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Addressing Emotional Blocks to Healing in an Energy Medicine Practice:

Ethical and Clinical Guidelines

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Abstract

As the impact of emotional factors on physical health is being increasingly recognized, energy medicine practitioners (e.g., acupuncture, acupressure, applied kinesiology, Barbara Brennan energy healing, Eden Energy Medicine, Healing Touch, medical qi gong, Reiki, Shiatsu, Therapeutic Touch, Touch for Health, etc) are addressing this dimension of healing in a variety of ways. One that appears particularly promising involves the stimulation of acupuncture points and other energy centers, a strategy derived from the discipline of energy psychology. Having tools that directly impact the emotional aspects of physical health and healing enhances a practitioner's effectiveness and provides an integrated approach to energy healing. This development has, however, raised important practical, ethical, and legal concerns regarding the scope of practice for energy medicine practitioners who are not trained or licensed to provide mental health services. This article addresses these issues, offering ethical and clinical guidelines for responsibly integrating tools from energy psychology into an energy medicine practice. The discussion focuses on when introducing these protocols may be appropriate, considerations for formulating such interventions, and guidelines on when a referral to a licensed mental health professional is required. Steps to insure that these choices are made within an appropriate ethical framework are also delineated. The article concludes with a case history illustrating the effective integration of energy medicine and energy psychology protocols for a client with a serious illness, including a description of the techniques used and the clinical and ethical choices implemented by the practitioner.

Keywords: acupoints, clinical guidelines, Emotional Freedom Techniques (EFT), energy medicine, energy psychology, ethics, Thought Field Therapy (TFT), trauma.

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Addressing Emotional Blocks to Healing in an Energy Medicine Practice: Ethical and Clinical Guidelines

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A convergence of developments in health care—such as holistic healing, mind-body medicine, psychoneuroimmunology, integrative medicine, and functional medicine—underscore the strong impact of emotional issues on health and healing (e.g., Borysenko, 2007; Jones, 2005; Lipton, 2011; Pizzorno, 2003; Sternberg, 2001). The presence of such issues does not constitute a mental disorder or psychiatric diagnosis (e.g., American Psychiatric Association, 1994). Rather, health care practitioners from a wide range of disciplines are routinely addressing emotional issues within the context of physical healing.

Many energy medicine practitioners have learned protocols from various approaches to energy psychology such as Emotional Freedom Techniques (EFT), Thought Field Therapy (TFT), Tapas Acupressure Technique (TAT), Advanced Integrative Therapy (AIT), or Comprehensive Energy Psychology (CEP) but do not have professional training or credentials for working with emotional and behavioral disorders. The following considerations and proposed guidelines are written for energy medicine practitioners who are contemplating whether they can ethically and responsibly apply energy psychology techniques, or even use other energy medicine methods, for working with the emotional dimension of a client's complaints.

Mind/Body Dualism and Holistic Healing

The conceptual separation of mind and body inherent in Western thought since the seventeenth century, and the call for a “biopsychosocial” model toward the end of the 20th century, provide the context for one of the pivotal debates in modern medicine (Engel, 1977). Holistic healing approaches are, in a variety of ways, forging new models built on the fundamental connection between soma and psyche (Micozzi, 2010). In energy medicine, this connection is reflected in the basic terminology. *Energy* is, in the Einsteinian sense, the common foundation of all things, physical and psychological. Energy medicine follows the flow of the body's electromagnetic energy fields as well as subtle energies as yet beyond the capability of science to measure, whether the concerns being addressed are of the body or of the mind. The focus is on correcting energy imbalances and disruption. Improvement in physical or psychological functioning is not the goal of energy medicine. While such improvement is certainly desirable and frequently the outcome, it is in this sense incidental to balancing and building resilient energy.

The principles and practices of energy medicine are distinguished by a holistic understanding of the client's interrelated concerns, symptoms, emotions, and physical systems, as well as the energies that underlie each. Energy psychology, on the other hand, focuses on emotional concerns. Since the objective from the larger perspective of energy medicine is to assess and correct energy imbalances and disruption to restore optimal functioning (e.g., Swingle, Pulos, & Swingle, 2004), excessive focus on either psychological or physical symptoms can actually be misleading. A narrow focus on symptoms can, in fact, trap the practitioner in the reductionistic Cartesian paradigm that has plagued conventional Western medicine and resulted in its curious inability to move from Newtonian models to more dynamic, energy-attuned models that are informed by quantum physics (Lipton, 2011).

Incorporating energy psychology protocols into an energy medicine practice supports the holistic framework already inherent in energy medicine. Energy psychology stands to energy medicine in a manner that is analogous to the way psychiatry stands to conventional medicine—it is a bounded slice of the larger discipline. While energy psychology, when used by a mental health professional, has been shown to be effective in addressing diagnosable psychiatric symptoms (Feinstein, 2012), it is also used as a self-help approach in the management of everyday emotions such as sadness, anxiety, anger, and grief (Pratt & Lambrou, 2006). Similarly, health care practitioners who are not trained in mental health issues are effectively and responsibly using energy psychology protocols to address emotional factors involved in health and healing. Like energy medicine, energy psychology approaches emotional issues by addressing the energetic imbalances that underlie them. Just as the emerging field of integrative medicine embraces both biochemical and biopsychosocial models (Pizzorno, 2003), an integrated approach to energy healing embraces both energy medicine and energy psychology methods.

When Emotional Issues Become a Priority

In energy medicine, emotional issues are signposts rather than the focus. They provide clues about where the person's energies need attention. However, because of the ability of energy psychology techniques to precisely target an emotional issue and shift the energy imbalances that maintain it, there are times that energy medicine practitioners will find the more narrow set of tools offered by energy psychology to provide the most direct way of addressing the issue being presented.

Each approach has advantages. Energy medicine practitioners are able to work with at least nine interrelated energy systems (Eden, 2008), while most forms of energy psychology concentrate on only one, usually the meridians, though sometimes the chakras or aura. This single focus makes it much easier to master the basic tools of energy psychology in comparison with mastering the basic tools of energy medicine, but it also leaves energy psychology practitioners with less flexibility. While energy psychology protocols alone may impact physical illnesses (e.g., Brattberg, 2008; Hodge & Jurgens, 2011), energy medicine practitioners who understand each energy system in the context of the others have a more comprehensive set of tools when emotional issues present themselves.

But therein lay several ethical and scope of practice dilemmas. When a significant emotional issue surfaces during the course of a session, energy medicine practitioners have tools that can help with the energy imbalances associated with the distress, but they do not have the training or licensure to treat psychological disorders. The following clinical and ethical guidelines are meant to help energy medicine practitioners discern the best course of action under such circumstances.

Addressing Emotional Issues that Emerge During Energy Medicine Sessions

For this discussion, we are assuming that the energy medicine practitioner also has basic training and competence in one of the energy psychology modalities but is not a licensed mental health professional and that the client is not seeking help for a diagnosable psychological or behavioral disorder that obviously requires a referral.

When a Referral Should Be Considered. Since energy medicine practitioners are not trained to diagnose psychological disorders, knowing when to refer to a licensed mental health professional is a critical issue for conducting a practice. Practitioners should strongly consider a referral to a mental health professional (it is best to provide the names of at least three local practitioners) in at least the following kinds of situations, whether observed in the session or reported as having occurred outside of the session:

1. The primary purpose of the client seeking energy medicine is to resolve a psychological issue or symptom.
2. The distress reported by the client is significantly interfering with daily functioning at home or work.
3. The client is expressing suicidal or homicidal thoughts, has a plan to commit suicide or homicide, or has confided about a recent suicidal attempt. Written and signed informed consent before the onset of energy medicine work should spell out the limits of confidentiality around suicidal or homicidal tendencies as well as the disclosure of child or elderly abuse.
4. The client's psychological problems are interfering with basic physical self-care.
5. Signs of anxiety, depression, rage, disorganized thinking, paranoia, delusions, reality confusion, or addictions to dangerous substances or behaviors are obvious and extreme.
6. The practitioner's discomfort around the client's symptoms does not permit the practitioner to stay grounded and centered in the work. While this may point to unhealed issues within the practitioner, or to boundary confusion due to a dual relationship, it may signal that the client's psychological problems are more serious than they appear.

Because people with the above conditions will turn to energy medicine practitioners for help, a relationship with a local mental health professional is mandatory for a responsible practice. If the mental health professional also has training in energy psychology, a natural

bridge will be in place for coordinated care. The mental health professional should be available for case consultation about the best courses of action as well as for referral. This collaboration helps protect the practitioner and insures optimal care for the client.

The Appearance of Emotional Issues During Energy Medicine Sessions. Often, however, a referral is not the appropriate course of action, or the referral may be for services that are to be received concurrent with the energy medicine sessions. The person is often, for instance, seeking help with a physical condition issues when emotional issues arise. Can you introduce an energy psychology protocol at such times? Possible ways to proceed in each of four common situations follow:

1. Emotionally Reactive State. If an energy medicine client comes into a session with a great deal of acute anxiety, agitation, fear, reactive depression, or other emotion, the practitioner would typically begin with basic centering, grounding, and energy balancing techniques (such as those found in the “5-Minute Daily Energy Routine” described in Eden, 2008, Chapter 3) and then assess the nine energy systems and correct those needing attention. If many of the meridians are out of balance, one option is to tap the meridian endpoints, in which case energy medicine and energy psychology converge. Stimulating meridian pathways is a standard method in both approaches.

The practitioner might, on the other hand, start with an energy psychology protocol either to quickly get the person to settle so other work can be done or to address distress that is so strong that the person would have difficulty proceeding with the assessments and corrections that usually characterize an energy medicine session. A simple approach is to tap while describing the physical aspects of the person’s anxiety, depression, agitation, fear, or other emotions (e.g., “Even though I have this tightness in my throat” . . . “sick feeling in my stomach” . . . et cetera). Tapping on the physical aspects of an emotion rather than focusing on the name of the emotion is often surprisingly effective for reducing the intensity of the emotion. Practitioners of “Clinical EFT” are taught that many clients who are unable to address their emotions directly (e.g., veterans with “tough man” ideation) are quite willing to allow practitioners to work on physical symptoms. For this reason, a technique called “chasing the pain” is regarded as a gentle technique for indirectly targeting emotions.

2. Traumatic Flooding. If during an energy medicine session, the client spontaneously reports a severe trauma or intense memory and is showing signs of distress, energy medicine practitioners already have numerous techniques at their disposal to balance the energies that may be associated with the distress. A technique from clinical psychology that provides a moment-by-moment assessment, and also re-establishes rapport and connection, is to ask the client to rate the intensity of the feeling (Subjective Units of Distress rating). Then calming and grounding tools from energy medicine would typically be introduced, such as the “blow-out,” the “hook-up,” the “triple warmer reactivity pose,” the “triple warmer smoothie,” the Wayne Cook posture, or holding neurovascular points (Eden, 2008). Turning to energy psychology, tapping acupoints while having the client use words like “I’m safe” or “it’s not happening now” or “it was a long time ago” counters panic the client may be feeling and promotes a sense of safety.

Keeping clients focused on some aspect of the present moment helps them stay grounded. This could include instructions such as “Keeping your eyes open and look around the room.”; “Feel your feet on the floor.”; Hold this [physical object] in your hands.” If additional techniques are still needed, energy psychology methods that gently focus on immediate physical sensations, such as described above, or some peripheral aspect of the trauma that does not have the same emotional charge attached to it can be used. For instance, the client might be asked to focus on something that led up to the traumatic event or to say “Even though this terrible thing happened that day,” without getting into any specifics. Or, the client can just tap continuously without using words while focusing on the feelings. A goal that orients the choice of interventions is to ensure that the client's physical and emotional energies are stabilized before ending the session.

It is also important to reassure the client that strong responses are normal reactions to extremely stressful situations. They are the body's way of trying to protect itself from perceived threat by activating emergency reactions. Finally, the client can be provided back-home self-help tools, such as acupoint tapping, for staying grounded when stressful emotions arise.

3. Underlying Emotional Blocks. If the energy medicine work is not progressing as hoped, consider 1) asking the client questions that might elicit underlying emotions or predisposing experiences and 2) using energy psychology to take the charge out of those that are revealed. For example:

a. *“What was happening in your life at about the time that this symptom began?” or “What early event in your life reminds you of the current situation?”* Even though the person may never have made the connection, a loss, trauma, or major disappointment will often come to mind (e.g., “The pressure in my chest started shortly after my son died”; “This stomach pain is how I felt when Dad would threaten us.”). Acupoint tapping balances meridians frequently associated with intense memories and related emotions and has often preceded a breakthrough in energy medicine work with a recalcitrant physical symptom.

b. *“If you knew why your symptoms are there, what might the answer be?”* Then use acupoint tapping to address the energies associated with the emotional dimensions of the answer that comes into the person's mind (e.g., “The way I keep throwing my back out reminds me not to push myself so hard all the time”). Also explore the body's metaphors (e.g., “Who or what is a ‘pain in the neck’ in your life?” or “If your symptoms had a voice, what would it be saying?”).

c. *“If you got over this physical condition, how would your life change?”* Tap on any perceived negative or uncomfortable positive outcomes from resolving the symptom (e.g., “Even though I would have to go back to work again . . .”). Addressing secondary gains and psychological reversals (Feinstein, Eden, & Craig, 2005) in this manner may then allow the healing on the physical level to proceed again using established energy medicine techniques.

4. Emotional Correlates with Physical Problems: Although clients may report physical concerns as their primary complaints, energy medicine is based on the premise that chronic imbalances in one's energies may eventually lead to physical and/or emotional problems. For example, if the gallbladder meridian has a chronic imbalance, one may over time develop gall bladder problems, prolonged frustrations, intense anger, or all three. In working with the energies associated with the gallbladder, the practitioner might ask about the role of anger in the client's life. If anger emerges as a theme in the sessions, or in the person's back-home life, the energy medicine practitioner has a variety of methods to help balance the energies associated with the anger. These include working with the gallbladder meridian's sedating points, the gallbladder neurolymphatic reflex points, the neurovascular points, the chakras, or the 5-element control and flow cycles. Energy psychology methods to consider, while focusing on the emotion or event, might include tapping on specific acupuncture points (as in EFT and TFT), holding them (as in TAT), or stimulating specific chakras (as in AIT).

The above recommendations focus on diminishing the distress of emotional issues by adding energy psychology interventions to a typical energy medicine repertoire. These same methods can also be used to strengthen a client's resources and coping skills, fostering enhanced resilience and grounding for maneuvering through the rough waters of distress. For example, having a client tap while recalling and re-experiencing a time of feeling highly empowered can be a potent tool during an emotionally challenging time.

Ethical Guidelines

The above range of emotional conditions can be addressed by an energy medicine practitioner who does not have training or credentials for providing mental health services, but the question of whether or not to do so remains. The following discussion highlights some of the ethical issues that should be considered. For a more thorough review of ethical issues that arise in an energy medicine practice, see *The Ethics Handbook for Energy Healing Practitioners* (Feinstein with Eden, 2011).

- 1. Signed Informed Consent.** The first step is to be certain that you have, in advance, accurately represented your scope of services and your training credentials. If you are not a licensed mental health professional, your publicity must not imply that you are, and you must be prepared to make a referral to a qualified mental health professional when appropriate.
- 2. Proper Intake.** The second step occurs while speaking with your client about the kind of help being sought and specific goals, prior to applying any procedures. This discussion, and/or your health history forms, should ask whether the person has ever been diagnosed or treated for an emotional or behavioral disorder, taken medication or drugs to help with emotional or psychological problems, suffered a major trauma, been physically or sexually abused, had a history of suicidal ideation or attempts, abused drugs or alcohol, or whether there is a family history of mental illness or substance abuse. In this discussion, be alert for any signs of mental instability. If such signs exist in the interview or in the history, proceed very cautiously when considering whether to focus on even the

most straightforward emotional issues. Consider making a referral to a mental health professional if there is reason to believe that emotional issues outside your training need to be addressed.

3. Client Welfare. If you do decide to address emotional issues with a particular client, slowly “test the waters” to assess whether the client can manage working with the issue without being traumatized. For instance, within a standard energy psychology protocol, you can tap about broader, more general emotions and topics or issues that have less emotional charge rather than specific events. Even though energy psychology puts emphasis on the importance of being highly specific about events and feelings, being persistent, and pursuing all the aspects of an issue, Gary Craig (2011) also emphasized that there are times when it is necessary to start with more general statements—to “sneak up on the issue” by using statements such as “Even though that terrible thing happened . . .” rather than initially bringing the person back into vivid recollections of the event. Keep your client’s welfare paramount; not your ability to introduce powerful techniques.

4. Document Sessions. Describe the essence of your conversations with clients in your case notes, particularly if you are working with emotional issues. This includes documenting the symptoms your client has shared with you, the consultations you have had with other health care professionals, and the recommendations you have made to your client. Writing case notes helps you formulate your own thinking about the person’s challenges, progress, and next steps, helps you remember details and choice points you may want to review later, and protects you if there is ever a dispute, ethical complaint, or legal proceeding. An adage in the legal profession is: “If you did not write it down, it did not happen.” On the other hand, it is also important that decisions be made and case notes be written with a consciousness about applicable laws and regulations restricting the practice of psychology or medicine without a license.

5. Scope of Practice. Avoid *digging* into highly traumatic memories if you are not trained to handle serious psychological conditions. Even seemingly benign memories can quickly lead to abreaction—extreme emotional responses. When using any energy psychology techniques around highly charged issues, carefully watch the client for signs of dissociation—the separation of the person’s mental state from the realities of the present situation, including immediate physical sensations. If this begins to occur in a way that you find alarming, calmly give instructions that shift the focus back to bodily sensations and the present time. Shift the person’s attention to bodily sensations (e.g., “wiggle your toes”), the physical environment, and eye-to-eye contact with you. Then proceed as you would in the situation described earlier in which distressing traumatic memories have arisen during a routine energy medicine session.

6. Unilaterally Terminating a Client. A number of situations might cause you to consider unilaterally terminating a client. If you feel unsafe or abused, immediate termination is an obvious option, but less extreme developments might also lead you to stop working with a client. For instance, if you make a referral to a mental health professional and your client refuses to accept the referral, it may in some cases be prudent to draw your work to a close, such as cases in which the client is looking to you for help

that you do not believe you can provide or in which you are becoming entangled in the dysfunctional interpersonal dynamics of a client with a personality disorder. In some cases, if energy work is not helping a client, you may have to recognize that you are holding out hope without being able to deliver. Furthermore, it may be necessary to terminate clients who refuse to even consider medication necessary to stabilize them before they are able to substantially benefit from energy medicine. If you do decide to unilaterally terminate a client, seek to do so in the most compassionate, affirming, and honest manner possible. In taking such an extreme step, it is often wise to consult a colleague to weigh options and plan a course of action. Always document such consultations in your notes.

Case History: Using Energy Psychology for Physical Symptoms with Underlying Emotional Issues

Some of the clinical and ethical guidelines outlined above are illustrated in the following case. Rose worked with an energy medicine practitioner who is also a clinical psychologist (DM) to help her cope with multiple sclerosis (MS). She believed that early trauma had contributed to the development and maintenance of her illness, and she recognized chronic imbalances in her energies. Her symptoms at intake included fatigue, dizziness, muscle pain, and dysthymia, a chronic low level type of depression. At the outset of her treatment, Rose was not able to exercise, had minimal contact with family and friends, and rarely engaged in any creative or intellectual pursuits.

Another psychologist had referred Rose with the hope that an energy medicine approach would be helpful for the constellation of symptoms being experienced. Early consultation with the referring psychologist was helpful in several ways. The client already had an abandonment history, so the attention for a smooth transition from one therapist to another was particularly reassuring to her. Having another perspective also provided the new therapist with a more complete picture at the outset, along with a history of what had and had not worked in previous treatment.

Rose was a retired consultant who was revered for her work. Her clients and co-workers had no idea the turmoil she suffered both physically and emotionally. She had been raised in a Middle Eastern country where she was severely criticized by both parents for various real or imagined inadequacies. Working as a government employee, she grew increasingly uncomfortable with the political demands and scrutiny from the Regime. She managed to escape to the United States after being terrified by a life threatening situation. Although free from the tyranny of abuse, she was haunted by the traumatic memories throughout her adult years.

After minimal relief from seeing two traditional psychologists for years, Rose sought help from a practitioner who used both energy medicine and energy psychology. Sessions started by slowly introducing the Daily Energy Routine outlined in Eden's *Energy Medicine* (2008). Many other basic energy exercises were also used. Particular emphasis was placed on balancing the triple warmer and spleen meridians. Both impact immune function and are always involved with autoimmune disorders such as MS.

Once Rose's basic energies were balanced and she was feeling more stable, she wanted to work on some of the origins to her condition. She had deep unresolved grief that the practitioner felt was too intense to address directly during the initial phases of her treatment. However, she also experienced periodic shortness of breath and sudden constriction in breathing, and these became a target of the work. Imbalances in the lung meridian are associated with loss, sadness, and unresolved grief. By sedating the lung meridian and holding the lung neurovascular points, Rose began to notice fewer episodes of lung constriction as well as less intensity in her grief.

Occasionally while holding the lung neurovascular points, Rose would become emotionally flooded with the pain of her childhood. In order to minimize re-traumatization, the practitioner would have her stand and do grounding exercises such as looking around the room while doing "hook ups" and "blow outs" (Eden, 2008). Each session would begin by asking Rose to recall a positive personal quality she noticed during the week. These personal strengths were reintroduced to help provide balance to the helplessness Rose experienced during the traumatic flooding.

An underlying belief that was preventing Rose from further progress became apparent. She discovered that the belief "I have to be perfect" was affecting all aspects of her life. This belief kept her vigilant in her earlier years and was an important survival skill, but it was limiting her now. For example, she became very angry with herself for not doing the energy exercises every day. Her perfectionism in the beginning of treatment motivated her to comply with the energy homework, but when she couldn't maintain it, the negative belief caused significant distress and a return of some of her symptoms. Energy psychology tapping (e.g., Feinstein et al., 2005)—through which the negative emotional charge on specific life events that contributed to the belief were neutralized—was most helpful in decreasing this long-held belief.

Although still in treatment, Rose had made significant gains by the time of this writing. She walks without pain, has much more energy, and has only episodic periods of sadness. She is exercising three days a week, taking yoga twice a week, and attending a variety of creativity classes. In addition, she tutors and has a full social life with old and newly developed friends. Rose gave a presentation in her native language outlining some of the trauma related to the government regime. She was grounded, calm, and not triggered by sharing any of the memories.

Discussion of the Case History

Rose's case illustrates the integration of energy psychology techniques into an energy medicine framework, a holistic blending of that reflects the true interdependence among emotions, beliefs, physical symptoms, and subtle energies. As emotional and cognitive issues surfaced in the course of Rose's treatment, they were addressed energetically, within a context of caring, support, and self-reflection. While the goal in energy medicine is to correct energy imbalances rather than to directly address physical or psychological symptoms, improvements such as those Rose experienced at both levels are not uncommon.

Some ethical considerations, such as those involving scope of practice and the need to consider a referral to a practitioner credentialed to deal with the emotional conditions, were non-issues with Rose because the practitioner was a licensed psychologist as well as a certified

energy medicine practitioner. When an energy medicine practitioner lacks the credentials and training to treat psychological disorders, a clear understanding of referral options and a relationship with local mental health professionals provide safeguards for both the client and the practitioner. In situations when a referral is appropriate, the practitioner can in many instances still coordinate energy work with the mental health specialist. As the energy medicine practitioner addresses the energy imbalances associated with the client's condition, the mental health practitioner can focus directly on the *DSM* (American Psychiatric Association, 1994) symptoms that are of concern.

At the onset of her treatment, Rose signed a detailed informed consent document that discussed energy medicine and energy psychology, their unconventional nature, evidence of their efficacy, and their possible uses in the treatment (see examples in Innersource, 2011). The intake session explored Rose's childhood history and the course of her MS, leading to discussion of possible emotional and energetic dimensions to her illness. As the treatment proceeded, client welfare was always foremost in the practitioner's mind, as reflected in the decision to not risk prematurely focusing on Rose's deep grief or the trauma that caused it. By first bringing balance to the meridians that are at the energetic foundations of grief, the practitioner was able to address the unresolved issues later without risking retraumatization.

Conclusion

The inherent relationship between mind and body dictates that energy medicine practitioners presented with a client's physical complaints will often encounter the same client's emotional issues. By working directly with the body's energy systems, the practitioner is able to simultaneously resolve physical and emotional blocks to healing, as seen in Rose's relatively dramatic physical improvement. Questions about underlying psychological factors, such as those involved in Rose's MS, emerge organically as the work proceeds. Additionally, as the emotional correlates of physical problems are resolved energetically, progress accelerates as the presenting problem is being addressed at the physical, emotional, and energetic levels. The clinical and ethical principles outlined in this article offer guidance so such emotional correlates of physical conditions can be responsibly and effectively addressed within an energy medicine practice.

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