

REVIEW

Thought Field Therapy and its derivatives: rapid relief of mental health problems through tapping on the body

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Abstract

A genre of psychotherapeutic enquiry, involving work with the body's energy system as well as the mind, began in the 1970s, arising from the field of Applied Kinesiology as elaborated by psychiatrist Dr. John Diamond. Clinical psychologist, Roger Callahan, built on this work to develop simple procedures for the rapid relief of anxieties and phobias. This approach, called Thought Field Therapy, was later applied to trauma and other forms of mental distress. In recent years a number of derivative methods have been developed. These can be combined with conventional psychodynamic or CBT approaches. A variety of forms of evidence support the use of these 'energy psychology' techniques, including a very large South American study.

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"For the last four years we have investigated a large number of treatment approaches that purport to cure... trauma-based problems. Among the most exciting and different treatment approaches we studied was Thought Field Therapy. Exciting because the treatment was simple, fast, harmless, and easy to teach both clients and clinicians. It was different because little talking was involved. ... The directions involved tapping specific places... in a specific sequence, whilst performing other activities such as certain eye movements, humming and counting. I must say we found the procedure very peculiar. Our investigations showed that this method worked dramatically and permanently to eliminate psychologically based distress in a substantial number of people." [Charles Figley, Traumatologist, Florida State University¹]

Can tapping on the body relieve anxiety and emotional distress? Many practitioners of Thought Field Therapy (TFT) and derivative methods find this to be so – and the potential application in primary care, as well as with more complex cases, is considerable.

A huge South American audit of around 29,000 patients with common mental health problems, covering a 14-year period, found that simple forms of distress-relief, brought about by rhythmic tapping on the body, were substantially superior to conventional cognitive behavioural methods in many cases^{2,3}. The study was not intended as a formal piece of research designed for publication, but was initiated as routine monitoring of a new form of desensitisation therapy and comparison with existing cognitive behavioural therapy (CBT) methods. The results were so striking that it was decided to make the findings public. A subgroup of 5000 patients was followed in more detail. While positive clinical responses were found in 63% of patients treated with CBT and medication, 90% positive responses were found in the tapping group. Complete relief of symptoms was found in 51% of the CBT group and 76% of those in the tapping group. Positive results were obtained with the CBT group within a mean of 15 sessions, but within the

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tapping group a mean of only 7 sessions was required. Functional brain imaging was also used to monitor change, with many of the patients showing reductions in beta frequencies that correlated with the subjective relief reported; these changes persisted at 12-month follow up. The tapping methods were found to be superior to CBT for most common mental health problems, but less helpful in the case of severe depression, psychotic disorders and personality disorders.

There are now many variants of psychological therapy involving tapping on the body. One of the most effective treatments for psychological trauma, Eye Movement Desensitisation and Reprocessing (EMDR), now recommended within the NICE guidelines for Post-Traumatic Stress Disorder (PTSD), has a tapping variant as a gentler alternative to the use of eye movements to promote release of emotion and desensitisation^{4,5}. Tapping therapies have entered the popular culture, with many magazine articles and TV programmes alluding to them, and are enthusiastically embraced by influential figures such as the TV hypnotherapist Paul McKenna. They are also recommended by established professional and academic specialists, such as PTSD expert Charles Figley⁶, neuroscientist Besel van der Kolk² and Harvard psychiatrist Eric Leskowitz^{7,8}.

Origins

The origin of tapping for relief of stress and trauma goes back to the beginnings of a field known as Applied Kinesiology, developed by chiropractor George Goodheart in the 1960s and 1970s. Goodheart, exploring certain clinical observations regarding his patients' muscles, pioneered the use of 'muscle testing', the monitoring of subtle variations in muscle tone as an indicator of states of health and sickness in the body¹¹. He went on to link his observations with emerging information about acupuncture and traditional Chinese medicine. A psychiatrist, Dr John Diamond, a member of the Royal College, joined Goodheart's group and began to explore the implications in relation to emotional and psychiatric conditions^{9,10}. It was found that, in general, a muscle will test slightly weaker when the person thinks of something upsetting or if he or she makes a false statement – a phenomenon demonstrated objectively with computerised measures of muscle strength¹. However, Diamond

crucially also observed that by stimulating particular acupuncture meridians in a certain way, and asking the person to utter particular emotional affirmations, two associated results might occur: [1] the person's muscle would no longer test weak, and [2] he or she would experience relief from the distress that had moments before troubled them.

Thus, Diamond found links between emotions, meridians and words, and ways of rapidly modifying the distress thus encoded. Diamond's work was extended by clinical psychologist Dr Roger Callahan, originally a pioneering cognitive therapist. An important event occurred in 1979. Callahan had been working with a patient called Mary Ford, who suffered with a longstanding phobia of water. She minimised all forms of contact with water and after 18 months, Callahan had managed to help her only marginally using cognitive and behavioural methods; she could force herself to sit on the side of his swimming pool (where he had his California home office), but she would still feel very uncomfortable in doing so. One day Callahan performed a muscle test and ascertained that a problem registered in her stomach meridian. Acting on a whim, he asked her to tap on one end of this meridian (which may have been either under the eye or on the end of the second toe). Within a few seconds, Mary leapt up in delight, declaring 'it's gone!' and ran exuberantly to the swimming pool. Callahan worried for her safety and called after her to remember that she could not swim, but Mary reassured him and explained that she was just so happy that the anxiety she had always experienced in her stomach had gone. Mary's severe and longstanding phobia was eliminated in that moment and never returned, even decades later.

"...when I began using my new cure, I wasn't sure it would work. I certainly was not prepared for its spectacular effect. I was amazed. More amazed, possibly, than my patients." [Callahan¹²]

Callahan had never heard of such an extraordinary phenomenon before – the rapid removal of a phobia as a result of simply tapping on a particular point on the body. Fortunately, he did not dismiss this as a freak event but went on exploring, despite the personal hardship involved in pursuing an approach that most of his colleagues would have regarded as bizarre. When he tried this tactic with other patients, his success rate was initially very low. However, he found that many patients required several points to be tapped in a sequence, and he discovered

*When used in the way described here, the muscle test provides 'within treatment' hypotheses, which can guide the therapy - and the ultimate test is whether the patient's experiences relief or not. Much depends on the skill of the tester and it should not be regarded as an objective measure. The wider application of this, inevitably error-prone, method in various popular applications of kinesiology should be regarded with caution.

a muscle testing procedure that enabled this sequence to be found. Along with various other refinements of the process, Callahan eventually developed, through trial and error, a method that worked very efficiently to relieve distress rapidly with a high proportion of his clients. Initially, it was applied mainly to anxiety and phobic states – and Callahan's first book on the subject was called *The Five Minute Phobia Cure*¹² – but later was found to be helpful with PTSD^{13,14} and many other emotional problems¹⁵.

One of the many interesting observations that Callahan made as he explored his new method was that a person's inner resistances to recovery would be expressed in their muscle response. A normal response is for the muscle to register 'strong' when the person says "I want to be over this problem" and weak when saying "I want to keep this problem", but in the case of some patients this would be reversed. When a person's muscle registered 'strong' to the statement "I want to keep this problem", he or she would not benefit from the tapping method and also seemed resistant to other forms of therapy as well. This 'reversal', as Callahan called it, would completely block the treatment. Fortunately, through trial and error, Callahan eventually discovered simple procedures to correct this reversal and enable the patient to recover. Sometimes the reversals seem to express hidden motivations and psychodynamic conflicts expressed through the body's musculature and energy system, and sometimes these may result from 'energy toxic' environmental factors; whatever their origin, they can usually be rapidly neutralised with simple procedures.

Dr Callahan called his new methods 'Thought Field Therapy', because it appeared that a person's thought is expressed not only in the mind but also in an informational energy field that could be accessed through the traditional meridians known in acupuncture. It should be noted, however, that TFT was not *based* on a theory but on observations of reality – that following a certain procedure led to rapid relief of distress reliably and predictably in a high proportion of patients. During most of the 1980s, Callahan was more or less the only clinician using and developing these methods, but later in the 1990s a number of others began to promote derivatives.

Most notably, in 1995 one of Callahan's trainees, called Gary Craig, a personal performance coach, launched a simplified form of TFT which he called Emotional Freedom Technique (EFT), making this readily available with a free manual and inexpensive training materials through his website. This dispensed with some of the systematic investigations of the energy system that were important in Callahan's TFT and simply used a universal tapping sequence

for every problem. The result was a procedure that is extremely easy to learn – and there are now many thousands of EFT practitioners around the world. It is very popular in the UK. Craig focused his teaching on ways of identifying the best emotional target for the tapping – for example, by breaking traumas down into discrete aspects that are addressed one at a time, and locating the most influential adverse experiences that have contributed to complex psychological problems. The detailed nuances of a person's thought are also addressed, just as in cognitive therapy. When used skilfully, EFT is characterised by a fluent combination of talking or tapping. It also has strong similarities with EMDR, but with tapping substituted for eye movements. Many others have developed approaches within this field that has come to be known generically as 'energy psychology' – such as Seemorg Matrix, created by Jungian psychotherapist Asha Clinton, and Tapas Acupressure Technique, developed by Tapas Fleming – and in 1998, the Association for Comprehensive Energy Psychology was formed as an international organisation to promote research, training and ethical principles for this work; it now has a respected certification programme.

Does it matter where you tap?

Does it matter where, and in what sequence, the person taps on their body? Craig tends to argue that this does not matter, while Callahan believes it is crucial. One study found that tapping more or less anywhere on the body, and even tapping with the fingertips on another object, produced a rapid drop in anxiety¹⁶. This has led some to hypothesise that tapping and other activities commonly used in these methods (including eye movements and vocalisations) act as a multi-modal sensory desensitisation with possible neurobiological concomitants¹⁷. The tapping points used in TFT and EFT are known to be locations of lowered electrical resistance to conductivity, and have a high proportion of mechanoreceptors – specialised receptors that respond to mechanical forces such as tapping, massaging or holding. Stimulation of some of these is found to send electrochemical impulses to areas of the brain that govern fear and the stress response¹⁸. Thus, it seems likely that tapping on the body, particularly at these sensitive points, sends a signal to the limbic and cortical regions that introduces 'noise' or disruption into the previously coherent organisation of the emotional response¹⁹.

The phenomenon of neural plasticity is also relevant. When an image capable of evoking an emotional response is brought to mind, neurobiological changes occur, such that the memory becomes

active and labile, susceptible to taking in new information²⁰; of course, the common response of avoidance is what prevents new information being taken in and sustains anxiety neuroses. Tapping the body during these moments of neural plasticity appears to disrupt the previous response and allow an easier updating of information into the patterning of emotional response to the memory or image. Changes in brain frequency ratios have been reported following successful treatment with tapping methods²¹⁻²⁴. When looked at as a simple sensory desensitisation procedure, EFT can be viewed as a particularly efficient combination of elements found in CBT²⁵. Indeed, one of Gary Craig's teaching videos shows a man being taken through a hierarchy of fear situations, culminating in him and the therapist both being in a swimming pool as he confronted the final element of his terror of putting his head under water; at each step the man's anxiety was desensitised by tapping.

On the other hand, those who have learned and practice the more complex and precise procedures developed by Dr Callahan tend to find, from their own experience, that sequence of tapping is important. Those who use EFT tend to focus on precision of language used by the client when tapping, whilst practitioners of TFT emphasise precision of tapping sequence. It may be that somewhat different mechanisms are involved in the two approaches²⁵. One of the disadvantages of the popularity of EFT is that it can obscure the more complex and directly observable phenomena revealed by Dr Callahan's TFT, and potentially lead to a dilution of the potency of the method.

Is there an evidence base?

Energy psychology methods do not, as yet, feature in the UK NICE guidelines. However, given that EMDR was once greeted with the bemusement that is currently a common response to hearing of energy psychology and yet is now a recommended treatment for PTSD, the groundswell of popular enthusiasm for TFT, EFT and related methods, along with a developing body of evidence^{3,25}, may well result in energy psychology eventually being given the recognition it deserves. Certainly the methods are extremely gentle, non-invasive and non-distressing.

In addition to the large South American audit, tapping methods have been studied in a wide range of conditions. For example, a randomised controlled study found a short session of EFT resulted in a marked reduction in anxiety relating to rodents and spiders, and was sustained at 14 month follow-up²⁶. This effect did not occur in the two control conditions. A modified replication found the same

effect and contained a control for suggestion²⁷. Rowe²⁸ similarly reported lasting improvements in psychological symptoms after brief use of EFT. Another randomised and controlled study, of the energy psychology method called Tapas Acupressure Technique, found that it was helpful in maintaining weight loss²⁹. In a study at the Kaiser Behavioral Medicine Services (with referrals from both primary care and mental health services), TFT was given to 714 patients in order to ascertain whether this was a useful therapeutic modality. A wide range of common mental health problems were treated, resulting in pre- and post-test 'subjective units of distress' ratings being significantly different at 0.001 level of probability³⁰; for a critique of this study, see Lohr³¹. In a study of claustrophobic subjects, using brain scan data, Lambrou et al²³ found that a 30 min treatment with TFT brought their brain activity into line with that of a control group and produced lasting reduction in anxiety.

TFT has been applied in war and disaster areas. For example, in 2000, 5 trips were made to Kosovo by practitioners of the Global Institute of Thought Field Therapy to treat those traumatised by war. The lead clinician, Dr Carl Johnson reported that 189 patients were treated for a total 547 traumatic memories. Of these, 187 people and 545 traumatic memories were treated successfully with complete cessation of distress in relation to those particular memories³²⁻³⁴; methodological limitations of these reports were discussed by Rosner³⁵. Dr Callahan is very interested in Heart Rate Variability (HRV) as an indicator of the effectiveness of TFT³⁶, as a result of his being contacted by a cardiac specialist who noticed that when using simple forms of TFT to help his patients relax, this had a surprising effect of normalising their HRV; many TFT practitioners now routinely incorporate measures of HRV into their procedures. There are many other kinds of studies of TFT and related methods, including a number of unpublished doctoral dissertations (summarised in Mollon²⁵).

Combining with traditional methods

"It is common knowledge among professionals and lay public alike that most psychotherapeutic approaches do not produce therapeutic results rapidly. ...Is this a function of psychological change requiring extensive effort and time? Or could it be that therapies based on traditional notions are not entirely appropriate to the task of assisting patients in achieving change efficiently?" [Gallo⁶]

TFT and its derivatives need not be considered as complete alternatives to more traditional cognitive-behavioural or psychodynamic methods. They can easily be integrated. By working with the

body's own facilities for encoding and releasing emotional information, TFT and energy psychology can provide the missing ingredient that vastly enhances the effectiveness of psychotherapy. Talk alone, while often helpful, is limited in its capacity to dispel distress that is deeply patterned into the mind, brain and body. The combination of gentle tapping and talking creates a powerful therapeutic synergy facilitating a speed and depth of change that can be truly astonishing.

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Further information

Thought Field Therapy:

www.tftrx.com

www.thoughtfieldtherapy.co.uk

The Association for Comprehensive Energy Psychology:

www.energypsych.org.

Emotional Freedom Technique:

www.emofree.com

Seemorg Matrix:

www.seemorg.com

Tapas Acupressure Technique:

www.tatlfe.com