

Havening Techniques®



A Procedural Guide

Ronald A. Ruden, M.D., Ph.D.

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The Havening Techniques® Procedural Guide

Disclaimer

This Procedural Guide (“Guide”) contains information about the Havening Techniques (“HT”) an innovative healing approach developed and created by Ronald A. Ruden, MD, PhD in collaboration with his brother Steven Ruden, DDS. HT can be described as a type of psychosensory therapy based on the fields of neuroscience and neurobiology which uses sensory input in order to alter thought, mood, and behavior. It is believed that when an event or experience is perceived as traumatic or stressful it becomes immutably encoded in the psyche and the body, often with life altering consequences. HT is designed to make changes in the brain in order to de-traumatize and remove from both the psyche and the body the emotional memory of a traumatic or stressful life event and its negative effects. Therefore, HT is a healing modality that is designed to help individuals overcome problems that are the consequence of traumatic or stressful encoding and includes human touch as a therapeutic tool identified as Havening Touch®.

Although HT appears to have promising emotional, mental, and physical health benefits, HT has yet to be fully researched by the Western academic, medical, and psychological communities and, therefore may be considered experimental. HT is self-regulated and is considered *alternative* or *complementary* to the healing arts that are licensed in the United States. Since HT is a relatively new healing approach and the extent of its effectiveness, as well as HT’s risks and benefits, are not fully known, the reader agrees to assume and accept full responsibility for any and all risks associated with using HT.

HT has three (3) distinct applications, one is for emotional disturbances, second is for wellness, stress management, and peak performance, and the third is as a self-help tool. Therefore, HT can be used within a psychotherapeutic setting with professional mental health care clinicians that have been fully trained and certified in HT. In addition, HT can be used by non-licensed practitioners as a protocol for coaching sessions, or as a tool in an allied health care practice by individuals that have been fully trained and certified in HT. HT can also be used as a self-help technique and shared with family members and friends. **However, if the reader has experienced a serious trauma or has a psychological disorder, we recommend using HT only with a professional mental health care provider that has been fully trained and certified in the Havening Technique.**

Please be advised if the reader chooses to use HT, it’s possible to experience an adverse emotional reaction or physical discomfort which could be perceived as negative side effects. It is also possible to experience some emotional distress and physical discomfort related to prior life experiences. **If the reader experiences any emotional distress or physical discomfort using HT, the reader is advised to stop and to seek professional care, if appropriate.** Also after using HT it’s possible that previously vivid or traumatic memories may fade which is a positive outcome. However, this could adversely impact the reader’s ability to provide legal testimony that carries the same emotional impact as prior to applying the HT regarding a traumatic incident.

The Guide is not only offered to the general public for educational purposes but also it is

part of the core curriculum for the ***Havening Technique Practitioner Certification Program (the “Program”)***. If the reader is a healing arts practitioner, we invite the reader to consider becoming a Certified Havening Technique Practitioner which will grant the reader the right to identify, advertise, and represent that the reader is a Havening Technique Practitioner. **The reader understands and agrees that the reader may not represent that he/she is a Havening Technique Practitioner (certified or otherwise) or advertise that the reader uses HT until he/she has successfully completed the Program.**

The Guide is educational in nature and is provided only as general information and is not medical or psychological advice. The information presented in the Guide about HT and using HT does not create any professional relationship between the reader and the author and should not be relied upon as medical, psychological, coaching, or other professional advice of any kind or nature whatsoever. Any information contained in the Guide is not intended to represent that HT is to be considered a substitute for seeking professional medical or psychological advice from an appropriate professional health care provider. The author advises the reader to seek professional advice as appropriate before making any health decision.

Any information presented in the Guide does not constitute a warranty, guarantee, or prediction regarding the outcome of an individual using HT for any particular problem or issue. Further, the reader agrees and understands that the author accepts no responsibility or liability whatsoever for the use or misuse of HT.

The reader represents that he/she is competent and able to understand the nature and consequences of using HT. The reader agrees to forever fully release and hold harmless, the author and others associated with the Guide from any and all claims or liability of whatsoever kind or nature, and for any damage or injury, including but not limited to, personal, financial, physical, emotional, psychological or otherwise, which the reader might incur as a result of the reader’s voluntary decision to use HT. If any court of law rules that any part of this Disclaimer is invalid, this Disclaimer stands as if those parts were struck out.

AS AN EXPRESS CONDITION TO USING THE HAVENING TECHNIQUE™, THE READER MUST AGREE TO ALL OF THE ABOVE. IF THE READER DISAGREES WITH ANY OF THE ABOVE, DO NOT USE THE HAVENING TECHNIQUE™. BY READING THIS GUIDE AND USING THE HAVENING TECHNIQUE™ THE READER AGREES TO BE LEGALLY BOUND BY THIS DISCLAIMER.

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SELF-HAVENING

SELF-HAVENING

- 1.** Activate the emotional component of the distressing event by bringing it to your mind. If a craving or compulsion is experienced, this is sufficient activation. Rate the distress level 0-10, where 0 is not at all and 10 is extreme. This is called a SUD (Subjective Units of Distress) score.
- 2.** Begin self-havening by applying havening touch to the upper arms. That is, move your hands down the upper arms. Circle outward and repeat downward stroking.

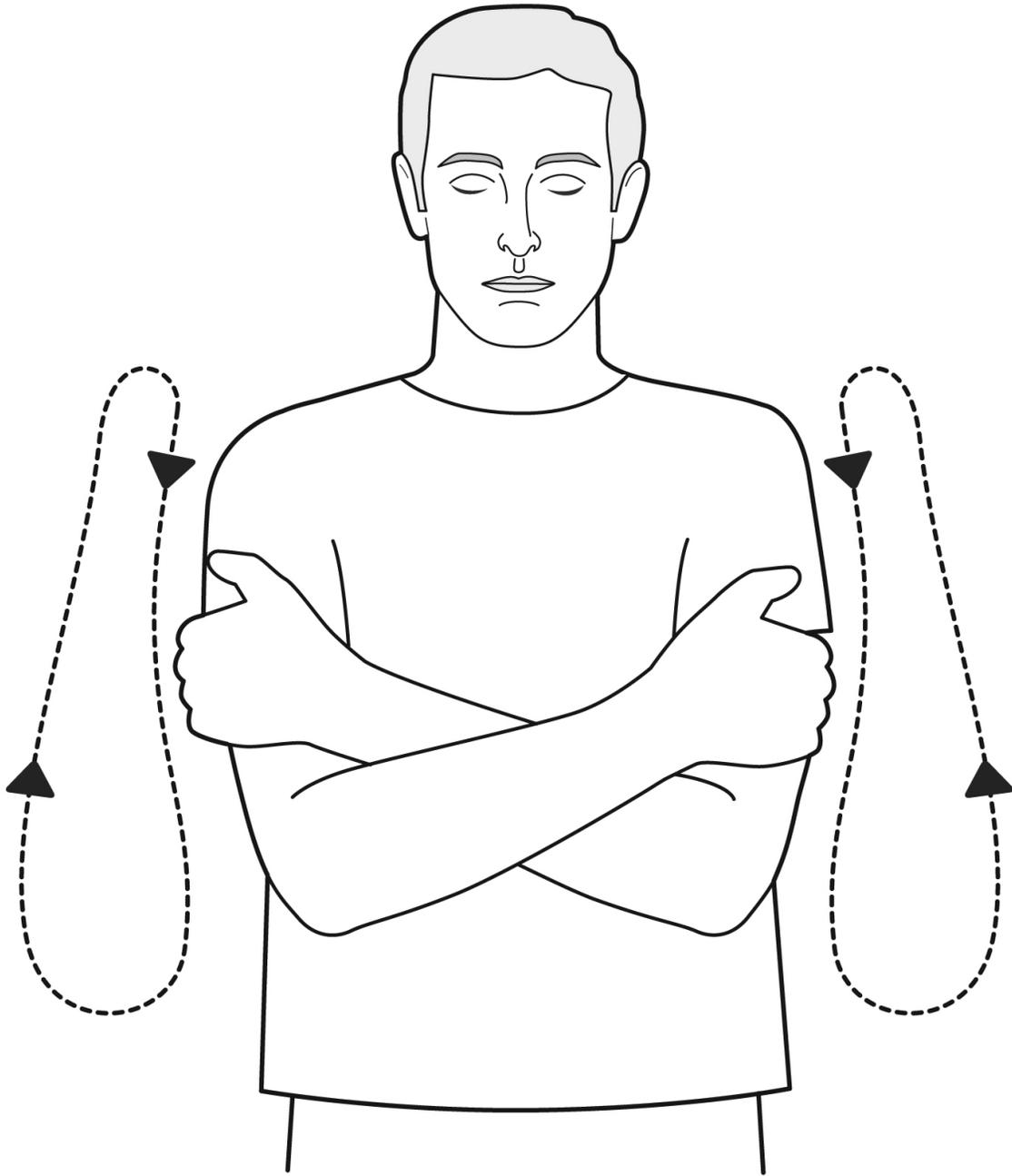
3. At the same time, with your eyes closed, visualize walking up a staircase of twenty steps. As you climb, each step causes the distress, desire or compulsion to diminish and for you to feel safe, peaceful and calm. Count 1-20 aloud as you climb the steps in your imagination. Continue arm self-havening.

4. After you have reached twenty begin to hum the song *Row, Row, Row Your Boat* for two rounds while continuing the arm havening. When finished, take a deep breath and open your eyes and look to the right and left. Close your eyes, inhale

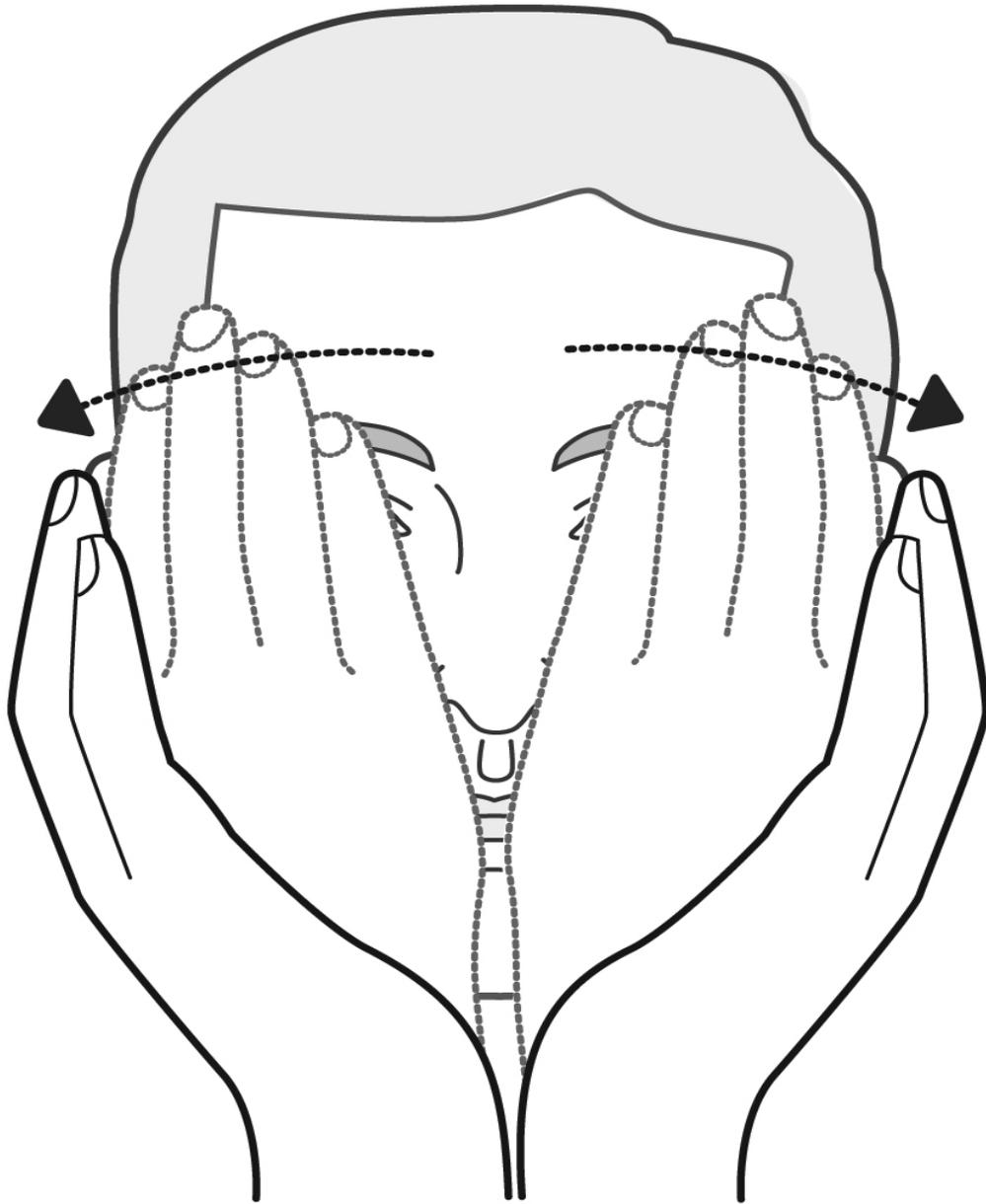
deeply and slowly exhale. Continue arm
havening and rate your SUD.

5. Repeat 2-4 with face havening and
palm havening. You may choose the same
visual and song or another for variety.
Other visual images can include
swimming, running, jumping rope, etc.
One can then hum any neutral song, any
one of your choice. After each round
(Arm, Face, Palm) rate your SUD.
Continue till you reach 0 or SUD score
remains stable after two additional
rounds.

SELF-HAVENING PICTURES



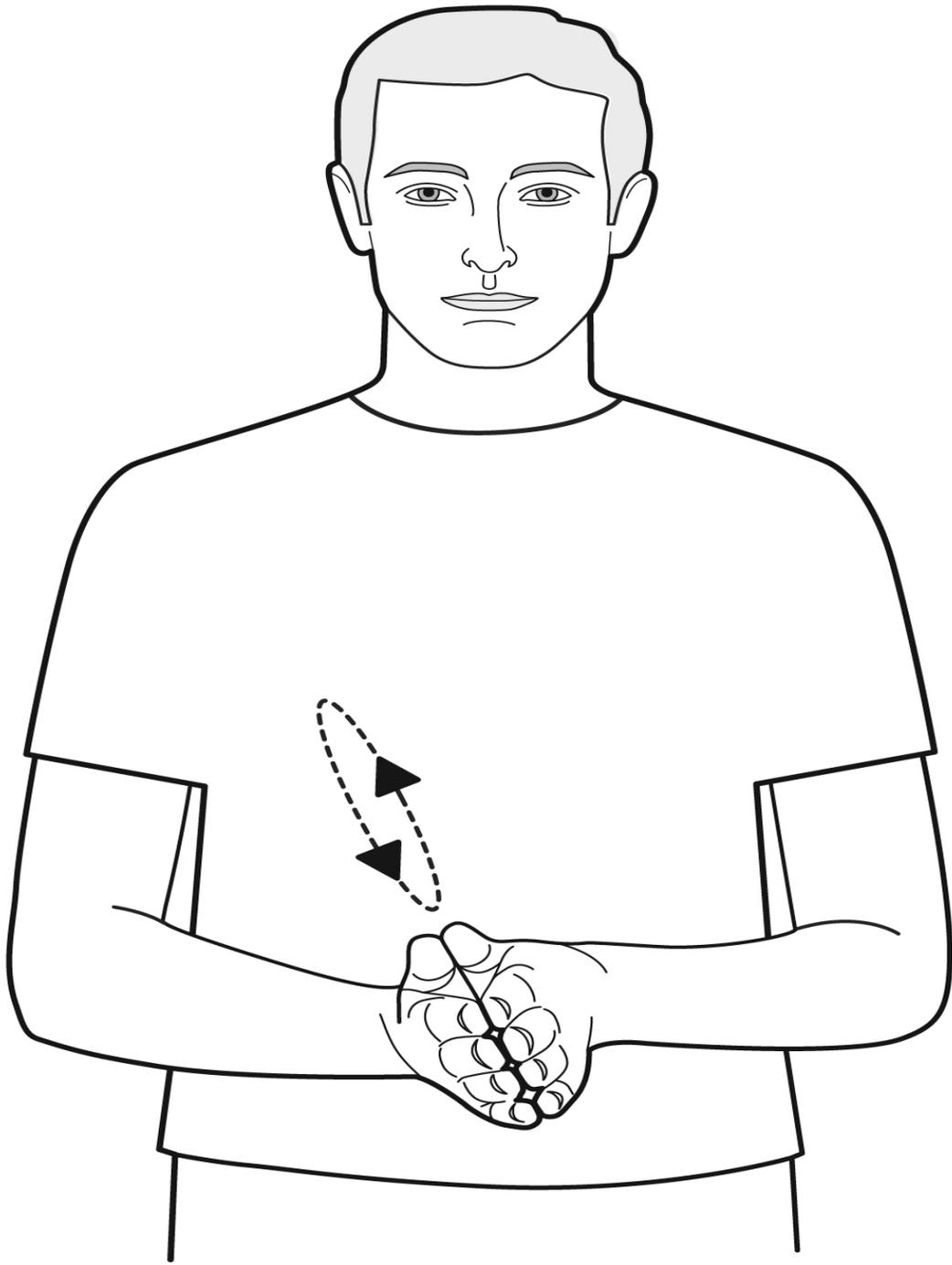
ARM SELF-HAVENING



FACE SELF-HAVENING



FACE SELF HAVENING



PALM SELF-HAVENING

FACILITATED HAVENING

1. Have the client close their eyes and activate the emotional component of the distressing event by bringing it to mind. They then rate the distress level 0-10, where 0 is not at all and 10 is extreme. This is called a SUD (Subjective Units of Distress) score. After stating an SUD the client empties their mind.

2. Begin havening by stroking downward on the upper arms (arm havening). In facilitated havening the practitioner performs the touch. Facilitated self-havening, the client performs the touch.

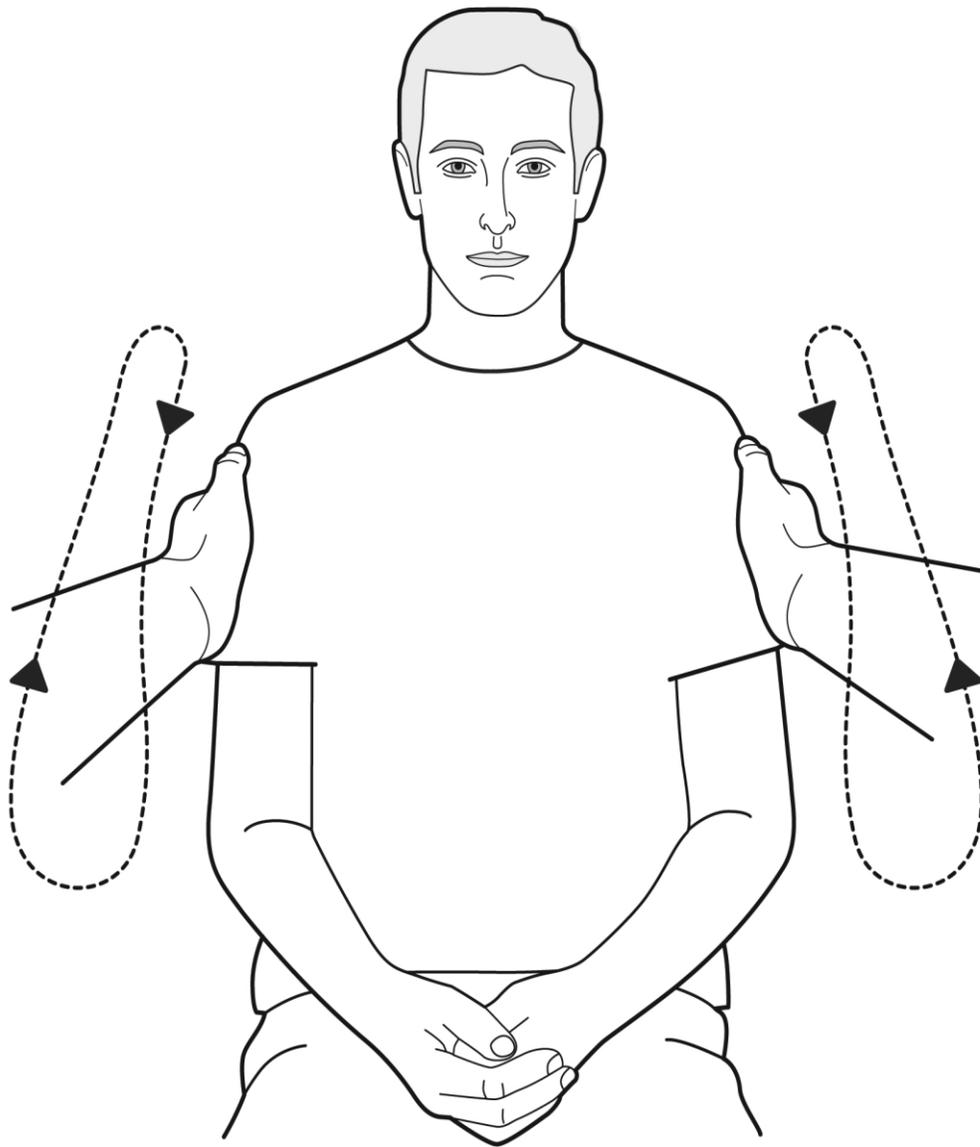
3. The practitioner asks the client to visualize walking up a staircase of twenty

steps. The practitioner says “As you climb, each step causes your distress to diminish and for you to feel safe, peaceful and calm. Count 1-20 aloud as you climb the steps.” Continue havening touch.

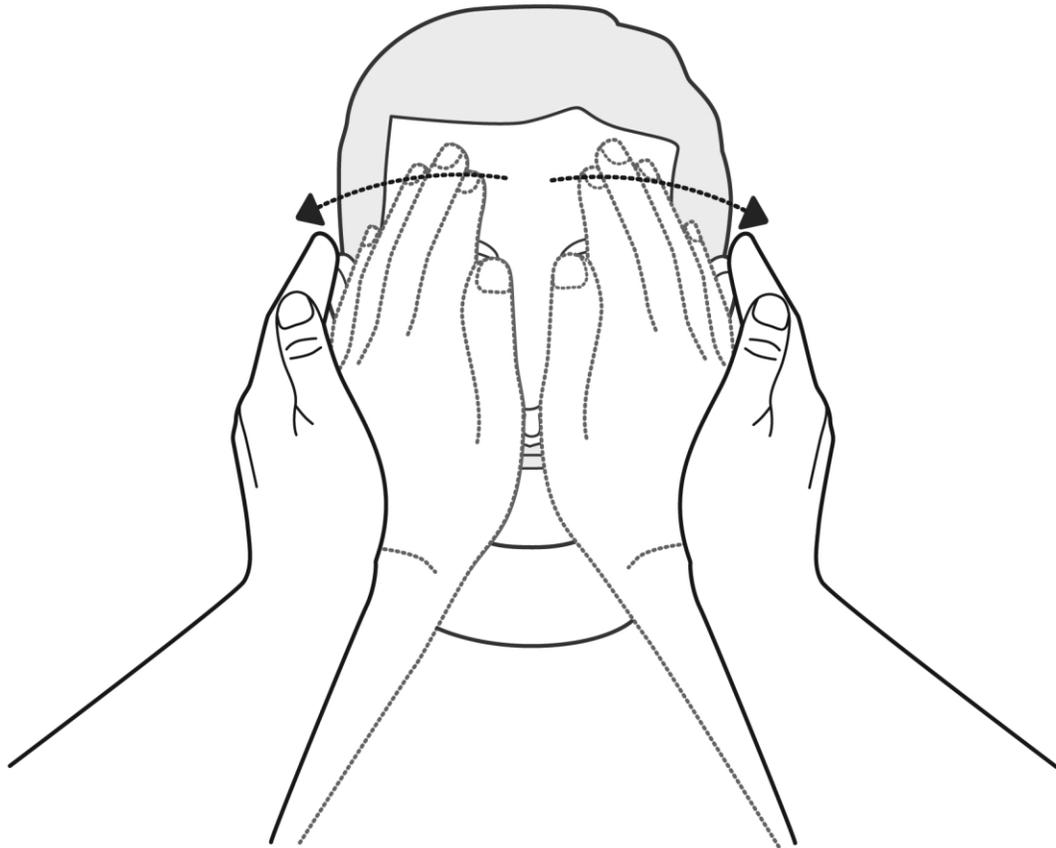
4. After the client has reached twenty have them hum a familiar tune. “Begin to hum a song *Row, Row, Row Your Boat*” for two rounds” while continuing the arm havening. When finished humming tell the client to “open their eyes and look to the right and left. Close their eyes, inhale deeply and slowly exhale.” Continue arm havening and have the client rate their SUD.

5. Repeat 2-4 with face havening and palm havening. You may choose the same visual and song or another for variety. Other visual images can include swimming, running, jumping rope, etc. One then hums any neutral song. After each round (Arm, Face, Palm) rate the SUD. Continue till the SUD reaches 0 or score remains stable after two additional rounds.

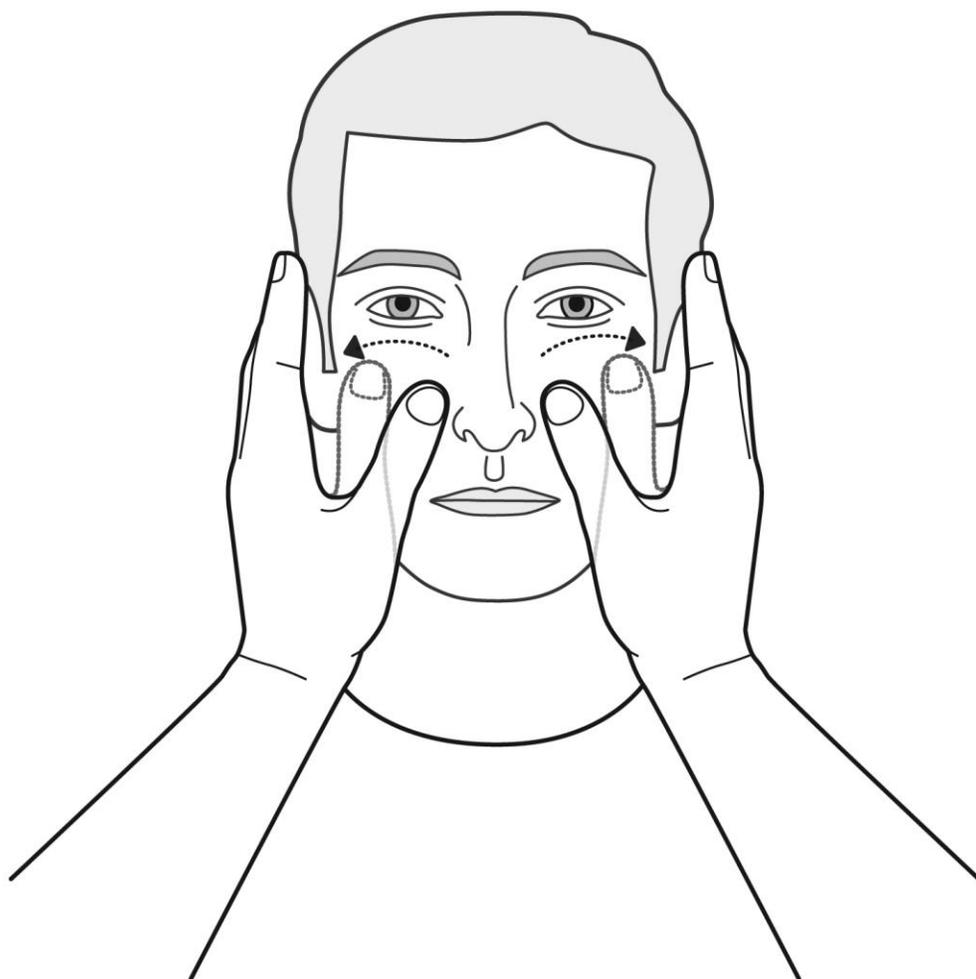
FACILITATED HAVENING PICTURES



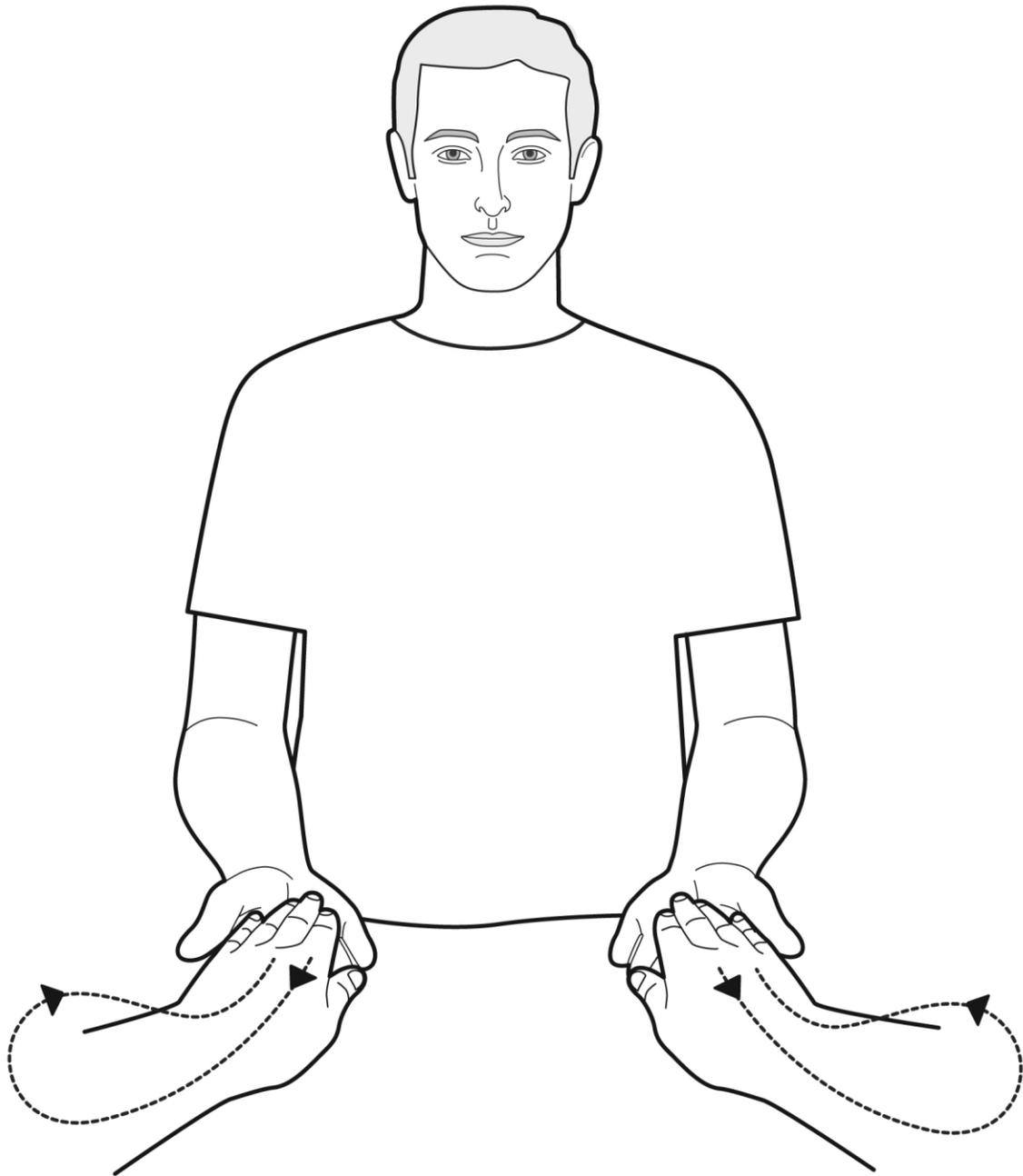
FACILITATED ARM HAVENING



FACILITATED FACE HAVENING



FACILITATED FACE HAVENING



FACILITATED PALM HAVENING

FACILITATED TRANSPIRATIONAL AND TRANSPIRATIONAL SELF HAVENING

The process begins with the individual accessing a memory, either with a practitioner present or alone, which evokes a specific emotion, for example anger. When the client experiences the emotion they chant the feeling of that emotion. This word has the unspoken 'I am...' so if a client experiences anger, he/she would then chant 'Angry'. At the outset of this verbal expression havening touch is performed. If the client is alone

or does not wish to be touched by the practitioner, they can apply self-havening touch. There is minimal communication between the client and the practitioner. This chanting process causes the recall of memories that evoke that emotion as well as other emotions. As the client views these emotional memories they repetitively recite the word that represents the emotion these memories produce. The client may start with an event that causes anger and then recall one that produces fear and so on,

Client:

Angry...angry...angry...scared...scared...
ashamed...etc.

The words the client should chant do not just have to be the descriptions of emotions. Words that evoke the emotional state can also be used. If the practitioner feels this is useful, it can be suggested to the client:

Trapped...trapped...

Abandoned...abandoned...

In danger...in danger...

Alone...Alone...

Let the client free associate. The havening touch continues until the chanting ceases. The client then explores their memory to locate residual emotions, if any remain, the chanting and havening touch resume. This process is repeated until no further emotion can be elicited.

There are several variations of Transpirational Havening, which can be found in the Blog section of www.Havening.org

FACILITATED AFFIRMATIONAL HAVENING AND AFFIRMATIONAL SELF- HAVENING

As mentioned earlier, the expression of symptoms are landscape dependent.

Removing the negative emotional component(s) of a traumatic event either through havening or transpirational havening changes the landscape. However it is also important, if possible, to add a component that increases resilience to symptom generation and further

traumatization. Many individuals, faced with the long-standing consequences of these events, feel helpless, hopeless and worthless.

Affirmational havening can help alleviate these feelings. Affirmational havening requires that the individual connect with an internal sense of hope and purposeful, positive action. This is often done after several sessions of event or transpirational havening where the client now believes change is possible.

The affirmational havening is done either by self or with a therapist. The goal is to connect and reinforce the positive and often overlooked good qualities we all possess.

To perform this technique one chants words that counteract the felt sense. The spoken words chosen are preceded by non-spoken "I am..." Examples are 'hopeful', 'worthy', 'a good person', 'capable', 'in control' and so on. To engage this technique, it is critical that the client

finds and experiences the identical emotional tag prior to beginning the recitation. Without this tag the chanting has no effect.

Havening Touch is begun (either self or practitioner) after the individual begins to chant the word. There is no communication between the therapist and the client. The chanting and havening touch should last about five minutes.

More than one word can be used during any given five minute period as long as

the individual has located and
experiences the internal emotional tag.

ROLE HAVENING

This is a technique wherein the practitioner takes on the role of the significant person involved with the event. These individuals are often parents, siblings, friends, and so on. The practitioner has the client close their eyes and bring the significant individual into their mind. The client or practitioner begins Havening Touch and the practitioner speaks as if it were the person whom is visualized. It is important that the practitioner begins speaking after they have formulated a plan on what they

believe the client needs to hear. This requires thought and creativity to make it believable.

OUTCOME HAVENING

Here, the client imagines a different outcome to an event that had been encoded as a trauma. The application of Havening Touch during this reimagining causes the original memory to become erased and replaced by the newly imagined one if the outcome can be actualized in real life. Escape from a situation is the most common form of **OUTCOME HAVENING**. One cannot alter life or death.

HOPEFUL HAVENING

Here, the client imagines looking to the future of good things to come. The feeling of hope should be experienced. Either the client or the practitioner can apply Havening Touch. The client can use this first thing in the morning as he/she looks forward to the day.

IFFIRMATIONAL HAVENING

(Created by Tony Burgess)

Sometimes the ability to consider an alternative outcome or affirmation is not possible, it is too overwhelming. (See <http://www.aha-success.co.uk/beliefsbook.html>).

Tony Burgess: “This is an activity that people often naturally do very effectively already - to torture themselves (‘what if I mess up?’, ‘what if I’m not good enough?’, ‘What if I can’t?’, ‘what if people don’t like me?’ etc) and given that it is so powerful,

we ask them to harness their well-practiced skill and put it to better use.

What I mean is that we ask them to choose more empowering endings to the 'what if ...' phrases. This serves to begin to open up new and refreshing possibilities and can counter existing unhelpful thinking and beliefs.

What we have found is that when this is combined with Havening Touch it seems to be even more effective. I guess we can consider this activity to be a useful precursor to Affirmational Havening. It allows the client to explore, generate and begin to 'ease in' those Affirmational

ideas. The 'what if ...' serves to reduce resistance to the new possibilities (as the system does not need to commit to believing them ... yet).

The 'what if ...' structure, said with 'tantalizingly tempting tonality' (in their head or out loud during a session) excites the mind to consider a better perspective. When we do this work, clients have such a positive change in perspective that I can imagine their neurons reaching out for one another to test out possible new 'circuits'. They also have a 'takeaway' tool to play with for themselves to reinforce the work we do in any session and also to

apply to other areas they feel it is useful to work on.”

Have the client begin with a positive ‘what if’ statement. Start Havening Touch.

What if I am good enough?

What if I can find a way?

What if I am brave?

What if the Universe is on my side?

This is followed by chanting a follow up statement (have a slight pause after each chant):

I am good enough because...

I can find a way because...

I am brave because...

The Universe is on my side because...

Finally the affirmation is chanted.

I am good enough.

I can find a way.

I am brave.

The Universe is on my side.

MIRROR HAVENING

Mirror Havening involves closing one's eyes and imagining looking into a mirror at yourself. Havening touch is applied throughout this process. The therapist guides the client by suggesting attributes that they should put into the mirror image that they see. Attributes such as

Competent	Confident	Smart
Capable	Courageous	Calm
Strong	Worthy	Peaceful
Resilient	Attractive	and so on.

The client observes these attributes in the mirror image and when complete is instructed to walk into the mirror and become one with the perceived desired self. Havening touch is continued while the clients are instructed to make themselves one with this image. After a few minutes the client is asked to walk back out of the mirror into reality bringing all the attributes that were absorbed. Havening touch continues, as the client feels comfortable with their new sense of self. Havening touch then ceases and the client is told to open their eyes when ready.

CRAVING HAVENING

The client chooses their drug of choice and develops a craving response for it. The client then ingests the substance slowly while Havening touch is applied. The client continues this until the desired substance is no longer craved. The substance is then made to seem disgusting (add hair, dirt, feces, urine) and then asked to ingest again while havening touch is applied until the client cannot imagine using this substance.

NOTES