying and addressing salient emotional and psychological issues that the subconscious is dealing with in a dream; second, once the stressful situation is identified and given a stress rating, a version of the Emotional Freedom Techniques (EFT) protocol (Craig, 2008) is applied to reduce the stress level to at or near zero; third, once the stress level is reduced and the emotional barriers to progress removed, the dream is once again used as an aid in defining what action the person can now take to progress beyond the situation (Hoss, 2005). The DTF worksheet appears as an Appendix.

The approach begins with a Gestalt-based technique, used for surfacing the emotional issues that the dream is dealing with. Gestalt therapy was developed by Fritz Perls, Laura Perls, and Paul Goodman (Perls, 1974). It is an existential form of psychotherapy that focuses on the individual's experience in the present moment and the self-regulating adjustments that people make as a whole "organism" as a result of their overall situation. Clients are encouraged to focus on the immediate present and to express their inner feelings openly and honestly. The therapist supports the client's direct experience of something new, instead of merely talking about the possibility, as might be done in talk therapy. Its application to dreams is based on the hypothesis that the elements within a dream are fragments of the dreamer's personality, perhaps alienated fragments that remain nonintegrated because the person's emotionally charged impasses prevent him or her from moving forward in the integration process. Each dream element contains, indeed is created from, those conflicting emotions. Those emotions can be almost immediately revealed if the dream element is allowed to express itself. This is accomplished through role-play, in which the dreamers experience that fragment of themselves in the form of the dream element, or in Perls's terms, the dreamer "becomes" the dream element. The dreamer imagines and expresses how the dream element feels from its perspective in the dream. The emotions expressed in role-play can range from an unexpressed feeling, to conflicting emotionally charged beliefs that are at an impasse, to the triggering of a traumatic emotional memory. Whereas Gestalt Therapy takes this to a very deep level, with a goal of working through the impasse and "re-owning" the fragmented parts of our personality, the DTF protocol uses the Gestalt work simply to reveal the core emotional trauma or conflict and relate it to a specific waking-life incident. This is accomplished by scripting the Gestalt role-play with six incomplete emotional expressions that the dreamer completes as he or she imagines the dream element might express them. The protocol is simple enough for self-help yet revealing enough for a clinical setting in which the statements can be expanded as the therapist feels appropriate.

The six statements in the Gestalt role-play protocol are intended to evoke responses that also describe an aspect, feeling, or emotional memory related to the waking-life situation. The subjects are asked to imagine themselves as something

or someone in the dream that seems emotionally important or that draws their interest. They then speak as if they are that dream element (or, at a minimum, they imagine what that dream element might say) and complete the six statements. The first two statements, "I am" and "my purpose is" are designed to explore the role of the dream element as it might relate to the role the dreamer sees for him- or herself in waking life. The next two statements, "what I like about being the thing in the dream is" and "what I dislike. . . ." are designed to reveal the two sides of a possible emotional conflict the subject feels stuck in. The motivating fears and desires, which often drive a conflict or impasse, are explored in Statements 5 and 6, "what I fear most is" and "what I desire most is" The subjects then review the expressions for relevance to situations in their own life. The intent is that one or more trigger emotional memories or conflicts that can now be dealt with.

The second part of the DTF protocol uses a version of EFT to reduce the stress level around the situation that was identified from the dream work. The protocol begins by the client selecting the most emotionally charged statement identified during the gestalt-type role-play, associating it with specific stressful waking life incident, and visualizing the scene. The subject rates stress level on an 11-point Likert-type scale that ranges from 0 to 10, with 0 being *no emotional intensity* and 10 being *maximum possible intensity*. This is referred to in EP as Subjective Units of Distress (SUD; Wolpe, 1973). The specific issue is then verbalized in terms of a "setup statement." The setup statement pairs the negative memory with a positive self-affirmation. A standard EFT setup statement might be "even though I feel [describe the problem], I deeply and completely accept myself." The DTF protocol differs from the standard EFT protocol in that it uses dreamwork to develop the setup statement, the concept being to use as much subconsciously derived material as possible. The negative part of the statement comes from the stressful incident that the dreamwork brings to mind, and the positive is evoked during the role-play, in particular the "I like" and the "what I desire most" statements. The DTF setup statement is therefore structured as follows: "even though I feel [describe the problem], I know that I can/I choose to [positive intention or expectation]." The EFT protocol (Craig, 2008) consists of a sequence of exercises designed to have the subject manually stimulate specific acupuncture points (acupoints)

while bringing the problem to mind and verbalizing the “setup statement.” The variation, described in the **Method** section, also includes an optional “bridging sequence” designed to stimulate alternate hemispheres in the brain. The method of stimulation, using pressure and tapping, and the location of the specific acupressure points and elements of the bridging exercise are described in the **Method** section. These sequences are grouped into rounds so that progress can be determined by periodic checking of the SUD level. Once the SUD level is reduced, using the EFT protocol, to at or near zero, then the subject is ready for the closure and progressing beyond the problem.

The closure protocol re-examines the dream for clues to moving past the now-reduced emotional barriers and for defining next steps to progressing beyond the situation and avoiding it in the future. The dream is first explored to determine whether it contains a “projection” or potential solution. According to Jung (as cited in Hall & Nordby, 1973), and some support from recent neurological findings (Hayden, Pearson, & Platt, 2009), there is a degree of decision-making active during dreaming that detects conflicting perceptions (our misconceptions) and projects potential resolutions (dream scenarios), monitoring the consequences in order to mediate changes in our behavior. These projections are typically not literal but appear as metaphors or analogies that carry over into waking life as potential solutions. If the projections are not present or obvious, the dream may still be useful as a platform for creating a meaningful metaphor. Using a form of spontaneous guided imagery, the subjects review the dream again and place themselves at the end of the dream, focusing on how they got there and what they are feeling, then spontaneously without thinking about it (employing the first flow of images that come to mind) envision a new ending for the dream that works out positively for everyone in the dream. The spontaneity typically brings about a subconscious solution, a new metaphor that can be seen as an analogy for moving forward and establishing the client’s next steps. The analogy is tested to ensure it is healthy and appropriate before taking it further into defining those next steps.

Method

The methodology is described using a case study to help explain each step of the protocol. The

subject’s responses are in italics. The EFT portion of the protocol was derived from the work of Gary Craig, founder of Emotional Freedom Techniques (Craig, 2008), and from associated literature (Feinstein, 2004). The basis for the dreamwork portion of the protocol can be found in *Dream Language* (Hoss, 2005). The design of each element of this protocol is purposeful and explained in the section **Theoretical Underpinnings**. It is important to understand the underpinnings before attempting to alter any part of the protocol to suit the needs of a particular line of research or clinical session. The case study is a dream titled “Birds or Bats” from a session with a woman who had gone through a rough divorce a few years prior and was now involved in a new relationship that was becoming more serious and creating heightened anxiety. At the time of the dream and the session, she was about to break off the relationship, principally because of increasing anxiety.

Part 1: Dream Exploration and Issue Identification

Step 1. Dream summary. Tell the dream, or seemingly most important dream segment, in the first-person present tense: *“I am in the home I shared with my ex-husband, looking out over trees that contained black things. My mother is there and we are discussing whether they were birds or bats.”*

Step 2. Waking-life situation. Record any emotional situations (positive or negative) at the time of the dream and what you were thinking and feeling at the time. Explore analogies between the dream and the waking-life situation: *“My present boyfriend has a medical procedure scheduled, and I am concerned about being nurturing and there for him.”*

Step 3. Chose a dream image or element. Choose one that feels important or draws your interest, even though it may not dominate the dream. Choosing a thing rather than a person often works best: *“A lone birds nest.”*

Step 4. Image activation dreamwork (six statement role-play script). Imagine you are that dream element (the bird’s nest), “become” it, and (in the first-person, present tense) complete these six statements as you imagine that

the dream element would express them [name and describe yourself as the dream element]:

1. I am . . . *“A bird’s nest, I am warm and enveloping.”*
2. My purpose or function is . . . *“To provide a safe landing spot.”*
3. What I like about being a birds nest is . . . *“That I am soft, warm and perfectly shaped.”*
4. What I dislike (the downside) about being a bird’s nest is . . . *“Getting crapped on.”*
5. As a bird’s nest what I fear most is . . . *“Getting blown out of the tree.”*
6. As a bird’s nest what I desire most is . . . *“To be there and be strong when I am needed.”*

Step 5. Waking life. Reflect on these statements, not as the dream element speaking, but as *you* describing a feeling or situation in your waking life. Note any statement(s) that sounds like it also describes a feeling or situation in your waking life. Rephrase it to fit that situation.

1. “I am playing the role of nurturer with my boyfriend at present.”
2. *“My purpose in this situation is to provide a safe landing spot.”*
3. *“I like being soft but not having to be perfect.”*
4. “I dislike being taken for granted (crapped on).”
5. “I fear rejection and ridicule, being blown off.”
6. *“I desire to be there and be strong when needed.”*

If the subject does not make a connection with any statement, then have him or her go back into the dream and pick another dream element, perhaps an inanimate thing that was particularly curious, and repeat Steps 3 and 4. Note that the subject in this case felt every statement related directly to some aspect of the waking-life situation. That is not always the case, but in this case all six statements worked as intended to describe the emotional environment in which the subject found herself. The first two statements related the role of the bird’s nest in the dream to the role the dreamer sees herself in her waking life, as a nurturer and the provider of a safe landing spot for her boyfriend. The emotional conflict is revealed

in Statements 3 and 4, in which, on one hand, she loves to be soft and nurturing, but on the other, she is conflicted that imperfection and softness may lead to her once again being taken for granted. The motivations (fears and desires) driving the conflict are revealed in Statements 5 and 6, the desire to be there and strong when needed, coupled with the fear of being rejected, ridiculed, and “blown off.”

Step 6. Most emotional significance. Which statement feels most emotionally charged or relates to the most stressful waking life situation? *“I dislike being taken for granted (crapped on).”*

Although this is the most emotionally charged statement, the dreamwork resulted in a number of other statements that appear to indicate underlying conflicts, some of which might surface during subsequent rounds of the EP procedure below.

Part 2: EFT Application and Stress Reduction

Step 7. Describe a specific incident when you felt this way. *“The moment I decided to divorce my ex. I had gone all out to help him and he showed up two hours late and yelled at me for not having done enough.”*

Step 8. Initial SUDS. What is your level of distress is right now (from 0 to 10, with 10 being the most stressful) as you think about that incident: *“It is a 12!”*

Step 9. Setup phrase(s). The setup statement pairs the negative emotional memory or feelings with a positive or neutral intention and expectation. It is important that the emotional memory or stress reaction that is to be extinguished be brought to mind in order to establish new associations with the calming sensation brought about by EFT. Pairing it with a positive expectation is found to enhance the healing process.

a. Setup phrase. “Even though I . . . [feelings during recalled incident in Step 7], I know that I can/I choose to . . . [consider positive role-play statements “I like” or “what I desire” from Step 5].” “Even though I feel taken for granted . . . I choose to be there and be strong.”

b. Reminder phrase. Select a few words from the negative part of the phrase that can be used to keep the incident in mind during the EFT tapping sequence: *“Taken for granted.”*

Step 10. Round 1.

a. Rub chest sore spots. Say the setup phrase three times: “*Even though I feel taken for granted, I choose to be there and be strong.*”

The chest sore spots are located down and over, right and left, about 3 in. from the U-shaped notch at the top of the sternum; they feel sore when you press vigorously. Note that the EFT manual provides the option to substitute tapping on the karate chop point, located in the middle of the fleshy part on the outside of the hand between the top of the wrist bone and the bases of the little finger (Craig, 2008, p. 68).

b. Tapping with reminder phrase. Tap about five to nine times with the balls of the fingertips of their index and middle fingers (either hand on either side of the body) on each specified location while repeating the reminder phrase each time: “*Taken for granted.*”

- **Eyebrow** (inner edge of either eyebrow, just over the nose),
- **Side of eye** (in the depression lateral to the bone on the side of either eye),
- **Under eye** (orbital bone under the center of either eye),
- **Under nose** (under the center of the nose, halfway between nose and upper lip),
- **Chin** (on centerline in the crease, halfway between lower lip and point of chin),
- **Collarbone** (small depression under the clavicle, about 2 in. lateral to the midline on either side),
- **Under arm** (a usually tender spot under the arm about 4 in. below the start of the armpit, on the right or left side of the body, halfway between the front and back of the body (even with the male nipple for men and mid bra strap for women).

c. Bridging sequence. Use the reminder phrase: “*Taken for granted.*”

The bridging sequence is considered optional, but we find it useful since it tends to exercise both hemispheres of the brain. It consists of tapping on a “Gamut” point (back of either hand, .5 in. toward the wrist from the point between the knuckles and the base of the ring finger and little finger). While tapping on the “Gamut” point nine actions are performed: close eyes, open eyes, shift eyes hard down right, shift eyes hard down left, roll eyes in a circle clockwise then counterclockwise, hum a

song for 2 s, count rapidly from 1 to 5, then hum the song for another 2 s (Craig, 2008, pp. 70–71).d. Tapping sequence. Repeat b, above, while repeating reminder phrase: “*Taken for granted.*”

e. Reassess the level of distress (SUD). Ask the subject to think about incident again and rate his or her level of distress from 0 to 10. In this example the subject stated: “*It is a 7.*”

Step 11. Subsequent rounds. Assuming the SUD level is not at zero, adjust the setup statement and reminder phrase to include the word “still.” Continue the sequence as in Step 10 until the SUD rating is near or at zero.

In this example, the setup statement was adjusted to state, “*Even though I still feel taken for granted . . . I choose to be there and be strong,*” and the reminder phrase to “*still taken for granted.*” The session in this example took two more rounds to bring the SUDS rating down to zero.

Step 12. Optional. If other aspects of the subject’s problems arise, note them for additional work. Sometimes tapping on the other aspect (using the same protocol Steps 7 through 11) is necessary to reduce the stress level around that aspect before the work can continue with the original issue. In this example, none were noted.

Part 3: Closure Protocol

After the stress barrier is reduced, a closure technique is applied using the original dream for guidance.

Step 13. Dream guidance. review the dream from the most emotional part to the end and describe how it ended. Then follow the exercises below that apply. In this example, the subject stated: “*I am trying to decide whether the things in the trees are birds or bats.*”

a. Did the dream end positively? If so, what happened to bring about that positive ending? “*Not necessarily.*”

b. Did you experience a surprise or a guiding event or guidance in words? If so, how did it differ from your expectations to that point, or did it reveal a new awareness, discovery, or direction? “*None noted.*”

c. If the dream was unresolved or had a negative ending, place yourself at the end, focus on how you got there, what you were attempting to

do, and your feelings at that point. Now spontaneously imagine a new ending that works out for everyone in the dream. Do not think about it; just let the first images that come to mind flow: *"I fly away with the bats!"*

Step 14. Metaphor. How might that new ending be a metaphor (analogy) for a solution to the waking-life problem? The subject in this case stated (imagery association): *"Bats, like birds, are free, but unlike birds, are helpful and come home to the cave at night."* Her solution analogy was *"I can be there, helpful, and still be me (free)."*

Step 15. Closure.

a. Check it out. Is this a healthy, practical solution that allows you to progress, or does it leave you stuck again? The subject stated: *"Yes, it is a helpful solution that allows me to move forward."*

b. Next steps. If healthy, what specific steps can you take to bring it about? *"I can begin by opening up a discussion of my needs, as well as my partner's, and look for a compromise."*

c. "Token" reminder image (optional). It is often useful to pick an image from the positive dream ending as a reminder of your solution when you find yourself confronted with a similar situation: *"The bat."*

Theoretical Underpinnings

Both dreams and stress processing (and thus EP intervention) engage similar mechanisms in the brain, in particular our limbic system, as illustrated in Figure 1 and Table 1. The white highlighted areas in Figure 1 illustrate the centers of the brain active in either state, and the grey areas are the inactive or less active. Table 1 discusses some of the functions of these active brain centers. Note that the common areas of activity include specifically the thalamus, the amygdala, and other parts of the limbic system (the hypothalamus, the hippocampus) that are responsible for emotional processing. This observation has led many researchers to conclude that dreams are involved in processing emotional memories, as is often hypothesized by dream psychology theorists and by neuroimaging groups (Hobson, Pace-Schott, & Stickbold, 2003). The anterior cingulate is highly active in both states; this structure is involved in mediating or choosing between conflicting perceptions. During threat processing, the anterior cingulate may be involved in mediating between conflicting memories or between an emotional stress response and a rational analysis from the prefrontal cortex. In the dream state, this center is also involved in mediating conflicting perceptions, perhaps emotionally opposing motivations, or an external ex-

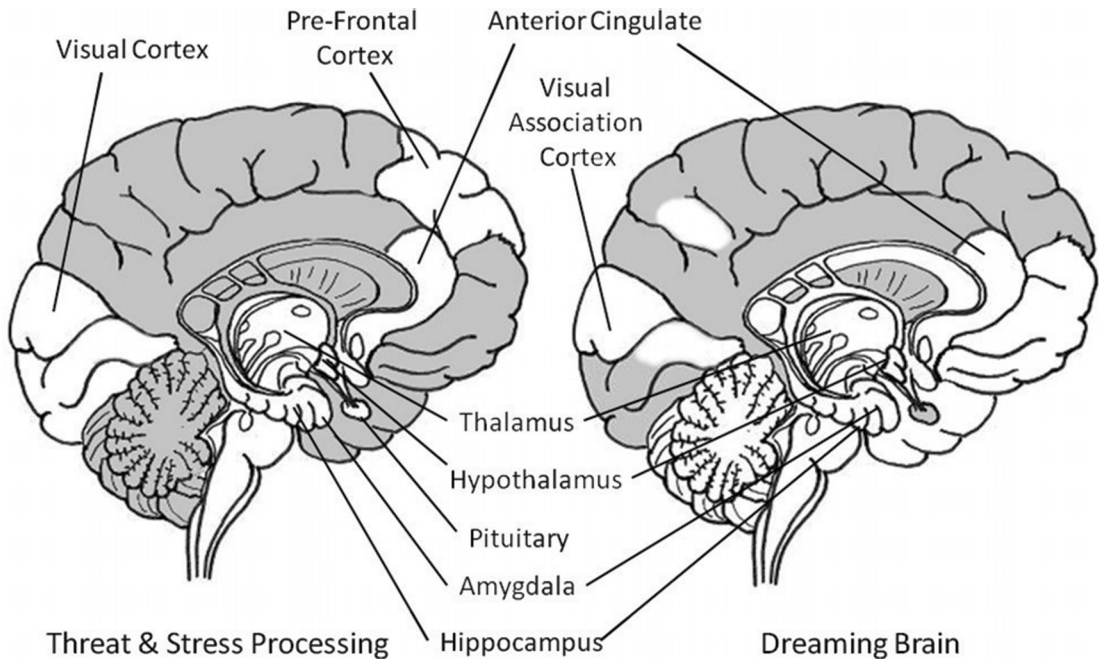


Figure 1. Comparative brain state activity during the stress response (left-hand side) and dream state (right-hand side).

Table 1. Comparative Brain State Activity During the Stress Response and the Dream State

Brain center	Stress response	Dream state
Amygdala	Associates the sensory image with an emotional memory (places an emotional “tag” on the information) and triggers the stress reaction.	Highly active in the dream state. Processes emotion via a cortical interplay with the limbic system. Selected emotional memories stimulate the dream and integrate dream emotion with actions. Creates a sense of anxiety and reward in dream experience.
Thalamus	Sensory processing switching center; sends information directly (fast path) from the senses to the amygdala plus the prefrontal, visual, and other cortical regions for processing (slow path).	Mediates arousal and attention, essentially creates a state of dream “consciousness” as it connects midbrain processes with active cortical regions.
Hypothalamus	Translates, distills, and assembles all sensory information into one discernible “package,” relating all the attributes and stimulations of an experience into one memory (associates aspects of a trauma with the core event). Emotional understanding and judgment of an experience. Primes the amygdala to quickly consolidate fearful memories. Hypothalamic neurotransmitters directly influence the pituitary gland in setting up the stress response in the body.	Active in the dream state, the hypothalamus organizes many complex emotions as well as all motivational states (including fear and escape themes) and the concept of reward (pain vs. pleasure) and goal directed activities, all of which become present in the dream story. Lends an emotional understanding and judgment to a dream experience.
Hippocampus	Responsible for long-term memory formation. Involved in contextual learning and emotional processing. Preprocessing of input for familiarity. Influenced and weakened by long term stress.	Creates “cognitive maps” or mental models that the dream references when faced with a conflicting emotional experience. Plays an important role in memory consolidation and memory optimization in sleep. Consolidates dream “resolutions” into long-term memory.
Anterior cingulate	Involved in mediating, or choosing between, conflicting perceptions; perhaps mediating under stress between conflicting emotionally charged memories, or between an emotional stress response versus a rational analysis from the prefrontal cortex.	Mediates conflicting perceptions, perhaps conflicting emotional perceptions, or external experience of the day that is counter to our internal mental model of reality. Projects resolutions based on past experience or imagined outcomes, lending a problem-solving function to the dream.
Prefrontal cortex	Involved in rationalizing the true nature of the sensory information and the appropriate action to be taken, but when engaged after the stress response is triggered and with reduced blood flow, its effectiveness in calming the stress response is diminished. Involved in rationalizing emotional memories that are no longer relevant but can be overridden by the stress response.	Relatively inactive in the dream state, thus dream events are not referenced to a rational model but are seen as normal even though considered bizarre upon waking (including illogical imagery combinations, scene changes, and cause-and-effect relationships). Loss of will and reflective awareness. Dream decisions appear to be reinforced on an instinctive (punishment or reward) basis.
Visual cortex	Thalamus sends incoming information to the visual cortex (as well as the amygdala) that triggers a higher level recognition processing of the image.	Visual cortex is inactive (all information comes from within); however, the visual association cortex is very active and develops visual associations (dream images) related to the information being processed within; i.e. dream images appear to be picture representations of emotional memories and concepts derived from personal and instinctive associations.

perience from the prior day that is counter to our internal model of reality. The anterior cingulate is also known to project rewarding resolutions based on past experience or imagined outcomes (Apps, Balsters, & Ramnani, 2009; Hayden et al., 2009), lending a problem-resolution function to the dream, much as it involves itself in mediating a stress response in the waking state. Note that parts of the visual cortex are active in both states. In the case of stress processing, the visual cortex is interpreting the sensory input coming in from the eyes so as to help reinforce or neutralize the stress response by introducing new stimuli from the environment. In the dream state, however, all input is from within the brain, and only the visual association cortex is active. Thus the images that are brought into dream consciousness are visual representations of the information being processed, constructed from emotionally meaningful associations of memory fragments and conceptualizations.

The Nature of the Stress Response

The DTF protocol is in part designed based on our understanding of the multidimensional nature of the stress reaction, which can be triggered by a direct threat, a memory of a threat or trauma, a seemingly unrelated event, or a generalized phobia. In the latter two cases, a memory may have been reconstituted to the point that its associations with the originating emotional event are difficult to recognize. Because both the dream and the waking response to a threat involve similar brain centers, by integrating the previously-unconscious material that comes from within a dream into a treatment protocol that includes EP, we have added tools for discovering and treating the key issues.

The stress response is an evolutionary safety measure, a quick-response mechanism to avoid harm that can act protectively before our rational mind has time to fully recognize the event and think through the most appropriate course of action. It involves the limbic system (containing the amygdala, thalamus, hippocampus, and hypothalamus, as illustrated in Figure 1 and Table 1), which is the seat of our emotions and survival instincts and motivates our behavior. It is at the core of our autonomic nervous system, which acts to automatically activate (sympathetic) and relax (parasympathetic) in response to internal and external stimuli. As sensory information comes

from various parts of the body, the thalamus relays the information along a “fast path” directly to the amygdala and a “slow path” that involves processing the information in the visual and sensory cortex before routing the processed information to the amygdala as well (Lambert & Lilienfeld, 2007). A role of the amygdala is associating emotion with incoming information and assigning emotional importance to it (Ratey, 2002). When the amygdala senses something as important, it immediately triggers the body to respond and alerts the brain to focus attention on it. When the amygdala associates a potentially dangerous situation with a fear memory, it tells the hypothalamus to ready other systems in the brain and body for action, typically setting up a fight, flight, or freeze response. When the cortex has had a chance to analyze the situation, it may attempt to calm the stress reaction. However, the increased blood flow to the midbrain is accompanied by a decreased blood flow to the prefrontal cortex (Amen, 2000). Therefore, the focus is limited (to survival), and a person does not think as well while in this stress response condition (Lane, 2006). The brain also seems to be wired to prevent deliberate overriding of these important emotional memories. Thus, the stress response is difficult to alter simply by cognitive intervention. The actions during stress are therefore often inappropriate, and it is difficult to quickly recover a semblance of rational behavior.

Although this stress response may be appropriate to a singular threat, severe trauma or chronic stress can create lifelong problems, as these events become programmed into the amygdala and associated limbic structures. Even when a threat does not exist, the fight or flight response can be triggered whenever a fear memory is recalled or when a like situation triggers that memory. Noncausal aspects, present during the original event, can also trigger the response. It is as if the amygdala and hypothalamus take a flash photo of the scene, including the sights, sounds, colors, tone of voice, facial expressions, etc., and integrate the associations into a “fear structure” (Foa & Kozak, 1986), a “wired” routine designed to escape the threat. The process is similar in many ways to classical Pavlovian conditioning (Lane, 2009), in which a conditioned stimulus (the originating trauma) is paired with another unconditioned stimulus (perhaps a noncausal aspect) that triggers the stress response. With chronic stress, the amygdala continues to mark certain memories as being emotionally

significant, thus providing emotional selectivity for one memory over another. The prefrontal cortex loses the ability to extinguish fearful memories that are no longer relevant, and the function of the anterior cingulate in choosing between conflicting perceptions (fear-based misconceptions vs. rational concepts) becomes diminished (Lambert & Lilienfeld, 2007). Another complicating factor is that each time a traumatic memory is recalled, the stress response and emotional excitement accompanies it; this reconsolidates the long-term memory with added strength. This can lead to posttraumatic stress syndrome (McGaiugh, 2003). Memories can reconstitute and generalize into a broader set of phobias, some of which are hardly related to the initial trauma, except perhaps emotionally.

EP protocols, such as EFT and the DTF protocol described herein, are therefore designed with these memory and emotional interrelationships in mind. The EFT protocol is designed to tackle the more consciously apparent emotional aspects of a situation and to diminish the stress response to each one or, just as readily, to work on the originating traumatic event if it becomes known. David Gruder, the founding president of the Association for Comprehensive Energy Psychology, underscored the importance of defining the key issue accurately (Feinstein, Eden, & Craig, 2005). To this end, dreamwork enhances the process by providing an important tool to more rapidly discover the deeper emotional memories and their interrelationships with the originating event. The dream also has been observed to work directly to dispel fear-based misconceptions and replace them with more rewarding insights (Jung, 1973). The DTF protocol therefore sandwiches the EFT stress reduction work between two dreamwork protocols, one designed to reveal or, more accurately, define the key issue and one subsequent to stress reduction and intended to use the dream as a guide in moving forward with new insights.

Revealing the Key Issue From Within the Dream

When we dream, a great deal of our brain is active. It is the executive functions that remain inactive or asleep, including functions such as rational thought, linear logic, and episodic memory, as well as sensory and motor functions. The unique combination of active and inactive brain

centers during REM state dreaming, shown in Figure 1 and Table 1, are largely derived from the neurophysiological, neuropsychological, and neuroimaging compilations by Hobson (2007; Hobson et al., 2003) of work by various researchers. The combined activity of these brain centers appears to account for not only the unusual characteristics of dreams but also some of the functions that psychologists and theorists have attributed to dreaming (Hoss, 2005). In the dream state, a unique combination of centers remain active, including the limbic system, which processes emotions; the association cortex, which forms the visual and sensory associations we recall as the dream; the medial prefrontal cortex, which initiates self-focused goal-directed behavior; and the anterior cingulate, which mediates conflict. The dream may seem bizarre and mysterious, but it is simply our becoming conscious of a normally unconscious inner processing of information, taking place in a communications “language” that is native to those active brain centers.

Both Jung and Perls observed that dreams are driven by a natural tendency to bring resolution and closure to unfinished emotionally important problems of the day (Jung, 1973; Perls, 1974). The activation of the amygdala and other limbic regions supports this hypothesis. Hobson et al. (2003, p. 33) indicated that the findings of researchers such as Nofzinger, Braun, and Marquet suggest that REM sleep plays a role in the processing of emotion via a cortical interplay with the limbic system. Marquet proposed that the amygdala functions to selectively process emotionally relevant memories in dreams (Hobson, 2007). Furthermore, the dream appears to play a role in bringing about resolution, as Jung contended. I discuss this in more detail later, but the active anterior cingulate plays a role in mediating conflicting perceptions and monitoring the consequences of actions (perhaps by testing projected dream scenarios) and thus mediates subsequent changes in behavior.

Dreams deal with physical and psychological threats but tend to focus on the effect the threat has on how we see ourselves, reality, and our social roles. The medial prefrontal cortex is active in dreams. This part of the brain is involved in goal-directed behavior and in focusing attention on tasks that are explicitly self-referential, involving the many aspects of the multifaceted “self” (Gusnard, Akbudak, Shulman, & Raichle, 2001).

Dreams therefore reveal the interrelationships of a threat at its deepest level: the relation not only on our Ego structure but also on the deeper unconscious Self that Jung described as part of our instinctive evolutionary nature.

One might ask, if the dream is dealing with emotional situations from the waking state, why does that situation not appear in the dream? This is likely because a deactivation of episodic memory all but eliminates the re-enactment of the waking episode that stimulated the dream. However, the highly active limbic system records the emotional context of that event and surfaces it in the dream to be processed, accommodated, and consolidated, along with other associated emotional memories. The exception is posttraumatic nightmares, which play out the original trauma over and over again, attempting but usually failing to accommodate the experience until assisted by intervention. Over time, dreams may begin to show change in, and signs of mastering, the original event, as the memory is reconsolidated by both the dream and the intervention. So dreams appear to weave deep multifaceted interrelations between threats, instincts, emotional experiences, and memories in an attempt to accommodate our experiences into the very core of who we believe ourselves to be.

If dreams contain this breadth and depth of information about stressful memories we are unconsciously dealing with, then how do we understand them and bring forth the material on which to work? The language of the dreaming mind is unique, but it is not that mysterious when we consider the nature of the communications between active brain centers. Our waking state of consciousness is dominated by processing external information between our active sensory cortex and the thinking frontal cortex of the brain as well as by responding to the cortical stimulation of emotion and other urges that originate in the deeper unconscious regions. When we dream, however, the prefrontal and sensory cortex become relatively inactive, and all stimulation comes from within. The association cortex, however, becomes active. This cortical region interprets the internally generated signals it receives in terms of association—personally meaningful visual and auditory representations of emotions, concepts, and memories that are being processed within other active centers in the brain. It is these representations that we see as the imagery and other elements that make up the dream. The amygdala may continue to play

a role in associating emotion with visual images, but in the dream state the effect appears reversed, as dream images appear to be stimulated by the emotions being processed. A red car in a dream is not a red car as it is understood in the conscious waking state. It was created from within as a representation of all the feelings, memories, and concepts we personally associate with a red car. Understanding what that red car represents in dreams is not something that can be logically deduced or defined. It is a matter of exploring the emotions, memories, and concepts that are subconsciously associated with the red car.

The right inferior parietal cortex, which processes our perception of the visual space, also influences what we perceive as a dream. It appears to be involved in forming the visual space in our dreams and is cross-modal in nature, thus establishing meaningful superpositions of dream elements, even though the combinations may appear bizarre to the waking mind. The combination of the color red and the image of a car, for example, is a meaningful superposition of the personal association of a car with the emotional associations in the color red (Hoss, 1999). For example, a dreamer may associate “car” with something that allows them to get where they want to go in life and the color “red” with emotional passion and excitement—thus the combined dream image communicates the combination of those two concepts, much as one might combine words in a sentence. This center has also been discovered to be involved in processing metaphors (Ramachandran, 2006), and this may be why the phrases we use to describe the dream often appear as metaphors that are also descriptive of the waking situation the dream is dealing with. For example, in telling the dream the subject might state, “I am being driven in a red car.” This phrasing includes a metaphor, “I am being driven,” that could provide insight to the subject’s feelings about “being driven” in the waking situation. The net result is that if we use dreamwork techniques that rely on personal expression evoked within the context of the dream, we have the best chance of revealing the deeper emotional content that created the dream.

The DTF protocol therefore uses methods for targeting the key emotional issue in the dream by communicating information similar in nature to the way the dreaming brain presents it, focusing on emotional association and metaphor. Cognitive dialog and extrapolation is a lengthy and relatively

ineffective means of understanding the language of the unconscious and thus the dream. A technique that has proven more effective occupies the cognitive process in a fantasy of role-play while allowing the unconscious to reveal the emotional content within a dream image or element. This is a Gestalt-based approach, whereby the dreamers imagine how the things that populated the dream might express themselves, indeed imagining themselves as that thing in the dream and speaking from its perspective (Perls, 1974). It is based on the concept that every element of the dream is, in some sense, a psychological fragment of the dreamer, and if it is permitted to speak, it will reveal the emotional associations, memories, and conceptualizations that created it. Furthermore, it is not necessary to understand every part of the dream. Dreams seem much like holograms in that there can be a wealth of information contained in just a single image.

Reducing the Stress Response With Energy Psychology

EP has been used to treat traumatic stress in various groups and is establishing itself as an evidence-based treatment for posttraumatic stress disorder, depression, anxiety, and other mood disorders (Church, Piña, & Reategui, 2009). The field had a beginning with Roger Callahan's Thought Field Therapy in the 1980s, and the method expanded into a variety of techniques. One of the most well known, and the one incorporated herein, is EFT, founded by Gary Craig, one of Roger Callahan's students (Craig, 2008). EFT is particularly useful in reducing the emotional stress and stressful reaction brought on by a past incident or phobia and thus is quite useful for dealing with the information that comes from dreamwork.

EFT, as well as many of the other EP techniques, works with acupoints. Although this system describes a system of "energy meridians," it exhibits a physical and bioelectric component because acupoints have significantly lower electrical impedances than the surrounding skin. They typically exhibit resistance in the range of 12,000–14,000 ohms compared with 300,000–400,000 ohms (Voll & Sarkissyanz, 1983, as cited in Feinstein, 2004). Various studies using fMRI have shown that stimulation of these points directly affects the amygdala and other limbic areas of the brain associated with fear and emotional

stress (Dhond, Kettner, & Napadow, 2007; Hui et al., 2000) and that acupuncture-induced sedation shows electroencephalographic effects similar to those of general anesthesia (Litscher, 2000). Stimulation of acupoints has been shown to result in the release of cortisol, serotonin, and other pain-reducing biochemicals that calm the midbrain and signal it to shut off the alarm response while simultaneously inducing a relaxation response (Cherkin, Sherman, & Avins, 2009; Swack, 2001, and Ulett, 1992, as cited in Lane, 2009). It also may directly activate stress-dampening and regulatory genes in the hippocampus and hypothalamus (Church, 2009; Church et al., 2009). The net result is that of "extinction" (Lane, 2009), which occurs when the conditioned stimulus is repeatedly presented (in this case, by recalling the emotional memory) but without the stressful stimulus (in this case, substituting a calming sensation by stimulating the acupoint). Although the memory of the incident remains, new memory association is formed for the amygdala such that the emotional tag is no longer one of danger, alarm, and urgency.

What is beneficial with EFT and other EP protocols is that acupoints can be stimulated not only with needles but also with other more noninvasive means of mechanical stimulation, such as tapping (Church, 2009; Church et al., 2009; Feinstein, 2004). The limbic system is central to acupuncture's efficacy, regardless of the specific means for stimulating the acupuncture point (Napadow et al., 2005).

The Closure Protocol

Once the stress response is reduced and the emotional barrier to progress is removed, it is easier and helpful for the subject to think through next steps for progressing. However, without some guidance, this may not be an easy task. The dream, however, may be used to guide the process, because it may have tested various outcomes and could contain clues to the appropriate path to take. The active anterior cingulate during dream sleep plays a role in recognizing and mediating action to resolve conflicting perceptions, as well as in making decisions based on anticipating and placing a value on the outcome (Bush et al., 2002). It has been observed to monitor the consequences of actions and mediate subsequent changes in behavior, whether the outcome is from experience or is imagined (Apps et al., 2009; Hayden et al., 2009), as it might be in a dream scenario.

This process of mediating conflicting conceptions and projecting appropriate outcomes can be found in dreams in three common characteristics: a. surprise, b. guidance, and c. positive or rewarding projections and endings (Hoss, 2005). Surprise typically appears as a visual revelation of an inappropriate belief that readies the dream ego for redirection. It is evidenced in the dream as unusual imagery or action that juxtaposes opposing concepts, such as an unexpected twist to the dream story, an unexpected and/or bizarre combination of images, or an unexpected new discovery. Guidance typically appears as actions in the dream that refocus the dream ego on a new awareness, new possibility, or potential direction. It is rarely literal and is most often well-hidden as a metaphor, but it can be discerned as direction from some dream character, as written or verbal words, or as the discovery of a new path or something of value and is often accompanied by brightness and color. A positive projection or rewarding ending is perhaps intended to reinforce correct action when the dream scenario has discovered a rewarding outcome. This often occurs when the dream ego (the self in the dream) follows, or contemplates following, the guidance that preceded it. The dream itself provides a reinforcing reward for correct action in terms of a pleasing ending, often accompanied by light and multiple colors.

If the guiding action or rewarding ending is obvious in the dream, then the dream sequence can be explored to determine whether it contains an obvious metaphor or analogy that can be used as a guide in finding a solution or determining next steps to move beyond the situation in waking life. If it is not evident, then the dream can still be used as a guide by the use of a technique for finishing the dream, similar in ways to imagery rehearsal therapy (Sibilia, n.d.). The dreamer engages in spontaneous imagination, focusing on the end of the dream, while calming and freeing him- or herself from rational thought and spontaneously imagining a new ending for the dream that works positively for everyone in the dream. Working positively for everyone in the dream is necessary because theoretically each character and element in a dream is a part or fragment of the dreamer that is in need of integration. The expression of a new dream ending is much like the dream itself, and it needs to be treated much the same, as a new metaphor, and explored as an analogy, not taken as a literal solution.

Whether the insight comes from within the dream or from a newly imagined ending, that new solution should be tested before being acted on, as it is a subconsciously derived analogy that can be easily corrupted in the process of trying to understand it. Before acting on it, ask if it is a healthy, practical solution that allows progress, or does it leave the dreamer stuck again? If the answer is positive, then in order to actualize the solution, it is necessary to act on it. To prepare for action, the dreamer will find it best to immediately think through the next possible opportunity to act and define what specific step or steps he or she can take to bring it about.

Conclusion

The discussion has dealt with the theoretical underpinnings of dreamwork and with EP as separate but complimentary disciplines when combined within the DTF protocol. The dream state and EP may actually share a common aspect as it relates to altering fear associations. Foa and Kozak (1986, 1998) proposed an Emotional Processing Model to describe how fear associations might be created and subsequently altered; a model that may apply to both EP interventions as well as to the corrective processing taking place in dreams. The model considers anxiety to be the result of forming "fear structures" in memory, a networked cluster of information that serves as a preprogrammed routine to escape a threat. The structure contains information about the stimuli, the stress response, and the meaning of the relationships between these elements. Dysfunctional or pathological fear structures, however, contain excessive response elements, unrealistic beliefs about the probability of harm, and misconceptions about the nature of the anxiety that lead to resistance to change. According to Foa and Kozak, treatment consists of modifying the structure by first activating the fear structure to reveal information about the elements that make it up, then providing corrective information that is incompatible with the elements of the fear structure and incorporating them into the memory. This corrective information is intended to dissociate (uncouple) the stimulus and response elements, change the meaning of the relationships, and decrease anxiety.

The EFT protocol follows this process by first bringing to mind elements of the fear structure, then through the process of tapping on acupoints,

imposes an incompatible calming sensation, which in turn uncouples the stress response from the memory stimulus.

Jung (1973) observed a similar process taking place in dreams. Using different terminology, he described how dreams are heavily populated with the unconscious and conscious elements of the fear structure, and indeed the dream plays out the interrelationships between these elements as well as our response to them (our emotional experiences and actions in the dream). He further described how dream sequences attempt to correct this structure by first revealing the misconceptions that reinforce the structure, then by providing corrective information and mediating corrective action by revealing an alternative insight or playing out an alternative scenario with a pleasant or rewarding outcome. This observation closely describes a function of the anterior cingulate (Apps et al., 2009; Hayden et al., 2009) that is found to be highly active in dreams. Nofzinger et al. (1997, as cited in Hobson et al., 2003) supported this hypothesis as well, with the suggestion that REM sleep involves the integration of motivational and reward functions.

Pairing the EFT protocols with dreamwork is therefore a naturally synergistic approach for therapeutic engagement of the brain centers that are dealing with debilitating emotional memories. EP appears to decouple old stimulus-response patterns by recalling dysfunctional fearful memories and replacing the stressful feelings with a calming sensation. Dreams have the same effect, by revealing a dysfunctional misconception, then testing new perceptions (subsequent dream plots) and rewarding those with pleasing outcomes.

In pairing dreamwork with EFT in the DTF protocol, we alter the standard EFT protocol slightly in order to better incorporate the unconscious motivations that are evidenced in the dreamwork. The standard EFT protocol contains a setup statement, which pairs the negative emotional memory with a positive affirmation. Pairing of a negative with a positive expectation is important because it has been found that extinction is influenced by language as well as by expectancy and anticipation about the outcome (Lovibond, 2004). The negative-to-positive pairing in the typical EFT setup statement is “Even though I feel... [named problem], I deeply and completely accept myself” (Craig, 2008). In the DTF protocol the named problem, as well as the positive expectation, is

derived from the stressful incident that is recalled and the positive desire that is evoked during role-play of the dream.

Once the stress response is extinguished and blood flow no longer diminished to the cognitive lobes of the brain, then one becomes more able to deal with a troublesome memory on a rational basis, facilitating insights and reinterpretation of the event and opening the opportunity for further healing. It also prepares us for rational steps to progress beyond the issue.

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APPENDIX

Dream to Freedom Worksheet

Name: _____ Contact: _____ Date: _____

Title of the Dream: _____

Part 1: Dream Exploration and Issue Identification

Step 1. Dream Summary: _____

Step 2. Waking-Life Situation and/or Issues at the time: _____

Step 3. Obvious Analogies (Metaphors/Associations/Feelings): _____

Step 4 Image Activation:

4a. Choose an “Important” Dream Element

4b. Role-Play: “Become” the dream element ‘X’ and answer (first-person, present tense) these six questions as you imagine that dream element ‘X’ would answer:

1. I am X [describe yourself and how you feel in that role; if a known person describe his or her personality]:

2. My purpose or function is _____

3. What I like about being X is _____

4. What I dislike about being X is _____

5. What I fear most is _____

6. What I desire most is _____

Step 5. Read each statement as if it is YOU saying it about something in your life. Note (put a check mark by) any statement(s) that sounds like it also describes a feeling or situation in your waking life—rephrase it to fit.

Step 6. Which statement relates to the most stressful feeling or situation? Describe the situation in general and if necessary, reword the statement above to better fit the situation. _____

Reworded statement _____

Part 2: EFT Application and Stress Reduction

Step 7. Describe a *Specific* Incident When You Felt This Way: _____

Step 8. Initial SUDS (Subjective Units of Distress) Rating 0–10, With 10 Being the Most Stressful:

Step 9. Set-Up Phrase and Shorter Reminder Phrase:

a. “Even though I (negative feeling statement based on step #6): _____

.....I know that I can or I choose to (hint: consider a positive statement from the six statements in step 4b):

b. Reminder phrase (abbreviated negative statement): _____

Step 10. Round 1: a. Rub chest “sore spots” 3 times using the **Setup Phrase**; b. Tapping/Bridging /Tapping Sequence using the **Reminder Phrase**; c. think about the incident and give it a new SUDS Rating

Step 11. Subsequent Rounds: until stress level goes down to or near 0

Note: Add “still” to the **Set-Up**, and “remaining” to **Reminder Phrase**: a. Rub chest “sore spots” 3 times using the revised **Set-Up**. B. Tapping/Bridging /Tapping Sequence using the **Reminder Phrase**.

c. Rerate SUDS level by round (till near/at 0): _____; _____; _____; _____; _____

Step 12. Other Aspects (optional)—if other aspects arise, note them for additional work:

Note. If other aspects arise during the procedure, do additional rounds on them using the procedure above.

Discussion Notes: _____

Part 3: Using the Dream for Closure

Step 13. Dream Guidance: Review the dream from the most emotional part to the end, then follow the exercises that apply: a. Did it end positively? If so, what happened to bring about that positive ending? b. Did you experience a surprise, a guiding event, or guiding words? If so, how did it differ from your expectations to that point; or did it reveal a new awareness, discovery, or direction? c. If the dream was unresolved or had a negative ending, place yourself at the end and spontaneously imagine a new ending that works out for everyone in the dream.

Step 14. Resolution: How might the above be a metaphor or analogy for a solution to your waking-life problem? _____

Step 15. Closure: a. **Check it Out:** Is it a healthy, practical solution? b. If YES, then Define **Next Steps:** what *specific* steps can you take to bring it about? _____

c. "Token" Reminder Image (optional): _____

