TAPPING FOR HEALTH:
CREATING A BETTER LIFESTYLE THROUGH TFT

AN INTERACTIVE, LIVE TELECLASS
Callahan Techniques, LTD
Tapping To Overcome Pain.  
A Drug-Free, Non-Invasive and Simple-To-Use Approach.

Millions of people suffer from physical pain every hour of every day. Whether it's back pain, joint pain, headaches, bursitis, old sports or military injuries, sinus pain or any other type of pain. Chronic physical pain robs them of a normal life, and worse, robs them of their spirit and sometimes even their will to live.

Unfortunately, many turn to painkilling drugs or experimental surgeries, usually emerging no better than they were before.

As an alternative to these demoralizing (and risky) options Thought Field Therapy® (TFT) has proven extraordinarily effective at stopping pain in its tracks.

Most importantly, TFT does no harm. Even pain that results from injuries suffered years ago can be helped with Thought Field Therapy. TFT has been successfully reducing and even eliminating pain without risk for over 32 years. It is drug-free, non-invasive and simple to use.

The use of Thought Field Therapy® has become a lifestyle for many. It's a tool for the entire family, melting away life's challenges and freeing us to be happy and productive.

Having the ability to quickly tap away problems and concerns related to pain helps us to reduce our stress, boost our immune systems, and live a more joyful, better-quality life.

TFT quickly eliminates trauma, stress, fears and anxiety that cause or aggravate physical pain. It also identifies and eliminates the blocks to healing and achieving Optimal Health.

Over thirty years ago, Dr. Roger Callahan discovered a way to identify and subsequently eliminate self-sabotage and blocks to healing and success. He called this phenomenon, Psychological Reversal (PR). Shortly thereafter, he found a way to cure life-long fears and phobias, often in just minutes, and subsequently has developed these procedures into the first "power therapy of the 21'st century", Thought Field Therapy® (TFT). We are celebrating our 32'nd anniversary, 32 years of healing with Thought Field Therapy®. In fact, TFT is the grandfather of the many tapping meridian and energy therapies used today.

In this tele-class we will show you the simple TFT self-help procedures to quickly eliminate many blocks to better health, reduce and often eliminate physical pain and the related stress, fear, trauma, anger and guilt that can be associated with physical pain.

As this class is only a single session, there will be a lot of information given in a very brief time. The best use of your time will be to listen and use your workbook to follow along, then go back and reread your workbook. The class is recorded and you will receive an MP3 file of the class to listen to at your leisure, focusing on those parts that are most relevant to you.

Many are new to TFT or tapping so I have included a brief history here in the workbook.
What is Thought Field Therapy® (TFT)?

Thought Field Therapy® (originally the Callahan Techniques®) is different from other healing modalities for pain. However, it uses the same meridian system that acupuncture or acupressure uses.

The therapeutic process itself is completely unique. So is the scientific foundation on which it is based. And, so are the unprecedented results it can produce. Over the last 32 years, since its discovery as the Callahan Techniques® and its continual improvement and development, it has spawned numerous offshoots.

TFT is a system that facilitates healing as it accesses and resolves the essence and the root cause of a problem, whether emotional or physical. As a clinical psychologist, Dr. Callahan began working with negative emotions, phobias, anger, guilt, grief, trauma, addictions, depression, etc. These negative emotions and many physical problems are condensed information in energy form, bound in what he calls a Thought Field. The active information, or healing data, in this Thought Field creates the distress by controlling the negative emotions, much physical distress and subsequently our behavior.

And how does it work with the Thought Field and the energy of the body?

The key to the treatment is influencing the body's bioenergy field by tapping with your fingers on specific points on the body located along energy meridians, while tuned into the specific thought field, physical location of pain. This is a simple, user-friendly process that will be explained in the tele-class.

Achieving Better Health and Well-Being

In January, last year, we gave a tele-class to assist our customers in successfully achieving their New Year's resolutions and overcoming blocks to their success.

This class worked so well for their New Year's resolutions that by the last class we were asked to tackle many of their other challenges, from physical to emotional issues. These too were very successful and we have had so many requests for additional classes, we scheduled them throughout last year and this year.

An excellent example of the kind of miracles our attendees achieved is the following article that was written for our recent newsletter, the Thought Field, and has been included in our new book, *Tapping the Body's Energy Pathways, Real People Reveal How Thought Field Therapy Heals Trauma, Anxiety and Disease.*
“I am thrilled and honored to have learned about Thought Field Therapy. The TFT tele-class is one of the best training experiences and investments I have ever made. The tele-class provided fantastic insight and guidance into the TFT algorithms and usage. I highly recommend everyone learn TFT and put it too good use. TFT can do wonders for you. Now, perhaps you are wondering why I am so excited about Thought Field Therapy. I hope that after reading about my situation and the help TFT has given me, you too will give it a try.

In January 2005 I went sledding down my street. Part way down the steep hill the snow became solid ice. I was unable to steer or stop and slid head first into the bumper of a parked mini-van. I suffered such a bad head injury that I barely made it to the hospital alive. If it took 20 minutes longer, it would have been too late. I was put into a medical coma for 10 days and have a two month period that I do not remember anything from. With great medical care, support from my family, and post-hospital rehabilitation I finally returned to full time work after 8 months. I am nearly fully recovered other than I had lost 100% of my sense of smell. Medical professionals told me that the loss of smell is not an unusual occurrence after the type of brain injury I had. I was informed that I would never recover my sense of smell.

For five years, it was correct. I did not smell anything. However, in January 2010 I took the TFT tele-class and was given a customized Thought Field Therapy algorithm, from Dr. Roger Callahan, to regain my sense of smell. It is amazing the capability Roger has developed with TFT and Voice Technology. I have used the algorithm (((a, mf, tf, e, g50, eb) 9g) sq) at least 15 times a day for 40 consecutive days (20+ times for 35 of those 40 days). After the 30th day, I was startled and pleasantly surprised to notice the air all of a sudden seemed different as walked down the indoor hallway near the building cafeteria. It took me a bit to realize I was actually smelling something again. After 5 years, I had sort of forgotten what that was like. In the days since then I have had other occasional instances of smelling things. My sense of smell is not yet 100% back, but I am thrilled to have what I was told could never happen actually occur. TFT has made this possible. Roger originally explained I would need to follow this 15+ times a day regimen for many weeks. It only takes a minute to execute the algorithm and can been throughout the day. I gladly and enthusiastically continue applying TFT to further regain my sense of smell. This is much better than five years of thinking I would never smell again. Use TFT it really works. In addition to this more extensive usage, I have also used different TFT algorithms to alleviate other worries and anxieties.”

David Burns
Portland, OR, USA

Remember, if you wish to have the opportunity to volunteer to receive an individual tapping sequence, you must submit your request to be a live demonstration in advance.

You may also submit questions in advance that you would like to have answered. We do our best to tailor each teleclass to the specific needs of our current participants.

SEND QUESTIONS AND VOLUNTEER REQUESTS TO: joanne@tftrx.com
TFT works on a variety of pain, from many causes. Even pain that results from injuries suffered years ago can be treated with Thought Field Therapy. Regardless of the type of original injury—and even regardless of the severity of the resulting pain—Thought Field Therapy can often provide significant relief.

While most of us have never played college sports—with all its repetitive injuries—our pain can sometimes persist just as intensely as if we had. We have included a story about a college football player, just three sessions of TFT relieves the pain and improves his range of motion.

Of course, most practitioners know that the trauma of an accident, injury or horrible incident often causes somatoform pain—pain that isn’t caused by tissue damage, inflammation or any other medical condition, but rather by the traumatic emotions that remain following the trauma.

We have included a story of one patient who begins suffering severe arthritic pain over a year after her physical injuries are healed. Interestingly, her naturopathic physician—who had succeeded in treating severe arthritic pain with a unique protocol he had developed—marvels at the speed with which TFT not only relieves arthritic pain, but also relieves the associated trauma, which he had not been able to do.

We will show you how to tap away the effects of these past traumas to further support your pain relief.

The beauty of Thought Field Therapy is the speed with which it often relieves pain. From a single tapping sequence which takes just a few minutes, to multiple tapping sequences which some people require, TFT is effective and fast.

Of course, pain specialists know that the ache and throbbing of chronic pain can actually inhibit healing of some injuries. However, once TFT removes the pain, and blocks to healing, it can happen faster and with better results.

TFT has rapid and effective self-help tools to address so many of life’s daily stresses and a large variety of our health challenges. Regular use of TFT, tapping daily, can dramatically improve our quality of life.

We will show you how to use these tools to eliminate or reduce stress, quickly dissolve anger, quiet the mind from obsessive worry, reduce anxiety, stop negative emotions and behaviors, and erase the effects of past traumas. By working directly on the emotional stress points and blocks that may be contributing to our physical pain, we can achieve lasting results and a better quality of life. It can help us begin to feel better right away.

Your workbook includes various examples of how TFT was used to address pain, from both professionals and individuals helping themselves. The cases are selected to provide a representative sample of uses and solutions. They have come from our new book, *Tapping the Body’s Energy Pathways, Real People Reveal How Thought Field Therapy Heals Trauma, Anxiety and Disease.*
Purpose of This Class

The purpose of this teleclass is to teach you how to use some of the powerful TFT algorithms in the most effective way possible in order to eliminate your blocks to healing, relieve physical pain and any associated fears or stresses, and heal the past traumas that may be contributing to the pain. We will work toward this goal by teaching you some of the basic concepts and then teaching you the appropriate algorithms or tapping sequences.

Since everyone’s needs are different, our lives are complex, and each day is different, we will show you how you can combine these powerful tools to address your own personal challenges and how to find the best tapping sequence for you, for each day in your busy life.

At the end of the class we will work individually with volunteers on live problems. These must be submitted in advance, by e-mail to Joanne@tftrx.com. We will work with as many as possible, one-on-one, at the end of the presentation portion of class.
Levels of Effectiveness in Thought Field Therapy®

TFT Tapping sequences have varying levels of specificity and hence effectiveness. Dr. Callahan began his discoveries in TFT by developing a causal diagnostic system. Or, more simply stated, a way to identify which tapping point is needed, in what order, for your specific problem or issue. It is this system which led to both the more simplified algorithm level, used by most other tapping modalities such as EFT, and the more highly specific, Voice Technology level of TFT. These levels are explained in more detail below.

**TFT Algorithms**  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 high SUD (subjective unit of distress, or, degree of upset or negative emotion) of 8-10, and the end point, hopefully, is a 0-1. In TFT, an algorithm is a recipe or formula for tapping out or resolving a particular Problem. The algorithm was discovered thru TFT diagnosis and has been tested on many people and found to have a high success rate. An algorithm allows anyone to facilitate self healing with TFT without needing to learn the more complex diagnostic procedures. If the algorithms are not successful, however, one can then go to the next level, TFT diagnosis, or even to Voice Technology for further help.

**TFT Causal Diagnosis**  The original process and more specific level of TFT, is what we call the diagnostic level. Here the individual (practitioner) is trained in the more complex TFT diagnostic procedures. At this level, the practitioner learns to diagnose (determine a specific tapping sequence) and address problems with greater specificity and hence improved success. This level also allows one to address a much greater number of problems than the algorithm level. They learn how to determine the specific tapping sequence needed for whatever the presenting problem or combination of problems for an individual.

**Advanced TFT and Voice Technology**  This is the most effective level of the TFT diagnostic procedures. This level is a significant advance above the previous two levels. Practitioners at this level of TFT have first become skilled at the original causal diagnostic process. The Voice Technology level of TFT uses the voice to quickly determine a specific tapping sequence. It has the highest precision and success rate. It allows one to use the diagnostic process effectively by telephone, eliminating the restrictions of location.

Each of these levels of TFT follow a basic structure or architecture, containing components developed from the original diagnostic system. Each component has been tested over time for enduring effectiveness and simplicity.
The Components of TFT Algorithms

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:

\[ e, a, c - 9g - e, a, c (sq) \]

**e** is a major. 
**e, a, c** together is a sequence of majors. 
**sq** = sequence. This means to repeat the sequence of majors given before the 9 Gamut Sequence.

\[ 9g = \text{do the 9 Gamut Sequence.} \]

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.
Eyebrow spot
Under eye
Under nose

Collarbone spots
Underarm, 4 inches below armpit
Area of the "Sore Spot"

Gamut spot

PR spot
Little finger spot*
Index finger spot*

*On the side of the finger nearest the thumb at the base of the nail

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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).
Collarbone Breathing Treatment (CB²)

Collarbone breathing (CB²) is a treatment developed by Roger Callahan that will often allow a very resistant problem to respond better.

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._
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.
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 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.
Mini-PR

Correct for Mini-PR when the SUD has dropped by two points and is still not 2 or below. Then, repeating 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.
Psychological Reversal Corrections

At any level, once PR has been corrected, begin the algorithm again from the beginning (See the Thought Field Therapy® 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.
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 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.
TFT and Pain

TFTdx equals 33.2 hours (SD = 35.41 hours). TFTdx obviously provided longer relief than what patients experienced from pain medications.

Even with including the two patients who did not experience relief after TFTdx and who continued not to have any lower pain levels, the ten patients who saw me 6-8 days later reported a pain reduction of 30% (SD = 29%). Only two of the twelve patients were seen at follow-up two weeks later. Their pain levels were decreased an average of 49% (SD = 16%).

Although most patients complained of pain at multiple sites, all reported having lower back pain. Any method that would help lower back pain would be helpful given this disorder occurs in four of five people during their lifetime, is a most frequent cause of disability for workers aged nineteen to forty-five, and is the second most common cause of missed work days. A number of these patients not only had muscular-skeletal injuries, but had spinal injuries (herniation, herniated and bulging disc). Information from their medical reports is illustrative.

For instance, a sixty-five year old woman had a seven year history of active treatment for her pain. Herniations were noted at the L5-S1, L3-4, and L4-5 levels. Two different pain management-anesthesiologists collectively had previously administered injections in her cervical and lumbar region about ten different times. She was patient #6 and experienced a reduction of pain of 5-0 that lasted for four hours. A forty-four year old man had been in two car accidents since 1995. Radiology studies indicated “scattered degenerative changes of the cervical spine are noted with more severe focal changes seen at C3-4 and C5-6. At C3-4, spurring is noted predominantly in the left lateral recess. AT C5-6, spurring is noted predominantly centrally and to the left. A tiny herniation to the right of midline is present as well at C6-7...At L3-4, a bulging annulus has combined with facet and ligamentous hypertrophy to cause a slight spinal stenosis”. His neurosurgeon writes that he was “involved in a second motor vehicle accident in August of 1996, in which he had worsening of his symptomatology, as well as changes in the workup, consisting of a disc herniation at the C5-6 level. This was complicated by the development of cervical radiculopathy secondary to disc herniation at that level, for which the patient was managed with surgery”.

This patient had a pre-TFTdx pain level of 8 which turned into a 0 and he had pain relief last for six hours. A thirty-eight year old man received TFTdx after he had cervical and lumbar surgery. His orthopedic diagnosed him as “post-traumatic cervical sprain and strain with herniated nucleus pulposus at C3-4, C4-C5 and C6-C7, with right upper radicular symptoms…
Posttraumatic lumbosacral sprain and strain with herniated nucleus pulposus at L5-S1 with left lower radicular symptoms”. An MRI of his lumbar spine showed “broad disc herniation
at L5-S1, which has combined with facet/ligamentous hypertrophy to cause a mild spinal stenosis”. He had an initial pain rating of 8 which TFTdx brought to a 1 and this relief lasted four hours. These are three of the twelve patients in this study and indicate that serious spinal injuries were involved.

These were the more seriously injured patients. Less injured patients had reported pain relief of 96 hours following TFTdx.

The nature of the treated patients makes these findings that much more interesting. Seven of the patients were involved in a lawsuit against a “negligent party” whose actions caused their injuries. If a bias exists for these litigants, one would wonder what their likely response would be to TFTdx. It would likely be to not exaggerate that TFTdx works. How would their legal case about their injuries appear if this unusual procedure that does not appear to directly treat their injuries ends up reducing their pain? How serious would their injuries appear to be to others? Not very severe. On the other hand, it would be hypothesized that the bias would be to resist the pain reduction as that would make the injuries seem more serious and treatment resistant. More severe injuries generally lead to higher monetary settlements. However, my distinct impression was that these patients were accurate in their verbal reports and in their muscle testing. All were interested to see if a different procedure might help in their struggle against pain.

There was no control group utilized to assess for placebo effects. That would be unethical in a clinical private practice population. This study clearly was not a double blind experiment nor even a single blind study. However, this investigation was never intended to be that, but to be a systematic collection of data on the effects of the TFTdx treatment on reducing pain. Since numerous patients have responded to this treatment before, the study was attempting to collect data on patients in a clinical setting.

Future research is needed by clinicians in the areas that TFTdx have been helpful. Reports on the usefulness of TFTdx on one person have been the predominant type of article published in “The Thought Field”. Greater acceptance of TFTdx into general health care will be facilitated by research. Although this study does not adhere to strict research design requirements, a collection of similar studies may eventually interest researchers to examine TFTdx’s usefulness for pain management in a systematic manner.
Comment by Dr Callahan

Dr Pasahow has carried out a very interesting and important study. My treatments for pain have been known to be effective for about 23 years. In addition to demonstrating the power of my pain treatments Dr P’s data shows the power of Psychological Reversal to completely block otherwise effective treatments from working.

Dr P wisely notes that he was unfamiliar with my toxin corrective treatments at this time and with the addition of these treatments it is likely that all of the patients might have been helped. In addition, the duration of the treatments can be extended with my toxin treatments (see the chapter Cure and Time from Stop the Nightmares of Trauma, for an explanation).

For students of TFT it will be interesting to note that HRV results lend strong support Dr P’s findings (see Callahan, R and Sakai et al in J Clinical Psychology, Oct, 2001). Also, see Dr McKoy’s comment over a decade ago: "When I observe a number of suffering patients who did not respond to our usual treatment modalities, suddenly get better after TFT treatments are given, I don't need a double-blind controlled study to tell me the value of Callahan Techniques® TFT." James McKoy, MD Chief, Pain Clinic, Chief, Rheumatology Service, Assistant Chief, Neuroscience Department, Kaiser Permanente.

Physical Pain

TFT can only be successful in clearing inappropiate 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.


**Physical Pain Algorithm**

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

( g50, c )
# 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 )
Most Fears, Phobias and Worry - Algorithms

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 neotenous 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.
Fears, Phobias and Worry Algorithm

Most Simple Fears, Phobias and Worry

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

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 )
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)
- **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).
<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal clumsiness or awkwardness</td>
<td>1</td>
</tr>
<tr>
<td>Anger</td>
<td>2</td>
</tr>
<tr>
<td>Complex Trauma / Rejection / Love Pain / Grief</td>
<td>3</td>
</tr>
<tr>
<td>Complex Trauma with Anger</td>
<td>4</td>
</tr>
<tr>
<td>Complex Trauma with Guilt</td>
<td>5</td>
</tr>
<tr>
<td>Complex Trauma with Anger and Guilt</td>
<td>6</td>
</tr>
<tr>
<td>Depression</td>
<td>7</td>
</tr>
<tr>
<td>Embarrassment</td>
<td>8</td>
</tr>
<tr>
<td>Environmental Toxin Correction</td>
<td>9</td>
</tr>
<tr>
<td>General Anxiety / Stress</td>
<td>10</td>
</tr>
<tr>
<td>Guilt</td>
<td>11</td>
</tr>
<tr>
<td>Physical Pain</td>
<td>12</td>
</tr>
<tr>
<td>Rage</td>
<td>13</td>
</tr>
<tr>
<td>Reversal of concepts, words or behavior</td>
<td>14</td>
</tr>
<tr>
<td>Self sabotage / Negativistic behavior</td>
<td>14</td>
</tr>
<tr>
<td>Simple Phobias / Fear</td>
<td>15</td>
</tr>
<tr>
<td>Simple Trauma / Rejection / Love Pain / Grief</td>
<td>16</td>
</tr>
<tr>
<td>SUD report of 2 or less / Rapid Relaxation</td>
<td>17</td>
</tr>
</tbody>
</table>

- **CB**
- **tf - c**
- **eb - e - a - c**
- **eb - e - a - c - tf - c**
- **eb - e - a - c - if - c**
- **eb - e - a - c - tf - c - if - c**
- **g50 - c**
- **un**
- **if–repeat PR corr. (side of hand 15x)**
- **e - a - c**
- **if - c**
- **g50 - c**
- **oe - c**
- **Correct for PR at appropriate level (PR / RPR / MPR / PR2 / CB2)**
- **e - a - c**
- **eb - c**
- **Floor-to-Ceiling Eye Roll (er)**
Thought Field Therapy and Pain
Robert Pasahow, PhD
Diplomate, American Board of Medical Psychologists
Director, Affiliates in Psychotherapy

Chronic pain is such a prevalent problem that a sub-specialty for anesthesiologists, Pain Management, is a relatively new development in medicine. Multi-disciplinary professionals have worked on the deleterious effects of pain; it is now being reconsidered as a disease in and of itself. (Basebaum, A., 1998; Cousins, M.J., 1999; Leibeskind, J.C., 1991).

I have used numerous psychological techniques in working with chronic pain patients, a large part of my patient population. Thought Field Therapy (TFTdx) is one of a number of procedures that I have used to help people with the psychological difficulties posed by chronic pain. TFTdx has decreased patients' frustration about their pain, their sense of helplessness, and depression in reaction to or part of the chronic pain syndrome. When communicating these results to a fellow TFTdx clinician, he suggested that I treat the pain directly. My first reaction was to think that this is not possible since pain is largely organically based. However, since I have been pleasantly surprised in the effectiveness of TFTdx for other problems, I decided to try to use it to reduce pain.

My first treatment was with a fifty-five year old obese woman who suffered from bilateral carpal tunnel syndrome. Braces were always on both wrists. Physical therapy only provided slight and temporary relief. The TFTdx treatment went smoothly. To the surprise of all, her pain went from a 6 down to a 0.

During the next two years, I continued to use TFTdx to try to reduce patients' pain. The vast majority of patients received temporary relief with one TFTdx treatment session. The results were sufficiently impressive that I thought a study should be conducted on the effectiveness of TFTdx in relieving muscular, skeletal, nerve, and spinal pain.

Subjects (Patients): The next twelve patients from my practice suffering from pain became the subjects of this study. There were seven females and five males. The age range was twenty-eight to sixty-six years of age. Seven were injured in an automobile accident. Collectively, they had received treatment from family physicians, physiatrists, anesthesiologist-pain management physician, neurologists, neurosurgeons, and chiropractic doctors. Most have received physical therapy and almost all have received pain related medication at some point in time. Two had prior surgery in the lumbar region, one had prior surgery in the cervical area, and one patient had surgery in both areas. Diagnoses included herniated, bulging and ruptured discs, stenosis, carpal tunnel syndrome, radiculopathy, pinched nerves, and muscular strain/sprain syndromes.

Procedure: Once starting the study, the next twelve pain patients who came in with a disturbing level of pain were offered the opportunity to have TFTdx treatment to attempt to reduce pain. The procedure was explained to them, especially since the therapy would not have face validity as being
the treatment to likely reduce pain. All twelve subjects gave their informed consent. Ratings of pain levels were done before and after the patient received TFTdx. To determine the duration of the pain relief, all those who experienced relief were instructed to record when their pain increased to a disturbing level. A rating of their overall pain levels was obtained at the patient’s next session, which generally was one or two weeks after the TFTdx treatment was administered.

Results: Table 1 lists all 12 subjects’ pain levels before and after the TFTdx. Pain level were rated from 0 – 10. The last column in table 1 represents the degree (or percent) of pain relief from TFTdx. Percent of pain relief was calculated by a fraction. The numerator was the pain rating before TFTdx subtracted by the pain rating after having TFTdx. The numerator was then divided by the patient’s pain rating before receiving TFTdx. For example, subject #3’s pain relief was 8-1 = 7. Thus, the fraction was 7/8 = 87.5% pain relief. Note that nine had complete relief reporting no pain after TFTdx. Two did not experience any improvement at all, and one almost had complete pain relief from TFTdx. In grouping the data, the average pain reduction was 82% (SD=39%).

TABLE 1
PAIN LEVELS BEFORE AND AFTER TFTdx TREATMENT

<table>
<thead>
<tr>
<th>Patient</th>
<th>Pain Level Before TFTdx</th>
<th>Pain Level After TFTdx</th>
<th>% of Pain Relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>6.5</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>1</td>
<td>88</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>7</td>
<td>9.5</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>9</td>
<td>8.5</td>
<td>0</td>
<td>100</td>
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<tr>
<td>10</td>
<td>8</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>11</td>
<td>8</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>12</td>
<td>8</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>

Patients who had pain relief were asked to note when the pain increased by at least a moderate degree. Although not a perfect measure, data regarding the duration of pain relief was obtained. TFTdx engendered pain relief that lasted from 4 – 96 hours for the ten patients who experienced pain relief from TFTdx. The average duration of the pain relief was 33.2 hours (SD = 37.3 hours).

Patients were seen for their normal therapy sessions approximately one to two weeks later. Pain levels on the same 0-10 scale were obtained. Ten of these patients were seen six to eight days later and two were seen fourteen days later. Of the ten patients that I saw six to eight days later, two had not experienced any pain relief immediately after the TFTdx. They also did not experience any lower pain levels when seen in the follow-up session. They are included in the following data. The degree (or percent) of pain relief the patients were experiencing six to eight days later was calculated as was done in the last column in Table 1. A fraction was made where the
numerator was: the patient’s pain level before TFTdx, subtracted by the pain level at their next visit with me. This numerator was then divided by the initial pain level before receiving the TFTdx. For instance, one patient’s pain level before TFTdx was 8. One week later the pain level was reported to be at 6. Thus, the percent of pain reduction experienced one week later could be calculated: 8-6/8 = 25% lower pain level. Even including the two unresponsive patients, follow-up pain levels were 30% less (SD = 29%). The large standard deviation reflects the varying amounts of pain alleviation experienced one week later by these patients.

Two patients were not seen until two weeks later. Both had experienced substantial pain reduction immediately following TFTdx. These two patients were reporting pain levels that were 49% less (SD = 16%) two weeks after having received TFTdx.

Discussion: TFTdx reduced muscular-skeletal, nerve, and spinal pain in ten of twelve patients treated in an outpatient psychology private practice. A comparison of pre and post pain rating showed an 82% reduction in patients’ pain ratings immediately after the procedure was administered. Ten of the twelve patients had complete pain reductions immediately after the procedure, experiencing pain relief of 88% or greater. The other two patients had no pain reduction.

It was impressive to patients and myself that ten experienced pain relief, especially since the procedure of TFTdx does not appear to logically have pain reduction properties. It is not consistent with other conventional medical and chiropractic treatment methods. There is nothing like the application of electric stimulation, ultrasound, exercises, and spinal adjustments. Furthermore, the TFTdx treatment generally does not elicit expectations of pain relief and yet it occurred in ten of the twelve patients treated. Two patients did not experience pain relief. For these two patients, massive and/or polarity reversals could not be corrected. Four others had similar energy reversals that were helped by oral neutralization to ultimately be effective. I was not aware of the toxin neutralization technique when treating this patient population.

To be able to relieve pain is important, but the duration of the analgesic effect is also paramount to the patient. For those who had pain relief, instructions were given for them to notice when the pain significantly increased. TFTdx resulted in relatively long pain reductions for some (20-96 hours) and lost its effect within six hours for others. The average duration of pain relief for the ten patients who experienced pain reduction from

**Forensic Nurse Solves Pain That Won’t Go Away**

As we dashed into the hotel lobby, shivering from the freezing wind of a chilly Denver night, my friend and I looked at each other and laughed—remembering the great day we had had.

We were conference presenters together and followed the morning’s proceedings with a calming afternoon of wine, massage, tea and friendship—after briefly visiting a reception for speakers at the conference.
I am a psychologist and TFT practitioner in Los Angeles, and my friend is a forensic nurse with more than 20 years in the medical field.

As we took off our coats, she sighed and revealed, “This cold really makes that pain in my arm hurt like a son of a gun.”

Never having heard her mention it before, I asked, “What pain?”

And with that innocent question began one of the most extraordinary TFT treatment sessions of my career.

As it turns out, my friend had quietly lived with moderate to severe chronic pain for nearly 10 years. While studying for her Advanced Cardiac Life Support certificate as a recovery room and short stay nurse, she had taken a break and stretched her arms into the air. As her chair unexpectedly flipped backwards, she instinctively extended her right arm to break her fall. Painfully, her right shoulder dislocated, then snapped back into place sending an immediate sensation of electric “nerve like” pain shooting through her arm. It made her hand feel fat, she said, and her entire arm hummed—from her brachial plexus to her elbow to her palm.

For 10 years, that feeling of electrical “zinging” down her arm was present and never went away.

After two surgeries, nine years of physical therapy, a trip to a specialist out of state, eight years of acupuncture, nine years of Pilates, and seven years of massage—plus ongoing home pain management made up of Oxycontin, Vicodin, Flexeril, pain gel, ice, heat and more massages than she could count, my friend still lived each day with the same searing electrical pain running down her arm.

“I'd like to try something with you for that pain,” I said.

And while she went along with what I suggested, I could tell that the cynical portion of her very medical-model brain was trying not to laugh out loud. She told me later she thought the pain would never respond to anything—after everything that she had tried already.

Still, desperate for anything that might improve her condition, she watched carefully as I demonstrated the TFT sequence for pain relief.

Her physical pain was almost unbearable—an “8” on the SUD scale because of the cold weather, she said. Submissively tapping herself on the back of her hand and collarbone without regard or thought that TFT was going to work, my friend unexpectedly said to me, “Wow, was I wrong.”

The pain in her arm was gone!

Within minutes, she no longer had the constant “nerve pain” in her hand, elbow and shoulder. Her hand no longer felt clumsy and fat. Her fingers, though still a bit swollen, began to take on the same color as her other hand. And while she still anticipated pain when she raised her arm or placed her hand in cold water, actually lifting her arm and dousing her hand caused her no pain whatsoever. She could in fact raise her arm!

Even days later, the pain did not come back. And that was with five minutes of TFT treatment. For the first time, she could look forward to physical activity.
Plus, she used TFT to relieve other conditions that paled when compared to the overarching pain. She wrote me later to say that she was working on lowering her blood pressure, and that by using the tapping therapy, she treated herself for pain and arthritis in her toes. She even healed tinnitus in her ear, she wrote.

While she’s still not sure exactly how TFT works, she’s convinced it works. “I am not sure how or why,” she wrote, “but it does. It simply does.”

—Nora J. Baladerian, PhD

Life After College

One of my clients is an ex-college football player who suffered severe neck pain with limited mobility in rotating his head to the left or right. This was all due to the great amounts of tackling and blocking during his many years of competitive football.

I used the standard TFT sequence for physical pain after testing him for psychological reversal. After just three treatment procedures, his neck pain was completely gone. Not only that, but he also had complete mobility in rotating his head.

I was astonished by these results.

I have monitored his neck condition over the last two months, and so far he has enjoyed the benefits of TFT to the fullest. I have not had to repeat the algorithms for this condition since the initial treatment.

—Shad Meshad, MSW LCSW, CTS

Three Minutes + A Book = Pain Relief

By the end of the first day of a TFT training in Perth, Western Australia, I could really relate to all the traumas that people were suffering from. Not only that, but I could also see that TFT was working on that day.

We were given some homework to do that night in preparation for the next day’s session. And, as I was sitting in my hotel room reading the book, Tapping the Healer Within, I remembered that I had asked our workshop instructor, Eugene Piccinotti, about the tapping sequences for pain.

Having assured me that he would cover it the next day, I sat in bed reading the book and found the procedure for pain. The reason I wanted to know about this was that I had long suffered pain in both my feet due to collapsed arches—and I could not get relief from it. So I studied the chapter about relieving pain with TFT, and—doing the sequence as shown in the book—within about three minutes, I got out of bed and walked around the hotel room.

The pain in my feet had gone.
It has not returned either and I now play golf and lawn bowling pain-free. I stood up in front of the class at the workshop the next day and broke down when I told them of my experience. It made me a true believer in TFT.

—Robert K. Allen

Relieving the Trauma That Causes Delayed Pain

In my experience, the onset of arthritis symptoms can usually be traced back to a traumatic life event that occurred in the past. An individual's arthritis may begin anywhere from 1½ to 2 years after the occurrence of the trauma. I have seen this throughout my naturopathic training and my subsequent years in private practice.

Normally, I use standard naturopathic interventions for the management of arthritis and elimination of joint inflammation and pain. These include dietary modification, nutrition supplements, rest, hydrotherapy, and exposure to sunlight, fresh air and gentle exercises. Also important in naturopathic counseling is the development of a proper mental attitude. In this last aspect of counseling, I have always been somewhat deficient. I would instruct my clients to replace negative thoughts with positive ones and encourage them not to dwell upon the traumas of the past. These strategies were, at best, ineffectual.

Prior to learning Thought Field Therapy, when working with an arthritis client I could completely eliminate most pain within six months to two years, depending upon the severity of their condition and how diligently a person followed the holistic health and nutrition program that I would design.

As for helping to relieve the traumatic experience that caused the onset of arthritis, frankly, I was at a total loss.

Thankfully, with TFT, I am now able to alleviate pain and help collapse the painful aftereffects of past traumatic experiences quickly and easily.

One example is “Pauline,” a client of mine who, at 35 years of age, developed arthritic symptoms (including pain and a limited range of motion) in her neck and upper back as an aftereffect of a road accident. She was driving her car when she skidded on an ice patch, lost control and hit another car—injuring a young child who was a passenger (thankfully, not critically).

Pauline was treated at the scene of the accident using standard emergency procedures, such as immobilization with a cervical collar and backboard to prevent further injury. After hospitalization and rehabilitation, she was shown to suffer no additional pain and could move and walk normally.

One year following the accident, however, she began to develop pain and limited mobility of her neck and upper back again—the areas of her body that were previously deemed “healed.” These symptoms worsened as time progressed, prompting her to seek medical attention. X-rays and medical assessment revealed no medical reason for the pain she was experiencing.

While interviewing Pauline regarding the cause of her present problem, I discovered she had been involved in a road accident, and felt guilty over causing the accident that injured the little girl, even though the child was not critically nor permanently injured.
Prior to TFT, my "treatment" of this individual would have addressed the physical aspects of her problem (neck pain and immobility) using the components of Traditional Naturopathy. While this would have helped ease the problem after several months (possibly), my level of training at the time would have made dealing with the psychological trauma and guilt almost impossible without a referral to an appropriate practitioner. With TFT training, I was able to address the problems of trauma and guilt that I could not have addressed previously.

When I asked her to think about the accident, her SUD level became an immediate "10" and she began to cry. After calming her down, I diagnosed a unique TFT sequence for her and, by using it, brought her distress from a "10" to a "2" after only one treatment. A floor-to-ceiling eye roll brought her down to a "1."

She was amazed!

But what amazed me was that her chronic pain and immobility (which had always fluctuated between an "8" and a "10" on the SUD scale) immediately dropped to a "6" with no other treatment being done.

Lastly, I treated her for her guilty feeling over causing the accident and this distress was easily reduced. Her progress has been solid for the past six months, and thanks to TFT, she has been pain-free, guilt-free, and leading a generally happy and productive life.

Traditional Naturopaths are practitioners who help people to help themselves prevent pre-mature aging, restore general health and prevent illness using strategies which do not depend upon drugs or surgery (except in the most extreme of cases).

Using traditional methods, I got accustomed to seeing positive health benefits occur for my clients only after months or even years of effort. Thanks to TFT, the months have literally been reduced to minutes. My clients and I could not be happier with TFT!

—Robert S. Harris, ND

“Team Tapping” Leads to Enhanced Results

Imagine sleeping only three hours a night because of pain—or suffering from depression that limits your work, affects your marriage, and impacts your social and recreational functioning. Imagine living with pain from the top of your head all the way down to your toes—with the most intense pain in your head, abdomen, throat, arms and legs.

Such was the life that a female client of mine, “Nancy,” suffered through.

A victim of intractable pain for more than a decade as a result of a medical procedure that went awry, Nancy rated her pain a “10” on the SUD scale (subjective units of distress). Not only that, but she also had a prior trauma from a motor vehicle accident some 20 years earlier—which resulted in a coma and brain injury.

Clearly, she was suffering from Post-Traumatic Stress Disorder. And over the years, she had also been diagnosed with Chronic Regional Pain Syndrome (CRPS), Traumatic Brain Injury, and sensory peripheral neuropathy. Medical evaluations diagnosed mild degeneration and bulge of her spinal discs, along with numerous liver cysts.

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* A painful condition characterized by burning, tingling or aching in the toes and soles of the feet which spreads to the ankles, knees and occasionally the hands and fingertips.

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Of course, she had tried everything to ease the pain. From anesthetic blocks to steroid injections, heat, ice, acupuncture, massage, physical therapy, yoga, meditation, imagery, relaxation exercises, stretching, ultrasound, aquatherapy, traction, distraction (VAX-D), trigger point injections, prayer, and hypnosis. Her medicine cabinet was a revolving door of prescription drugs—Oxycontin, Tegretol, Neurontin, Cymbalta, Lyrica, Provigil, Kepra, fentanyl, methadone, phenergan, Ambien, and Actiq. She had been on narcotics, opiates, antidepressants, anti-inflammatory and sleeping medications.

Not surprisingly, she had reacted badly to many of these drugs—including reactions to sulfa meds, triptane, Celebrex, PCN, Stadol, Vioxx, Zomig, Vicodin, Tylenol with codeine and Bextra.

She reported suffering from vertigo. She had difficulty swallowing. She frequently had shortness of breath and tightness in her chest. Add to her suffering gastrointestinal problems, constipation, urinary hesitancy, intolerance to cold, difficulty concentrating, irritability, memory difficulties, mood swings, sleep disturbances, and night sweats—and it’s easy to see why this client said she experienced “dead days” in which she could not function at all.

The worst part of her condition was that she was getting no noticeable result with any of these interventions and treatments.

Her first substantive relief was with Thought Field Therapy when, to her amazement, she dropped from 10 to 7 on the SUD scale with TFT sequences for trauma, pain, anger, frustration and stress. She did TFT treatments at home to manage the pain, but reported that she had even more profound effects tapping in my office—falling to as low as a “4” on the SUD scale.

This effect of me tapping along with Nancy got me thinking.

I remembered a TFT technique that our volunteer practitioner team had developed when treating the most severely pained genocide survivors in Rwanda in 2008. We actually enhanced the power of TFT by having additional practitioners tap together with the treating practitioner. We discovered this technique quite by accident when the newly trained Rwandan practitioners started tapping spontaneously after finishing the TFT treatments they were working on. They simply moved across the room to lend assistance and support to those who were still working.

I shared this story with Nancy and her husband who raised the question about what else could be done to enhance her results—since at this point they had stopped searching for other alternatives as new medical interventions either did nothing to ease her pain, or worse, aggravated her symptoms.

At first, we discussed having her husband join her in tapping out the TFT sequences—while we quickly recruited other TFT practitioners who might be willing to help in this trial of group support enhancement of TFT effects. Four TFT practitioners volunteered, and we met together for a group trial of TFT.

As Nancy, her husband, I and the four other TFT practitioners sat in a circle and started tapping on ourselves in unison, we witnessed Nancy experiencing a profound shift. The color in her face changed, and her posture shifted. She reported “a wave of release” and tears ran down her face. She is generally not an emotional person, and she and her husband shared how unusual it was for her to feel and express such strong emotions.
She said incredulously that her SUD had gone down to 2, which she had not imagined would be possible. She reported feeling the “blending” of energy throughout her entire body. She said it was the “best rush” she’s ever felt, and moreover, said she had not felt that good or happy in a decade. The effects last for an hour, and her pain level remained at 4-5 until the middle of the next day. Interestingly, she also reported not having a “dead day” since the group intervention. On a follow-up group session, her original pain went to SUD 0. TFT has helped her better manage the pain and has enabled her to function more effectively.

To further her success, Nancy established a virtual team at home with her family members in another state, her husband and herself working together on Skype with videos of the treatment sequences playing simultaneously. Nancy reports that not only does she get deeper and longer lasting results than when she does the treatments alone, but that her virtual team members also report that they feel more relaxed, and are sleeping better, too!

—Caroline E. Sakai, PhD

**Time Is a Non-Existent Luxury**

In primary-care medical practices, providing a patient with an hour of psychotherapy or other therapies that help with pain relief is a nonexistent luxury. Fifteen minutes or less with a patient is more often the norm.

Even “power therapies” such as EMDR* and hypnotherapy require more time to employ during a treatment session. When both time and office space are limited—as in a busy medical office—Thought Field Therapy becomes especially attractive given the few minutes it requires for treatment and the rapid effectiveness it shows in bringing about results.

Working as I do in a busy primary-care practice with pain patients, I have found TFT to be readily adaptable to the time and space limitations of this setting. Here, the clinician must work quickly or not at all. I have found that TFT can be integrated with other treatments to create a powerful treatment package—as the following case will show.

“Ms. A” was a 29 year-old mother of two who had sustained neck and back injuries in a motor vehicle accident. She had been treated with physical therapy for six weeks since her accident, but neither her physical therapist nor her physician could get her to comply with a more active physical-therapy program. Their intentions were to gradually introduce a gentle exercise routine, massage therapy and gentle manipulations to improve movement and posture. Her physical therapist speculated that she might have suffered some psychological trauma in the past given her hypersensitivity to being touched and her marked stiffness and muscle-guarding behaviors. Her pain was clearly disproportionate to our diagnosis and she was relying heavily on “pain-killers.”

My initial diagnosis further revealed impairment due to what she said was severe pain throughout her neck, shoulders, and upper, middle and lower back. She was stiff, too, since she usually avoided all movement out of fear of becoming re-injured.

The pain was only tolerable, she said, if she avoided moving.

At its worst, she rated her pain a “10” on a scale of 0 to 10. Additionally, she started feeling numbness and “pins and needles” in her arms and legs. Moreover, she commented that, “I’m feeling old” and “I can’t do anything anymore” and even “I feel like I'm going to die.”

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*EMDR is Eye Movement Desensitization and Reprocessing—a form of psychotherapy that was developed to resolve symptoms of post-traumatic stress by re-processing distressing memories.
When we began our TFT session, I asked her to observe the nature and quality of her pain sensations, then describe them to me. I asked her to focus on the point of greatest intensity of pain. Then I asked her to notice what was going on emotionally as she concentrated on the pain.

Once she was focused, I showed her each step in the TFT sequence for pain—then had her tap out each step on herself. She first tapped her left collarbone point about 30 times and reported that the pain diminished to about 6.5. Tapping the gamut spot on the back of her left hand brought the pain down to 5.5. When I asked her to tap again after repeating the phrase, “I deeply accept myself, even though I still have some pain left”—she was able to bring the pain down to 4.

So far, so good.

Unfortunately, at this point she disputed that the treatment would work long-term, saying, “I can get some relief now if I stay still, but I won’t be able to stay like this when I start to move again.”

I asked her how strongly she believed this—and how much it bothered her. She responded that it was very upsetting—at least an “8” on the SUD scale of 0 to 10 (subjective units of distress).

Asking her to think about the pain of movement, I quickly tapped out the TFT sequence for phobia which brought her SUD down to 1.5. Focusing next on the road accident itself, I used the TFT sequences for trauma and anger. Then I had her visualize moving around her house while taking care of her two year-old or doing light housework (which was when she reported having the most pain).

We went through the tapping sequences for pain, phobias, trauma and rage. Lastly, we went back to her current pain and tapped again, bringing it down to a “2.”

When her physical therapist reported over the next few weeks that she was attending physical therapy more regularly and was starting range-of motion exercises, he asked me, “What did you do with her?”

“TFT,” I answered, “TFT.”

—Bruce N. Eimer, PhD

ABPP, Clinical Psychologist
Additional Resources:

The Barrel Effect
Video clip from “Environmentally Sick Schools” by Dr. Doris Rapp –
http://www.youtube.com/watch?v=tn83NurNrz

(to order full video contact: Practical Allergy Research Foundation, PO Box 60, Buffalo, NY 14223)

Toxin Identification
1. Pulse Test – free download – www.tinyurl.com/pulsetestbook
2. Sensitivities, Intolerances and Toxins – self-study package
3. Toxins – live one-day class for self-testing, identification and self-neutralization

Toxin Neutralization and/or Neutralization
4. Zeolite mineral supplementation
   a. Waiora Natural Cellular Defense
   b. Zeo Health – www.zeohealth.com
5. Alka-aid or any other sodium bicarbonate product such as Alka Seltzer Gold
7. Toxins – live one-day class for identification and self-neutralization

Psychological Reversal Identification and Correction

1. Voltmeter (Radio Shack)
   a. See page in workbook for use
2. Rescue Remedy – spray, cream, drops and pastilles
<table>
<thead>
<tr>
<th>Course:</th>
<th>Designation</th>
<th>Required for Practitioner</th>
<th>Req for Trainer</th>
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<tr>
<td>Algorithm</td>
<td>TFT Algo</td>
<td>yes (or Dx level)</td>
<td>yes</td>
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<td>(C)</td>
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<td>All trainer supervision is over telephone – includes 6 months unlimited VT support</td>
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<td>TFT-Adv or TFT-VT and Algo trainer</td>
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</table>

**Color Coding - Who provides trainings at this level:**

**Red** – Certified and Approved Trainers (trained by Callahan Techniques, Ltd.)

**Blue** - Callahan Techniques, Ltd. and Licensed Trainers

Packages or Group Rates Available – Contact Joanne Callahan, Joanne@RogerCallahan.com
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:

- Tap the majors
- SUD down at least 2 points
- SUD not reduced, or down by 1 point only

**Apply 9 Gamut Sequence**
Then, repeat the majors
Check SUD (see NOTE)

Treat for Specific Psychological Reversal by tapping
the PR spot on the side of the hand (karate chop) 15 times

- Tap the majors
- SUD down at least 2 points
- SUD not reduced, or down by 1 point only

**Apply 9 Gamut Sequence**
Then, repeat the majors
Check SUD (see NOTE)

Treat for Recurring Reversal by gently rubbing the sore spot on the upper left chest in a circular motion while focusing on the specific problem

- Tap the majors
- SUD down at least 2 points
- SUD not reduced, or down by 1 point only

**Apply 9 Gamut Sequence**
Then, repeat the majors
Check SUD (see NOTE)

Treat for Massive Reversal by firmly rubbing the sore spot on the upper left chest in a circular motion while focusing on all of life’s problems in general

- Tap the majors
- SUD down at least 2 points
- SUD not reduced, or down by 1 point only

**Apply 9 Gamut Sequence**
Then, repeat the majors
Check SUD (see NOTE)

Treat for Level 2 Reversal by tapping the upper lip 15 times

- Tap the majors
- SUD down at least 2 points

Do the Environmental Toxin Correction by tapping the index finger 15 times and then tapping the side of the hand 15 times. Tap the majors. SUD not reduced, or down by 1 point only

**Apply 9 Gamut Sequence**
Then, repeat the majors
Check SUD (see NOTE)

- Tap the majors
- SUD not reduced, or down by 1 point only

**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.