

# **Callahan Techniques®**

## **Thought Field Therapy®**

### **Algorithm Level Training Manual**

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#### **Acknowledgements**

Roger and Joanne Callahan would like to express their appreciation to the many TFT Trainers and Practitioners who have assisted in developing and improving this manual. And specifically, they would like to thank Jenny Edwards for her many contributions and hard work to provide a high standard of TFT education.



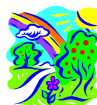
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# Section One—Introduction

## 1.1 Welcome



When we use the term TFT, it should be understood that we are referring to the original form and source of TFT, or **Callahan Techniques® Thought Field Therapy® (CT-TFT)**. By the end of the two-day training, you will be ready to use TFT to help yourself and others, regardless of your previous knowledge and experience with Thought Field Therapy®.

This manual contains a description of the treatment points, algorithms, procedures, and explanations necessary to immediately begin using TFT. Dr. and Mrs. Callahan's book, *Stop the Nightmares of Trauma*, and the DVD, *Introduction to Thought Field Therapy®*, are also provided.

The purpose of this training is to provide you with necessary skills to apply TFT to the problems addressed within the scope of your practice, your current license, your organizational role, and/or your other expertise, and to teach TFT algorithms to your clients to use in resolving their problems. All of the TFT protocols presented in this workshop are approved and standardized by Callahan Techniques, Ltd. your instructor, this curriculum, and all materials provided in this training are approved by Callahan Techniques, Ltd.

You will be asked to complete a written evaluation of this training and take a written examination before you receive your Certificate of Completion signed by your instructor. This evaluation will be sent to the Callahan Techniques office. You will keep your examination. Callahan Techniques appreciates your assistance in maintaining and improving the quality of this training.

Algorithm training is only the beginning of your journey toward fully understanding TFT and how to use it. Many resources are available to you, including Dr. Callahan's works (see list of references at the end of this manual), his website (**[www.RogerCallahan.com](http://www.RogerCallahan.com)**), other authors suggested by Dr. Callahan, "The Thought Field" newsletter. Many new and valuable applications of these algorithms are being discovered all the time. As with all skills, the more you practice, the better you become.

**Please Note:** The training offered is oriented to providing skills in the rapid treatments developed in Thought Field Therapy®. It is not intended to provide comprehensive training in the treatment or assistance of those with the problems addressed in this training, nor specialized training in the field of psychology, psychotherapy, or the proper care of patients.

## 1.2 Training Objectives



Each trainee will:

- Acquire the practical knowledge and skills necessary to introduce TFT to clients and colleagues and to apply TFT in the areas of trauma, anger, grief, love pain, guilt, addictive urges, simple phobias, stress reduction, rapid relaxation, rage, obsession, physical pain, depression, panic/anxiety attacks, jet lag, visualization for peak performance, and psychological reversal.
- Receive practical suggestions for using TFT when dealing with more difficult problems and situations.
- Learn how to recognize when Individual Energy Toxins are interfering with treatment or with the endurance of a cure.

## 1.4 CT-TFT Training and Approved Designations

### Algorithm Level Practitioner – TFT-Algo

The approved training course designed for individuals who will use TFT algorithms to assist others and/or themselves. Individuals may advertise or otherwise indicate they have completed this training with statements such as "Completed an Association for Thought Field Therapy approved Algorithm Level Training". ATFT approved Algorithm Trainings must be taught by an ATFT approved instructor and meet specific requirements for materials, content, and guidelines set by ATFT and licensed by Callahan Techniques, Ltd. Individuals completing this level of training may also use the designation TFT-Algo after their names.

### Diagnostic Level Practitioner – TFT-Dx

Training consisting of the materials from Step A (self-study) and Step B (basic diagnostic), toxins and advanced procedures, presented by Callahan Techniques, Ltd. The training provides the basic skills and knowledge for determining specific protocols to address a wide range of problems. Included in this level of training are skills and knowledge to identify and neutralize individual energy toxins and chronic and recurring problems.

Individuals may advertise or otherwise indicate they have completed this training with statements such as "Completed Callahan Techniques, Ltd. approved Causal Diagnostic training". Individuals completing this level of training may also use the designation TFT-Dx after their names.

### **TFT Boot Camp – TFT-Algo and TFT-Dx – upon completion of relevant case studies.**

At the request of many of our customers and fellow professionals, we have taken the very best TFT has to offer and created an all-new course, TFT Boot Camp. This exciting new learning experience includes the best parts from each of our popular and long time courses:

Algorithm Level Training

Step A – Basic Diagnostic Self-Study Program

Sensitivities, Intolerances and Toxins – Self Study Program

### **Advanced Level Practitioner – TFT-Adv**

A three-day training consisting of the TFT self-testing, self-treatment and Voice Technology procedures in a group setting, presented by Callahan Techniques, Ltd. The training provides the skills and knowledge for determining specific protocols to address a wide range of problems. Included in this level of training are skills and knowledge to identify and neutralize individual energy toxins and chronic and recurring problems on oneself and over the telephone.

Individuals may advertise or otherwise indicate they have completed this training with statements such as "Completed Callahan Techniques, Ltd. approved Optimal Health course". Individuals completing this level of training may also use the designation TFT-Adv after their names.

### **Voice Technology Practitioner – TFT-VT**

An extensive, 5-day, in-person training with Dr. Callahan and provided by Callahan Techniques, Ltd. in the most advanced causal diagnostic procedures for treatments of problems including identification and neutralization of individual energy toxins. Individuals may advertise or otherwise indicate they have completed this training with statements such as "Completed Callahan Techniques, Ltd. approved Voice Technology training". Individuals completing this level of training may also use the designation TFT-VT after their names.

### **Internet Information Sites**

TFT Web Sites and Approved Training Schedule: [www.RogerCallahan.com](http://www.RogerCallahan.com)

ATFT Foundation – Resource Library: [www.ATFTFoundation.org](http://www.ATFTFoundation.org)

ATFT Foundation Free Trauma Relief: [www.TFTTraumaRelief.wordpress.com](http://www.TFTTraumaRelief.wordpress.com)

ATFT Foundation UK: [www.ATFTFoundation.UK.org](http://www.ATFTFoundation.UK.org)

TFT Practitioners Listings: [www.TFTPractitioners.com](http://www.TFTPractitioners.com)

## 1.5 How to Use this Manual



This manual is organized into five further sections to serve as a ready reference and guide to applying TFT Algorithms. Almost all of the information presented by your Instructor can easily be found in this manual, in Dr. and Mrs. Callahan's books, *Stop the Nightmares of Trauma* and *Tapping the Body's Energy Pathways*, in Dr. Callahan's book, *Tapping the Healer Within* and in the DVD, *Introduction to Thought Field Therapy*®.

This manual contains the following sections:

- Section Two:** a description of TFT history, development, and theory
- Section Three:** a description of the elements of TFT protocols to be used in effective applications of TFT
- Section Four:** a step-by-step guide to using Algorithms
- Section Five:** information to consider when using TFT with specific problems and conditions
- Section Six:** TFT resources and the training assessment

## Section Two—Overview of TFT



### 2.1 TFT: A Theory That Is On-Line With Reality



A theory that is on-line with reality must *begin* with reality. TFT theory is *inductive*. Induction is the process of making generalizations from observations. These generalizations are the essence of scientific discovery. Without them, people could not learn from experience (Peikoff, 2002).

In the context of TFT, this means that Dr. Callahan began his discoveries with sensory-based observations of actual phenomena. The theoretical principles discussed in this manual came directly from those observations. This is radically different from what many people who have been traditionally trained in the social sciences may have learned. Quite often, they are heavily influenced by Karl Popper's philosophy of science, which rejects induction and begins with theory and conjecture (Dykes, 1999; Popper, 1972).

Other approaches to psychotherapy have historically been deductive rather than inductive. Theorists began with a theory and then looked at reality through the lens of that theory. The theories and work of Sigmund Freud illustrate this. For example, if a client did not appear to be reporting an "Oedipal Complex," the therapist used the theory and suggested that the client was repressing his/her emotions or was in denial. This created an argument for the theory rather than an objective observation of reality.

In contrast, Dr. Callahan developed TFT theory by directly observing replicable first-hand experiments. Initially, he observed that when his client, Mary, tapped under her eye, her lifelong and previously unresponsive severe phobia of water was completely cured. Although Dr. Callahan had been studying Applied Kinesiology and the concept of energy meridians, he made this observation without any pre-existing theoretical constructs about the therapy that he applied, which had yet to be named Thought Field Therapy®.

After his success with Mary, Dr. Callahan attempted to replicate this with a number of his clients; however, he observed that most of them did not respond to this one-point treatment for phobias. This did not negate what he initially observed with Mary, who clearly had her phobia cured as a result of tapping under her eye.

What Dr. Callahan did at this time was to find other points that would help such people. He also used his previous discovery of a correction for what he called Psychological Reversal (PR). When he applied this PR correction, his success rate nearly doubled.



Dr. Callahan continued to make further discoveries in order to refine TFT further. You will be learning about many of these discoveries in this training. He did this by continually keeping in contact with reality-based observations. His work culminated in the development of Voice Technology with approximately a 97-98% success rate. This is now offered in the Optimal Health course. These results are comparable to those achieved in the so-called hard sciences of Chemistry and Physics. The algorithms taught in TFT Algorithm Training will yield approximately a 70-90% success rate, depending on the client population and the problem being treated.

## How TFT Differs from Other Approaches

As you learn more about TFT, you will see that it is a radical departure from traditional psychological theories. It is almost consensus among most of today's traditional psychologists that biochemical imbalances in the brain, irrational beliefs, or negative childhood experiences are the cause of emotional distress and psychological problems. Figure 1 below illustrates this:

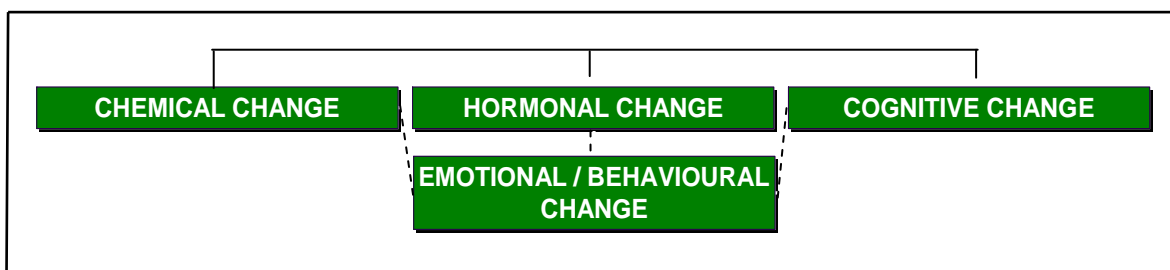


Figure 1. The Traditional Paradigm

*The truth or accuracy of a theory can best be determined by the results it produces.* The real test for the validity of a theory is whether or not that theory is on-line with reality. In developing TFT, Dr. Callahan began with direct observation, developed theoretical principles and concepts, and continued to experiment and observe the results.

TFT produces, in a very high percentage of cases, total elimination of all traces of psychological distress. TFT does not do anything directly to the brain nor to its biochemistry. It does nothing to change core beliefs, and people are not required to relive their childhood experiences. *What TFT does is provide a code for eliminating emotional distress at its root cause.*

*A therapy that is truly deep and addresses the root causes of psychological distress ought to be able to produce real change in people and thereby eliminate the problem.* TFT does just that. In doing so, it revolutionizes the field. The best way for you to see this is to begin using TFT with your clients and observe the profound changes that occur as you eliminate their psychological distress. As you

do, you will see that the results of successful Thought Field Therapy® are indeed occurring at the deepest, most fundamental level possible.

### **Formal Definition of Callahan Techniques® Thought Field Therapy® (TFT):**

TFT is a treatment for psychological disturbances which provides a code, that when applied to a psychological problem to which the individual is attuned, will eliminate perturbations in the thought field, the fundamental cause of all negative emotions. This code is elicited by TFT's causal diagnostic procedure through which the algorithms were developed.

Now, let's take a look at some of the basic theoretical principles of TFT so we can understand more about how this happens.

## **2.2 Perturbations**



In essence, when you treat a client with TFT, you are eliminating perturbations that are encoded in the particular thought field associated with the problem on which the person is focusing. A perturbation (p) is defined as “a subtle, but clearly isolable aspect of a thought field that is responsible for triggering and controlling all negative emotions. . . . The P is the generating structure that determines the chemical, hormonal, nervous system, cognitive, and brain activity commonly associated with negative emotions. It is an intrinsic and necessary part (but *not* the fundamental cause) of the negative emotions” (Callahan & Callahan, 2000, p. 282).

### **P's Are Isolable**

It is important to note that the perturbation is *isolable*. This means when the perturbation collapses, along with the information causing the problem, it will be removed. The memory of the experience and what the person learned as a result will remain. Contrary to popular belief, it is not the memory of a trauma that causes problems for a person. The problem is the activation of the perturbation, which sets off a chain of biochemical and psychological events for the person whenever he/she voluntarily or involuntarily focuses on the problem. After a successful TFT treatment, the person can think about a previously upsetting traumatic event without any trace of emotional upset. In some cases, the memory can even become more clear and detailed than it was prior to treatment, but without the distress.

## 2.3 Active Information, Thought Fields, and Isomorphism

### Active Information



Perturbations contain “active information” that is activated when the thought field is attuned when the person thinks about the problem. The emotional problem can then be treated through stimulation of energy meridian points. The theoretical physicist, David Bohm, coined the term, *active information*.

The concept of active information has to do with the idea that something at a micro level (e.g., the perturbation) is capable of having far-reaching effects that direct and “in-form” a macro level (the person’s emotional disturbance and sequelae).

In *The Undivided Universe*, Bohm and Hiley (1993) elaborated on what they meant when they used the word, “information:” *“What is crucial here is that we are calling attention to the literal meaning of the word, i.e. to in-form, which is actively to put form into something or to imbue something with form”* (p. 35).

### Thought Fields



In TFT, the word, “thought field,” can often be used interchangeably with the words, “memory,” or simply “thought;” however, in order to understand the dynamics of TFT, it is helpful to think of a memory in terms of a thought field, for these fields contain the perturbations that are described above. If someone were to enter the room and tell you that you had just won 10 million dollars in the lottery, you would be in a different thought field from the one you are in now. Your body would begin secreting chemicals that would change the way you feel.

A field is an invisible, non-material structure in space that has an effect upon matter. Michael Faraday, an unschooled genius of science, introduced the concept of a field. Faraday called attention to the fact that although one cannot see, feel, or taste an electromagnetic field, one will be able to see its effects if iron filings are placed on a piece of paper with a magnet on it. The iron filings clearly show the outline, in two dimensions, of the three-dimensional field.

Another invisible field is the gravitational field. While we can’t see it, we can see its effects when we drop a piece of paper and watch it fall to the ground. In fact, fields are all around us. Every living being generates electromagnetic fields that can be measured as far as several feet away from the body. Moreover, cell phones depend on fields in order to work, and fields keep the planets orbiting around the sun.

A book that is helpful in clarifying the concept of a field is *A New Science of Life* by biologist Rupert Sheldrake (1995). In this book, Sheldrake discussed the concept of morphogenetic fields. One point that Sheldrake made is that the fields themselves are *not* energy. Instead, they require energy so that the information within the field can become active.

An analogy that illustrates the interaction between thought fields, perturbations, and the body's energy system could be a person wanting to cook something to eat with the help of a cookbook. The cookbook is the thought field. It is the vessel that contains the information, i.e., the recipes. These recipes, unfortunately, do not cook themselves. Instead, they need energy to come into being. While a recipe informs the outcome of the food (it could be a salad, a cake, cookies, etc.), it will remain just information unless someone exerts energy, opens the cookbook, reads the recipe, and cooks the food.

Similarly, a person only becomes upset when he or she tunes into a memory, which is a thought field (opens the cookbook) that contains these perturbations (the recipe). These perturbations become activated through the body's energy system. The person will then feel psychological effects and perhaps even physiological effects that were caused by the perturbations in the thought field. As the person taps, putting energy into the system, the perturbations in the thought field are eliminated, changing the chemical make-up of the body. As a result, the person feels better.

The perturbations are repositories of highly detailed and exquisite information that results in all of the nervous system, hormonal, and chemical reactions that occur in disturbing emotions. As shown below in Figure 2, Dr. Callahan suggests that perturbations in the thought field are the cause of chemical, hormonal, and cognitive changes, leading to emotional and behavioral changes.

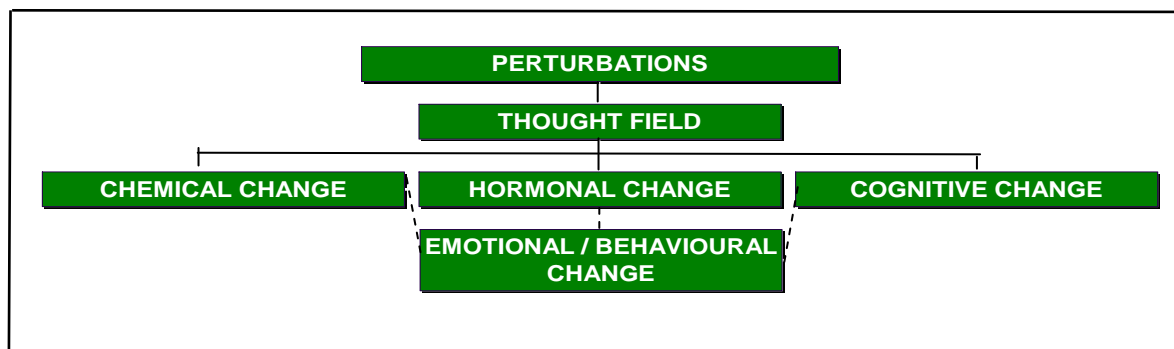


Figure 2. The Thought Field Therapy Paradigm

## Isomorphism

Although thought fields and perturbations are not energy in and of themselves, they require energy for activation. The body's energy system is activated and comes into play when the person tunes into the emotional problem or upset. In TFT, a one-to-one relationship can be readily observed between perturbations in the thought field and energy meridian points on the body. This type of one-to-one relationship is called an *isomorphism*. For every energy meridian point on the body that is being treated, a perturbation is being eliminated. As a result, the person is freed from psychological distress.

## 2.4 Causal Diagnosis—How TFT Algorithms Were Discovered



The next obvious question would be, *“How do we know which energy meridian points on the body to address and in what sequence?”* In other words, how were the algorithms discovered?

When a person is being treated with a TFT algorithm, specific energy meridian points are stimulated in an exact, predetermined sequence. Through the stimulation of the correct treatment points in the correct sequence, the perturbation is collapsed. As a result, all traces of psychological distress are eliminated at their root cause.

Much like a combination lock, *the correct sequence is crucial to the success of the treatment*. If you had a correct combination (code) on a lock of 3-27-32-5, and you tried to open the lock with a changed sequence (27-32-5-3, for instance), the lock wouldn't open. The same is true with the codes for TFT algorithms.

The TFT algorithms were developed, *not* by random trial and error, but through the use of a causal diagnostic procedure that reveals which meridian points to stimulate and in what order. There are 14 possible TFT treatment points, providing over 87 billion possible treatment combinations. This means that these algorithms could not have been developed by chance. Mathematically, if you started trying out possible treatment point combinations in the year of Christ's birth and continued without taking any breaks at all, you would still have approximately 163,800 more years to go!

In order to determine the correct sequence among so many treatment points, a causal diagnostic procedure was needed. It is referred to as a *causal diagnostic procedure* because it diagnoses the root cause of the problem. This is different from traditional diagnosis in psychology, which involves diagnosing from categories of symptoms and providing labels. The TFT causal diagnosis

procedures are taught only by the Callahan Techniques, Ltd. Training Center and their approved trainers.

TFT algorithms are recipes previously determined through causal diagnosis for a variety of psychological conditions. Dr. Callahan developed these algorithms through work with thousands of clients over a period of years during the 1980s and early 1990's. As he treated clients, he observed that the same sequence was repeatedly being elicited through diagnosis for particular psychological conditions such as phobias, addictive urges, traumas, and others. If Dr. Callahan found that a particular sequence worked for high percentages (80-90%) of people, after he had had treated hundreds of people with a particular psychological problem, this sequence became an algorithm. Someone who has been trained in TFT diagnosis or Voice Technology can usually successfully treat the 10-20% of people for whom the algorithms do not work.

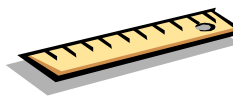
The outcome of TFT algorithm treatment can easily be replicated by anyone who learns the algorithms and applies them correctly, with the same high success rate. By reading this manual, you will learn all you need to know to be able to replicate these rapid, painless, and highly successful treatments. By practicing the techniques, you will learn the skills necessary to treat negative emotions and conditions previously thought to be incurable, such as addictive urges, phobias, trauma, anger, guilt, grief, love pain, and many more. When you use these treatments and see their results, you will learn that TFT theory can be tested in reality and put to immediate practical use. Hence, we can say with assurance that TFT theory is *on-line with reality!*

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## 2.5 How Change is Measured in TFT

### The Subjective Units of Distress Scale (SUD)



SUD is an abbreviation for the useful term, “Subjective Units of Distress.” This scale provides a way to quantify the degree of stress, pain, or disturbing emotions experienced by the client. The SUD may be represented on an 11-point or 10-point scale, 0 to 10 or 1 to 10, respectively. (Wolpe first introduced the term. Additional information can be found on page 19 of *Stop the Nightmares of Trauma*.) Dr. Callahan used a similar scale in 1949 that was developed by Dean Eric Gardner of Syracuse University Graduate School and Professor George Thompson.

In TFT, the SUD is considered the “bottom line” by which therapy is evaluated for success. Behavioral indices of how people are responding to therapy may be quite misleading, since many people can do most things when pushed. If their suffering remains intense at the same time, we do not consider this to be successful therapy.

As in the case of Mary, she had learned from conventional therapy that she could withstand a great deal more suffering than she thought she originally could. Once she had been successfully treated with TFT, all traces of her water phobia had disappeared. There was no suffering.

### Situations in Which You Cannot Obtain a SUD

In some cases, people are repressed and will be unable to report a SUD unless they are actually exposed to the situation. Such people can still be successfully treated, but they will need to test the treatment by being in the situation before you can know the results. Be sure and treat for all levels of reversal, as you will not be able to depend on the SUD to know if the perturbations are being eliminated.

Similarly, infants, animals, and mentally disabled people can be successfully treated with TFT, but they are unable to voluntarily tune in a thought field and give a SUD. They, too, must be treated while they are in the actual situation. You can expose them thoughtfully to the upsetting situation in order to activate the thought field but not to re-traumatize them. You will also need to treat them for all levels of reversal.

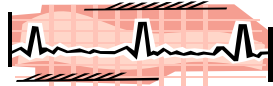
For children who are too young to give you a number, we have a special children’s SUD scale that can be used (see Section 3 of this manual for this and for further details on how to use the SUD).

## Other Physiological Measures of Change

We commonly observe physiological changes in clients after successful TFT treatment, such as changes in:

- skin color
  - *flushing may take place*
- breathing rate
  - *becomes less rapid and more deep*
- facial expression
  - *becomes visibly more relaxed*
- body language
  - *posture changes from “closed” to “open,” and the body becomes more relaxed*
- body temperature
  - *may rise or fall slightly*
- pulse rate
  - *often significant reduction if it is high*
- blood pressure
  - *often significant reduction if it is high*

## 2.6 Assessing Change with Heart Rate Variability (HRV) Data



Heart Rate Variability refers to the natural rise and fall of your heart rate over time. In normal health, the heart rate should increase as you inhale and decrease as you exhale.

HRV measurement involves calculation of the variation in the time intervals between each heartbeat, measured in milliseconds. HRV also measures the activity and balance of the sympathetic and parasympathetic systems of the autonomic nervous system (ANS).

Low HRV has been shown in longitudinal studies to be a strong predictor of all causes of mortality, as well as being correlated with a number of psychological conditions.



## Why HRV is Important:



- HRV provides an **objective** measure of therapy outcome. It measures not only the variability in the heart rate, but also any change in the responses of the autonomic nervous system (ANS).
- HRV helps if a client has an apex problem and doesn't attribute the changes to the TFT therapy. HRV has been shown in published studies to not be responsive to placebo. This means that the data obtained with HRV reflect reality, and showing a change in a person's HRV post-treatment refutes any thought that the results obtained regularly with TFT could be due to a "placebo effect."
- If the client is unable to give a SUD (i.e., a repressed issue), the impact of the issue is likely to still show up on the HRV when the problem is tuned into, even with no emotional response. In such cases, HRV is a good way to measure change.

## The most important measures to observe when reading HRV results:

- **SDNN** (Standard Deviation of Normal to Normal)—This is an indication of the actual variability of the heart, from beat to beat. A steady, metronome-like heart rate means that the variability is low, and a low SDNN (below 50) has been associated in several important studies, including the famous Framingham Heart Study, with increased risk of sudden cardiac death. More recent studies have shown that in cases in which the variability is too high, this can also be a problem. More commonly, however, we see cases in which the SDNN is too low. Research has also shown a relationship between low SDNN and phobias, depression, and PTSD. We can regularly change this in minutes with TFT.
- **Total Power**— This is a measure of the autonomic nervous system's (ANS's) ability to respond to challenges (its "response-ability"). In general, low total power can indicate depression, whereas very high total power can reflect hyperarousal.

For more information about HRV, see [www.RogerCallahan.com](http://www.RogerCallahan.com) . Articles for download include:

- *The Impact of TFT on HRV*—Dr. Callahan's theory as to the meaning of HRV.
- *Stress, Health, and the Heart: A Report on Heart Rate Variability and Thought Field Therapy®*—A review of the clinical literature on HRV
- *Journal of Clinical Psychology, October 2001*—An issue devoted to TFT  
(For reprints of this issue, contact Callahan Techniques, Ltd.)

## 2.7 The Apex Problem



The apex problem is the tendency for people to fail to recognize that the TFT treatment was responsible for eliminating their problem. At times, even though people recognize that their troubling symptoms are no longer present, they do not attribute this change to TFT. In some cases, people can even forget that they ever had the problem! TFT can bring results so immediate that it is often beyond their comprehension that TFT could actually have cured their problem. It causes a form of cognitive dissonance.

Some typical statements that indicate an apex problem are:

- “I can't think of it right now.” (People often say this when they are asked for a post-treatment SUD.)
- “You distracted me.” (This one is *very* common!)
- “I know it will come back as soon as I leave here.”
- “I can't remember what I was thinking about.”
- “This is too simple. It couldn't have worked.”
- “I really wasn't that afraid.”
- “I have worked on this for years. This couldn't have made the difference.”
- “This treatment repressed my feelings.”
- “It's really not the kind of thing you can give a SUD rating to.” (People can say this even though they had no trouble giving a high SUD rating before treatment.)

The Apex Problem can sabotage further treatment. It is, therefore, important to help people to be aware of it. When clients do not recognize the effectiveness of TFT due to the apex problem, they might not continue using TFT for additional aspects of the problem or for other problems they might have. Also, a client with an apex problem might not call you if the problem returns (see “*Cure and Time*”). Such a client might have made the incorrect assumption that the treatment was just a “temporary distraction” and therefore not pursue further treatment. In the case of treatment for addictive urges, the treatments usually need to be repeated by clients whenever they have the urge. Clients who do not understand that TFT was responsible for the elimination of their symptoms may not be willing to do so.

The term, “**apex**,” is borrowed from Arthur Koestler (*The Ghost in the Machine*, 1967), who referred to the rare instances when the mind is operating at its peak or apex. The “Apex Problem,” however, means that people are not functioning anywhere near the peak of their minds. They have a difficult time accepting something that is so different from what they are used to, and they have no way of

conceptualizing it. They feel compelled to make up some kind of an explanation, even if it doesn't fit the situation.

Michael Gazzaniga (1985), in *The Social Brain*, observed that patients with a severed corpus callosum (the part of the brain that links the right and left hemispheres) were compelled to make up a reason for a behavior, even when they had no idea why they behaved that way (very similar to the apex problem). He coined the phrase, "left brain interpreter," as the mechanism at work in these split-brain experiments.

This response is also seen following post-hypnotic suggestions, which elicit surprising behavior that is baffling to the hypnotic subject. The unexplained behavior will often compel that person to make up reasons to explain away that behavior. For example, if a person is given a post-hypnotic suggestion to take off his shirt, he may then open a window, saying, "*It's really hot in here,*" even though the room isn't actually hot. This gives him a reason, erroneous though it may be, for an otherwise totally unexplainable pattern of behavior on his part.

## **Responding to Apex Problem Statements**

- Reassure the client that his/her experience is real and that it fits what is predicted in TFT. Help the client to understand what has happened in a way that makes sense to him/her.
- Remind the client of the SUD level and behavioral manifestations when you began and how different he/she is now. Be sure to write down the beginning SUD.
- Encourage the client to test the effectiveness of the treatment in a real-life setting, as soon as possible, to further demonstrate the benefit.
- Tape record sessions so that clients can listen to the difference.
- Discuss the apex phenomenon prior to treatment so that the client understands what is happening, when and if it occurs.
- Ask the client to locate and describe the upset in the body prior to the treatment. After the treatment, ask the client to search for any of those feelings in the body that might remain.

## 2.9 Cure and Time



It is highly recommended that anyone studying and using TFT read the chapter, “Cure and Time” (pp. 117-130 in the book, *Stop the Nightmares of Trauma*), very carefully. The key points outlined in this chapter are:

- A **cure** is defined as *“the complete elimination of all subjective units of distress (SUD) as well as all other symptoms associated with the problem [sequelae], such as nightmares. In TFT diagnosis, the cure state is perfectly correlated with the complete absence of perturbations as revealed in causal diagnosis”* (p. 120).
- With TFT, we are able to rapidly eliminate psychological problems and their sequelae. If you haven’t observed this already, you will quickly see that this is so when you begin to use TFT with clients.
- Many people, when they see a person treated with TFT, tend to overlook this crucial fact and jump to the question, *“How long will it last?”* The important point that gets glossed over in such a case is that in order to ask such a question, it is presupposed (although not usually acknowledged by the person asking) that a removal of symptoms has indeed occurred. Such a complete elimination of symptoms (for *any* length of time), which is routine in TFT, has been virtually unheard of in the field of psychotherapy until now.
- It is important to keep these two issues separate:
  1. Establishing that a cure, by the definition given above, has indeed taken place, **regardless** of whether it lasts for a few minutes or for years.
  2. Tracking of the cure, once it has been established, to see if it endures, and if not, what factors might have caused the problem to return.
- Some people wish to define “cure” as a problem that is **permanently** gone and **never** recurs. This, however, is not a useful way to define a cure, since we would never know for sure whether or not a person had been cured. By these standards, a cure would, by definition, be *impossible* to achieve, even if the person remained symptom-free for life. Assuming such a definition, even if the treatment lasted until the day the person died, we still would not know for sure if the problem would have returned, had the person survived another minute longer. When we go to the doctor and receive medication for a cold, we don’t ask, “How long will the cure last?” We would be thrilled to have our cold cured, and we would not fault the doctor if we got a cold several months later.
- Most TFT treatments do hold up over time. For instance, the first person cured with TFT, Mary, was treated over 30 years ago for a severe phobia of water. The cure has held up for all this time, a fact to which she testifies in the *Introduction to TFT DVD*.

- Less typically, some people do have a recurrence of a problem after a successful TFT treatment. The most common reason for this is that a substance that the person has eaten, drunk, or inhaled has acted as a toxin to the person's energy system and has undone the cure. Cigarettes are a common example of an energy toxin. Everyday, normally healthy foods such as wheat, eggs, corn and many others can also be energy toxins. Exposure to a severely stressful or traumatic event may also trigger recurrence.

## 2.10 Individual Energy Toxins (IETs)



### What is an Individual Energy Toxin?

When TFT works and the emotional upset or the other problems are resolved, then a cure has occurred. In most cases, this cure will be lasting. In some cases, the cure will be undone, and the perturbations and symptoms will manifest again.

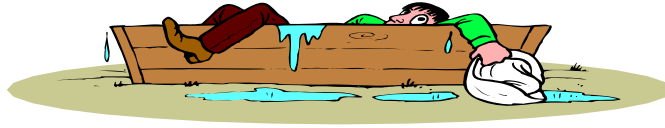
After working with many of these situations, Dr. Callahan determined that the cause of this undoing was an exposure to a substance to which the person reacted negatively, at the energy level. These substances may be found in everyday life situations and are harmless to most individuals. For some individuals, however, these substances can cause serious problems. Because these reactions are unique to individuals and affect these energy systems in specific ways, they are called Individual Energy Toxins (IETs). Practitioners trained in TFT Diagnosis or TFT Voice Technology can identify IETs for you. You can also purchase the self-study course from Dr. Callahan called "Sensitivities, Intolerances, and TOXINS: How to Identify and Neutralize Them with TFT."

In the same way that most antigens are harmless to the general population, most IETs are harmless to the general population; however, for some people with allergies, exposure to these antigens can cause difficult and sometimes life-threatening conditions.

Similarly, for those people with toxic sensitivities, exposure to IETs can cause difficult and serious conditions, including a negative impact on HRV. Toxic Sensitivities and IETs are to the energy system what allergies and antigens are to the body systems. Antigens and IETs come in many forms. These substances can be ingested, inhaled, or contacted.

Some IETs might be expected, e.g., tobacco, pesticides, and various organic chemicals (in clothing, carpets, upholstery, paint, etc.); however, some of the most common IETs are unexpected, e.g., wheat, corn, eggs, milk and other dairy products, perfumes, laundry soap or detergents, scented tissue, shampoo, or deodorants.

## The Barrel Effect



The barrel effect is an important factor in understanding toxins. Dr. Doris Rapp explained this very concisely in her video, *Environmentally Sick Schools*. The body deals with each suspect food, or other toxin, as if it were being contained in a barrel where it can be isolated before being disposed of. One toxin may not necessarily become a problem; however, if the barrel is filled to overflowing, then a problem can develop. The toxin spills over to exert a physiological or psychological effect on the body.

The size of the barrel will differ for each item and will also vary in size, according to each individual and his/her state of health. A very ill, weak person may be said to have a very small barrel in which to isolate toxins. A young, vigorous, and healthy person is likely to have larger barrel and can therefore tolerate greater exposure.

When we know of an item that is toxic to us, e.g., wheat, our barrel size for that toxin will increase if we stay away from the toxin for two or three months. This explains why a person may indulge in a toxin for a short while with no apparent ill effects before those effects appear.

An interesting question is this—when someone “clears” a toxin, is he/she increasing the barrel size or actually removing the item from a list of potentially harmful items? The direct evidence of our standard approach in TFT suggests that we can indeed strengthen an individual (i.e., increase the size of the toxin barrel) with our treatments. We can eliminate problems, even though the person’s problem might originate in toxin exposure. We believe we are temporarily boosting the body’s ability to deal with that toxin.

This has been commonplace for many years. Dr. Arthur Coca (1994), in *The Pulse Test*, maintained that we do not become allergic by over-indulging in a particular substance. Instead, our allergens are determined by our heredity. In other words, he suggested that the barrel for some foods will never overflow unless that food was an inherited allergen.

## Toxic Sensitivities



It should be noted that allergies and toxic sensitivities are not the same thing. It is possible to have toxic sensitivity to a substance and not be allergic to it; however, if one has an allergy to a substance, he/she will often have a toxic sensitivity to the same substance, as well. It is important to recognize such allergies/toxin sensitivities and avoid exposure to those substances as much as possible.

For the same reason, people should avoid exposure to the IETs, once a toxic sensitivity has been identified. General stress and specific system demands are a

drain on the person. In the case of allergies, disruption of whole body systems can occur. In the case of toxic sensitivity, IETs can cause activation or reactivation of perturbations, with the consequent development of problems or the return of successfully treated problems, respectively.

Allergies are a medical condition and can be diagnosed by blood and other tests under the supervision of a physician. Toxic sensitivities can be identified in several ways, as discussed below.

Remember, once you have identified an IET, avoid it as much as possible. This helps maintain the positive results arising from successful TFT, or it allows TFT to work in the first place.

### Indicators of Toxic Sensitivity

- “Malaise”
- Water Retention
- Fidgeting / Restless Feet
- Hyperactivity / Labile Emotions
- Constipation / Diarrhea (on their own or alternating)
- Red Ears / Blotchy Skin (neurodermatitis)
- Sticky Feces
- Fatigue after meals
- Panic Attacks
- Hyperactivity
- Insomnia
- Irritability
- Obesity
- Nausea
- Cravings (e.g. for specific foods)

Can IETs be “cleared”?



We are often asked if the IETs themselves can be treated with TFT (or some other method) so that the person can continue to consume the identified substance without ill effects. Given that toxins can often be favorite foods, we all wish that this were so!

Dr. Callahan and other Callahan Techniques® approved advanced TFT practitioners have experimented extensively with several so-called “toxin clearing” treatments and are aware of the extensive claims that are being made for a number of such methods. It has been our experience that these methods **do not** neutralize IETs to the point where a person can continue to consume a substance without the ill effects.



This can be extremely dangerous because some ill effects (such as lowered HRV) have *no apparent symptoms*, and the person incorrectly believes that the toxin has been “cleared.” In fact, the toxin has not been cleared, and the person risks his/her health without even knowing it. This may only reveal itself when the person has become very ill, often too late for resolution to take place. We believe, again, that TFT is temporarily boosting the body’s ability to deal with the toxin.

Since IETs can often be people’s favorite foods (i.e., they have become addicted to the IET), they desperately want to believe that the toxicity can be “cleared” so they can continue to indulge. Hence, they can become susceptible to the claims of those who say that they can permanently clear toxins. In order to prevent this from happening, be sure *to treat people’s addictive urge for that substance and show them how to treat themselves on a daily basis* (see section on Addictions). It is also helpful to lead them through the Visualization for Peak Performance algorithm while they focus on being free of the toxin. In addition, show them alternatives that they can substitute for the toxin. If wheat is a toxin, they could eat pasta and bread made from quinoa, rice, corn, etc. If coffee is a toxin, they could drink teas.

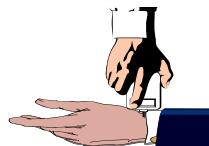
Be aware that if someone is practicing TFT and claiming to “clear” or cure you of your IETs so that you can consume them, that person is not practicing Callahan Techniques® approved TFT. **This is an important safeguard.** It means that either we have not subjected their claims to our rigorous tests, or in some cases, the claims have already failed to pass our tests.

Beware of people who claim that they can “prove” that a toxicity has been cleared by muscle testing or another external test. The only way to find out if a treatment has worked is to observe the results *in reality*, i.e., do the symptoms return, or does the HRV become lowered upon exposure to the suspect toxin?

### A further reminder:

***Once an Individual Energy Toxin has been identified, it is best to avoid all contact with it if possible until the individual has been symptom-free for at least 2 months.*** In the case of toxins that cannot be avoided, consult a practitioner trained in TFT Voice Technology or TFT Diagnosis for help with TFT neutralization procedures.

## 2.11 The Pulse Test



Arthur F. Coca, MD was a top allergist who founded the medical organization of allergists and edited their major journal. He was a Professor at Columbia University and was highly regarded in his profession until his discovery of the role of the pulse in identifying allergens. This simple test caused him to be ostracized.



Mrs. Coca was a medical researcher. She was hospitalized with angina and given only five years to live. Mrs. Coca was given a morphine derivative while in hospital, and her pulse began beating so fast that it could not be counted easily—faster than 180 beats per minute. Mrs. Coca mentioned that her pulse often raced after certain meals. This led to Dr. Coca exploring and finding that the pulse increases with the ingestion of an allergen/toxin. He suggested that she count her pulse following the intake of SINGLE FOODS to see if a culprit might be identified.

He was able to experiment with many of his patients and to develop a simple and efficient means of identifying the substances, which affected the health of his patients. His small and readable book, *The Pulse Test*, is highly recommended for a full explanation of his theories and techniques. His Pulse Test is described in Section Four of this Manual. ([www.tinyurl.com/pulsetestbook](http://www.tinyurl.com/pulsetestbook) )

# Section Three — The Components of TFT Algorithms

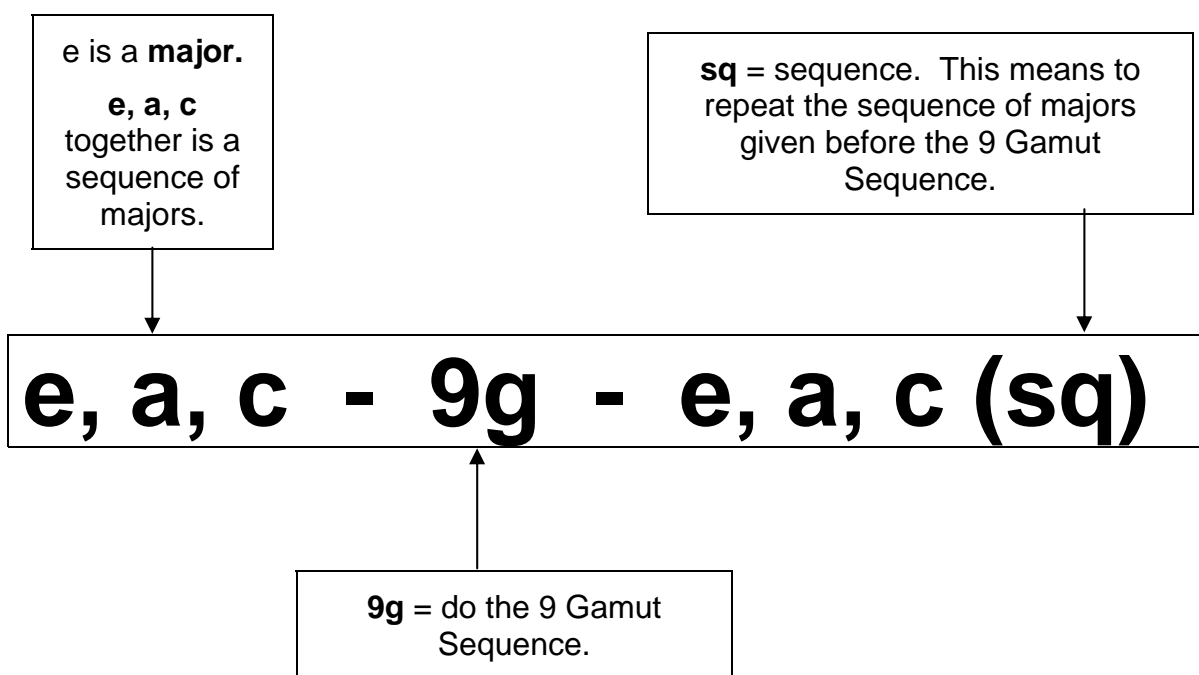
## 3.1 The Architecture of TFT



### Holons

Algorithms follow a standard pattern. By completing each step strictly in the order that they are prescribed, you will be performing effective TFT in the most efficient manner possible.

There is one standard protocol for all Algorithms, and it conforms to the architecture commonly present in TFT. To illustrate this, the TFT protocol for the treatment of a simple phobia is shown below:



In an abbreviated form, it can be written: **e, a, c, 9g, sq.**

The complete treatment sequence is known as a **holon**.

Each holon is a "**9 gamut sandwich**," including majors (top bun), 9g (meat or vegetables), and majors (bottom bun).



The collarbone point often ends a sequence of majors, acting something like an exclamation point.

## TFT Algorithms

An algorithm is a recipe of one or more holons, which together comprise a treatment that has been found to work for a particular problem (such as phobia or trauma) in approximately 70% to 90% percent of cases. The algorithms are listed on page 42 and are used in the Protocol, which is on pages 43-44.

Typically, the treatment results in “quantum leaps” in improvement. A common example is a problem in which the SUD begins at a 10. After the first sequence of majors, it has dropped to a 7; after the 9 Gamut Sequence and the repeat of the sequence of majors, it is at a 0.

*When you don't see a similar pattern, correct for psychological reversal as outlined in the Protocol.* By knowing your exact location in the Protocol, you will be able to determine the type of reversal correction to use (or other component).

Each algorithm contains the Nine Gamut Sequence between the majors (in the middle of the sandwich), which is performed by tapping the gamut spot continuously as you move your eyes in specific patterns and then hum a few bars of any tune, count to five, and then hum again. This sequence balances the left and right sides of the brain. We believe it also fine tunes the brain's focus on the thought field.

### The Nine Gamut Sequence (9g)



While continuously tapping the Gamut Spot (allowing about 5 taps for each step), do the following:

- 1. Close the eyes**
- 2. Open the eyes**
- 3. Move the eyes down and to one side**
- 4. Move the eyes down and to the other side**
- 5. Roll the eyes in a circle in one direction**
- 6. Roll the eyes in a circle in the opposite direction**
- 7. Hum a tune (about five notes) out loud, with mouth closed**
- 8. Count out loud from one to five**
- 9. Hum a tune again aloud, with mouth closed**

## NOTE:

- Steps 1 to 6 of the Nine Gamut Sequence can be performed in any order (i.e., eyes down left first or eyes down right first; eyes in a circle to the left first or eyes in a circle to the right first).

## The Floor to Ceiling Eye Roll (Rapid Relaxation)



The floor to ceiling eye roll should be used at the end of all of the Algorithm treatments when the SUD is a 2 or lower. It will usually bring a SUD of 2 to a 1 (on a 10-point scale) or 0 (on an 11-point scale). If not, go back to where you were in the Protocol and do the next step.

- While tapping the Gamut Spot continuously, hold the head relatively level, starting with the eyes looking all the way down.
- Taking about 7-10 seconds while continuing to tap the Gamut Spot, **slowly** move the eyes in a vertical line from their downward position to as far up as they can go.

This treatment can also be done by itself for the purposes of stress reduction or rapid relaxation.

## 3.2 Using the SUD (Subjective Units of Distress) Scale



The importance of individuals' report of their subjective level of pain (1 to 10 or 0 to 10) has been recognized as accurate and important in monitoring the health and recovery of hospitalized individuals. It is now required as a vital sign to monitor, along with heart rate, blood pressure, temperature, and breathing rate. Similarly, the most important measure of the power of TFT is ***the clients' report of their experience.***

The way we measure this is through the use of the Subjective Units of Distress (SUD) Scale. Clients are asked to rate their level of discomfort on a 10-point (1-10) scale or on an 11-point (0-10) scale. Most individuals will quickly learn to use this tool to communicate the level of distress they are experiencing as they tune into a thought field.

While the 1 to 10-point scale is the most common self-report, *any* scale or description of graduated intensity is acceptable, as long as clients are able to be consistent in their report.

### IMPORTANT!

**Be very clear with the client what will represent no distress  
(0 or a 1 on the chosen scale)**

It is also important to emphasize to clients that they should give you a number that represents ***how they are feeling right at this very moment***, just thinking about the problem, ***not*** how they have felt in the past or how they anticipate they might feel in the future.

You will ask for the SUD at specific points in the treatment, as outlined in the Protocol. You can ask clients to compare the sensations in their body when they determine the SUD *during* the treatment with the sensations in their body when they *originally* gave their SUD. By doing so, they will be able determine if the SUD has changed.

A client who is emotionally repressed will not be able to give you a SUD. Such a person will need to be in the actual situation in order to get upset and will not get upset when asked simply to think about the problem. This inability to give a SUD will ***not in any way interfere with the effectiveness of the treatment.*** All this means is that you will not be able to get immediate feedback on whether or not the treatment that you did worked. In such a case, administer the algorithm, following all of the steps outlined in the protocol, with the exception of asking for a SUD. Since you won't know in this case whether or not the client is reversed, treat for all levels of reversal. After treatment, you will need to ask the client to test the

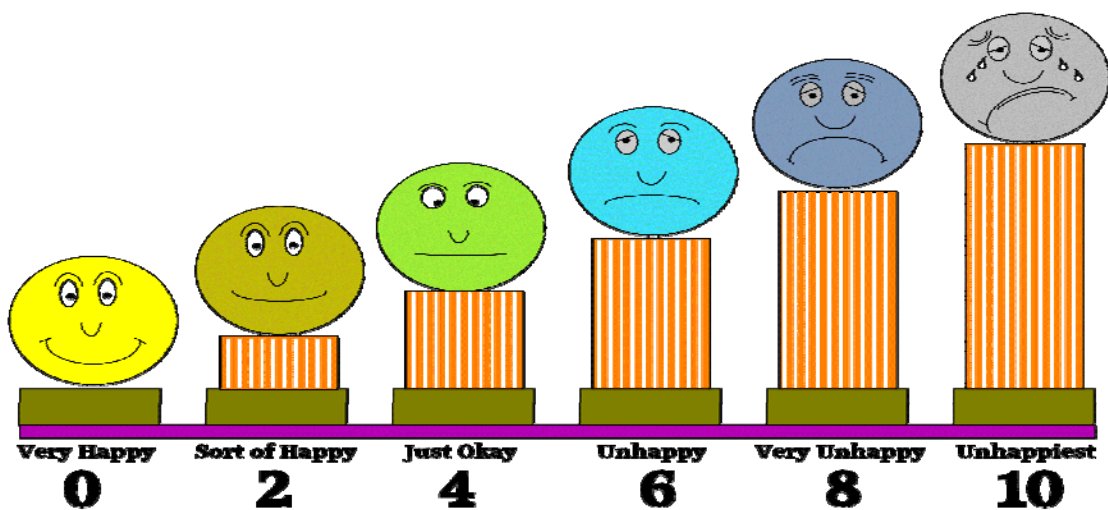
treatment out in a real life situation **as soon as possible** (toxin exposure may undo the successful treatment). Have them report back to you on whether or not a change has occurred. In which case, they can repeat the original algorithm while in the real situation.

## Using the SUD with Children

When working with children, make sure that they are in the thought field before treating them. If a child received a dog bite, you could show him/her a picture of a dog or have him/her draw a picture of a dog. You could also have the child talk about the dog bite. Avoid re-traumatizing the child, however. As soon as the child is in the thought field, administer the treatment.

If you are treating a baby, you could hold or touch the baby and tap on yourself as a surrogate. Since you are forming a circuit with the baby, the treatment will go into the baby's body. You could also tap or rub the points on the baby's body. You could do the Nine Gamut Sequence on yourself while touching the baby.

For treating children, you could have them show with their hands apart how big the disturbance (fear, anger, hurt) is, or you could have them point to a chart like the one below. You could also use language such as, "How icky does this feel?"



*Thought Field Therapy® (TFT)*  
**SUD Assessment Chart for Kids**  
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It is best to have a parent or guardian present. You can also ask the parent or guardian if he/she notices any change in the child's behavior after the treatment.

### 3.3 Psychological Reversals and their Correction



#### The TFT Law of Reversal

Psychological Reversal (PR) is literally a state of reversed polarity in the body. This state or condition blocks natural healing and prevents otherwise effective treatments from working. Dr. Callahan discovered that a person who is in a state of psychological reversal is unable to respond to an otherwise effective TFT treatment.

A person can be psychologically reversed in just one, a select few, or many areas of life. For instance, a person who has a “mental block” against learning mathematics might be psychologically reversed only in that area and not with other subjects.

A person who is psychologically reversed in most or all domains in life is considered to be massively reversed. The PR state is usually accompanied by negative attitudes and self-sabotaging behavior. Correction of psychological reversal is a vital step in successful treatment for people who are reversed.

An interesting symptom of PR is that concepts are reversed 180 degrees (e.g., people will say left when they mean right, South when they mean North, but not East when they mean North). They may also reverse numbers and/or letters. The common typing error of reversing letters can indicate that the typist is in a temporary state of PR.

In the 1940s, Langman (1972) discovered that 95% of the women in his study who had tumors that were not malignant showed a positive polarity when measured with a voltmeter, and 96% of the women who had tumors that were malignant showed a negative polarity (Burr, 1972). All of the women had tumors, yet the polarity distinguished the cancer from the non-cancer. Complete removal of the tumor corrected the reversal of polarity. This was the only way they knew to correct a reversal. Dr. Callahan has found a number of ways to correct a reversal.

Blaich (1988) found that readers improved in reading speed and comprehension by 45% after treating for reversal using Dr. Callahan's discoveries. Teachers have helped students who were writing backwards or reversing letters to write correctly.

## How To Recognize A Psychological Reversal



- TFT or other treatments (e.g. a medical treatment that is normally effective) do not work.
- Reversing words, concepts, and / or numbers
- Dyslexia (likely to be a massive reversal state)
- Grumpy, irritable, negative mood
- Self-sabotaging behavior
- Negative self-talk
- Procrastination
- Having a “mental block” in a particular area, such as mathematics, writing, computers, etc.
- Client does not respond to appropriate algorithm treatment and then responds to the same treatment after PR correction.

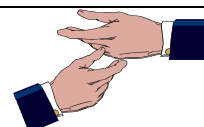
Once PR has been corrected, which is an extraordinarily simple process, approximately 80% of people who did not respond to a TFT treatment will report the expected decrease in SUD after they repeat the same treatment.

## Psychological Reversal Corrections

At any level, once PR has been corrected, begin the algorithm again from the beginning (See the Thought Field Therapy<sup>®</sup> Protocol in **Section 4.4** for guidance).



### Correction for Specific PR



**Indication:** *Little or no change in SUD after the majors*

Tap the Specific PR spot on the side of the hand (karate chop) about 15 times

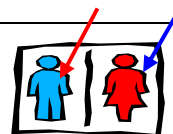
while focusing on the problem.

Repeat the majors. Check SUD. If SUD has not dropped 2 or more points, go to Recurring PR.





## **Correction for Recurring PR**

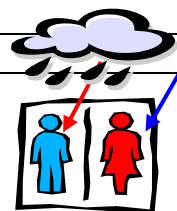


**Indication:** *Little or no change in SUD following repeat of the majors after correcting for Specific PR*

Rub the sore spot on the left side of the chest while focusing on the problem.  
Repeat the majors. Check SUD. If SUD has not dropped 2 or more points, go to Recurring PR.



## **Correction for Massive Reversal**



**Indication:** *Little or no change in SUD following repeat of the majors after correcting for Specific PR and Recurring PR*

Rub the sore spot on the left side of the chest while focusing on problems and limitations in general.

(This is also a treatment for a person who is chronically negative or self-sabotaging.)

Repeat the majors. Check SUD. If SUD has not dropped 2 or more points, go to Level 2 PR (PR2).

## **Correction for Level 2 Psychological Reversal (PR2)**

**Indication:** *Little or no change in SUD following repeat of the majors after correcting for all previous forms of PR*



Tap the treatment point under the nose (un) 15 times while focusing on the problem.  
Repeat the majors. Check SUD.

# Mini-PR

Correct for Mini-PR when the SUD has dropped by two points and is still not 2 or below. Then, **repeat the entire treatment (majors, 9 gamut, majors)**.



## Correction for Mini-Specific PR



**Indication:** *SUD is still above 2*

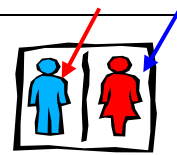
Tap the Specific PR spot on the side of the hand about 15 times while focusing on ***what remains of*** the problem.

**Repeat the entire treatment (majors, 9 gamut, majors).**

*Check SUD. If still not 2 or less, go to Mini-Recurring PR.*



## Correction for Mini-Recurring PR



**Indication:** *SUD is still above 2 after tapping for Mini-Specific PR and repeating the **entire treatment (majors, 9g, majors)***

Rub the sore spot while focusing on ***what remains of*** the problem.

**Repeat the entire treatment (majors, 9 gamut, majors).**

*Check SUD. If still not 2 or less, go to Mini- PR2.*



## Correction for Mini-PR2

**Indication:** *SUD still above 2 after the previous mini-PR treatments have been administered, including repeating the entire treatment (**majors, 9 gamut, majors**) after each treatment*

Tap the treatment point under the nose (un) 15 times while focusing on ***what remains of*** the problem.

**Repeat the entire treatment (majors, 9 gamut, majors).**

*Check SUD.*

### 3.3 Environmental Toxins



An environmental toxin is any toxin in the immediate environment, such as the person's clothing, hair spray, perfume, smoke, or any other airborne substance, that enters the body via the lungs. Dr. Callahan found that such toxins could completely prevent a treatment from working or holding, even in the short term. For an inhalant toxin, in the past, the clients would have to remove their clothing and put on a gown washed in a substance that was not toxic to them. They could also wear a surgical mask to prevent them from inhaling the toxic fumes. Another option was to have them shower and wash their hair before treating them with TFT.

Fortunately, the correction described below will work about 80% of the time, making removal of the offending clothing, showering, or other intervention unnecessary.

Dr. Callahan has also determined that this correction will often work for an ingested toxin, as well. This treatment can be applied after the reversal treatment for PR2 (under the nose) and before Collarbone Breathing (CB<sup>2</sup>).



#### **Environmental Toxin Correction**



Tap the Index Finger 15 times.



Tap the Specific PR spot (side of hand) 15 times.



Then, repeat the treatment that hadn't previously worked.

### 3.4 Collarbone Breathing Treatment (CB<sup>2</sup>)



Collarbone breathing (CB<sup>2</sup>) is a treatment developed by Roger Callahan that will often allow a very resistant problem to respond to TFT treatments.

David Walther (1988) had developed a treatment that he called "Cross-K27." Dr. Walther used it for what he called "neurological disorganization," and it proved to be useful in the treatment of schizophrenics and dyslexics.

Walther's (1988) treatment used cranial manipulation, which required special training. If not done correctly, cranial manipulation can cause harm. Dr. Callahan said the following about his discovery of the Collarbone Breathing treatment:

*I discovered that rather than doing cranial manipulation, tapping the ubiquitous gamut spot would give the same result. It was a very thrilling discovery, for it meant that people were now able to do this important correction easily. I hence re-named the treatment in a descriptive way, and now, we all do Collarbone Breathing. It never could have been the common and very helpful treatment it is now, were it not for my discovery of the simple way to apply it. I never would have been able to make this discovery, were it not for Walther's prior discovery, with which I am still impressed.*

When doing Collarbone Breathing in the context of a TFT treatment for a particular problem, the client must be tuned into the thought field of the issue being addressed.

Dr. Callahan recommends that people working on addictions do CB<sup>2</sup> at least three times a day, in addition to correcting their PR 15-20 times a day (side of hand, sore spot, and under nose). He also finds that clients with Anxiety and Panic Disorders and Obsessive/Compulsive Disorders (OCD) need to do Collarbone Breathing three times a day and correct their PR 15-20 times a day (side of hand, sore spot, and under nose) on a regular basis.

CB<sup>2</sup> is also often useful in the treatment of Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), Learning Disabilities (LD), Dyslexia, Stuttering, Tourette's Syndrome, and Schizophrenia.

In the Collarbone Breathing treatment below, when the knuckles touch the body, only they should touch the body. They are a negative polarity, and the palm of the hand, the thumb, and the elbow are a positive polarity. If anything other than the knuckles were to touch the body during this phase of the treatment, the treatment would not work. When a negative or neutral polarity touches the body at the same time as a positive polarity, it will short circuit the treatment.

## **Indications that Collarbone Breathing may be needed:**

- TFT and / or PR Corrections won't work or won't hold.
- SUD is going down very slowly (i.e. 8, 7, 6, 5, 4, etc.)
- Co-ordination is off and the person is awkward.
- Person has unbalanced gait—arms don't swing evenly and smoothly when person walks (4% of people walk with one arm curtailed, and 2% of people walk with both arms curtailed).
- Person chronically reverses actions, concepts, and thoughts.
- Person is declining in performance and / or competence.
- Timing is off and person is confused.
- Reading makes person yawn / feel sleepy.
- Person is hyperactive.



# THE COLLARBONE BREATHING EXERCISE

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What I call the “collarbone points” are located in the following way:

Go to the base of the throat, about where a man might knot his tie. From that point, feel for the notch in the center of the collarbone. Go straight down about one inch, and the collarbone points are about one inch to the right and left of center (see treatment point diagram).

## BREATHING POSITIONS

There are five breathing positions in this exercise:

1. Take a deep breath in fully and hold it.
2. Let half of that breath out and hold it.
3. Let it all out and hold it.
4. Take a half breath in and hold it.
5. Breathe normally.

## THE TOUCHING POSITIONS

1. Take two fingertips and touch one of the collarbone points and tap the gamut spot on the back of that hand while going through the 5 breathing positions. Tap rapidly with about 5 good taps for each of the five breathing positions.
2. Move the same two fingertips to the other collarbone point and repeat above.
3. Now, bend the same two fingers in half and touch the knuckles to the collarbone point while tapping and going through the five breathing positions. Either tuck the thumb in or keep it in the air. Make sure that the elbows are in the air when you are touching the knuckles to the body so that only the knuckles are touching the body. The back of the hand is a negative polarity, so the treatment would not work if the thumb or elbow (positive polarities) were to touch the body.
4. Move knuckles to the other collarbone point and tap while going through the five breathing positions. Make sure that only the knuckles are touching the body.
5. Now, take fingertips of OTHER hand and repeat steps 1 and 2 above.
6. Now, take knuckles of that hand and repeat steps 3 and 4 above, making sure that only the knuckles are touching the body.

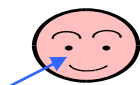
You have just done the 40 breathing and tapping exercises—20 with the fingertips, and 20 with the knuckles. You have done five breathing positions on eight touching positions. Please learn to do these well so that you are able to do them automatically.

# Section Four—Using TFT Algorithms



## 4.1 Key to Abbreviations for TFT Algorithm Treatment Points

**SUD** subjective units of distress (a rating on a scale of 0-10 or 1-10 of how upset one is at the moment)



**e** under eye (under the pupil just below the rim of the bone—the inside of the second toe also works if the person is not able to tap on the face)



**a** under arm (about 4 inches down from the arm pit; in the middle of the bra line for women)



**c** collarbone (1 inch down from the V of the neck, and 1 inch over to either the left or right side)



**eb** eyebrow (at the point where the eyebrow begins, near the nose—the outside of the small toe also works if the person is not able to tap on the face)



**if** index finger (beside the nail on the side toward the thumb)



**oe** outside of eye (about ½ inch straight out from the corners of the eyes, on the edges of the bones of the eye sockets on the side of the head)



**tf** tiny finger (beside the nail on the side toward the thumb)



**un** under nose (below the nose on the upper lip)



**ch** chin (in the cleft between the chin and lower lip)



**g** gamut spot (on the back of the hand in the indentation between the bones of the tiny finger and the ring finger about ½ inch back onto the hand—use 3 fingers to tap)



**9g** 9 Gamut Sequence—Tap the gamut spot continuously while doing the following:



1. Close the eyes



2. Open the eyes



3. Move the eyes down and to one side



4. Move the eyes down and to other side



5. Roll the eyes in a circle in one direction



6. Roll the eyes in a circle in the opposite direction



7. Hum a tune (about five notes) out loud with mouth closed



8. Count aloud from one to five



9. Hum a tune again aloud, with mouth closed

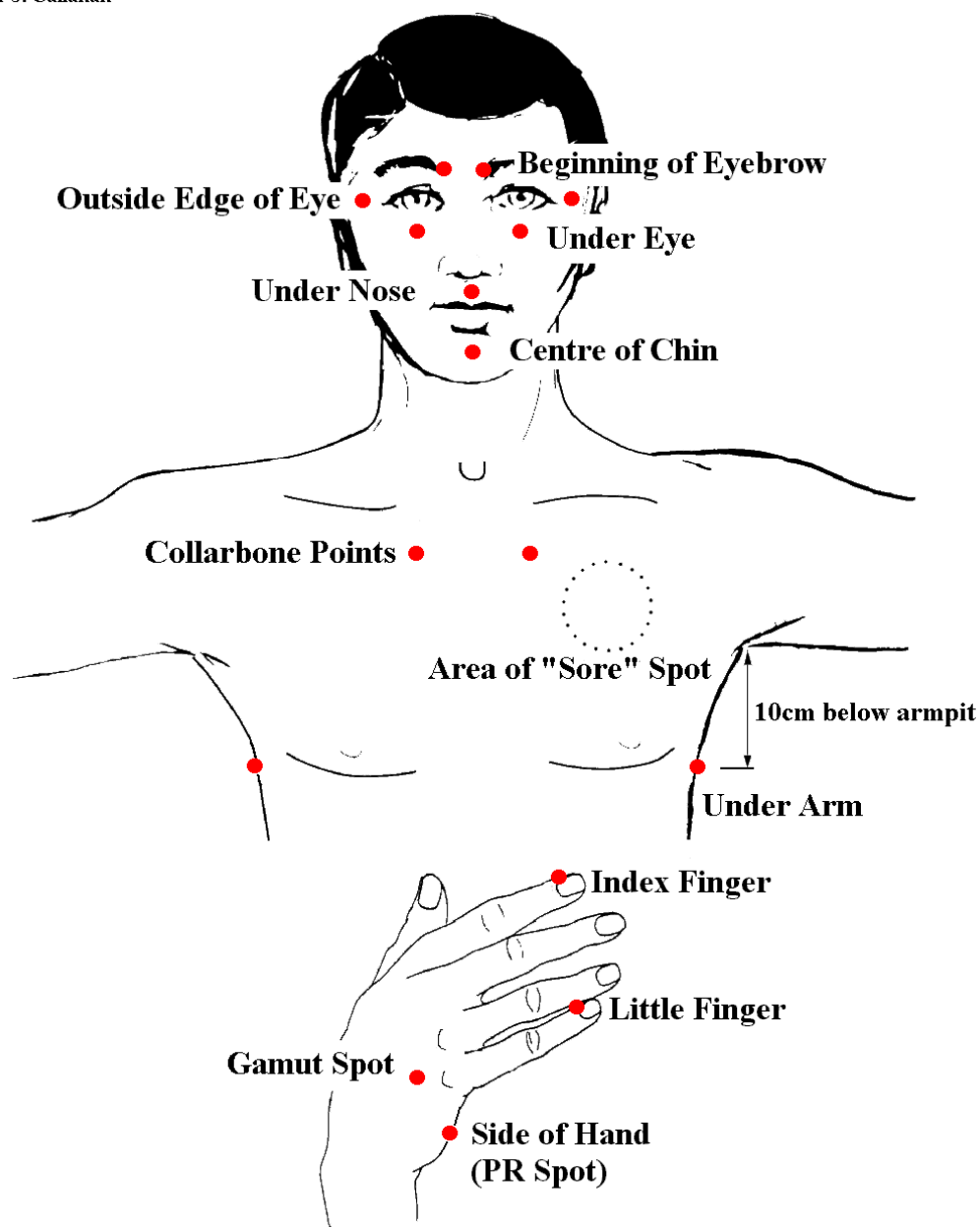


**er** floor-to-ceiling eye roll (while tapping the gamut spot, hold head level. Look down to the floor, and slowly, to a count of 10, roll your eyes vertically up to the ceiling).

## 4.2 Chart of Tapping Points

# THE CALLAHAN TECHNIQUES®

























Treatment Points  
© 1994 Roger J. Callahan





## 4.3 Algorithm Chart



Abnormal clumsiness or awkwardness 	1	<b>CB<sup>2</sup></b>
Addictive Urge 	2	<b>e - a - c</b>
	3	<b>c - e - c</b>
	4	<b>a - e - c</b>
	5	<b>e - c - a - c</b>
Anger 	6	<b>tf - c</b>
Complex Trauma / Rejection / Love Pain / Grief 	7	<b>eb - e - a - c</b>
Complex Trauma with Anger 	8	<b>eb - e - a - c - tf - c</b>
Complex Trauma with Guilt 	9	<b>eb - e - a - c - if - c</b>
Complex Trauma with Anger and Guilt 	10	<b>eb - e - a - c - tf - c - if - c</b>
Depression 	11	<b>g50 - c</b>
Embarrassment 	12	<b>un</b>
Environmental Toxin Correction 	13	if-repeat PR corr. (side of hand 15x)
General Anxiety / Stress 	14	<b>e - a - c</b>
Guilt 	15	<b>if - c</b>
Jet Lag (East - West) 	16	<b>a - c</b>
(West - East)	17	<b>e - c</b>
Obsession / OCD 	18	<b>c - e - c</b>
	19	<b>a - e - c</b>
	20	<b>e - a - c</b>
Panic / Anxiety Disorder 	21	<b>eb - e - a - c</b>
	22	<b>e - a - eb - c</b>
	23	<b>a - e - eb - c - tf</b>
	24	<b>eb - a - e</b>
	25	<b>e - eb - a - tf</b>
	26	<b>c - e - a</b>
Physical Pain 	27	<b>g50 - c</b>
Rage 	28	<b>oe - c</b>
Reversal of concepts, words or behavior Self sabotage / Negativistic behavior 	29	Correct for PR at appropriate level (PR / RPR / MPR / PR2 / CB2)
Shame 	30	<b>ch</b>
Simple Phobias / Fear 	31	<b>e - a - c</b>
Simple Trauma / Rejection / Love Pain / Grief 	32	<b>eb - c</b>
Spiders / Claustrophobia / Turbulence 	33	<b>a - e - c</b>
SUD report of 2 or less / Rapid Relaxation 	34	Floor-to-Ceiling Eye Roll (er)
Visualization for overcoming addictions or achieving peak performance 	35	<b>a - c</b>

## 4.4 The Thought Field Therapy® Protocol



1. Get a brief statement of the problem being treated. If the client doesn't want to say specifically what the problem is, the treatment can still be done, as long as you know the general category (i.e., phobia, trauma, addiction, anger, depression, etc.).



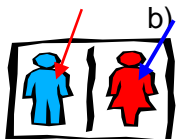
2. Ask the client to **think about the problem** and to **rate the level of distress** felt when thinking about the problem on a SUD scale of 1-10 or 0-10, where 10 is the most distress possible, and 1 (or 0) is the complete absence of any distress. **Write down the number the client gives you.**

3. Ask the client to **tap the majors** for the appropriate algorithm indicated by the problem. (Choose the appropriate algorithm from the Algorithm Chart on page 42. For example, if you are treating trauma, ask the client to tap eyebrow, under eye, under arm, collarbone.) Ask the client to do the tapping while you demonstrate where to tap on your own body. Use either side of the body. The speed of tapping doesn't matter. Tap each point 5-7 times, hard enough to put energy into the body and not hard enough to hurt. **Then, ask again for a SUD rating.**

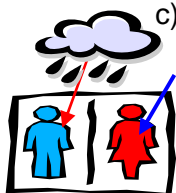
4. If the SUD has **dropped 2 or more points**, go to **Step 5 (9 Gamut Sequence)**. If the SUD remains the same or has only dropped by one point:



- a) First, treat for **specific reversal** by having the client **tap side of hand about 15 times while focusing on the problem**, and then **repeat the majors**. **Get a SUD**. If the SUD has dropped by 2 points or more, go to **Step 5 (9 Gamut Sequence)**. If the SUD has not changed or has only dropped by 1 point, go to **Step 4b**.



- b) Correct for **recurring reversal** by having the client gently **rub the sore spot on the left side of the chest while focusing on the problem**, and then **repeat the majors**. **Get a SUD**. If the SUD has dropped by 2 points or more, go to **Step 5**. If the SUD has not changed or has only dropped by 1 point, go to **Step 4c**.



- c) Correct for **massive reversal** by having the client **focus on his/her problems and limitations in general** and gently **rub the sore spot**. Then, **repeat the majors**. **Get a SUD**. If the SUD has dropped by 2 points or more, go to **Step 5**. If the SUD has not changed or has only dropped by 1 point, go to **Step 4d**. (Note: the reversal treatments for Steps 4b and c could be combined by having the person rub the sore spot, first thinking of the problem, then thinking of all of life's problems and limitations in general, and then focusing back on the problem.)



- d) Correct for **PR2** by having the client **tap the point under the nose about 15 times while focusing on the problem being treated**. Then, **repeat the majors**. **Get a SUD**. If the SUD has dropped by 2 points or more, go to **Step 5**. If the SUD has not changed or has only dropped by 1 point, go to **Step 4e**.



- e) Use the **Environmental Toxin Correction**, having the client **tap the index finger 15 times and then tap the side of the hand 15 times**. Then, **repeat the majors**. **Get a SUD**. If the SUD has dropped by 2 points or more, go to **Step 5**. If the SUD has not changed or has only dropped by 1 point, go to **Step 4f**.



- f) Have the client do the **Collarbone Breathing Exercise**. Then, **repeat the majors**. **Get a SUD**. If the SUD has dropped by 2 points or more, go to **Step 5**. If the SUD has not changed or has only dropped by 1 point, go to **Step 4g**.

c-e-a



- g) If the SUD has still not changed, try an **alternative algorithm**, if one is available for the problem being addressed.
- h) If, after doing steps (a) to (g), the SUD has not changed, **STOP**.

Contact a Diagnostically-trained or Voice Technology-trained TFT practitioner for assistance (contact details are at the back of this manual).

**If a treatment is not working, don't keep doing it!**

5. When the SUD has dropped two or more points, go to the **9 Gamut Sequence**. Have the client tap the gamut spot continuously, about five taps for each of the nine steps, while doing the following:




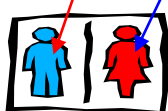
1. Close the eyes
2. Open the eyes
3. Move the eyes down and to one side
4. Move the eyes down and to the other side
5. Roll the eyes in a circle in one direction
6. Roll the eyes in a circle in the opposite direction
7. Hum a tune (about five notes) out loud, with mouth closed
8. Count out loud from one to five
9. Hum a tune again aloud, with mouth closed


6. Repeat the majors again for the treatment you are using.

7. Obtain a SUD rating.




- a) If SUD is greater than 2, have the client do the **mini psychological reversal correction** (tap side of hand 15 times) while focusing on what's left of the problem and then **repeat the entire treatment (majors, 9 gamut, majors)**. **Get a SUD**. If SUD is greater than 2, go to **Step 7b**. If SUD is 2 or less, go to **Step 8**. 




- b) Have the client **rub the sore spot** while focusing on what's left of the problem. Then, **repeat the entire treatment (majors, 9 gamut, majors)**. **Get a SUD**. If SUD is greater than 2, go to **Step 7c**. If SUD is 2 or less, go to **Step 8**. 




- c) Have the client do the **Mini-PR2 correction** (tap under the nose 15 times) while focusing on what's left of the problem and then **repeat the entire treatment (majors, 9 gamut, majors)**. **Get a SUD**. If SUD is greater than 2, go to **Step 7d**. If SUD is 2 or less, go to **Step 8**. 



- d) Have the client do the **Environmental Toxin Correction** (tap the index finger 15 times and then tap the side of the hand 15 times) while focusing on what's left of the problem. Then, **repeat the entire treatment (majors, 9 gamut, majors)**. **Get a SUD**. If SUD is greater than 2, go to **Step 7e**. If SUD is 2 or less, go to **Step 8**. 



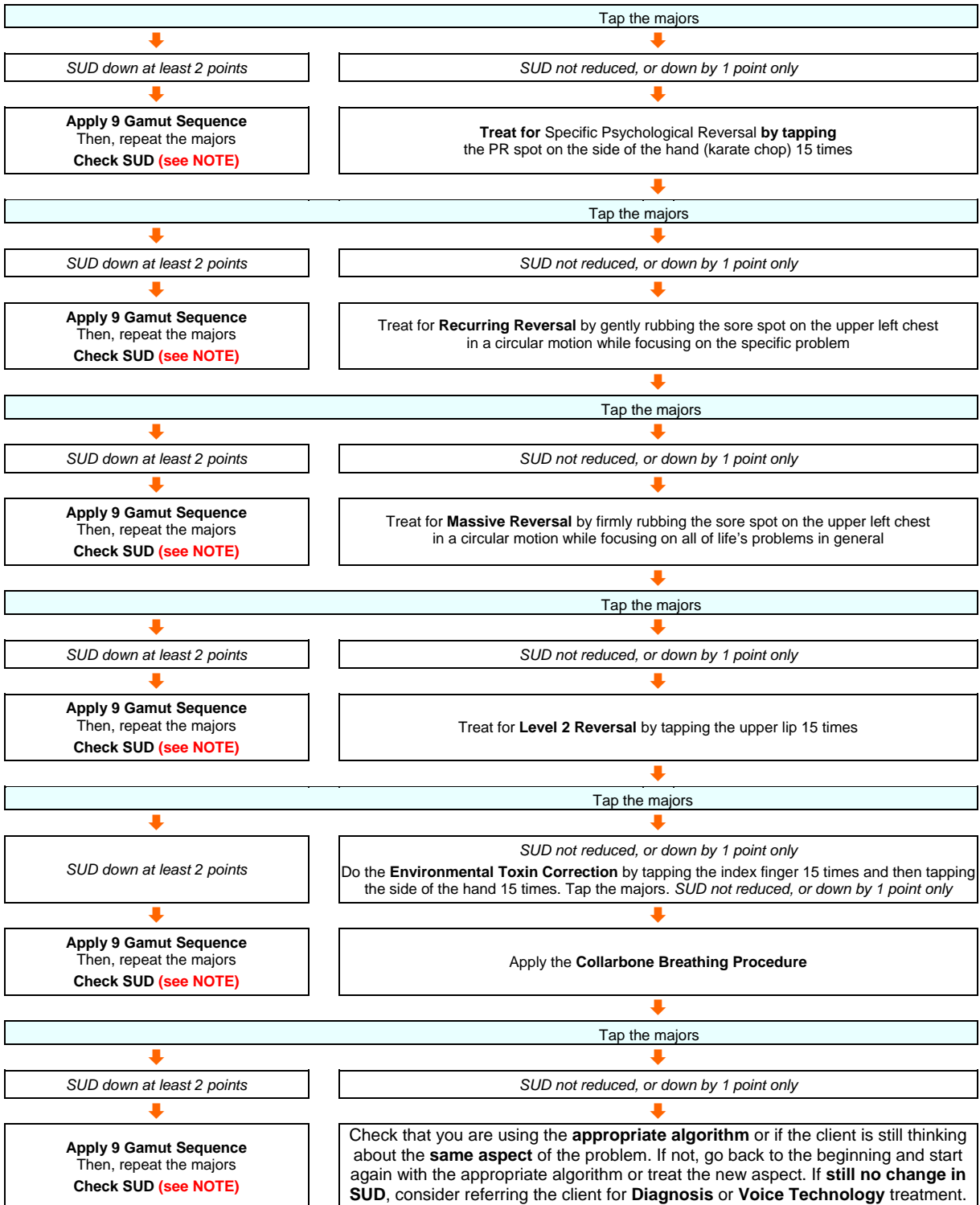
- e) Have the client do the **Collarbone Breathing treatment** while focusing on what's left of the problem and then **repeat the entire treatment (majors, 9 gamut, majors)**. **Get a SUD**. If SUD is greater than 2, **STOP**. See Steps 4g and 4h above. If SUD is 2 or less, go to **Step 8**. 

8. When the SUD is down to a **2 or less**, have client do the **floor-to-ceiling eye roll**. While tapping the gamut spot, **hold the head relatively level**. Start with the **eyes looking all the way down at the floor**. Taking about **10 seconds**, slowly move the eyes in a **vertical line from their downward position to as far up as they can go**. If the **SUD is not 0** (where 0 means total absence of the problem) or 1 (where 1 means total absence of the problem), **go back to the next step** in the sequence above (Steps 7a through e) and continue until the SUD is 0 (on an 11-point scale) or 1 (on a 10-point scale).



# Step-by-Step TFT Procedure

1. Ask the client to think of the problem and then have him/her give it a SUD rating from 0 (or 1) to 10 (with 10 being the highest).
2. While he/she continues to think about the problem, have the client do the following:



**NOTE:** If SUD is not 2 or less after the 9 Gamut Sequence and the majors, correct for **Mini-PR**. Begin again with the reversal corrections on the right side of the flowchart. After each reversal correction, repeat the entire treatment (majors, 9 gamut, majors) until SUD is 2 or less. When SUD is 2 or less, do floor-to-ceiling eye roll.

## 4.5 If Individual Energy Toxins Interfere with an Algorithm Treatment



The following suggestions are provided as a means to attempt to deal with treatments that don't work, often due to Individual Energy Toxins, which keep the algorithm from being effective. Use these only when the client is comfortable continuing.

### What To Do If A Treatment Doesn't Work



TFT algorithms have a remarkably high success rate; however, there will be clients for whom you might not be able to get the desired result at the algorithm level. If you have been through the steps of an algorithm with a client and the SUD remains unchanged, first consult your manual to ensure that you actually did each step correctly.

#### Ask yourself:

- Did I do the correct sequence for the appropriate algorithm?
- Did I remember to do the reversal/mini-reversal corrections and then repeat the treatment?
- Have I tried using any alternative algorithms listed in the manual for the problem being addressed?
- Have I tried doing the collarbone breathing treatment?

#### Important:

One common error that people make is to repeat an algorithm that didn't work. If it didn't work on the first try after going through all the steps in their proper sequence (including PR corrections and CB<sup>2</sup>), it will not help to repeat the treatment. This will only result in frustration for both you and the client.

At this point, you should do a further assessment in order to determine if there are other associated aspects of the problem that need to be addressed with other algorithms. If so, do them using the same steps as outlined in the TFT protocol. You can also ask the client if he/she is still thinking about the problem in the same way as he/she was when you started the treatment. It is possible that the original thought field has been eliminated, and the client is in a new thought field.

#### If you suspect that the person has been exposed to a toxin, try the following:

- Have the client tap the index finger about 15 times, and then tap the PR spot (side of hand) 15 times.
- Open a window or door to freshen the air.

- Change location—try out of doors (fresh air vs. air conditioning).
- Have the client change into clothing that has been cleaned in a different manner. Arm and Hammer Free laundry detergent is generally good for most people.
- Have the client wrap a clean towel or surgical (paper) gown over offending clothing.
- Have the client wash off any scented cosmetics, perfume, or after shave lotion.
- Have the client wear a medical mask.
- Attempt to dilute the toxin. Have the client drink a large glass of filtered water and wait a few minutes.
- Wait for a few minutes. This is not such a quick fix; however, it can sometimes make a difference.
- Have the client return at another time wearing no cosmetics, no perfume, having not smoked, etc. It would be a good idea to ask clients not to wear any smells when they come for their sessions, including scented deodorants, after shave lotion, perfumes, hair sprays, scented lotions, etc.

If you have followed the procedures for all aspects of the problem and still have no change, the next step is to call your algorithm instructor or other TFT practitioner who is trained at Diagnostic level or higher. Details can be obtained from the web site, [www.RogerCallahan.com](http://www.RogerCallahan.com), [www.TFTPractitioners.com](http://www.TFTPractitioners.com) or by speaking to a customer service representative in the Callahan Techniques, Ltd. office. Local contact details are given at the back of this manual.

If you do find that you need to refer your client to someone trained in Causal Diagnosis, it will usually only be necessary for your client to have several diagnostic sessions to clear up the problem. Once in a while, you will come across very complex clients who can only be treated by a Diagnostically-trained or Voice Technology-trained TFT practitioner. Be assured that most clients will respond to algorithms for at least some of their problems! Most TFT-VT practitioners offer VT support for TFT-Algo practitioners to help their difficult clients and at a reasonable rate.

**IMPORTANT**—Tell your client to let you know immediately if the problem returns after a successful treatment. As you now know, the most common reason for recurrence of a problem after successful treatment is exposure to a toxin. If you are unable to identify the toxin, you will need to refer the client to a Diagnostically-trained or Voice Technology-trained practitioner who can diagnose the person for toxins. You can also obtain the Toxin self-study course from Callahan Techniques, Ltd. This contains CDs and DVDs to assist you in diagnosing and treating toxins.

**The exception to this is the addiction algorithm, which commonly needs to be repeated every time the client gets the urge for what he/she is addicted to.**



Also, tell the client to let you know if additional aspects of the problem emerge after he/she leaves. While you are treating the client, be sure and be thorough, asking the client if other thought fields emerge after each treatment (see the Tooth, Shoe, Lump principle) and treating them. Other aspects, however, may emerge after the client leaves. You will be able to use TFT to eliminate those the next time you meet.

Keep in mind that just because an algorithm didn't work for one of the client's problems, this *doesn't* mean that algorithms will not work for any problem. If the client has other problems to work on, try the appropriate algorithm for that problem. It is very likely that you will get a good result.

## 4.6 Identifying Individual Energy Toxins

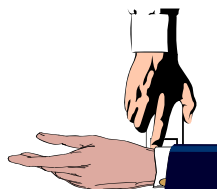
### Method 1—Find patterns linked to exposure.



When a TFT cure has been undone and your client's level of distress goes back up while he/she is in the **original** Thought Field, the client has probably been exposed to an IET. Please note that thought fields may change.

- Ask what the client has eaten or inhaled prior to the return of the problem.
- Look for the patterns in the client's psychological and physical responses to exposures.
- On bad days or moments, have the client track what he/she has eaten or inhaled.
- Family and friends may have already noticed some patterns. Ask the client to keep a journal to record daily exposures and a food diary that includes symptoms.

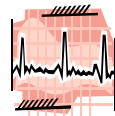
### Method 2—Use Coca's Pulse Test.



Dr. Coca's book, *The Pulse Test*, provides extensive background information and instruction for using this method.

- Find a baseline pulse, and compare this with the pulse immediately after exposure to a potential toxin and up to an hour later.
- A resting heart rate of more than 84 beats per minute usually indicates that the person has been exposed to an IET.
- An increase in pulse rate of more than a few beats per minute after exposure to a toxin will also indicate sensitivity.
- A difference of over 10 beats per minute between sitting and standing will indicate the presence of a toxin.

### **Method 3—Look for a significant drop in Heart Rate Variability (HRV).**



This requires specialized equipment and training and is one of the best objective measures of the impact of IETs on the body. See Chapter 18 in *Stop the Nightmares of Trauma*, for more information on HRV.

### **Method 4—Use TFT causal diagnosis.**

Professionals who have been trained in both TFT Causal Diagnosis and Voice Technology can quickly identify IETs. This again requires special training and experience. TFTdx / VT Practitioner contact details can be found at the back of this manual. You can also learn how to identify toxins by purchasing the Toxin self-study course that is available from Callahan Techniques, Ltd.



# Section Five—Specific Applications

## 5. 1. Introduction



This section contains a combination of theory and practical information related to specific problems most commonly addressed by TFT Algorithms. These brief discussions may help you to:

- develop explanations to give your clients
- help your client tune to the appropriate thought field
- identify the proper algorithm to use
- consider what to do if the client presents more problems.

Sometimes, people come to you looking for things that TFT cannot do. TFT does not change values, beliefs, or knowledge by itself. Once when Dr. Callahan was conducting a training, he asked for a volunteer to identify a problem to treat with TFT for purposes of instruction. A man responded. When asked what he wanted to work on, he replied, “*I want to be happy in life.*” Dr. Callahan simply answered, “*There is no TFT to make you happy. What else might we work on?*”

The man went on to explain that he had long-term depression and an overwhelming hopelessness about his future. Dr. Callahan was able to resolve both of these problems quickly. Was the man happy in his life? That may require more than getting the depression resolved. You certainly can remove traumatic stress symptoms and the phantom pain that an amputee has, but that will not assure a successful rehabilitation. Only the right set of resources, support, and motivation can make that happen.

TFT trainees are again reminded to work within the scope of their knowledge, training, and experience. If you think an algorithm may help, use it. If it does not work, it will not cause any harm—it will simply not work. If the TFT is not working or the person needs help in other areas, make a referral, seek supervision, and/or consult with someone trained in TFT Diagnosis or Voice Technology.

Suzanne Connolly has written *Thought Field Therapy: Clinical applications: Integrating TFT in psychotherapy*. In her book, she provides case studies and valuable information about treating clients with specific problems such as grief and loss, anger, negative self-assumptions, sexual problems, trauma, and others.

## 5.2 The Tooth, Shoe, Lump Principle (TSL)



In some complex clients, a complication takes place, which Dr. Callahan calls the Tooth, Shoe, Lump (TSL) principle. Here is an illustration:

*A man wakes up with a terrible toothache. He calls the dentist's office, and the secretary asks him to rush over to the office. Although the dentist does not have an opening in the schedule, the dentist will take care of the problem as soon as possible.*

*The tooth is hurting so badly that the man puts on the first pair of shoes he comes across, not even noticing the fact that these shoes always hurt his feet. Due to the tooth pain, however, he doesn't notice the discomfort caused by the shoes.*

*When he gets to the office, he sits on a couch directly upon a most uncomfortable lump. Again, this goes unnoticed, due to the severe pain in the tooth.*

*Just then, the dentist comes out and indicates that he will be able to attend to the problem in about an hour and a half. Seeing the severity of the man's pain, he invites the client into his office and injects a shot of Novocain into the man in order to provide temporary relief.*

*The tooth is suddenly relieved of all pain. The man now becomes aware that he put on the wrong shoes, and he notices that his feet are quite uncomfortable.*

*He removes the shoes and sits back on the couch. In a few moments, he then begins to be aware of the uncomfortable lump in the couch. He moves to a nearby chair. At last, feels comfortable.*

In the same way, your complex client's overall problem may consist of many layers of underlying problems. As you deal with each underlying problem, the client obtains a certain degree of relief; however, **the overall SUD of the problem may not change very much.** You should be prepared for this eventuality, as it is probably the main reason why complex clients discontinue treatment. Always explain the TSL principle to them.

Have your clients focus on very specific thought fields and ask them to provide the SUD as it applies to that thought field only. If clients realize that certain aspects of the overall problem have been eliminated, they might not feel so aggrieved at not having the complete problem resolved sooner rather than later. Clients are more likely to attend further sessions if they realize that they indeed are "on the mend."

You could also invite clients to think about the five senses and identify any SUDs that are associated with them. After treating, you could ask them to review each of the senses to see if any SUD levels remain. An example would be a smell associated with a trauma, such as the smell of fire or a particular after-shave lotion.

## 5.3 Addictive Urges and the Anxiety / Addiction Connection



Dr. Callahan, in his book, *The Anxiety Addiction Connection: Eliminate your Addictive Urges with TFT* (1995), explained that the growing problem of addiction is due to the prevalence of the problem of anxiety. He proposed that all addictions are attempts to reduce anxiety, although the addictive substances and behaviors actually only serve to **mask** the anxiety and **do nothing** to eliminate it.

Therefore, addiction is tied to anxiety as an associated response. In fact, it is often the only conscious response. The anxiety itself is apparently out of the addict's awareness. Rather than consciously feeling the anxiety, the person becomes aware of a craving for the addictive substance (or behavior).

It is important to teach clients to use the algorithms for anxiety on their own. When clients are experiencing anxiety, they can eliminate or dramatically reduce it within two or three minutes. Imagine the benefits! In fact, don't just imagine them. Experience them! The best way for you to realize how important this can be for your clients is to use it yourself. Anytime you feel anxious about anything, treat it, and notice how much more smoothly your life goes. You may notice health benefits and an improved quality of life, as well.

### The Trouble with Repression

Anxiety is so pervasive in our society that people are often not overtly aware of experiencing it. Many times, it manifests instead as a reluctance to do something. In this case, you can target the client's degree of reluctance and get a SUD level specifically for the degree of reluctance. For example, you can target your client's degree of reluctance to search for a job, although he/she may not actually consciously feel anxious about looking.

Often, people will not experience anxiety but will instead be aware of an urge to use an addictive substance or engage in an addictive behavior. For example, have you ever felt like you needed a drink or a piece of chocolate at the end of an especially stressful day? In these cases, by targeting the urge, you are targeting the underlying anxiety, as well. You can tap for the stress of the day.

When a person has intense anxiety, this sets in motion a search for a tranquilizer to mask the anxiety. The usual addictive substances generally are good masking agents for awhile. Whether treating for addiction or anxiety, the algorithms are consistently the same for both. Dr. Callahan has found that the TFT algorithm for simple anxiety (e, a, c, using the Protocol) is also extremely effective in eliminating the addictive urge, regardless of the addictive substance.

When treating addictive urges with TFT, we regularly observe an interesting phenomenon. It is often the case that people are willing and eager to be treated with TFT so that their addictive urge will go away; however, they are usually psychologically reversed when it comes to giving up the addictive substance (i.e., cigarettes, chocolate, etc.) permanently. In other words, they may sabotage themselves when it comes to the desirable long-term result of giving up altogether the substance to which they are addicted. While they are motivated to get rid of the anxiety beneath their addiction by using TFT, they may not be as willing to let go of the substance that they have been using to alleviate that anxiety.

**When you have clients think about giving up the addiction itself, you will generally find that they will need to have their PR corrected.**

It is necessary for people to be actually experiencing the urge in order for it to decrease with TFT treatment. When you work with a client, ask him/her to come to the session without having indulged in the substance so that he/she is experiencing the urge.

We recommend that our addiction clients perform the reversal correction (tapping the side of hand 15 times, rubbing the sore spot, and tapping under the nose) about 15-20 times per day while thinking about their addiction. You might suggest that they think about doing it approximately every hour. This helps keep them out of the state of reversal or self-sabotage. They will also benefit from doing Collarbone Breathing three times a day. You could suggest that they do it before or after each meal in order to link it with something they are already doing. As a result of staying out of reversal during the day, they will be more likely to use the addictive urge algorithm when they need it.

## **VERY IMPORTANT**

Continue to remind the client that it is **essential** to correct for PR about 15-20 times a day (side of hand, sore spot, and under nose) and to do Collarbone Breathing three times a day in order to avoid entering into a self-sabotaging state. If addicts are reversed, they will not treat themselves when they have an urge to indulge.

By treating for PR consistently throughout the day and treating the urge each time it arises, clients will find that the urge will begin to diminish in frequency and intensity. What is really happening is that the perturbations for the underlying anxiety are being treated each time they treat the urge. Eventually, enough aspects of the underlying anxiety will have been eliminated so that the addiction will no longer be necessary to mask the anxiety.

The algorithm for addictive urge has a high success rate; however, like any other successful treatment, a toxin can undo the cure. Addictive substances are generally Individual Energy Toxins and will tend to put the addicted person into a

state of reversal. If the client chooses to have the addictive substance, have him/her immediately tap for reversal. Difficult cases are best referred to a person who is trained in TFT Diagnosis or Voice Technology to identify toxins.

## Algorithms for Eliminating Addictive Urge



### First Use:

Under Eye, Under Arm, Collarbone (using the Protocol)  
( e, a, c )

### Alternative Algorithms:

Collarbone, Under Eye, Collarbone (using the Protocol)  
( c, e, c )

Under Arm, Under Eye, Collarbone (using the Protocol)  
( a, e, c )

Under Eye, Collarbone, Under Arm, Collarbone (using the Protocol)  
( e, c, a, c )

## 5.4. Obsessive-Compulsive Disorder (OCD)



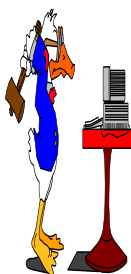
Obsessions are negative persistent ideas, thoughts, impulses, or images that repeatedly come to mind. People who have them experience them as being intrusive or inappropriate, and they can cause anxiety or distress. Compulsions are repetitive behaviors in which people engage in order to prevent or reduce their anxiety or distress, often to manage obsessive thoughts. People recognize that these thoughts and behaviors are excessive or unreasonable. They are time consuming, and they can cause impairment in one's life.

The negative and out-of-control aspects of Obsessive-Compulsive Disorder make it different from normal worries about problems in life or attempts to establish

positive habits and repeat pleasurable activities. A classic example is checking to see if the door is locked or the stove is turned off. An example of obsessions and compulsions occurring together is hand washing to deal with an obsessive thought that one is being contaminated by touching others or by touching things that have been touched by others. This condition is different from an intrusive thought related to a traumatic stress event. Most of the time, people will tell you that they know these things are not worth worrying about. They will say that most reasonable people would know that they have taken adequate precautions.

Invite the person to tune into the obsessive thought that is causing the distress and rate the difficulty of letting go of that thought or image on the SUD. Another way is to ask clients how much distress they feel when the thought is present. If they feel an urge to carry out a compulsive behavior, have them rate that urge on the SUD. Using the OCD algorithm will help to reduce the SUD. Once you have eliminated the symptoms, be sure and ask about other aspects of the problem and treat as needed (trauma, etc.). Suggest that the person do collarbone breathing three times a day and treat for reversal 15-20 times a day (side of hand, sore spot, and under nose). As with all chronic conditions, consider the impact of Individual Energy Toxins. Clients will need to repeat this algorithm, as they do with the addiction algorithm.

## Obsessive-Compulsive Disorder



Collarbone, Under Eye, Collarbone (using the Protocol)

( c, e, c )

Under Arm, Under Eye, Collarbone (using the Protocol)

( a, e, c )

Under Eye, Under Arm, Collarbone (using the Protocol)

( e, a, c )

## 5.5 Phobias



A phobia is a persistent, irrational fear of a harmless object or situation. People who have a phobia are normally aware that the fear is irrational; nevertheless, they are unable to control the strong, fearful reaction they experience when they are confronted with the object of their fear. Their awareness of the irrationality of their fear often adds to their embarrassment about having the fear, which is exacerbated by the myths held by many people that people who have phobias lack “courage.” In reality, nothing could be farther from the truth, as it takes a supreme act of courage for people with phobias to function in the face of fears that they cannot help having.

What causes phobias? Some people erroneously believe that phobias always stem from traumas. While this might be true in some cases, it is more often the case that people are born with phobias. Biologist Rupert Sheldrake and others believe that the information in fields can be transmitted from our ancestors and passed down through the generations. In this way, phobias can be inherited, although not genetically.

All land-based chordates are born with a fear of heights. While most people outgrow this fear as a result of maturing, some people do not, and they continue to be afraid of heights. People who have a fear that they have never outgrown are said to have a **neotenuous** phobia.

Some phobias are **atavistic**, a term that refers to a throwback from an earlier ancestral form. In TFT, an **atavism** is a return of a psychological problem within an individual’s lifetime that has been eliminated through therapy, or subsumed naturally due to maturity (see TFT Glossary in *Stop the Nightmares of Trauma* for full definitions of *atavism* and *neoteny*).

When a phobia is clearly linked to a traumatic event, it is necessary to treat that trauma with the trauma algorithm before using the treatment for phobias; however, most phobias are not caused by trauma. It is much more common for people to be afraid of snakes or spiders, even though they have had no traumatic experience with them, than it is for people to have a phobia of something their parents might have warned them against, such as an electric socket or crossing the street.

It is also important to make a distinction between a **simple phobia** and **complex anxiety disorder** when trying to help someone. A simple phobia is a phobia that is limited to one area of a person’s life. A person with a simple phobia will typically have no problem functioning in other areas of life that do not involve the object of the fear. For instance, if people have a phobia of dogs, they will normally be relatively free from anxiety and able to function in life until they encounter a dog. Simple phobias are usually easily treated in one treatment with the TFT phobia algorithm. Complex anxiety disorder will require more than one treatment, and Individual Energy Toxins will usually be involved.

# Phobia Algorithms



## Most Simple Phobias

Under Eye, Under Arm, Collarbone (using the Protocol)  
( e, a, c )



## Spiders, Claustrophobia, Turbulence

Under Arm, Under Eye, Collarbone (using the Protocol)  
( a, e, c )

## 5.6 Complex Anxiety Disorders / Panic Disorder



### Complex Anxiety Disorders

**Complex anxiety disorders** are more complicated to treat than simple phobias. People with complex anxiety disorder have multiple phobias that affect their lives as a whole and interfere with their ability to function in major areas of their lives. An example would be agoraphobia. These clients can definitely be helped with TFT; however, it usually takes more than one treatment. Multiple aspects of the problem need to be addressed, as well as the traumas in their lives.

It is important for therapists using TFT to explain this information to clients with complex anxiety disorders so they do not become discouraged if they are not cured by one simple treatment. These clients also very often have Individual Energy Toxins that need to be addressed in order for the treatments to hold up over time (see “Cure and Time”). While an algorithm-trained person can help them by using the procedures to address different aspects of their fears, it is often necessary for them to have at least a few sessions with a person trained in TFT Causal Diagnosis or Voice Technology.



## Panic Disorder

It is important, at some point in therapy, to treat the trauma of the first panic attack and any subsequent panic attacks that clients can still see, hear, smell, etc. with the trauma algorithm. Most clients, when asked about their panic attacks, can tell you exactly what they were wearing, they can still hear the ambulance, or they can still smell the Accident and Emergency Department. Most think that they are having a heart attack and are dying. This qualifies as a trauma!

Any subsequent anxiety is usually a trigger back to the first panic attack (or any others that were particularly frightening), and the body/mind responds as if they were in danger (i.e., the limbic system is activated). Clients respond by trying to go through the rest of their lives actively trying to avoid any anxiety at all. Many people seek to create safe places for themselves in order to avoid triggering a panic attack.

For some people, their first panic attack happened when they were exposed to an Individual Energy Toxin. For example, it may have happened as they walked by the detergent aisle in a supermarket or the perfume section of a department store. It is usually quite helpful to make that connection for people and reassure them that they are okay. They need to understand that they were just exposed to a toxin.

More often than not, these clients will require regular Collarbone Breathing, at least three times a day, as well as treatment for reversal 15-20 times a day (side of hand, sore spot, under nose). Many practitioners report that their clients have told them that these techniques have helped them do much better in school and at work.

Some clients do better with an alternative algorithm (see the Algorithm Chart for options). If you try several of them and one works better than the others, invite them to use that one at home. Also, they may find one Algorithm effective in one set of circumstances and another under different circumstances. Use them accordingly.



# Complex Anxiety / Panic Attack Algorithms

## First Use:

Eyebrow, Under Eye, Under Arm, Collarbone (using the Protocol)

( eb, e, a, c )

## Alternative Algorithms:

Under Eye, Under Arm, Eyebrow, Collarbone (using the Protocol)

( e, a, eb, c )

Under Arm, Under Eye, Eyebrow, Collarbone, Tiny Finger (using the Protocol)

( a, e, eb, c, tf )

Eyebrow, Under Arm, Under Eye (using the Protocol)

( eb, a, e )

Under Eye, Eyebrow, Under Arm, Tiny Finger (using the Protocol)

( e, eb, a, tf )

Collarbone, Under Eye, Under Arm (using the Protocol)

( c, e, a )

## 5.7 Visualization for Peak Performance and Addiction Alleviation



In *The Anxiety Addiction Connection* (1995), Dr. Callahan explained that many people find it impossible to visualize themselves being over their addiction or other problem. Others may report that they cannot see themselves performing at the peak level they desire. Even if people are able to visualize other things very well, they may have trouble visualizing their own desired state. They may say, “I just can’t see myself doing it, achieving my goal, being smoke-free, avoiding toxins, etc.”

He explained the following steps to help people overcome their inability to visualize being over the problem. After this treatment, clients can use positive visualization as part of a full therapy regime.

1. Ask the client to visualize something in detail (like an apple). Then, ask the client to visualize it in some unrealistic situation (such as flying through the air like a bird). Then, ask the client to visualize him/herself in an unrealistic situation (like flying through the air him/herself).
2. Once it has been established that the client can visualize even unrealistic things, ask him/her to visualize him/herself indulging in the addiction, performing the dysfunctional behavior, or otherwise being involved in the **undesirable** state. Usually, the client will be able to do this easily.
3. Then, ask the client to visualize him/herself in the desired state. Often, the client will find it impossible or will be able to do so only vaguely.
4. Ask the client to rate the level of difficulty of visualizing the desired state on a 10-point scale, with 10 being impossible, and 1 being easy. (Feel free to use an 11-point scale, should you prefer to do so.)
5. While the client strives to imagine the desired state, have him/her tap the algorithm, which is:

**under arm, collarbone** (using the Protocol)

Follow the protocol, using the necessary PR corrections, until the client can easily visualize the desired state and arrives at a level of 0 or 1 (extremely easy to visualize).

This algorithm has been found to be therapeutic in a range of situations, including overcoming addiction, recovering from cancer, eliminating toxins, reaching sales quotas, eliminating toxins, breaking records in athletics, losing weight, etc.

## 5.8 Post-traumatic Stress



The symptoms of Post Traumatic Stress can be resolved quickly. Unlike chronic anxiety problems (which are often caused by, perpetuated by, or aggravated by Individual Energy Toxins), these problems are a direct result of a traumatic event. Once the event is over, the associated perturbations can be resolved, and the symptoms will generally not return. If they do return, it is most often as a result of a new thought field with new perturbations. They can also return as a result of the person being exposed to a toxin.

### Crisis Intervention

Crisis intervention applications are many. Use the TFT trauma algorithm at the scene of a trauma or immediately afterward to help people recover their functioning. When someone has just witnessed a life-threatening event affecting them directly, or a loved one has tears running down his/her face, has rapid shallow breathing, and is apparently in emotional distress, you do not have to ask for a SUD. Assume it to be a 10, and have the person mirror you in tapping for PR and the Complex Trauma with Anger and Guilt algorithm. As the person settles down, you can apply other TFT algorithms and other crisis intervention steps as required or as appropriate.

### Acute Stress Disorder

In resolving Acute Stress Disorder symptoms, TFT is unparalleled in its effectiveness. As distress associated with telling the story about a trauma arises in a person, use the appropriate algorithm to eliminate it. When the person can think through the whole story with appropriate affect (feeling calm), other thought fields may need to be addressed. After getting the SUD for the initial trauma down to 1 (or 0), ask the person what other aspects of the trauma he/she is thinking about now. Complex traumas such as the sudden death of loved ones require more than a single TFT session, as many facets are usually involved.

Do not hesitate to refer clients to other specialists to assist them in making life changes as needed. Always make sure that you give a copy of the complex trauma algorithm to the person for future reference.

### Post-traumatic Stress Disorder (PTSD)

Posttraumatic Stress Disorder is a diagnosis that is given to people 30 days after the precipitating event who have many severe symptoms disrupting their day-to-day functioning. Use TFT algorithms to resolve these symptoms as they present. Most often, a person will have little trouble getting to the thought field that needs attention. The core of the problem has to do with the ongoing, overwhelming

thoughts, sensations, emotions, and memories associated with events that are out of the person's control.

After a trauma, people often develop avoidant or addictive behaviors to enable them to cope; however, these only cause more problems. In addition, feelings of rage, embarrassment, shame, depression, and pain related to the original trauma can and often do appear. You can address these problems with a variety of algorithms that you can combine, having the person think about the rage or embarrassment as he/she is tapping the rage or embarrassment algorithm. Some examples are below. The Tooth, Shoe, Lump principle is often apparent with traumas.



## Trauma Algorithms



### Simple Trauma

Eyebrow, Collarbone (using the Protocol)

( eb, c )



### Complex Trauma

Eyebrow, Under Eye, Under Arm, Collarbone (using the Protocol)

( eb, e, a, c )



### Complex Trauma with Anger

Add Tiny Finger, Collarbone (using the Protocol)  
to the end of sequence above for complex trauma:

( eb, e, a, c, tf, c )



### Complex Trauma with Guilt

Add Index Finger, Collarbone (using the Protocol)  
to the end of the sequence above for complex trauma:

( eb, e, a, c, if, c )



### Complex Trauma with Anger and Guilt

Add Tiny Finger, Collarbone, Index Finger, Collarbone (using the Protocol)  
to the end of the sequence for complex trauma:

( eb, e, a, c, tf, c, if, c )



## Complex and Complicated Disorders of Extreme Stress

Complex and complicated disorders of extreme stress are the result of many years of overwhelming physical, emotional, or sexual abuse. For both children and adults, exposure to violence (both threatened and actual) over extended periods of time can cause destruction of core functions and/or development of extreme coping mechanisms. These individuals may present as those with PTSD. They may also exhibit self-destructive behaviors, including suicidal symptoms.

**You must use caution** to assist these individuals in managing the overwhelming distress they are experiencing. Know your limits, and work within the scope of your education and license.

### IMPORTANT

**If the client has rapidly changing thought fields and/or signs of agitation or shutting down, you must ensure that both you and your client are in a position of safety before continuing. Do not work on this level of PTSD if you are not trained accordingly.**

## 5.9 Anger, Rage, and Guilt



Clients can frequently expect TFT to generalize to all aspects of their life after one treatment. With complex problems, it is important to break the problem down and target its different aspects. For example, if you are helping someone with an anger problem, and you target the theme, *"I get angry because no one listens to me,"* the person's anger regarding this will usually not generalize to the anger at someone laughing at him/her. That must be treated separately, albeit with the same algorithm (tf, c, using the protocol).

It is sometimes helpful to make a list of themes to be targeted. Be sure to check themes that you have already treated at subsequent sessions to make sure that the treatments held. Most importantly, teach clients to treat themselves at home!!!

An important distinction must also be made between anger and rage in order to select the correct algorithm to use.

**Anger** does not often extend to physical violence against objects or persons and can usually be controlled by an act of will.

**Rage** may extend to physical violence against objects or persons and can rarely be controlled by an act of will. It is often characterized by loss of control.

**Guilt** is anger at oneself.

# Algorithms for Anger, Rage, and Guilt



## Anger

Tiny Finger, Collarbone (using the Protocol)  
( tf, c )



## Rage

Outside Edge of Eye, Collarbone (using the Protocol)  
( oe, c )



## Guilt

Index Finger, Collarbone (using the Protocol)  
( if, c )

## 5.10 Embarrassment and Shame



Although embarrassment and shame can occur on their own, they are more often associated with other problems such as phobias, traumas, and addictions. Consider using these algorithms as a supplement to those treatments. When people feel embarrassed, they feel as though they **did something wrong**. When a person feels shame, he/she feels **wrong or flawed as a person**.

# Algorithms for Embarrassment and Shame



## Embarrassment

Under Nose (using the Protocol)  
( un )



## Shame

Chin (in the cleft between the chin and lower lip) (using the Protocol)  
( ch )

## 5.11 Depression



Always address issues of depression with great care, especially if the client has a history of:

- self-injury
- suicide attempts
- alcohol or drug use
- mania

In every case, the client **must** have consulted his/her General Practitioner (GP) first, and all cases must be monitored carefully and regularly, with referral back to the GP, as required.

Numerous things can cause depression, and numerous thought fields may need to be treated. *“I am not worthy”* is a different thought field from *“I don’t have any money for the holidays,”* etc. Traumas can often be associated with depression. Individual Energy Toxins are also often involved. Again, persistence is the key. Be sure and provide your client with the appropriate algorithms to use at home when depressing thoughts surface.



**IMPORTANT**—When the depression shifts, anger and/or rage that the client may have been suppressing may surface. This can be treated using the anger and/or rage algorithms.

Clients with complex problems such as depression or anxiety may become discouraged that they “*did the tapping and are still depressed / anxious / angry.*” Be sure and remind them of the different thought fields involved, as well as the Tooth/Shoe/Lump principle. At each session, it is important to check what you worked on in the previous session. Usually, the client will have noticed a subtle but distinct shift in that particular aspect, and another thought field will have bothered the client this week. Then, you can treat that.

**Remember**—Be patient, and help clients to be realistic about the changes that they can expect!

## Depression Algorithm



Gamut Spot (50 times), Collarbone (using the Protocol)  
( g50, c )

### 5.12 Physical Pain



TFT can only be successful in clearing *inappropriate* pain. Pain arising from actual injury or illness cannot be resolved, as this is the body's warning mechanism. For example, the pain that arthritics feel when sitting quietly in a chair can usually be reduced or eliminated; however, the pain that they feel when moving may be reduced slightly but may not be able to be eliminated, as actual damage to the joints is occurring.

Clients should have consulted their General Practitioner prior to working with you in order to have their pain and its origin assessed. Functional pain, such as pain caused by a broken arm or appendicitis, will generally not go away. If you happen to be working with a client before he/she has consulted a GP and the pain will not go away, the client should definitely consult a doctor.

Researchers at Oxford University in the United Kingdom (Plonghaus et al., 1999) have found that the anxiety caused by the anticipation or experience of pain makes the perceived level of pain much worse. Therefore, it is good practice to treat the client for the past trauma of the pain experience before using the pain algorithm

itself. An initial thought field could be elicited by asking the client to think about “*the distress the pain has caused.*”

When the pain was caused by a trauma, it is necessary to treat the trauma first. Have the client think about the trauma and tap for that.

At times, the pain may move to a new place. Ask for the SUD for the new place, and treat that. After doing so, ask the client about the places where the pain was previously located in order to make sure that they, too, have diminished.

While SUDs of 0 or 1 can be obtained for thought fields such as trauma, when working with pain, the treatment has to go through the body. As a result, *inertial delay* can occur, in which the SUD goes down, but it doesn't go down to 0 (on an 11-point scale) or 1 (on a 10-point scale). If the pain does not come down to a 0 or a 1 during the treatment, let the client know that the pain will probably diminish in the next 2 hours to 24 hours. Be sure that you have treated for all levels of reversal. Toxins can also cause inertial delay.

Plonghaus, A., Tracey, I., Gati, J. S., Clare, S., Menon, R. S., Matthews, P. M., & Rawlins, J. N. (1999). Dissociating pain from its anticipation in the human brain. *Science*, 284(5422), 1979-81.

## Physical Pain Algorithm



Gamut Spot (50 times), Collarbone (using the Protocol)  
( g50, c )

### 5.13 Jet Lag



The feeling of disorientation as a result of flying into new time zones can be resolved by tapping the appropriate algorithm every waking hour. Don't specifically wake up during the trip, however, to tap.

# Algorithms for Jet Lag

## West to East:



Under Eye, Collarbone (using the Protocol)

( e, c )

## East To West:



Under Arm, Collarbone (using the Protocol)

( a, c )

For some people, application of the opposite treatment may be required, i.e., you may need to do the “east to west” algorithm for traveling “west to east.” Feel free to tap both (e, c, a, c, using the Protocol). It may be helpful to treat for reversal first (side of hand) because often, no SUD will be evident. After you arrive at your destination, keep tapping as long as you need to. It is also helpful to differentiate between jet lag (waking up in the middle of the night) and tiredness from not getting enough sleep on the trip.

## 5.14 When to Tap



Tapping can and should be done every day for situations that arise. Tap, **using the Protocol on pages 42-43:**



- When you first wake up and various times during the day (all points, including eb, e, a, c (thinking of any traumas), tf, c (thinking of any anger), if, c (thinking of any guilt), oe, c (thinking of any rage), un (thinking of any embarrassment), ch (thinking of any shame), g50, c (thinking of any depression or physical pain, using the Protocol))



- When you don't feel really up to par (g50, c, using the Protocol)



- When you are having trouble getting going in the morning, or you got out of bed on the “wrong side” (reversal treatments, including side of hand, sore spot, under nose, collarbone breathing; then, tap for whatever the problem is, i.e., e, a, c for anxiety; eb, c for sadness; eb, e, a, c or eb, c for trauma, etc., using the Protocol)



- When you are reversing letters or numbers or words or having difficulty typing on the computer (reversal treatments, including side of hand, sore spot, under nose, perhaps collarbone breathing)



- When you are having difficulty focusing on what you are doing (reversal treatments, including side of hand, sore spot, under nose, an/or collarbone breathing)



- When you are procrastinating (e, a, c, focusing on the reluctance, using the Protocol)



- When you get angry, upset, or frustrated (tf, c, using the Protocol)



- When you feel guilty (if, c, using the Protocol)



- When your energy is low (g50, c, using the Protocol)



- When you want to have a piece of chocolate or other addictive substance and know that you shouldn't have it (e, a, c or any of the alternative algorithms for addictive urge, using the Protocol)



- When something happens that you didn't expect, and you are having difficulty calming down (eb, e, a, c—complex trauma, or eb, c—simple trauma, using the Protocol)



- When you feel extremely angry or rageful (oe, c, using the Protocol)



- When you feel embarrassed (un, using the Protocol)



- When you feel pain (g50, c, using the Protocol)



- When you have trouble sleeping (e, a, c for anxiety; c, e, c for compulsive thoughts keeping you awake; eb, e, a, c for complex trauma if you are thinking about a trauma, using the Protocol; do the pulse test and track what toxin might be elevating the pulse and keeping you from sleeping)



- When you have nasal congestion (un, c, mf, a, c, using the Protocol)



- When you inhaled a toxin (mf, a, c, using the Protocol) or for inhalant allergies (mf, a, c, un, c, using the Protocol)



- For self-esteem (eb, e, a, c, if, c, un, ch, using the Protocol)



- For sinus congestion (un, c, g50, c, using the Protocol)

## Section Six–Resources



### 6.1 Engaging Clients Fearlessly

*Robert L Bray, Ph.D., TFT-Dx*

A woman in her 40s once was sharing an experience that happened to her at about age eight. I have been working with people with traumas for many years, and the level of violence and pain that this eight-year-old child suffered was the worst I had ever heard. Be grateful for the lack of details.

She was sexually, physically, and emotional brutalized while being forced to watch and participate in the same assaults on others. At some point in the telling of her story, I began to cry. It is not unusual for me to cry with clients. My rule is that if I will laugh with clients, I will cry with them. In this situation, however, my own upset continued to increase as the details of her horrific suffering became too much for even my seasoned sensibilities. At the point that I was crying so hard that I was no longer able to listen, I stopped her and treated myself with Thought Field Therapy® (TFT).

Once I had reduced my own upset from this vicarious traumatic experience, she continued to tell the rest of the details of this event. I was able to attend to her needs in helping her with her overwhelming feelings with TFT. I was also able to help her by being a witness to the violence she experienced and guide her in making sense of these events and her life.

In the past before I learned TFT, I would have stopped her from telling me that story. I know that even as skilled and committed as I am to helping others, I would have found a reason to avoid these powerful feelings and protect myself. My excuse may have been that it was too much for her to continue. Or, I might have suggested that she needed to process these events piece by piece, and we should stop and process this first part before going on. Through my emotional responses, she may have gotten the message that she was not permitted to hurt me with this story and stopped. Somehow, a reason to stop would have magically appeared. Thanks to TFT, we continued to the end.

The payoff in this story came the next week. I asked, “What stuck with you from the previous session?” She replied, “In all my life, it was the first time anyone had ever cried about what happened to me as a child.” This meant a great deal to her and to me. Our relationship has continued to grow. She now trusts that it is safe for her to share her experiences. This is a first for her in several ways. This is the first time she has been safe enough in a relationship with another person, a man, and/or an authority figure, to reveal her story. She knows that she does not have to take care of me, and that I will be there to help her.

One benefit of learning TFT is having the knowledge that we can engage clients safely as they come to us with all their stories of horror, violence, pain, and suffering. We can bring relief from the overwhelming emotions of both our clients and ourselves quickly. After the intrusive images and other symptoms have been eliminated, often, individuals need to work through what has happened to them and their part in the events.

Sometimes, in order for clients to come to an understanding of what all of these events mean in their life, they must tell the story to someone. Empathy is not a requirement for performing good TFT techniques, but it is a big part of my work as a specialist in traumatic stress recovery. This means that I am often exposed to vicarious traumatization and the associated upset that comes with witnessing my clients' experiences through their stories.

The lesson for me is that I can be fearless as I engage with those who have suffered so greatly. Their stories of the horrors of life will not harm me. With TFT, I can offer help and hope to clients, no matter what their condition might be.

In the moment as we work, or later as the memories surface, I can treat myself. I can help my clients and learn in that helping relationship more about this field, human responses, and myself. Traumatic stress recovery work has been my calling, and I am ever so grateful to Dr. Callahan and my colleagues and clients who have made TFT a way for me to be fearless in this part of my life.

Dr. Bray has written a book for TFT to use with trauma, *No Open Wounds*. His website is [www.rlbray.com](http://www.rlbray.com)

## 6.2 Thought Field Therapy<sup>®</sup> and Traumatic Stress Recovery for Refugees and Immigrants

*Robert L. Bray, Ph.D., TFT-Dx, & Crystal Folkes, Ph.D., TFT-Dx*



A pilot project in San Diego has demonstrated the effectiveness of TFT in helping immigrants and refugees to resolve posttraumatic stress symptoms. The San Diego Elementary School Counseling Partnership (through a grant from the U.S. Department of Education) sponsored a traumatic stress clinic for children and families in the mid-City area of San Diego for two months. Although short in duration, it proved to be of great value.

This project, serving an inner city school area, provided services primarily to immigrant and refugees. Andrew Jackson Elementary School, home base for the study, serves several immigrant communities. Seventy percent of the 1,165 students at the school have limited English proficiency. Ninety-seven percent of the students receive free breakfast and lunch at the school. This population was chosen for several reasons. First, there was a great need for services in general and more specifically to resolve trauma experienced in their homeland and in their transition to the U.S. Second, because of their unfamiliarity with mainstream approaches to treatment and the distrust of “strangers,” these groups were unlikely to seek traditional counseling services. Third, difficulties with the English language and access to translation, as well as high mobility rates among immigrants and refugees, require quick treatment approaches.

Counseling interns who had been trained in algorithms and one diagnostic trained supervisor provided services. The three counselors were multilingual multi-cultural: Ethiopian, Mexican American, and Somali. Clients were served in English, Spanish, Amharic (Ethiopia), Tigrinia (Eritrea), Somali, French, Swahili, and Arabic.

One to three Thought Field Therapy<sup>®</sup> sessions were provided free of charge to individuals and families. Services were provided at the school or at home. In most cases, TFT was done in the presence of other family or community members. Algorithms were used to treat a wide range of thought fields based in memories ranging from single incidents of psychological threats to multiple acts of the worst possible violence and torture. TFT diagnostic work was done with two individuals. Information, education, referrals, and other assistance were provided as appropriate to the families.

During the first meetings, clients were asked to complete a pretest evaluating their posttraumatic stress symptoms. The PTSD checklist for civilians (PCL-C) and the PTSD Checklist for Children (PCL-Child) were used. The checklists consist of 17 items that the participants rated one to five, according to how frequently they had experienced the symptoms in the previous month. This self-report survey form has a diagnostic efficiency rating of 90 percent at a cut-off of 40 points or above for predicting the presence of PTSD in several studies. The PCL-C and PCL-Child were translated in Amharic, Tigrinia, Somali, and Spanish. In some cases, because of language or literacy difficulties, the counselors read the forms aloud to



the client without any additional explanation. Clients were instructed to mark their responses. Clients completed the same form as a post-test 30 days or more after treatment.

A total of 64 individuals were served. Of these, 34 completed both a pre-test ( $X=51.3$ ,  $SD=14.1$ ) and a post-test ( $X=31.23$ ,  $SD=13.5$ ) to evaluate their posttraumatic stress symptoms. Nearly a 40% decrease in frequency of symptoms was reported overall. These results were constant across age, primary language, gender, ethnicity, and service provider.

The value of TFT becomes even more evident when one analyzes the 29 individuals who had scores on the PCL pre-test above the 40-point cut-off for a PTSD diagnosis. Eighteen of the 29 individuals (62%) had post-test scores below the threshold for a PTSD diagnosis. Another five of the 11 individuals with pre-test scores above the threshold reported that their symptoms reduced by at least 20%. In the end, 79% reported significant improvements in the frequency of their traumatic stress symptoms.

Clinicians who are familiar with traumatic stress in general, and with refugee populations specifically, know that these results are far beyond what can be expected with traditional approaches to helping. A more complete description of the project and references are available from Robert L. Bray at the Thought Field Therapy Center of San Diego.

Website: [www.rlbray.com](http://www.rlbray.com)

## 6.3 TFT Treatment and Smokers

*From the TFT Discussion List*

*Roger J. Callahan, Ph.D.*



Here is a copy of a letter I sent to a trainee who was having difficulty with treating smokers:

Dear .....

Some people have reported a kind of delayed success with smokers by telling them that they do not have to quit, but showing them something they can use to help themselves when they are not able to smoke. Teach them the addictive urge algorithm, or in the small number of cases where this doesn't work, have a sequence diagnosed and find the treatment that will relieve their urge.

Most do not want to quit because they tried, but they couldn't do it. Some have such a strong addiction that they are afraid they will go crazy without a cigarette. Thanks to the algorithm, some will find that they do **not** have to go crazy without a cigarette; they may find no desire or urge at all. Some may then want to cut down, and others may want to quit altogether. Addiction is a very strong and intense problem for most people. If they choose to continue smoking, it is still possible to help them, though it will take a lot longer. A recent VT trainee, however, found that a very heavy smoker who did not want to quit was suddenly over the problem after the treatment.

Another tip is the following: When you eliminate their desire, have them put their cigarettes out of reach; otherwise, they will end up automatically smoking without awareness. When their desire comes to go and get a cigarette, ask them to write down everything they had just had to eat or drink, and check with you regarding which toxin undid the treatment for smoking. It may be easier for them to give up the toxin that undoes the treatment. This may then allow the treatment to endure longer and longer.

All of us are exposed to various toxins all the time. The trick is to identify the ones that we **can** do something about, such as the ingested ones. This can make a huge difference and increase our resistance to those over which we can do nothing, such as polluted air, household toxins, electromagnetic exposures, etc.

Not too long ago, I heard from a diagnostic trainee who smoked heavily for years. Three years after the training, he then quit using the treatments he learned. Where there is life, there is hope!

Best wishes,

Roger

## 6.4 Endogenous Toxins Of Plants

*Ian Graham, BSc(Hons), TFT-Dx*



The role of energy toxins in the complication of problems is, I hope, very familiar to us all, together with the use of the tracking procedure to resolve such complications. A large number of my clients have finally obtained the cure they sought only after modifying their diet to exclude certain vegetables, notably from the Brassica and related families (cabbage, cauliflower, broccoli, etc.).

One client protested that she could not be sensitive to such vegetables, as she only ate organic produce, which was "free of toxins." This illustrates a common misunderstanding about organic produce—that ALL plants, especially those with abundant foliage, produce endogenous toxins in defense against attack by insects and their larvae.

Dr. Callahan has commented before on the role of endogenous plant toxins in energy toxicity. It is worth noting that organic vegetables have concentrations of these toxins that are considerably higher than in those vegetables that have been treated with exogenous pesticides.

The reason for this is that such toxins are actively produced by the plant in response to insect attack, or, interestingly, in response to airborne chemicals secreted by nearby plants that have already undergone insect attack—an elegant early warning or "forewarned is forearmed" system!

Organic vegetables are subject to much more insect attack than sprayed vegetables, and, hence, contain very large quantities of the toxins. Indeed, selective breeding of organic produce has favored those plants that synthesize the most endogenous toxins, and, therefore, suffer much less from the attentions of insects.

Intensively farmed sprayed vegetables, on the other hand, suffer little, if any, insect attack, and so receive no stimulus to synthesize such toxins. Intensive farmers may, in the future, even favor "new" strains of organic plants, as they will need to apply less pesticide to the outside since there will be more than enough on the inside for free.

It has been estimated that a single organically grown plant may produce a minimum of 50 such natural pesticides. Prof. Bruce Ames of the National Institute of Environmental Health Sciences at the University of California has been quoted as saying that the average person consumes 1500 mg of pesticides a day, of which 1499.91 mg are endogenous toxins, the remaining 0.09mg being synthetic pesticides applied to the produce by the farmer.

Hence, despite the fact that exogenous pesticides (applied to the plants' surface, and so subject to loss when rain falls) may be toxic themselves, their concentration is vastly lower than that of endogenous toxins (remaining in original concentrations within the plant tissue itself).

Remember that we have evolved in parallel with food plants and therefore possess complex detoxification mechanisms (in our liver, for example) that deal very effectively with these natural toxins. On the other hand, they still contribute to the filling of our "toxin barrel," as Doris Rapp would put it. If that "barrel" is overfilled or made smaller by stressful events, those toxins will spill over to have the effects well known to TFT.

So, if any of your clients seem to have a sensitivity to vegetables, do ask if they eat "organic." The client I mentioned followed a macrobiotic / organic diet religiously, but her condition only improved after changing to conventional supermarket produce. This, in itself, was difficult for the client to believe, as she had been "taught" that consumption of organic produce "as nature intended" was the only way to improved bodily health.

The TFT experience has challenged a number of accepted doctrines. This may yet be another!

#### **Useful references:**

- Natural Toxins in Foodstuffs  
<http://www.alternative-doctor.com/allergydotcom/planttoxins.htm>
- Natural Toxins in Food  
<http://extoxnet.orst.edu/faqs/natural/plant1.htm>
- Dr. Bruce Ames Article  
<http://www.marshall.org/article.php?id=73>

## 6.5 The Right Place at the Right Time: Nairobi Embassy Bombing

*Jenny Edwards, Ph.D., TFT-VT*



When I first heard about Thought Field Therapy<sup>®</sup>, I knew that I wanted to learn it for my work in Africa. I give seminars there, and I thought that people there would benefit from knowing a rapid way to eliminate trauma, physical pain, anxiety, addictions, phobias, and all of the other areas that are addressed by Thought Field Therapy<sup>®</sup>. I didn't know just how much it might be needed.

In July 1997, I received an invitation to conduct a two-week training sponsored by the Carmelite Community in Nairobi, Kenya from August 3-14, 1998. I would be working with priests, nuns, students, counselors, educators, social workers, and others who were involved in the helping professions. I accepted with pleasure and made plans to teach a number of topics that had been requested, as well as a section on Thought Field Therapy<sup>®</sup>.

The bombing of the U. S. Embassy in Nairobi occurred the morning of Friday, August 7. We were in the training at the time, which was about 25 minutes away from downtown Nairobi. Only during the afternoon did we begin to realize the devastation and the extent of the damage that had been caused by the bombing.

All weekend, the Sisters in the training were at the hospitals serving people. Other activities had been scheduled for me, so I went along according to plan. On Monday, people in the training were starting to question Thought Field Therapy<sup>®</sup>, as I had just introduced it the previous Friday. They reasoned that, after all, people had just been in a bombing. Surely Thought Field Therapy<sup>®</sup> wasn't powerful enough to help people with trauma that severe. I knew that I had to and wanted to go to the hospital and work with bombing victims.

The Sisters were going to the hospital after the training was over at 1:00 PM and agreed to take me with them. As we went through police roadblocks on the way there, I began to realize the severity of the situation. We arrived at Kenyatta Hospital and went directly to the wards. Doubts began to surface.

Sure, I knew that Thought Field Therapy<sup>®</sup> worked; however, these people had been in a bombing the previous Friday. Would it work with them? As I followed the Sisters from ward to ward, I asked myself questions like, "Who do you think you are?" "What if it doesn't work?" and "Fools rush in."

In many of the wards we visited, people's faces were filled with stitches. Eyes were bandaged. It would be unthinkable to ask them to tap on their eyebrows and under their eyes [Note: In such cases, people can tap equivalent points on the toes—outside the little toe by the nail instead of the eyebrow, and the inside of the second toe by the nail instead of under the eye]. We went from ward to ward. The

Sisters seemed to know what to do. Obviously, they had done this before. I thought I would just follow them around; however, I was praying and asking for direction. With whom, if anyone, should I use Thought Field Therapy®?

We finally came to a ward in which people had mainly lower body injuries. First, I went to a woman near the window and tried to build rapport. She didn't appear to want to talk, so I moved on.

Then, I went up to a woman who was lying on her bed, staring into space, and began talking with her. She was in a great deal of pain—a “10.” Her shoes had been blown off in the bombing, and she had walked out. She had a lot of glass in her feet, among other injuries, and she was on strong pain medication. Since her injuries weren't quite as severe as others, the doctors hadn't had a chance to work with her yet. After building rapport, I said timidly, “I have something that MIGHT help you. I'm not sure if it will work. It would involve tapping on these particular places on your body (I showed her where the points were on my body) and would take about five minutes. I'm willing to try, if you would like me to.”

She said, “I'll do anything. I'm in so much pain. I also keep thinking that a bomb will explode any minute in the hospital. I know it's probably not going to happen, but I can't get the thought out of my mind!”

I decided to work with the pain first. After tapping the pain algorithm, the SUD came down from a “10” to a “5;” however, it wouldn't go any lower, even after she tapped for reversal. It occurred to me that we needed to tap for trauma before the pain would go any lower. Of course, the trauma was a “10,” and it came down to a “0” immediately. After that, we tapped again for pain, and it readily went down to a “0.”

She blinked her eyes and looked at me, a little bewildered. She said, “I've played the pictures of what happened the day of the bombing over and over in my mind, almost without stopping, since Friday. It's really strange, but I'm not doing that any more. I think I'll be able to get to sleep tonight.” Then, she looked straight at me, smiled, and said, “God saved me for a reason.” “Yes, He did,” I said. I told her that the pain probably would return because she still had glass in her feet, and I wrote out what she could do when it did. I told her that the trauma probably would stay gone; however, if it did, the directions were there for her to follow (including Psychological Reversal).

About that time, the Sister came to me and said, “The woman in the bed across the way says that she wants to be healed, too.” I went over to her. She was just staring into space. Her arm was bandaged, and her hand was limp. After talking with her for a few minutes, I asked her if it would hurt if she tapped on the hand that was limp (gamut spot). She said it might hurt a little; however, it would be worth it in order to be able to experience the changes that she had just seen the woman in the bed across the way experience.

She was “10” on both trauma and pain. I decided to work with the trauma first. The SUD came down fairly quickly to a “0,” with no Psychological Reversal. Then, we worked on the pain, which had already gone down to an “8” after working with the trauma. As she tapped, the pain went down to a “0,” too. She was moving her hand all around, color was restored to her face, and she was smiling and laughing. I wrote down what we had done. Her husband, who had been watching, asked the Sister if the tapping might help his neck pain. She said, “Of course.”

By now, the first woman was sitting up for the first time since the bombing, eating dinner and talking with her husband. They were smiling and laughing. While I was working with the second woman, the first woman’s husband had told the Sister that the past three nights, his wife had panicked when it was time for him to leave because she didn’t want to be alone for fear that a bomb might explode. He reported that this evening, for a change, she felt fine about his leaving and told him that she would see him the next day. The woman told the Sister that she had been on extremely high and frequent doses of pain medication and was planning to use the tapping sequence for pain to lessen the amount and frequency of the doses.

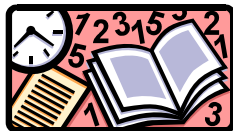
The next day, the Sister said that the first woman whom I had approached had asked her, “Why did she heal the other two and she didn’t heal me?” The Sister’s response was, “She wrote down what she did for the other two. Ask them to work with you.”

The next day in the training, the Sisters shared what had happened in the hospital. People were amazed, and as I did demonstrations with people in the training around their trauma related to the bombing, they became believers and launched into the practice sessions with vigor. Furthermore, they sent their friends who had difficult problems to me to work with in the afternoons for the rest of the week. I also had the opportunity to introduce TFT to therapists at a local counseling center. They were planning to follow up by ordering materials from Dr. Callahan.

Yes, I knew that I was supposed to share Thought Field Therapy® with people in my seminar in Nairobi. I didn’t know just how timely the training would be!

## 6.6 Callahan Techniques® Thought Field Therapy® (CT-TFT) Glossary © 1996, 1997, 2003, 2006

Roger J. Callahan, Ph.D.



**ADDICTION** An addict does the same thing that most modern psychiatrists recommend—"when anxious, take a tranquilizer." The typical addict chooses from a far wider variety of tranquilizers than the psychiatrist. Addictions are very powerful (compulsive) urges or overwhelming desires to consume some substance (heroin, nicotine, sweets, cocaine, tranquilizers, etc.) or engage in some activity (nail biting, hair pulling, counting, hand washing, etc.). The substance or the activity is in some degree (mild to severe) harmful for the individual and his interest.

**ADDICTIVE URGE** The immediate desire, urge, or compulsion to engage in consuming an addictive substance or engage in an addictive behavior. It is powered by a growing intensity in anxiety and the consequent need for a tranquilizer. It is the TFT theoretical position that all tranquilizers merely mask anxiety; they do not eliminate the cause. An effective masking tranquilizer becomes addictive.

**ADDICTIVE URGE TREATMENT** The Thought Field Therapy® procedure for reducing intense anxiety and thereby reducing or eliminating the withdrawal symptoms associated with addiction.

**ALGORITHM** The general definition of an algorithm is "A sequence of instructions to be followed with the intention of finding a solution to a problem. Each step must specify precisely what action is to be taken, and although there may be many alternate routes through the algorithm, there is only one start point and one end point" (Youngson, R. M., 1994; *The Guinness Encyclopedia of Science*, Guinness, Middlesex, England, p. 232). The starting point in TFT is usually a SUD of 10, and the end point, hopefully, is a 1. In TFT, an algorithm is a recipe or formula for treatment of a particular problem discovered by TFT diagnosis that has been tested on many people and has been found to have a high success rate. An algorithm permits an untrained person to enter the domain of TFT treatment success without needing to learn the more complex diagnostic procedures that permit a higher success rate.

**ANECDOTE** A disparaging term used against reports of therapy success or even therapy success that is witnessed by many professionals. This term is used in contrast to anecdotes of "controlled research," which consists of stories told of "research" carried out in secret that the readers fervently hope is honest and reliable. [Alas, it has been established that scientific research may be fraudulent.] If the research does not support the favored idea, perhaps the researchers have not been sufficiently trained or did not carry out the proper protocol. [See *The Wall Street Journal*, 4-25-96, page 1. *Bitter Pill* is the headline.] The makers of a popular drug found that a study they financed did not report the findings they wanted to have. [The study showed that cheaper versions of the drug had as much effectiveness as the more expensive drug.] Although the research passed peer



review, it was withdrawn. This reminds me of the very controlled drug study, the first double-blind study ever done on psychotropic meds, in which I (Dr. Callahan) was one of the authors and researchers, where, much to our surprise, we found no support for the drug. Although the study was reported in an American Medical Association journal, the company gave us no more money. Some researchers might be compared to rats in this respect—they quickly learn what response receives the reward.

**ANXIETY** A type of vague, intense fear that is pervasive, non-focused, and extremely unpleasant.

**ANTICIPATORY ANXIETY** This is a myth. There is no special character to “anticipatory anxiety.” It is identical to tuning into a perturbed thought field (see below). It may be called “anticipatory” when the tuning takes place immediately prior to engaging in a feared situation.

**APEX PROBLEM** The apex problem is when a treated client accurately reports that the problem is gone but is unable to see that the therapy did the job. It is a robust tendency—it could be called a compulsion—for treated clients or even scientific observers of therapy to give “explanations” of the treatments that careful thought reveals to be totally inappropriate and irrelevant. The common “explanations” are “distraction,” “hypnosis,” “exposure,” or “placebo.” Many therapists who observe TFT will say that the treatment works by suggestion, placebo, or hypnosis, even though there is no basis in reality for such a claim. Typically, professional observers of the phenomenal demonstrated results of TFT will not **ask** but rather will compulsively **tell** the therapist their (usually totally irrelevant) version of what took place. A good example was a host of a radio show that had a riverboat theme. He called himself “Captain Andy.” He asked me to demonstrate my treatment with his teenage daughter who had been quite bothered about something for some years, which we did not go into. I guided her through some treatments and took her from a SUD level of 10 to a 1. She was, quite naturally, pleased by this result. Captain Andy then accused her of lying. Many TFT-trained therapists record therapy sessions because some clients “forget” that they had a problem after the rapid successful therapy. We call this phenomenon the “apex problem” since the mind is not operating at the apex or top level. When confronted with something as strange and revolutionary as TFT, the mind has trouble shifting out of the inertia gear. Mental work at the apex of the mind is required to grasp and understand these new treatments. Most of us attempt to avoid such work and mistakenly attempt to fit our observation into something we **believe** we understand. As mentioned, many therapists who witness dramatic, rapid changes appear to be compelled to give an “explanation.” It is the rare and, we must add, wise therapist who **asks**, “Why?” The identification of the apex problem has scientific utility in that it refines prediction, i.e., we predict that the client will report improvement, and we further predict that the client is not likely to credit the therapy for the improvement. The apex problem is a form of cognitive dissonance, or “left-brain interpreter,” which is common in split-brain research.

**AMYGDALA** An almond-shaped portion of the brain that is receiving much attention from some of the most accomplished researchers in psychology. They believe that this portion of the brain will ultimately be shown to be the basis for controlling anxiety and other problems (LeDoux). There is no current support for this promise of ultimate control, and there is not likely to be any since, like the

chemical theory, the researchers, we believe, are looking in the wrong place. The meridian system can be readily shown to be the fundamental control system for the negative emotions.

**ATAVISM** A term in biology that refers to a throwback to an earlier ancestral form, e.g., a human baby born with a tail or extra nipples. In TFT, the term refers to the return of a psychological problem, within the individual's lifetime, that has been eliminated by therapy or has been subsumed naturally because the person has matured (see NEOTENY). Biological atavisms have been shown to occur under toxic influence, radiation, anaesthesia, etc. In a similar fashion, we find that toxins can generate the return of a problem that has either been successfully treated or eliminated through maturation. An example of the latter is a person who, through normal development, outgrew the fear of heights, which is universal in crawling infants (indeed, is universal in all land-based chordates), but the fear suddenly returns at some later point in life. This is analogous to a successful treatment that is undone.

**CAUSALITY** *"The most practical and the only foolproof method of scientifically testing a causal connection between A and B is 'wiggling' one of them and watching the response of the other. We are not interested here in what might be called 'historical causality' (establishing a causal connection in a single chain of events) but in 'scientific causality' (establishing such a connection in repeatable events). . . . It is the external control of A together with the correlation with B that establishes, in a good Humean sense, the causal connection between them, as well as the fact that A is the cause and B, the effect."*

Newton, R. (1970). Particles that travel faster than light? *Science*, 167(3925), 1569-74.

This principle illustrates the fundamental TFT finding of the isomorphic and causal relationship between the perturbations in the thought field and their bodily counterparts as revealed by TFT diagnosis and the powerful, and almost always immediate treatment results that are achieved when proper TFT treatment is done.

**CHEMICAL THEORY** The theory that holds that chemical changes in the brain and body are the **basic** or fundamental causes of disturbed emotions. Although there are certainly chemical hormonal facts concurrent with negative emotions, I propose that the chemistry is secondary or tertiary to the more fundamental perturbations (see below). The positive treatment effects in TFT are too rapid to be fundamentally chemical.

**COMPULSION** A powerful urge or desire that is extremely difficult or impossible to resist.

**CONCATENATION** To link together in a link or chain. Codes for subsumption of perturbations are concatenated by diagnosis. This is a big word that accurately describes what is done in TFT causal diagnosis.

**CONTROL SYSTEM** A small system that governs or controls a larger system. The control systems on an automobile consist, for example, of the accelerator, the steering wheel, the gears, and the brake. The control system for the negative emotions resides in the body's little known but demonstrably palpable and real energy or meridian system.

**CRITICAL EXPERIMENT** If a person has tried a number of different treatment programs for a problem, and none have helped, and then, when TFT is used, the person is cured of the problem—this is what I call a *critical experiment*. For example, a student was fooling around with a bunch of random treatments and claimed to have high success with them; however, the student then had a terrible panic attack and tried all the presumably successful “random” treatments, and none helped. This left the student in an even greater panic. I was called to do VT with this student, and I found that the student was getting even more panicky because the student just had an HRV done, and the score was the worst the student had ever had—the SDNN was a low 38 ms. VT elicited two brief holons, and the panic was completely gone in about seven minutes. Another HRV was done, and the SDNN was now a healthy 140 ms. Critical experiments can tell us a lot about various theories and especially about the effectiveness of certain treatments.

**CURE** The eradication or significant reduction of a problem. A complete cure means that **no** symptoms or aspects of the problem remain after treatment. After a cure, it is relevant to track for endurance. If there is no toxic exposure or other extreme stress, the cure will likely endure. A very important discovery of mine is that a cure can be undone by a toxin or IET, to be more specific.

**DIAGNOSIS** The art of discovering the fundamental causal conditions responsible for a problem. Conventional psychological diagnosis is typically directed toward classifying a person according to symptoms with little or no direct implication for treatment. Diagnosis in TFT is directed toward identifying the specific causes of the problem for the purpose of treatment (p's—see perturbations below). TFT diagnosis does not consist of bestowing mere descriptive terms but rather is a ***dynamic revelation of causal constituents***. Diagnosis may be considered to be a translation of the encoded language of the negative emotions (information) into a form that can be addressed in treatment. (See Language of negative emotions below.)

**ENERGY SYSTEM** A palpable, tangible series of electric or electromagnetic circuitry or meridians throughout the whole body that acts as a governing force in healing and growth. These electric systems have been scientifically established at various research centers. The energy or meridian system acts as a control system for the negative emotions by hypothesis. The reality and powerful relevance of these systems is made quite apparent with TFT.

**FEAR** A highly focused unpleasant emotion that provokes avoidance. It is a natural capacity of higher chordates that helps protect the individual by influencing the avoidance of danger (see Anxiety and Phobia).

**FIELD** The (regular) dictionary defines field as ***“a complex of forces that serve as causative agents in human behavior.”*** More generally, a field is an invisible non-material structure in space that has an effect upon matter. “Field” was introduced to science by Michael Faraday, the brilliant self-educated genius of science. Einstein gave credit to Faraday in his Nobel acceptance speech. He stated that if Faraday had gone to college, he probably never would have been able to invent the revolutionary concept of field, which is fundamental to Einstein's and (also) Maxwell's work in physics. For example, the gravity field is seen to

cause the ocean to curve around the gravity-curved earth. In the psychological realm, the thought field is considered to be more like an electromagnetic pattern on video or recording tape, i.e., it is neither chemical nor cognitive in its basic constituency. Today, many scientists consider that everything is composed of fields. **"The visible world is neither matter nor spirit but the invisible organization of energy"** (Heinz Pagels, physicist). The term, "morphic field," was introduced into biology to explain the shape and form of living things by Alexander Gurwitsch (Russia) in 1922 and independently in 1925 by Paul Weiss (Vienna). In the 1950's, Waddington in England added the concept of the "chreode" (necessary path) to the biological field, which incorporated time in embryological development. Rupert Sheldrake introduced the concept of morphic resonance between similar fields, which can account for how instinctual information is transmitted. Such information cannot be contained in the DNA but can only be learned in interaction with the environment. In 1991, I introduced the concept of **perturbation** (see below) to account for the fundamental causal aspect of negative emotions. If a bee is placed in a strong magnetic field, his hive mates will no longer recognize him.

**GAMUT SPOT** A commonly used treatment spot in TFT that is located on the back of either hand in the indentation between the bones of the ring finger and the tiny finger.

**GAMUT TREATMENTS** A series of nine treatments that are done while tapping the gamut spot on the back of the hand. This series of treatments, which is useful to see as a unit, is used for treating most problems. The nine treatments were originally conceived separately and later added into a new unit now known as the "nine gamut treatments."

**HABIT** An automatic behavioral routine carried out without conscious awareness, similar to instinct. Habits allow us to focus our attention on other issues. Sometimes, they are confused with addictions. They can be distinguished from addictions because they are **relatively** easy to change if a person focuses conscious attention on the issue. Addictions are difficult to change, and habits are easier to change; however, habits require continuing conscious attention over a period of time in order to be modified.

**HEART RATE VARIABILITY (HRV)** HRV is a very important medical test that measures the intervals between heart beats and yields information that gives an index of the person's general health or closeness to death. It is the best predictor of death there is. For example, a big problem is the death of seemingly healthy people who suddenly drop dead with no warning. In a special study carried out in the famous Framingham collection of studies, the researchers found that HRV was the only test that could predict those who succumb to sudden death with no other warning. The test measures the intervals between heartbeats in milliseconds and gives a score called SDNN. SDNN means standard deviation in the intervals from normal to normal, meaning that the program omits very atypical beats from the computation. HRV was discovered about 40 years ago at Yale University Hospital by a Dr. Hon in the maternity ward. Dr. Hon discovered, much to the surprise of cardiologists, that if the intervals between heartbeats became lower and lower, it was a sign that the baby may be born dead. This would allow the doctors to abort the infant in order to prevent death. When doctors checked on HRV in geriatric wards, they found the same result. When the intervals between heartbeats in older people became more and more even, this was also a sign of danger. I believe that

HRV is the very best measure of health that we have, and it is known as a means of assessing the degree of success of different treatments. The results with TFT in improving HRV are unprecedented. No treatment, so far, shows a bigger impact on HRV than TFT.

**HOLON** Holon refers to an architectural feature of TFT that refers to the structure of the therapy sequence: majors - 9 gamut - majors. Most problems require but one holon; however, some complex problems may require 40 or more holons before relief is experienced. Each 9 Gamut Sequence can define a holon.

**HOW LONG WILL THE TREATMENT LAST?** Sometimes asked with a sneer and intended as a derisive comment, but strictly speaking, it is a relevant question that can only be answered with the passage of time for an individual. Prior to doing TFT, no one ever asked me how long a treatment would last, since not much was taking place in the treatments—in other words, there was nothing **to** last. The question, whether intended or not, is always an implied compliment, since it acknowledges by implication that *something* significant happened (as it usually does when TFT is done correctly). Orville Wright's first controlled flight in an aircraft **lasted but 12 seconds and travelled but 40 yards**, but it was the start of a radical revolution in transportation. Interestingly, a week before the brothers developed a control device, Orville had a terrible crash, and in despair, echoing his many critics, cried out in deep frustration, "Man will never fly in a thousand years!" This shows the natural tendency for discouragement, which the brothers overcame. In order to make important discoveries, people must break through the obstacle of discouragement, as did the Wright brothers. For a therapist who is trained in Causal Diagnosis, the undoing of a cure is not a tragedy but is an opportunity to discover the **cause** of why the cure has been undone. Through diagnosis, the toxin can be discovered, treated, and avoided until the cure is stabilized for over two months.

**IET (Individual Energy Toxin)** IET's are distinguished from the more general toxins such as lead, mercury, cadmium, and arsenic by the fact that they represent an **individual's** sensitivity to certain common foods, such as wheat, milk, eggs, etc. It can be demonstrated that such foods affect the energy (testing) system first. IET's can be treated (usually **not** cured) by treating the individual. This evidently lowers the threshold of the toxin for awhile. See Seven Second Treatment and the Seven Second Plus treatments.

**INERTIAL DELAY** This term refers to an unusual situation in TFT treatment where the client shows no further perturbations in diagnosis, and yet the problem or some degree of the problem remains. After the passage of time, varying from minutes to hours, the client then reports that the problem is gone. Toxins can cause inertial delay. It can also occur when we are treating the person for pain, as more time can be required for the treatment to go through the body's mass. Since we expect a problem to be gone almost instantly in TFT, we take special notice of delays. It is audacious that we expect problems to be completely gone so quickly, but that is our common experience.

**INSTINCT** Sometimes called "knowledge at a distance." The distance is usually expressed in time. Instinct is the only way to account for the complex navigational skills used by butterflies, salmon, and birds. Instinct is a set of complex behaviors

that have not been learned by the individual but which obviously required learning in interaction with the environment by living creatures over a period of millions of years. I have evidence to believe that the DNA does not carry this kind of complex information (see *Stop the Nightmares of Trauma*). The theory of morphic resonance of Rupert Sheldrake offers the most likely explanation of the transmission of information over great distances of time and space.

**ISOMORPHISM** Isomorphism is defined in dictionaries (math) as a one-to-one relation onto the map between two sets, which preserves the relations existing between elements in its domain; something identical with or similar to something else in form or structure. This term in TFT clearly summarizes and expresses the basic finding that there is a strong one-to-one relationship between the perturbations (which are diagnosed or assumed to exist) in the thought field and specific median points on the body. [See the Callahan/Leonoff data as well as the VT demo audiotape for strong support of this fundamental hypothesis in TFT.] A “wiggling” of the appropriate meridian point or points (in proper order) will result in an immediate reduction or elimination of the disturbing emotion. It is from this strong relationship that we derive our causal notions.

**LANGUAGE OF NEGATIVE EMOTIONS** The causal aspect of the negative emotions exists in encoded form. This refers to the particular perturbations (p's), in their specific discrete order, which generate negative emotions. The requirement for specific order is similar to a combination lock; if the wrong order is offered, it doesn't work. P's are often contained in certain common orders for specific problems, which makes it possible to determine algorithms or common recipes for many psychological problems. Each negative emotion exists in encoded form, which accurate TFT causal diagnosis reveals. Another language appearing in nature is that of DNA, which determines the structure of proteins.

**LEVELS OF TFT PROFICIENCY** The lowest level is the algorithm level, which is quite simple and can be learned by reading and studying *Tapping the Healer Within* (Callahan & Trubo, 2001). It is also beneficial to take an **approved algorithm training seminar by a certified TFT instructor**. We also recommend that anyone who works with people study the Introduction to TFT DVD, which is available at [www.RogerCallahan.com](http://www.RogerCallahan.com). The next higher level is what we call the diagnostic level where the individual is trained in the more complex TFT diagnostic procedures and becomes certified after completion of diagnostic training. At this level, the practitioner learns to diagnose and treat problems with greater success, and to address a much greater number of problems in the office than can be done with the algorithm level. Training at the diagnostic level is done through a combination of video and audiotape instruction, writings, and hands-on in-person instruction and supervision. The certified diagnostic level practitioner also gains a much higher degree of understanding of theory and is empowered to causally diagnose and treat most psychological problems with a high degree of success. Practitioners desiring to become algorithm trainers need to devote six months to learning TFT. They also receive six months of VT support in working with difficult cases. The highest level is Voice Technology, which requires training and equipment beyond the diagnostic level. This level is a significant advance above the previous two levels. The Voice Technology training goes on for three years, as needed, and is open only to those who are certified at the diagnostic level. Voice Technology has the highest precision and success rate and allows one to treat effectively by telephone, which opens up world-wide potential markets for practice

and consultations. As in all professions, those who **practice** the treatments gain the highest degree of competence.

**MAGNETITE** Joseph L. Kirschvink, Professor of Geobiology at Caltech, surprisingly discovered the presence of magnetite throughout the human brain. Magnetite is an oxide of iron, and, like iron, it responds to a magnet. On November 5, 1992, Joanne and I saw him demonstrate this startling fact in a lecture. A magnet brought near brain samples under the microscope clearly showed the particles of magnetite. Keeping in mind that nature is rarely frivolous, one wonders: what is magnetite doing in the human brain? Could it be there to be responsive to electromagnetic fields? We don't know, but it is an interesting, little known, and surprising indisputable fact.

**MAJORS** A term that refers to the treatments that use standard meridian points such as under the eye, under the arm, beginning of eyebrow, etc. The term, "majors," distinguishes this aspect of the treatment procedure from the 9 gamut, floor to ceiling eye roll, and the psychological reversal treatments. The major treatments occur before and are typically repeated after the 9 gamut procedure.

**NEOTENY** A problem or condition due to immaturity or the lack of full development. For example, all infants (and all land-based chordates) are born with an instinctive fear of heights, which ripens when the neonate begins to crawl or move under its own power. The fear (acrophobia) is usually outgrown with normal development. A person who has been afraid of heights since childhood is considered "neotenus." A fear of heights that suddenly develops (returns) in adulthood would be considered atavistic (see definition above). I believe that such an atavistic phobia is very similar in principle to a person who has a phobia cured, but sometime later, it returns. The cause in all instances, I believe, is the presence of what I call an IET, or "toxin."

**PERTURBATION (P)** A perturbation (p) is an entity in the thought field. The p is viewed as the fundamental and basic cause of all negative emotions. A perturbation is **the unit** of fundamental causation of a negative emotion and correlates in a spectacular isomorphic relationship with specific alarm and treatment points on the body. Successful therapy subsumes or reduces the impact of p's in the thought field (see below). A p is a subtle, but clearly isolable aspect of a thought field that is responsible for triggering all negative emotions. Without a P, no negative emotion is present. The p is the generating structure that determines the chemical, hormonal, nervous system, cognitive, and brain activity commonly associated with, and an intrinsic and necessary part (but not the fundamental cause), of the negative emotions. The perturbation contains the **active information** (see Bohm and Hiley, 1993), which triggers negative emotions. Bohm and Hiley described their pivotal concept in quantum physics: ***"We have . . . introduced a concept that is new in the context of physics—a concept that we shall call active information. The basic idea of active information is that a form having very little energy enters into and directs a much greater energy. The activity of the latter is in this way given a form similar to that of the smaller energy"* (Bohm & Hiley, p. 35).** The process described here for quantum theory appears to fit the notions of numerous investigators in the bio-energy realm as the process by which biological control systems operate. One may understand the relevance of the TFT usage of "active information," in that the microstate of the perturbations generate the macro state results of the person feeling depressed,

angry, anxious, etc. Successful psychotherapy is the transformation (or subsumption) of this active informational microstate (perturbation), which results in the commonly observed and successfully predicted elimination of the negative emotions in TFT. ***A perturbation (p) is the fundamental and easily modifiable trigger containing specific active information that sets off and guides and controls the physiological, neurological, hormonal, chemical, and cognitive events, which result in the experience of specific negative emotions.***

The need for, and the evidence supporting the concept of perturbation is demonstrated, e.g., in my television treatment of a woman in Baltimore who was terrified of driving on freeways and over bridges. Every person who is treated will demonstrate this, but the TV demo dramatically reveals the process and can be seen by everyone. First, she is calm and speaking to me in a highly relaxed manner that is appropriate for a mild social encounter in the comfort of her own home. She shows no signs of anxiety; however, in preparation for my treatment, I ask her to think about the driving situation. Immediately, she is intensely anxious and breaks down with tears and is obviously upset. Next, you see her driving a car on a freeway with no trace of fear. She then goes over a bridge with no problem. What happened? In order to answer this question seriously and with depth, one needs to understand the concept of a perturbation. It obviously exists in the thought field. Why is this obvious? Before tuning the problematic thought field, she had no anxiety. As soon as she thought of driving, the perturbation generated the extreme fear. Obviously, the perturbation is not present when she is actually driving. I saw the evidence of the collapse of the perturbation as I treated her. In a few minutes, she could not get upset when she thought about the problem. This meant that since she got very upset prior to this that the perturbation was completely subsumed. The acid test occurred as she was actually driving with no trace of fear. This is a fairly representative case.

I knew for years that there was an entity in the thought field that caused emotional upset, and that this entity could be completely collapsed with our typical powerful treatment. For years, I did not name this entity. One day, it hit me all of a sudden that the name “perturbation” might be appropriate as a designation of this causal entity. I immediately got out my (regular) dictionary, and the last definition thrilled me. It said, “Perturbation is a cause of mental disquietude.” I jumped for joy because that is exactly what I was looking for. I changed the “a” to **THE** cause of mental disquietude. Some assume that emotional and other problems are caused by blockages in meridians. Psychological reversal can cause a blockage; however, a perturbation is not some random disturbance in a meridian. Instead, it is a highly specific bundle of critical information that has the marvelous capacity to control all of the chemical, hormonal, and neurological phenomena that we see and know take place in anxiety, depression, and other disturbing emotions. The term, “isolable,” refers to the amazing fact of nature that the problem is gone without disturbing or removing necessary information from the thought field. For example, it is known that LSD can eliminate the fear of heights; however, it also removes vital information about the danger and hazard of heights. This has been tragically demonstrated over the years when young people have been known to jump out of windows after trying LSD.

**PHOBIA** A persistent fear of a harmless object or situation. Most people with phobias are very much aware of the irrationality of the fear, which only adds to their difficulty. The knowledge that the fear makes no sense does not reduce the



fear but merely adds embarrassment to the bad feeling. The commonly held idea that the problem is due to a lack of courage is without foundation and shows a fundamental lack of understanding (e.g., Chopra, who, like some others, wrongly believes phobias to be due to a lack of courage).

**PSYCHOLOGICAL REVERSAL (PR)** A state or condition that blocks natural healing and prevents otherwise effective treatments from working. Evidence for the state of PR is revealed when an otherwise effective treatment does nothing. Then, after the PR has been corrected, the same treatment, which did nothing the moment before, suddenly works. A person may be fine in most domains of life and be psychologically reversed in just one or a selected few. The PR state is usually accompanied by negative attitudes and self-sabotaging behavior. A most interesting symptom of PR is that concepts are reversed 180 degrees. In other words, people who are reversed will say "South" when they mean "North," but they will not say "East" or "West" when they mean "North." The implication of this reversal of concepts is quite profound and is in need of investigation. It seems to relate to a fundamental aspect of direction (chirality, polarized light, etc.) in elemental reality. A similar and related symptom of PR is getting numbers or letters out of order. A special proofreader's mark exists for this type of error, which illustrates how common it is. The upside down and backward writing of dyslexic people is due to the PR. PR in most of us is a temporary condition. When we are PR and reverse concepts, letters, and numbers, PR may be viewed as a kind of temporary "dyslexia." Interestingly, a form of "speed" is sometimes given to hyperactive youngsters to slow them down. The paradoxical effect may be due to this reversal phenomenon. A research study (Blaich, 1988) showed that of a number of rather complicated and specialized treatments designed to improve human performance, including my treatment for PR (tapping the side of the hand), the rapid (10 seconds) and simple treatment for PR was by far the most effective in improving performance in reading speed. Today, the PR treatments are routinely used in many elementary schools. We find the presence of PR on treatment effect to be quite lawful and predictable. We have found a high correlation between presence of cancer and PR. In a highly significant study done at Yale University back in the 1940's, the researchers found that cancer patients had an overwhelming disposition to show a literal polarity reversal (as compared to normals) as measured by a sensitive instrument that measured body polarity (see Harold Saxton Burr, *Blueprint for Immortality: The electric patterns of life*, Neville Spearman, London, 1972). The concept of PR is relevant to all applied fields. The absence of PR is a vital prerequisite to successful treatment. My treatments would be significantly less successful (by 20% to 40%) if we could not correct this condition. MASSIVE PR is a reversal in most areas of life. MINI-PR is a block that kicks in during treatment and prevents the treatment from being complete. RECURRING PR is a reversal that returns as soon as it is corrected. Each of these variations of PR requires its own special treatment or action. We are now using voltmeters to show the presence of PR, and we have robust evidence that when we treat the PR, the reversal on the voltmeter literally changes from negative to positive before your very eyes! The introduction of the voltmeter to our work is resulting in better and more thorough treatments. One of the treatments I found to help PR in 1979 was the use of the Bach Rescue Remedy. Our recent use of voltmeters has resurrected my interest in and use of Rescue Remedy.

## PSYCHOLOGICAL TRAUMA

A psychological trauma is an experience or event that engenders significant emotional upset. The upset seems reasonably based. Examples of trauma are rape, robbery, murder of a friend, mugging, loss of a loved one through death or perhaps even worse, loss of a loved one through rejection, loss of a cherished job, kidnapping of a child, etc. One of the worst traumas is when the person you love rejects or leaves you. These are the types of experiences that we label traumas. It seems perfectly reasonable and appropriate for one to be upset in response to such events. The appropriateness of the disturbing emotion accompanying the event appears to be a hallmark of the notion of trauma. One might not expect trauma to be as responsive to therapy as it is to TFT. This surprising fact carries important theoretical significance. If someone loses a pen and is obsessed and very upset over this event, has nightmares, etc., it is not considered a trauma, though it is an obvious psychological problem. In other words, it is not the upset per se that is relevant, but the appropriateness of the emotion to the event that is relevant.

## PUBLIC DEMONSTRATIONS

In the early days of psychotherapy, treatments were secretive. Even today, one can hear strong claims for success, yet it is rare that public demonstrations are given. A gentleman in his late 80's went for a physical examination since he was losing interest in sex. His doctor pronounced him in good health and told him that his decline was a normal function of aging. The man said, "But doctor, my friend Sam is 90 years old, and he says that he has sex every night!" The doctor replied, "You can say that too!" In secrecy, it is safe to make strong claims. I have done public demonstrations since I first discovered TFT. Recently, for the first time, I read an acknowledgment recognizing the relevance of a public demonstration. The author of an article in *The Wall Street Journal* on Monday, January 29, 1996, page A9A mentioned public demonstrations in an article on the controversial subject of cold fusion. A new claim that purports to create more energy than goes into a reaction (which, if true, will be revolutionary and doubtless nuclear in reaction) received the attention of Jerry E. Bishop, a writer for *The Wall Street Journal* in the article, "A Bottle Rekindles Scientific Debate About the Possibility of Cold Fusion." The gadget was called the Patterson cell, after its inventor. Bishop pointed out, **"The Patterson cell might have been dismissed as easily as other reputed 'cold fusion apparatus.' But Mr. Reding and his colleagues have been bold enough to demonstrate it at three technical conferences in the last nine months. Most cold-fusionists are reluctant to show off their devices, because they are never sure whether or when they will work."**

There it is—a statement, the first I have ever seen in print, that acknowledges the significance contained in a willingness to publicly demonstrate one's revolutionary claims. I have been doing such demonstrations on behalf of TFT for over a decade and a half (see the Callahan/Leonoff data), and to all appearances, either the professionals are unable to see what they are shown, or they do not realize the significance of being willing to put one's discoveries to a public test. The public, of course, is almost always skeptical.

## QUANTUM LEAPS IN THERAPY

It was apparent from the outset with TFT that not only is the therapy rapid and effective, but the manner of progress is unique, i.e., the progress takes place in large, definite leaps, with the client evidently not necessarily passing through intermediate stages of the problem. My first case, Mary, for example, moved from a 10 to a 1 instantly and did not pass through

intermediate stages of the problem. One would expect that a life-long and intense problem would not only be slow but might necessarily entail passing through a number of intermediate stages on the way to getting well. The typical case that begins with a SUD of 10 progresses with each stage of TFT therapy to a 7, then to a 4, and then to a 1 within minutes. The intermediate stages are typically bypassed.

**REPRESSION** A habit of avoidance of awareness of a painful emotion to the extent that the choice to be aware is lost. The repressed person usually remains unaware of the extent of emotional pain present unless the pain is overwhelming. People who are repressed are as easily diagnosed and treated as anyone else, except they do not know how they are doing, e.g., as in a phobia, until they are in the phobic situation. The majority of people are not repressed and are aware of emotional pain when they attune the relevant thought field. We have demonstrated that a repressed person will show evidence of the repression through the use of HEART RATE VARIABILITY. The pre-treatment score may be SDNN=80 as the person thinks of the terrible event over which he/she feels nothing. Then, the traumatic event is treated, and the person's SDNN jumps up to 120.

**RESONANCE** The process that brings about attunement (see Tuning). Resonance is a kind of physical bond that is brought about by a non-physical connection. It may be operative in memory and when a person tunes into a thought field. The concept was proposed by Ninian Marshall in 1960 in the article, "ESP and Memory: A Physical Approach." It was published in *The British Journal for the Philosophy of Science*, Vol. X, No. 40, pp. 265-286, in February, 1960. The concept provided the foundation for Rupert Sheldrake's notion of morphic resonance. Resonance is commonplace in the use of tuning forks and oscillating circuits used in radio and television; the oscillating circuitry in the receiver is adjusted to that of the transmission. When they resonate, the program enters the receiver. When people attune a perturbed thought field, they become disturbed. For an excellent example, see the case of driving phobia demonstrated on the national television show called "Evening Magazine." When the poor woman thinks about driving on freeways or over bridges, she can be seen to become immediately and severely upset (see Perturbation above).

**REVOLUTIONARY EXPERIMENT** An experiment in science that reveals new facts that cannot be explained by conventional or accepted notions that are current at the time of the experiment. For example, the clinical psychologist, Martin Seligman, director of clinical training at the University of Pennsylvania, in his book, *What You Can Change and What You Can't Change*, stated on p. 253, "There are no quick fixes," and "Optimism is necessary for change to take place." Our reproducible experiment (therapy) overturns both of these cherished commonsense notions, as well as many others. It is absolutely impossible to explain the results of TFT with conventional ideas in psychology. TFT may be seen as a repeatable revolutionary experiment in clinical psychology that many people can carry out on their own by tapping the appropriate points on the body.

**SCIENCE** The proper function of science is to respect facts and to revise theories in the light of new facts. Science is by nature conservative and therefore slow in carrying out its proper function. It is typically difficult for conservative scientists to be able to **observe** easily demonstrable new facts (see Apex Problem).

**SEVEN SECOND PLUS TREATMENTS** These are treatments for toxins that have been added to what I initially called the "7 sec. treatment" but now take a little longer and are far more powerful than 7 second treatment. The modifications include suggestions by Joanne Callahan, including the addition of our reversal corrections, as well as the collarbone breathing treatment for specific toxins.

**SUD** SUD is an abbreviation for the useful term "subjective units of distress" (introduced by Wolpe), which is a way to quantify the degree of stress, pain, or disturbing emotion experienced by the client. In TFT, the SUD is considered the "bottom line" by which therapy is evaluated for success. SUD may be evaluated on a 0 to 10 scale or on a 1 to 10 scale. Behavioral indices may be quite misleading, since many people can do things when pushed. If their suffering remains intense, however, we do not consider this to be therapy. Many people in conventional therapies learn that they can withstand a great deal more suffering than they thought they could. Successful therapy removes all traces of suffering.

**THERAPY** Therapy, or rather effective therapy, results in the bottom line, which is dramatic improvement in the client. The improvement referred to here is not merely behavioral change, which is relatively easy to obtain, but the removal of all traces of a psychological problem. We believe that effective therapy is a result of the subsumption (this appears to be the most appropriate term in this context), removal, collapse, elimination, or reduction of p's in a thought field, resulting in the elimination or reduction of negative emotions, whether relevant to reality (emotions that may be considered appropriate and normal) or not ("neurotic"). The difference, after treatment, must be **clinically**, and not merely statistically, significant in order to qualify as therapy. (See November, 1993, *APA MONITOR*, report of the Science Directorate, and *Psychology Today*, March/April, 1994 issue with an article called, "Oops! A very embarrassing story.") TFT is typically saltatory in its progression (saltus is a leap) or discontinuous in movement; it develops in leaps. This fact has led us to investigate quantum theory, since the jumps are quantum-like. We currently believe that the actual treatment occurs at a quantum level. Presently, it seems likely that a molecular bond is either broken or connected by the treatment or by natural maturation or healing. It is interesting that I discovered how to cure phobias during a time when it was believed impossible.

**THOUGHT FIELD (TF)** Albert Einstein, in his Nobel Prize acceptance speech, thanked Michael Faraday, the brilliant British scientist who never went to college. Einstein conjectured that if Faraday had gone to college, he never would have been able to come up with the concept of a field. Of course, Einstein used the concept in his theory of relativity. The concept of thought field is the distinguishing characteristic of TFT. Professionals in other professions such as acupuncture, acupressure, chiropractic, medicine, dentistry, etc., perform on the rather static body or being of the person. The dynamic and limitless potential of the thought field is what makes TFT a **psychological** treatment. When one is trained to diagnose TF's, it becomes immediately apparent that the structure of the TF creates dynamism in the individual. For example, it makes no difference to a dentist what one is thinking about when working on the teeth. For the TFT clinical psychologist, it makes all the difference in the world what is attuned. When the relevant TF is attuned, it brings to the fore the specific p's and related information that are active in a problem and vital to understanding what is called for in the treatment situation. In order to diagnose and effectively treat a person, the person

must tune into the appropriate TF. Not attuning to the proper TF is equivalent to asking a tailor to alter your trousers without bringing the trousers. The notion of a thought field is an imaginary scaffold upon which one may project or imagine causal entities such as a perturbation. Empirical tests and clinical experience reveal the relevance and power of such imaginings, i.e., we then discover whether our imaginings are “on-line” or “off-line” with reality. There is overwhelming evidence for the “on-line” nature of our theoretical speculations. All human invention and discovery are initially in the human imagination and must be tested in reality to determine ultimate status. Young children and animals do not have the ability to volitionally attune a thought field, and for such cases, the term, “**perceptual field**,” is appropriate. In order to treat young children or animals, they must be exposed to the situation so that they can attune the appropriate perceptual field. As a result, the child or animal can be treated.

**TRACKING** Tracking is the procedure of observing the duration of a completely successful TFT treatment to see if any part of the problem returns. It is extremely important that a client call the TFT-trained therapist immediately, should a problem that has been eradicated return. We find that generally, these rare occasions are due to the ingestion of or exposure to an exogenous substance. A therapist trained in TFT diagnostic procedures can usually determine the substance. After the substance has been absent for a period of two months, giving the person’s system a chance to heal, a repeat treatment will usually hold. Then, after that time, the offending substance may no longer regenerate the psychological problem.

**TRANQUILIZERS** A means of blocking awareness of anxiety without addressing the cause of the problem. Tranquilizers appear to help by temporarily masking or hiding anxiety from awareness. It is my thesis that all addiction is addiction to some form of tranquilizer, whether chemical or behavioral.

**TRAUMA** A trauma is due either to a direct horrible experience leading to severe emotional upset (due to the generation of perturbations) and/or pain, or it is due to witnessing a terrible experience of another or others. Trauma entails certain sequelae, in addition to the direct pain and suffering. These sequelae consist of obsessive thoughts regarding the incident, as well as repeated bad dreams or nightmares. If one is familiar with Rupert Sheldrake’s theory of morphic resonance, TFT proposes that these sequelae are the central source of relevant information fed into the morphic field (collective unconscious—Jung) that allows for the inheritance of what we call phobias (McDougall). The sequelae fulfill the dictum of Shannon, who introduced information theory, that a message will come across no matter how much background noise, as long as sufficient repetition of the information is carried out.

**TUNING** (see Resonance) The process of bringing a particular thought associated with a problem into awareness. For example, a trauma victim will be asked to think about the trauma. Often, trauma victims and clients with obsessive-compulsive disorder, addictions, and anxiety have **INTRUSIVE** TF’s that enter under their own power and require no attunement. There can be no diagnosis or therapy without appropriate tuning. Animals or infants who have no choice in tuning must be **in** a situation that generates the appropriate TF in order to be diagnosed and treated effectively.

**VOICE TECHNOLOGY** The proprietary technology that allows for the rapid and precise diagnosis of p's by telephone through an objective and unique voice analysis technology. The relevant (p) information can be demonstrated to be contained in holographic form within the voice. VT allows diagnosis to be done with only a fraction of a second of the voice available. Language, inflection, and content are totally irrelevant to the process. The encoded information is then decoded with precision, and the empirical effectiveness of the discoveries so obtained is quite easy to demonstrate. This is not stress analysis, since stress is too vague to be useful in this context and can be assumed when a client requires help. It is, rather, a rapid decoding process of the relevant p information in the attuned thought field and contained within the voice. The VT allows the TFT trainee a unique kind of experience wherein the trainee can obtain almost immediate consultation and help with difficult clients, in the trainee's office, through the medium of the Voice Technology. This on-the-spot availability of supervisory help that is offered as a part of training is unprecedented.

**VOLTMETER** Harold Saxton Burr, a former professor at Yale Medical School, did interesting experiments using a voltmeter from the 1930's through the 1950's. One of his students, Louis Langman, went on to become a Professor of Gynecology at NY University Medical School. Prof. Langman used the voltmeter on his patients and found that cancer was highly associated with a negative polarity. This was a strikingly similar finding to mine in 1979. I discovered what I called "psychological reversal" and found a high correlation between this state and the presence of cancer. Interestingly, when surgery was carried out on the cancer patients, Langman found that the polarity went back to positive. Evidently, he and his colleagues knew of no way to correct the polarity reversal other than surgery. I believe that my methods of correcting reversal, which are supported by voltmeter readings, may prove very helpful in the treatment of cancers. We owe a great debt of gratitude to Ing Alvaro Hernández, TFT-Dx of Mexico City for discovering some voltmeters that work in the TFT context!

**WITHDRAWAL** The acute anxiety experienced by addicts when deprived of their favored tranquilizer. Withdrawal can be viewed as anxiety unmasked. Even heroin addicts may be totally relieved of all physiologic (and, of course, psychological) symptoms with the TFT treatment for addiction. A chain-smoking cigarette smoker may be entirely unaware of the anxiety that powers the need for cigarettes because the cigarette continually masks the anxiety. The chain smoker never has a chance to experience withdrawal; however, when deprived of a cigarette, the smoker becomes acutely aware of the underlying anxiety. One may, therefore, gauge the degree of an anxiety problem by the number of cigarettes smoked per day. The same reasoning applies to all addictions. The TFT algorithm for addiction withdrawal has a very high success rate. By this, we mean that the treatment eliminates the desire to consume a substance or engage in a behavioral addiction about 90% of the time. The TFT treatment is very effective in helping individuals who are addicted to prescribed tranquilizers; however, this should always be done under the supervision of a knowledgeable professional.

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## 6.8 How to Contact Us After the Training



Feel free to call your instructor with any questions that come up for you after the training. You might also need to contact Callahan Techniques, Ltd. if a situation arises with a client in which you find it necessary to make a referral to a TFT Diagnostic or Voice Technology practitioner.

### Your Instructor:

\_\_\_\_\_  
Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Diagnostic Help:** Check the [www.RogerCallahan.com](http://www.RogerCallahan.com) or [www.TFTPractitioners.com](http://www.TFTPractitioners.com) websites for a current list of DX practitioners in your area.

**For TFT Voice Technology Support:** Check the [www.RogerCallahan.com](http://www.RogerCallahan.com) website for a current list of Voice Technology practitioners in your area.

### The Callahan Techniques, Ltd.:

**Joanne M. Callahan, MBA, President**

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E-mail: [Joanne@tftrx.com](mailto:Joanne@tftrx.com)

### Thought Field Therapy® Websites

Website is <http://www.RogerCallahan.com>

ATFT Foundation: [www.ATFTFoundation.org](http://www.ATFTFoundation.org)

ATFT Foundation Free Trauma Relief: [www.TFTTraumaRelief.wordpress.com](http://www.TFTTraumaRelief.wordpress.com)

ATFT Foundation UK: [www.ATFTFoundation.UK.com](http://www.ATFTFoundation.UK.com)

TFT Practitioners listing: [www.TFTPractitioners.com](http://www.TFTPractitioners.com)

## 6.9 Training Assessment



This assessment has three purposes:

- to provide a review of the information presented in the training,
- to give feedback to the instructors on areas needing more emphasis, and
- to demonstrate your learning and understanding of TFT.

**To give your response, please circle the letter that corresponds to the correct answer:**

1. The difference between TFT and acupressure or acupuncture is that in TFT:
  - a) the therapist needs to tap the points on the person being treated.
  - b) the person uses needles to stimulate the points.
  - c) the person needs to think about the problem for which he/she is tapping.
  - d) the person needs to be in an clinical situation in order to do the tapping.
2. If you do not get a Subjective Unit of Distress (SUD) report before beginning the tapping:
  - a) the algorithm will not work.
  - b) you and your client may have difficulty in recognizing the changes resulting from the tapping.
  - c) the client will not show any improvement at all.
  - d) psychological reversal can be assumed to be present.
3. More than one algorithm is provided for:
  - a) addictive urge.
  - b) obsessive/compulsive disorder.
  - c) panic/anxiety disorder.
  - d) all of the above.

4. One should stop TFT treatment when:
- a) the client reports a SUD of 1 on a 1 to 10 scale and has done the floor-to-ceiling eye roll.
  - b) the client is not reporting any further reduction of the SUD after making corrections for reversals, doing collarbone breathing, and doing the alternative approved algorithms for the problem, if available.
  - c) the client does not want to continue for any reason.
  - d) all of the above.
5. If the SUD has gone from a 10 to a 7 after the majors and then to a 5 after the 9 Gamut Sequence and repeating the majors, the therapist should:
- a) give up and make a referral to a psychiatrist for medication to be given.
  - b) correct for a mini-psychological reversal and repeat the same algorithm.
  - c) try a different algorithm.
  - d) ask the client to try to think more positively about the problem.
6. It is important to tell a client who is overcoming an addiction to:
- a) treat for PR15-20 times a day, including tapping the side of the hand, rubbing the sore spot, and tapping under the nose.
  - b) do collarbone breathing three times a day.
  - c) use the algorithm for addictive urge when he/she feels the urge to indulge in the substance.
  - d) all of the above.
7. TFT algorithms, when properly applied in a normal client population, will result in successful resolution of their emotional problems in about:
- a) 70%-90% of cases.
  - b) 99% of cases.
  - c) 23% of cases.
  - d) 50% of cases.
8. e, a, c, 9g, sq:
- a) is an example of a complete holon.
  - b) is the treatment algorithm for most simple phobias.
  - c) ends with tapping on the collarbone point.
  - d) all of the above.

9. Which of the following client statements indicates the apex problem after therapy?
- a) "I don't think it was really that bad to start with."
  - b) "You were distracting me, so it does not seem so important now."
  - c) "I think this form of hypnosis is very effective."
  - d) All of the above.
10. In TFT, a cure is defined as:
- a) a report that the SUD is 1 on a 1-10 point scale and elimination of all other related negative clinical symptoms associated with the problem, even if it only holds for a few minutes.
  - b) an acceptable reduction in the severity of symptoms.
  - c) permanent elimination of symptoms.
  - d) the use of an algorithm.
11. Which of the following is **not** an indication of possible psychological reversal?
- a) The person shows no improvement when using a usually effective treatment.
  - b) The person reverses letters or numbers.
  - c) The person reverses directional concepts, e.g., saying left instead of right.
  - d) The person starts crying.
12. For the floor to ceiling eye roll to be effective, the client must:
- a) slowly rotate the eyes from floor to ceiling while tapping the Specific PR spot.
  - b) express a desire to relax prior to the treatment.
  - c) slowly rotate the eyes from floor to ceiling while tapping the gamut spot.
  - d) have successfully completed an algorithm before use.
13. If a phobia is clearly linked to a traumatic event, it is necessary to:
- a) treat that trauma with the trauma algorithm before treating for the phobia.
  - b) use the phobia algorithm first, as the phobia is the real problem.
  - c) always correct for pr in advance of treatment.
  - d) counsel the client first.

14. A subtle but rather typical response to TFT after successful treatment is that:
- a) the client always feels tired.
  - b) the client has difficulty in reporting a SUD because he/she *“can’t think of the problem any more.”*
  - c) the client feels nauseous.
  - d) the client reports a SUD of 1 just to please the therapist.
15. A drop in the SUD of only one point when a client starts with a SUD of 9 suggests that the client may be:
- a) thinking positively and giving you the benefit of the doubt.
  - b) psychologically reversed.
  - c) using the incorrect algorithm for that problem.
  - d) all of the above.
16. Which of the following client responses is an indication of a cure?
- a) a reported SUD of 1 on a 1 to 10 scale.
  - b) the question, “How long will this last?”
  - c) a call to the therapist later saying, “The distress came back after a while.”
  - d) all the above.
17. The possible need for the Collarbone Breathing Exercise is indicated by all of the following except:
- a) the client uncharacteristically bumps into objects.
  - b) the client is slow in global response to TFT treatment.
  - c) above normal clumsiness.
  - d) an expected fall in the SUD.
18. In Collarbone Breathing, it is important to keep the thumb off the chest because:
- a) it is more comfortable for the client.
  - b) it can be tapped more easily.
  - c) the back of the thumb has a different polarity than the fingertips.
  - d) it gets in the way of tapping the gamut spot.

19. Completion of this training entitles you to:

- a) practice psychotherapy on every psychological problem that presents.
- b) use TFT to work with problems addressed in this training within the scope of your practice, your current license, your organizational role, and/or your other expertise.
- c) offer approved algorithm training for other service providers.
- d) adapt or alter the TFT treatment protocol to suit the way you work.

20. In TFT, a repressed person is:

- a) a person who shows changes in behavior, expression, or affect but does not report any difference in the way he/she feels.
- b) a person who will not show a phobic response by thinking about the object of fear unless he/she is in the presence of the object of fear.
- c) both (a) and (b)
- d) neither (a) nor (b)

21. Which of the following is not a common energy toxin?

- a) Wheat
- b) Water
- c) Perfume
- d) Tobacco smoke

22. When treating for panic attacks or chronic anxiety, it is important to tell the client not to be surprised if he/she experiences a return of the upset, and to note the circumstances prior to the return of the upset, because:

- a) the client might terminate the treatment too early.
- b) the client may become exposed to an Individual Energy Toxin.
- c) the client may be able to identify a substance that is an Individual Energy Toxin for him/her.
- d) all of the above.

23. One of the differences between the treatments for Physical Pain and for Depression is:

- a) the gamut spot is tapped in one and not the other.
- b) the collarbone is tapped in one and not the other.
- c) the 9-g sequence is done in one and not the other.
- d) the client's thought field during the tapping.

24. One can often resolve problems using TFT with infants, provided that you:
- a) ask them to think about the problem first.
  - b) treat them while they are asleep.
  - c) treat them when they are in the triggering situation.
  - d) tap gently.
25. A perturbation is:
- a) a cause of mental disquietude, according to the Dictionary.
  - b) contained in the thought field.
  - c) collapsed when specific meridian points on the body are stimulated.
  - d) all of the above.

## **True / False Questions**

**Please circle either “True” or “False” to the following statements:**

26. No negative side effects from TFT treatment procedures have been identified.
- TRUE          FALSE**
27. An Individual Energy Toxin (IET) is always an allergen to the client.
- TRUE          FALSE**
28. IETs can easily be cleared by repeated correction of PR.
- TRUE          FALSE**
29. The TFT Law of Reversal states simply that a person who is in a state of reversal is unable to respond to an otherwise effective treatment.
- TRUE          FALSE**
30. Random tapping of meridian points will eventually achieve the same therapeutic results as the use of TFT Algorithms.
- TRUE          FALSE**

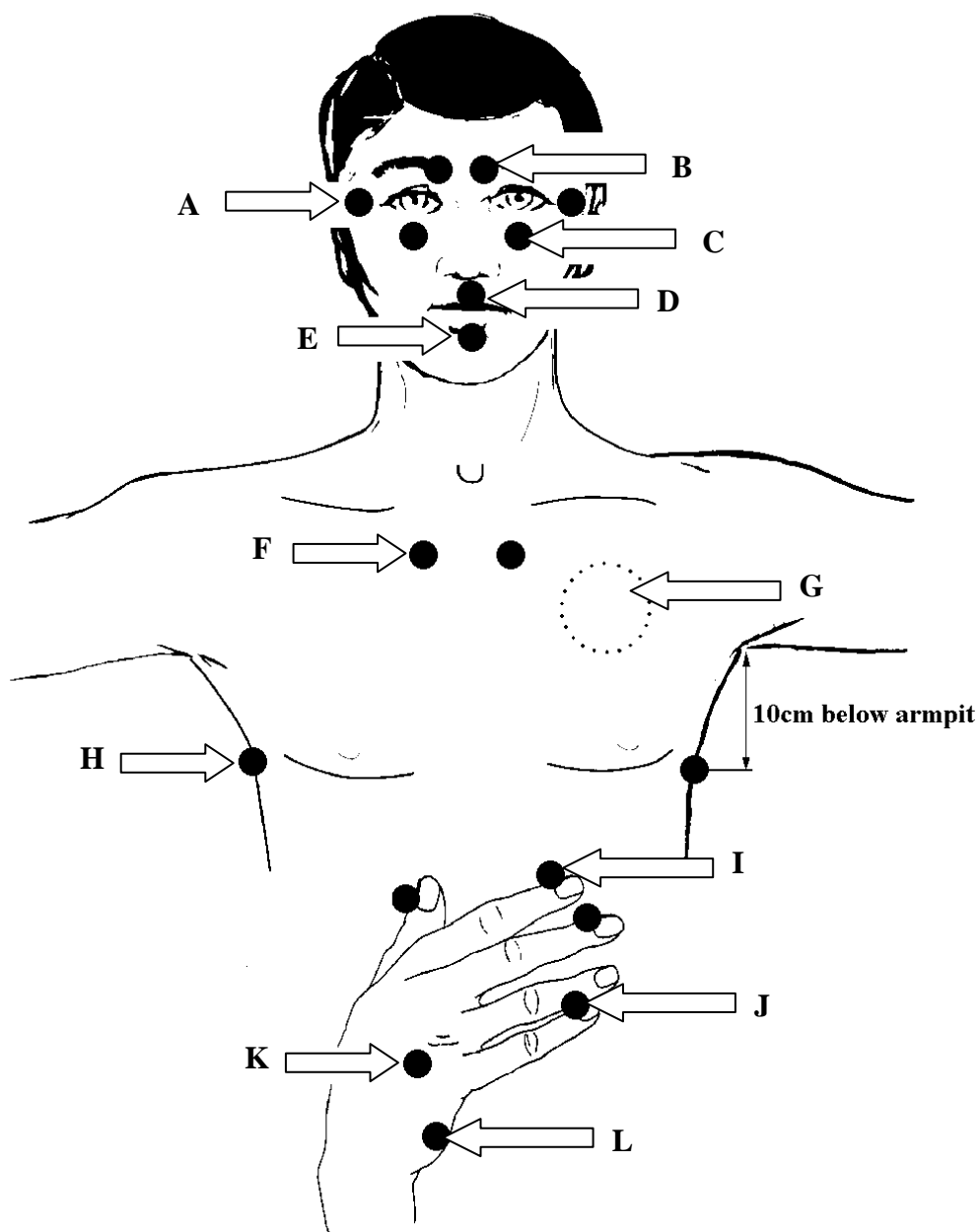


## Identification of Tapping Points

31. Match the tapping points to their location letter on the Chart overleaf.

<b>Tapping Point</b>	<b>Chart Letter</b>	<b>Tapping Point</b>	<b>Chart Letter</b>
Index Finger (guilt)		Eyebrow (trauma)	
Tiny Finger (anger)		Under Eye (anxiety)	
Gamut Spot		Chin (shame)	
PR Spot		Outside Edge of Eye (rage)	
Sore Spot		Under Arm	
Under Nose (embarrassment)		Collarbone Point	

# THE CALLAHAN TECHNIQUES®



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