Thought Field Therapy (TFT), the new psychotherapy - Applications and Humanitarian Assistance-

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Callahan, an American psychologist, who regarded the feelings and psychological problems as human energy levels developed an innovative therapy, Thought Field Therapy (TFT), which started new treatment methods by combining traditional concepts of oriental medicine such as acupuncture points and meridians with modern scientific psychotherapy. TFT has been applied for a wide range of issues including treatment of simple psychological stress in our daily lives, serious trauma resulting from serious wars and incidents, medical problems, and humanitarian aid for its effectiveness to apply in a group of people. As its procedures are simple, quick, and effective without side effects, TFT has a lot of potential not only for treatments but also preventions. TFT activity is getting popular in the world, especially for natural disasters and humanitarian aid at local areas where medicines are not supplied enough. This review refers to recent TFT activities.

One of the pioneers of American clinical psychology, Callahan has begun a research of new psychotherapy since the late 1970s. That was Thought Field Therapy (TFT), which is a new epoch approach in the field of psychotherapy. TFT brought whole new perspectives in psychotherapy practices that is evident in the emergence of many Energy Therapies in the U.S., which works on the energy of body.

TFT is an approach that integrates oriental medicine and western science. Originally, the western people separate mind and body in their concept of health, and they developed mind science as psychology to form a professional discipline. On the other hand, oriental medicine is based on a concept that deals with mind and body all together, regards diseases as "psychosomatic", and takes a human being as one of the many universes. In that concept, human bodies relate to external nature and influence each other. and the treatment focuses on adjustments of entire bodies by integrating causes of diseases, symptoms, constitutions, and mental conditions.

From the viewpoint of the body energy (chi) in oriental medicine, Callahan applied methods which improves symptoms by activating meridians, mixing these treatments of psychological problems with psychotherapies that were developing scientifically.

TFT is very unique in the field of psychology because it is available for a very wide range of applications, and an be applied not only to clinical practices but to self-care. And also, with that simple finger tapping on the meridian pressure points, we can ease the wide range of psychological problems including fear, anxiety, tension, sadness, anger, obsession, depression, and panic, physical discomfort, and pains. The procedure is simple, taking a couple minutes for the treatments. TFT is a useful tool without side effects.

Recently, stress related diseases are rapidly increasing. Stress is worsening psychological and medical problems. In cases of medical and psychological practices, TFT as a practical method that is very effective with quick response is getting popular. TFT is applied to serious cases as well. On the other hand, we can use TFT quickly against stress and anxiety as well as psychotherapy and counseling. In medical scenes, practical nurses use TFT to remove anxiety from patients. School teachers use TFT against anxiety and fears of students. Physicians who deal with physical problems use TFT to release emotions against pains that are attributed to anger and sadness.

Also, self-care programs have been designed for ordinary people to be able to feel free to use the self-care programs anytime.

Each of TFT therapists exercises TFT for his or her own profession. As oriental medicine considers human beings as mind-body unity, the mental care is always necessary not only for medical and psychological areas but for any other cases. However, TFT is most applicable to medical and psychological professional care, and it can be one of tools that assists both of the
applications. Japanese Association for Thought Field Therapy is the network to aid such aspects.

TFT activities are spreading out all over the world. In particular, its oversee activities are based on continuous humanitarian volunteer aid. Association for TFT works by itself; moreover, the association increases the number of cooperative activities with the other aid organizations in the recent years.

Regarding serious incidents, Callahan introduced that Edwards practiced TFT treatments for those victims of terrorists bombing on the U.S. embassy in Nairobi, Kenya when the death toll was close to 300 people and the number of the injured people was more than 5,000 who suffered from physical pains and serious fears (Callahan in 2001).

Those kinds of volunteer activities for serious incidents such as terrors were practiced in cases of 9.11 terrorist attacks in the United States in 2001, and school occupations and terrorist attacks in South Ossetia, Russia in 2004.

From the year 2000, five TFT teams entered Kosovo regions separately to visited mountain village regions where destruction had been took place with doctors of internal medicine. Those staffs practiced treatments for the trauma caused by the conflict. According to the survey study conducted by Johnson, Shala, Xhevdet, Odell, and Davisheveci (2001), 105 people (a total of 249 traumas) who had terrible experiences were treated with TFT and 103 people (247 traumas) showed some improvements. They researched 76 percents of those victims a couple of months later and reported that there was no recurrence, which means at least 76 percents of all those victims showed no recurrence.

In 2006, Trauma Relief Committee (TRC), which is managed by Association for TFT (U.S.A), sent its volunteer teams who joined humanitarian aid with the other volunteer teams at an orphanage in El Shaddai, Rwanda.

Rwanda has serious problems such as the civil war among its ethnic groups that continued until 1994, mass slaughter, HIV, infectious diseases and poverty. The children in the victimized area showed symptoms of nightmares, flashbacks, fear of mass slaughter in which it was counted around 800,000 death tolls, night enuresis, oppression, retreat, isolations, lack of concentration and calmness, aggressiveness, etc.

The volunteer mission was, “Curing trauma damages with TFT method, by training Rwandans and Congolese for TFT procedures in order to provide aid to care their companions suffering past damages, aiding for creating strong healthy nations with peace, and helping for healing and stabilizing Rwanda”.

In addition to food and tools, sewing machines and other technical assistances, and the assessment of needy education supports, Association for TFT was in charged of mental care for the civil wars and mass slaughter.

TFT medical staffs and translators were informed so much cruel and tragic experience over and over again. For the purpose of avoiding indirect damages of secondary traumas, they also had tapping treatments and practiced self-care tapping by themselves with the victims. TFT has an advantage that volunteers and supporters can also use the self-care methods. At Association for TFT conference in 2007, PTSD project in Rwanda reported as follows:

A fifteen-year old girl had run away feverishly because her father had said, “Run fast, and never turn around whatever happens to you.” However, she heard her father’s scream behind her back and turned around. She kept suffering from the flashbacks for a long time.

A VCR showed that the children who did not want to remember such terrible incidents started easing their tensions, and they could talk about bad experiences. The audiences clapped their hands loudly for the presenters who sometimes cried and stopped talking. A teenage war orphan said, “TFT treatments eased my anger. TFT changed my life and I came to manage my anger. My life changed a lot… I isolated myself from the other kids, but that problem changed as well. Thanks to TFT, I can involve myself with the other kids by myself and stay with them together. I did not want anyone to talk to me. If someone does bad things to me, I could not control my anger. I will not lose myself because of such problems anymore. My life really changed a lot.”

One year later, TFT team visited El Shaddai on the mass slaughter memorial day. The facilities were kept very clean by children. They grew vegetables and trees. At meal times, they ate a lot of the vegetables, selling extra vegetables to markets. Those things were never seen one year ago. Children do not suffer from flashbacks, nightmares, and rages. They even tapped themselves.

Teachers of children reported as follows: Children overcome PTSD symptoms, and they began to concentrate
on study. Night enuresis, aggressiveness, isolations from groups, and oppression have decreased tremendously. Children have increasing self-esteem and self-confidence (Oas, Connolly, & Sakai, 2007, October). This kind of humanitarian aid still continues as PTSD project.

In the end of August, 2005, Hurricane Katrina damaged Southern Louisiana and Mississippi, causing 80% of New Orleans city under a flood of water. Medical Center Louisiana New Orleans (MCLNO) has requested support for the TFT. In January 2006, Association for TFT sent Trauma Relief teams to the city in order to train more than 100 people including staffs of the medical center, local healthcare professionals, and volunteers for TFT.

Many people are still evacuated at that time, and food and goods supplies were not enough. People were confused in the city, and aid staffs were too busy to spend enough time for TFT training. Therefore, small groups were made depending on the situations and availability to learn TFT by turns in short mini-workshops held over and over again in a day to use the methods at their work places and sites. TFT was recognized as its achievements and efforts, and TFT groups were requested to help New Orleans again later. (Baladerian, 2008).

This support in New Orleans became a good case example, and emergency assistance workshops that are cooperated by Green Cross and Figley Institute took place in the United Kingdom.

When a random shooting occurred in Sasebo, Nagasaki in Japan, Japanese Association for Thought Field Therapy, inspired by large scale foreign aid activities, practiced emergency aid training for the healthcare professionals in Sasebo, conducting mental care for the employees of Renaissance Sports Club. One month later, all the employees recovered and got back to work at the reopening, thanks to TFT. (Morikawa, other, 2009a)

According to investigations on police officers and firefighters in the United States, researchers found the number of resignations increases when co-workers die on duties. As supports for such situations, TFT workshops take place and conduct TFT mental care for sadness, anxiety and fear of the coworkers of the victims. In Japan, these kinds of large scale workshops have not been held yet. However, TFT is becoming popular among many places including consultation rooms at the police stations, psychological counseling rooms at the public offices, and the child consultation centers.

TFT is applicable not only for the kind of aid against disasters and PTSD. TFT is also applied to capacity-building. People does not perform well when a phenomenon known in TFT practitioners as “psychological reversal” (PR) occurs. Tapping PR points about 15 times makes the reversal corrected. Teachers who practice TFT for students at schools in the United States reported that students make less careless mistakes with tapping these PR points before examinations or tests.

In 2007, the effectiveness of PR point tapping was researched at a public junior high school in Sapporo. They tapped PR points of 93 of first grade students. Comparing the scores of arithmetic tests before and after the tapping, PR tapping improved concentration of the students and handling efficiencies. Researchers reported the students’ impressions as, “I felt the tapping made me feel time of examinations longer.”, and “I was surprised because the simple tapping improves my examination scores and speeds” (Kawagishi, 2009).

At medical scenes, there are researches of providing 102 nurses with TFT stress care at their work places. According to researches, Morikawa, Yamashita and Fukui(2009b), they analyzed data “before and after TFT treatments” and “2 weeks after TFT treatments.” Statistically, TFT treatments made significant difference, and there were tremendous effects especially for character instability.

Moreover, a clinical report stated that TFT treatments used by nurses were very effective to remove anxiety from patients before surgeries at internal and surgical medical departments.

It is reported that TFT treatments were applied to diseases including cardiac episodes, cancers, multiple sclerosis, and high blood pressures in countries outside Japan. TFT focuses not only on psychological problems but on physical problems. As a result, TFT treatments are used with medical and physical treatments, rehabilitations, and chiropractics. The number of TFT applicable fields will be increasing.

Recently, TFT is often used as sub treatments for HIV and cancers. In 1990, Hanson (2002), who was diagnosed as HIV, was shocked because the number of his T-cells was counted only 30 (normal figure is 800-1100). He suffered from depressions after he found the fact.

After that, he had HIV cocktail treatment to prevent HIV virus activities, but he suffered from side effects including nauseas, vomiting, diarrheas, chronic fatigues, sever stomach pains, hypercholesterolemia, and arterial plaques. He gained a lot of cholesterol and weights to reach
145kg in spite of his height 172cm. In 2001, Hanson is diagnosed as angina. Using stent implantations, he had an operation to widen coronary arteries and he was relieved of the heart pains. However, he had a cardiac episode a couple of days later.

He returned to AIDS treatments again, standing terrible side effect pains, however, the improvements were very slow. At that time, Hanson was introduced TFT, and it improved his side effect problems. Hanson’s HRV was only 6 (Heart Rate Variability: measure of sudden heart attack and death. According to prognosis researches about myocardial, a patient has higher risk of sudden death if the number of his or her heartbeats counts less than 50 in 24 hours). The number increased to 18 that was 3 times larger than that at right after TFT.

Later, Hanson had TFT self-care and controlled his eating habit (improvement of impulse-dependent). He lost his weight and got back to healthy cholesterol levels. He practiced everything with TFT in order to ease his psychological stress and side effects. In October 2002, the number of T cells increased little by little and reached more than 690, and the number of HRV was also improved to 87.3. Hanson is healthy and working on TFT activities now.

In Tanzania, Africa, TFT is applied to malaria treatments. TFT is applicable for symptoms of malarias themselves as well as useful for stress of malarias and psychological traumas that patients naturally own, and the effects are proved by HRV and blood tests.

More than 300 million people are infected with malarias in a year in the world, and they say the number of the victims reaches more than 2 millions annually. Malaria’s symptoms includes chills, bad fevers, flushing faces, difficulties of breathing, vomiting, headaches, and muscle pains. There is another kind of malaria that causes conscious disturbances, and kidney failures.

In 2004, Racquel reported in an article of Science News that diseases transmitted by mosquitoes such as malaria and dengue fevers were electrical phenomenon made by bodies. The report accelerated TFT applications against those fevers (Cowly 2006).

In1940s, professor Barr at Yale University proposed that all lives and creatures have the polarity of the energy. One of his students, Langman used voltmeters and measured the polarities of 80 patients with gynecological tumors, and another 80 patients without the tumors. According to the research result, more than 90% of patients with tumors were negative, and more than 90% of female patients without tumor were positive (Callahan & Callahan, 2000).

“Psychological Reversal” concept of TFT is a phenomenon that polarities of body energies are reversed. If TFT is able to correct the reverse, it might be effective against malaria. TFT did make improvements of malaria patients’ health. Thus, Africa projects made by volunteers have started.

They taught TFT usages to the local healthcare staffs and school teachers to make them capable to react the needs at anytime. TFT is a very economical and useful tool because the amounts of treatments and medicines are not enough for everyone in these regions. Anyone can use TFT by themselves once they learned (Cowly, Hernandez & Milbank, 2006, Winter). The support still continues, and the blood test results are improved. Referring to Chart 1, they reported that patients whose blood test results of malaria are positive show improvements of their HRV (Callahan, 2006).

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<th>Before TFT</th>
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<td>139</td>
<td>28.9</td>
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<td>118</td>
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<td>57.4</td>
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<td>Mean</td>
<td>55.7</td>
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American Association for Thought Field Therapy established the ATFT fund, continuing to support humanitarian aid programs. They supported not only African regions but also the Central and South American regions, and disasters such as floods and incidents that damaged the villages. They invite people who can support victims locally to the United States to attend TFT trainings. They also sent TFT therapists in order to make more people to be able to use TFT. Thus, TFT activities has been spread in various areas, and TFT is available for more fields and regions.

Minds of human beings are energies (chi) that go through our bodies and cover up our bodies to make impact on our physical health as well as our mental health. There are so many kinds of methods that have been developed in ancient China on therapies relating to energies.
American sciences and its rational cultures simplified and systematized the procedures in order anyone to be able to use - TFT.

TFT, which is a therapy connected to practice in the real world, will have more potential from now on. I hope much more people will use TFT as stress care without side effects.

References


Hanson, D. (2002) Return from death. The Thought Field, 9 (1)


森川緋女・佐藤克彦・川村昌子・斎藤日登美・高澤三奈・渡邉忠彦・石田みき (2009a) 災害におけるTFTの早期介入と地域との連携—佐世保美原射への緊急支援. TFTジャーナル, 1(1). (Morikawa, A., Sato, K., Kawamura, M., Saito, H., Takazawa, M., Watanabe, T., & Ishida, M.)

森川緋女・山下由紀子・福井義一 (2009b) 職業性ストレスに対するTFT (思考場療法) のセルフケア実践と効果. 第8回日本トラウマティック・ストレス学会プログラムラム・抄録集ポスター発表セッション, 東京, p.113. (Morikawa, A., Yamashita, Y., & Fukui, Y.)

The Efficacy of TFT in a Psychiatric Treatment Setting
- The Use of TFT by Paramedical Staff -

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As for the environments of psychiatric clinics and psychiatric hospitals, the patients have many complex and multiple problems and TFT does not often perform well for those cases. Recently, on the basis of cases about nurses and psychiatric social workers who mastered the algorithm level, we considered how they contributed for the treatments, and we indicated that TFT should be useful and meaningful for patients who had difficulties to learn TFT and difficulties to stop the toxin intake. TFT is effective to remove tensions and anxieties from patients before physician's sessions, build up and maintain trusting relationships which is most important before starting a treatment, introduce other psychiatric treatments smoothly, reduce psychological fatigue after medical care, and maintain good mental health of workers. Healthcare providers can contribute to care teams for the treatments with TFT, which can reduce burdens on physicians and decrease the kinds and amounts of drugs, and provide healthcare providers awareness and confidence of taking part in the treatments.

Introduction

TFT, which is noted as one of the power therapies in the 21st century, has potentials to be applied to various purposes on clinical scenes at psychiatric/mental hospital. Nevertheless, it is often difficult to obtain enough effects by TFT application for problem-solving only because there is no clear focus on a particular problem for many patients who have complex and multiple problems visit the hospital. Several reports about TFT of psychiatric medicines and psychosomatic fields emphasize the necessity of enough interviews before TFT treatments (Yamada, Murakami, Ochiai, Zettsu, Yamamoto, 2005) (Yonezawa, 2000). Furthermore, even though TFT removes perturbations and mental pains from patients quickly, the patients need continuous support of the caretakers in order to recreate a new story in his/her life.

Such patients need supports of care teams from various professions. Currently, physicians are often the team leaders of care who are responsible for the treatments. However, it is important for each member of the care teams to provide with each professional skill and ability. (Nonaka, 2007). Considering TFT application as one of the skills of a care team, it should not have to be a busy physician's roll to instruct patients about TFT. From a viewpoint of how TFT application used by the psychiatric healthcare providers influenced on treatments at clinical scenes, we report how to use the application effectively at clinical psychiatry, according to case studies of healthcare staffs who just mastered the algorithm level.

Subjects and Methods

Healthcare providers including nurses and mental health welfare workers who just mastered the TFT algorithm level practiced TFT freely for patients and coworkers such as:

Case 1: outpatients at psychiatrists,
Case 2, 4, 5: inpatients at a mental hospital, and
Case 3: outpatients at a mental hospital.

TFT practices are made by people as follows: in cases 1 and 2 by a female nurse, in case 3 by a female mental health welfare worker, and in cases 4 and 5 by a male nurse. Needless to say, TFT is one of psychotherapies that were developed by Callahan (Callahan, 2001).

Cases

Case 1

The patient was a female in her twenties who worked for a company after graduated from a vocational school and retired her occupation to retreat in her room. The healthcare provider
The patient was a female in her thirties who lived with her mother. She was pale, disliked sunlight. She always lived in a room with curtains closed to block sunlight. She had been disturbed by others since she was a child, and she felt uncomfortable with men in particular. When she visited the consultation room for the first time, she was so nervous that the healthcare provider practiced TFT in order to get rid of her tension. Her first SUD was 5, and with physiological reverse corrected, trauma algorithms made her SUD into 2. Practicing and repeating the same algorithms made the SUD as low as 1 or 0. Her condition became stable after she came to use TFT by herself when she is exhausted among crowds after convinced that TFT should be effective. There is no proof that only TFT contributed to stabilize her condition because an intervention was also made to support her living at the same time with social resources. The patient said, “I am glad to find a way to relax myself without medicines. I was right to come to this hospital. I want to come here with my mother next time.” The healthcare provider felt that she could establish a relationship with mutual trust with the patient quickly. It was difficult to touch the patient directly, but she allowed that kind of a treatment so that the healthcare provider could let her move on to enough relaxations with motion treatment.

Case 2

The patient was a longtime inpatient for more than several decades with schizophrenia who requested acesodyne and injections from nurses whenever he was uneasy. All the nurses could do was “give him the drug anytime he wants.” It used to be be regarded by the nursing staff as the only solution. One night, the nurse recommended PR spot tapping to the patient when he demanded the drug. The patient was amused, willing to accept it, and he could express the words, “I have backache,” for the first time. After that, she could move on to the motion treatment for the backache care. The patient still came to request the drug occasionally after that, however, if the nurses said to the patient, “Please tap” indicating PR spots, he often came to smile and go back without the drug.

Case 3

The patient was a female in her thirties who lived with her mother. She was pale, disliked sunlight. She always lived in a room with curtains closed to block sunlight. She had been disturbed by the others since she was a child, and she felt uncomfortable with men in particular. When she visited the consultation room for the first time, she was so nervous that the healthcare provider practiced TFT in order to get rid of her tension. Her first SUD was 5, and with physiological reverse corrected, trauma algorithms made her SUD into 2. Practicing and repeating the same algorithms made the SUD as low as 1 or 0. Her condition became stable after she came to use TFT by herself when she is exhausted among crowds after convinced that TFT should be effective. There is no proof that only TFT contributed to stabilize her condition because an intervention was also made to support her living at the same time with social resources. The patient said, “I am glad to find a way to relax myself without medicines. I was right to come to this hospital. I want to come here with my mother next time.” The healthcare provider felt that she could establish a relationship with mutual trust with the patient quickly. It was difficult to touch the patient directly, but she allowed that kind of a treatment so that the healthcare provider could let her move on to enough relaxations with motion treatment.

Case 4

A male nurse in his thirties was complained by a maniac patient. When the nurse reacted, the patient used abusive language with coercive attitude. The other staffs broke the strained atmosphere between them, but the attitude of the patient did not improve the next day when the patient almost harmed the nurse. The nurse raged at the patient, started thinking about resigning his job to avoid the patient, and felt extreme exhaustion at the same time. Two days later, his superior tried to reconcile the nurse and the patient. However, the nurse with raised heart rate had difficulties to control his emotion of declining the reconciliation. The nurse confessed to the healthcare provider that his father and the patient might overlap to make the difficulty for him for his memory of the hard days under his father’s unreasonable attitude. Thus, the healthcare provider practiced the nurse algorithm for trauma that were added algorithms regarding anger and rages. The SUD of the nurse was not measured, but he came to be able look at his relationship with the patient objectively. A couple of hours later, the nurse finally accepted the reconciliation with the patient. The nurse reported, “After I went home, I started having anger to the patient again. But, I could communicate with the patient normally a couple days later.” It is not clear if there were some other particular factors that calmed him down and the effect of TFT cannot be evaluated objectively. However, it can be noted that the patient have not cause particular problem against the nurse since then and the nurse himself admitted TFT effect.
Case 5

The patient was a female with schizophrenia in her sixties who had spent 20 years since her third hospitalization. The patient basically has strong anxiety and obsession especially about excretions, and if her appeals were not accepted, she sometimes made violent action to the caretakers. She used to spend time without problems during occupational therapy, listening to her favorite music stations, drinking soft beverage, and relieving her adherence. However, once she showed her dangerous mood and adherence, and an isolation ward was necessary to block stimulations for her for at least several hours. She was a very difficult patient. One day, the patient came to appeal with a loud voice, banging the door and windows of the nurse office. They tried to let her sit down on a chair and listen to her, but she stood up immediately. They tried to let her sit down again. Then, the healthcare provider touched both hands of the patient and tapped her PR point about twenty times. The patient didn't like it and returned her room. After a while, she came back with similar complaint and the healthcare provider hold her hands in the office and tapped at PR point and point under her nose. The patient did not decline that as she was saying to her, “It’s fun.” After that, she tried to practice algorithms for obsession and anxiety, but the patient stood up at the middle of the session and went back to the cafeteria. At the cafeteria, she had not got into a dangerous situation without loud voice for a couple of hours. All the staffs were so surprised because she had never been quiet like this. After that, when she shouted with a loud voice, the healthcare provider tried to tap her at the nurse office, but, she refused that and went back to her own room. When she shouted loudly again, two healthcare providers instructed the patient how to tap PR points at the nurse office. The patient tapped herself with the healthcare providers. However, she began to hate that immediately, returned back to her own room and started a loud shout. Eventually, they could tap the patient only 10 times or so without completing algorithm. They could settle down her obsessive behaviors only 2 times. Then, the patient did not need TFT anymore in the end when she fell down from the bed and became bedridden.

Discussion

As seen in case 1, TFT releases anxieties and tensions of the patients before entering the physician's office. The patient talks positively at the office since TFT solves problems that the patients are confused of. (Yonezawa, Ooshima, Matsuura, 2001). It makes physicians easier to introduce verbal therapies because it makes patients talk clearly to speed up the diagnosis and enable physicians and patients to ease various psychological stresses during diagnosis. Moreover, as physicians diagnose patients who are relaxed, it makes possible for physicians to minimize the amount of the drugs. Thus, it is beneficial to the patients in terms of costs and side effects.

Most of the patients who come to psychiatric hospitals in Japan demand drugs. If medications are only solutions for the patients’ problems, it would be fine. However, if their distress is complicated, the medication alone does not often work well. If the patients want to rely only on the drugs in these cases, the kinds and amounts of the medicines are inevitably increased in the end. The patients who visit the hospital expecting the drug would apt to agree with their physicians’ prescriptions. If we practice TFT before increasing the amount of the prescription drugs, we could easily confirm the effectiveness. However, those patients rely on the drugs often repeat recurrence later even if they improve their symptoms during TFT treatments. TFT could be regarded as useless in such situation, and the providers and patients might give up TFT treatments altogether. We have to be careful not to let it happen because it might force the patients to rely on the medications that are the easiest methods without any consideration of alternate methods. Also, if the patients do not show symptoms of their anxieties due to antidepressants and so forth, TFT’s effectiveness may not be detected clearly. In those cases, many patients can not reduce drugs because they are afraid that another anxiety spell shows up and disturbs their lives again even if they really want to stop medication. However, it is still meaningful to repeat TFT treatments with consideration for anxieties and symptoms, and respect for the patients’ will in reducing the amounts of the medicines little by little. If the patients overcome the real stress with TFT without drug, it would be possible for the patients to reduce the amount of the drugs even more. Having confidences not to rely on the drug, the patients would gain self-esteem and strengthen identity. Also, the patients would try to lead positive lives. Thus, we can expect synergistic effects from the combination of TFT and medications.

Of course, if symptoms of patients are not toxin related, we can expect to ease them in psychiatric hospitals by TFT. Also, if TFT effects come to be realized against the symptoms, more people will be able to use self-care including TFT and so on in psychiatric hospitals. However, people who are not calm tend to forget how to practice the self-care that they learned. As a result, they cannot often recall the procedures of
TFT and other alternative methods when self-care is necessary. In order to avoid such cases, it is important for healthcare staffs to train the patients for TFT steadily and continuously.

In case 1, the reason why the patient could go out by herself is that she could pull out resilience from herself easily by noticing her own resources by the reduction of anxieties and tensions resulted from TFT. If the patients experience processes to pull out their resilience, their recovery could be encouraged in the psychiatric treatment. When a patient recovers, each person has his or her “growth as a human being.” Having symptoms or not, it takes some time for “the growth as a human being.” For treatments at psychiatric hospitals, it is necessary to consider “the growth as a human being” that takes time. Therefore, only single TFT treatment does not often solve all problems. However, we are fully convinced looking in the case 1 that TFT works well in the process of “the growth of a human being.”

In case 2, all the patient could appeal was “Please give me the drug,” instead of his real demands such as “I have backache” and “I am uneasy.” However, the patient has come to be able to speak and express his own thought with specific words with tapping. The nurse felt that the relationships with the patient in which the nurses felt there would be no other way than to use drug to act against the patient became somewhat expanded with the regained verbal communication of the patient. It should have been a long-forgotten experience for the patient to be treated other than medication by the nurses. There is no clear reason why the patient obtained verbal communication abilities, however, the communications between nurses and the patient during TFT treatments might help him to acquire the language skill. When the treatments are started, this invisible communication is a first step of the most important matter, “reliability,” and TFT would prompt that.

In cases 2 and 5, it is unrealistic to target at a cure of the chronic schizophrenia patients completely with TFT. One reason for it is that the nursing staff's work by turns, and not all staffs have knowledge and understanding about TFT, and that patients whose abilities are diminished due to handicaps have difficulties to practice tapping by themselves even if it is a simple algorithm. The second reason is about the problem of “toxins” that cause relapses. Patients often improve their symptoms after they stop taking toxins, however, it is often impossible for patients to stop taking toxins in psychiatric hospitals for various reasons. For instance, tobacco could be toxin while it is very hard to confiscate smoking of the chronic schizophrenia patients who do not have enough pastimes in their lives. We have the same problems not only in tobacco but also in the other preference such as coffee and sugar. Therefore, TFT does not perform well especially in the psychiatric hospitals with chronic schizophrenia patients. Also, it is necessary for the providers to build up trusting relationships with the psychiatric patients without any knowledge about TFT, unlike patients who came to request TFT treatments, in order to stop taking toxins according to the provider's proposals.

In case 5, the healthcare provider bravely tried to practice TFT for a patient who has had serious difficulties to learn tapping. The patient calmed down only in two cases out of ten trials. We can say that TFT might be more effective than conventional treatments for the patient considering the patient had never been quiet before TFT trials. In providing care, it is often said that “if a method does not work, change to the other” From that perspective, if a provider know alternative techniques like TFT, there would be more options for the treatment. However, if the patients do not like the method to calm down, it is not recommendable to impose the procedures on them. In that case, the healthcare providers had to have a knack in intervention to try and find how to approach the patients and let them enjoy TFT tapping. In case 2, a connection between the healthcare provider and the patient can be felt only by looking at the patient practicing simple PR tapping proposed by the healthcare provider. People usually tend to spend the repetitive lives without significant changes in psychiatric hospitals, but it might be important not to forget the feeling of this “connected feeling” in order to maintain the “mutual trusting relationship.”

In case 2, it was thought that the nurse could apply motion treatment to the backache relief and reduce the amount of the drug which the patients take by extending the mutual trusting relationship. Correcting “psychological reverse” by PR taps on sides of the hands and under the nose, rubbing areas of pressure pains, and so forth is simple, but the patients use that with joy like play. It could develop the communication between the healthcare provider and the patient. As mentioned before, TFT is able to build up “trust” as the basis of the treatments.

In case 3, the patient was glad to be able to care by herself with TFT. The patient became a member of the care-team in a sense by using TFT for self-treatment and contributed to the care. We cannot say that it was TFT’s direct effect easily that the patient also wanted to take her mother to the hospital, however, the will of the patient indicated that the treatments would have a lot of potentials in the future, in terms of family-centered care. When patients affirm the self-treatments by
themselves, it is a chance to make things better.

In cases 2 and 3, healthcare providers use TFT, moving on to relaxation according to motion therapy. TFT has an advantage to make it easier to introduce linguistic psychotherapies as well as non-linguistic motion therapy by releasing something in patient's mind after tapping.

In case 4, it is an example of a professional who is obliged to treat patients calmly lost his temper. In general, it is often the case that a healthcare provider who continues to face with the stress of the patients repeatedly wants to keep away from the problem because it is difficult for him to release the stress of the patients that he take in. In cases of taking care of people who have significant handicaps, the more people feel sympathies with the disabled people, the more they suffer from co-exhaustions. Thus, if healthcare providers can refresh their minds with TFT as seen in this case, they will be able to look at relationships between them and the patient objectively. The healthcare provider in this case who was able to react calmly did not have to respond emotionally. It means that the healthcare provider could release the stress of the workplaces, and it contributed to the mental health at entire workplace. From the patient’s viewpoint, the experience of process of reconciliation with the healthcare provider could change how the patient himself control his anger against the others.

In psychiatric hospitals today, there are more disorders regarding human interactions at individual level than diseases such as schizophrenias and depressions to increase factors to confuse caring environment. I always feel at my workplace at a clinic that the number of communication disorders regarding developmental and social adjustment disorder is increasing because of the potential of family and social education are weakening. Such patients cannot be expected instant improvements from focusing on psychoanalytic psychopathology, but brief therapies are often effective. Among the brief therapies, psychotherapies that work on bodies include Eye Movement Desensitization and Reprocessing (EMDR) (Takasaki, 1998), TFT (Takasaki, 1999), and Clinical Motion Methods (Yoshikawa, 2004). Also, breathe and relaxation methods (Bensons, 1984) are effective, even though they might not be categorized as brief therapies. In 20th century, mutual relationships caught attentions, and those psychotherapies have been developed. It is difficult to say that those principles are fully understood. As new academic fields such as psychosomatic medicine and psycho-oncology are coming up, the idea that body and mind are connected together is becoming popular steadily in the realm of psychotherapy. Only professionals of psychological treatments can deal with EMDR, but it is relatively easy for inexperienced professionals of other fields such as nurses and social workers to be able to use TFT, motion treatment, breathe method, relaxation method, and so on. It will make progress of care easier when members of a care-team collaborate to choose and use one of the method that can make synergy within patient and stuff or use one in a integrated picture of treatment.

When we care mental problems, verbal psychotherapies are important while patients are often exhausted in talking too much after the session(Yasu, Takahashi, 2000). In such cases, not only lying down to rest but practicing TFT can reduce psychological exhaustion of the patients. If verbal interventions are the only options to ease the tired patients after the session, healthcare providers often think themselves as powerless with feeling of their abilities limited. If healthcare providers have more options to ease their patients, not only patients but also healthcare providers can relax. A healthcare provider said, “Before learning TFT, I could not do anything even if I wanted to do something for the patients because I had no tools to handle. Just influenced by pains of the patients, I suffered myself, too. Even though I heard of the patient’s negative experiences in the past, I thought there was nothing I could do for them. Therefore, I often kept distances from the patients. After I learned TFT, I have confidences to be able to use the skill if necessary. Therefore, I come to be able to communicate with the patients deeper than before. As I can realize changes of the patients in front of me, I have more motivations for work. I am pleased that the patients enjoy using TFT for self-cares. Also, I could obtain a method to care hurts of mine and coworkers easily through my communications with the patients, and that was very useful for my occupation.”

As the healthcare provider mentioned here, having non-verbal interventions as communications with patients to find clear changes of the patients, the healthcare provider would have confidences with feeling of taking part of the treatment. Thus, the healthcare provider would want physicians to realize the reason why the patients recovered. If physicians who are leaders of medical teams realize and evaluate each healthcare provider’s activities, that pushes up motivations of the care team staffs. Their treatment levels rise as well.

If physicians understand TFT and allow healthcare providers to practice TFT, it reduces burdens of physicians and reinforces their teamwork. Thus, it will be significant and meaningful to recommend healthcare providers to
learn and practice TFT.

References


野中敏 (2007) 団説ケアチーム. 東京中央法規. (Nonaka, T.)


高崎吉徳 (1999) 恐怖症・PTSD・パニック障害など, 不安 障害の「短期治療」 In 宮田敬一(編) 医療におけるブリーフセラピー. 金剛出版, pp.41—54. (Takasaki, Y.)

山田和子・村上加奈・落合直美・舌津高秋・山本穂子(2005) 思考場療法の有効性の検討. 心療内科, (2) 9, 165—169.(Yamada, K., Murakami, S., Ochiai, N., Zettsu, T., &H. Yamamoto)

米沢宏(2000) トラウマに対するTFT (思考場療法)の活用—アルコールの家族の臨床か—, アディクションと家族, 17, 69—78.(Yonezawa, H.)


Early Intervention by TFT and Regional Cooperation at Disasters
—Crisis Response to the Sasebo Shooting Incident—

Ayame Morikawa, Katsuhiko Sato, Shoko Kawamura, Hitomi Saito, Mina Takasawa, Tadahiko Watanabe, Miki Ishida

In December, 2007, a random shooting incident occurred at Sports Club Renaissance in Sasebo, Nagasaki. Japanese Association for Thought Field Therapy, which was asked for mental care, conducted emergency aid. In this aid, the association tried not only mental care for the employees, but also promotion of TFT introduction and use during emergency aid, while attempting to secure and promote for the cooperation against the local aid occupations. With certain results obtained in either activity, the association achieved a goal requested by the club that all employees came back to work at the restart of the club on January 15, 2008.

There have been other wound and kill cases at school scenes, but the random shooting at a private company was an unprecedented incident. As there is not an enough adequate example to follow, they tried many first attempts. The primary reason why they succeeded is that Renaissance organized a mental support team quickly. The secondary reason is that TFT has the following characteristics: that TFT, which is safe without side-effects, is very effective against stress symptoms with quick response, that you can practice that whenever you need as it is a self care method, and that it is easy for doctors to adopt that method as the technique is simple.

In this report, we want to introduce the progress outline, the result of the emergency aid, and knowledge that we acquired of through this experience, explaining TFT characteristics properly. In this report that includes two perspectives, “Using TFT positively” and “Cooperating with companies,” we hope it will become a new example of emergency aid.

Introduction

On December 14, 2007, a random shooting occurred, killed 3 people, and injured 6 at the Sports Club Reinsurance in Sasebo, Nagasaki. One week after the incident, Reinsurance headquarter asked Japanese Association for Thought Field Therapy for emergency mental care aid for its employees. Their immediate goal was that all the employees would be able to go back to work with the achievement of the constant mental recovery in one month because Reinsurance planned to reopen the club on January 15, 2008.

Japanese Association for Thought Field Therapy organized an emergency support team in order to practice emergency aid as follow (refer to Chart 1). For instance, these activities are practiced three days extensively from December 28 to 30. On December 28, two TFT therapists entered the site to give instructions for “3. Instructions for specialists,” described in Chart 1. The five members entered the scene from the next day on December 29, and practiced “1. Individual instructions for the employees” and “2. Collective instructions for the employees.” Also, they practiced “4. Cooperation with the communities” and “5. Supervision.”

Attitude of Therapists

Therapists working on emergency situations are required to make effective aid as well as making the aid harmless for it is a premise and essential in its nature. We discussed and confirmed attitudes of therapists before sessions on those requirements. We paid attentions especially for things as follows:

The purpose is to aid, and TFT is just an instrument. We have to provide necessary aid, depending on each case. As a result, if TFT is judged as inappropriate, we do not have to stick to it.
TFT should be applied within the framework of counseling to speed up patients to recover and prompt the improvement. TFT practice without framework of counseling is not beneficial but harmful.

Focus on necessary attitudes at emergency aid counseling including keeping safe spots and security, psychological education about stress reaction, respect and promotion of self-control and independence, and listening to patients.

Mental Care Guideline against Employees

Sixty out of eighty employees at Reinsurance Sasebo requested mental care. TFT is safe and shows no side effect. It is a technique to be applied to self-care as well. It is possible to learn TFT as a mean of self-care and to practice mental care at group units. We divided eighty employees into about twenty people who can be treated in a group and about forty people who should be treated individually based on the opinion of the staff. Psychiatrist Sato, psychotherapist Morikawa, and industrial counselor Kawamura were in charge of individual care and other four members were in charge of group works, supported for individual care.

We prioritized interviews for employees who might get through complex processes such as hard condition, close relationship with the victims, and direct experience of the incident during interviews. This is just to enable us to make additional sessions if one session does not make enough effect.

Although the exposure of trauma is much more shorter without searching than the other treatments, TFT treatments have the same problem to some extent. In this incident, the victims were females, and the assailant was a male. As a result, if male medical staffs treated female employees, the treatments themselves could have been triggers of trauma. We divided the groups according to gender, and six female therapists came to be in charge of the female employees, while two male therapists took care of male employees. In fact, many of female employees appealed that they felt fear and anxiety against men who resembled the criminal in appearance.

Group Care

One group consists of three to six people, and it took one hour for a session. They recalled stress of the incidence and tap themselves in groups after lectures of psychological educations about stress reaction and TFT itself. Also, they were instructed how to practice TFT self-care. They were given the emergency aid pamphlets published by Japanese Association for Thought Field Therapy to refer to. Some people who had difficulty to be treated at group cares with memories of the incident were switched to individual treatment promptly because they felt much more fear and anxiety than expected.

Individual Care

Trauma algorithm is especially effective among TFT algorithms. If it is possible for them to focus on the problem properly, they will experience the stress to be eased within a couple of minutes. That was mostly proved in this case, but there were cases that were difficult for them to focus on the problem, and there were cases that they could not accept the incident and mental care itself psychologically at that time. This is just because they received the aid only two weeks after the incident, so we take it for granted that they reacted that way. In this case, we focused on psychological education and relaxation, and we did not bother to practice TFT for the time being.

Regarding Trauma Work: Characters of TFT and Related Matters that were Observed

Debriefing used to draw the attention as one of remedies for PTSD, however, it is recently suggested that it is not effective to stop PTSD coming out. The reason is that it is possible to have dangerous traumatic experience repeatedly again, due to replaying the detail of trauma and promoting expression of feeling right after traumatic experience. On the other hand, it is not necessary to talk and pursue feelings deeply in TFT case if they do not want. All we have to do is to tap, focusing on moments and feelings that were supposed to be hard on the spot. Furthermore, the effect is quick. Therefore, even though they focus on hard memory, it often eases emotional disturbances in a few minutes. Because of that reason, TFT is less invasive than any other trauma work, and the clients can conduct trauma work with safety.

McAninch (2006, 2nd Quarter) suggested that when they rescue many survivors from industrial disasters, TFT should be very effective against trauma because TFT has an advantage to apply that
it can ease psychological negative influence without interviewing or searching for what happened at the disaster.

Impressively, there were some cases that forgotten memories were recalled as they could process hard feeling that stuck to the first memory by TFT in a single session. After tapping for all hard time memories by TFT, we let people whose memories were not connected talk the incident’s details, confirmed if they are upset or not. Thus, TFT characteristically works only on hard feeling even though the memories remain unchanged. For some cases, traumas of incidents pulled out the previous traumas, but as Takasaki suggested in 1998, TFT has characteristics not to pull out traumas one after another and they could finish the session without large abreaction, confusion and dissociation.

Also, using TFT, it is the client him/herself who focus on the problems. If they had too hard problems, they could not often focus on the problems at the session. It is not unusual that they could not face the problem yet. In such case, the clients can change focus of problems even during TFT treatments. They do not force people who are not prepared yet to face the problems. Therefore, TFT keeps clients’ perspectives in center.

Mental Care Supervision for Reinsurance Mental Support Team

The mental support center of Renaissance headquarter who had TFT training also worked on stress and trauma problems as much as it could at the site under the supervision of TFT therapists. The mental support team performed stress care not as specialists but as colleagues who were close to the employees and focused on anxiety of work and restart, and fear that were remembered at work places. This self-help group activity is one example of unique TFT applications.

Emergency Workshop for the Local Specialists

Japanese Association for Thought Field Therapy held workshops twice on December 29 and 30 in which thirteen local clinical psychologists, doctors and counselors took part. The main purpose of this workshop is to make local supporters know TFT and also to let them use TFT effectively to continue successive support even after our emergency aid is stopped. We could held these kinds of TFT workshops along with care work because TFT technique is simple, and the mental care specialists can adopt that for each practice quickly.

In Cooperation with Locals

On December 30, the final day of the emergency aid, we had a meeting with doctors and clinical psychologists again, exchanged information and transferred the employees who needed ongoing supports. The employees who would need supports of medical organizations and psychological counseling could contact the Sasebo city office whenever they wanted.

The cooperation between the public offices and local support organizations is conducted mostly by Reinsurance. In April, four months after the incident, they had an opportunity of an entire meeting. National Psychological Neurology Center also joined the aid to held the report session and the meeting to exchange information on future supports.

Although the initial emergency aid has been completed, Reinsurance, Sasebo city, Clinical Psychologists Organization, Japanese Association for Thought Field Therapy, and National Psychological Neurology Center are keeping in close contact for the possibilities for the needs of the supports because of the relative short span after the incident.

The Effects of the Aid

This time, the aid was not conducted as a research for evidences of TFT. The aid is supposed to be conducted to support effectively and harmlessly from the points of views of humanitarian and clinical standards. Therefore, according to the descriptions mentioned above, we sometimes avoided TFT treatments depending on cases and tried to remove elements that could make the cases unstable. Specifically, we conducted TFT against about 50 people that are 85% of 60.

In this support, we did not conduct psychological inspections before and after treatments. We could not conduct preparation and practice within two days out of limited two week preparation term. In addition, we were afraid that the inspection itself worked invasive. Moreover, the employees complained that the other health inspections and hearings of the incidents exposed them of the accident memories many times before our aid. We judged those inspections have some risks to be against treatments. Also, there seems no data to compare because a random shooting like this that could occur only in the United States was the first case in this country.

We report effectiveness with some figures and data despite of some limitations and imperfections due to our practice based on these perspectives.
First of all, problems of pain and symptoms that became the targets of tapping are as follows:

- incident, sounds of gun fires, to be alone at night, fear and anxiety against males who resemble to the criminal in appearances.
- cannot sleep well
- poor appetite
- stomach pains
- nightmare
- feel Guilty
- hyperpnea
- palpitation
- fatigue
- cannot stay away from lively incident scenes and sights
- anger against the criminal
- anger against the mass media
- tiredness of interviews from polices and other organizations, mass media, and members and their guardians.
- grieves against the victims
- irritations
- anxiety against colleagues
- anxiety against families who stayed at the incident scenes
- anxiety of how to react to clients and students and communicate with the colleagues
- fear of work and restarting business
- tiredness
- stiff necks, etc.

Regarding 45 problems that are listed above, SUD changes before and after the treatments are as follows:

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>Before TFT Treatment</th>
<th>After TFT Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>- SUD (SD)</td>
<td>7.11 (2.19)</td>
<td>1.64 (1.64)</td>
</tr>
</tbody>
</table>

For standard TFT treatments, we use SUD (Subjective Unit of Distress) by Wolpe (described at 1969, Callahan & Callahan, 2000), which is a measure of the effectiveness of the treatments. We use the figures as pain degrees (Callahan, 2000) that cover from 0 as no symptom to 10 as the worst symptoms. Thus, SUD becomes measures of pains that they feel themselves, but as that is subjective, there is a disadvantage of lack of objectivity in terms of how the points are scored. Furthermore, clients who experienced hardships such as this case cannot express themselves with words and therefore, we can seldom listen to their SUD. Thus, there are limits, but we will be able to use the information to indicate the effect of the treatment to some degree. As you can see the chart above, the SUD dropped rapidly.

After three day intensive support, results of IES-R (Kim, 2006) that Asukai et al., translated are indicated as references. We observed that many employees could keep their mental stable and work without problems, and this is to confirm it numerically and to specify employees whose recovering is not enough to make counter plans for the problems (refer to Chart 3).

### Chart 3 The first IES-R after TFT

<table>
<thead>
<tr>
<th>IES-R Scores</th>
<th>Number of People (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>41-55</td>
<td>2</td>
</tr>
<tr>
<td>25-40</td>
<td>10</td>
</tr>
<tr>
<td>Less than 25</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
</tr>
</tbody>
</table>

**Treatments**

If you look at the number, three out of four people are less than 25 points which supports that many employees are mentally stable. As for twelve who scored more than twenty five points, we practiced TFT for nine people who wanted the consulting on March, 2008. Furthermore, we practiced the IES-R again on June, 2008 for the same purpose. Five out of twelve people has less than 24 points.

### Chart 4 Second IES-R after TFT practices

<table>
<thead>
<tr>
<th>IES-R Scores</th>
<th>Number of People (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>41-55</td>
<td>1</td>
</tr>
<tr>
<td>25-40</td>
<td>4</td>
</tr>
<tr>
<td>Less than 25</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
</tr>
</tbody>
</table>

### Effectiveness and Advantages of TFT

According to this aid activity, effectiveness and advantages are indicated regarding to human-induced disasters. (Morikawa and Sato, 2008)

**Wide Range of Applicability**

In cases of tremendous human-induced disasters, people have to talk about the hardships repeatedly as obligation at the interviews and we would be able to ease such large stress because we can use TFT at the earliest stage. Also, we can apply TFT to their current stress as well.
We can use TFT for the wide ranges of the applications not only for traumatic feelings but also for future anxiety. Besides, the victims can use TFT for self-care.

*Simple procedures and Quick Effects
The procedure is simple and quick, taking a couple of minutes, and the effect is quick. Also, it is possible to apply to children who cannot express their feelings with words because it is a non-verbal technique.

*No side effect
We can use TFT safely almost without abreaction (Takasaki, 1998) since it is not necessary to change memories, recognitions, and brief systems, and they are non-invasive approaches to remove the symptoms.

Conclusion
In this aid, we made an agreement within therapists that we would have used the other methods rather than TFT if it was thought to be the best solution. However, through this experience, we felt that TFT was the most effective technique to ease symptoms for emergency aid right after the incident. Also, we think it is a great advantage that we could give the employees TFT as self-care technique.

By definition, this aid is conducted during acute stress disorder (ASD) stage. As we intervene that way on this stage, we consider that our intervention helped to prevent PTSD. However, though we might ease the shock of the incidence by tapping, we have to watch the course of the event since it will take a little more time to settle their minds.

The reason why this aid had results to some extent is that Reinsurance understood mental care, made the company adjustment and reacted quickly as a center of local cooperation. Thus, we think they could make the formation of rapport smoothly with therapists and conduct the proper TFT activity. Japanese Association of Thought Field Therapy supported for things that include elements of clinical crisis intervention by private companies and EAP (Employee Assistant Program). Nagasaki prefecture used its experience that was stored by that time, organized CRT (Crisis Response Team) quickly. The effect of the support was improved better because they supported for the local area related to incidents and cooperated with several organizations (Yamashita, Doi, 2009).

Furthermore, there is no description in this report, but many employees talked about their company passionately, expressed their positive feelings to help each other. All therapists were impressed by that. The passions of these employees are the biggest element to make an achievement of all them to come back to work on the day of the reopening. Might it be too much to say we therapists were just supported by the employee’s passion?

TFT is already used for large scale trauma works such as a civil war in Kosovo (Johnson, Shala, Xhevdet, Odell, & Davieshevci, 2001), a war in Rwanda (Ishikawa, 2008), Hurricane Katrina (Baladerian, 2008, Spring) and so on, but these kinds of trials had not been done yet in Japan. Therefore, this was the first TFT support for disasters in Japan. This was an innovative trial for Japanese TFT. At the same time, we hope to find more meanings from TFT, such as cooperation with companies and mental support teams in the companies, to focus on teamwork with locals.

In conclusion, please accept my condolences on the death of the victims. Also, we would like to connect this experience to aid activities of Japanese Association of Thought Field Therapy from now on.

References
金吉敏(外傷ストレス関連障害に関する研究会)2006 心的トラウマの理解とケア(第二版)東京 : じほう. (Kim, Y.)
高崎吉哉 (1998) EMDRとTFT—PTSDの 新 し い 治 療 —. 神経科治療学, 13 7)833—838. (Takasaki, Y.)
Evidence of the Efficacy of Tapping for Psychological Reversal at School
—Application for Self Control—

Yuriko Kawagishi

It is necessary for students to concentrate on tests of classes at schools. This report is evidence of effect of PR tapping on the self-control for them.

Introduction

As for practical use of TFT at schools, we found the efficacy of TFT in cases including school phobia, child abuse, and emergency aid. These are treatments for individuals or a small group of about 10. However, it is also possible to apply TFT to larger groups as self-control skills.

It is thought that PR tapping which is supposed to be effective for concentration is used at schools more than any others TFT applications, and we investigated on how effective PR tapping is.

According to Callahan & Callahan (2000), PR is a tapping point to fix psychological reverse which make the figures and concepts of a person reversed, self achievements ruined, or irritated to interfere their behaviors. With fixing it, people can work on study and tests without problems and break new records in sports and so forth (Blaich, 1988). Therefore, it is supposed that better test results will be achieved afterward.

Thus, experiments to examine the effect on groups were planed and conducted.

TFT experiments about health guidance at junior high schools

1) First experiment for PR tapping effect

Date of experiment: On Friday, July 20, 2007. 13:45PM – 14:35PM

Object: 93 students of the first grade, 127 of the second grade, and 91 of the third grade at Sapporo City Central Junior High School. Total number of students is 311.

Methods: With TV monitors, all students were explained how to use the self-control technique (refer to the contents of the explanations). First, the students took tests of additions and subtractions of easy mathematics. Students took test 1 (20 answers) in 30 seconds, then, they took test 2 (20 answers) in 30 seconds after TFT practices. The results of test 1 were compared with those of test 2. TFT was explained by TV monitors by showing the procedure and making them follow what was shown. Finally, students filled in score sheets and wrote their impressions on the back of the sheets to finish the tests.

Stimulation used:

Test 1 A
Test 2 A (Kageyama, 2004)

TFT used

1. 15 times for PR tapping, 15 times for under noses, 15 times for fore figures, rubbing tender areas.
2. 5 times for PR tapping with thinking about tests, 5 times under collarbones (Bray et al., 2004)

Results: Rates of Right Answers = Numbers of Right Answers/20. Rates of Answers=Numbers of Answers/20 (Chart 1)

Discussion:

All results showed better points after TFT practices. It should not be attributed to the learning effect because the different is much greater. Students also had impressions of the effects, “I felt that time of Test 2 was longer than that of Test 1,” “I was surprised because only tapping made my scores, numbers of right answers and numbers of answers, better.” However, it is also pointed out that stimulations for Test 2 were weaker than those of Test 1.
2) Second experiment for PR tapping effect

Date of experiments: On Friday, July 24, 2007, 13:45PM – 14:00PM

Object: 93 students of first grade, 127 at Sapporo City Central Junior High School.

Methods: Experiments for three classes were conducted at the same time.

The explanations of TFT were omitted because those had been done at Test 1.

For Class 1: Test 2B was conducted about three minutes after Test 1B without TFT practices.

For Class 2: Test 2B was conducted after making TFT PR tapping 5 times and under collarbones 5 times after Test 1B.

For Class 3: Test 2B was conducted after tapping fore figures 5 times after Test 1B.

Stimulations:

Test 1B
Test 2B

Results: (Chart 2)

Discussion:

It is interesting to find out the differences between TFT practices and the placebo tapping. That proves that the effects are different depending on where to tap. Also, you can see that tapping third fingers made worse results than no tapping in terms of rates of right answers and rates of answers. What does it mean? That means just tapping without targets does not work and that points of third fingers would ruin concentration. The improved results of control could be produced by learning effects. In the case of class 1, the averages of "rates of right answers" and "rates of answers" are high and therefore normalization of the data may be needed to compare with the other classes. However, the table shows raw data. The difference between changes of TFT practices and those of "none," rate of right answers increased 1.2%, while rates of answers increased 1.4%. These figures came from 20 questions. We can say that students answered more questions with more right answers. Even though the date used were not normalized, those figures proved that TFT had an effect on the scores. Also, in cases of tapping the points of third fingers, rates of right answers decreased 0.1%, and rates of answers decreased 0.9%. It is considered that there is no difference at numbers of right answers, or their processing abilities might drop off at numbers of answers.

Conclusion

At schools, it is necessary to have concentration on classes, tests, or entrance examinations. There may be several ADHD or mentally retarded students who have some difficulties to focus their attention, but it is meaningful that we had experiment results of PR tapping that pushed up concentration and processing abilities of students including those children. The second experiments proved that TFT effect was not obtained if they had no target for the tapping. I hope that TFT effect will be inspected more experimentally in the future.

References


Callahan, R. J. & Callahan, J. 

(R. J. キャラハン & J. キャラハン 

(Kageyama, H.)
We had a chance to get cooperation from Sapporo City Central Junior High School for this research. We would like to appreciate the principal, teachers and students of the school.

Data 1

The content of the instruction

[TFT self control lesson TV Broadcasting Script (including VCR records)]

Good afternoon, everyone! Did you have good school lunches? Are you feeling sleepy? We would like you to join our instructions of self control for one hour today. The purpose of the program is to learn self control that enable you to acquire skills to realize your own potential, to keep your presences of mind, and to avoid irritation and negative feelings to help your daily lives.

First of all, the procedure is that you will have easy calculation tests of mathematics in 30 seconds, check your test results with right answer sheets, and fill in the blanks with the numbers of your right answers and those of your answers.

Next, we will instruct you a technique of psychotherapy called TFT as a self control method.

After TFT practice

You will have the second calculation tests in 1 minute again, check your test results with master answer sheets as you did for the first tests, and fill in the comparisons of both test results and your impressions to finished the procedure.

Is everybody all ready?

We distributed score record sheets at your hands, but does anybody have no hand-out yet? If you fill in your name in your score record sheets, please put them back into your desks.

Test 1 will be handed out now, however, you may not start the tests until we say “Please start.” You will have to stop the tests when we say “Please finish.” You may not start the tests without the signal. Please answer all the questions as soon as possible without making mistakes. Also, if you finish the tests earlier, please do not review your answer, and we would like you to flip your sheets over on your desks and wait. Then, you may fill in your names after the tests.

Well, teachers, please distribute the small test 1.

Please start. Please finish.
Those are 2 or 3 cm below diagonally from both sides of corners on your collarbones. Those spots are slightly hollow, and if you press the spots, you will have pain or good feel. Did you find the spots? That is around here.

Please tap either right or left spots about 5 times. Please do it like this.

Well, we finished tapping points for concentrations.

Now, we will begin test 2 according to our signals, so please prepare for that. Please have the test as soon as possible without errors as you did at test 1. Also, if you finish the test earlier, please do not review. We would like you to flip the answer sheets over on your desks and wait. Please fill in your names after everything done.

Please start. Please finish.

Please fill in your names.

Now, please mark circles with red pens as we give you the right answers like we did on previous test. We will post the right answers on blackboards. Please confirm on the blackboards if you cannot hear or understand the answers.

If you finished checking the scores, please fill in the blank at the bottom with the numbers of your right answers and your answers.

Well, we will come to the conclusion.

Please take score record sheets and test 1. Please fill in test results of test 1 and test 2 with the numbers written in the blanks at the bottoms of test 1 and test 2. Please fill in “numbers of right answers” with “numbers of your right answers.” Please fill in “numbers of answers” with “numbers of your answers.”

If you finish that, please fill in the blanks to subtract 1 from 2 with the results of the subtractions.

If you finish the subtractions of numbers of right answers and numbers of your answers, please calculate rates of your right answers and rates of your answers.

Rates of your right answers is that numbers of your right answers÷20. Rates of your answers is that the numbers of your answers÷20. Please calculate the figures with decimals.

Finished things above, please feel free to write your impressions on the back sides of the record sheets.

We finished the self control practices today. When you need relaxation and concentration for your daily study, tests, matches and so on, you will be able to have better results by tapping those spots with considerations of those events. Knowing this skill, you must have good benefits in your lives in future. Please try to use that a lot.

Many thanks.
### Data 2

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### Data for 2nd test

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TFT Efficacy and Application of Thought Field Therapy (TFT)

Ayame Morikawa

Thought Field Therapy (TFT) which has been developed by an American psychiatrist Callahan since late 1970 is an innovative treatment to improve various psychological symptoms including PTSD, fear syndrome, dependence, compulsion, panic, and depression in which traditional psychological cures are not effective. TFT is a treatment technique that has been invented and developed clinically by integrating psychotherapies, oriental medicines and Applied Kinesiology (AK). There are number of researches regarding on the effect of TFT increasing little by little recently, and the areas of the applications are getting wider. As TFT has its non-invasive character, it becomes an important tool for general psychological clinics such as trauma treatments and family therapies. I will introduce those aspects as well as the other TFT applications and effects about humanitarian aid and medical scenes in cases of wars and disasters with examples.

Introduction

Thought Field Therapy (TFT) is a new treatment that has been developed as a technique with Roger Callahan discovering that tapping acupuncture points improved and cured symptoms including fear syndromes, desires of dependence, and PTSD quickly (sometimes within a few minutes), though medicines and normal psychotherapies were not effective against those problems. I this treatment, patient’s thinking about the problems is considered to be accessing to the thought field: “Shiko-Ba” in Japanese. Thus, “Though Field Therapy” is translated as “Shiko-Ba-Ryoho” in Japanese. The procedures are easy, quickly effective, and without side-effect, to gather attention as a new effective treatment at clinics.

The Background of the Development

Descartes, who was a mathematician and philosopher, advocated a dualism of minds and bodies. Contrastingly, oriental traditions had taught that mind and body were connected in depth where our sights never reach. Recently, human brain researches indicated the oriental traditions should be right that health of mind and body are connected closely, linking the same systems such as neurons, circulations, internal secretions and immunities (Lemonick, 2003).

Physicists suggested that the basic of the health should be made of electromagnetic waves and weak energies. This base of the energy is called “Chi” in Chinese, which support and form human bodies, and give them vitalities. Energy systems of bodies include routes of body energies, or meridian. All systems try to coordinate with energy balances, stabilizations of inside, and the other energies. Everyone always tries to balance, obstructing the balances with lives and growths. In cases of losing body balances, the energies always try to make the balances recover (Eden, 1998).

In 1960s, a chiropractor, Goodheart integrated “innate intelligence” of chiropractics with “Chi” of Chinese medicine, to develop Applied Kinesiology (AK). Goodheart thought that “innate intelligences” should be spiritual intelligences that flow in bodies and connect to space intelligences through neurons. Muscles also represent flows of “Chi”, and health conditions of bodies’ organs can be checked by measuring resistances of particular muscles (Kudo, 2001c). TFT introduces the diagnosis techniques, uses acupuncture point systems, diagnoses particular thought field related to psychogenetic symptoms, and treats patients (Phillips, 2000).

Callahan (2001) met Mary, who had serious aqua-phobia in 1979. Although conventional psychotherapies such as knowledge and behavior therapies, hypnotize therapy, and feeling release method were tried, her symptoms did not improve well. Callahan, who was learning concepts of acupuncture points, tapped spots below her eyes that are on the acupuncture points of her stomach. Mary’s aqua-phobia disappeared afterward. Callahan conducted researches of tapping for years...
after that, created TFT by taping each acupuncture points and categorizing techniques of improving particular symptoms.

The treatment was developed to improve phobia, but it was found that it is effective against traumas that are usually feelings about terrible events, and it was found later clinically that it is also effective against panic attacks, impulses of dependence, compulsions, depressions, physical labors and so forth (Callahan & Callahan, 2000).

TFT is a treatment that was practically created and developed inductively. The mechanisms of the effects have not been proved clearly, but Callahan (2001) considered people should access the thought fields like tuning frequencies when they think of particular things. Callahan considered as follows. When they tune, their symptoms occur, and the reasons are that things like “mind thorns” that are called “perturbations” exist and disturb energies at energy spots; thought fields. He explained that TFT should ease perturbations by tapping spots of acupuncture points during tuning at the thought fields.

The Advantages of TFT

TFT is a technique that is an easy procedure without side-effects.

TFT has an advantage to be applied to very wide ranges of psychological problems. For instance, it is effective against problems like anxieties, fears, impulses of dependences, traumas, angers, guilt, compulsions, panics, self-distractive conditions, depressions, physical labors, shame, improvements of abilities, difficulties of images, and jet rags. (Callahan 2001).

Specialists of various profession learn and practice the technique. Not only psychiatrists and psychotherapists but also counselors, social welfare workers, teachers, acupuncture technicians, chiropractors apply the techniques to each profession (Ishikawa, 2005).

When you use TFT, patients have to think about problems, tuning to the thought fields regardless of the recognitions. TFT is also a treatment that is applicable regardless with any matters such as rapols, sympathies, attitudes, palpitations, mutual understandings, inner conflicts, insights, and expectations for successes (Wylie, 1996, July/August).

A social worker, Sise who practices trauma works suggested that TFT should be the mildest and simplest technique to ease minds. She indicates TFT's' advantage as a means to self-care. Patients are able to manage traumatic responses, once they master the methods (Robb, 2003, December).

TFT is a rare technique that specialists apply to serious psychological problems in their practice as well as ordinary people use for self-cares. Therefore, TFT application is increasing more for humanitarian aid against large scale psychological stresses due to wars and disasters.

Treatment and Effectiveness

Callahan practiced treatments of nervousness of patients randomly sampled who did not know at all about TFT in 1985 and 1986. He treated 68 people and reported 66 people were improved (improvement rate 97%). Self declarations of pain degrees that patients feel is expressed by SUD (Subjective Unit of Distress), which Wolpe proposed (1969, Callahan & Callahan). In the case of 11 point measure, 0 point is no pain, and 11 points are the hardest pain. In the case of 10 points measures, 1 points is no pain, and 10 points are the hardest pain. The improvement degrees were measured by both 11 point measure and 10 point measure. As a result, the average SUD was improved from 8.35 before TFT to 2.1 after that in the case of 10 point measure. The average time for the treatments was 4.34 minutes.

Leonoff conducted the same kind research in 1995, and reported the same level of the improvement as Callahan's report. 66 people out of 68 improved (the effective rate was 97%). SUD was improved from 8.19 before TFT to 1.58 after that in the case of 11 point measure. The average treatment time was 6.04 minutes.

Pignotti practiced TFT for 72 people, and reported that the average SUD was improved from 7.83 before TFT to 1.05 after that: improvement rate 98.5%. Also, Graham practiced TFT for 177 people, and the average SUD was improved from 8.29 before TFT to 2.17 after that although he reported 11 people showed no improvement: the improvement rate of the research was 94% (Callahan & Callahan, 2000).

According to the researches that Callahan (2000) performed with 20 people for TFT, the average SUD was improved from 8.0 before TFT to 1.0 (= no distress symptom at all) after TFT among 15 people who could answer their SUD (10 point measure). The 15 people had problems such as anxieties, stresses, traumas, frustrations, depression, and physical labors.

Pignotti and Steinberg (2001) performed TFT for 39 people who appealed frustrations, stresses, anxieties, traumas, phobias, physical labors, tiredness, depressions, oppressions, angers, craving for particular food, shames against body images, and eating disorders. They could acquire SUD from 37 people. SUD range before TFT was from 5 to 10 points and after TFT that was
from 1 to 3 points to show improvement (1 point = no symptom).

Sakai et al. (2001) performed TFT for 714 people with 1594 problems in medical organizations. 709 problems out of 1594 were stresses, anger, anxieties, inappropriate craving for particular food, and nausea. Significant SUD reductions (p<.001) were reported for all of the symptoms. The average SUD reduction was 6.50 among 13 people who had acute stress reaction. The average SUD was improved from 8.18 to 1.02 in cases that were focused on anger. The average reduction of SUD was 6.68 among 216 patients who had anxieties while the average SUD decreased from 7.83 to 1.46 among 78 people who had anxieties against medical problems. The average SUD decreased 6.00 among 142 people who craved for food improperly. On top of that, the average SUD reduction was 5.73 among 15 people who appealed nausea. The average SUD reduction was 6.37 among 12 cases of stresses between parents and children. The average SUD reduction was 6.12 regarding stresses between partners while the average SUD reduction was 6.87 among 55 cases about stresses of human relationships.

TFT was actively used for humanitarian aid regarding major incidents, disasters and wars such as American embassy bombing at Nairobi to improve distresses and traumas of the victims (Callahan & Callahan, 2000), emergency aid of Hurricane Katrina (Baladerian, 2008, Spring), PTSD treatments for orphans of wars in Rwanda (Ishikawa, 2008), and so forth.

In cases of civil war in Kosovo (Johnson, Shala, Xhevdet, Odell & Davishevci, 2001), TFT was applied to 249 traumas against 105 victims. 103 out of 105 victims showed improvements, and 247 out of 249 traumas were improved. According to the follow-up from 1 to 9 months, at least 81 people answered that they had no recurrence: the recurrence rate was 78.6%.

Foreign volunteer teams conducted humanitarian aid activities for ongoing malaria treatments in Tanzania (Cowly, Hernandez & Milbank, 2006, Winter).

McAninch (2006) suggested that TFT should be very effective against traumatic reactions, and have advantages to ease psychological negative influences of disaster instantly without talking about the incidents and searching for what happened at the incidents. A man who lost a colleague who used to work together for 15 years and was supported with TFT trauma algorithm to return to work because his HRV was very low was exemplified to be improved significantly as the man’s individual traumas that he had never mentioned were pulled out. After the intervention, HRV increased 400% with confirmed improvements of brain waves. His senior managers confirmed that he had been able to get back to work with very short term: one hour session for two days.

In Japan, an emergency aid was conducted against employees of Sports Club Renaissance for Sasebo random shooting cases in 2007 (Morikawa, etc. 2009a). Japanese Association of Thought Field Therapy’s emergency aid was conducted 2 weeks after the incident in Sasebo, while Bary (2006) reported that TFT is more effective against acute stress disorder than any other treatment.

As for PTSD treatment, Wylie (1996, July/August) suggested that TFT should move definitions and practices of psychotherapy and might call reconsideration of standard hypothesis about essence of emotional disturbance. He picked up an example of TFT treatment effect against returned solders from Vietnam War in the United States. A returned solder had to shoot at a child who was running into him with a hand grenade, and he could not talk about that at all. However, he could talk about the event 5 or 10 minutes after two or three TFT sessions. Another returned solder woke up a couple of times everyday for 30 years. He was released from the trauma after practicing the TFT algorithms three times at Veterans Affairs Medical Center in North Carolina, Salisbury. TFT is used for the treatments of the other returning solders.

Figley moved on to a new project with a purpose to search for “cure for PTSD” to fill a gap between research and reality (Wylie, 1996, July/August).

In early 1993, Figley and professor Carbonel, his colleague at Florida State University, contacted practitioners all over the world to plan to choose the most effective technique against PTSD, regardless of whether it is old or new, or that is admitted by an academic meeting of psychology or not. That was called, “active ingredients” project that consists of 200 to 300 qualified practitioners who were asked to perform actual PTSD treatments and estimate the effects based on the general standard. Furthermore, the founders were asked to visit Florida University, recorded several sessions of the practice at the research room on VCR and tapes, and 4 methods were chosen as effective techniques for PTSD.

Those were EMDR (Eye Movement Desensitization Reprocessing), Traumatic Incident Reduction (TIR), Visual Kinesthetic Dissociation (VDK), and TFT.

Due to suspending and cancellations of the follow-ups, TFT, which was the most popular in
numbers of participants had 15 participants for the entire treatment process (the least participants were 6). TFT took 63 minutes that was the shortest average time for the explanations and treatments (the longest average time was 254 minutes).

The researches were conducted several times for some years with the follow-up researches. SUD (Subjective Unit of Distress), BSI (Brief Symptom Inventory) and IES (Impact Event Scale) were used as indexes of improvements of treatments (Carbonell & Figley, 1999).

The evaluation was based on clinical aspects with observations of treatments as well as those indices. The researchers recognized that all of 4 methods should be effective for PTSD, and although TFT was the least famous among 4 methods, they suggested that it should be the most effective and quickest technique.

According to a series of researches by Figley, the advantages of TFT were listed up as follows:

1. It is the most powerful that the clients are released by distresses instantly, and the effect seems to continue permanently.
2. As almost anybody can learn it, clients can practice it by themselves and conduct to the others as well.
3. Harmless.
4. Clients do not have to talk about things and problems that cause more emotional distresses making more people need treatments.

Ishikawa (2005) picked up three characters of TFT as follows as a result of her experiences of TFT applications during student counseling and after concluding that TFT should be a very useful therapy.

1) It is applicable for the wide range of psychological problems.
2) It is easy to practice no matter where you are. It does not need counseling room nor special tools.
3) It can show a major effect within extremely short time (P.17).

Takasaki (1998) pointed out that TFT processes remove traumas little by little and limit the processing area almost without threat of catharsis after the treatments, while EMDR processes traumas all at once.

Bray (2006) suggested in his introduction of basic intervention against traumatic reaction that TFT doesn't change what happened nor intervene sorrow directly but helps to mobilize self-cure ability of patients with removing suffer and fear to help their lives better with interventions of specialists.

Folks (2002) conducted a research on trauma treatment of people who came to the United States as refugees. He suggested that emotional distresses of these people could be often overlooked in counseling places of these people. He performed TFT for 61 people after conducting intake interviews, PTSD Check-list for Civilians (PCL-C) and PTSD Checklist for Child (PCL-C). He conducted the checklists again 30 days later. Before TFT treatments, the average figure of PCL was 53.74, and the standard deviation was 12.1. After the treatments, the average figure was 32.29, and the standard deviation was 13.6. The figure dropped 21.45 points before the treatments and indicated the statistically significance (p<.05). Also, according to a dispersion analysis according to .05 level, they did not find significant differences between ethnic or gender groups. 18 (62%) out of 29 people, 1 of 3 sub groups, whose points were over 40 at TFT cutoffs ended up under 40 points. 5 out of 11 people who appealed symptoms of over 40 points before the treatments were improved their symptom degrees and frequencies at least 20% to be improved 79% better than before the treatments. The research concluded that TFT should be applicable for multiple language groups because it had non-verbal character.

According to Takasaki (1999), 37 male and female patients (average age 20.7 years old) who appealed anxiety and fear received TFT and the average SUD were improved from 7.20 (SD=1.64) to 0.95 (SD=2.55) after the treatments. After the treatments, 89.2% reported their SUD lower than 2. 78.4% ended up with zero SUD. The average number of the counseling interviews was 1.4 times, and the first TFT practice took 13 minutes in average.

Matsuura (2000) applied TFT to fear, social anxieties, overall anxieties and anger of 20 patients to found SUD figures decreased in all cases. 12 out of 20 people ended up SUD value of 0 after TFT, and 18 people marked lower than 2 of their SUD. SUD figures of 8 people rose before follow-up sessions, and 3 people had recurrences one month later. However, the results showed that SUD was tremendously improved after the treatments and no significant difference was found between after-treatments and follow-ups.

Kudo (2001a) reported about TFT application to cases of epilepsy patients, panic disorders, material related disorders, and alcoholics, and more than 100 patients of psychiatrists resulting no side-effect. On top of that, 100 male and female
psychosomatic patients aged from 14 to 80 years old with several symptoms and medical examinations were received TFT treatments, and 77% of patients improved self-conscious symptoms remarkably (SUD lower than 2). SUD rose on the follow-ups, but the figure was lower than before the practices: 58.4% of the patients (45.0% of the entire patients) showed noticeable improvements and continued the constant effects to show TFT's statistically significant effect.

Yonezawa (2000a) reported that any noticeable problem was found in his experience of 100 cases of TFT treatments while arguing the necessity to consider side-effects and contraindications carefully. Kudo (2001a) suggested that interestingly there was no report that TFT was insignificant despite of not enough statistic data of TFT effects being presented.

Maezato (2002) reported that 30 prisoners (20-28 years old) who had tough experiences by 10 years old improved their SUD from 8.68 (SD=1.67) to 3.85 (SD=3.26) after TFT practices on one of the experiences.

Cases

Bray (2006) introduced TFT application cases of victims of random shooting at a university campus, traumas of abuses, and depressions of firefighters. Connolly (2004) argued about some examples of TFT application cases about counseling from the viewpoints of social workers and couple/family therapists. Those cases include application for grievances, losses, anger, self denials, and sexual problems, as well as cases of combined treatments with recognition therapies and active therapies.

Yonezawa (2000b) reported 3 TFT application cases for adolescents students. A female student who had PTSD received TFT and confirmed her improvements at the follow-up 1 month later. She had a recurrence due to another reason 1 week later, but reported that she eased herself by practicing TFT by herself. The second case was about a female student who had a phobia of sharpness. She had a recurrence due to another reason 1 week later. After that, she could ease the symptom by practicing TFT by himself when he felt little fears again. However, she could improve by practicing TFT by herself.

As TFT has simple procedures, it is very easy to use at educational environments because even children can learn and practice by themselves when they felt the symptoms.

Sano (2001) presented a case of a girl who rejected to go to school and received repeated counseling with solution focused approaches. It is reported that she was improved with single TFT targeting abusing and anxiety and could go to school. It is also reported that another girl who got into panic conditions suddenly was received TFT and instructed to repeat the treatments by herself. As a result, she could get back to her daily life.

Ishikawa (2005) presented cases of TFT effects in which students who did not know TFT at all were received the treatments during student counseling to show quick and significant responses. The first case was about a female student who suddenly had a stomach ache at a training camp. She received quick TFT to show an improvement although the cause was unknown whether extrinsic or intrinsic. The student reportedly came to ask him, “What was the religious practice?” a couple of days later. In the second case, a student who could not get in an elevator was performed TFT as a demonstration during a university lecture. The student lost fear against elevators, and it was confirmed that the effect continued 3 months later. The third example was about a student who could not board trains. He could get in a train at night after TFT practice. After that, he could ease the symptom by practicing TFT by himself when he felt little anxiety again. It is reported that the effect continues after 3 months.

According to a report of Fujimoto and Shirakawa (2007), they advised a handicapped children class’s teacher of an elementary school to perform TFT to one of his students who suffer alopecia areata and hesitated to go to school. The student could get back to school 1 month later. The case revealed an advantage of TFT that when teachers rather than counselors should listen to children, they can let teachers learn TFT and apply that with advices.

Fujimoto (2003) introduced a case of a female student who had a significant social phobia with disability to talk in front of people. It was reported that she recovered without recurrences two weeks after the TFT session. Furthermore, a female student who had a phobia of sharpness. The effect was not significant in the beginning, but after they practiced TFT at the point again with changing tuning at a thought field that causes fear most, the effect comes out. When she was alone, she had little fears again. However, she could improve by practicing TFT by herself. Emphasizing the potential of TFT usages, the
researchers suggested that TFT should be useful not only for children but for teachers for the purposes of the stress-care because the procedure comes in handy to practice at intervals of the schedule at school sites.

Yamada, Murakami, Ochiai, Zettsu and Yamamoto (2005) introduced an effective case to practice TFT for an elementary school teacher who was diagnosed serious depression, focusing his/her guilt against a cause of an incident. After the treatments, the teacher was able to sleep, eat and make phone calls well without medications. The effect remained stable more than 7 months later. A female patient who had symptoms of overeating, irritations, and depressions due to PTSD was performed TFT and it was confirmed that the effect remained unchanged 6 months later. The third case was about a male patient who was diagnosed as gastrointestinal neurosis due to busy interactions of his occupation. As SSRI medications were not effective enough, they practiced him TFT. His stomach symptoms were improved and the symptoms remained stable after 4 months. The researchers estimated the effectiveness of TFT and suggested that the important aspect about the treatments and improvements should be to discuss well with patients about what they focused on to use TFT and why they used that.

Morikawa, Igarashi and Igarashi (Oct, 2008) introduced the applications of TFT in order to change family structure for family therapy. Oshima (2002) mentioned effective applications of TFT regarding family therapies and introduced the application case for mothers. One mother has a daughter who harmed herself, and another has a junior high school child who did not go to school. As for family therapies, the most important matter is to observe circumstances of clients and families without prejudice, and they pointed out that TFT was a technique not to change the circumstance. In short, it can be said that TFT has a character to make problems outside in addition to the energetic effects of bodies. TFT is a method for practitioners to change none of clients' circumstances and for clients to recognize the situations by themselves and pursue for changes among relationships with practitioners, depending on appeals of clients.

Yasu and Takasaki (2000) also noted TFT as one of treatments that patients chose in the courses to conduct psychotherapies for PTSD outpatient. They also suggested that not psychological interventions but TFT’s physical stimulations should be effective as methods to reinforce inner resources. It is possible to develop inner resources of patients out by improvement with focusing on uncomfortable feelings.

TFT gave a new perspective to fields of oriental medicines.

An acupuncture professional, Kitazume (2009) conducted a research to use a tuning for thought fields in his work place. He introduced that a patient’s fear of elevators had been improved after the treatment.

As we can see, researches of Sakai, et al., (2001) in medical organizations, and aid activities against malarias in Africa, TFT’s availabilities are catching attentions as simple techniques that can be approached from both minds and bodies. The applications for medical fields are expected in Japan in the future. It is indicated that it should be effective to ease occupational stresses in a study on the applications for medical staffs.

Kubota, Tahara, Nagabuchi, Yamada, Mishima, and Nagata (2005) applied TFT to 27 nurses at hospitals who had stress reductions regarding “problems of human relationships,” “occupational mistakes,” “the others.” The SUD lowered significantly at (p<.001), and STAI also significantly lowered (p<.001) before and after TFT, and before and 1 week after TFT.

Morikawa, Yamashita and Fukui also practiced TFT for 102 nurses at hospitals for the occupational events accompanied with distress feelings. The specific anxiety points were significantly low (t (31) =3.48, p<.01) when compared before TFT and follow-ups more than 2 weeks after TFT. IES-R points were significantly lower at follow-ups than before TFT practices for re-experiences and intrusive recollections (t (31) = 2.82, p<01), evading (t(30)=2.33, p<.05) and stimulate prompts (t(32)=2.43, p<.05). A significant main effect of the measurement timings (F(2,62)=66.147, p<.001) was found by disperse analysis for timings of the measurements with scores of unstable conditions as subordinate numbers. A result of multiple comparisons indicated significant between-group difference by 0.1% standards (before TFT >at follow-ups>after TFT). In this research, it is possible to consider the possibilities of little recurrence as time goes by, but it is indicated that TFT self-care should be effective to ease occupational stresses.

Nakaguchi, et al., (2008) tried to apply TFT to psycho-oncology fields and conducted preliminary researches about various effects against psychological problems in medical fields. Nurses practiced TFT for 7 outpatients (3 patients with cancers), 8 cases (6 cases of anxieties before operations, 1 case of conflicts with the primary physician, 1 case of anxieties against nauseous caused by chemotherapys). According to SUD and STAI tests conducted to all cases except for 1 case of anxieties against nauseous caused by
chemotherapies, TFT treatments were significantly effective in 7 cases compared with cases of groups that had only supportive hearing. TFT treatments were effective in 4 cases out of 6 psychological distress cases for 4 patients. Researchers pointed out the following TFT’s advantages including a practical technique among co-medical staffs and groups without side effects, quick responses, availabilities for self-cares, applicability among the family members and bereaved of patients, and stress-cares for staffs themselves. When nurses have tools of mental cares, they have the understanding of the higher screening in the beginning and contribute to the early interventions. Besides, that will be an opportunity of cooperation between mental doctors and psychological professionals. It is suggested that TFT could be one of nonpharmacological interventions.

Conclusion

Bray answered about TFT, “I am not talking about new theories. I am talking about quite new concepts about human beings. TFT shifts theoretical frameworks” (Robb, 2003, December).

Kudo (2001a) suggested that it should be difficult to explain the mechanism of TFT while its effectiveness at practical psychosomatic clinics could be confirmed by statistical investigations. The result of practices comes first as Callahan defines TFT as an inductive approach. Researchers suggested that it should be difficult to connect those background theories spread out over categories of biological physics including quantum mechanics beyond recognition sciences and recognition philosophies. It might be the meeting point between sciences and oriental medicines.

Looking at the connection between sciences and oriental medicines from much wider angles may be needed. Historically, mental patients had been confined and excluded since the era that craziness was regarded as devil’s work at witch judgments, to the era when mental deceases was called “brain deceases” in the name of science. Minds were removed from sciences and medicals because of Descartes’s Mind–body dichotomy with industrial revolutions and developments of sciences as the backgrounds (Nakamura, 2001).

According to modern science fields, it is about to be noticed that minds and bodies should connect closely together. In Japan, they may be getting back to the viewpoint of the oriental medicines that are based on the idea of the mind and body connections. Weston may be adopting the viewpoints of the oriental medicines as new idea.

I and the other practitioners are trying to figure out how to cure mind with hurts and how to let patients' minds notice. TFT is going to be an effective tool to cure minds and bodies beyond many fields with its wide availabilities and viewpoints.

References

[References provided in Japanese, not translated into English.]

（An, K. & Takasaki, Y.）


(Takasaki, Y.)


(Takasaki, Y.)


(Yamada, K., Murakami, S., Ochiai, N., Zettsu, T., & Yamamoto, H.)

米沢宏 (2000a). トウマに対するTFT(思考場療法)の活用. アディクションと家族. 17(1).

(Yonezawa, H.)

米沢宏 (2000b). TFT(思考場療法)の思春期事例への適用. 思春期学. 18(1).

(Yonezawa, H.)
Psychotherapy Using Meridians: The Use of Acupuncture and TFT for Treating Claustrophobia

Hideyuki Kitazume

Introduction

TFT is one of new methods of clinical psychology featured by the use of acupuncture in the method. However, it is a therapy of finger tapping at designated spots by turns without oriental medical tools such as acupuncture needle or moxa. With this simple procedure, it releases patients from their long time mental and physical problems (Callahan, 2001).

I am an acupuncture practitioner with a license of industrial counselor. I came to want to learn those techniques and knowledge because I once suffered depression. On top of that, I found psychotherapy that is called TFT, pursuing possibilities for entire humanitarian patient aid. I was interested in TFT because it uses acupuncture points and investigated it by myself. However, I noticed that I could find almost no book and paper regarding TFT from the viewpoints of the acupuncture profession, and I came to want to learn it as a psychotherapy also available to acupuncture practitioners. The reason is it should be very meaningful for acupuncture practitioners to know TFT therapy because the number of patients who have psychological problems behind psychical symptoms are increasing. Now, I algorithm use TFT little by little with the technique as an algorithm therapist that I learned on my acupuncture school students who have problems to study for examinations and patients of acupuncture clinics where I also work for responding with their requests.

This presentation in 2005 is a record about one subject who was considered as “claustrophobia” and treated with applied TFT with finger tapping and acupuncture needle tapping. It was a case that showed effective to some degree, and I would like to report that with discussion of the methods and progresses.

Relationships between TFT Tapping Spots and Acupuncture Points

Chart 1 indicates acupuncture points that are supposed to correspond with TFT tapping spots.

Callahan (2001) has not clarified tapping spots with official acupuncture point names or international standard indications designated by WHO. Points of diagnosis and treatments at each muscle are designated by Applied Kinesiology (AK) from which Callahan had inspired to invent TFT (Frost, 2003), but there are few elements that can be clarified that each available acupuncture point relates together. On the other hand, Kudo (2003) reported his research that regarded TFT tapping spots as acupuncture spots, comparing with “FAP.”

From the impressions of chart 1, it is not difficult to imagine that Conception Vessel, Governing Vessel, and other Twelve Orthodox Vessels (known as Fourteen Vessels) are just chosen as the beginning or end of treatment spots. Regarding three points, Zanzhu (BL2), Sibai (ST2) and Shuigou (GV26), it is difficult to tap the actual beginning and end spots (Jingming (BL1), Chengqi (ST1) and Yinjiao (GV28)) and it could be said that acupuncture spots before them were chosen.

Callahan (2001, 2004) noted the cases of a female patient with acrophobia that made him invent TFT when Callahan, who had knowledge of oriental medicine, instructed her to “Tap spots under your eyes” because she had stomach aches when she think about water (i.e. problem). After that, the stomach pains and acrophobia were immediately removed (Callahan, 2001) (Callahan, 2004).
### Chart 1  Tapping Spots for algorithm

<table>
<thead>
<tr>
<th>Tapping Spots</th>
<th>Expressions of Callahan (2001) books (quoted from translation sentences)</th>
<th>Names of Acupuncture Points (attached with international Standard Expression)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spots on eyebrows</td>
<td>At the bottom of eyebrows</td>
<td>Bladder Meridian Zanzhu (BL-2)</td>
</tr>
<tr>
<td>Outside spots at the edges of eyes</td>
<td>Outside of edges of eyes</td>
<td>Gall bladder Meridian Tongziliao (GB-1)</td>
</tr>
<tr>
<td>Spots under eyes</td>
<td>2.5cm below eyeballs</td>
<td>Stomach Meridian Sibai (ST-2)</td>
</tr>
<tr>
<td>Spots under noses</td>
<td>On top of center of upper lips</td>
<td>Governing Vessel Shuigou (GV-26)</td>
</tr>
<tr>
<td>Spots under lips</td>
<td>Underneath of the center of under lips</td>
<td>Conception Vessel Chengjiang (CV-24)</td>
</tr>
<tr>
<td>Spots under armpits</td>
<td>10cm under armpits</td>
<td>Spleen Meridian Dabao (SP-21)</td>
</tr>
<tr>
<td>Spots under collarbones</td>
<td>2.5cm underneath between both sides of collarbones. Spots of 2.5 cm away of both sides.</td>
<td>Kidney Meridian Shufu (KI-27)</td>
</tr>
<tr>
<td>Spots on pinkies</td>
<td>Bottom of nails on pinky. Sides of third fingers.</td>
<td>Heart Meridian Shaochong (HT-9)</td>
</tr>
<tr>
<td>Spots on forefingers</td>
<td>Bottom of nails on forefingers. Sides of thumbs.</td>
<td>Large intestine Meridian Shangyang (LI-1)</td>
</tr>
<tr>
<td>Gamyuto Spots</td>
<td>Back of hands between third fingers and pinkies. 2.5cm away towards wrists.</td>
<td>Triple Burner Meridian Zhongzhu Zhongzhu (TB-3)</td>
</tr>
<tr>
<td>Psychological Reverse Spots</td>
<td>Beside hands at the middle of the bottoms of wrists and pinkies.</td>
<td>Small intestine Meridian Houxi (SI-3)</td>
</tr>
</tbody>
</table>

*As for “Spots under eyes,” Kudo identified it as “Chengqi” (Kudo, 2003). Connolly (2004) identified it as “ST-1,” and it also means “Chengqi.” However, according to the explanations of locations at the translated document, it is located “about 1 inch under the bottom of eye balls,” and it does not mean “Chengqi” that is located at margo infraorbitalis.

(Reference) Tapping spots that are not applied to algorithm level

<table>
<thead>
<tr>
<th>Tapping Spots</th>
<th>Expressions of Callahan (2001) books (quoted from translation sentences)</th>
<th>Names of Acupuncture Points (attached with international Standard Expression)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spots on thumbs</td>
<td>Outside edges of thumbs</td>
<td>Lung Meridian Shaoshang (LU-11)</td>
</tr>
<tr>
<td>Spots on middle fingers</td>
<td>Inside tips of middle fingers</td>
<td>Pericardium Meridian Zhongchong (PC-9)</td>
</tr>
<tr>
<td>Spots on Livers</td>
<td>Directly below the nipple, on the costal border</td>
<td>Liver Meridian Qimen (LR-14)</td>
</tr>
</tbody>
</table>
It was a very simple idea but it may coincide with report of Ueda et al., (2001) that there should be effects of prompt or resistance on the same area of the cerebral cortex when several acupuncture points on the same acupuncture lines were stimulated. That is because stimulations against acupuncture lines and spots works on a particular area through sensory nerve and influences on physical organs that have functions of the areas, and the signal will be linked with association cortex where higher brain function works to inevitably influence on hypothalamus and limbic cortex where memories and emotions are processed. Actually, much more tapping spots than the indicated in chart 1 are used at the above level of "diagnosis of causes." At the algorithm level, one acupuncture spot is combined with one of Fourteen Vessels, but it is possible to erase perturbation by tapping the other acupuncture spots on the same meridian according to clients' responses at the upper level (Connolly, 2004). According to these observation, each "spots" indicated at algorithm level should be one of "symbols" for TFT treatments.

Chart 2  Relationships between Internal Organs and Emotions (i.e. Expressions)

| Liver (Gallbladder) | ----- | Anger |
| Heart (Intestines)  | ----- | Joy  |
| Spleen (Stomach)    | ----- | Think |
| Lung (Colon)        | ----- | Depression, Grief |
| Kidney (Bladder)    | ----- | Surprise, Fear |

On the other hand, acupuncture medicines have an concept of a mental perspective, “seven endogenous factors and five minds” which is an idea that our several emotions are dominated not by anatomical brain functions but by Chinese traditional concept of internal organs such as livers (gallbladders), heart (intestines), spleen (stomach), lung (colon) and kidney (bladder). Chart 2 displays this relationship between organs and emotions (i.e. endogenous factors and minds). If TFT spots are looked at from this viewpoint, it is obvious that there are some ideas that concord with acupuncture medicine and ideas that contradict are mixed.

For example, “anger (including rage)” is dominated by “liver”, according to acupuncture medicines, while Shaochong or Tongziliao should be used in TFT. It is regarded that it should be reasonable to use an acupuncture point “Tongziliao” on the acupuncture lines of Gall bladder Meridian having relationships with Liver Meridian as genitive or reversal, but it is difficult to think up a reason to use “Shaochong ” on Heart Meridian. If “anxiety” and “fear” are regarded as “jing” and “kong,” it is possible to imagine that Kidney Meridian or its genitive Bladder Meridian would be a main treatment. However, it is difficult to say that these acupuncture lines and points are focused in TFT.

Kudo (2003) also analyzes the relationships between acupuncture medicines and TFT, based on the theory of “five organs and emotions” although his argument remains to cast a doubt to a western medical perspective of “emotions are operated at brains.”

It was also compared traditional acupuncture treatment concepts such as extraordinary Meridian, locomotor apparatus Meridian, and Paradox Vessels, concepts of specific meridian points of modern Chinese medicine, and concepts of modern acupuncture nerve and muscle approach of western medical knowledge basis, however, it was not found relationships between these acupuncture medicine treatments, acupuncture points for treatments and TFT tapping spots, and obvious cases that explain entire picture.

**TFT and its Acupuncture Application**

1. The Term and Location of Treatment

   Treatment Term: October 7, 2005 – December 16, 2005 (times of treatments: 10 times for all)

   Location of Treatment: Kuretake Gakuen Oriental Medicine Clinic Research Lab

2. Study subject

   Ms. A (female 57 years old) who came to the lab

   She started her weekly visit to the lab on January, 2005 due to sweating and difficulty of hearing as her primary complaints. She was diagnosed as “elevator phobia” in the end of September. She was explained of the purpose, and agreed to have TFT treatments against "elevator phobia" besides normal treatments. At a hearing before the treatment, she confessed that she had been packed inside of an elevator for long hours in her childhood and had not been able to get in elevators since then. She told that she once had a panic attack when she tried to get in an elevator despite of her terror, and she had not use elevators alone. However, she could enter in a elevator if she were with someone, and she had no specific problem to enter in small rooms like bathroom, except for elevators. the case was treated as “claustrophobia” in this treatment on the similar case that Ishikawa (2005) reported as claustrophobia.
### Chart 3. Disease for each algorithm and spot for Major Meridian

<table>
<thead>
<tr>
<th>Symptoms of Objects</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Traumas</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Form (Symple)</td>
<td>Zanzhu</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complication</td>
<td>Zanzhu</td>
<td>Sibai</td>
<td>Dabao</td>
<td>Shufu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complication + Anger</td>
<td>Zanzhu</td>
<td>Sibai</td>
<td>Dabao</td>
<td>Shufu</td>
<td>Shaochong</td>
<td>Shufu</td>
</tr>
<tr>
<td>Complication + Guilt</td>
<td>Zanzhu</td>
<td>Sibai</td>
<td>Dabao</td>
<td>Shufu</td>
<td>Shangyang</td>
<td>Shufu</td>
</tr>
<tr>
<td><strong>Anxiety</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Form</td>
<td>Sibai</td>
<td>Dabao</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complications/Panic Attack</td>
<td>Zanzhu</td>
<td>Sibai</td>
<td>Dabao</td>
<td>Shufu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complications/Panic Attack op 1</td>
<td>Sibai</td>
<td>Dabao</td>
<td>Zanzhu</td>
<td>Shufu</td>
<td>Shaochong</td>
<td></td>
</tr>
<tr>
<td>Complications/Panic Attack op 2</td>
<td>Dabao</td>
<td>Sibai</td>
<td>Zanzhu</td>
<td>Shufu</td>
<td>Shaochong</td>
<td></td>
</tr>
<tr>
<td>Complications/Panic Attack op 3</td>
<td>Zanzhu</td>
<td>Dabao</td>
<td>Sibai</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complications/Panic Attack op 4</td>
<td>Sibai</td>
<td>Zanzhu</td>
<td>Dabao</td>
<td>Shaochong</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complications/Panic Attack op 5</td>
<td>Shufu</td>
<td>Sibai</td>
<td>Dabao</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dependent Impulse</strong></td>
<td></td>
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<tr>
<td>Basic Form</td>
<td>Sibai</td>
<td>Dabao</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>op 1</td>
<td>Shufu</td>
<td>Sibai</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>op 2</td>
<td>Shufu</td>
<td>Sibai</td>
<td>Dabao</td>
<td></td>
<td></td>
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<tr>
<td><strong>Fear</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Basic Form</td>
<td>Sibai</td>
<td>Dabao</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific Fear</td>
<td>Dabao</td>
<td>Sibai</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Form</td>
<td>Zhongzhu</td>
<td>*30 times</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Anger and Rage</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Anger</td>
<td>Shaochong</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rage</td>
<td>Tongziliao</td>
<td>Shufu</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Oppression</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Basic Form</td>
<td>Shufu</td>
<td>Sibai</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>op 1</td>
<td>Dabao</td>
<td>Sibai</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>op 2</td>
<td>Sibai</td>
<td>Dabao</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Guilt</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Form</td>
<td>Shangyang</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Shame and Confusion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shame</td>
<td>Chengjiang</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confusion</td>
<td>Infranasal depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Jet Lag</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>West -&gt; East</td>
<td>Sibai</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East -&gt; West</td>
<td>Dabao</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical Pain</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Form</td>
<td>Zhongzhu</td>
<td>*50 times</td>
<td>Shufu</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*“Specific Fear”: means 4 kinds of fear, spiders, turbulence of airplanes, closed spaces, and car sick.

### Chart 4. Selected algorithm

<table>
<thead>
<tr>
<th>Select No.</th>
<th>Objects of Symptoms</th>
<th>Procedures of Algorithm Treatments (Horon)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Special Fear</td>
<td>Dabao-&gt;Sibai-&gt;Shufu-&gt;9g sequence(Zhongzhu)-&gt;Dabao-&gt;Sibai-&gt;Shufu</td>
</tr>
<tr>
<td>2</td>
<td>Normal Fear</td>
<td>Sibai-&gt;Dabao-&gt;Shufu-&gt;9g sequence(Zhongzhu)-&gt;Sibai-&gt;Dabao-&gt;Shufu</td>
</tr>
<tr>
<td>3</td>
<td>Simple Trauma</td>
<td>Zanzhu-&gt;Shufu-&gt;9g sequence(Zhongzhu)-&gt;Zanzhu-&gt;Shufu</td>
</tr>
<tr>
<td>4</td>
<td>Complicated Trauma/Panic Attack</td>
<td>Zanzhu-&gt;Sibai-&gt;Dabao-&gt;Shufu-&gt;9g sequence(Zhongzhu)-&gt;Zanzhu-&gt;Sibai-&gt;Dabao-&gt;Shufu</td>
</tr>
</tbody>
</table>
3. Treatment Methods

(1) First, diseases that are applicable for algorithm and “main categories” for the treatments are converted to acupuncture spot names and complied as chart 3.

(2) Next, four kinds (chart 4) including fear and traumas were selected among algorithm indicated at chart 3, according to diagnosis of Ms. A.

(3) Acupuncture points used by her normal disease treatments were excluded not to conflict with TFT acupuncture points. However, “Houxi,” which is applied to treatments of abnormal sweat that is a major symptoms for the subject is significant “psychological reverse spots,” so the redundant was allowed by processing the treatments with rules as follows:

1. The standard treatments are always prioritized ahead of TFT.
2. TFT is started after removing all acupuncture needles.
3. “PR correction” shall be considered to be already completed by “Houxi” acupuncture of standard treatments.
4. No stimulation is used for “Houxi” during TFT treatments.

4. The evaluations of treatment effects

As a measure to assess the treatment effects, psychological aspects (subjective opinions) and behavior aspects of subject were recorded and the changes were compared.

(1) Checking conditions of fear and anxiety feeling against elevator before TFT practices.

1. Check if she could came up with an elevator or not when she came to the clinic.
2. Check how her behavior was shown when her self-image was tuned at herself who got into an elevator.

(2) Checking conditions of fear and anxiety against elevator after TFT practices.

1. Check how her comment about elevators was changed by another tuning trial after TFT.
2. Check if she could get in and off an elevator when she went home.

* Basically, autonomic nerve stabilities are measured by SUD measurements or HRV (Heart Rate Variability) tests mentioned above for TFT effect measurements (Callahan & Callahan, 2000) (Callahan, 2001) It is thought that the face scale should be available. However, these measurement methods were not applied because the subject resisted against research figure answers and face scale pictures to deter TFT treatment progress. It is obvious that the objective index is necessary, but there is also an idea, “We should focus on subjects of examinees, considering characters of psychotherapies” (Kudo, 2001b). Therefore, we focused on evaluate viewpoints of how the subject who had actual treatments felt and behaved.

6. Changes of subject's behaviors with passages and methods of treatments and treatments themselves

In this observation, experimental TFT treatments were conducted with the methods indicated at chart 5. Changes of subject's voices and behaviors were also indicated with treatment passages at chart 6. Changes of the treatment passages and subjects’ behaviors are indicated hereinafter.

6 out of the entire 10 times of treatments were conducted with “algorithms against specific fear including claustrophobia,” but it was difficult to say that there had been obvious effects. The subject stated comments that she felt better to compliment the practitioner, but in fact, it was difficult for her to stand up in front of elevator after the session. Especially on the first and the second session, all the subject could do was to understand the process of the algorithm, and it was almost impossible to continue to hold the image that she herself was in an elevator (or trying to enter the elevator). The subject had what we call “type A character” with picky personality, and the treatment had to be modified as she faced her consciousness to locations of spots too precisely.

From the third sessions, alternative method which is to insert acupunctures at tapping spots was tried. This was inspired by the concept of “it is not necessary to stick to finger tapping” described in “EFT” (Flint, 2001) which can be regarded as the simple methods of TFT. If acupuncture technique was applicable for TFT, it was considered that acupuncture practitioner could respond with their techniques for much more cases.
Chart 5. Record of the therapeutic process and methods

<table>
<thead>
<tr>
<th>Time</th>
<th>Date of session</th>
<th>algorithm</th>
<th>Treatment Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Oct, 7</td>
<td></td>
<td>As per Callahan’s texts, self tapping by subject herself</td>
</tr>
<tr>
<td>2</td>
<td>Oct, 18</td>
<td>I</td>
<td>Acupuncture needles were used at main sequence and retain them for 5 minutes. Practitioner tapped in 9g sequence. (needle insertions -&gt; retain needles for 5 minutes -&gt; ER -&gt; remove needles)</td>
</tr>
<tr>
<td>3</td>
<td>Oct, 28</td>
<td>I</td>
<td>Acupuncture needles were used at both main and 9g sequence. Entire procedure was changed accordingly. (needle insertions -&gt; retain needles for 1 minute -&gt; 9g sequence -&gt; retain needles for 1 minute -&gt; ER -&gt; remove needles)</td>
</tr>
<tr>
<td>4</td>
<td>Nov, 4</td>
<td></td>
<td>Changed only algorithms with the methods 5 and 6.</td>
</tr>
<tr>
<td>5</td>
<td>Nov, 11</td>
<td></td>
<td>Changed only algorithms with the methods 5 and 6.</td>
</tr>
</tbody>
</table>

- Use 40mm 16 grade stainless needles for acupunctures until subject felt lightly at the depth of needle insertions.
- Eye ball movements were conducted with lift-thrust technique to Zhongzhu spot at 9g sequence to the degrees of the stimulations designated by Callahan (2001),

Chart 6: Subject's comments and behaviors before and after treatments

<table>
<thead>
<tr>
<th>Time</th>
<th>Date of session</th>
<th>Before TFT (conditions at the visits)</th>
<th>Comments and behaviors during and after TFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Oct, 7</td>
<td>The practitioner welcomed her at the first floor.</td>
<td>Faces turned pale only with tuning. All subject could do was watch tuning methods. Tuning methods were sometimes suspended. On the way back, practitioner got in the elevator with the subject.</td>
</tr>
<tr>
<td>2</td>
<td>Oct, 18</td>
<td>The subject could go up with the other patients by elevator. She could not tolerate the silent moments before the door shutting and opening at a designated floor.</td>
<td>All subject could do was only to tap. Looked better, although she did not feel that she could get in elevator alone. On the way back, the practitioner accompanied in elevator.</td>
</tr>
<tr>
<td>3</td>
<td>Oct, 28</td>
<td>The practitioner welcomed her at the first floor. She looked eased because she heard self tapping would be stopped.</td>
<td>Somewhat easier than before. By the practitioner’s advices, the subject tried to get in elevator alone, but she got out immediately because of terrible fear. On the way back, the practitioner accompanied in elevator.</td>
</tr>
<tr>
<td>4</td>
<td>Nov, 4</td>
<td>The practitioner welcomed her at the first floor.</td>
<td>Almost same as before. The subject felt uneasy to continue to think about elevator for 5 minutes. On the way back, the practitioner accompanied in elevator.</td>
</tr>
<tr>
<td>5</td>
<td>Nov, 11</td>
<td>The practitioner welcomed her at the first floor.</td>
<td>Her expression was more cheerful. The subject felt better than before. She tried to get in elevator alone, but she could not get out without companies. On the way back, the practitioner accompanied in elevator.</td>
</tr>
<tr>
<td>6</td>
<td>Nov, 18</td>
<td>The practitioner welcomed her at the first floor.</td>
<td>Almost same as before. The subject said she felt unclear at her upper sides of her eyes. The location is near center of her eyebrows, but ambiguous. On the way back, the practitioner accompanied in elevator.</td>
</tr>
<tr>
<td>7</td>
<td>Nov, 25</td>
<td>The practitioner welcomed her at the first floor.</td>
<td>The subject felt better by the acupunctures at the upper side of eyebrows and left alone. She reduced most of fear before opening and shutting of door. The subject herself was surprised by the change.</td>
</tr>
<tr>
<td>8</td>
<td>Dec, 2</td>
<td>The subject came by elevator by herself.</td>
<td>The subject tried to move by the elevator to the other floors several times by herself. She felt no obligation to be stabilized for her treatment.</td>
</tr>
<tr>
<td>9</td>
<td>Dec, 9</td>
<td>The subject came by elevator by herself.</td>
<td>The subject did not feel any bad feeling even if she imagined elevators during session. However, she had no confidence to try that at the other locations.</td>
</tr>
<tr>
<td>10</td>
<td>Dec, 16</td>
<td>The subject came by elevator by herself.</td>
<td>The best feeling ever. She wanted to hear tapping locations in details as she wanted to try the other elevators.</td>
</tr>
</tbody>
</table>
The subject eased her tensions she had before the treatments because she was released from focusing her consciousness on the spots. It seemed that she improved her continuity of tuning at thought fields. At third and fourth sessions, a method with “acupuncture for 5 minutes -> 9g sequence -> acupuncture for 5 minutes” was designed and tried to maintain basic structure of algorithm with “main sequence -> 9g sequence -> main sequence” as much as possible. Acupuncture needles were inserted at the both sides of bodies, and retained during 9g sequence. Also, the conventional finger tapping was practiced against gamut spots. However, this method did not change the symptom much, and it ended up with an impression of the subject; “It is hard to think about elevator for 5 minutes.”

From the fifth session, the algorithm remained unchanged and the process was changed to its original. The alternative method was tried for a intense holistic care, in which the time of tuning (5 minutes / time x 2 sets -> 1 minute / time x 3 sets) was shortened and 9g sequence was repeated twice in order to strengthen the fixative. Also, 9g sequence was changed to the method to insert acupuncture of needle and to use lift-thrust technique to ease psychological burdens of the subject. With the procedure, the behavior changes for her to get in an elevator by herself without prompted had been found right after the session. However, she still could not get down to downstairs alone.

After sixth session, there was no major change about talks and behaviors. However, she said, “I feel weird on top of my eyes,” so the algorithm with recipe III or IV including “spots on top of eyes = Zanzhu” was identified to be introduced for the next session. As for trying recipe III or IV first, later was chosen because the subject mentioned experiences regarding the “panic attacks” before the first session. Right after the seventh session, her voice tone came to be brighter and warmer, and her expression was changed nicer with better blood circulations. Furthermore, she could get in an elevator without being prompted and she could go downstairs alone to show a major change of her behavior (As for blood circulations after TFT, Callahan et al., also explained, “the improvements of microscopic circulations due to reductions of rouleau formation.” (Callahan & Callahan, 2000) (Callahan, 2001) (Kudo, 2001b).

From the eighth session, she could come to the second floor by elevator alone when she visited the hospital. Since the seventh session, “heavy consciousness” regarding elevators had seemed removed. The same kinds of responses were found as a lot of clients received TFT commented, “I did not care about problems so much.”

It was changed to t recipe III with main sequence which consisted of only Zanzhu and Shufu and with least treatment spots since the ninth session. However, the changes of the behaviors were not reversed, and the more healthy tendency was found. As long as seen in statements and actual behaviors of subject, it was considered that fear against elevators should be significantly reduced.

Discussion

1. Personal opinions about action mechanism of TFT treatments

The formation of the perturbation and its implication to cause the physiological abnormalities can be explained not only by TFT but also by cognitive behavior therapy, however, the procedures against it were considerably different between these theories. In cognitive behavior therapy, it is often the case that the procedure aims to remove the problem such as fear gradually by making exposed class charts against the problem: make patients “getting used to” the problem. On the other hand, TFT is featured by its mechanism to cut off the connections between “fact and incident” and “fear” and jump into a condition of “feeling nothing,” removing and resetting filter or perturbation between “fact and incident” and “emotions to fear.”

As for the action mechanism of TFT curing clients all at once, Kudo (2001a) assumed, “Perturbation might mean weights of synapses that was formed with intervention neuron groups among the neural network inside of brain, and he mentioned “it might be possible to reset the weight of the synapses immediately with TFT.” About “the weights of the synapses” Kudo indicated, I would like to discuss about SSRI. Selective serotonin reuptake inhibitor (SSRI) is used for diagnose such as anxiety disorder and depression, that are also subjects of TFT. The inhibitor works on “serotonin transporter,” which is found at terminal of brain nerves and inhibits reuptaking of serotonin in brain, which is supposed to be related with emotions. This inhibition of reuptaking of serotonin for several weeks prompts the activities of serotonin neurons as a result (Hachisu, 2003). Thus, SSRI prompts activities of serotonin from pharmaceutical perspective, while another theory, “diet and rhythmical daily activities significantly influence on activating serotonin” also exists (Arita, 2003). Some parts of this Arita’s theory have negative responses, however, if it is consider that melatonin related to circadian rhythm should be synthesized from serotonin, it might not be unnatural to assume that “rhythm” should be related to serotonin activities. With this
perspective, is it too speculating that TFT tapping rhythm may also have the same potential as SSRI does? I assume TFT might be a technique to instantly activate the problem solution mechanism to erase weights of synapses (i.e. perturbations) with a simple procedure of “rhythm” which is less physiological risks to express activation effect on brain serotonin similar to the one SSRI has.

2. About effects of the alternative method of TFT with acupuncture applications

It is difficult to make further discussion to judge if the alternative method using acupuncture instead of tapping was appropriate or not because I could not find the other comparison cases. For instance, it is considered that significant differences might occur in the speed or longevities of effect for perturbation disappearance depending on the differences of grades of acupuncture needles, acupuncture retain time, and stimulations from the viewpoints acupuncture medicines such as necessities of needling sensation, or mixing original TFT methods like eye rolls with “acupuncture algorithm.” There might be more appropriate acupuncture application on TFT treatments. I regret that I could not conduct such comparison in my experimental treatments.

It took 10 sessions to construct stable condition of “reduction of fear,” which is unusual compared to Japanese TFT standard “1.4 time in average” from the data reported by Takasaki (1999). However, if we focus on dramatic changes of patient who were surprised after seventh session that the practitioner switched algorithm to include Zanzhu, it can be regarded that we made certain change in one session with alternative method of TFT this time. Of course, there is uncertainty as for possibilities of permanent changes including self tapping practice by the subject. That is just because “it is difficult to introduce completely permanent changes” as shown in Takasaki’s report. There should be problems such as toxin, for instance. We had better think that there are the same parts as conventional psychotherapy as for the aspects of necessities of long term viewpoints.

However, I think it is clear that in thought fields of the subject, “elevators as object of fear” was changed to “facts as transportation equipments in front of our sights.” And also it can be safely said that is a fact that the subject had had perturbations at her thought fields since her little age, and the alternative method of TFT with acupuncture surely made it minimized.

Through what I experienced this treatment, I came to think that it should be quite possible to try clinical and psychological approaches like acupuncture and acupressure that are equivalent to TFT if we can accept problems of clients properly and select proper algorithms. I consider that TFT should have potential to accept such flexible alternate methods.

Conclusion

Yonezawa (2000a) described impressive words of clients who were released from family problems of alcoholic by TFT in his report. It said, “TFT clears my mind. I can look at problems clearly, and words about them come out into my mind. I come to be able to notice many things about what happened. I think more to shoot with memos written down on a notebook. It is not a problem for me to suffer by myself anymore. The world is better and safer than I thought.” I feel that the words suggest a very deep proposition: which is our occupation should be, “cure clients” or “support clients to be able to work out alone?”

There is not absolute and non-selective “good things” and “bad things.” Only facts exists, and each of us judges the values of “good” or “bad” against that. It can be said that TFT’s objects should be judgments of psychological and physiological values that were confused among clients.

In order to comply these confused systems properly and support clients to be able to say “I can suffer and worry by myself from now on,” TFT exists as the base of the psychotherapy. In this research, I guess that acupuncture treatments could be also confirmed as basic methods of the support.

References

有田秀穂(2003). セロトニン欠乏脳—キレる脳・鬱の脳をきたえ直すー東京：日本放送出版協会．
（Arita, H.）
Callahan, R. J. & Callahan, J. (2000). Stop the nightmares of trauma : Thought field therapy, the power therapy for the 21st century, Chapel Hill, NC : Professional Press．
Callahan, R. J. (2001). Tapping the healer within : Using thought field therapy to instantly conquer your fears, anxieties, and emotional distress. Chicago : Contemporary Books．
（R. J. キャラハン(2001). TFT思考場療法入門—タッピングで不安、うつ、恐怖症を取り除く．在藤 裕子(訳). 東京：春秋社.）
(フリント,G., 2002). EFTマニュアル。橋本敦生(監修訳)、渡辺俊一(訳)、東京 : 春秋社。
(フロスト,R., 2004). アプライド・キネシオロジー入門。果林 修(監訳)、東京 : 医道の日本社。pp.64-118。
蜂須 眞(2003). 選択的セロトンイン再受容抑制剤(SSRI)のセロトンン神経系活性化機構とつらい、強迫性障害および摂食障害における作用機序。アディクション学誌。18(4), 537-549。
(Hachi, M.)
石川勇一(2005). 思考場療法(TFT)の理論と実際—学生相談の事例から—。人間社会研究。2, 3-22。
(Ishikawa, Y.)
久藤文雄(2001a). 心療内科実地臨床におけるTFT(思考の場療法) I. 統計学的検討と認知科学的な解釈。アディクション学誌と家族。18(2), 231-249。
(Kuto, F.)
久藤文雄(2001b). 心療内科実地臨床におけるTFT(思考の場療法) II. 症例研究。アディクション学誌と家族。18(3), 387-399。
(Kuto, F.)
久藤文雄(2003). 心療内科実地臨床におけるFAP(不安から解放プログラム) II. 統計学的検討と手技に関する考察。アディクション学誌と家族。20(2), 173-197。
(Kuto, F.)
高崎吉雄(1999). 恐怖症・PTSD・パニック障害など、不安障害の「短期療法」。宮田敬一(編)、医療におけるブリーヴ・セラピー。東京 : 金剛出版。pp.116-132。
(Takasaki, Y.)
上田至宏・黒岩典明・高橋秀夫・片野泰代・榊原均・柳田敏宏・喜多村裕里・大塚直昭・時本康経・町 信雄(2001). 東洋医学で見られる経穴・経絡は脳の記憶にあるか？Journal of International Society of Life Information Science。19(1), 134-140。
(Ueda, Y., Kuroiwa, K., Zenju, H., Kato, T., Kashi-
ba, H., Yanagida, T., Kitamura, Y., Oshiro, Y., Toki-
米澤 宏(2000a).トラウマに対するTFT(思考場療法)の活
用——アルコールの家族の臨床から——。アディクション
と家族。17(1), 69-78。
(Yonezawa, H.)
The Use of TFT in the Special Needs Educational Setting as a Support Tool
Hajime Azami

TFT is applicable for cares against children, parents and teachers at special needs education scenes. This report describes points that should be reminded to make use of TFT as a supporting tool on the following perspectives:

1. Entire structure of support systems for disabled children,
2. Understanding and accommodating developmental disorders and TFT applications according to characters of developmental disorders,
3. Guideline for the possible cases of developmental disorders and its complications,
4. Applications for guardians and supporters.

Because supports for children who have handicaps and their parents/teachers are similar to trauma works, I proposed the importance of integration of small supports in the context of the inclusive support system.

Introduction
TFT is available for care for children, their parents, and their teachers at the sites of special needs education (SNE) because it has its advantage of “Wherever you are, you can use it by yourself without words.” It is expected that it will benefit SNE significantly, while it is necessary to clarify stand point for the project with sufficient recognition for the SNE and to consider its impact to apply. It is because the effect won't be expected and patients won't be persuaded unless the situations and contexts of the field are not well considered. Also, even if it is effective, the procedure might get out of the standard of support network. With such results, TFT itself might be misunderstood. In this report, in order to place TFT as a support tool for SNE, I attempt to introduce current situations of the SNE and matters that I note at the fields.

Entire picture of support systems for disabled children

1. Comprehensive support system by ICF
WHO changed its Perspective on disabled with revision from ICIDH (International Classification of Impairments, Disabilities and Handicaps) to ICF (International Classification of Functioning, Disability and Health). ICF indicates an integrated biological, psychological, and social model that captures entire life of the disabled person structurally to start developing regional comprehensive support system.

“Life Function” consists of three levels including “mind and physical functions and structures” (biological level), “activities” (daily living level), and “participation” (lifetime level) (Fig. 1). ICF is featured by three ideas including to capture 3 levels comprehensively, to focus on mutual actions of 3 levels and mutual actions of health conditions, individual factors, and environmental factors and to start from positive aspects (Ueda, 2005). Takada (2006) suggested that ICF was significantly effective to find out clues for a solution of Asperger syndrome. ICF is used at support network mentioned hereafter as a “tool of mutual understanding,” and has a role to assist constructions of appropriate and inclusive support structures (Ota, 2003).
Systems of Special Needs Education

“Special Needs Education” has officially started in 2007. It was converted from conventional special education schools and special classes to support individual needs of disabled children including those with learning disorder (LD), attention-deficit hyperactivity disorder (ADHD), and high-functioning autism. This is based on the concept of normalization to be applied to every educational facilities including elementary schools, junior high schools, high schools, and universities to “create a society for disabled and non-disabled to respect each individuality, human rights and personality to live together.”

According to “Final report on the future course of special needs education” (Ministry of Education and Science, 2003), “special needs education” and “individual educational support plan” are defined as follows:

“The special needs education targets not only at handicaps of conventional special educational objects but at independence and social activity of disabled children including those with LD, ADHD and high-functioning autism to strengthen each child’s potential with understanding of educational needs of each person to support against necessities to improve or overcome the difficulties of lives and educations through proper education and instruction.”

The structure to realize this is the “individual educational support plan” (individual support plan in welfare service).

“Individual educational support plan” is to understand needs of each disabled student precisely and practice proper educational supports consistently under considerations to respond properly from the educational viewpoint through the entire educational term from infant to the post-graduation. It is also necessary for this educational support to be work on not only from educational aspects but from those aspects including welfare, medical, and labor with securing close cooperation between related organizations and related sections. In the cases that the individual support plans are made at other concerned party from the viewpoints of the other fields, it is important to ensure cooperation to combine education and such fields including utilizing the plan to conduct the educational support.”

In special needs education, various organizations must work together around the disabled children to support. Traditionally, disabled children and people used to be supported by a thin line of particular supporters, organizations and guardians. However, it will be supported by more wider “support network” (Fig. 2).

Understanding and responding developmental disorder

Mild developmental disorder is supposed to be caused by some brain function disorders, and the intellectual or mental disorder does not exist or mild. As a result, children who have this disorder have educations at normal elementary or junior high schools. It is said that this disorder is recognized in cases of school refusal and adults’ withdrawal. However, the mild developmental disorder does not mean that the disorder itself is mild. As the disorder cannot be understood easily by the others, those who have this disorder have various difficulties for social adjustments. Ministry of Education and Science (2007) decided to stop using words “mild developmental disorder” as a rule and converted to use “LD, ADHD, high functional autism etc.” which became a definition term of developmental disorder support law.

For those who have these disorders, their abilities are so unbalanced that they have high abilities in particular field while it sometimes is the case that they have no ability of simple calculations, writing and reading. It is often the cases in social relationships that they cannot maintain friendships due to their seeming selfishness, short tempers, and so on. They are often ignored and abused because their behaviors are not understood easily. Teachers also tend to regard them as “selfish children,” “non disciplined children,” and “short temper children.”

Because these children have less experience of successes and appreciations from the others in
their developmental stages, they tend to estimate their self esteems lower. And also, if it ends up with maltreatment cases at their homes and schools because parents have difficulties to raise their children and children have difficulties to learn, the risk to cause delinquents and inappropriate behaviors can be increased. Traditionally, these developmental disorders were often detected after these secondary disabilities in the educational scenes. It is obviously difficult to support after these secondary disabilities developed.

In special needs education, mitigating primary disabilities and preventing secondary disabilities by the early detections and action are much emphasized. Researches about understanding and actions against properties of disorders have been progressed rapidly since 1990, and the concrete actions to develop healthy growths have been revealed, although when it is impossible to cure. However, the supports have difficulties and hardships to go on in family and school scenes because there are various social problems such as the lacks of software and hardware resources that are entangled each other.

Interventions based on behavior theories such as applied behavior analysis (ABA) and cognitive behavioral therapy (CBT) are established with the best evidence at this time, regarding instruction methods against children with developmental disorder. Regarding problematic behaviors of children with developmental disorder, there are so many aspects to depend on personal experiences of teachers and parents, but they often take these methods and similar actions in successful cases. According to behavior theories, it is considered that children with developmental disorder tend to study with mistakes and to misunderstand due to difficulties of learning and human relationships. Therefore, it is the best prevention of behavior problems by letting them learn properly.

As for intervention methods in cases when problematic behavior appears, the behavior support by functional analysis or functional assessment is recently much used (Matsumi, 2007). This methods focus not on forms but on functions of problematic behaviors, reinforcing behaviors to let the functions work. For example, if it is found by the function analysis that “shouting loud” suspends assignments and “reduces hatred about assignments,” an intervention to realize the same functions with supports of reinforcing the substitute methods to express words, “Please teach.” As a result, “Shout laud” will be disappeared. By the way, functional behavioral assessment (FBA) has been obliged by 1997 Individuals with Disabilities Education Act (IDEA) in the United States as an action toward problematic behaviors (Albin, 2004). Thus, the first choice of action against problematic behaviors is an behavioral method, and it may take time for TFT to be acknowledged. However, TFT is a method that can be applied into behavior therapies easily. It is considered that it can change ways of activities and prompt behavior transitions by removing psychological disturbances and psychological reverses that are related to anxieties and traumas that tend to be caused at turning points of activities.

However, securing safety is prioritized if the problematic behaviors are violent. The effective way is to practice algorithms, not necessarily 9g, against anxiety and fear at the sign of the symptom. It might be also effective to cut negative circulations with teachers practicing psychological reverse tapping by themselves before facing children.

Recently, it is paid much attention that there is trauma behind self-injurious behaviors and offending of autism spectrum disorder. Eye movement desensitization and reprocessing (EMDR) which works in a different field of TFT is reported to be effective against symptoms of flashbacks and time slip phenomenon of children with autism spectrum disorder (Kouda, 2005), and flashbacks of abused children (Sugiyama, 2007). TFT is also considered to be available as EMDR is.

TFT applications against developmental disorders

It is important to understand characters of developmental disorders in order to diagnose individual cases. Due to limitations of space, I introduce only key words to understand each character of the disorder and describe points to be reminded for the TFT applications.

1. Attention-deficit hyperactivity disorder (ADHD)

Barkley (2003) explained that ADHD children showed varieties of features by their ages with executive dysfunction models (Fig. 3), and he proposed a direction for educating those children (however, this model is not applicable for negligence predominant type ADHD). Children of hyperactive-impulsive predominant type take actions solely on their emotions, taking current desires rather than future successes, before stopping and thinking. “Wait a little bit” because they lack behavioral suppressant function or self-control. They repeat errors since they cannot learn from classroom and their failure, and developments of their executive functions are also delayed. However, it is necessary to remind that
ADHD is not mental delay. Barkley said that it is possible to prompt developments by providing those children with assignments that matched with their executive function abilities that were supposed to be 30% lower than the normal children of the same age.

Without behavioral inhibition, it is converted to motor control not through executive functions.

Fig. 3 ADHD executive function model by Barkley

ADHD children seem to have many problems like “anger” and “rage” on the surface. However, it is often the case that deprivations exist at the bottom. It should be considered before TFT practices. As there were also considerable number of cases with ADHD-like symptom that might be caused by postpartum deprivations of mothers and family abuses, it is necessary to handle “traumas.” It is necessary to check if children practice algorithm with proper procedures when they do by themselves because those children sometimes “scamp.”

2. Understandings and responses of autistic spectrum disorder

“Autistic spectrum disorder” is a concept that was proposed mainly by an English researcher Wing (1996). Pervasive developmental disorder is classified into subgroups including asperger syndromes, high functioning autisms, and autisms depending on severity of three signs of autisms including “interaction disorder (social disorder),” “communication disorder,” and “obsessive behavioral disorder (imagination disorder)” and intellectual abilities. However, it is quite difficult to make clearcut diagnose because subgroups are often overlapped each other. Wing said that it was important to assess if they are autism spectrum disorders or not and identify patterns of abilities based on the assessment. This viewpoint will be shared in this report in the course of explanation.

As for the basic hypnosis of disorders, there are “Understanding Other Minds: Perspectives from Developmental Cognitive Neuroscience” (Baron-Cohen, 1995) and “Interacting minds—a biological basis” (Frith, 1999) from psychology and “Mirror Neuron Systems: The Role of Mirroring Processes in Social Cognition” (Oberman, Hubbard, McEacher, Altschuler, Pineda, & Ramachandran, 2005) and “Limbic Cortex: Hypothesis of Amygdalae Disorder” (Toichi, 2004) from cerebral science fields. Due to the disorders described in those literature, those who have them have difficulties to live because of “Not good at capturing implication of times and spaces”, “It is difficult to understand the entire picture and relationships of aspects, sticking to a particular part”, and “It is difficult to judge and forecast a situation” (The Editorial Committee of Autism Support Manual, 2004).” On the other hand, it is often the case that they can memorize visual information like genius.

Children with autistic symptoms have difficulties in comprehending things that others focus on and in establishing temporal and spatial perception: it is difficult to understand the emotion of others and to express and adjust self emotions. They have sensitivities of their sensation (visual, hearing, touch, and smell) that are different from normally developed people. They have superior visual memories and memorize the visual scenes for long term. However, it is difficult for them to predict future.

It is also often the cases that these with such disorders have problems including deprivations and traumas like those with ADHD have. In human interactions, they misunderstand facts to cause problems unexpectedly. It is always important to use written words and pictures to communicate with them, even when it seems there are mutual understandings, as they sometimes come to appeal with expressions like having hallucinations and auditory hallucinations. It will be possible to calm down psychological disturbances as appropriate with TFT during the identification of facts and relationships. When practitioners practice tapping, it is necessary to consider that they are sensitive on their cutaneous sensation and to use light tapping or finger-pressure acupunctures after careful explanations. As TFT is a unique method, they tend to take negative attitudes in the high intelligence ability cases such as Asperger syndromes. In such cases, authoritarian and logic explanations make more motivations in them for TFT.

It may be possible to approach those problems from the viewpoints of toxins as well because in “opioid-excess theory” (Shattock & Whiteley, 2002), which is derived from medical research, it
is found that autism-related behaviors are improved by remitting to eat foods that include gluten and casein.

3. Understanding LD and action against it

Learning disorder is featured with problems in recognition processes including visual, hearing, and physical sensation. By large, it is classified into “verbal LD” and “non-verbal LD.” Children with the disorder tend to regard given information as right without correct input and have immature expressions. Therefore, it is often the case that it is not clear where the nature of the problems are. It comes to be necessary to practice careful hearing and psychological education. It is often the cases that the first appeal is about physical symptoms such as stomach pains and headaches. Sometimes, some children who used to be mild can suddenly turn to be uneasy with violent ADHD-like behavior when they become 5th or 6th grade and get stressed with study in the school.

TFT is applicable not for aspects of information process of recognition itself but for “confusion,” “tiredness,” and “self-denial.” As they are often clumsy with their hands, it is necessary to modify how to instruct the method in order to make no mistake about tapping points and orders. Especially, it will be better to remind that they are not often good at motions over mid-spinal line. It is necessary for practitioners to tap them in cases of confusing spots like 9g.

Guideline for cases of suspected developmental disorders and complications

In scenes of educations, it is felt that the number of children who are suspected of developmental disorder is greater than that of children with diagnosed disorders. In cases of those who are diagnosed, it is not often considered that they suffer complicated developmental disorders when viewed from their behavioral features. There are cases that their diagnosis were changed through their growing processes. Here are the guideline in the cases of these complicated cases.

1. Concepts about disorder complications

As for the Concepts of complications, there are two distinctive ones: “Asperger syndromes cause complications of LD and ADHD” and “Asperger syndrome is LD and ADHD from the viewpoints of cognitive- and neuro-psychological aspects (Shirataki, 1999). It is also discussed about the relationships between AS and non-verbal learning disorders (Stewart, 2002) and between AS, ADHD and autism (Kennedy, 2002). Furthermore, it is necessary to consider about the relation between developmental disorders and abuses (Sugiyama, 2007).

2. Biopsychosocial Model

Nevin, Anderson and Godber (2002) noted a concept of “self-control” as a common basis of neuropsychological approaches and psychodynamic approaches to ADHD and that characters of ADHD symptoms and the similar behaviors were properly understood by using this concept. In psychodynamic approaches, it is related to infant brain developments and mother-child emotional experiences of children such as traumas and abuses.

In neuropsychological approaches, executive dysfunction model that Barkley described was already referred in this report. By this models, various transitions from developmental process of children with ADHD are logically explained, and specific educational programs are provided on the basis of the theory (Barkley, 1995).

On top of that, Nevin and the others proposed the importance of activating “bio psychosocial model.” By using the model, it is proposed that diversities of causes of ADHD can be understood, and it should be possible to make counter action and preventive approaches. It is considered that this proposal should be useful for growths not only of ADHD or the other development disable children but of any children. This “biopsychosocial model” is overlapped with ICF models that were already described.

Application for parents and supporters

In the cases of parents and supporters experience traumas through the processes to support children, suffer mental and physical problems, and weaken their ability to empower, it is considered that it is necessary to remind precautions that as we do against trauma works.

1. Problems parents face

Parents who have disabled children receive significant impact when they were declared of handicaps of their own children and, they often hold anger and grieve for a long time. Also, Nakata (1995) suggested as a result of research on notices and recognitions of children's disabilities that, “Parents tend to face chronic dilemma in the difficult cases to establish diagnose such as in autism and amnesia groups.” Especially, it is said, “Living together with autism children itself could be an experience to cause you traumas.” (Klauber, 1999). Sometimes there are mothers who are hostile and aggressive against teachers
and helpers, however, not only impact at the notices of their child disabilities but deserted feelings from the others when their children have panics are sometimes recurred.

The process to accept disabilities of their own children looks like a traumatic course on the surface, but it is normal in a sense. The traumatic stresses parents experience are caused by the isolation without understanding from the others. It is necessary to understand the difference of the two traumas of the parents. Moreover, it is often the case that parents themselves also have pervasive developmental disorder. Either way, it is considered that it is basically important in acting with parents to provide specific supports in daily life and let parents themselves to feel successful experiences and securities. The comprehensive supports for parents are also necessary because they have restrictions in their social lives when their lives are reviewed from the viewpoints of ICF.

Some parents expect small progresses for the growths of their children while others expect dynamic changes of them. Special considerations are necessary in the cases of later because they tend to move on to quick remedies and stick to ideas that they may be able to solve all problems with one of them. It is important to have perspective to live with characters of disorders because it is not likely to happen to remove all autisms themselves.

2. Secondly traumatic stress for supporters

It is suggested that developmental disorders could be a high risk factor for child abuses (Asai, Sugiyama, Umino, 2002). Children who are disciplined with abusive means in the family sometimes panic, lose tempers, and end up with violent behavior against the other children and teachers, even when they don't at their homes. In these cases, teachers sometimes oppress “angers against the violence” because they blame themselves not to be able to prevent the hazard as professionals. Moreover, they are in a dilemma between assailant children and their parents and between parents of assailant and victimized children. If the situations continue, it is recognized that teachers go to hospitals with physical distresses or have symptoms of depressions.

Thus, TFT is most applicable in cases that teachers themselves have significant psychological damages due to the children's violent activities against the others and themselves. Especially with physical damages, even teachers who understand adequate ways of reaction sometimes have difficulties to act against the similar situations calmly. TFT can be useful because it is considered to be able to improve physical distresses at first and approach the psychological problems afterwards.

The term of “trauma” is often used at our daily lives, but psychological educations of influence and treatment methods for “traumas” are rarely conducted. Many teachers feel “shames” to be suggested the necessities of “trauma” treatments. On the other hand, a lot of teachers do not have resistive feelings to have chiropractic practices and so forth in order to adjust mental and physical conditions. It is very important to think about ways to start conversations and timings when TFT practices are proposed.

Conclusion

TFT is a tool and a easy support method that comes in handy and applicable for various situations. Supports for disable children and their supporters are resembled to trauma works. TFT therapists can contribute to alternative medicines along with chiropractic and osteopathy practitioners. TFT practices are also available for stress cares of human interactions. Also, it is assumed that not only psychiatrists but health workers and the other supporters of various institute can practice TFT by themselves.

In order to make use of TFT as a support tool in special needs educations, it is considered that it is important to work with attitudes of keeping the way of disorders by ICF in mind without any notion to cure developmental disorders, focusing on points that TFT can improve, and piling up small supports. Then, it will be recognized as one of very effective support methods in the end.

References


The Thought Fields

Ayame Morikawa

The concept of “though fields” is regarded as the most basic idea in the Thought Field Therapy (TFT). Everyone experiences different physical responses by different way of thinking, and Callahan proposed that this phenomenon as a basic theory in psychological treatments to bring in a new viewpoints. Concepts of energies and fields are also introduced with the actual examples, and the background is considered and summarized on what the perturbation as the basic causes of psychological disturbances is and how TFT influences on thought fields and solves psychological problems.

**Key Words:** TFT, Acupuncture, Field, Energy, Thought Field Therapy

TFT is an abbreviation of “Thought Field Therapy.” I will describe what it is.

Callahan, founder of TFT, thought that people accessed to particular thought fields when they thought about problems. People tune at particular thought field when they feel uncomfortable and pleasure by thinking.

Callahan who have researched with Albert Ellis, a pioneer of cognitive behavioral therapy, felt in his practice that there is a lower level exists than cognitive level because he experienced many cases that problems were not solved with cognitive alternations.

**Mary’s case**

Mary, who Callahan (2001) met late 1970s, was one of those who could not be improved in spite of cognitive changes. She had a serious aqua phobia, felt scared of even water in a bowl, and had significant difficulties to shower her child.

She tried almost all the psychotherapies including not only cognitive behavioral therapy but behavioral therapy, rational-emotive therapy, hypnotherapy, and relaxation technique. However, after one and half years of those treatment, all she could do was to sit down near swimming pools still feeling uneasy to be close to water.

However, she had no problem if only she didn't think about water. It was an unbelievable torturing for her to talk near swimming pools and have sessions.

Though she came to be able to sit down near swimming pools, she just tolerated that and felt tortured. The improvement was just she could stand that despite of therapies for 1.5 years.

When she looked at a swimming pool one day at a session, she said, “It reflects on the pits of my stomach. Moreover, I feel nauseous in my stomach whenever I look at water.”

One idea came up to Callahan’s mind after hearing Mary’s comments. Concepts of Chinese acupunctures were about to be introduced at that time and Callahan knew this Chinese medical theory. “According to Chinese medicines, energy channel that called meridian flow inside of body. People have sicknesses if they lose balances in their energy flows. The stomach meridian flows from the underneath of eyes to the stomach. Mary feels disgusted in her stomach which means...” Callahan said to Mary feeling almost giving up, “Please tap below your eyes.”


Callahan could not understand her word immediately, but she jumped up from her chair and started running toward the swimming pool.

Callahan chased after Mary to stop her diving into the swimming pool, saying, “Mary! Stop!” However, she turned back with her cheerful smile and replied, “I am alright.”

Callahan was frightened that she might almost dive into the swimming pool, but Mary said, “Dr. Callahan, I am fine. I know I cannot swim,” and kicked water in the swimming pool. He realized that nothing abnormal have happened to her.

Callahan could not believe Mary’s words,
“nausea is disappeared” immediately. But he understood that very reasonable events occurred because tapping remove her fear against water but not her recognitions of danger to dive into the water unless she could swim.

This Mary’s event was the first case of TFT.

**Thought Fields and Perturbations**

Anyone can experience changes of cenesthesia by thinking. I would like readers to try. If you think pleasant thing, you step easily with feeling energies. However, if you think about uncomfortable matters, you may feel fatigue in your body, weariness in your steps, indigestion on your stomach, and pain in your chest. “Fields” that called thought fields exist there.

Mary mentioned above felt uncomfortable on the pits of her stomachs when she think about water. Unless she thinks about water, she does not feel uneasy. Callahan regarded that a person would concentrate his/her thought energies on the “thought fields” when he/she thought about a particular matter. A word “tuning” is used in TFT like radio frequencies.

“Thought fields” are invisible, but there is each particular field for an object of thinking. When people think about a particular thing, the thought field is activated with energies and the information in there is pulled out (Bray et al., 2004). Interesting matters in the information makes his/her mind happy while negative things make it heavy and cause symptoms of fear and anxieties. The memories are included there.

However, Mary felt nausea in her stomach before tapping treatments when she thought about water, but she came to have no problem about her stomach nor fear after the tapping treatment when she looked at water.

Callahan considered that some changes should have happened at the same thought fields despite of tuning at the same spots before and after tapping, and he reached words, “perturbations” (Callahan & Callahan, 2000).

A perturbation is imagined as a situation that energies of thought fields are stuck or a particular part of thought fields are stuck with stiffness. It is easy to understand that if it is expressed as a “thorn of the heart.” A thorn causes pain whenever a thinking tries to access to the thought field.

“Thought fields” are activated when they are tuned and at the same time perturbations are also activated to cause the symptoms and make uncomfortable feelings.

This perturbation is the underlying cause of the symptom, and it is TFT that improves negative perturbation (Bray et al., 2004). It may be expressed, “removing thorns of the heart.”

The reason why Mary whose case was described above had her nausea in her stomach was that there was a “perturbation,” underlying causes of energy level at the thought field. Callahan & Callahan (2000) defines a perturbation as “the underlying cause of the psychological problems.” It is considered that the fundamental causes should be energy levels rather than biochemical problems of body and neuro- and internal secretion levels.

It is considered that perturbations of energy levels should cause biochemical symptoms and changes of neurons and internal secretions.

TFT removes this perturbation by using meridian acupuncture points. The symptoms will not occur by tuning at the thought field anymore if perturbation is disappeared there.

Callahan explains that perturbations are coded, and each meridian is their individual “route.” TFT is not trying to make balances of meridian by tapping spots, but it sends coded signals to the perturbation through meridian in order to remove it from thought field. The order is important for the perturbation to read the codes. It is coded as DNA is, and the accurate spots should be tapped by the right orders for the code to be read.

Tapping on spots on the meridian should be done with the client thinking about a problem causing uncomfortable feeling because that when the meridian is working to make the thought to access the thought field. When problems are considered with situations of uncomfortable feelings, spots of “keiro” are tapped. This is just because “keiro” provides the thought fields with the access routes. TFT is not practiced to make meridian balances but to remove perturbations from the thought fields.

TFT diagnosis of causes can tell the points and orders of the spots. Callahan regards TFT as “information therapies” to make objective judgments of TFT diagnosis.

**Concepts of “energy” and “fields”**

It may not be wrong to regard human mind as a form of energy as it is said that the Big Bang happened because “there was a will there” (Callahan Techniques, LTD., 1998).

A physicist, David Bohm advocated that the information of all entire universe was wrapped in another layer of the back side of the bright universe that we recognize and the information there had an integrated order. Bohm regarded the entire universe as one, with present, past, and
future included, and status that look like a reflection from a projector should be the present time (Hojiro, 2001).

English biologist, Sheldrake (1981, Hojiro, described in 2001) explained the notion of morphogenesis field that can be formed when the same kinds of things were massively heaped, where the information is recorded and the member of a same group synchronize together and pull out the information. Phenomenon like flying abilities of migratory birds, nest making of hornets and white ants, “the hundredth monkey”, and the crystal formation in which the same kind of chemical substances that reflects each other are considered that the same kinds of groups pull out the necessary information through morphogenesis field.

A psychologist McDougal at Harvard University began experimenting on mice about learning in 1920s. McDougal performed the experiments to verify the theory of evolution proposed by Lamarck. He put mice in water and made two escape routes. One route was lighted up with electrical shocks to deter escaping. The other was not lighted up without electrical shocks to let mice escape. The researchers had conducted these experiments for 17 years and recorded the time mice needed to learn to escape through the route for many generations of mice. As expected, learning speeds of descendants of mice came to be faster, but setting the comparison with learning speeds of mice that had no escape training were overlooked in these experiments. In order to make up for that, researchers at Edinburgh University and Melbourne University also practiced the comparative experiments by using mouse descendants that had no escape training to find out that mice without any relation to those that McDougal used had already sped up to escape. It was also confirmed that both of the descendants of trained and non-trained mice sped up to escape as well (Sheldrake, 1981).

The results could not be explained by any theory of the science at that time. Sheldrake explained this phenomenon with a notion of morphogenesis field through that the information was transferred into mice. He thought this as the second heredities that are different from heredities of DNA (Hojiro, 2001). Once babies come to be able to crawl and move, they come to be on alert against high spots due to acrophobia. It is said that they might be inherited messages of “high spots are dangerous” from their descendants through morphogenesis field.

Hojiro (2001) considered that personal unconsciousness proposed by Freud and universal unconsciousness proposed by Jung that were understood by clinical psychology viewpoints in which mind is separated from brain might be inherited through morphogenesis field which was advocated by Sheldrake.

Freud thought that social morals and loyalties for societies and groups should be conveyed in generations unconsciously. Human beings feel happiness if they are accepted by the society, but if they are not accepted, they begin to feel emptiness and dishonor. Jung considered that the collective unconsciousness should exist at the level that is much deeper than personal unconsciousness. He thought that there should be our common images in human beings such as persona, shadow, anima, animus, and Great Mother, and he called that, archetype. Jung considered that the reason there are similar mythologies all over the places is because of archetype. I want to think that there should be something that is conveyed in the energy level, not in the substance level.

Sheldrake (2006) said at his speech in Vancouver that he considered that minds should stretch over brain area to be connected to our environments and spread over “fields” that are connected each other.

“Our minds are located at the center of bodies and especially brains. However, mind is not limited in the brain, stretched over the brain. Such extension occurs in the mental field that are located in and outside and over brain. Our experiences are better suit to the idea of the extended minds rather than mind-in-brain theory.”

Brain and mind are connected each other, though mind may be extended without limitation of the brain. As minds and bodies influence closely each other, I feel from my clinic experiences that realm of minds should be much wider than sciences have proved.

Conclusion

Meridian is connected to thought fields, and thought fields may exist in the brain or around energy fields in and outside of the brain.

Ueda, et al., (2001) advocated the meridian-neuron network theory, and they researched to suggest that meridian itself should exist in the center of the brain, “memory area.” Research results of F-MRI suggest a supporting evidence of the hypothesis.

It may take more time to clarify thought and energy fields scientifically, but I as a practitioner significantly feel that it is a very important concept at least in clinics.
References


