

## Demonstration Using the three levels of Thought Field Therapy (TFT)

ACP 2023

Based on the discoveries of

Roger J. Callahan, PhD

Suzanne M Connolly, LCSW, LMFT, LISAC

[smc@suzanneconnolly.com](mailto:smc@suzanneconnolly.com)

[www.thoughtfieldtherapy.net](http://www.thoughtfieldtherapy.net)

928-282-262

This break-out demonstration will, as suggested by its title, be a live demonstration. It will not be a class on learning to facilitate a thought field therapy (TFT) session. I will do my best to utilize examples of all three levels of TFT in the demonstration using volunteers chosen from attendees. The volunteers will not be pre-arranged.

I am hoping that Reading some non-instructional information about TFT and the development of tapping for psychological problems will be of interest to you and help you understand the development of this pioneering technique.

### *A Brief History of Tapping for Psychological Problems*

Whether you are already comfortable with tapping, or just curious about tapping, you may have witnessed or heard about how effective tapping is for many psychological problems. You may have wondered who came up with this idea; and just how that someone discovered that tapping on specific acupuncture points in a particular sequence can often mitigate psychological problems such as anxiety, depression, and past trauma? And when did this all happen?

Well, that someone was Dr Roger Callahan. Callahan, a psychologist, was the first person to discover that tapping on specific acupoints in a specific order could alleviate many psychological problems. He made these discoveries early in the 1980s, but only after he famously, in the late 1970's, discovered that tapping on the side of the hand, on the small intestine (SI) meridian (specifically SI-3) could alleviate a problem that chiropractors were then calling "psychological reversal" or sometimes calling it "switching".

Chiropractic practitioners commonly believed that this problem "psychological reversal" or switching" was due to inner psychological conflicts about getting over a problem. Callahan later

came to believe that these “reversals” were caused by literal blocks to the flow of energy as it flowed through the acu-system. He found that any kind of stress, psychological, physical, or spiritual could result in these reversals. He discovered that treatments that would otherwise work, will not work, or will not hold due to these “reversals” or energy blockages. Over the years Callahan noticed that when his tapping sequences were not working, or would hold only for a brief time, and he would then correct the reversals by tapping the side of the hand, the same identical treatments that had not been effective before, would, then, most frequently, be effective and long lasting.

Callahan found that signs of reversals might be getting South and North, or East and West or left and right mixed up, or a person might experience a reduced ability to concentrate or perform. When a person is not reversed, but became reversed when thinking about a specific problem, Callahan called these types of reversals Specific Reversals. Callahan is cited today in books on muscle testing or Applied Kinesiology for discovering how to use tapping to correct for psychological reversal.

Callahan’s tapping discoveries began shortly after his being introduced to Applied Kinesiology a system of muscle testing being developed at that time by Dr. George Goodheart. Goodheart found that muscles that tested weak when pressure was applied, would then test strong after corrective treatment. Goodheart experimented and found that muscle testing was a reliable way to see if a treatment had worked and if it was holding.

Goodheart found that weak muscles often strengthened after applying a traditional chiropractic technique known as the origin-insertion technique where the tendons of a muscle are attached to the bone are massaged. He further explored and found that he could strengthen weak muscles, in some cases, by rubbing the neurolymphatic reflex points, a set of points developed by Dr. Frank Chapman in the 1930’s. (Callahan found one of those neurolymphatic points to be of use in tapping when tapping the side of the hand did not correct the reversal.) In other cases, Dr. Goodheart found that muscle strengthening was obtained by holding the neurological holding points developed by Dr. Terrence Bennett, also in the 1930’s. In 1970 Goodheart also began using acu-points to strengthen associated organs by simply putting pressure on the points or tapping them. Callahan always credited Goodheart with his own discovery of tapping. I often heard him say that without muscle testing, he never would have discovered that tapping on specific acu-points in a specific sequence, could often alleviate psychological problems.

After discovering the correction for psychological reversal, and collaborating with Goodheart, Callahan went on to refine Goodheart’s corrections for neurological disorganization, a state of neurological confusion, with a simple-to-use technique Callahan called Collarbone Breathing.

Eventually, the ever-curious Callahan began to develop a system of tapping on acu-point meridians, usually on or near the endpoints, to alleviate psychological distress. It began with a client that Callahan called “Mary”. As both Callahan and Mary tell the story, Mary suffered from severe aquaphobia, which as you might guess by the name, is a serious and irrational fear of water.

Callahan, himself, suffered from severe anxiety and knew firsthand how debilitating anxieties could be. After spending a good deal of his youth in foster care (and despite his anxieties) he served in the Pacific Theater during World War II as part of the team known as the Flying Tigers. When the war ended, he qualified for a government loan under the newly created GI Bill, and he was then able to attend the University of Michigan where he taught and conducted research for several years after graduating with a doctorate in psychology.

*The Beginning of Tapping for Psychological Problems: The Story of Mary.*

Mary's aquaphobia, or fear of water, was so great that she could take a bath in only about an inch of water, but even though she knew her fear was irrational, it was a terrifying daily experience. She had children and lived near the ocean but could never accompany them to the nearby beach. Even going out in the rain was a white-knuckle experience for Mary.

Callahan reveals that he had been working with Mary for about 18 months, using systematic desensitization and cognitive behavioral therapy. Mary had, at that time made some progress and her visits were taking place in Callahan's back yard by his swimming pool. With the help of systematic desensitization, Mary was able to sit by the pool, but not facing the water. One day during a poolside session, Callahan had a thought. One of the biological symptoms Mary experienced with her aquaphobia, was a feeling of butterflies-in-the-stomach, a symptom that frequently accompanies anxiety. He wondered what would happen if he had Mary tap under her eyes, the end of her Stomach meridian. At that point in time, he saw only a potential possibility that tapping that point might mitigate the butterflies in Mary's stomach.

Mary desperate to try anything, dutifully tapped and spontaneously stood up and exclaimed: "Dr. Callahan-it's gone"! Surprised, but hopeful that the feeling in her stomach might have been reduced, Callahan inquired as to what was "gone". "My fear of the water" Mary answered, as she walked toward the pool, knelt poolside, stuck her hand in the water and splashed a bit. Mary then got back up and walked toward the deep end of the pool. Callahan reports that he then panicked and yelled, "Mary, Mary, you can't swim, don't jump in!". "Dr. Callahan", Mary retorted, "I know I can't swim and I'm not going to jump in!". Callahan's initial fear had been that he had removed even a healthy fear of water and was relieved that whatever had just happened, he had done no harm.

I watched a video of Mary, a lovely African American woman, filmed twenty years after her treatment with Callahan. She reported that, even after that simple tapping on just that one spot, her fear of water had never returned.

Mary was an anomaly. It is extraordinarily rare that a person is that easy to treat with tapping. Callahan tried this simple one acu-point tapping procedure with his other clients who all suffered from anxieties and phobias with no initial success.

Callahan, however, was wise enough and curious enough at the time, that he knew he had witnessed the seeds of a new discovery. He began muscle testing for other meridian points that might be helpful in treating other clients. Callahan spent months and then years experimenting and testing.

### *Callahan develops Causal Diagnosis*

*(Finding where to tap in what order)*

Many people who use tapping, do not realize that it came through muscle testing and without muscle testing we would not have the tapping methods we have today. After learning to muscle test, Callahan spent months and years refining his new system of tapping on acu-points to improve psychological wellbeing. The tapping sequences, or algorithms, came from his ongoing efforts.

After testing thousands of points on the meridians, Callahan produced a system he eventually called thought field therapy (TFT). Callahan always pointed out that he used muscle testing to discover what acu-points worked rather than reading acupuncture manuals to see what acupuncturists might use. Rather than beginning with a theory, he simply tested to see what worked. He wanted to know, when a client was thinking about a specific problem, and an indicator muscle tested weak, what meridian point when tapped, would cause that muscle to become suddenly strong. Thus, he called this new method of testing Causal Diagnosis”.

The algorithms arose from his findings, that for certain emotions certain tapping points came up for most people most of the time. Soon, Callahan noticed that certain points commonly needed to be treated when the clients reported specific problems. From this he developed the simple and easy-to-use algorithms that can easily be used even without muscle testing. Finally, Callahan found a reliable method of self-testing that could be used over the phone or internet to find where a person might need to tap in what order.

While research validates the effectiveness of the algorithms, in many populations, even after just one treatment, one can even get faster results with most clients by employing muscle testing to produce holons that are not necessarily algorithm but are unique to a specific person at a specific time. Muscle testing is particularly valuable for more complicated (not necessarily more severe) cases, where the algorithms have failed to be effective. Eventually, Callahan developed a reliable method for using a method of self-testing for where a client needed to tap in what order. This made it easy to treat clients who didn't quickly respond to algorithms when treating them on the phone or later on the internet.

In the beginning, Callahan believed that he had discovered a cure for most anxieties and phobias but did not believe that his new discoveries would be instrumental in treating other psychological issues. After some time, he eventually discovered through experimentation, that TFT could also be effective for anger, rage, depression shame, guilt, and even pain. After, in due course, to his great surprise, he found that TFT could be effective in eliminating the symptoms of posttraumatic stress disorder (PTSD). Through the years Callahan and others have found success using tapping with physical ailments, used as an adjunct therapy to complement, but not replace professionally researched traditional Western medical treatments.

## TFT vocabulary

**Indicator muscle:** An indicator muscle is a muscle that will test weak when thinking about something upsetting, or when identifying something that is an individual energy toxin. Any muscle can be used as an indicator muscle, however, using the deltoid muscle, specifically the middle deltoid, is usually preferred. It is a strong muscle and typically the easiest and thus, the most accurate, muscle to test.

**Thought Field:** A field is an invisible area of influence. No one has seen gravity, and yet we witness the influence of gravity. An electrical field itself is invisible to us, yet we see its benefits in our everyday life. We do not see a magnetic field, but we know if we hold a magnet up at some distance from a ferrous metal object, the object will be drawn to the magnet through an invisible force we call the magnetic field. In the same way, no one has ever seen a thought, and yet we see the influence of thoughts in our lives and in the world. You could think about something that makes you happy, and you will feel and look much different than when you are thinking about something that makes you sad. People's thoughts influence the way they act and think and vote. For tapping to work, a person needs to be thinking or "tuned in" to the memory, feeling, or emotion. Callahan would say something like "If you were doing acupuncture, you would not have to ask the person to think about anything, they could just lie there, but because we are working on feelings, emotions, and the thoughts that generate them, the person needs to be tuned into the thought field for TFT to be effective."

**Perturbations:** In systems biology, a perturbation is an alteration of the function of a biological system by external or internal means such as environmental stimuli, drug inhibition, and gene knockdown. In the APA lauded book *Perturbations, The Biology of Stressful Experience*, authored by Herbert Weiner, and published in the John D. and Catherine T. MacArthur Foundation Series on Mental Health and Development, Weiner defines how perturbations affect biology: *"the interrelationship of the subsystems is brought about by a large variety of communication signals emitted in a regular, or irregular, rhythmic pattern and arranged in a series of feedback loops. ...Stressful experiences perturb these rhythms... and may result in illness and disease."* Callahan thought in scientific terms and believed that the goal of all therapy, but in particular, TFT, was to rid the person of the perturbations in their thought field; to restore normal rhythm of the systems that had been disrupted or perturbed by stressful experiences. Therefore, the goal of TFT is to get rid of perturbations in the thought field.

**Holons:** Callahan termed the structure of all TFT treatments to follow a pattern. The pattern begins with a tapping sequence, followed by the nine-gamut treatment and a repeat of the tapping sequence. He called this sequence a holon which is a scientific term for a system which is simultaneously a whole within itself and at the same time a part of a larger system. Therefore, the algorithms you already used and hopefully are skilled at using, are all holons. However, in learning to use muscle testing you will find tailored individual sequences that are not algorithms but are unique for that person at that time and these structures are also "holons".

*A Brief History of Muscle Testing*  
(Taken in part from: Frost, R. *Applied Kinesiology Revised Edition*)

*Aristotle* (384-322 BC) founded the study of biology.

*Leonardo da Vinci* (1452-1519) studied kinesiology, the study of movement.

*Luigi Galvani* (1737-1798) demonstrated that muscular contraction is produced through electrical impulses.

*Dr. George Goodheart* (1918-2008) developed muscle testing to determine the effectiveness of a treatment. Goodheart believed:

- 1. The correct treatment almost always strengthens a weak muscle.
  - 2 Muscle testing can be used to determine the effectiveness of almost any treatment.
  - 3 By using muscle testing after a treatment, you can usually determine if or not the corrective treatment was effective.
- 

Goodheart's techniques were eventually named and trademarked as Applied Kinesiology (AK.) The corrective techniques Goodheart used included traditional chiropractic adjustments, Neurolymphatic massage techniques developed by Dr Frank Chapman in the 1930's, Neurovascular. Holding points developed by Dr. Terrence Bennett, also in the 1930's and eventually even utilizing the acu-points. *Dr Roger Callahan* (1925-2013) always stated that he could have never developed the tapping technique that he eventually named thought field therapy had it not been for the ancient Chinese discovery of the acu-point system and Goodheart's development of muscle testing.

About Psychological Reversal  
(Blocks in energy flow)

Psychological reversal is believed to be a literal blockage in the flow of energy through the acupuncture or energy system. The energy is partially blocked or totally blocked inhibiting the flow of energy or chi as it is often called. There is a belief by some that the acupuncture network system is the same as the neurological network of the body as most acu-points are located on, or very near large nerve endings or large gatherings of smaller nerve endings on the surface of the skin.

Callahan believed that psychological reversal was caused by stress. Sources of stress might be: physical stress such as playing a hard game of competitive sports, mental stress such as having overwhelming anxiety in general or about something specific, or spiritual stress as in grief or losing hope. It could also be environmental stress as in toxins in the environment or even stress on the body due to ingested toxins. Callahan divided psychological reversal into three categories. When a person is reversed because they are generally in a stressed state, but the stress is not limited to a specific thought, Callahan termed it **massive psychological reversal**. When a person is not massively reversed, but becomes reversed when thinking about a specific problem, like thinking about a specific past event, a particular anxiety about the future, or a feeling of hopelessness, he termed it a **specific psychological reversal**. When in the course of a TFT treatment, a person completed an algorithm or a holon, and the SUDs has gone down but not to a 1 or below, he termed this a **mini psychological reversal and it should be treated before continuing treatment**.

### *Evidence Base for Thought Field Therapy*

There is growing evidence to support the effectiveness of TFT as a psychological intervention, even though there are still claims on the web to the contrary.

An article entitled: Mental health interventions by lay counsellors: a systematic review and meta-analysis (Connolly, S. M., Vanchu-Orosco, M., Warner, J., Seidi, P. A., Edwards, J., Boath, E., & Irgens, A. C., 2021.) was published in the August 2021 issue of *The Bulletin of the World Health Organization*. Of the 19 randomized controlled trials that met the inclusion criteria three studies explored the use of TFT (Connolly, S. M., Vanchu-Orosco, M., Warner, J., Seidi, P. A., Edwards, J., Boath, E.; Irgens, A. C., 2021; Connolly, S.M., Roe-Sepowitz, D., Sakai, C.E., & Edwards, J., 2013; and Robson, R.H., Robson, P.M. Ludwig, R., Mitabu C., & Phillips, C., 2016). Of the three included TFT studies, two were conducted in Rwanda and one in Uganda. Two of the included TFT studies demonstrated high effect sizes and one included TFT study a medium effect size. The three TFT studies were found to have the fewest days of training and the least amount of treatment time.

In an outcome study conducted in Rwanda with street children, (Sakai, C., Connolly, S., & Oas, P., 2010) TFT was found to show promise in the treatment of children recovering from the 1994 Genocide.

Two European RCT studies were conducted in a hospital setting in Sweden, (Irgens, A.C., Hoffart, A., Nysaeter, T.E., Haaland, V.O., and Borge, F.M. Pripp, A.H., Martinsen, E.W.; & Dammen, T., 2017; & Irgens, A., Dammen, T., Nysaeter T., & Hoffart, 2012). In the first, study, TFT was found to be a promising treatment for agoraphobia when compared to a waitlist group. In the second study, TFT delivered superior results when compared to CBT for the treatment of anxiety.

A recent study conducted in the war-torn Kurdistan Region of Iraq by authors Seidi, P. A., Jaff, D., Connolly, S. M., & Hoffart, A. (2020), found TFT treatments to be preferred by the local population and more effective when compared to CBT.

A study of dental anxiety conducted by AlAwdah et al, (2021) in the Kingdom of Saudi Arabia at the King Saud University College of Dentistry Primary Clinics found that Thought Field Therapy significantly reduced dental pain when compared to other anxiety reduction techniques. And a quasi-experimental qualitative study was conducted in the nursing unit of the “Del Bosque” Childhood Integration and Connivance Center, S.C., Community Neighborhood Nursery No. U-1327 of the Mexican Social Security Institute, located in Texcoco, Mexico. 22618 by Barraza-Alvarez, F.V. (2021). Barraza-Alvarez found that Thought Field Therapy significantly reduced reported levels of anxiety and fear in the fourteen females participating in the study. TFT studies have been included in several globally important meta-analyses, including the following:

Brown, R. C., Witt, A., Fegert, J. M., Keller, F., Rassenhofer, M., & Plener, P. L. (2017) included the Sakai, Connolly & Oas (2010) study with street children in their review, Psychosocial interventions for children and adolescents after man-made and natural disasters: a meta-analysis and systematic review. *These authors found that the Thought Field Therapy intervention had the highest effect size when compared to other interventions such as EMDR and CBT.*

Morina, N., Nickerson, A., Malek, M., & Bryant, R. (2017), included Connolly & Sakai (2011) in their Meta-analysis of interventions for posttraumatic stress disorder and depression in adult survivors of mass violence in low- and middle-income countries as did Bangpan M, Felix L, Dickson K. (2019) in Mental, health and psychosocial support programmes for adults in humanitarian emergencies: a systematic review and meta-analysis in low and middle-income countries and Bangpan, M., Dickson, K., Felix, L. and Chiumento, A. (2017) in The impact of mental health and psychosocial support interventions on people affected by humanitarian emergencies: A systematic review

Two Cochrane studies included TFT studies in their extensive meta-analyses. Purgato M, Gastaldon C, Papola D, van Ommeren M, Barbui C, & Tol WA. (2018), included Connolly and Sakai (2011) & Connolly, et al, (2013) in psychological therapies for the treatment of mental disorders in low- and middle-income countries affected by humanitarian crises. van Ginneken N, et al (2021) included Connolly & Sakai (2011) in Primary-level worker interventions for the care of people living with mental disorders and distress in low-and middle-income countries.



*TFT Research, Reviews and Meta-Analyses  
That Has Been Published in Peer Reviewed Journals*

- AlAwdah, A.S., AlHabdan, A, H., AlTaifi, B., & AlMejrad, L. (2021) The Effect of Thought Field Therapy on Dental Fear among Saudi Women during Restorative Treatment. *EC Dental Science* 20. (5).
- Bangpan, M., Dickson, K., Felix, L. and Chiumento, A. (2017). *The impact of mental health and psychosocial support interventions on people affected by humanitarian emergencies: A systematic review*. Humanitarian Evidence Programme. Oxford: Oxfam GB.
- Bangpan M, Felix L, & Dickson K. Mental, health, and psychosocial support programmes for adults in humanitarian emergencies: a systematic review and meta-analysis in low and middle-income countries. *British Medical Journal Global Health* 2019. 4: e001484. 22618
- Barraza-Alvarez, F.V. (2021). Callahan's thought field therapy and the management of emotions associated with stress. *World Journal of Biology, Pharmacy, and Health Sciences*.7 (2), 60-68. Doi: 10.30574/wjbpshs.2021.7.2.0045.
- Brown, R. C., Witt, A., Fegert, J. M., Keller, F., Rassenhofer, M., & Plener, P. L. (2017). Psychosocial interventions for children and adolescents after man-made and natural disasters: a meta-analysis and systematic review. *Psychological Medicine*, 47, 1893–1905. doi:10.1017/S0033291717000496
- Connolly, S. M., Vanchu-Orosco, M., Warner, J., Seidi, P. A., Edwards, J., Boath, E., & Irgens, A. C. (2021). Mental health interventions by lay counsellors: a systematic review and meta-analysis. *Bulletin of the World Health Organization*,99(8), 572–582. retrieved from <https://doi.org/10.2471/BLT.20.269050>
- Connolly, S.M., Roe-Sepowitz, D., Sakai, C.E., & Edwards, J. (2013). Utilizing community resources to treat PTSD: A randomized controlled study using Thought Field Therapy. *African Journal of Traumatic Stress*, 3(1), 24-32. Retrieved from <http://doi:10.13140/RG.2.2.14793.44644>.
- Connolly, S.M., & Sakai, C.E. (2011). Brief trauma symptom intervention with Rwandan Genocide survivors using Thought Field Therapy. *International Journal of Emergency*

- Mental Health*, 13(3), 161-172. PubMed Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22708146>.
- Irgens, A.C., Hoffart, A., Nysaeter, T.E., Haaland, V.O., Borge, F.M., Pripp, A.H., Martinsen, E.W., & Dammen, T. (2017). Thought Field Therapy Compared to Cognitive Behavioral Therapy and Wait-List for Agoraphobia: A Randomized, Controlled Study with a 12-Month Follow-up. *Frontiers of Psychology*, 20, <https://doi.org/10.3389/fpsyg.2017.01027>  
PubMed
- Irgens, A., Dammen, T., Nysaeter T., & Hoffart, (2012) Thought Field Therapy (TFT) as a Treatment for Anxiety Symptoms: A Randomized Controlled Trial. *Explore*.8 (6) 331-337.a
- Morina, N., Nickerson, A., Malek, M., & Bryant, R. (2017). Meta-analysis of interventions for posttraumatic stress disorder and depression in adult survivors of mass violence in low- and middle-income countries *Depression and Anxiety*.34(8)679-691. doi: 0.1002/da.22618
- Purgato M, Gastaldon C, Papola D, van Ommeren M, Barbui C, Tol WA. Psychological therapies for the treatment of mental disorders in low- and middle-income countries affected by humanitarian crises. (2018) *Cochrane Database of Systematic Reviews* 7. Art. No.: CD011849. DOI: 10.1002/14651858.CD011849.pub2
- Robson, R.H., Robson, P.M. Ludwig, R., Mitabu C., & Phillips, C. (2016). Effectiveness of Thought Field Therapy Provided by Newly Instructed Community Workers to a Traumatized Population in Uganda: A Randomized Trial. *Current Research in Psychology*. Doi: 10.3844/crpsp.201
- Sakai, C., Connolly, S., & Oas, P. (2010). Treatment of PTSD in Rwanda genocide survivors using Thought Field Therapy. *International Journal of Emergency Mental Health*, 12(1), 41-49. PubMed. Retrieved From: <https://pubmed.ncbi.nlm.nih.gov/20828089/>.
- Seidi, P. A., Jaff, D., Connolly, S. M., & Hoffart, A. (2020). Applying Cognitive Behavioral Therapy and Thought Field Therapy in Kurdistan Region of Iraq: A retrospective case series study of mental-health interventions in a setting of political instability and armed conflicts. *EXPLORE*. <https://doi.org/10.1016/j.explore.2020.06.003>

van Ginneken, N., Chin, W.Y., Lim Y. C, Ussif, A., Singh R., Shahmalak, U., Lewin S. (2021). Primary-level worker interventions for the care of people living with mental disorders and distress in low- and middle-income countries. *Cochrane Database of Systematic Reviews* 8. Art. No.: CD009149. DOI: 10.1002/14651858.CD009149.pub3.

### *Bibliography*

Callahan, R. J. (2002). *Tapping the Healer Within: Using Thought-Field Therapy to Instantly Conquer Your Fears, Anxieties, and Emotional Distress*. N.Y.: McGraw Hill.

Connolly, S.M. (2004). *Thought Field Therapy: Clinical Applications, Integrating TFT in Psychotherapy Practice*. Sedona, AZ. George Tyrell Press.

Frost, R. *Applied Kinesiology Revised Edition: A Training Manual and reference Book of Basic Principles and Practices*. Berkley California: North Atlantic Books.

Stux, G, Pomeranz, B (1987). *Acupuncture: Textbook and Atlas*. Springer-Verlag, Heidelberg.

Walther, D.S. (1988). *Applied Kinesiology: Synopsis*. Pueblo, Colorado: Systems DC.