An excerpt from the EFT Level 3 Comprehensive Training Manual (2015) by Ann Adams and Karin Davidson, with Kari Tumminia

Psychological Reversal

The term "psychological reversal" originated with Roger Callahan and Thought Field Therapy (TFT) when he "noticed that some patients seemed to be unable to benefit from the same interventions that most people found very helpful" (Heitler, 2011). We introduced the idea of Psychological Reversal in the Level 1 training resource book and expanded on it in Level 2. It is still unclear what happens in the energy system when a Psychological Reversal, i.e. energy work does not seem to be beneficial, shows up. "One theory is that when a traumatic event depletes your energy to a low level, your energy can become negative." This in turn can elicit the situation polar opposite to what you would prefer (Gallo, 2000, p11). While the term has become common throughout the energy work field, several organizations have made changes in how the term is explained. One of these organizations, the Association for Comprehensive Energy Psychology (ACEP), addresses Psychological Reversals as involving one's readiness or willingness to resolve issues. According to ACEP, "this concept is far more understandable and palatable to more people than Psychological Reversals, and arguably may more precisely address the heart of what generates [Psychological Reversals]" (Gruder, 2006, p. 2).

Every life change, every decision, every new awareness of a hidden belief system, and every healing carries with it risks and costs. As we change, we risk losing something and gaining something. In addition, many of us fear the "unknown." We might say to ourselves, "I've never done it that way before," "I've never considered that possibility before," or "That won't work for me." Varieties of risks regarding making desired changes have been categorized into different types of Psychological Reversals. For

example, the criteria set forth by Fred Gallo (2000), as described in the *EFT Level 2 Comprehensive Training Resource,* include: loss of identity, unwillingness to forgive, deservedness, and safety.

All the resistances to change that clients have developed were created for a reason. At one point, those resistances were reasonable or necessary solutions. Those solutions fit the situations in which clients lived at the time they created those solutions. Now, in clients' current lives, these resistances and old solutions have become part of the problem. Rather than rejecting those resistances and old solutions as representing clients' flaws or limitations that we need to help them get past, we do our clients and ourselves a favor by appreciating that we are endeavoring to help clients apply the same problem-solving skills that they applied earlier in their lives. To use a computer analogy what is different now is that we are helping clients give themselves permission to download new, more functional software with more available choices as they replace the outdated, no longer effective, more limited (i.e. rigid) choices and decisions. Sometimes what we are doing is clearing out viruses that have corrupted the software so the software can work more effectively now.

Though there is still value in the criteria and approaches established by Fred Gallo and his contemporaries around Psychological Reversals, ACEP suggestion that our initial understanding of Psychological Reversals has evolved to accept that Psychological Reversals as objections to treatment success. We are conceptualizing these objections as representing clients' objections to changing until the unintended consequences associated with changing have been clarified and resolved. These objections generally fall into two categories: disorientation fear (DF) and not "understanding" the treatment issue (Gruder,

2006, p. 22). DF is the fear that if treatment succeeds, one's understanding of oneself, others, or how the universe works might be altered in ways that feel scary or undesirable. DF may or may not be a conscious fear. Not understanding the treatment issue simply means that one does not have enough understanding of the issue at hand to tune in to it.

Some practitioners still emphasize Psychological Reversals as a separate issue that must be addressed using specific protocols. Others address resistance to change as if it is just another aspect to be addressed using EFT. No matter how you decide to approach the issue your clients have regarding Psychological Reversals, willingness to succeed, or refusal to move forward until the unintended consequences are addressed, being aware of clients' resistance to change, whether conscious or subconscious, and addressing such issues is valuable to your practice and success as an EFT practitioner.

Resistance to change is a normal reaction to the unknown; there is always a pro and a con to any change. In some ways, we are all resistant. Unwillingness to change until changing is deemed safe can be effectively addressed by asking individualized investigative questions and developing an effective Setup based on what the client is dealing with in the moment. Pay close attention to the client's language and address the conflict, resistance, opposing parts, or type of Psychological Reversal using EFT. Be sure to address any additional aspects as needed and be persistent. Test as you go to make sure your clients' concerns and needs are heard and resolved along the way.

While not generally considered by EFT practitioners another, perhaps more difficult, "reversal" to consider is the idea of Neurologic Disorganization, a concept from Applied Kinesiology. Neurologic Disorganization represents a more pervasive energy disruption within the body and has been identified as more present in complex issues

such as physical issues such as neurological problems such as brain injuries or learning disabilities, serious addictive disorders (not cravings), allergies, ADHD, other complex chronic issues and any time there is a history of any energy psychology method not being effective. Those trained in Applied Kinesiology, i.e. muscle testing, often assess every client as to his or her polarity response on every issue. When the client's response to muscle testing shows responses that are opposite to what would be expected, negative response to a positive statement and vice versa or the responses are the same no matter what question, practitioners have reported the experience that energy modalities such as EFT can be less effective.

A search of the literature reveals several approaches have been developed to help resolve such pervasive energy disruptions and most of them are a variation upon the Collarbone Breathing concept developed by Callahan and originally taught as a part of EFT.

The process is listed below initially appears cumbersome but once you have practiced it a few times it is simple to guide your client through the process. You do not need to know muscle testing. Ann uses Collarbone Breathing as a useful exercise with any client whose progress is blocked or nonexistent or is not receiving the benefits generally seen in client sessions or comes in reporting they've seen other practitioners without success. It's helpful, as well, to use it for yourself when you feel blocked. Callahan's Collarbone Breathing process uses:

- The collarbone points, i.e. one inch down and one inch over – on both sides - from the V shaped notch where a man would tie his tie.
- The pads of the first two fingers of each hand

- The first two knuckles of each hand

- Using the opposite hand continuously tap the gamut spot during each step

- FIVE breathing positions:

  o Take a breath only about *half way in* and hold 2 seconds

  o Take a breath as *deeply* as you can and hold for 2 seconds

  o Let the breath *half way out* and hold 2 seconds

  o Let the breath *all the way out* and hold 2 seconds

  o Breath normally while you switch hand positions

WITH LEFT HAND
STEP 1.
a. Place *left finger pads* on the *left* side collarbone point (cb).
b. Go through each of the 5 breathing positions, listed above, as you tap the *left hand gamut spot with right hand fingers*.
STEP 2
a. Move *left fingers to right side* cb.
b. Use the 5 breathing positions while tapping the left hand gamut spot with right hand fingers.
STEP 3
a. Bend *left knuckles* and touch the *left cb*.
b. Use the 5 breathing positions while tapping the left hand gamut spot with right hand fingers.
STEP 4
 a. Move *left knuckles* and touch the *right* side cb.
 b. Use the 5 breathing positions while tapping the left hand gamut spot with right hand finger.s

WITH RIGHT HAND
STEP 5
a. Place *right fingers* on the left *side* cb.
b. Use the 5 breathing positions while tapping the *right hand gamut with left fingers*.
STEP 6
a. Move *right fingers* to the *right side* cb.
b. Use the 5 breathing positions while tapping the right hand gamut spot with left fingers.
STEO 7
a. Bend *right knuckles* on the *left side* cb.
b. Use the 5 breathing positions while tapping the right hand gamut spot with left fingers.
STEP 8

a. Bend *right knuckles* on the *right side* cb.
b. Use the 5 breathing positions while tapping the right hand gamut spot with left fingers.

If your client is driving or responsible for anything important after a session, please make sure that your client is fully grounded and aware before leaving. As an example, Karin was once videotaping an EFT workshop and the sound system was extremely outdated and created a loud irritating buzz. The hotel staff could not correct it. Karin was extremely worried and upset about the situation so she used collarbone breathing. As she was doing this, the hotel manager called in a specialist and resolved the problem and the workshop began. As the first speaker began to talk, there was no sound amplification at all. To her own surprise, Karin didn't react at all – not even to fix the problem. Collarbone breathing had relaxed her to the point of not responding. She forced herself to think and quickly resolved the problem.