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The Purpose of CART:

I modified the Flash Technique, which is a pre-EMDR (Eye Movement Desensitization Reprocessing) protocol created by Phil Manfield, Ph.D., in a way that allows couples (or friends or family members) to use their bond and loving contact to help lower one another's anxiety. I've decided to name the technique the Couples Anxiety Reduction Technique (CART). This exercise is super effective and safe to do at home, and you don't have to be a therapist to do it.

With anxiety, there are two tasks:

1) Self-soothing

For self-soothing, it is helpful to intentionally do something different that will activate your prefrontal cortex such as: engaging in various breathing exercises; counting backwards; spelling backwards; coming up with an imaginative story and visualizing it in real time; scanning the room for things that remind you that you are safe; using progressive body relaxation techniques; cognitive behavioral therapy (CBT) worksheets; brain games like chess or Suduko, etc. When we focus our intention on doing tasks that use a preferred part of our brain, then that part of the brain comes online rather than our fight/flight/freeze part of the brain.

2) Reducing the trigger's ability to pull us down the rabbit hole of anxiety

The purpose of CART is to reduce the impact of existing triggers, so you are less likely to get stuck on the same anxiety loop or reactive track in the future. The goal is to permanently lessen the effect of a trigger on your nervous system. So, we are talking about prevention, not self-soothing. With CART, we are largely using co-regulation and positive imagery as a form of self-soothing, while also subconsciously stimulating the trigger.

The Healing Mechanism:

According to memory reconsolidation theory, the process of healing happens when we activate a preferred experience and a non-preferred experience at the same time. When this happens, we bring both preferred experiences in prefrontal cortex online and the trigger memory located in the amygdala into working memory. After it is in working memory, the brain has to figure out where to put it. If the preferred experience (using the prefrontal cortex) is lit up, then it can put all that is in working memory (both the preferred experience and the trigger memory) into the prefrontal cortex. Basically, it moves it from the fight/flight/freeze part of the brain to the more evolved part of the brain that is capable of love, art, logic, etc.

If you just light up a preferred experience by itself, then the grooves in that part of the brain get a little deeper and you feel a little better. Meditation, enjoying nature, dancing, and doing things that feel good are helpful, but they don't rewire the part of our brain that stores our triggers for anxiety. They just provide a preferred experience and leave those triggers intact.

If you just light up the amygdala and thought loop in your head about the threat, then that groove in your brain gets a little deeper and you feel more anxiety. If you keep doing this, your anxiety will get

The Couple's Anxiety Reduction Technique (CART) by Todd Harvey

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worse. Also, each time you do this, it makes it so you are more prone to doing this. Basically, your anxiety will get worse.

But, when we light them both up at the same time, we create an opportunity for our brain to rewire which part of our brain handles the same dilemma. We only want the Amygdala to be firing when we are actually under threat. And we want it to calm down within a few minutes afterwards so our more complex and resourced part of our brain can handle imperfect dilemmas.

The Couples Anxiety Reduction Technique (CART)

Short Description:¹

The CART technique uses bilateral stimulation, lovingness, imagination, and a brain hack to significantly reduce anxiety related to a particular trigger.

Couples will decide who gets to be the “Anchor” and who gets to be the “Loved One.” The **Anchor** focuses on showing up in a caring, loving way, and temporarily puts aside any of their personal issues to stay with their partner during this process. The Anchor is the person who will be holding space. The **Loved One** is also willing to briefly put on hold legitimate concerns and engage in the exercise so their own nervous system can be soothed. The goal of this is not problem solving, rather creating a context where one person’s nervous system can become more regulated; problem solving can occur later, from a more calm and centered place.

I use the word “**amygdala**” to refer to the reptile part of the brain, that when activated, produces a fight, flight, or freeze response. I use “**prefrontal cortex**” to mean the part of our brain that processes logic, emotion, connection, love, spirituality, art, etc. In reality, the biology is much more complicated than I am able to understand or explain. Fortunately, we do not need to fully understand the biological science behind this technique for it to be effective. It is just important is to understand that we are intentionally activating different parts of the brain.

In a nutshell, the Anchor will be loving their partner through touch, eye contact, bilateral stimulation (rotating left-side of the body / right-side of the body stimulation) through squeezing their partner’s hands, helping them access a positive internal experience, and using words to affirm their bond. The Anchor will do this while also introducing and supporting a “brain hack” that makes the Loved One subconsciously aware of something that would normally trigger their amygdala to be activated. This is repeated a few times and the activation level almost always goes down.

What we are doing is using the Anchor’s love and the Loved One’s internal resources as a way of lighting up their prefrontal cortex while we subliminally touch on an anxiety trigger in the Loved One so the brain can move the anxiety trigger from the amygdala to the prefrontal cortex. Then we have a preferred part of the brain processing triggers. And that part of the brain has more of a capacity to appropriately respond to triggers.

¹ Sometimes in this document I will use “He” and “She” as a way of distinguishing between two people playing different roles. The Anchor or the Loved One can be any gender and any sexual orientation.

The Couples Anxiety Reduction Technique – CART Summary Description

This technique involves the Anchor helping the Loved One by:

- 1) Providing bilateral (left/right) stimulation by alternating gentle squeezing of your partner's hands (slowly or in 1.5 second intervals) while affirming the Loved One's worthwhileness with caring words such as "I love you," and "I'm here." The Anchor emotionally attends to the Loved One with loving eye contact during this process.
- 2) Helping the Loved One use a physical object such as USB drive or a book as a metaphor that stores all the thoughts, emotions, feelings, sensations, etc. that happen when the story of their trauma / trigger is named. We name the title of the trigger story (as if it were a newspaper title) without going into any elements of the story at all.
- 3) The Anchor encourages his partner to evoke in their mind's eye an internal resource (something they can think about that makes them feel good such as an experience with a loved one).
- 4) The Anchor makes sure that the Loved One is in their resourced experience by checking in.
- 5) Then the Anchor begins the process, which consists of making sure the Loved One is enjoying being in a resourced state for approximately 4-5 hand squeezes before the Anchor says the word "flutter." The word "flutter" is a cue to the Loved One to flutter their eyes. This is a way of acknowledging that the USB drive exists (the USB drive which happens to hold the trigger story) without actually thinking about the story. As soon as the Loved One flutters, the Anchor will verbally affirm them with their contact mantra such as "I love you," "I am here." They will do this two times, while continuing with the alternating hand squeezes and while maintaining positive and loving eye contact.
- 6) The Anchor continues to encourage their partner to stay in their internal resource and they continue the CART for 5 rounds (i.e., repeat step #5 five times).
- 7) The Anchor will then tell the Loved One he is going to stop squeezing their hands, and says gently, "Let's take a few breaths," as a way of transitioning away from the technique to the assessment phase.
- 8) Then the Anchor has their partner assess how activated their nervous system is, using a SUDS scale (Subjective Unit of Disturbance), with 0 being calm and 10 being highly activated. The Loved One provides their SUDS number, while they are aware of the USB drive / book with the story on it. The SUDS is not to be confused with how disturbing the Loved One finds the story. We are rating the current nervous system state, not how unpleasant the trigger story is. Compare their current SUDS with their self-assessment of what their SUDS would have been an hour ago.
- 9) If the Loved One's SUDS is not a zero, then have them do another 5 sets of flutters while in their resource again. After 3 to 5 rounds, you should both notice significant reduction in the felt sense of activation.
- 10) The Loved One tells the Anchor how it felt to have their SUDS come down so much and what it was like for them to have their partner help them with it.
- 11) The Anchor tells the Loved One how it felt in their own heart and body to be able to provide such a loving and healing container.

CART Description

The Method:

Part 1) “The Squeezies”

The Anchor sits knee to knee facing the Loved One.

- 1) The Anchor makes sure that he maintains good eye contact with his partner, so his eyes are saying, “I love you,” “I am here,” even before he says anything out loud.
- 2) The Anchor uses his left hand to lovingly squeeze her right hand. When the Anchor squeezes his left hand, he will lovingly look into her eyes and say, “I love you...” The Anchor will wait one and a half seconds.
- 3) The Anchor will lovingly squeeze the other hand and look into the Loved One’s eyes and say, “...And I’m here”. The first time he does this, he uses his own words (or he can copy these; it doesn’t matter so long as you do it from the heart).
 - “I’m here” is short for “I am in this relationship. I’m willing to show up. I care. You are so important to me. I’m invested in you and in us. I choose you.”
- 4) The Anchor lovingly squeezes the left hand, then the right hand several times and with each squeeze alternates with the phrases, “I love you” and “I’m here.” Do this until you can tell your partner feels cared for.
- 5) After the Anchor has established a connection with his partner, he says, “Whenever I squeeze with this hand (while squeezing the right or left hand), it means, ‘I love you.’ And whenever I squeeze with this hand (the other hand), it means, ‘I am here.’”
- 6) The Anchor will rotate between the left hand and the right hand squeezing continuously until we get to the assessment phase of this technique. Be prepared to keep squeezing every 1.5 seconds for several minutes straight. Keep on rotating squeezing even while providing directions. Also, look at your partner with loving eyes. This provides an additional nonverbal foundation of lovingness which is part of the healing element.

Part 2) Helping Your Partner Become Aware of an Internal Resource

- 1) Still with loving eyes and rotating “squeezies,” the Anchor helps the Loved One brainstorm an internal resource. An internal resource is a memory or an association of something that makes you feel loved, relaxed, content, grateful, or happy. It is like a 3-5 minute vacation in your mind’s eye. If the Anchor knows a memory that the Loved One may have that could be used, he could suggest it. But the Anchor should roll with the resource the Loved One finds useful and engaging.

The more evocative of an experience the better. If possible, use a strong relational preferred experience. Based on some of my experiences with my clients, “preferred internal experiences” or “internal resources” can include:

- a. Going for a walk with a friend
- b. Cuddling with their dog
- c. At a pub with friends
- d. A crazy night out with friends (from 10 or 20 years ago)
- e. On the beach in Hawaii
- f. The memory of their grandfather holding them as a child
- g. A beautiful sunset
- h. A loved one holding them
- i. A spiritual resource (Jesus or Mary or Buddha holding them),
- j. Surfing
- k. Hiking
- l. Performing a concert
- m. A video or memory of their child learning to ride a bike

Part 3) Introduce the Trigger

The Anchor helps the Loved One determine what trigger they want to help clear. The Anchor has the Loved One describe the “newspaper headline” for the story.

The Anchor can tell the Loved One, “Don’t go into it and tell me the whole story or think too much about it. Just tell me what the newspaper headline would be.”

Some examples of trigger “headlines”:

- a. Infidelity: He cheated on me with his co-worker in Berkeley.
- b. Anxiety after recovering from infidelity: She must be cheating now since she didn’t answer her phone.
- c. Pandemic: I’m going to die or infect someone else if I touch something wrong.
- d. Ideology trigger: Trump elected aka.. We are all screwed or Bernie elected, We are screwed.
- e. I feel unimportant: My Partner is on her cellphone in bed instead of connecting with me. I’m never going to get the love I need.

2) The Anchor uses a metaphor that helps the Loved One see the “threat idea” as a story that is separate from themselves. Below is a metaphor that I use that I find helpful. You can use it or come up with a different metaphor that helps serve the same function.

Describing the USB Drive:

- a. Imagine that this (point to something specific, such as a pen) is a thumb drive.
- b. And in this thumb drive there is a folder.
- c. And in this folder, there is a Word 97 document.
- d. And in the Word document is a story.
- e. And the story is about the “(use the trigger headline your partner just came up with).”
- f. It has all of the emotions, feelings, reactions, overwhelm (you can guess a few of them: overwhelming, sad, hurt, lonely, etc.) associated with that experience or thought. Just name a few feelings that you suspect would be there but do it quickly enough so you are not inviting your partner to ruminate on them. You are just acknowledging that they take up real estate in her brain.
- g. There is a 300-page story there. And that thumb drive is **not plugged in** to the computer. And the computer is **not on**. And the **monitor is broken**. But nevertheless, in the thumb-drive, which **we are not reading**, is a story about “(trigger newspaper title your partner just came up with).”

Again, while doing this, the Anchor is still squeezing hands (alternating left and right) and every once in a while sprinkling in, “I love you” and “I’m here,” while lovingly looking into their partners eyes.

Part 4) Stabilizing the Preferred Experience

Prior to the next step, the Anchor will make sure the Loved One is solidly in the preferred experience so she does not leave it during this process. Meaning that if and when the Loved One starts thinking of something else or leaves the preferred state by accident, help her back there. If the Loved One can't stay in a preferred experience, allow her to take her time to get there or change it to another one that is more gripping.

The Anchor helps the Loved One stabilize their internal preferred experience by helping evoke images, sensations, emotions, thoughts, or beliefs that are involved in the preferred experience they chose.

Example:

Instead of a short reminder like "Remember Hawaii," help them experience Hawaii in their mind's eye.

Use present tense verbs, such as:

"**Feel** the sand in your feet."

"**Feel** the warmth of the sun on your back."

"**Look at** our daughter's huge smile as she came back from snorkeling."

After each sentence, wait a few breaths so the Loved One has a chance to soak in the images and memories, and reconnect with the preferred experience.

If you can tell that they are really enjoying their experience, give them space to appreciate it without saying anything. You don't want to interrupt something good.

After the Loved One nods to acknowledge that they are enjoying being in their preferred state (while the alternating squeezing continues), the Anchor goes to Part 5.

Part 5) The Weird Part –The Flutters

- 1) Anchor says to the Loved One, "When I say the word 'Flutter,' flutter your eyes several times to acknowledge the USB drive exists without thinking about anything particular that's on it. Don't count how many times you flutter, but flutter about 4-7 times."
- 2) The goal is to keep the Loved One in her preferred state before, during, and after the flutter. So, make sure that she is not accidentally thinking about the trigger. Make sure that she "just flutters her eyes" as a symbol that the piece of plastic that contains the USB drive exists. We are not thinking about the trigger story or even the headline of the story at all. We want to pay special attention that they do not accidentally start thinking about the trauma memory. There is nothing magical about fluttering the eyes, but it is a physical mechanism for getting them to be aware of something without thinking about it.
- 3) Every 4-6 squeezes (while the Loved One is in resource), Anchor says the word "Flutter" and monitors what is happening. Make sure that:
 - a. The Loved One is not accidentally revisiting the trauma / trigger when they are fluttering.
 - b. If they get derailed, then get them into a preferred experience (with your love, with your eyes, with your hands, and by helping her reconnect to the preferred experience). Make sure you get the Loved One into the preferred experience before having her flutter her eyes again.
- 4) As soon as she stops fluttering, immediately give her two sets of "I love you," "I'm here" (or whatever phrase you've replaced it with). Then, immediately steer her back into her preferred experience. What we are doing here is distracting your partner from accidentally starting to think about the content on the USB drive. Your contact, words, and redirection at that key moment can be helpful for helping your partner stay with the process. You are interrupting a moment where a trigger could have occurred. This then gives her an experience of almost thinking about the "trigger" and *not* going down the rabbit hole of anxiety.
- 5) Do five sets of flutters (as described above).

Part 6) Breathe Together to Make a Transition

- 1) After 5 sets of “the flutters,” the Anchor encourages the Loved One to take a few deep breaths and then have a conversation about what happened.
 - a. In the past, I only had the Anchor tell the Loved One to take three deep breaths and the technique worked marvelously. So, you can do that if you prefer.
 - b. I’ve modified the technique recently to include 10 “V” breaths instead of just 3 deep breaths. A “V” breath is taking a deep breath and slowly make a “vvvvvvvv” sound on the exhale. The idea is to vibrate the diaphragm. Evidently, when the diaphragm is relaxed, it sends a signal to the brain that the rest of the body is safe (i.e., we can chill).
 - i. This Breathing technique was borrowed from Peter Levine. I have people do 10 deep very slow exhales because it can take 9 slow breaths to activate the parasympathetic nervous system.

Part 6) Assessment Phase

- 1) Assess what is happening now for the Loved One. Anchor, say, "What is it like to be you right now, right this second?"

If she says something like:

"I feel more alive"

"Almost high"

"Colors are more vibrant"

"More relaxed"

"I'm a bit calmer"

"Relaxed"

"I feel like yawning"

Or something like that, then the Anchor can say (with great eye contact and while holding her hand), "What does this mean about Who You Are, that you are feeling?"

This can evoke a sense of [Who I Am, I'm capable of self-soothing, self-regulating, calming down, etc]. It is empowering.

Celebrate that with them with a genuine expression of [Booom! Right on! Wow! That's Great! Who you are is somebody who can shift states! This is Big!! YES]

Anchor can say, "Wow, this is who you are!!! This is you! Wow!"

- 2) Then the Anchor asks the Loved One what their SUDS is (SUDS = Subjective Unit of Disturbance). The SUDS is how disturbed your nervous system is. You are asking them to self-assess their state. You are *not* asking them to determine how awful their story is on the USB drive. Ask them to scale it 0 to 10 (with 0 as calm and 10 as very disturbed or jacked).

The Anchor says something like, "The story is very disturbing. Let's give the story a 9 or a 10. But how activated is your nervous system right **now**, in the **present**, and at the same time, you are aware that this story exists?

Their SUDS will go down. Sometimes all the way to 0. Sometimes it will go from a 10 to a 7. Then you do it again and it may go from a 7 to a 5. Then you do another round again and it goes from a 5 to a 3. You can almost always get it (the trigger's impact in the present) cleared or substantially cleared.

The Brain Continues to Heal Days After

The brain is expanding neuropathways that have the capacity of changing gears rather than get sucked into thought loops (which create anxiety). So, by the time we've done 5 rounds of flutters, the brain has experienced, in real time, the ability to redirect itself into a preferred direction about 25 times and the brain experienced this while feeling pleasure.

The Loved One will often be tired for a couple hours after this experience. That is normal because their brain is subconsciously doing a lot of work in the background. Often if SUDS don't go all the way down to a zero, they get even lower within a few days (without additional processing) because the subconscious will continue to apply the new learning to other parts of the brain.

Common Questions:

What are other implications if memory reconsolidation theory is true?

If this is true, and I believe it is, then it has all kinds of implications for how many of the normal things that we already do can be transformed into healing mechanisms. For example, if you are part of a spiritual community and get a sense of awe when you worship, you could come up with a rhythmic pattern that may match the music you are listening to and blink or snap or clap your hands as a way of acknowledging a particular thing on your USB drive, while staying in the state of worship. Again, just with a different mechanism, lighting up preferred prefrontal cortex part of the brain and the Amygdala at the same time. I hypothesize that this is the biological mechanism creating emotional healing elements in Pentecostal worship.

Clients who really enjoy dancing have found a way to get themselves into a preferred state dancing then (while enjoying their dancing) blinking or snapping their fingers as a way of acknowledging their trigger on their USB drive. That also works for them (but not me since I suck at dancing so much it cannot be an internal resource for me).

It is probably the same mechanism in the brain (just with a different protocol) that causes the Emotion Freedom Technique (EFT) to work. EFT has a protocol of mixing naming the threat and naming being loved while self-soothing through tapping on the Maridian Line. They may postulate that there is a different healing mechanism. But that technique also is combining preferred and non-preferred experiences in real time.

And I think that it is the same mechanism that causes long term talk therapy to work. In long term talk therapy, client gets a preferred experience over time by experiencing love/caring from a therapist who listens well while they talk about negative things in their life. Again, mixing of preferred and non-preferred experiences simultaneously.

My only problem with long term talk therapy is that it takes so long and if in the first session, the client could learn how to get themselves into preferred states and heal their own wounds, then the therapy with the therapist might move faster.

Can you do this by yourself without a partner?

The initial technique that was modified to develop CART was an individual-focused technique developed by Phil Manfield, called the Flash Technique. To do this yourself, you simply tap your knees – left, right, left – 1.5 seconds apart, instead of having someone squeeze your hands. Everything else is pretty much the same.

When you do it yourself, make sure you don't think of the trauma at all except for when you are naming the story that is being put on the USB drive. Don't even think of the story then, just provide the name of the story. When fluttering, be aware of the existence of a flash drive without even saying the word flash drive. Also, when people do this by themselves, they have a tendency to speed up the taps when they flutter their eyes. So after you flutter, try to stay in the preferred experience and intentionally slow down the tapping to 1.5 seconds.

Also, if you are practicing this technique on your own, expect it to take a few more rounds. I think the CART technique works better than the Flash Technique because people are encouraged to stay in their preferred internal experiences and there is more interpersonal co-regulatory resourcing happening. And knowing how to reduce your own anxiety triggers is really helpful as well.

What emotional commitments are necessary for this to work?

For this technique to be effective, the Anchor needs to be willing to put aside their experience, objections, opportunities to clarify the facts, etc. while providing nurturance to their partner, regardless of what their partner says. They need to be able to “parking-lot” (or set aside) objections to their partner’s experience.

Also, the Loved One needs to be willing to consider that it is a good thing for themselves and others if their nervous system is soothed. Many of us have internalized a cultural narrative that it is important to stay in an “angry/hurt/victim” state for our voice to matter. This kind of belief is misguided.

Some examples of this include:

“If I’m not furious about the affair, it might mean I am OK that the affair happened.”

“I have to maintain a state of grief because we are in a pandemic and if I don’t, it means I don’t care about the pandemic.”

“I have to be in an angry, vigilant state because Trump is the president. (This implies that my emotional or nervous state needs to be activated, and if it is not, that means I am ok with Trump’s policies).

“I need to be tight and angry and tense because you bring the cell phone into our bed instead of connecting. If I don’t drop my tightness it means I’m ok with you not connecting with me.”

Sometimes we are afraid to relax or drop our state of vigilance for fear that doing so would somehow legitimize what we deem abhorrent or unacceptable (i.e., staying hyper-aroused is somehow means we care). In order for CART to work, the Loved One needs to let go of these underlying beliefs, and be willing to let their nervous systems be soothed.

What do you do if your partner starts thinking about the trigger when she blinks instead of just blinks?

Sometimes you need to remind people that you are not thinking about any content on the USB drive, not even the title of the story. In fact, you are not even picturing a USB drive. Much like you might nod your head as a way of saying “Hi,” you are engaging in a symbolic action. I’ll use a metaphor of a cowboy nodding his hat as a way of saying “Howdy partner.” When he nods his hat, he’s not thinking of the other person’s name, nor the words “howdy partner,” but on a body level, there is a quick acknowledgment of the existence of the other. By blinking, we are just acknowledging the existence of a piece of plastic that holds a computer chip called a USB drive that happens to have a folder in it with a Word 97 file in it that happens to have a story on it.

Do I really have to say, “I love you...” “...I’m here”? Will different words work?

You don’t have to say “I love you.” I have found it helpful to use different phrases sometimes, since my raw spot is to feel unloved, and to doubt whether my partner will really show up for me. If you have a different raw spot, then a different verbal affirmation may be more helpful for you. Other common validations could include: “You are precious,” “Your voice is worthy,” “You are worthy of safety,” “You are allowed to be you,” “You are worthy of space.” You guys can negotiate what can be said. If you can, try to get it into 3 syllables. So, for example, if the validation is “Your voice is worthy of being heard,” then find a way of putting it together and shortening the cadence, for example, “Your voice is worthy / and I’m here,” “Yes, your voice” / “and I’m here”, then shift it to “voice worthy / and I’m here”, “worthy voice / and I’m here”.

It may sound kind of clunky, but the softness in the tone of your voice, the gentleness in your eyes, and the generosity of spirit when whispering or gently sharing your validation makes it so the words don’t really need to have correct grammar. We are slowly communicating with the part of your partner’s brain that processes love rather than the part of your partner’s brain that edits grammar.

What if the preferred experience is triggering?

Feel free to change what preferred experience you are using if it the Loved One accidentally starts dwelling on the content of the USB drive. For example, I had to switch an internal resource from having a hippy Jesus hugging me to a beautiful experience of nature for my partner to help me clear something in my nervous system because for some reason feeling Jesus’s love activated my USB trigger because the content on my drive had to do with not really believing my partner was really going to be there for me (love me). So, since “love” as a resource was sticky for me, we just found another resource (a beautiful scene in nature that was awe inspiring for me) and then CART was successful. After my SUDS got to a zero, “love” was no longer a trigger for me.

What if you are the Anchor and it’s hard to shift into a loving state during the exercise?

Sometimes it is hard to embody the loving feeling (for whatever reason). Perhaps you are tired? Perhaps you are wounded in a way that makes being loving scary? Perhaps you are still pissed at your partner over something stupid? Whatever the reason, you still have a lovingness within your heart that is inside of you. Your job is to access that state of lovingness so you can actually give it to your partner. For the next 15 minutes for this exercise (and hopefully forever, if you are able to do it), commit to being loving towards your partner regardless of whether she was just evil or good to you. You are owning your lovingness. If there is a Spirit, the Spirit planted it within you. If there is just Darwin, then evolution wired it into your brain. Whatever beliefs you have or metaphors you use, the love is already there. Your job is to access it so there is a felt sense of it (and not just loving words without a loving spirit behind them). Love needs to be alive in you for this to work best.

So, if it is hard for you to access the lovingness in your own body in the present, then what you need to do is tell your partner that you will do the exercise with them in a few minutes. Go into a different room and imagine somebody that is easy for you to love. You can imagine your child, a niece or nephew, a pet, Jesus or Buddha, a close friend, a drinking buddy, a friend from 10 years ago who moved away, Mr. Rogers, angels, demons (but only if they are good demons to you). In your mind's eye, take a walk or sit next to them and let yourself love them in the way that you would, could, or did.

What you are doing is waking up the neuro-pathways in your own brain that are capable of love. Imagine how you feel. Imagine how they feel. In your mind's eye, feel the hug. Feel the care in their heart, whether it is spoken or unspoken. Notice the tone in your voice that you would use in comforting them. Pay attention to that tone because that is the tone you are going to use with your partner. Do this for 3 minutes longer than you think necessary. So, if you think 3 seconds is enough, do this for 3 minutes and 3 seconds. If you think 10 minutes is enough, do it for 13 minutes. We want to marinate your brain in lovingness.

Only after you wake up your lovingness, return to your partner. Choose to use the self that is loving. I believe this is the deeper you that preceded whatever habituated patterns you took on that robbed you of the ability to access your lovingness. Be committed to be this You when you look into her eyes and tell her, "I love you, and I'm here."

Why blinking?

We do the blinking/fluttering because it is an effective mechanism at helping us activate a pre-cursor memory instead of a memory. With a memory, we feel and are impacted by what we experience. We get a thought or sensation or feeling that is activated. With a pre-cursor memory, we are subconsciously aware of the trigger without being consciously impacted. A memory takes 0.5 seconds to activate. A pre-cursory memory takes 0.2 seconds to activate. Blinks happen to take about 0.2 seconds.

We want to activate a pre-cursory memory (not an actual memory), so we use a technique of having your partner "flutter" their eyes quickly and NOT think about the fact that the USB drive exists. Blinking your eyes takes 0.2 seconds (per blink), so by getting somebody to flutter their eyes as a way of being aware that the USB drive exists, we are activating a "pre-cursor memory" a few times in a row as opposed to a "memory."

We are not asking the Loved One to close their eyes for a couple of seconds and dwell on the trigger, because that could cause them be activated. If the Loved One does this by accident, just remind them to only blink and focus on a detail they have in their preferred experience, or encourage them to focus on your eyes. Let them know that they accidentally thought about the trigger and that is ok, but then suggest that they try to just blink for the hell of it and not worry about connecting the blinking to anything in particular.

Is the assessment phase really necessary?

Yes and no. It is not the healing element. But since the transformation is largely unconscious, there is no cathartic relief that one might get in another type of therapy. So, sometimes it might feel like nothing really happened. And without getting real feedback that it actually makes a difference, one might think the technique is irrelevant and not use it to clear other triggers. So, no, it doesn't make a difference in the actual healing. But yes, it is necessary to motivate each other to make a list of all the things we find triggering and do our work in clearing or significantly reducing them.

Why all the breathing?

The breathing is not essential for this technique. At first, I just had clients of mine take a few breaths as a way of acknowledging that we are going to change gears from doing the technique to doing the assessment phase.

Are "V" breaths really necessary?

I think no. They are not necessary. However, I think they are helpful for another reason; they add a self-soothing tool to your partner's repertoire.

I tested the "V" breaths out myself comparing my own nervous system's response to the breathing exercises I was already doing, and found that the "V" breaths were far superior in calming my nervous system. I use the Heart Math's device that measures heart rate variation (HRV) as a way of measuring what they call "coherence" (the nervous system being calmer).

Since then, I've learned that it takes at least 9 breaths for our parasympathetic nervous system to get activated (that is the part of our nervous system that allows us to chill out, relax, digest food, etc.). Our sympathetic nervous system, when it is too activated, creates anxiety. I now have my clients breath 10 times instead of three times (what I arbitrarily had them do before). I also have them do "V" breaths instead of normal exhales since I found them so much more useful myself.

I am not convinced that the "V" breaths are the healing element in making something less triggering. I believe that they are worth doing because they are an excellent way of self-soothing an overwhelmed nervous system (something we all need, right!?). So, if you are uncomfortable with the "V" breaths or have a shortage of time, you can skip them. But I highly recommend incorporating them into this exercise.

Is the left/right squeezing really necessary?

Probably not. This method is inspired from somebody who was enhancing the EMDR modality. In EMDR, there is a belief that bilateral stimulation is necessary or important because it causes different parts of the brain to wake up and listen while the person is processing their trauma. The idea being that part of their brain is typically not listening as a way of protecting the person from absolute overwhelm, and bilateral stimulation bypasses that defense and allows the trauma work to actually land. People have done this technique without tapping or squeezing (bilateral stimulation) and it still works. I think it

adds another layer of love as well as another distraction technique (distracting the Loved One from accidentally thinking of the trigger).

Why five sets of flutters?

I adopted this technique from Phil Manfield's "Flash Technique" and he has five sets. I believe that it is arbitrary. Five sets seems to be enough to make a difference in the SUDS. As far as I am concerned, it does not have to be five. It can be 4, 7, 10 sets. When I do this, I don't stick to five sets. I might do a few more. So, the number of breaths, the number of eye blinks in a flutter, and the number of flutters might not matter so much. I might feel different when I try to validate this academically. Do however many sets you want, but 5 or more sets almost always makes a difference in the SUDS level with the clients that I've worked with.

Why the blinking?

People might sometimes think it is weird. "I'm just supposed to blink? I'm not supposed to think of anything?" The reason that this works in activating a pre-cursor memory is because we've already planted the idea that the USB drive is connected with their "trigger story," so even if they are not consciously thinking of it, another part of their brain is, in real time, aware of the "trigger story." It is almost like subliminal messaging.

Can you do something besides blink?

Other mechanisms could likely work, as well. What comes to mind is things like tapping or putting a finger back and forth through a candle, or opening and shutting a book, or any other physical activity that takes 0.2 seconds to accomplish. The important thing is to access a pre-cursor memory and not a memory (to make this painless, so anyone can do it).

Why avoid going into the memory?

You can go into the memory if you like, but people are more capable of learning biologically when they are under less stress. Working with the pre-cursor memory is not painful, so the brain has more resources available for learning. If you want to go into a trauma memory, be sure to do it with someone with trauma therapy training, such as an EMDR or Somatic Experiencing therapist. Talking about trauma in typical talk-therapy can exacerbate the trauma rather than help.

There are many modalities that go into the trauma experience. They believe it is useful to activate the dysregulated experience and provide a corrective emotional experience. This corrective emotional experience while the traumatized/triggered part of the brain is lit up allows for rewiring of brain circuitry. There is nothing a matter with those techniques. I often use them myself, as a therapist. You just need more training to ensure no harm is added. We are just at the beginning stages of coming out

The Couple's Anxiety Reduction Technique (CART) by Todd Harvey

www.toddharveymft.com

of the Dark Age when it comes to our understanding of the brain. We now know that we do not need to activate a full memory but are able to activate a pre-cursor memory and if we have a corrective or preferred experience when that pre-cursor memory is activated, the brain rewires itself in a preferred way. With the CART technique, since it insists on not reliving the trauma, it is safe for more people to use at home.

Why do therapy at all if this technique is so helpful?

CART heals wounds on the level of the nervous system. It is excellent for rewiring which part of your brain processes a non-preferred experience. By getting the prefrontal cortex to process the trauma instead of the amygdala, we can be aware of a negative experience and observe it and have normal thoughts and feelings about it. If the amygdala is processing the same material, we get our fight/flight/freeze part of our brain dealing with the dilemma and we have high anxiety.

What CART does not do is heal wounds on the level of self. We all develop narratives as a result of challenging life circumstances, and some (many) of those work against us later in life. Other forms of therapy can be very effective in addressing the beliefs or strategies that are no longer helping us.

CART will not help with underlying thought patterns, such as:

“I’m bad.”

“It’s my fault.”

“I’m not worthy of love.”

“I need to please others and not consider my own voice.”

“I consider my preferences and don’t consider others’ preferences.”

“I’m only worthy of love if I perform well (am smart, a good lover, rich, etc.).”

I recommend Re-Creation of the Self therapy, Hakomi, and talk therapy to address these types of wounds.

How should I handle it if my partner seems calm but is reporting high SUDS still?

This sometimes takes repeating because people often will say they have a level 1-3 when they actually are not disturbed at all. So, if that happens, remind her of the difference between her own nervous system and the story on the USB drive.

You might give an example like, “Trump getting elected is awful but my nervous system right this minute is calm.” Or “I am aware that the Holocaust was terrible, and right this minute while I am aware of the horror of it, I feel relaxed.”

Sometimes having those extreme examples are helpful because people often have internalized (and unhelpful) ideas that presume they can only really care about something if their nervous system is jacked.

Ask them what their SUDS would have been an hour ago if they were aware of the USB drive content. How is it different now?

I'm just comforting my partner, not doing a research project. Is doing the SUDS really necessary?

This sounds like it is an unnecessary step, but it is essential to self-assess with SUDS to relieve other triggers. Since the material is not consciously processed, the Loved One does not necessarily have a felt sense of cathartic relief. What we want is for the Loved One to be able to say to you, "An hour ago, when I thought about this, I would have been at a level 7 or 8, and right now, I'm not disturbed at all." If they are still disturbed, then do another round of 5 flutters and reassess.

Why don't we take SUDS prior to doing this so we can have a proper before and after comparison?

We don't take a pre-exercise SUDS because we want to avoid the possibility of accidentally triggering your partner. This exercise should be painless and pleasurable.