

## Detailed Mapping of Subconscious Sabotage

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We are unaware of many subconscious factors that stop people from healing and/or prevent them from getting over a trauma. Many subconscious factors hold people back. In psychotherapy we call them resistance. In Energy Psychology we call them psychological reversal.

Emotional Freedom Techniques (EFT) has become increasingly popular recently because it is both very effective and very easy to use. I have successfully used it in my psychiatric practice to achieve remarkable short-cuts, especially in treating phobias and traumas.

EFT uses certain phrases that are geared to removing subconscious sabotage. The most common one is “Even though I have this problem, I deeply and completely love and accept myself.” You are supposed to say this affirmation while gently massaging two points in your upper chest.

EFT founder, Gary Craig, following Roger Callahan, called the subconscious sabotage psychological reversal. He advised using the above phrase to address this inner conflict. Yet, in my years of practice, I discovered that this phrase was helpful for only about 40 percent of my patients. In trauma patients, when checked with the statement, “I want to get over this trauma,” the muscles were weak about 95 percent of the time. Even after they said: “Even though I want to get over the trauma, I deeply and completely love and accept myself” their muscle stayed weak 90 percent of the time, indicating “no.” Something in them did not want to heal from the trauma. This was strange to them, as they consciously wanted very much to heal. That is why they came to me in the first place.

We started to explore what exactly in their subconscious held on to the trauma. I found out there were mainly five different reasons:

1. They felt they did not deserve to heal (shame and guilt).
2. They felt the perpetrator did not deserve for them to heal (anger in a passive-aggressive vindictiveness).
3. They felt God did not deserve for them to heal (their world was shattered and they lost faith and trust).
4. They felt it was not safe for them to get better (fear).
5. They felt that it is impossible to heal so easily and in such a short time from such a severe trauma.

The feeling that it was not safe to get over the trauma comes in a few flavors:

1. Fear of a recurring trauma if they stop being constantly on the alert and hyper-vigilant.
2. Fear of the unknown. They are miserable now, but this misery is familiar. Healing is the great mystery. (This is true mainly for chronic conditions. It sometimes also related to identity issues, for people who have their identity in their illness.)
3. Fear of losing secondary gain, such as actual money compensation, or dependency needs, or in soldiers the fear of being sent back to the front and being forced to again be in the danger zone. I had a patient who subconsciously held onto her backache, as her husband helped her only when she had the pain.
4. Fear of not being adequate when healthy. They hide behind the trauma or the sickness as an excuse for not being successful or not even trying.
5. Fear of being judged and not being

accepted by themselves or by others. I had a mother who felt it was not safe for her to release the trauma of losing her daughter in fear she'd be, or appear to be, a bad mother should she be happy.

6. Fear of bringing bad consequences to others. I had a patient who was afraid to be happy because every time she was happy, something bad happened to her loved ones.
7. Another variation of this same category is the identified patient who subconsciously takes upon himself/herself a sickness in a subconscious and not very effective way, to deflect the family dynamic from the real problem. (That could be, for example, a child that is wetting the bed in a subconscious attempt to get the focus of attention away from the parents' marital problems.)
8. Fear of breaking a vow or a contract with a non-incarnate entity, at a very young age or even in a past life.
9. Fear that something worse would happen should they get over the trauma. Sometimes this fear is also related to a sense that they have to pay a karmic debt.

This attempt to map different flavors of subconscious sabotage to healing is still a work in progress. In my practice I come across new types or subtypes on an ongoing basis.

I appreciate any comments, suggestions and additions to this map by you, the reader

Thanks in advance.

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*Dr. Slonim is a Board Certified psychiatrist. She was a co-director of NATO projects teaching Energy Psychology and her Sabotage Correction Technique to European psychologists.*

### Call For Research Proposals

Part of our mission is to move EP into the mainstream of clinical practice, by collecting and publishing evidence for the efficacy of EP modalities. It is our goal to upgrade EP modalities to the categories of “probably efficacious” and “well-established treatments,” as set forth by the APA's Division 12 Task Force on Promotion and Dissemination of Psychological Procedures.

Proposals for original empirical research studies are invited in the field of Energy Psychology. These may include applications of EP to such conditions as anxiety, depression, PTSD, chronic pain, weight loss, etc. We are especially interested in studies documenting changes

in physiological correlates such as cortisol, DHEA levels, and HRV, as well as scanning studies using EEG, PET and fMRI scans.

Several grants will be awarded up to \$5,000. Additionally, those applicants who do not receive an award may be eligible for free technical support/assistance for their project. Submission deadline is March 1, 2013.

For submission details, see: <http://energypsych.org/research>

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