

When EFT Appears Not to Work

*How to Identify and Correct
Psychological Reversals*

by

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How to Identify and Correct Psychological Reversals

Occasionally EFT will seem to “fail” or not get the dependable results we’ve become accustomed to.

I believe that the primary reason EFT appears not to be working resides in the skill of the practitioner, or lack thereof, rather than any shortcoming of EFT.

Some of the common reasons a practitioner might fail at resolving a case are that the he or she is not being specific enough, not identifying the core issue, or the original emotional cause of the problem.

Gary Craig, creator of EFT has always intimated that EFT is as much an art as a science, and I whole-heartedly agree.

I believe that the most overlooked obstruction to successful EFT treatments is what many call Psychological Reversals, or Polarity Reversals. And I also believe there’s much more to Reversals than we originally thought.

Gary has always said that “We’re on the ground floor of a healing high-rise,” and I’ve gone back to the basement to examine the foundational structure. Because, as long as there is an impediment to EFT as significant as Reversals, the unaware practitioner will be stuck in the basement punching a button to an elevator that just isn’t coming.

Feel free to disagree with the information in this article and discard it, or adapt it and use it as your own.

*When it appears that EFT is not working,
a primary key to rapid and effective
treatment lies in identifying
the different types of Reversals and
how to deal with them.*

This is, in my opinion, as important as “being specific,” and “being persistent.” My experience is that with about 80% of my clients and workshop participants, Reversals are not an issue.

For the 20% who have a Reversal, however, its discovery and elimination is paramount to a successful resolution of their issues.

The bad news is that if Reversals are unrecognized and untreated, they can stop EFT in its tracks.

The good news, however, is that once discovered, the solutions for correcting Reversals are fairly simple and highly effective.

Two Types of Reversals

Breaking Reversals down into two basic types:

1. General Polarity Reversals

The first type of Psychological Reversal is what I consider *General Polarity Reversal*, or GPR.

If a person has GPR rubbing the “sore spot” or karate chop (KC) point during the setup will usually (but not always) take care of it, allowing EFT to work.

GPR can come from:

Negativity - Chronic negative thoughts

Addictions - Addictive personalities or addictive substances in the body.

Dehydration - Since the body’s electricity is conducted by water, the lack of it will cause the energy system to be sluggish or severely repressed.

Toxin or substance sensitivity - This could be something the subject just ate, clothing, carpeting, metal in the body (pins, fillings, metal plates) or even jewelry, a watch or cell phone, or medications.

The Set Up Statement

Performing the set-up procedure will usually fix negativity or unknown GPRs. Addictions, dehydration and toxins GPRs, however, are seldom eliminated by doing the set up statement. A good clue to whether or not someone has a GPR is if their SUDs (subjective unit of distress, scale of 1 to 10) remains the same, then they may very well be reversed. You'll learn how to remedy reversals throughout this article.

General Polarity Reversal

simply means that the electricity or energy in the body is “agitated”, or “going in the wrong direction.”

Therefore the polarity is reversed.

Think of the experiment in grade school where you used a magnet to attract tiny particles of metal on a piece of paper. The positive end of the magnet pulled the particles toward it, aligning them up neatly, all going the same direction.

The negative end of the magnet, however, caused the particles to scatter, separate and be repelled from the magnet, all going in different directions. In a sense, that's what happens to our body's energy when a negative force, like those listed above, is introduced into the system.

Another way to look at our body's energy field or polarity is to compare it to batteries in a tape recorder, flashlight or a battery-operated toy. The batteries that run the gadget must be installed with the positive and negative polarity seated in the right direction. If not, the appliance simply won't work.

Similarly, our body's "batteries" need to be positioned correctly for us to function properly. I'm neither a scientist, physicist, nor energy specialist, so forgive my amateur analogies here. But this is simply a way to visualize a tangible connection or bridge to our mysterious energy system.

On those days when you just feel "off," when you're stumbling over words, bumping into walls, or slipping off the curb, your polarity may be out of whack (or reversed). One of the ways to test our GPS is with muscle testing. **see pg 18*

2. Secondary Benefit Syndrome Reversals

The second type of Reversal is what I call SBS or *Secondary Benefit Syndrome*.

Secondary Benefit Syndrome Reversal occurs when the subconscious mind perceives that it is better or safer to keep an issue like negative emotions, chronic pain, extra weight, or bad habit, than to eliminate it.

This is seldom a conscious choice, by the way, so many people will initially disagree with you if you tell them that they actually want to keep their problem or issue.

The What-ifs

An example that's easy for most people to understand is the SBS for people with weight issues.

Even though consciously someone may desperately want to lose that extra 50 pounds, their subconscious may be thinking one or all of these thoughts:

What if I lose the weight and:

I still don't get that promotion or job I want

I still don't have any friends

I'm still not pretty

I'll be so pretty that I could get raped again

I'll feel deprived of all the foods I love

I still don't find the relationship I yearn for

my chubby friends start resenting me

my clothes won't fit anymore

my skin gets all saggy

I get too much attention

my life still sucks

For someone who has carried around extra weight, trauma, chronic pain, or a phobia for years it becomes a part of his or her personality or even his or her identity.

To lose the problem could, to their non-rational subconscious mind, be very threatening.

For instance: If I get over this issue:

- I won't have an excuse anymore for my life not working
- I may not know who I am anymore:
- I won't know how to act as a functional, non-victim person
- I won't get the attention (or sympathy) I get now

Mohammed Ali

A very public example of this type of SBS, in my opinion, is Mohammed Ali, who has suffered with Parkinson's disease for many years. Several times he has been offered a simple operation known to eliminate the tremors he lives with constantly. Yet he continues to deny the operation: not because he's afraid of it, but perhaps because his Parkinson's serves him at many levels.

As a champion boxer Ali was considered one of the greatest boxers of all time. He was idolized by millions of people around the world. However, he was considered by many others, to be a rude, narcissistic, cocky, and arrogant athlete. He was also a divisive figure who was often ridiculed for his flamboyant behavior and controversial personality.

As a sympathized Parkinson's patient, however, Ali is revered as a compassionate, generous humanitarian. He is now a much respected and loved by virtually everyone and is one of most highly sought after speakers of our time.

He now is perhaps even more popular, and certainly more appreciated than he was as an able-bodied boxer. To his subconscious, and perhaps even to his conscious mind, he is better off with Parkinson's than without it.

Emma

Another example of SBS was “Emma”, a retired, 70 year-old physician who had been confined to a wheel chair for several years due to a car accident.

During a break in my workshop I caught Emma in the empty room standing by the coffee maker. She was standing on her on two feet and moving around fairly easily. “Oh my” I said, “I didn’t know you could walk”!

“Most people don’t”, she replied, startled. “I just use the wheel chair in public.” What an odd thing to do, I thought. “Tell me why that is, Emma” I said. “If you can walk, why wouldn’t you choose to do that all the time?”

“Well, I hadn’t really thought about it,” she replied, “but I guess I get more attention in the wheel chair. I can show up late for appointments or leave early without being hassled. People open doors for me and everyone’s so much nicer. I get a lot of other privileges too, including preferential seating at plays, dinners and other events.”

“So if EFT could help get you up and out of that wheelchair for good would you want that?” I asked.

“No, I guess not,” she said, kind of sadly. “I’ve been to countless doctors and nothing has worked. But maybe that’s why when I did started feeling better, I stopped going to physical therapy and doing other treatments. I suppose I must like being an invalid. Do you think that’s weird?”

I certainly did think so, but didn’t tell her that. She was quite bright and amazingly perceptive of her own dilemma, when confronted with it, so I did tell her this: that perhaps after being

admired and respected as a female doctor for most of her life (during a time when that was quite unusual), she felt a certain emptiness when she retired and moved to another state.

The accident that caused her to be wheelchair-bound gave her back some of the attention she had lost as a doctor. Technically, she was reversed on getting better, but now her Secondary Benefit Syndrome had become a conscious choice. Perhaps someday she'll choose otherwise.

Secondary Benefit Syndrome (SBS) Reversals: The Subconscious Rules

SBS is seldom a conscious issue. Few people who suffer from pain, trauma, phobias, and countless other problems would deliberately choose to remain in pain, unhappy or traumatized. But their subconscious can throw up a roadblock that's a powerful impediment toward eliminating the issue.

*Once SBS is discovered
it is fairly easy to overcome.*

Ted

I'd like to tell you about "Ted," a 53 year-old client I had a couple of years ago. Ted was a walking example of multiple issues and numerous reversals and the catalyst for my deeper probing into Reversals. It might help if I use Ted to demonstrate the different types of Reversals so you can learn as we go, as I did.

Depression....

Ted initially came to me for his depression, but said that he also experienced headaches, anger, chronic pain, muddled thinking, negativity, and what he called “chronic bad luck”.

Additionally, he had been physical and emotionally abused as a child. His problems, however, only started about 20 years ago. My first question was, “What happened 20 years ago when your issues began?”

He proceeded to tell me about a serious car accident he was involved in that resulted in a broken hip and collarbone, extensive burns, and numerous other injuries. He was hospitalized for three months before enduring an additional eight months of rehabilitation, chronic pain, depression, and extensive physical therapy. Clearly this was a traumatic experience and painful memory for Ted.

Things got even worse, however, when on the way back from his final physical therapy treatment he was broad-sided in an intersection by a drunk driver! Talk about bad “luck!” Not only was Ted seriously injured again, but also the same hip he had been working on for almost a year was crushed - and so was he, emotionally.

Where to Start?

We started working on the trauma from both accidents. In remembering the first accident his intensity was at a 10.

I like to consider myself a skillful practitioner, so I was beginning to feel dejected when we just couldn't budge his number down at all. He had numerous aspects to several issues. We were being specific about his issues and tried several approaches, such as exploring his level of guilt, anger, resentment, being the victim,

it being his fault, other's fault, etc. But nothing was working. We also went back to his childhood and tried working on the anger and resentment from his abuse then. But there was still no reduction in his SUDs level on any subject.

Dehydrated?

I then asked a question that I should have asked at the first stumbling block: "How much water have you had to drink today?"

He said none, other than a couple of cups of coffee.

Well yikes! Everyone should have at least 64 ounces a day, and this was at 2 p.m. already! Obviously he was dehydrated (a big cause of PR) so I had him drink a full glass of water.

Now we should get somewhere I thought. But Noooooooo. Nada. He was still stuck.

Allergies?

I then muscle tested him for PR and sure enough he was still Reversed. Drinking the water hadn't fixed it, so I asked if he had any allergies or food sensitivities that he knew of. No, he didn't think he did.

I muscle tested him on some common food sensitivities like wheat, corn, rice, soy, dairy, and eggs (by simply asking him to say the words, while pulling down on his arm). That seemed not to be an issue, although there are thousands of things that he could be allergic or sensitive to.

Next I asked if he had a cell phone on him (another thing that often stops EFT in its tracks). He did and it was in his pocket, so I had him turn it off and put it across the room. Now I was sure we'd get some where, but we didn't. We would do a round on a specific issue and his number remained at a 10.

Metals?

Man, I thought. This guy's a tough case. Then I thought of Sandy Radomski's demonstration of heavy metals and the negative affect they can have on us (in Gary's Specialty Series DVD).

"Ted, old pal," I said, "do you by any chance have any metal plates or pins in your body?"

"Why sure!" he said. "I've got a big metal plate where my hip was crushed".

I should have thought of this before, but at the time was just beginning to grasp the different aspects of PR. I muscle tested for sensitivity to his hip replacement by having him put his left hand on his hip while I pulled down on his right arm, which was very weak.

Yippee! We'd found the culprit - I thought! Next we cleared him of his replacement hip sensitivity (he didn't know what kind of metal it was, and it didn't matter).

I had him put one hand on the hip and rub his set-up point with the other hand and using Dr. Patricia Carrington's Choice Statement Method, had him say:

"Even though I'm sensitive to this metal in my hip, I choose to have my body accept it as safe and healthy."

The reminder phrase was:

"This metal sensitivity" on the first round

"I chose to have my body accept this metal" on the second round, alternating on the different points with *"Remaining sensitivity"*

On the third, the reminder statement was

"It's ok for my body to accept this metal hip."

Still Stuck!

His sensitivity seemed to be gone, based on muscle testing. Now we're finally going to get somewhere - I thought!

But we didn't. There was no movement after doing a couple of tapping sequences.

Clearly he had been thinking negatively for some time which would definitely affect his GPR, so I had him do the karate chop reversal technique for a minute or so. His polarity then tested fine with muscle testing, yet we were still getting no where on his issues.

I had two choices at this point, throw him out the window with his frigging cell phone, or keep plugging away.

Fortunately for both of us, I remembered Gary's mantra on being persistent, so we took the latter route.

"Geez" I thought, "dehydration, cell phone sensitivity, metal sensitivity, and GPR. What else could be wrong with this guy, or am I doing something wrong?"

Ah! Secondary Benefit Syndrome Reversals!

Only then did I remember my favorite Reversal: the Secondary Benefit Syndrome.

Because he had lived with his issues for so long, this should have been a red flag to me early on (but I was having hot flashes that day, and that's my excuse for not catching SBS sooner - that's my story, at least, and I'm sticking to it!).

I muscle-tested Ted again having him say, “I really do want to get over my depression, the trauma from my accidents, and my other issues.” No surprise, he tested weak on each and all of his issues, in wanting to get over them.

Please note that most of the time when we muscle tested Ted, it was for his benefit, not mine. For me, it only confirmed what I was suspecting. Another benefit from muscle testing is that it helps you start trusting your intuition more.

I Don't Believe It

I explained SBS to Ted and he understood the concept, but couldn't believe it could be true for him. Just for “fun” I asked him the following questions:

What would be the downside of getting rid of these issues?
What would be the upside of keeping them?
Is it really safe or in your best interest to let them go?
Would it harm others, will you be “lost” without them, and are you afraid to get over these issues, etc.

Ted's answers were interesting. He admitted that he had lived with his problems for so long that he wasn't sure what his identity would be without his victim status.

Would his wife expect more of him?
Would he be without an excuse for his life not working?
And could he function as an able-bodied and able-minded man?

He expounded on each aspect of the questions for awhile and it seemed to open his eyes to what was going on. Even though these questions and his answers wouldn't fix Ted's reversals, it was an enlightening experience for both of us.

Revolving SBS

To fix his SBS reversals I had Ted do the karate chop (KC) using several reversal phrases:

Even though:

I don't really want to get over this depression (trauma, chronic pain, etc.)

I don't really want to get over any of my issues

It may not be safe to get over my issues

I won't know how to act if I get well

I won't have an excuse for my life being messed up

I don't really want to be a functioning, responsible adult

I don't want to forgive the people that ruined my life

I don't want to be "normal"

I'm afraid I this won't work and I'll never be well and

I deeply and completely accept myself

We then muscle-tested again and Ted was strong on the positive affirmation of: "I really do want to get over my issues." We tested each issue separately as well.

*Please note that fixing a Reversal
does not fix an issue.*

*It simply **clears the pathway** for
EFT to work.*

Try again

Now, 90 minutes into Ted's session, we once again started his

treatment and *immediately started getting positive results*. He was going from a 7 or 8 to a 0 in just two or three rounds (it was interesting to note that none of his issues were at a 10 as they were when we first started.) We blew through the accident traumas, each with several aspects that collapsed readily, such as anger, resentment, guilt and sadness.

We decided to end the session just short of two hours and schedule another appointment. I gave him homework, which included drinking 6 glasses of water a day, and doing the karate chop every 15 minutes of his waking hours until we saw each other again.

For negative thinkers who are massively reversed like Ted, doing the karate chop frequently helps un-reverse “chronic” GPR. It’s worthy to mention that if someone is not reversed, then doing the “cure” for a reversal will do no harm. I also had Ted start working on the Personal Peace Procedure (PPP) to get all of his past negative events and issues out on the table.

Remarkable Results

By the next time I saw Ted he was doing considerably better. He was no longer in the GPR mode and he had worked through several issues on his own.

We handled some of the more difficult ones together, like his childhood abuse, and I sent him on his way to continue working on the Personal Peace Procedure on his own.

I followed up with him a week or so later. He had just finished his PPP (which takes most people a month or more to complete). I found him to be energetic, optimistic, happy and definitely not reversed. He said he had not experienced such peace of mind and joy in his entire life.

I love this job!

I Tried EFT But It Didn't Work....

As I stated in the beginning, reversals are only one impediment to a successful EFT treatment, but it is often the one that causes people to say, "I tried EFT, but it just didn't work for me."

We know EFT works, and my wish is for practitioners and those working on their own to do everything possible to remove the obstacles that impede EFT's success.

I highly recommend Gary's article "When EFT Appears Not to Work, which can be found at emofree.com/faq/whenit.htm. Good luck in tracking down and resolving those illusive Reversal rascals.

**MUSCLE TESTING*

If you have never done muscle testing, then don't get discouraged if this experiment doesn't work for you at first. But you might want to try it, just for fun, with a friend (Let's call your friend "Bob", so we don't have to deal with gender-proper pronouns).

Muscle testing is actually a great way to demonstrate not only polarity reversals, but how sensitive our meridian system is to negative thoughts and emotions.

1. Start by standing facing each other (or you may stand behind him) and have Bob put his dominant arm straight out from his side at shoulder level.

2. Next ask him to resist when you try to pull his arm down. To test Bob's resistance strength put your non-dominant hand on his wrist and pull down.

You're doing this to get an idea of how hard you need to push to get his arm to move, not to see how strong he is. This is not a strength contest, rather a resistance test, so make sure Bob isn't forcing his arm up, in order to keep you from pulling it down.

Everyone has different strengths and you need to practice with each person to establish a base-line of his or her strength before beginning the actual experiment.

3. Next, have Bob place his non-dominant hand on top of his head, *palm down* and tell him to resist as you pull down on his out stretched arm. It should be fairly steady, not moving down more than a fraction.

4. Then have him turn the hand on his head, *palm up*. Pull down again on his outstretched arm (while telling him to resist). This time his arm should go down fairly easily or at least several inches.

The simplest explanation of why this happens is that Bob will have "reversed the polarity on his batteries:"

When his hand is palm-up on his head (where a "contact" point resides) his "batteries are in correctly.

With the palm down, the connection is broken and his strength will wane.

So, palm down on his head = arm strong: palm up = arm weak. If, however, Bob's arm does not go down when the hand on the head is palm up then Bob has some form of General Polarity Reversal.

Checking GPR

Here's a quick way to generally to fix GPR. Have Bob do the Karate Chop (KC) for about 10 seconds (That's bumping the little-finger-side of his hands against each other, karate chop style).

Test him again the same way and the arm should be weak when the palm is up. If it's still strong with the palm up, then he's still reversed and may be dehydrated or have one of the other causes listed previously.

More Fun Testing

Now, as long as you're in this position you might want to do another fun little polarity experiment. I have participants in my workshops do this with each other to experience the affect negative thoughts; words or emotions have on their energy system.

This time let's use your friend "Ann". Ask Ann to put her dominant arm out straight from the shoulder and do the general polarity test as done above with Bob, hand on top of head palm down, then up, etc.

Now ask Ann to resist, with her arm out, while saying "My name is Ann". As she's doing that, you pull down on her arm. If her name is really Ann, her arm should be strong.

Next, ask Ann to say "My name is Roger", (or Clyde, Frank, Suzy, anything other than her real name). Ask her to resist while saying the false name statement and her arm should go down fairly easily as you pull on it.

This simple little test, along with the palm up/down test, is usually surprising and fun for most people who have never experienced muscle testing before.

Using this, along with the other examples below, is how I build the bridge to EFT that Gary talks about often.

Of course muscle testing with everyone you meet or talk to about EFT is not practical. But in a one-on-one session or workshop, muscle testing is both fun but functional in describing the “zzzzt” effect that Gary refers to regarding negative emotions.

Alternating Tests

Have Ann say some alternating negative and positive words while resisting you as you pull down on her arm with each word.

For instance have her say “butterflies” (arm should be strong when you test it), then “September 11th” (arm will be weak), “sunshine” (arm strong) “tsunami disaster” (arm weak) “beautiful flowers” (arm strong) “cancer” arm weak, etc.

Think of your own positive and negative words or statements.

This little process demonstrates how sensitive our bodies are to negative thoughts, words, or non-truths. If just *saying* a negative word can make someone go momentarily weak, it’s not much of a leap to imagine what a traumatic experience, anger, stress or frustration must do to our body’s and overall health.

Note from the author:

Please don't write me if you have problems with these little experiments, since muscle testing, even in this simple form, takes practice to master. And there's SO much more to muscle testing than I've outlined here.

You can find out tons about muscle testing on the internet and with practice and determination can become proficient at it.

Muscle testing can be a handy tool to use with EFT. However, I strongly discourage your use of muscle testing with clients until you are proficient at it and confident with it. Done incorrectly, muscle testing can give you false information, which could be worse than no information at all.

Furthermore, muscle testing is certainly not essential to experiencing tremendous success with EFT. Thousands of practitioners seldom or never use it. Many others, like me, like using it to support their intuition or to demonstrate different aspects of EFT.

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...is a Life Coach and founder and director of the National Alliance for Emotional Health. Lindsay and her partners conduct monthly workshops, Levels 1-3, in Northern California. You can find out more about her workshops at EFTworkshops.org

Lindsay also invites EFT practitioners to apply to list their practice at her website at NAFEH.org.