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THE USE OF THOUGHT FIELD THERAPY IN EDUCATIONAL SETTINGS

A dissertation submitted

by

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to

Fielding Graduate Institute

in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

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Abstract

The Use of Thought Field Therapy in Educational Settings

by

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This study explored how thought field therapy (TFT) was used in educational settings by students and adults, its effects, and possible difficulties. TFT is a self-help technique developed by Dr. Roger Callahan for the treatment of traumas, phobias, and the psychological pain caused by other upsetting experiences (Callahan & Callahan, 2000). Studies have shown that students and educators are challenged by the myriad of difficulties with which they must deal in the process of teaching and learning (Bell, 1998; Carter, 1994; Darling-Hammond, 1990).

A qualitative methodological approach that included in-depth interviews and a focus group was utilized. In-depth interviews were carried out with adult participants by telephone and through the use of electronic e-mail. The adult participants were chosen because they have been trained in TFT, and because they use TFT with students. They lived in the United States, the United Kingdom, Canada, and Mexico. The focus group participants were middle-school students between the ages of 11 and 14 who attended a community program in the northeastern part of the United States. The students met prior to the focus group meeting for instruction in TFT. After using TFT for a week, they met in a focus group to discuss how, when, and why they used it and their feelings about
using TFT.

The findings from the student group showed that students used TFT (a) when confronted with violent situations and when they became angry, (b) when dealing with difficulties in relationships with friends and family, and (c) to help them to be better students in school. Students also reported that they liked TFT and found it easy to use.

The adults indicated that they used TFT (a) with students to help them reduce stress, improve test scores, improve relationships with family and peers, reduce their feelings of violence, and improve their self-confidence; and (b) for themselves, their families, and friends to relieve stress and reduce tension.
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2002
Dedications

To my mother, Margaret Caroline German Ward Covington, for her love, encouragement, spirit, tenacity, support, and strength which continues to live on.

To my daughter, Raina Ivy (Yedra) Yancey, who embodies the riches of the earth and is wise beyond her years.
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CHAPTER ONE

Statement Of The Problem

Introduction

Thought field therapy (TFT) was developed by psychologist Roger Callahan in 1979. It is a rapid self-help technique for the treatment of traumas and phobias and "the painful psychological aftereffects of terrible and upsetting experiences"

(Callahan & Callahan, 2000, p. 2). Callahan and Trubo (2001) explained:

TFT is a system that accesses and resolves the essence and the root cause of your problem, whether it is a phobia, anger, a bad habit, trauma, anxiety, guilt, or grief. These negative emotions are condensed information in energy form, bound in what I call a Thought Field. The active information in this Thought Field creates distress in your life by disrupting the body's internal energy flow, causing psychological upheaval that sabotages your emotional well-being. (p. 4)

The educational development of students today is hampered by mental health and physical difficulties, anxiety disorder, depression, anger, attention deficit hyperactivity disorder, grief, guilt, oppositional disorder, and many other things that make teaching and learning a difficult task (Carter, 1994; Darling-Hammond, 1990; Foehr, 1999; Surpuriya & Jordan, 1997). These, and other mental and brain disorders, have been diagnosed in children and adolescents at an early age (National Institute of Mental Health, 2000).

The National Institute of Mental Health (2000) stated:

Not long ago, it was thought that many brain disorders such as anxiety disorders, depression, and bipolar disorder began only after childhood. We now know they can begin in early childhood. An estimated 1 in 10 children and adolescents in the United States suffer from mental illness severe enough to cause some level of impairment. Fewer than 1 in 5 of these ill children receive treatment. (p. 1)
Willis (1996) pointed out the magnitude of the problem of children who experience depression in her statement, “at any one time, between 2 percent and 17 percent of the school-age population in the United States experience moderate to severe depression” (p. 1). She went on to point out that depression is often unrecognized in students, and it goes on to damage self-esteem and academic achievement. In addition, it sometimes causes disruptions in families (Willis, 1996).

Surpuriya and Jordan (1997) emphasized the problems that educators and students have in schools. They stated:

The kids are bringing more emotional baggage with them to the classroom. They come from homes where the parents do not pay attention to grades or behavior, where parents are using drugs or alcohol. They bring the problems of their neighborhoods into the school building. While school used to be a sanctuary from bullies and scores were settled outdoors after class, the school is now the center stage for fist fights and gunshots. (p. 3)

The National Institute of Mental Health (2001) pointed out that when students and adults are exposed to violence in the home, in the school, and on the streets, “in the course of everyday life,” it can lead to emotional harm (p. 2). A number of students and adults witnessed or have been directly involved in violence such as school shootings and natural disasters. Researchers such as Yehuda, McFarlane, and Shalev (1998) and Smith and North (1993) reported that both adults and children who experience catastrophic events exhibit a wide range of reactions that may result in their exhibiting signs of post-traumatic stress disorder (PTSD).

March, Amaya-Jackson, Terry, and Costanzo (1997) pointed out that trauma and
emotional harm are normal reactions to an involvement in an extreme event. Emotional memories of the distressing event are stored in structures deep within the brain. They suggested that the more direct the exposure to the traumatic event, the higher the risk for emotional harm. In addition, the National Institute for Mental Health (2001) pointed out that “even second-hand exposure to violence can be traumatic. For this reason, all children and adolescents exposed to violence or a disaster, even if only through graphic media reports, should be watched for signs of emotional distress” (p. 3). Think how many children watched the round-the-clock, ongoing televised reporting of the devastation of the terrorist attack on America on September 11, 2001 in New York, Pennsylvania, and Washington, D. C., which left thousands dead and injured. Reactions to exposure to trauma may occur immediately, or days or weeks after a traumatic event. Students may experience a loss of trust in adults and fear that the event may occur again (Marans & Adelman, 1997; Osofsky, 1995; Pynoos, Sinberg, & Goenjian, 1996; Vogel & Vernberg, 1993).

The National Institute for Mental Health (2001) asserted, “when violence or disaster affects a whole school or community, teachers and school administrators can play a major role in the healing process” (p. 5). Darling-Hammond (1996) continued with:

After more than a decade of school reform, America is still a very long way from achieving its educational goals. Instead of all children coming to school ready to learn, more are living in poverty and without health care than a decade ago. (p. 2)

The entire teaching and learning community is affected by the difficulties of the
students. Carter (1994) suggested, “Stress and burnout is an occupational hazard which all members of helping professions are exposed to, including teachers” (p. 1).

Darling-Hammond (1990) discussed the stress that teachers encounter while working in educational settings. “The stress is so great for newly trained teachers, in fact, that one-third to one-half of all new teachers leave the profession within their first five years of teaching” (p. 5). Surpuriya and Jordan (1997) quoted a Houston High art teacher who said, “I was totally shocked at the lack of respect they (students) had for teachers. Students cuss at you and challenge your authority” (p. 3).

Every stakeholder in the teaching and learning community should be equipped with strategies to help children reach their maximum potential. Surpuriya and Jordan (1997) asserted, “Programs that are in place to help both teachers and students aren’t proving effective, and they may even undermine a teacher’s authority” (p. 3). The National Institute of Mental Health (2000) suggested, “In the field of mental health, new studies are needed to tell us what the best treatments are for children with emotional and behavioral disturbances” (p. 1).

Sakai, Paperny, Mathews, Tanida, Boyd, Simons, Yamamoto, Mau, and Nutter (2001) of the Kaiser Behavioral Medicine and Behavioral Health Services in Honolulu, Hawaii conducted a study on the uses of thought field therapy. They looked at:

The changes in self-reported subjective units of distress (SUD) in 1,594 applications of TFT, treating 714 patients. The clinical applications of TFT summarized included anxiety; adjustment disorder with anxiety and depression; anxiety due to medical conditions; anger; acute stress; bereavement, chronic pain; cravings; depression; fatigue; nausea; neurodermatitis, obsessive traits; panic
disorder with agoraphobia; parent-child stress; phobias; post-traumatic stress disorder; relationship stress; trichotillomania; tremors; and work stress. (p. 1215)

Sakai et al (2001) found the following results, which were obtained by seven different providers with different professional backgrounds. This, according to Sakai et al (2001), suggested applicability of this modality across disciplines:

Statistically significant within-session reductions in self-reported distress were obtained with 31 problems or symptoms treated with TFT in 1,594 applications with 714 patients. These included acute stress, adjustment disorder with anxiety and depression, alcohol cravings, anger, anxiety, anxiety due to medical conditions, bereavement, chronic pain, depression, fatigue, major depressive disorder, maladaptive food cravings, nausea, neurodermatitis, nicotine cravings, obsessive traits, obsessive-compulsive disorder, obsessive compulsive personality disorder, panic disorder with agoraphobia, parent-child stress, partner relational stress, post-traumatic stress disorder, relationship stress, social phobia, specific phobias, tremors, trichotillomania, Type A personality traits or histrionic traits, and work stress. TFT treatments are associated with in-session self-reported reductions in distress for a wide variety of symptoms and conditions. (p. 1217)

Thought field therapy may best provide the strategies for students and teachers to help overcome debilitating feelings and behaviors that prohibit effective teaching and learning. Callahan (1995) stated, “We consider TFT to be a natural (culture free) therapy since it is applicable to infants, children, animals, and people of all cultures” (p. 3).

McGee-Cooper (1990) stated of teacher burnout, “It can creep into our lives again and again. If we learn to recognize our symptoms, we can catch it before great damage has been done. Then we can regain our balance quickly instead of needing a longer recovery period” (p. 172). Callahan and Trubo (2001) proposed, “Thought field therapy offers simple, effective prescriptions or recipes for psychological (and in some cases, even physical) recovery … it takes just minutes for this technique to work—not
the weeks, months, or years required by traditional psychotherapy” (p. 19). Callahan and Trubo (2001) suggested:

Whether you’re hoping for relief from anxiety, trauma, depression, guilt, anger, addictions, fear, or a broken heart, the program ... can help. And it will do much more than get rid of symptoms; it will eliminate the underlying cause of the emotional pain, almost immediately and usually permanently (p. 15)

This dissertation examined the use of thought field therapy in educational settings. Data gathered from a focus group with students who used thought field therapy, as well as in-depth interviews with key informants, including teachers, counselors, administrators, psychologists, social workers, and tutors were analyzed. An investigation through review, analysis, and comparison of data from respondents in the United States, Great Britain, Canada, and Mexico who use thought field therapy in educational settings was conducted. Themes that were identified, and conclusions that were drawn were connected to the current body of literature and current theoretical constructs.

This study can be described as an action research study. Professionals who work with students participated in the study. Russell (1997) suggested, “Action research is a term used to describe professionals studying their own practice in order to improve it” (p. 1). It has been typically designed and conducted by practitioners who analyzed the data to improve their own practice. In addition, students took part in a training session in which I taught them to use thought field therapy. Stringer (1996) suggested that action research was designed to make a difference in a very specific way.
The action research that was incorporated in this study is described in the words of Johnson (1993):

Action research assists practitioners and other stakeholders in identifying the needs, assessing the development processes, and evaluating outcomes of the changes they define, design, and implement. The self-evaluation aspect of action research (by educator and/or students) is congruent with the Total Quality Education movement currently being advanced by numerous states and districts throughout the nation. (p. 7)

**Research Questions**

The research questions are:

1. In what ways is thought field therapy being used in educational settings?
2. What are the effects of using thought field therapy in educational settings?
3. What difficulties exist in using thought field therapy in educational settings?

**Significance of the Study**

Students are faced with devastating societal pressures that impact upon the educational setting (Bell, 1998; Carter, 1994; Darling-Hammond, 1990; Foehr, 1999; Surpuriya & Jordan, 1997). Teachers today are faced with students who come to school with the stress of poverty, violence, family difficulties, peer pressure, bullies, death, school work, parent expectations, self-expectations, learning problems, health problems, and behavioral difficulties (Carter, 1994; Darling-Hammond, 1990; Surpuriya & Jordan, 1997). These factors make teaching and learning an almost impossible task. Bell (1998) stated:
These are common situations, and because of them, millions of children and teenagers live in fear all the time. Unrelenting fear like that can cause serious emotional and physical problems—for example, chronic headaches, stomachaches, poor school performance, the inability to concentrate, illness, and nervousness. (p. 159)

We are living in a fast-paced world, accelerated by technology that has increased information and made it instant (Dryden & Vos, 1994). It is necessary for children to prepare themselves for life at an earlier age and not be hampered by the encumbrances of stress, traumas, phobias, and depression. Hipp (1995) explained that, “Young people today have complicated lives, challenges, things to worry about, anxieties, fears, pressures to perform and conform, and a headful of misconceptions that make things worse” (p. 26).

**Definitions**

The following terms are used:

Heart Rate Variability—It measures the variations in the intervals between heartbeats and gives information about the autonomic nervous system (Callahan & Trubo, 2001).

Perturbations—Are the root causes of emotional distress (Callahan & Trubo, 2001).

Post Traumatic Stress Disorder—A condition that results for a prolonged period of time after a traumatic experience, which may be characterized by re-experiencing the event, avoidance of any reminder of the event, sleep disturbances, or regressive behaviors (National Institute of Mental Health, 2001).

Psychological Reversal—A state or condition that block natural healing which prevents a thought field therapy treatment from working. It was discovered by Dr. Roger Callahan (Callahan & Callahan, 1996).

Stress—The general feeling people get as a result of having to deal with a variety of problems and challenges (Hipp, 1995).
Subjective Units of Distress—The scale used in TFT in which the individual rates the intensity of the problem while thinking about the problem (Callahan & Callahan, 1996).

Thought Field—An intangible structure that contains a large amount of information. It is the fundamental concept in thought field therapy (Callahan & Callahan, 2000).

Trauma—An experience that is emotionally painful, traumatically distressful, or shocking, which often results in lasting mental and physical effects (Callahan & Callahan, 2000).

Limitations of the Study

The interviews were limited to educators who utilize thought field therapy with students.

The focus group was limited to students in middle school.

Delimitations of the Study

The students were limited to those who attend a particular community center in the northeastern part of the United States.

Data consisted of the self-reported experiences of those who were interviewed.

The adult participants have taken at least a 2-day certification program in thought field therapy.

Assumptions

It is assumed that participants reported their experiences accurately.

Summary

In summary, students and educators are challenged by the myriad of difficulties with which they must deal in the process of teaching and learning. Students begin school ill-prepared to learn (Darling-Hammond, 1990). Their educational process is hindered by mental and physical difficulties, anxieties, depression, grief, anger, and learning and
behavioral difficulties (National Institute of Mental Health, 2000). Home environments are sometimes non-supportive and violent (Bell, 1998). Students struggle with emotional and traumatic experiences, which should be addressed to allow them the opportunity to reach their maximum potential (National Institute of Mental Health, 2000).

According to Carter (1994), teachers are confronted with students of various needs and are expected to meet those needs with success. Teachers sometimes work in poor conditions with little time, and no support. They face the anxiety, confusion, and fear of demands from students, parents, and administrators. This turmoil sometimes results in stress and teacher burnout.

According to D'Alessandro (2000), young people who exhibit negative behaviors usually share common “risk factors” (p. 2). However, he contended that risk factors have as a counterpart “protective factors” (p. 2). Thought field therapy may be one of those protective factors.

Thought Field therapy may be the answer to the problem of debilitating feelings and behaviors of teachers and students. It may be a possible strategy that teachers and students can use to help themselves. Thought field therapy may furnish the key to a positive and productive teaching and learning environment. The characteristics and conditions of thought field therapy may make it ideal for use in educational settings. Callahan and Trubo (2001) stated:

TFT can relieve problems that may have lingered for years, from phobias
to addictive urges, from anger to guilt, from shame to depression .... They
don't require unique skill to implement .... The algorithms are simple to
learn and easy to use. (p. 209)
CHAPTER TWO

Review of the Literature

Introduction

The review of the literature includes an in-depth inquiry into the many problems of today’s students, what they are faced with, and how they react. Also included is an extensive explanation of Thought field therapy, its origin, its development, its uses, and studies that have been done on it. In addition, an examination of the use of thought field therapy by school personnel and students is addressed.

Problems Students Face

Students face various and numerous problems, both inside and outside of school. The National Institute of Mental Health (2001) stated, “Helping young people avoid or overcome emotional problems in the wake of violence or disaster is one of the most important challenges a parent, teacher, or mental health professional can face” (p. 1).

D’Alessandro (2000) reported that students often exhibit risk factors prior to actually exhibiting any negative behavior. The more risk factors the student has, the higher the likelihood the student will adopt negative behaviors. Dryfoos (1990) identified substance abuse, teen pregnancy, juvenile delinquency, and school failure or dropping out as disturbing adolescent problems.

Anger

Anger is an emotional reaction that is prevalent among children. Sometimes it is
the result of being a victim, experiencing a loss, or witnessing a disaster. Bell (1998) explained children and anger:

Most of us are experts on what it feels like to be angry. Some people are quick to anger; they have a short fuse. Others are slower to burn, and then they explode. Still others try to bury anger inside themselves and keep it hidden. But one way or another, anger has a way of coming out, and whether it erupts in an explosion or seeps out in a miserable attitude, it often causes trouble for us and for everyone around us. (p. 154)

Children may learn unsuccessful ways of handling or expressing anger, or they may have learned to hide or hold in their anger. Bell (1998) quoted a student:

Even when I was little, I’ve gone through times of, you know, not liking myself. And I still go through them. I have this bad way of handling it, which is to hit myself. I remember a time when I was with a group of people, and I was having this bad feeling, and I just kept punching myself on the leg, and then I stopped because I didn’t realize what I was doing. It was just my instant reaction to how I felt. (p. 154)

Richards and Richards (1998) explained the frustration of a student who wrote,

“How can I keep from killing my brother and sister? We’re always having huge fights. I hate them most of the time!” (p. 1342).

Some students express their anger in outbreaks of rage. Bell (1998) quoted a 15 year-old student:

I used to get so mad I’d break things, smash whatever was there. Like, I put my hand through the wall because I was so mad at my dad. I threw a dish at my brother, but it hit the window and broke the window. (p. 154)

Students basically would like to have help in controlling their anger. Richards and Richards (1998) discussed the anger of another student, “I have a problem controlling my anger. Afterward, I’m sorry, but what’s been said can’t be changed. How
can I learn to be in control?” (p. 356).

**Sadness**

Students often face and have to live with sadness. Bell (1998) explained, “Anger is an emotion that tends to give people energy: sadness drains it. When we feel sad, we move more slowly and react less spontaneously. Our heart is not in what we’re doing; we may feel like it’s breaking” (p. 158).

Bell (1998) further stated:

All of us have times when we feel sad—we experience a disappointment, someone lets us down, we hear about a friend who’s in trouble, or we feel left out. Teens say they experience the deepest feelings of sadness when something happens that is or seems final, like when a relationship ends, or someone dies, or their parents divorce, or when they have to move or live away from home, or they lose something very special. (p. 157)

Richards and Richards (1998) reported a student’s feelings of sadness: “This sounds terrible, but I hate my older sisters. I never get to do the things they get to do, and they’re always picking on me. I can’t stand it” (p. 17). Richards and Richards (1998) recounted the words of another student, “I never see my dad. My mother is an alcoholic, and I don’t see much of her, either. I’m sort of raising myself. The problem is I feel so lonely” (p. 1496).

The National Institute of Mental Health (2001) reported that when children 5 years of age or younger are sad, they may return to “behaviors exhibited at earlier ages (these are called regressive behaviors), such as thumb-sucking, bedwetting, and fear of darkness” (p. 3).
Love Pain

Relationships can be a great cause for stress among teenagers. A student wrote in Richards and Richards (1998), “My boyfriend keeps telling me if I love him, I would let him go all the way. I don’t want to lose him” (p. 380). Bell (1998) quoted a 14 year-old girl as saying, “Dealing with boys is stressful, like when you have a boyfriend, worrying that he’s going to cheat on you. You worry 24-7 about that” (p. 167). Richards and Richards (1998) confirmed this feeling with the quote from another student, “I saw one of my girlfriends flirting with my boyfriend. I’m so mad I’m ready to blow up at her!” (p. 280). A 14 year-old boy was quoted by Bell (1998) as saying:

If your girlfriend doesn’t call that night or you hear that she doesn’t like you anymore, that puts you under major stress. Then you hate going to school, because you know you’ll see her there with the new guy she likes. (p. 167)

Students are confused and upset over a break-up in relationships. Bell (1998) quoted a student:

The problem is, most of the time, I don’t know how I feel. Am I sad, mad, or what? I feel confused a lot. Like, when my girlfriend dumped me for a guy in college, I felt horrible—empty and alone. But I also felt pissed. (p. 153)

Bell (1998) reported, “For many teens, breaking up with a boyfriend or girlfriend after a long relationship is one of the most difficult experiences of adolescence” (p. 159).

Fear

Sometimes, students suffer from fears that are out of control, or from phobias. Bell (1998) stated:
Fears can also be about ordinary things. Many teens say they are afraid of the dark or of being alone or of taking tests or flying. They may know logically that they'll be all right if they walk into a dark room or fly in a plane, but it still scares them. (p. 160)

Bell (1998) quoted a twelve-year-old who discussed her phobia of the dark:

I'm really afraid to walk outside at night. Even when my mom is standing at the door waiting for me to take the garbage out, I get so scared I have to run there and back as fast as I can, all the time imagining someone is out there waiting to grab me. (p. 160)

Many students hide their fears in order to fit in with peers. Bell (1998) quoted a 15-year-old and her fear:

I stayed at some friends' house one night while my parents and the friends went out, and it was a strange house for me, so even though it was summer and really hot, I closed all the windows and locked all the doors till they returned. And they were like, Geez, Allison, how can you breathe in here, it's boiling, and I was too embarrassed to tell them I was scared of somebody breaking in. (p. 160)

Bell (1998) found that many students had a fear of water. One 12-year-old explained:

My entire family loves to go river rafting, and the bigger the rapids, the better they like it. I'm the only one who's terrified to go. For a long time, I didn't let anyone know I was scared, and I'd just figure out a way to have something else to do when they wanted to go rafting. I finally admitted to them how terrified I get just thinking about it. (p. 160)

A 13-year-old explained her fear of water to Bell (1998):

Every time my friends want to go to the beach, I say, Oh, I'm busy today. But my father makes me go when we visit my grandma. She lives near this lake, and all my sisters and my brother can't wait to jump in. But I get sick. It happens every time. As soon as we get on the bus, I get dizzy, and I get these bad stomach cramps. And by the time we get there, I have to go lie down. Once I
even had a fever. It's like I don't know what it is. I'm just really scared of the water. (p. 161)

Another student told Bell (1998) about his fear of roller coasters:

There's this amusement park in town that all my friends go to, but I hate going there, because then they all try to talk me into going on the Thriller, which scares me. They're all, *Oh, Arnie come on. Don't be a wimp.* And maybe I am a wimp. I break out in a cold sweat just going near it. (p. 160)

Children 5 years of age or younger may exhibit a fear of being separated from their parents by crying, whimpering, screaming, immobility and/or aimless motion, trembling, frightened facial expressions, and excessive clinging (National Institute of Mental Health, 2001).

**Stress**

Students face many types of stress from parents, living situations, poverty, the way they look, relationships, sex, school performance, peers, money, racism, prejudice against teens, making mistakes, and many others. They react to stress in many different ways. Bell (1998) explained, "There is no such thing as life without stress, but often, we're under more stress than is good for us" (p. 166). Hipp (1995) defined stress:

Stress is the general feeling you get as a result of a lot of different kinds of problems and challenges. Imagine that every worry, relationship problem, tough homework assignment, and issue with a parent is a separate rubber band around your head. As your life gets more complicated, more rubber bands are layered on until your head is completely covered. Stress is the pressure you feel on the inside. Human beings have limits to the amount of internal pressure they can stand. When you're close to your limit, life can feel depressing, overwhelming, frightening, even dangerous. (p. 3)
Bell (1998) described stress in students:

Anything that makes your body react is called stress. Stress causes strain on your body, whether it comes from something that happens automatically, like catching yourself when you start to fall down the stairs, or something you’re looking forward to, like a big date or a birthday party, or something worrisome, like your parents’ divorce or a big test you have to take. (p. 166)

Students explained their stress about parents and living situations in Bell (1998):

When I was only 12 years old, I used to cook for my brother and sister, and do the laundry, and do everything in the house. My brother and sister could come to me, but I couldn’t go to anybody. If I had a pain or anything, I had to keep it to myself. So maybe my father thought I was his wife or something, and whenever he wanted to touch me, he would. (p. 167)

The National Institute of Mental Health (2001) revealed that children from the ages of 6 to 11 who suffer from trauma “may show extreme withdrawal. Regressive behaviors, nightmares, sleep problems, irrational fears, irritability, refusal to attend school, outbursts of anger and fighting are also common in traumatized children” (p. 3).

Bell (1998) quoted an 18 year-old student, “My friend was living with her mother, who was a drug addict. She used to have to come home from school and change her mom and put her to bed. Then her mom died. Talk about stressful” (p. 167). Still another student wrote, in Richards and Richards (1989), “I think I’ll die if my parents get a divorce” (p. 324).

Bell (1998) quoted a 16 year-old who talked about stress:

Not having a place to live really stresses you out. I was living on the streets, and every day I had to decide, you know, where I was going to sleep and who I was gonna mooch off of for the rest of my life. Basically,
it’s just hard. It sucks out there, especially in the winter time. It’s freezing. (p. 167)

Dryfoos (1990) explained that many adolescents who exhibit behavioral problems sometimes have parental issues of weak bonding with parents, parents who are too permissive, or too authoritarian.

Sexuality and Pregnancy

Some students worry about their sexuality. Bell (1998) quoted one student who said, “I haven’t come out formally to anyone yet, and I don’t know if I can while I’m still in high school. There’s so much gay bashing in this school. It would be like saying, ‘I’m here. Beat me up’” (p. 167).

Students worry about sexual relationships, getting pregnant, or getting sexually transmitted diseases. An 18 year-old student reported in Bell (1998):

Being pregnant and having a child at sixteen was really stressful. I wasn’t ready, but I didn’t want to have an abortion, and I didn’t want to give her up for adoption. I figured after I had her, I’d be able to go out and do the things I wanted to do, not have to worry about things like where I was going to get the next twenty dollars to buy her diapers. But I do. I’m missing out on being a teenager. I always have to worry about coming home at a certain time to take care of her, or I have to worry about people going, Why do you have to bring your kid along? (p. 168)

A student reported in Richards and Richards (1998), “I’m only 15 years old, but I’m pregnant. My parents say abortion is wrong, and I agree. But I’m scared” (p. 1579).

School

School is a source of stress for many students. They worry about their grades,
getting into college, making the team, choir, or orchestra, failing, finishing term papers on time, winning scholarships, not being able to read, not graduating with their class, and many others. Bell (1998) quoted a student:

I'm on the basketball team and the soccer team, and I run track. But I also need to keep up my grades, because my parents said I can only do one sport if my grades fall. So I'm up till midnight every night doing my homework. It's pretty hard to do it all. Sometimes I just lock myself in my room and cry. (p. 168)

Another student, according to Bell (1998), stated:

My parents go, What is this? Last year you got an A in math and this year you're getting a D. What's wrong with this picture? So they're on me all the time to study and do my homework. I know they really care about my grades, because they want me to go to college, but I feel like I'm under so much pressure. It's like every time I look at my math book, I get a headache. (p. 168)

A student recounted in Richards and Richards (1998), "My friend gets all A's and doesn't even have to study. I work hard in school and get C's. It's not fair! Should I quit school?" (p. 1487).

Dryfoos (1990) contended that if a student misbehaves in class, cuts school, does not get along with peers, and fights with other children, later the student is more likely to become involved in negative activities.

**Peer Pressure**

Peer pressure continues to be a source of stress for students. Many worry about their appearance and their friends. A 13 year-old reported to Bell (1998), "Clothes make such a big difference. People used to laugh at me because I wore sweatpants to
school in the seventh grade. They wouldn’t want to stand next to me” (p. 169). Another student reported to Bell (1998):

It seems like kids feel they need to be in certain cliques and stuff, like some of my friends were real jerks to me for awhile, because they felt they had to avoid me. They didn’t think I was cool enough. (p. 169)

Physical Appearance

Some students worry about the way they look. Richards and Richards (1998) reported a student who wrote, “I’m overweight, and I have a big nose. I hate the way I look! I can’t lose weight, and I can’t afford plastic surgery” (p. 343).

Popularity

Another student reported in Richards and Richards (1998), “The girls at school who are sexually active seem to be very popular. I want to stay a virgin, but is it really worth being mocked and lonely?” (p. 1251).

A boy wrote in Richards and Richards (1998), “I see girls cry all the time, and nobody thinks they’re wimps. What’s a guy supposed to do with his feelings?” (p. 1275).

Racism and Prejudice

Many students worry about racism, prejudice against teens, and making mistakes. Bell (1998) quoted a student’s stress of being a minority teen:

The stakes are higher for minority teens. If you make the mistake of getting in trouble with the law or getting a bad reputation at school or dropping out of high school, you’re finished. There’s a lot less room for failure in a minority kid’s life. White kids may get a second chance or even a third chance if they make a mistake, but minority kids, we get branded. You have to develop a stronger shell to deal with that. It’s like you have to be perfect. (p. 170)
Depression

Many students suffer from depression. The National Institute of Mental Health (2001) stated:

Each year many children and adolescents sustain injuries from violence, lose friends or family members, or are adversely affected by witnessing a violent or catastrophic event. Each situation is unique, whether it centers upon a plane crash where many people are killed, automobile accidents involving friends or family members, or natural disasters … where deaths occur and homes are lost … these events have similarities as well, and cause similar reactions in children. (p. 2)

Bell (1998) explained:

There are times when we just can’t shake off our negative emotions and thoughts, when we feel we’ve made some terrible mistake, or when things happen that upset our lives completely. We feel so unhappy we can’t imagine ever being happy again. (p. 173)

One student explained to Bell (1998):

When I’m feeling depressed, I go home and I just lie there. It feels like I’ve entered a black hole and am being buried alive. I don’t do anything or say anything. I just lie there and stare at the ceiling. (p. 173)

Some students face situations that appear hopeless. They feel they can no longer face the pain and shame of failure, flunking out of school, breaking up a relationship or friendship, getting put out of the house, getting cut from a team, and many other situations. Their depression is sometimes so severe that they feel that death is the only way out, and they contemplate suicide. Bell (1998) quoted a student:

Sometimes you just get to the point where you don’t really care how anyone else feels. You just want to get the hell out. You just want to escape. You feel the world is so cruel. When I felt that way, I didn’t think about other
people. I just thought about how much I wanted to get out, to get out of living. It's such a big pain in the ass. You feel like there's no other way out except death. (p. 176)

A student reported his frustrations in Richards and Richards (1998), "I spend most of my free time thinking about killing myself. Nobody loves me, and I never do anything right. I don't want to hurt anyone, but I'm tired of feeling this way. What should I do?" (p. 1019).

Eating Disorders

Many people eat because they feel hungry, others eat to reward themselves, and some eat because their friends are eating, or because mealtimes help regulate the day (Bell, 1998). However, for some, eating or excessive dieting is an addiction. Bell (1998) stated, "For millions of teenagers and adults ... food, body image, and weight are the main and sometimes the only focus in their lives" (p. 185). Bell (1998) contended that still other teens eat to gain control of their lives, or to cope with difficult feelings.

Irvine (2001) further reported that eating disorders are now a problem with girls at a young age:

Experts have documented the trend, here and abroad. Studies published earlier this year found that children as young as 5 in Australia and Hong Kong wanted to be thinner, echoing similar U. S. findings. An online poll conducted by Harris Interactive in January found that 17 percent of girls ages 8 and 9, and about a third of girls ages 10 to 12, perceived themselves as overweight. That compares with 16 percent and a fifth of boys, respectively, in the same age groups. (p. 1)

Substance Abuse

Students are often exposed to drugs and alcohol by peers or in their home
environments. Bell (1998) stated:

Peer pressure, being around people who use, is one of the most significant reasons teens try drugs. Another is the desire many teens have to do things their parents don’t know about and of which they might not approve. A third factor is curiosity. (p. 195)

Bell (1998) described students who started smoking and drinking just a little and became addicted to cigarettes and alcohol over time. Bell (1998) quoted a student who said:

Alcoholism runs in my family. My mom, her mom, and my aunt are all alcoholics. My father died of a drug overdose when I was eight. Since I’m the oldest of three kids, they depend on me to take care of them. I love my mom, but I hate her when she drinks. I swear I will never put my kids through what I have been through. (p. 197)

Physical and Verbal Abuse

Students are often exposed to violence and physical abuse on a daily basis. Bell (1998) stated, “They are abused at home. Their parents are addicted to drugs or alcohol and unable to provide security for them” (p. 159). Bell (1998) reported a 12 year-old stating:

My mom used to treat me bad. Holler at me. Call me names. It was a two-story house, and when she was mad, my mom would tie me to the stairs so I couldn’t get away. Then she’d whoop me with her big ol’ leather belt. If I screamed for help, she’d just turn up the TV. (p. 210)

Richards and Richards (1998) reported that a student wrote, “When my parents are drunk, they verbally and physically abuse me. I’ve tried to tell a few people, but they don’t believe me. I need help!” (p. 549).
Sexual Abuse and Assault

Sexual abuse occurs in many forms. Bell (1998) stated, “In this country, one out of every three or four girls and one out of every six or seven boys is sexually molested by the time she or he turns eighteen” (p. 227). Richards and Richards (1998) reported that a student wrote, “A guy I really liked forced me to have sex with him on a date. I yelled and said no, but he did it anyway. Now I feel so dirty and used and guilty. Help!” (p. 236).

Bell (1998) reported the words of one student, “After I was raped, I couldn’t go out with a guy at all. It took me about a year to get to where I could trust any guy” (p. 237). Still another student reported in Richards and Richards (1998), “I have been sexually abused. Sometimes I feel so angry I could scream, and other times I just feel used and worthless. What can I do?” (p. 796).

Violence and Post Traumatic Stress Disorder (PTSD)

Students and adults who witness violence are often affected by the trauma, which sometimes result in post traumatic stress disorder; (Callahan & Callahan, 1996; March, Amaya-Jackson, Terry, & Costanzo, 1997; Smith & North, 1993; Vogel & Vernberg, 1993; Yule & Canterbery, 1994). The National Institute of Mental Health (2001) reported that some individuals, after experiencing a trauma, suffer from worries and bad memories. “Others are more deeply affected and experience long-term problems. Research on post-traumatic stress disorder (PTSD) shows that some survivors of natural and man-made catastrophes suffer long-term effects from their experiences” (p. 1).
The school shootings that occurred in Bethel, Alaska; Pearl, Mississippi; West Paducah, Kentucky; Jonesboro, Arkansas; Edinboro, Pennsylvania; Springfield, Oregon; Littleton, Colorado; Santee, California; and in other locations have made the issues of violence and post traumatic stress disorder a priority for schools and mental health workers (National Institute for Mental Health, 2001). The sentiment was echoed in the letter to the parents and guardians of the students of the School District of Philadelphia. The letter from Farmbry and Goldsmith (2001) stated:

The United States Department of Education has identified several early warning signs of violence. They include such things as excessive feelings of isolation and rejection, significantly less interest in school; expressions of violence in writings and drawings; uncontrolled anger and making serious threats of violence. Any significant changes in your child’s daily routine in eating, sleeping, or studying may be possible early warning signs. (p. 1)

Student involvement in acts of violence has raised questions for educators and mental health workers such as how these tragedies could have been prevented, how those directly involved could be helped, and how such tragedies can be prevented in the future (National Institute of Mental Health, 2001). The Attack on America in September 2001 may have raised more questions and a greater need to treat individuals who have not only experienced the trauma of the attack firsthand, but those who volunteered to help and those who watched it through the media.

Smith, North, and Spitznagel (1993) suggested that rates of PTSD identified in survivors of violence and disasters vary. They found that an estimated 2% suffer PTSD after a natural disaster, 28% after a terrorist act, and 29% after a plane crash.
The National Institute of Mental Health (2001) concluded that early intervention for students who have suffered trauma from violence or a disaster is essential. They stated, “Parents, teachers and mental health professionals can do a great deal to help these youngsters recover. Help should begin at the scene of the traumatic event” (p. 4).

**Physical Illness**

Students found it difficult to deal with their illness and the illness of friends and family. A student reported in Richards and Richards (1998), “I recently lost the vision in my left eye. I have prayed for healing, but the doctor says it won’t happen” (p. 1506).

Another student wrote in Richards and Richards (1998), “I’m not perfect, but there are lots of people worse than I am. How come I had to get cancer? It’s totally unfair!” (p. 616).

**Guilt**

A student reported feelings of guilt in Richards and Richards (1998), “It seems like I spend most of my time feeling guilty about one thing or another. How can I stop? It’s driving me crazy” (p. 687).

Richards and Richards (1998) recounted the words of another student, “My parents divorced when I was 12. I still feel like it was my fault, even though my mom says it wasn’t. How can I stop feeling so responsible?” (p. 1091). Another student reported in Richards and Richards (1998), “I lost control of myself on a date and went all the way. I feel so guilty and dirty. I’m so ashamed I almost wish I were dead” (p. 1201).
Summary

In summary, students search for answers to their many difficulties and problems. Most students look to those who work at school for help and guidance (Warger, Eavy & Associates, 1991). The problems students face make it necessary to look for interventions, as well as preventive and effective strategies to create a safe school environment (Warger, Eavy & Associates, 1991).

Thought Field Therapy

Thought field therapy may be one possible way to assist students with their difficulties (Callahan & Trubo, 2001).

What is Thought Field Therapy

Callahan and Trubo (2001) explained:

TFT is a treatment for psychological disturbances which provides a code that, when applied to a psychological problem the individual is attuned to, will eliminate perturbations in the Thought Field, the fundamental cause of all negative emotions. This code is elicited through TFT’s causal diagnostic procedure, through which the TFT algorithms were developed. (pp. 4-5)

The Discovery of Thought Field Therapy

Thought field therapy was discovered by Dr. Roger Callahan. Dr. Callahan earned his Ph.D. in clinical psychology at Syracuse University. He served as Associate Professor and Director of Psychological Services and Research at Eastern Michigan University, and taught at University of Michigan. While in private practice, he served as President of the American Academy of Psychologists in Marital and Family Therapy (Callahan & Trubo, 2001).
Callahan was a pioneer in cognitive therapy and clinical hypnotherapy (Callahan & Trubo, 2001). He continued to seek new approaches to healing, culminating in his development of thought field therapy (Callahan & Trubo, 2001).

Prior to the discovery of thought field therapy, Callahan and Trubo (2001) said that the psychological treatment of clients resulted in years of expensive sessions characterized by a painful reliving of their trauma and blaming others for their circumstances. They stated, "at the end of the day—or the year—they had nothing to show for it. They simply weren't being helped" (Callahan & Trubo, 2001, p. 6).

Callahan and Trubo (2001) explained, "Thought Field Therapy grew directly out of my frustration in treating Mary, a patient in her late thirties. Mary was the mother of two, and she had struggled with a severe water phobia since infancy" (p. 7). Callahan and Trubo (2001) explained, "Mary could only take brief showers, couldn't bathe her children, was terrified when it rained, feared driving on Pacific Coast Highway, and couldn't take her children to the beach." In addition, they stated, "At night, she had horrifying nightmares that she was being dropped into the ocean by an indefinable, mysterious force, or that water was 'getting her'" (Callahan & Trubo, 2001, p. 7).

Callahan and Trubo (2001) explained:

By 1980, I had been working with Mary for more than a year, using every conventional psychotherapeutic technique I knew. Each approach, however, failed miserably. Mary and I tried rational-emotive therapy, client-centered therapy, cognitive therapy, behavior therapy, hypnosis, relaxation training, biofeedback, systematic desensitization ... nothing worked. (p. 7)
Callahan continued his treatment of Mary and her fear of water in his backyard near his swimming pool. He noticed that Mary appeared agitated, and when he inquired, Mary revealed that when she thought about water, she got a feeling in her stomach. Callahan’s familiarity with Chinese medicine, energy flow, and meridian points led him to ask Mary to tap under her eye (Callahan & Trubo, 2001).

After 2 minutes of tapping, Mary reported to Callahan that the feeling in her stomach was gone, and so, it appeared, was her fear of water. She ran to the pool, to Callahan’s surprise and worry, because Mary did not know how to swim. She quickly informed Callahan not to worry because she was aware that she could not swim. Callahan and Trubo (2001) reported, “This statement showed that if, in fact, her fear had been eliminated, the treatment hadn’t undermined her judgment; she still had a rational respect for the water” (p. 9).

When she got to the water, she peered at her reflection, and then splashed water on her face. The true test of the elimination of her phobia came during her drive home from her therapy session in a thunderstorm. She drove to the beach, which she formerly would have avoided, she walked to the ocean, and she waded into the water up to her waist (Callahan & Trubo, 2001). Callahan and Trubo (2001) explained, “Since that brief ‘tapping’ treatment two decades ago, she is still unburdened by any trace of water phobia. Those terrifying nightmares are gone as well” (p. 10).

After this discovery, Callahan continued developing his findings. He discovered
that in some patients, a series of points needed to be tapped in a specific pattern or sequence. He found that these tapping sequences successfully eliminated many emotional and psychological distresses, and that particular disorders required particular sequences (Callahan & Trubo, 2001).

The Thought Field

The thought field is where the information that is generated when an individual is experiencing a negative emotion is found. The term, “thought field” was coined by Callahan because what the individual thinks about during the treatment is crucial to the success of the treatment. The thought field is an intangible structure and the most fundamental concept in TFT. Callahan and Trubo (2001) explained, “When you are terrified of snakes, devastated by a marital breakup, or depressed over the loss of a job, the cause of this disturbance is contained in a Thought Field” (p. 24).

Perturbations

Perturbations are the root cause of emotional distress. They contain the information that controls all negative or disturbing emotions. Traumatic experiences give rise to the perturbations in the thought field. Callahan and Trubo (2001) explained:

It is the perturbation itself that is responsible for generating, guiding, and controlling all of the fundamental changes within the body—influencing the chemicals, hormones, neural pathways, and cognitive and brain activity—that result in the experience of a specific negative emotion such as fear, anger, or depression. (p. 25)

Energy Meridians

Callahan and Trubo (2001) explained, “Every perturbation in the Thought Field is
associated with a specific energy meridian” (p. 28). The energy meridian system
governs, controls, and heals the disturbing emotions. By tapping on specific points along
the body’s energy meridians, TFT rebalances and brings about healing by weakening and
eliminating the underlying negative emotion or physical ailment (Callahan & Trubo,
2001).

Algorithms

An algorithm is a recipe that is specifically sequenced for a particular emotional
or physical distress. Algorithms are self-administered and involve tapping on points
along the energy meridians of the body. Callahan and Trubo (2001) stated, “If they
are correct, healing will occur, rapidly and usually permanently” (p. 28).

Causal Diagnosis

Through causal diagnosis, Callahan (1997) found common algorithms
to help most people. Causal diagnosis allows fundamental causes to be revealed in their
correct order. Causal diagnosis, Callahan and Trubo (2001) explained, “is a method
by which we can determine with precision the ‘code’ responsible for producing and
healing a particular psychological problem” (p. 29). They continued:

When an algorithm is ineffective, Causal Diagnosis is the next step. It is a
dynamic procedure that reveals the specific causal constituents (perturbations)
that cause a particular psychological problem, in their correct order. (p. 187)

The idea of causality is usually used in sciences such as physics and chemistry.

Callahan (1997a) applied the concept of causality, that is, establishing a connection in a
single chain of events, to thought field therapy. Callahan (1997a) illustrated this
connection in the “causal relationship between the perturbations in the thought field and their isomorphic bodily counterparts that are revealed by TFT diagnosis” (p. 1).

**Tuning the Thought Field**

In order for TFT to work, the client must first think about the problem and then tap the points on the body. This is called “tuning the thought field.” Callahan and Trubo (2001) explained, “To tune a thought field, you don’t have to concentrate. The process simply involves intentionally thinking about the problem that is causing you so much distress” (p. 30)

**Subjective Units of Distress (SUD)**

Thought field therapy is measured on a Subjective Units of Distress scale (SUD) so that the person can quantify the intensity of the problem while thinking about the upset. The name of the scale has been attributed to Wolpe (1969). Callahan and Trubo (2001) explained the SUD:

> Once you’ve tuned the thought field, you’ll be asked to rate your psychological turmoil on the subjective units of distress (SUD) scale. The SUD ... is a widely accepted psychological tool. It is a simple 10-point scale, with 10 being the worst you could possibly feel, and 1 indicating absolutely no trace of upset. The SUD can be used for any kind of human problem as a way of quantifying the intensity of your feelings, emotions, stress, or pain. (p. 74)

**Isolable Nature of Perturbations**

Perturbations are isolable, so when the algorithm collapses the perturbation in the problem thought field, the thought field or any memories in the thought field are not affected. Callahan and Trubo (2001) explained, “When you think about the event, the
details might even become clearer once the disruptive emotions are eliminated.

Nevertheless, there will be no discomfort, no pain” (pp. 31-32).

**Psychological Reversal (PR)**

Psychological reversal (pr) was Callahan’s first discovery in the development of thought field therapy (Callahan & Callahan, 1996). Psychological reversal is a block that prevents a normally effective treatment from working. Callahan and Callahan (1996) explained, “A person may be fine in most domains of his life and be pr in just one or a selected few. The pr state is usually accompanied by negative attitudes and self-sabotaging behavior” (p. 122).

Callahan and Trubo (2001) pointed out the pr correction does not treat the original problem to be corrected, but it removes the barriers that prohibit the treatment from working. When the blockage or reversal is removed, the primary treatment needs to be repeated.

**Voice Technology (VT)**

Voice technology is used in the most difficult psychological cases of TFT (Callahan & Callahan, 2000). It is described in Callahan and Trubo (2001) as, “the most sophisticated, accurate, and refined form of thought field therapy now available. It can be used when neither algorithms nor causal diagnosis have produced healing, perhaps because remaining perturbations have not been detected and eliminated” (p. 188). Callahan and Trubo (2001) pointed out that voice technology does not depend on
language, inflection, or content in its treatment, but it “relies solely on the voice for
diagnosis and treatment selection. Like fingerprints, the voice has distinct characteristics
that can be reliably analyzed” (p. 188).

Callahan and Trubo (2001) reported that through voice technology, the success
rate of thought field therapy had reached “an extraordinarily high cure rate that
approaches perfection ... an unprecedented success level of 97 to 99 percent” (p. 188).

The first voice technology study was carried out by Callahan in 1985-86.
Callahan conducted a Radio-Telephone Treatment Study of the radio and television
programs on which he appeared and performed demonstrations of thought field
therapy. He kept records through videotapes of television shows and audiotapes of
every radio show. After he treated 68 people on the radio, he turned the tapes over to an
independent tabulator to tabulate the results (Callahan & Callahan, 1996).

Callahan’s study consisted of his appearances on 23 radio shows. He
treated 68 call-in listeners. He successfully treated 66 callers. He was unsuccessful in
treating 2 callers. He had a 97% success rate. The average SUD on a 10-point rating
scale before the therapy was 8.35. The average SUD after the therapy was 2.10, with 1
being the best possible. It was noted in the study that all people who were tested were
included in the study, including those whose treatments were cut short due to time
constraints. The average time for treatment, including all talk and explanation to the
end of the treatment, was 4.34 minutes (Callahan & Callahan, 1996).

Callahan and Callahan (1996) explained:
Talking on the radio, the subjects were engaged in public speaking. Fear of public speaking is the most common fear and 11 subjects treated in this study suffered from this fear. The average SUD before treatment = 8.8; after treatment = 1.9. The average time for this sub-group, including descriptions of the problem, diagnosis, and explaining the unfamiliar treatment, was 5.16 mins. All 11 of the subjects were helped dramatically in this reality test. The high success rate of this small sub-sample does not imply that the brief treatment will cure everyone of this common phobia. If the N were higher for this sub-group, some failure could be counted upon, especially within the severe time constraints of radio shows. (p. 41)

Ten years later, in 1995-96, Leonoff (1995) of Monterey, California conducted a duplication of Callahan’s (1987) radio study that was conducted in 1985-86. Leonoff (1995) found almost identical results. In his study, Leonoff (1995) employed the use of voice technology. Leonoff conducted TFT on 36 radio shows. He treated 68 call-in listeners. He was successful with 66 callers. He was unsuccessful with 2. His success rate was 97%. He had a pre-therapy average SUD of 8.19 on an 11-point scale. The average post-therapy SUD was 1.58, with 0 as the best. The average time, including all talk and explanations to the end of the treatment, was 6.04 minutes.

**Thought Field Therapy and Toxins**

Callahan (1995) reported that a small number of people do not respond to TFT, or in some cases, the TFT treatment does not hold. This, he reported, is sometimes due to the interference of toxins. Some toxins are found in common foods, clothing, chemicals, perfumes, and soaps, and are sometimes hidden in vitamins and medications (Callahan, 2000b; Callahan & Trubo, 2001). For this reason, Callahan combined the identifying and treating of toxins with thought field therapy. Callahan (2000b) reported:
I discovered and developed the most powerful psychotherapy in history. This
discovery paved the way for another very important discovery that would not have
been possible without the highly effective therapy.... The role of toxins in
undoing a successful cure could not be known until a very high (near perfect) cure
was found.  (p. 21)

Travis, McLean, and Ribar (1989) discussed toxins and psychological variables:

Chemicals have become an integral part of our lives. The National Academy of
Sciences determined that Americans are now exposed to over 65,000 chemicals.
And 1,500 new substances add to the total each year. They are in our food, our
workplaces, our homes, our cosmetics, our clothes. Yet, only a relative handful
have ever been tested for their effects on behavior. We know something about
how chemicals lead to traditionally defined medical illness. We know very little
about effects on cognition, memory, perception, speech, or a host of other
psychological variables.  (p. vii)

Callahan (2000b) revealed that his first successful case with toxins was in 1981,
when he asked his client to remove corn, which was her favorite food, from her diet. She
had been in psychotherapy for over 40 years, and was transformed with the removal of
the toxin from her diet. Callahan and Trubo (2001) explained:

The toxins I'm talking about are actual poisons. They won't kill you, but by
disrupting your body's homeostasis, they may threaten your health ... if you can
identify and stay away from them for a period of time, your internal energy
system will have an opportunity to heal, and you can keep your psychological and
physical health problems in check. I have found that some people, after they've
been toxin-free for two months, are able to have some of the problematic foods
once every four days without adverse reactions.  (p. 182)

Heart Rate Variability (HRV)

Heart rate variability (HRV) measures the variations in the intervals between
heartbeats, which gives information about the autonomic nervous system. Callahan and

Callahan (2000) reported, "it is not the heart rate itself that is being addressed, but
rather the intervals between heart beats. Research found that an even interval is a danger signal and a predictor of mortality” (p. 232).

Callahan (1999) was introduced to HRV in 1997 by Dr. Fuller Royal, who had been experimenting with TFT and measuring the results with HRV (Callahan & Callahan, 2001). Royal (1997) found that people with phobias had a lower heart rate variability and subsequently would be more prone to heart difficulties.

Although TFT worked with or without HRV equipment, Callahan and Trubo (2001) pointed out:

Now, HRV has become a key to the TFT story. That’s because HRV measurements have shown that Thought Field Therapy can directly influence the heart and balance the autonomic nervous system—thereby producing profound physical and psychological changes. As HRV scores improve, so do physical and psychological well-being. This finding has enormous implications for enhancing our overall health. (p. 52)

Apex Problem

Callahan and Callahan (1996) discussed the apex problem that sometimes occurs at the conclusion of a thought field therapy treatment. The apex problem is when a client is successfully treated with TFT, but does not attribute the elimination of the disturbance to TFT. Callahan and Callahan (1996) explained that some therapists who were trained in TFT recorded their sessions because some clients forgot that they had a problem, due to the rapid success rate. Callahan and Callahan (2000) stated:

We call this phenomenon the apex problem because the mind is not operating at the apex or top level. When confronted with something as strange and revolutionary as TFT, the mind has trouble grasping and understanding these new treatments. Most of us attempt to avoid such work and mistakenly attempt
to fit our observation into something we believe we understand. (pp. 273-274)

**Scientific Basis of Thought Field Therapy**

Thought field therapy was described by Callahan and Trubo (2001) as “a revolutionary advance in the way psychological disturbances are perceived and managed” (p. 3). Callahan and Trubo (2001) explained that “The therapeutic process itself is completely unique. So is the scientific foundation on which it’s based” (p. 4).

Included in the scientific foundation on which thought field therapy is based is the work of Bohm (1980) and Sheldrake (1995). The work of Bohm (1982) in the area of quantum theory, including active information, order, and consciousness was used in the development of thought field therapy (Callahan & Callahan, 2000). The work of Sheldrake (1995) in the areas of morphogenic fields, morphic resonance, and formative causation also influenced the development of thought field therapy (Callahan & Callahan, 2000).

Bohm and Peat (1987) suggested a new way of thinking to awaken emotional intelligence. They stated:

*What is needed today is a new surge that is similar to the energy generated during the Renaissance ... the essential need is for a loosening of rigidly held intellectual content in the tacit infrastructure of consciousness, along with a melting of the hardness of the heart on the side of feeling. The melting on the emotional side could perhaps be called the beginning of awakening of creative intelligence. The two necessarily go together.* (p. 265)

Callahan and Trubo (2001) suggested that thought field therapy was a new way of thinking:
This program represents a radical change for psychology, especially clinical psychology. It leaves social science behind and introduces hard science (with laws and strong predictions) into the field of clinical psychology. Emotional problems can now be completely eliminated within minutes. (p. 15)

Bohm’s theories emphasized order (Bohm & Peat, 1987). Callahan and Trubo (2001) explained that the order of the sequence is important in the algorithms for success of thought field therapy’s healing ability. They stated that it is, “like the order of a combination lock. If the sequence is wrong or the points are inappropriate, the lock won’t open: but if they are correct, healing will occur, rapidly and usually permanently” (p. 28). Bohm (1982) continued the discussion of order:

This whole construction of the implicate order is a kind of bridge that leads to somewhere beyond.... However, if you don’t cross the bridge and leave it behind, you know, you’re always on the bridge. No use being there. The purpose of a bridge is to cross.... Or, more dive into the depths.... To linger on the implicate order would then ... be like the fellow who stays on the pier and never dives into the depths of the ocean. (pp. 103-104)

Callahan and Trubo (2001) suggested that an individual does not have to be stuck with the distress of suffering emotional, or even in some cases, physical disturbance. They stated, “No longer do you need to settle for traditional psychotherapy that, at best, helps you learn to live with your fears, anxiety, depression, or other problems” (p. 15).

Callahan and Callahan (2000) explained that:

The TFT causal diagnostic procedure reveals the specific order in disorders and we find that when this causal order is translated into specific treatments, this order is “on line” with reality as indicated by the common repeatable and reproducible fact the symptoms and sequelae of the treated problem are gone. (pp. 45-46)

Bohm and Peat (1987) described random order as having three specific
characteristics:

1. It is of infinite degree.
2. It has no significant correlations or stretches of suborder of low-degree.
3. It has a fairly constant average behavior. (pp. 126-127)

Callahan and Callahan (2000) stressed that order is vital in thought field therapy:

A few uninformed individuals have assumed that randomly tapping the twelve different points will do as well as causal diagnosis. But I know from much experience in working with complex cases that the order the points are addressed is crucial. (p. 47)

Callahan and Trubo (2001) discussed the random quality of thought field therapy in the description of a perturbation:

In physics and astronomy, the term *perturbation* indicates a disturbance in or difference from the norm, and it implies a random quality. But in Thought Field Therapy, the perturbation is hardly random; it is a unique entity that contains *active information* (a quantum physics concept) of a highly specific sort—a subtle, but clearly isolable aspect of the Thought Field—that is responsible for triggering negative emotions. (p. 25)

The theme of active information presented by Bohm and Hiley (1993) was an important quality in TFT. Bohm and Hiley (1993) explained active information, “The basic idea of active information is that a form having very little energy enters into a direct form of a much greater energy” (p. 35).

Callahan and Trubo (2001) suggested that perturbations may be the active energy described by Bohm and Hiley (1993). Callahan and Trubo (2001) stated:

It is the perturbation itself that is responsible for generating, guiding, and controlling all of the fundamental changes within the body—influencing
the chemicals, hormones, neural pathways, and cognitive and brain activity—that result in the experience of a specific negative emotion such as fear, anger, or depression. (p. 25)

Sheldrake (1995) discussed perturbations, on which TFT is based, in his work with morphic resonance, morphogenic fields, and formative causation. He related:

Genetic changes or environmental perturbations may push the course of development ... away from the valley bottom up the neighboring hillside, but unless it is pushed above the threshold into another valley, the process of development will find the way back. (p. 50)

Callahan and Trubo (2001) emphasized, “You can literally eliminate the negative emotion by collapsing the perturbation that is the source of the psychological turmoil” (p. 31). The issue of consciousness suggested in Bohm and Peat (1987) was an integral part of thought field therapy (Callahan & Callahan, 2000). Bohm and Peat (1987) asserted:

Consciousness is much more of the implicate order than is matter.... Yet at a deeper level matter and consciousness are actually inseparable and interwoven, just as in the computer game, the player and the screen are united by participation in a common loop. In this view, mind and matter are two aspects of one whole and no more separable than are form and content. Deep down, the consciousness of mankind is one. This is a virtual certainty because even in the vacuum, matter is one; and if we don’t see this, it’s because we are blinding ourselves to it. (pp. 185-186)

Callahan and Callahan (2000) explained the importance of consciousness in thought field therapy:

The thought field is important in treatment because of the development of consciousness. Part of this development in humans is that a choice is possible, which is critical in treatment, and allows one to attune a particular thought field. Our work shows that attunement is immediate and requires no special effort and no obvious time period. (p. 157)
Callahan and Callahan (1996) described the concept of fields as “The notion of a thought field is an imaginary scaffold upon which one may project or imagine causal entities such as a perturbation” (p. 126). The discussion of thought fields was continued in Callahan and Trubo (2001):

This intangible “structure” or “scaffold” can contain large amounts of information…. When you are terrified of snakes, devastated by a marital breakup, or depressed over the loss of a job, the cause of this distress is contained in a Thought Field. (p. 24)

Sheldrake (1997) explained that in morphic resonance, “formative causal influences pass through or across both space and time, and these influences are assumed not to fall with distance in space or time, but they come only from the past” (p. 1). Sheldrake (1995) continued with, “The hypothesis of formative causation proposes that morphogenetic fields play a causal role in the development and maintenance of the forms of systems at all levels of complexity” (p. 71).

Callahan and Callahan (1996) compared TFT to Sheldrake’s morphogenetic fields. Sheldrake (1995) stated:

In order to construct a house, brick and other building materials are necessary, so are the builders who put the material into place; and so is the architectural plan which determines the form of the house. The same builders doing the same total amount of work using the same quantity of building materials could produce a house of a different form on the basis of a different plan. Thus, the plan can be regarded as the cause of the specific form of the house, although of course, it is not the only cause; it could never be realized without the building materials and the activity of the builders. Similarly, a morphogenetic field is a cause of the specific form taken up by a system, although it cannot act without the energy necessary to move them into place. (p. 71)

In treating clients with thought field therapy, the person who is treated focuses
on or tunes into the upset or perturbation, the aspect of the thought field that contains the necessary active information to trigger negative emotions. The perturbations constitute the most basic and fundamental cause of all negative emotions such as fear, depression, phobias, addictive urges, anger, and trauma pain. The perturbations contain the triggering information for each negative emotion. Callahan and Callahan (1996) revealed:

We tune into our own past states and enter into a process of morphic resonance with them across time and across space. There is a tuning into our own past. This is how our memory works. This (resonance) is basically how we tune into a thought field which may incorporate perturbations. (p. 82)

TFT is based on Sheldrake’s (1995) theory of morphic resonance (Callahan & Callahan, 1996). Sheldrake (1995) stated:

In terms of the hypothesis of formative causation, the transmission would come from previous similar systems, and its reception would depend on the detailed structure and organization of the receiving system. As in a radio set, two types of change in the organization of the receiver would have significant effects. First, changes in the tuning of the system could lead to the reception of quite different transmissions: just as a radio set can be tuned to different radio stations, so a developing system can be tuned to different morphogenic fields. (pp. 122-123)

Callahan and Callahan (1996) posited:

If a thought field contains p’s resulting in intense emotions, the attunement of this thought field will cause upsetting or distressing emotions. This is no more than the usual demonstration of the fact that p’s are present and reflect the commonplace observation in our system that a perturbed thought field will result in upsetting emotions. And of course, the converse, if there are no p’s, the treated person will show no disturbing emotion. (pp. 71-72)

Callahan and Callahan (1996) stated:

Perturbations in a thought field can be collapsed, but certainly not memories of events. We find after successful TFT™ trauma treatment that memory of the event is even more clear than before therapy; however, all the upset formerly associated with the memory is eliminated. (pp. 83-84)

Sheldrake’s (1995) theories of inheritance play a large role in thought field therapy. Callahan and Callahan (1996) asserted, “This flow of information can explain how a common trauma at one time may become an inherited phobia at a later time.... It requires some extra-chemical means such as morphic resonance as Sheldrake hypothesizes” (p. 70). Sheldrake (1995) stated, “According to the hypothesis of formative causation, organisms also inherit the morphogenetic fields of past organisms of the same species” (p. 122). Sheldrake (1997) continued with:

A lot of inheritance depends on the memory which is carried within these organizing fields of organisms. This memory is a kind of cumulative memory, a kind of habit memory, which is built up through a kind of pool of species experience, depending on a process I call morphic resonance. (p. 2)

In a conversation with Biologist Rupert Sheldrake (2000) about thought field therapy, Sheldrake communicated the following to me:

I know Roger Callahan and met him in Canada and the U. S. I once saw his thought field therapy in action in removing a phobia in a nanny who was traveling with us, and it was very effective.... The fact is that nobody understands how various forms of healing work, and morphic fields may have something to do with it. (Personal Communication, V. Yancey, January 31, 2000)

Research Studies in Thought Field Therapy

Callahan and Callahan (2000) pointed out the need for continued research in TFT.

“It is not a huge jump to figure that our already high treatment success must be pushing
very close to perfection. Of course, we in CTTFT do not, and will not, stop trying to
improve the success of our work” (p. 54).

A Study of TFT and Clinical Applications

A major study was done on thought field therapy in the year 2000 in Honolulu,
Hawaii, with positive results. The therapists had only been instructed in algorithms, the
first of the three levels of thought field therapy training. Sakai, Paperny, Mathews,
Tanida, Boyd, Simons, Yamamoto, Mau, and Nutter (2001) conducted a study of
Thought Field Therapy Clinical Applications: Utilization in an HMO in Behavioral
Medicine and Behavioral Health Services in Honolulu, Hawaii. It was an uncontrolled
study of the self-reported Subjective Units of Distress in 1,594 applications of thought
field therapy. Seven hundred and fourteen patients were treated for “anxiety, adjustment
disorder with anxiety and depression, anxiety due to medical condition, anger, acute
stress, bereavement, chronic pain, cravings, depression, fatigue, nausea, neurodermatitis,
obsessive traits, panic disorder without agoraphobia, parent-child stress, phobia, post-
traumatic stress disorder, relationship stress, trichotillomania, tremor, and work stress”
(p. 1215). Some patients were treated for more than one symptom or problem.

The patients were treated by three social workers, two clinical nurse specialists,
one master’s-level clinician, and one psychologist. The therapists received a minimum
of 15 hours of training in the use of TFT algorithms. The therapists assessed the
psychiatric disorder or problem, and they obtained a pre-treatment SUD rating of the
severity of the problem. The therapists guided the patients through the TFT treatment that was specific for the particular symptom or problem. They obtained SUD levels at designated treatment segments. The therapists obtained a post-treatment SUD in the same session. The therapists recorded the data on multi-purpose tracking forms. Short-term recordings of Heart Rate Variability were taken for 5 minutes pre-treatment, and 5 minutes post-treatment. The patients sat in an upright position during the recordings (Sakai et al., 2001). Sakai et al. (2001) reported the following findings:

TFT treatments are associated within session with self-reported reduction in distress for a wide variety of symptoms and conditions. These results were obtained by seven different providers with different professional backgrounds, suggesting the applicability of this modality across disciplines. (pp. 1223, 1225)

Studies Using the Thought Field Therapy Treatment for Trauma

Bray and Folkes Study

A pilot study was conducted by Bray and Folkes (1999) at a San Diego elementary school through a grant from the U. S. Department of Education. The project provided counseling services for immigrants, refugee children, and families suffering from traumatic stress in the mid-city area of San Diego, California.

The Andrew Jackson Elementary School was chosen because 70 percent of the children in the school had limited English proficiency, a need for services, and a need to resolve trauma they had experienced in their homeland and in their transition to the United States. Clients were served in English, Spanish, Amharic (Ethiopia), Tiginnia (Eritrea), Somali, French, Swahili, and Arabic.
Bray and Folkes (1999) reported that from one to three, free thought field therapy sessions were provided to each individual, or family, at school or at their home. The sessions took place in the presence of other family or community members. Prior to treatments in thought field therapy, Bray and Folkes explained:

Clients were asked to complete a pre test evaluating post traumatic stress symptoms. The PTSD checklist for civilians (PCL-C) and the PTSD Checklist for Children (PCL-Child) were used. The checklist consists of 17 items rated one to five as to how frequently they have experienced the symptoms within the last month. (p. 1)

Bray and Folkes (1999) reported:

A total of 64 individuals were served. Of the 64 served, 34 completed both a pretest (X=51.3, SD=14.1) and a post test (X=31.23, SD=13.5) evaluating post traumatic stress symptoms. There was nearly a 40% decreased frequency of symptoms reported overall. These results were constant across age, primary language, gender, ethnicity, and service provider. (p. 2)

In addition, Bray and Folkes (1999) revealed that 18 of the 29 subjects (62%) had post-test scores below the threshold for a post traumatic stress disorder diagnosis. Five of the eleven subjects with pre-test scores above the threshold reported that their symptoms were reduced by at least 20%. Ultimately, 79% reported significant decreases in the frequency and intensity of their traumatic stress symptoms.

The Gentry Study of Trauma and TFT

A study was conducted by Gentry (1998) in the area of trauma and thought field therapy with a 42 year-old woman who was a victim of a violent assault in her home, from which she developed post traumatic stress symptoms. The study utilized several brief innovative treatment protocols in combination for the treatment of post
traumatic stress in both individual and family to determine the success of a time-limited trauma therapy in a tri-phasic model (Gentry, 1998). Gentry (1998) explained the therapies utilized in the study:

Thought Field Therapy (Callahan, 1995) and Cognitive Behavioral Therapy (Meichenbauer, 1994) were employed to create safety, lower arousal and stabilize the client. Time-Limited Trauma Therapy (Tinnin, 1994, 1995, 1997) was utilized to process the traumatic memory and to ameliorate the post traumatic symptoms. Family Empowerment Therapy (Figley, 1989) was implemented to address and minimize the intra-familiar effects of traumatic stress. (p. 2)

The team supervisor treated the client with thought field therapy early in the study for frequent nightmares and intrusive flashbacks. Gentry (1998) summarized the findings:

This client with florid post traumatic stress disorder was successfully treated in eight (8) sessions utilizing a tri-phasic model which combined trauma stabilization, resolution, and reconnection strategies. Thought Field Therapy, Cognitive-Behavioral Therapy, and body-centered techniques were utilized to reduce negative arousal and to contain flashbacks. (p. 11)

Carbonell and Figley Study

Carbonell and Figley (1999), Florida State University trauma researchers, conducted a study to determine the effectiveness of several treatments for trauma including thought field therapy, eye movement desensitization and reprocessing (EMDR), visual kinesthetic dissociation, and traumatic incident reduction. The treatment approaches chosen were decided by an advisory board made up of traumatologists. Thought field therapy was one of the treatments included in the study. The study included 39 individuals who reported distress from having experienced
a traumatic event. Clients were recruited through the media and through local therapists.

Each client was given a pre-test, including paper and pencil measures focusing on life stressors and stress reaction, demographics and psychological profiles, and social supports and resources for managing. Fifty-one clients were pre-tested, and 39 received treatment. The clients included 29 females and 10 males. The average age of those who received therapy was 40.8. The problems presented included childhood abuse, combat exposure, motor vehicle accidents, and accidental shootings (Carbonell & Figley, 1999).

The therapy took place within one week. Clients were asked to give preand post SUD levels, and were asked to keep a daily diary during the length of the study, including SUD levels. Carbonell and Figley (1999) found, “The SUD scores ranged from a mean of 4.75—6.5 before treatment and from 2.0—5.25 after treatment … It appears that EMDR and TFT produced the largest drop in scores” (p. 9).

Thought Field Therapy and Reading Comprehension Study

Blaich (1988), a practitioner in the area of applied kinesiology, conducted a research project in which he attempted to improve the reading speed and comprehension of a group of professionals. The treatment for psychological reversal was utilized as one of the treatment methods. The population included subjects who were already high achievers.

Blaich (1988) measured the subjects’ reading and comprehension skills. He used the treatment for psychological reversal with the subjects, who exhibited an increase in their reading and comprehension skills. He stated, “Dr. Callahan’s procedure
seems to have a very significant impact on human performance” (p. 12).

Study in Thought Field Therapy and Self-Concept

Wade (1990) conducted his doctoral dissertation on the effects that the thought field therapy procedure for phobias had on self-concept, and whether any significant change would result. His study measured 28 subjects in the experimental group, and 25 in the control group. Both groups were measured on the Tennessee Self Concept Scale (TSCS) and the Self Concept Evaluation of Location Form (SELF), which were mailed to them. They also rated the intensity of their phobia on a 10-point SUD scale. A month after the questionnaires were mailed out, the experimental group met for a presentation and treatment which consisted of the algorithm for phobia and the treatment for psychological reversal. Those who did not have a significant drop in their fear level were worked with individually.

Wade (2000) admitted that thought field therapy was in its early form of development when he conducted his study. Wade (2000) stated:

Even with these “primitive” tools, 16 of those treated had a drop of 4 points or more on the SUD scale; though 7 subjects had no change or an increase of 1 or 2 points. This is in contrast with the group that was not treated (control group), where only four subjects had a drop of 2 or more points. (p. 1)

Thought Field Therapy and Acrophobia Study

Carbonell (2001) conducted a double-blind study of TFT and acrophobia. The purpose of the study was to determine if TFT, administered under controlled conditions, would result in significantly different results from a placebo treatment similar to TFT.
The study was done with 49 college students who professed a fear of heights. They were given a behavioral assessment in which they were asked to climb a 4 foot ladder. A SUD was taken at every foot marked off on the floor, and at every rung of the ladder. Then they were taken to a separate room, with a different examiner, and asked to give a Subjective Units of Distress rating on how anxious they felt thinking about situations concerning heights. Zero (0) represented no fear, and ten (10) represented the most fear. The group that received the real TFT treatment showed a significant change in the posttest when compared with placebo group, in both their self-report and by an actual test of having them climb a ladder (Carbonell, 2001). She stated:

Although both groups got somewhat better, there was a statistically significant difference between those subjects who had received real TFT and those who had received placebo, with the TFT subjects showing significantly more improvement. There was a significant difference when all the SUD scores were averaged for each subject, and the difference was more pronounced when examining the SUD scores of the subjects while climbing the ladder. Thus, those who were treated with TFT had less anxiety than those who received the placebo. (p. 2)

Thought Field Therapy and Physical Health Studies

Heart Rate Variability Studies

Royal (1997), a clinical director at a clinic in Las Vegas, Nevada, was instrumental in introducing heart rate variability to thought field therapy. Royal (1997) reported to Dr. Callahan success in the treatment of medical patients when examining the effects of thought field therapy on heart rate variability. He reported that heart rate variability is the only test known that will not respond to a placebo...
effect. He reported that when homeopathic remedies work, they are affecting the autonomic nervous system. He explained that he had tested thousands of patients on heart rate variability, and he could identify immediately if a technique would work (Royal, 1997). Callahan and Callahan (2000) reported, “I witnessed Dr. Royal proceed to eliminate all traces of medical symptoms in twelve patients using my simple algorithm [the phobia algorithm]. These dramatic results were then validated by HRV, which showed dramatic improvements for each” (p. 234).

Heart rate variability was described as the variation in the length of the intervals, measured in milliseconds (ms), between heartbeats (Malik & Camm, 1995). Pignotti and Steinberg (2001) measured the heart rate variability of 28 cases using thought field therapy. The 28 cases were selected from the private practices of Monica Pignotti and Mark Steinberg. The cases they selected were representative of results regularly obtained with thought field therapy (Pignotti & Steinberg, 2001).

Pignotti and Steinberg (2001) reported that the 5 minute heart rate variability tests were done with the heart scanner, which conforms to standards set forth by the North American Society of Pacing and Electrophysiology. The subjects were also measured by the subjects’ self-report using the Subjective Units of Distress Scale (SUD) (Wolpe, 1969). Pignotti and Steinberg (2001) reported, “Our work shows that, after successfully treating these and other conditions with TFT, HRV substantially improves” (p. 1203).
Blood Cell Experiment and Thought Field Therapy

Callahan and Trubo (2001) described Callahan's work with a laboratory technician who performed laboratory tests that evaluated the clumping of red blood cells. The lab technician had the flu, along with a gray complexion, and she complained of feeling dreadful. She rated her discomfort at a SUD of 10. Callahan and Trubo (2001) continued:

Next, at my request, she drew a small sample of her own blood and placed a few drops under the microscope. We were able to look at it together on a television monitor. Clearly, the red blood cells were clustered. She said the sample showed "100 percent rouleaux"—that is, the amount of red cell clumping was at its highest possible (and most undesirable) level. (p. 49)

She was treated with TFT, some color returned to her complexion, and she reported a SUD of 7. She drew more blood, with the clumping declining to 70%.

The TFT treatment continued, with her coloring continuing to return and her flu symptoms subsiding. She next rated her discomfort at a SUD of 1 with no discomfort.

Callahan and Trubo (2001) concluded with, "Her last blood sample showed no trace of rouleaux, or red blood cell clumping. The total time for the TFT treatments and the blood tests was about eight minutes" (p. 50).

Criticisms of Thought Field Therapy

Callahan (1998) responded to criticisms and fundamental disagreements to thought field therapy in the following way:

Thought Field Therapy (TFT) is criticized for not following the usual social science guidelines in research, which is appropriate for minimum impact therapies. The usual research guidelines are due to a social science bias where
crucial subjective reports are ignored, where tests of statistical significance and control groups are required. TFT may be closer to hard science than social science due to extraordinarily high level of success. (p. 1)

The consensus of the reports in criticism of TFT center around the lack of being published in peer publications, and the lack of support by scientific evidence (Gaudiano, 2000; Gaudiano & Herbert, 2000; Hooke, 1998). Gaudiano (2000) stated:

However, after TFT’s supposed 20 years of development, no controlled studies have been conducted and published in peer-reviewed journals addressing either the issue of TFT’s effectiveness or of its proposed mechanisms of action. It would seem that there is little interest in scientific validation from proponents of TFT. (p. 2)

Callahan expressed his disagreement in regard to the importance of statistical tests and minor differences between groups. Callahan (1998) answered with:

I am not impressed with psychotherapy studies that rely on tests of statistical significance. I am afraid this statement characterizes research on conventional therapies. The minimal difference obtained between groups does not matter much. (p. 5)

Criticisms of research reports conducted by Carbonell (1996), Carbonell and Figley (1999), Callahan (1987), Leonoff (1995), and Wade (1990) pointed out limitations in the study designs, lack of control groups, nonrepresentative sampling, contamination by the demands of a public radio broadcast, and the use of SUD ratings as the only measure of success (Hooke, 1998; Gaudiano & Herbert, 2000).

Hooke (1998) suggested the following:

Substantial enthusiasm exists for TFT’s ability to reduce the disruptive arousal associated with traumatic stress. Clinical reports are suggestive, but the lack of controlled research combined with the absence of a convincing theory forces caution in the use of these techniques by clinicians. (p. 11)
Callahan (1998) responded to criticisms against SUDs, and expressed his opinion about placebo:

When one is operating with a highly effective, and dose specific treatment such as TFT, feedback in the form of self-report is absolutely indispensable. The critics are impressed with therapy studies that require statistical tests. I am suspicious of the value of studies where the differences between treated and untreated are so small that statistical tests are required. They believe strongly in placebos, I am not sure placebos are real. They believe in control groups and I say control groups are relevant only when it is not immediately and overwhelmingly obvious if anything at all happened as a result of treatment. They believe they are highly scientific, I believe that their social science approach may limit their perceptions. (p. 3)

**Thought Field Therapy for School Personnel**

An answer to the overworked, overstressed educator may be thought field therapy. Callahan and Trubo (2001) suggested:

The answer to the negative emotions in your life is a powerful treatment called Thought Field Therapy (TFT). It represents a revolutionary advance in the way psychological disturbances are perceived and managed. Tens of thousands of people worldwide have already used TFT to conquer their fears, eliminate their compulsions, recover from broken relationships, put an end to procrastination, and quiet their anger and grief. It has provided them with emotional renewal, rapidly and safely, without long-term psychotherapy and without medications. There are no risks. There are no side effects. (p. 3)

With the shortage of school personnel that exists in the United States, including teachers, administrators, and support staff (Foehr, 1999), Callahan and Trubo (2001) stated, “Imagine being in emotional distress, but finding rapid relief in just minutes. Picture yourself overwhelmed by chronic stress, addicted to nicotine, or crippled by a fear of flying—but eradicating these or other kinds of debilitating problems almost instantaneously” (p. 3).
Administrators and counselors double as teachers and support staff (Bradley, 2000; Wolk, 2000). Caseloads are overcrowded, staff are overworked, and they have no time to deal with their own stresses and frustrations or those of the students (Scheck & Wermuth, 2000). Callahan and Trubo (2001) suggested:

No technique has the power to reduce stress more than TFT does—and as you probably know, stress can have a devastating effect on physical health. If you always feel taxed to the limit, if your life seems out of balance, and if the pressures of life are wearing you down and burning you out, you may be more susceptible to heart disease, high blood pressure, stroke, and cancer—in other words, the major health problems of modern civilization. Fortunately, TFT can now help. (p. 51)

The demands and responsibilities that society places upon teachers of today are monumental. Teachers, new and experienced, are not prepared for the expectations, duties, and obligations thrust upon them. Foehr (1999) stated, “With the demands of day-to-day teaching, the idealism of new teachers can easily get lost in the reality of responsibilities—new teachers sometimes find just getting through the day to be their goal” (p. 1). One teacher reported her experience in a study by Butson (1989):

I became a teacher because I was anxious to share my love of language and literature with young people. But at the end of the day—I wonder if I [have] influenced even one of my 130 students today. I was a janitor, a psychologist, a security officer, a secretary, and a social worker. But was I a teacher? The sun sets on another day of frustration and disillusionment. And I have to do it again tomorrow. (p. 8)

Individuals who deal with trauma in their place of employment on a daily basis such as those in public service or disaster relief, including police officers, firemen and women, paramedics, doctors, nurses, and other hospital workers are often traumatized
by what they witness (Callahan & Callahan, 2001). The recent rash of school
shootings has now included the teachers in the category of those who suffer trauma. In
addition, the attack on the World Trade Center has affected the nation as a whole and
may result in a sort of mass traumatization (National Institute of Mental Health, 2001).
Callahan and Callahan (2000) suggested, “Regular use of the trauma algorithm can help
prevent burnout for the workers” (p. 36).

Teachers deal with the stress of having to answer to students, parents,
administrators, school boards, city officials, the public, other teachers, and themselves.
Often, they face crisis situations alone. According to Foehr (1999), teachers are often
reluctant to admit weaknesses and frustrations to others, especially administrators who
must rate them. Foehr (1999) stated:

While crisis situations, fear, disillusionment, and burn-out can happen to
any teacher, new teachers are particularly vulnerable. I believe, however,
that in many cases, crisis and disillusionment could be offset, or even avoided
altogether, if teachers entered their classrooms with access to the wisdom
earned through the experience of others in the profession. (p. 2)

Callahan and Trubo (2001) offered the following suggestions for managing stress:

I’ve seen … positive changes occurring with TFT when the goal has been to
manage stress. The hassles and headaches of everyday life can create the
kind of chronic stress that undermines your physical and mental well-being.
Stress speeds up and disrupts the entire physiological system, most notably
shifting the sympathetic portion of your autonomic nervous system into
overdrive and inundating the blood stream with stress hormones that cause
dramatic changes in the body—such as accelerating breathing and pulse rate,
and increasing blood pressure. (pp. 66-67)

Surpuriya and Jordan (1997) talked about teacher stress. “Instead, teachers are
taking on the roles of counselor, mother, father, friend, secretary, doctor, preacher, and police officer. Some actually find time to teach math and science and English on the side. Others simply say, "Forget it" (p. 4). Strunk and Edwards (1999) suggested that thought field therapy may be useful in relieving teacher stress and frustration. They stated, "It can be equally valuable for the adults who work with those students. We are convinced that students would benefit dramatically if every adult in the school knew and used TFT, even if it were never used directly with students" (p. 10). Strunk and Edwards (1999) reported the use of thought field therapy by a teacher:

A teacher friend of mine (JE) came to visit and was feeling very frustrated and negative about her job. I led her through a few minutes of TFT, and her attitude became much more positive. Her sense of competence, as well as her sense of humor, returned. (p. 10)

Teachers often do not have the time, experience, or ability to seek help from each other, and they often close their doors and stay to themselves. Berthoff (1990) stated, "One reason teachers burn out is that they are burning alone" (p. 368). Foehr (1999) continued with, "For new teachers or student teachers, their own vulnerability, their insecurity and their lack of experience, and their fear of looking foolish—or worse, incompetent—can make tapping into the knowledge and experience of other teachers difficult" (p. 2). The tapping algorithms of thought field therapy, suggested by Callahan and Callahan (2000), could be used to remove the debilitating effects of trauma, stress, anxiety, sadness, grief, phobias, anger, rage, shame, embarrassment, and other negative emotions. A school principal's tapping experience with thought field therapy was
reported in Strunk and Edwards (1999):

When asked how she was, the principal said, “A teacher just blasted me, and my assistant principal just blasted me, and I am just moving papers around. I can’t get anything done.” I asked if she would be willing to try something a little strange. The worst thing that would happen would be there would be no change, I assured. The principal agreed to do the tapping. After tapping for trauma, the principal said, “I think I’ll go outside and talk with the teacher about her concerns. I’ll also talk with my assistant principal and find out what I did to offend her.” She was no longer overwhelmed by stress. (p. 10)

Chronic stress, according to Callahan and Trubo (2001), can contribute to fatigue, insomnia, low libido, a weakened immune response, and serious health risks such as depression, heart disease, and even cancer. However, through the use of HRV readings, it was shown that treatment with TFT normalized and balanced the sympathetic and parasympathetic branches of the autonomic nervous system. Callahan and Trubo (2001) explained that as the autonomic nervous system is balanced, the stress response is eliminated almost immediately.

Kuchar-Haas (2000) discussed his work with a teacher in her mid 50s who had advanced cancer. He treated her for her deep fear of cancer and her chemotherapy treatments. She was terrified when thinking of the word “cancer.” He stated, “She and her family are delighted now that the acute anxiety is gone and she is doing so much better with her treatments” (p. 9). Kuchar-Haas (2000) continued to work with the teacher on visualizing the cancer cells fading. She had difficulty at first; however, through the use of TFT, she was able to visualize the cancer cells dying. Kuchar-Haas Kuchar-Haas (2000) added, “I must add that without TFT, her condition and desire to
follow through with her chemo treatment would have been difficult for her” (p. 9).

**Thought Field Therapy for Students**

Callahan and Trubo (2001) suggested that thought field therapy is an appropriate treatment for everyone. They stated, “Today, thought field therapy works for people of all ages, across all social and cultural lines, and even for the most severe problems” (p. 35).

Thought field therapy’s rapid treatment technique and quick results make it a good tool to be used with students. Callahan and Trubo (2001) stated, “Thought Field Therapy offers simple, effective prescriptions or ‘recipes’ for psychological (and in some cases, even physical) recovery … It takes just minutes for this technique to work” (p. 19). Callahan and Trubo (2001) continued with, “One of the most amazing features of TFT is that because it produces results so quickly, you’ll know almost instantly whether the treatment has been successful” (pp. 34-35). Another aspect of thought field therapy is that it is a self-administered technique that students can use for themselves. Callahan and Trubo (2001) stated, “the self-administered algorithms … are key to Thought Field Therapy” (p. 28).

Bell (1998) revealed, “Lots of teens told us they hate to talk about their fears” (p. 160). Callahan and Trubo (2001) stated, “Unlike traditional therapy, TFT does not require an individual to talk about and relive difficult experiences” (p. 97). This characteristic makes it applicable for working with students. Another aspect of thought
field therapy was that there is no loss of memory, rational judgment is not impaired, and no pain was involved (Callahan & Trubo, 2001). Callahan and Callahan (2000) reported, “Following two decades of experience using this treatment, with thousands of people all over the world, we know with confidence that the treatment either helps or it does nothing. It is non-invasive and does no harm. The procedure is brief, yet powerful” (p. 222).

School is not only for education or acquiring new skills, but is the place where moral, social, and emotional skills are developed. Warnock (1999) stated:

Whatever we may be told about the responsibility for moral education, there is no doubt that it is at school that most children learn that they must adapt their behavior to rules and conventions, that fairness is a fundamental value, and that individuals have no right to make exception for themselves. Each child must learn how he or she ought to behave and what behavior—bullying, aggression or dishonesty—will not be tolerated in the school environment. (p. 29)

Students face the traumas of death, violence, sadness, guilt, depression, shame, rejection, brutalization, rage, addictive urges, and lack of love (Garbarino, 1999).

**Anger and Rage**

The algorithms for anger and rage could be used by students and parents to deal with situations that result in physical or verbal abuse. Callahan and Trubo (2001) suggested using the TFT rage algorithm because “Rage is a more intense, all-consuming anger in which an individual may even lose control and express that rage with physical abuse” (p. 144). They stated:
Anger can be a crippling emotion, and one that many people handle poorly. When it becomes chronic—unresolved anger with a spouse, a misbehaving adolescent, or an overly demanding boss, for example—it can put your physical health at risk, too, increasing blood pressure, releasing stress hormones, and escalating the risk of heart attacks. (p. 143)

Beidle (2000) had success in treating a 9-year-old African American girl who was dealing with anger around being abandoned by her mother when she was 4 months old. In addition, she was born with an undeveloped nose. This resulted in her often being in fights at school because she believed that her peers were talking about her nose. Her grandmother, with whom she lived, reported that she was very angry and often in a bad mood. Her grandmother was getting tired of calls from teachers and the school principal because of the child’s fighting in school.

Beidle (2000) treated the student with TFT, including voice technology, for the child’s mood and attitude. The principal reported to the grandmother that although the child had been antagonized, punched, and teased, she no longer responded angrily to the provoking. The grandmother reported to Beidle (2000b), “Not only is Sierra doing better, but her change has influenced how I am doing and how her school is responding to her. This entire sequence happened in one week and started with one single session!!!!” (pp. 10-11).

Bell (1998) talked about what happens if anger is not dealt with:

It’s not okay to hold your anger in so tightly that it ends up coming out as a physical illness or bad headaches or nervous twitches or substance abuse or depression or violence. It’s not okay to turn anger into self-hatred. (p. 154)

However, Callahan and Trubo (2001) emphasized, “it is also important for you to
eliminate the pain that is making it so difficult to get on with your day-to-day life. Now, TFT can eradicate all traces of that emotional turmoil” (p. 98).

Sadness, Grief, Phobias, and Fear

Thought field therapy can be used to eliminate the trauma of sadness, grief, and fear. Callahan and Trubo (2001) offered two algorithms for phobias. One is for most phobias and fears such as fear of heights, bridges, cats, dogs, bugs, snakes, needles, dentists, mice, horses, water, closed spaces, public speaking, and most other phobias. The other algorithm is for specific fears of spiders, claustrophobia, and air turbulence from flying.

In Callahan and Trubo (2001), Callahan discussed his work with an 8-year-old girl who had been victimized by sexual and ritualistic abuse in preschool. In addition, she was further abused in her home by a man with whom her mother lived. She was unable to talk openly about her experiences, she suffered from nightmares, she was terrified of strangers, she had developed a fear of dark places, she could not go to the bathroom alone, and she was afraid to go alone into certain rooms in her house.

Callahan conducted two sessions with Marcia. In the first session, the fears that she had developed over the years were eradicated. In the next session, perturbations related to the sexual abuse were eliminated. After the session, Callahan and Trubo (2001) reported that Marcia was visibly more relaxed. Marcia’s mother reported to Dr. Callahan “that Marcia had become comfortable around people and was no longer afraid to go into certain parts of their home. When I last spoke with her mother, two years later,
Marcia was still doing very well” (p. 97).

Gairdner (2001), a therapist from Canada, reported her work with a 16-year-old girl and her mother. The girl did not use drugs, alcohol, or tobacco, did not take part in sexual activity or destructive behaviors, and got good grades in school. Her mother continued to have severe fears and feelings of guilt about her daughter possibly hanging out with the wrong friends, getting bad grades in school, not being prepared for life, being lazy, fighting with her, growing away and leaving her mother alone, or living a life of poverty. The mother was treated with TFT. Gairdner (2001) stated, “I asked again, What are you feeling? She said, I feel, I feel, I feel completely relieved. Oh, thank you, thank you. Thank you so much! and she wept” (p. 6).

Callahan and Trubo (2001) explained how a phobia can lead to more emotional distress:

A phobia is a persistent fear without a rational basis, typically related to a harmless object or situation. Ironically, most people who have these phobias understand quite well how unrealistic their fear is, which makes them feel even more foolish and ashamed, and contributes further to their emotional distress. (p. 135)

Canto de Taracena (2000) used TFT to work on her fear of swimming in rivers and oceans. She explained, “When I was 15 years old, I nearly drowned in a river. When I was pulled out of the river, I was unconscious. I was revived with mouth-to-mouth resuscitation” (pp. 9-10). Canto de Taracena was treated with thought field therapy, and her heart rate variability (HRV) showed a large change from before the treatment. Seven months later after the treatment, she had another HRV test. Canto de Taracena
recounted, “She asked me to think about the near-drowning incident again as she ran the
HRV. As I concentrated on the incident, I realized that now when I think about what
happened, I feel distant, watching myself in the water, whereas before, I felt I was in the
actual situation. The best part is that now, I can enjoy going to the ocean with my
husband” (pp. 9-10).

Anxiety, Stress, and Trauma

Hipp (1995) explained the changes that occurred in the fight-or-flight response.

“During times of high stress, many different physical events occur inside your body at the
same time” (p. 13). The symptoms of stress that Hipp (1995) described are:

Your heart pounds, your hands and feet feel cooler than usual, you may
feel warm in the face, your cheeks and ears may get pink, you may suddenly
develop a pressure headache, your mouth may get dry, you may have an upset
stomach, you may get butterflies in your stomach, feel restless, and you sweat,
and your hands may get clammy. (pp. 13-14)

Callahan and Trubo (2001) stated, “When this so-called ‘fight-or-flight’
response persists day after day, week after week, and even year after year, it can take a
can be dangerous because you may not be aware of the physical and emotional toll it is
taking on you” (p. 15).

Callahan and Trubo (2001) explained that anxiety is the most common
psychological disorder in the United States. They reported that anxiety is so
commonplace that individuals accept it as a way of life. Although anxiety may have no
identifiable trigger, it is often out of proportion to the apparent cause. Callahan and Trubo (2001) explained, “however, that no matter what you attribute your anxiety to, the key is collapsing the perturbations in the Thought Field that are responsible for it. Once those perturbations are eradicated, the anxiety will vanish as well” (p. 109).

Callahan and Callahan (2001) reported Callahan’s treatment of a 13 year-old girl who was brutally raped. Before the rape, she was sociable, happy, and doing well in school. After the rape, she developed an eating disorder, constantly obsessed about the rape, had severe nightmares, started smoking, became a poor student, and developed severe depression. Callahan worked with the girl, with her mother present, on her feelings of fatness and her feelings of depression, which became severe in the evening.

After her brief treatment, she acknowledged that she no longer felt fat. She was given a preventive treatment by Callahan to deal with her evening depression (Callahan & Trubo, 2001).

Love Pain

Callahan and Callahan (2000) explained that the effects of a romantic loss or rejection are often acutely painful to the individual experiencing the loss. Callahan and Callahan (2000) explained, “In my extensive therapy experience, I would say there is no more devastating emotional pain than romantic loss or rejection” (p. 33).

Callahan and Callahan (2000) reported that because of the intensity, depth, and severity of emotion of love pain, it is often the cause of many murders and suicides.
Callahan and Callahan (2000) explained, "People experience such a loss as a rejection of who they are at the very core of their being and the hurt therefore goes very deep" (p. 34).

The holiday season can sometimes be a difficult and emotional time of year. Marr (2000) reported his successful work using thought field therapy with a young man who was suffering from love pain and grief. He explained, "During the Christmas holidays, his first long-term girlfriend abruptly ended their relationship when a former boyfriend came back into the picture. He was devastated by the surprise" (p. 3).

Through the use of TFT, the total time it took to eliminate the young man’s grief was less than 5 minutes, with two reversals (Marr, 2000).

Callahan and Callahan (2000) reported their work with TFT and the devastating effects of love pain. They stated:

Recently an acquaintance informed me of the recent loss of a much-loved 19-year-old nephew to suicide. The suicide was a response to love loss—his girlfriend had just broken up with him.... I helped the acquaintance who was suffering terribly from the grief of loss. (p. 5)

Callahan and Callahan (2000) reported that it took only 3 minutes to eliminate his friend’s grief over the loss. Callahan and Callahan (2000) suggested that it was important to point out that not only do adults suffer love pain, but children and adolescents do, as well. Often, adults do not take children and adolescents who have experienced love pain seriously, and they dismiss it as “puppy love.” Callahan and Callahan (2000) emphasized that these upsetting, often traumatic events result in emotional devastation that is just as bad, if not worse, than it is for someone in a
more mature relationship. "Shakespeare's Juliet was only fourteen years old" (p. 34).

A 16 year-old reported to Bell (1998) his feelings of desperation after he broke up with his girlfriend:

When Sandy told me she wanted to break up, I thought there was no point in going on. I loved her so much. I wanted to spend the rest of my life with her. So I started thinking about killing myself. I imagined how I could do it and what kind of note I'd leave my parents. (p. 176)

Callahan and Callahan (2000) emphasized the effect that love pain plays on future adult relationships, which may affect an individual's ability to develop and maintain romantic relationships. Callahan and Callahan (2000) suggested the trauma algorithm for the treatment of love pain. They stated, "Such people develop what I call amouraphobia, the fear of being devastated in a romantic relationship. These individuals are afraid to commit to intimate relationships because of the pain and hurt they suffered from earlier failed relationships" (p. 34).

Callahan and Trubo (2001) summarized:

The grim reality is that when a romantic relationship dies, it is thoroughly appropriate for you to be terribly upset and experience shock waves in its wake ... TFT can eradicate all traces of that emotional turmoil associated with troubled relationships—and do it in minutes. (p. 98)

**Physical Health**

Callahan and Callahan (2000) reported, "A growing number of physicians take the TFT training and we are finding that TFT can often be very effective in helping a number of medical conditions" (p. 90). Chari (1998) reported her work as an MD using thought field therapy with a patient with a tumor. The patient's progress was measured
by prolactin levels. She tested the patient for some common toxins and treated her addiction to caffeine with thought field therapy. Soon after being treated by Chari, the patient met with her neurosurgeon and asked to have the prolactin levels checked again. The doctor tried to discourage her by claiming that it was too soon for these levels to go down, but the prolactin level had dropped 37 points in 6 weeks.

Heart rate variability has been used to monitor the autonomic nervous system (ANS). The ANS is the system that controls heartbeat, breathing, body temperature, blood pressure, blood chemistry, tissue repair, metabolism, immune function, and other involuntary body functions. The heart rate variability equipment was used to measure the results of TFT. When an individual is under stress, the ANS goes out of balance. Callahan (1999) suggested that there were scientific advantages of using HRV equipment with TFT. He stated, “this equipment … measures heart rate variability as well as the status of the autonomic nervous system, … [and] is not responsive to placebo or suggestion. Among other things, it measures the degree of imbalance in the autonomic nervous system (ANS)” (p. 1).

The use of heart rate variability to measure the results of TFT was introduced to Callahan in 1998 in a phone call from Royal(1997), a physician in Las Vegas, Nevada, who used thought field therapy with his patients in conjunction with the technology of heart rate variability (Callahan, 1999). Callahan observed Royal as he treated 12 patients with thought field therapy. Their difficulties extended from physical problems with severe pain to seizure disorders. The ages of the patients ranged
from a 7 year-old girl to a woman in her 60s. Callahan and Trubo (2001) reported that as their medical conditions improved with TFT, so did their heart rate variability readings.

Thought field therapy has proven to be effective in treating cancer patients who suffer from symptoms of adverse reaction to food or anorexia that sometimes accompany radiation or chemotherapy. Callahan (2000a) explained, “Typically, such a patient will express hunger and begin eating immediately after the treatment; this is very helpful for building up the general strength of the patient” (p. 8).

**Spirituality**

Some students worry about their spirituality, their morals, and their religious beliefs. Richards and Richards (1998) reported the remarks of a student, “Are Christian values as important as my mother says? My friends don’t share most of them, so I feel a little weird” (p. 1138). Another student wrote in Richards and Richards (1998), “I get so depressed sometimes. One of my friends says that Christians don’t get depressed. Does that mean I’m not really a Christian?” (p. 432). González (1999), who has written about thought field therapy and spirituality, stated:

There is a movement that faces what the Fathers of the Church—the Christian writers from 2nd to 12th centuries—used to call sicknesses of the soul, that is: pride, gluttony, greed, lust, anger, envy, sloth. These vices are not necessarily sins. Frequently, as we know, they are sicknesses. Therefore, they need to be addressed not only from the spiritual perspective, but also from the therapeutic point of view. In fact, most of them are considered, in our time, just as sicknesses or addictions. That is why TFT has an important task to achieve in the spiritual realm. If you compare the main list of mental disorders treated by TFT
and the above mentioned sicknesses of the soul, you will find a perfect correlation. (p. 8)

**Students Use Thought Field Therapy**

Graham (2001), a 10 year-old student in the United Kingdom, was treated by her father with TFT for her fear of heights. Her father taught her the TFT algorithm to do when she was upset or scared. She reported helping her friend with TFT when she was 7 years old and was being made fun of by a group of boys who said she could not play football because she was a girl. Graham (2001) reported:

> She got so upset she stopped playing and came to tell me that the boys wouldn't let her play. I said I might be able to help her feel better with something my Dad taught me. She said she would try. I showed her where to tap on her eyebrow and under her eyes and so on. I asked her how she felt now and she said she wasn’t upset any more and that what the boys were saying about girls not being good at football was not true. She went back to playing football and didn’t care if any of the boys made fun of her, as it didn’t hurt any more. (p. 4)

Daniel (1997) reported treating his 10 year-old daughter with TFT after she had been attacked and bitten by a dog. She had seen her father treat her aunt for her fear of dogs. She watched the TFT videotape and asked her father to teach her the algorithm for phobia. The girl used the algorithm to treat her 3 year-old cousin, who was terrified of dogs and large men with beards, without the adults knowing. Later the 3 year-old, who, in the past would run screaming from any dog, was reported holding a 120-pound Rottweiler by a leash.
Summary

Callahan and Callahan (2000) reported that thought field therapy is a natural treatment and the answer to relieving negative emotions. It causes no harm to client, and it either works or does nothing. Callahan and Trubo (2001) suggested that:

It represents a revolutionary advance in the way psychological disturbances are perceived and managed. Tens of thousands of people worldwide have already used TFT to conquer their fears, eliminate their compulsions, recover from broken relationships, put an end to procrastination, and quiet their anger and grief. It has provided them with emotional renewal, rapidly and safely, without long-term psychotherapy and without medications. There are no risks. There are no side effects. (p. 3)

Since the discovery of thought field therapy over two decades ago, thought field therapy has spread throughout the world and has been used in many disciplines.

Callahan and Trubo (2001) revealed:

This revolutionary approach is being used by many hundreds of psychiatrists, psychologists, physicians, social workers, school counselors, and teachers, not only in the United States, but throughout the world, including in England, France, Germany, Spain, Sweden, Switzerland, Holland, Denmark, Japan, Singapore, Mexico, Brazil, Bolivia, Australia, and Canada. (p. 13)

In essence, this is the first scholarly study in the area of thought field therapy in educational settings. The lack of research in this area indicated a need for this study. The National Institute of Mental Health (2001) stated:

It is particularly important to conduct research to discover which individual, family, school and community interventions work best for children and adolescents exposed to violence or disaster, and to find out whether a well-intended but ill-designed intervention could set the youngsters back by keeping the trauma alive in their minds. (p. 9)

In addition, the Attack on America has drawn attention to research such as
that of Stuber, Nader and Pynoos (1997), which revealed the need for mental health intervention after an individual has experienced violence. Their work revealed that 7% of the teachers who lived through the 1992 riots in Los Angeles experienced severe post-traumatic stress symptoms, and 29% had moderate symptoms. The students who were affected by the anxiety and violence displayed more aggressive and noisy behavior, they were less obedient, and they were less able to get along with others (Stuber, Nader & Pynoos, 1997).

The next chapter contains the methodology of the study. It includes the research questions, research design, information about the participants, the setting, the data collection, and analysis. A section on action research is also included.
CHAPTER THREE

Methodology

Introduction

The purpose of this study was to discover how thought field therapy (TFT) was used in educational settings, and to explore its effects, as well as the possible difficulties, that might have been involved.

This chapter contains a description of the action research design and methodology used in the study. In addition, it contains the research questions, type of research design, participants, instruments, the setting, methods of data collection, and procedure for analyzing the data.

Research Questions

1. In what ways is thought field therapy being used in educational settings?

2. What are the effects of using thought field therapy in educational settings?

3. What difficulties exist in using thought field therapy in educational settings?

Research Design

This dissertation utilized a qualitative methodological approach. The qualitative approach, which included a focus group and in-depth interviews, was chosen because it provided a holistic approach. It provided a forum to include the voices of the participants. A focus group with students was held a week after they were taught to use TFT through discussion, demonstration, modeling, practical application, and the use
of technology by watching a video on TFT. This was done in order to bring about an expanded, in-depth investigation and analysis of the use of thought field therapy in educational settings. Morgan (1988) emphasized that focus groups could be used after a program had been completed to determine its value, to produce further research in the area, as a method of its own, or to enhance other methods. Gibbs (1997) suggested the following reasons for using focus groups:

Those who participate in this kind of research often find the experience rewarding. The process of research can be more collaborative than other forms of study, and so focus group research can be an empowering process for participants, and an exciting challenge for the social researcher wanting to gain a different perspective on his field of interest. (p. 5)

Yin (1994) identified the interview as the one most important source for obtaining information. Interviews were conducted with teachers, administrators, counselors, and psychologists who have used TFT with students. In-depth interviews were carried out with adult participants through personal telephone interviews, or computer interviews through the use of e-mail. The method of in-depth interviews was chosen for this international study because, as Yin (1994) contended, information can be acquired that would not necessarily be otherwise available.

Participants

The educators involved were teachers, administrators, counselors, social workers, tutors, medical doctors, and psychologists in schools in the United States, Mexico, Great Britain, and Canada. The adult key informants were professionals who use or have used thought field therapy with students, and have been trained in TFT Algorithms Levels I
and II. Student participants were between the ages of 11 and 14 who attended a community program in the northeastern part of the United States and were taught to use TFT.

**Instruments**

Protocols included who, where, why, and when questions. Stake (1995) contended that protocols are triangular. They are used to ensure accuracy and alternative explanations. Tellis (1997) stated, "The research questions framed as who, what, where, how, and why determine the relevant strategy to be used" (p. 7).

Open-ended interviews as recommended by Yin (1984) were used in this study to expand the depth of the data gathering and to increase the number of sources of information. Open-ended questions were utilized to obtain information from the group of adolescents who were participants in the focus group. Focus group protocols for the adolescents are in Appendix A. Interview protocols are in Appendix B. The interviews were carried out at the convenience of the informant (Feagin, Orum, & Sjoberg, 1991).

**Setting**

The setting of this study was international. Individuals who used thought field therapy with students in the United States in the east, west, and middle parts of America were interviewed. Individuals who used TFT with students in Canada, Great Britain, and Mexico also participated in the study.

Adolescents from the ages of 11 to 14, from a large city in the northeastern part of the United States, also took part in the study. Their training and
focus group were held at a community center. Gibbs (1997) discussed the setting of a focus group, "These attitudes, feelings and beliefs may be partially independent of a group of its social setting, but are more likely to be revealed via the social gathering and the interaction which being in a focus group entails" (p. 2).

**Action Research**

Action research has been defined in many ways. Dick (1999) described it as a family of research methodologies that pursue action or change and research or understanding at the same time. He stated that:

> The action is primary. In distinction, there are some forms of action research where research is the main emphasis and the action is almost a fringe benefit. Action research is inquiry in the context of focused efforts to improve the quality of an organization and its performance. (p. 1)

Action research differs from other research models in that it is an ongoing, problem-solving process. Gabel (1995) wrote, "Action research has been described as an informal, qualitative, formative, subjective, interpretive, reflective and experiential model of inquiry in which all individuals involved in the study are knowing and contributing participants" (p. 1). Paddock and Paddock (1997) stated, "Research, on the other hand, is planned and systematic inquiry based on one or more questions related to the new ideas" (p. 1). Flemming (1999) said, "Action research means that school-based teams ask their own questions and develop ways of determining their own answers" (p. 1).

Action research dates back to the ideas of John Dewey. Dewey (1929) contended:
The answer is that (1) educational practices provide the data, the subject matter, which form the problems of inquiry. These educational practices are also (2) the final test of value of all research. The actual activities in education test the worth of scientific results. They may be scientific in some other field, but not in education until they serve educational purposes, and whether they really serve or not can be found out only in practice. (p. 33)

The history of action research can also be traced back to the end of World War II in the United States, when the social psychologist Kurt Lewin (1946) developed the methodology. Lewin’s change model presented the theory for action research. Schein (1993) found:

Lewin’s basic change model of unfreezing, changing, and refreezing to be a theoretical foundation upon which change theory could be built solidly. The key, of course, was to see that human change, whether at the individual or group level, was a profound psychological dynamic process that involved painful unlearning without loss of ego identity and difficult relearning as one cognitively attempted to restructure one’s thoughts, feelings and attitudes. (p. 2)

Lewin’s (1946) field theory led to the development of actual field research on human behavior. Lewin (1946) manipulated complex situational variables in natural settings. His approach has guided experiments in the field of social cognition, social motivation, and group processes. Most importantly, Lewin (1946) helped develop action research. Action research used empirical social research, social action, and controlled evaluation.

This dissertation will provide the impetus and framework for the development of a book on the use of thought field therapy for use by educators and the wider teaching and learning community, including all school personnel, parents, students, institutions of faith, community organizations, business organizations, higher educational institutions, law
enforcement agencies, mental health agencies, physical health facilities, and anyone who impacts a student’s life. The book will provide a vehicle to empower teachers and students to deal positively with trauma and stress, thus providing an avenue for positive and effective teaching and learning.

Kemmis (1981) contended that if a problem exists, then action is necessary. This action research dissertation identified the problem of the need for an action to deal with mental health issues that impede positive student learning. This action research dissertation explored a plan for the use of thought field therapy in educational settings.

This action research dissertation provided intervention and prevention by teaching a self-help technique to students by giving them an opportunity to learn and use thought field therapy through their participation in the training and in the focus group. The students met for a one-hour training session in which they were introduced to what thought field therapy is, what it can be used for, and how to use it. The lesson included information, demonstrations, and a chance for practical application by themselves and in small groups. The students had an opportunity to ask questions and to receive one-on-one help from me.

This action research dissertation provides a contribution to the greater society through evaluation and analysis of data gathered and collected. This provides scholarly data to serve as a proposal for a future book in the area of thought field therapy in educational settings.
Whitehead (1993) spoke of the strengths of action research:

The strength of the action research approach to professional development rests upon a creative and critical dialogue between members of a community which includes teachers, academics, parents, industrialists, and politicians. We move ahead through creative leaps of imagination. We learn from our mistakes in detailed criticisms of our positions. (p. xi)

I kept a reflective journal. The journal included reflections on my experiences and observations as a practitioner using thought field therapy with students in my variety of roles as a teacher, counselor, administrator, and parent.

Kemmis and McTaggart (1990) described action research as a form of self-reflective inquiry undertaken by participants in social and educational situations in order to improve the rationality and justice of their own thinking in which the practices are carried out. It is most empowering when done by participants collaboratively and in cooperation with outsiders. Kemmis and McTaggart (1990) further suggested that action research is research that creates improved social change through action that is motivated by critical self-reflection.

The following recommendation was made by the National Science Teachers Association Board of Directors in 1990:

Action research focuses upon the problem of understanding our own and others' understanding of schooling, teaching, and society. Reflective thinking is the most central element in this process. The goal is to improve practices and our understanding of practices. Action research is dynamic and participatory, allowing the inquiry into one's own practice and subsequent reflection in action to become the basis for curricular and instructional reform. (p. 4)
Whitehead (1993) suggested that the very beginning of action research arises from reflection on the question, “How do I live my values more fully in my practice?” (p. 2). Brooks-Cathcart (1997) of Queens University, Faculty of Education suggested the key to thought reflection:

Through this thought reflection, I was able to develop some ideas for transforming tomorrows by planning and implementing practices more consistent with my values. Through this process of reflection, I was able to become more aware of my feelings about my practice, more conscious of myself in my world. (p. 1)

Oja and Pine (1998) stated, “Teachers participating in action research become more critical and reflective about their own practice” (p. 96). Reflection brings reality and credibility to teachers’ action research as their questions emerge from areas they consider to be problematic. Cochran-Smith and Lytle (1990) suggested that the unique feature of teachers’ questions is that they emanate solely neither from theory nor from practice, but from “critical reflection on the intersection of the two” (p. 6).

Reflection is one of the major components of systems thinking. Kim (1999) stated:

Taking actions at the level of mental models is reflective, because it requires that we develop the ability to surface, suspend, and question our own assumptions about how the world works and what’s most important. This skill also involves inviting others to do the same reflection with their mental models. Reflective actions do not include trying to change someone else’s mental models—that would simply be another reactive action. Changes in our own and other’s mental models come from genuine reflection and clarity of vision, not force. (p. 18)

Reflection is used in several of Senge’s (1990) disciplines. He suggested that skills of reflection concerned slowing down the thinking processes so that individuals can
become more aware of how they form mental models and the ways they influence actions.

Schön (1983) discussed the importance of reflection on lifelong learning. It has become an integral part of learning in the area of medicine, architecture, and management. Schön (1983) suggested that reflection-in-action distinguishes the truly outstanding professionals. He characterized people in an outstanding profession as not only being able to think on their feet and keep their wits about them, but they can think about doing something while doing it.

Dialogue, a major component of Bohm’s (1989) new vision and Senge’s (1990) team learning, is grounded in reflection. Reflection skill is essential to realizing that vision. Senge (1990) suggested, “Dialogue that is grounded in reflection is likely to be more reliable and less dependent on particulars of circumstances, such as the chemistry among team members” (p. 249).

Schön (1983) pointed out that the drive for instant action appears to come from public school classroom learning, where teachers are bound by a bureaucratic organization that discourages time to reflect. However, Senge (1990) pointed out that it is easy to blame incessant activity and lack of time for reflection on organizational pressures, but research suggests otherwise. He stated, “We have conducted numerous experiments. These experiments show that even when there is ample time for reflection and the facility for retrieving all manner of relevant information, most managers do not reflect carefully on their actions” (p. 303).
In summary, action research, and reflection-in-action are effective tools in helping individuals reach their maximum potential. Brooks-Cathcart (1997) stated:

I encourage all teachers to consider this form of inquiry as a possibility for themselves, as a transformative and empowering means of putting your values back into practice. We hear so much today about the problems facing education and society and that there is an imperative to change. Action research offers a means by which you can make changes now, for yourself and for those with whom you collaborate. The little changes you as an individual make today may well prove to be instrumental in changing tomorrow for all of us. (p. 1)

Data Collection

Teachers, counselors, administrators, medical doctors, tutors, social workers, and psychologists all who use or have used thought field therapy with students were contacted by mail, e-mail, or telephone, to explain the study and ask for their participation in the interview. (See Appendix F). The participants were found through referrals from TFT practitioners, from TFT publications, and from the TFT website on the internet. The interviews took place by phone, internet technology via e-mail, and mail, depending upon the availability of the interviewee (See Appendix B). Interview sessions, as well as focus group sessions, were audio-taped and transcribed by the researcher. Procedures suggested by Ritchie (2000) and the Oral History Association were followed in an effort to preserve the voice of the interviewee. The original recordings were duplicated, then reduplicated, and stored in a closed box to preserve and prevent deterioration. The duplicate was used in transcribing and auditing, not the original recording.
Focus Group

Gibbs (1997) described focus groups as being under-used in social research. Powell and Single (1996) defined a focus group as “a group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research” (p. 499).

A focus group was chosen as a means of data collection because it gave the participant a voice in the research. Gibbs (1997) stated, “The main purpose of focus group research is to draw upon respondents’ attitudes, feelings, beliefs, experiences, and reactions in a way which would not be feasible using other methods” (p. 2). The number of recommended focus group participants varies. MacIntosh (1981) recommended six to ten people per focus group, Goss and Leinbach (1996) recommended up to fifteen, and Kitzinger (1995) suggested four.

In the teaching session, the members of the focus group were taught thought field therapy procedures as a group, then in small groups. Morgan (1988) suggested that in a focus group meeting, participants are more comfortable with those whom they feel have the same characteristics, experience, understanding, and knowledge of a particular topic. Participants in the focus group viewed parts of the video, Introduction to Thought Field Therapy (Callahan, 1997b). I provided the students with one-on-one help, as well as demonstrations of TFT. Callahan and Callahan (2000) recommended that a new client view the TFT introduction video.
The language used in teaching TFT was age appropriate. Callahan and Callahan (2000) suggested stating the following as a basic introduction:

The TFT algorithm seems strange because it is not yet widely known. However, a very large number of therapists find it to be a safe and extremely powerful treatment. We can tell immediately whether it will help or not, since the effect is very rapid. We just need you to be as objective and accurate as you can when judging your emotions and reporting to us how you feel. (p. 18)

Students were asked to tune into the thought field by thinking of a trauma or upsetting experience. They were asked to rate the Subjective Units of Distress (SUD) on a scale from 1 to 10 and to write it on a piece of paper with their name. Callahan and Callahan (2000) suggested stating:

Tell me how uncomfortable you feel at this moment, thinking about the problem, on a scale from 1 to 10, where 10 is the worst you can feel and 1 is no trace of a problem. If we can reduce that upset now, that will be a good sign. If we can get the upset down to a 1, it is quite possible it will stay that way, but of course we won’t know for sure until time passes. (p. 19)

The students were guided through the algorithms for trauma, phobias, and psychological reversal as needed. The SUD was checked again after the treatment, and the students again recorded it on a paper with their name. The recordings of the SUDs were collected as archival data and analyzed. The floor-to-ceiling eye-roll was utilized to solidify the successful treatment (Callahan & Callahan, 2000). The students concluded the session with the strengthening activity of thinking of something pleasant and pressing down on a strong arm. The students were asked to use what they learned about TFT throughout the week, think about it, and come back the next week to talk about the results. In the focus group, they discussed their use of TFT according to the Student
Focus Group Guide in Appendix A.

Interviews

The key informants were contacted by telephone, mail, fax, or e-mail to arrange a time when the interview could take place. Feagin, Orum, and Sjoberg (1991) suggested that interviews be conducted according to the interviewee's schedule and availability.

In this study, I utilized the open-ended interview method with the use of a tape recorder.

Tellis (1997) stated:

The interview could take one of several forms: open-ended, focused, or structured. In an open-ended interview, the researcher could ask for the informant's opinion on events or facts. This could serve to corroborate previously gathered data. In a focused interview, the respondent is interviewed for only a short time, and the questions asked could have come from the case study protocol. The structured interview is particularly useful in studies of neighborhoods where a formal survey is required. The use of tape recorders during the interview is left to the discretion of the parties involved. (p. 9)

The names of the participants in the interviews or the focus group were not disclosed in the study in order to protect their privacy. The term, "focus group members," refers to the student participants. The terms, "professionals" or "participants" refer to the adult participants. Any participant was allowed to withdraw from the study with no questions or repercussions. No participants withdrew from the study.

Data Analysis

The interviews were analyzed and examined to determine the fundamental issues of how thought field therapy was used in educational settings to foster greater learning, and why thought field therapy was used in educational settings, as well as
difficulties the participants had encountered. Analyzing the data consisted of examining, categorizing, tabulating, and recombining the evidence to address the initial propositions of the study (Yin, 1994). Tellis (1997) stated, “The researcher needs to rely on experience and the literature to present the evidence in various ways, using various interpretations” (p. 12). Yin (1994) proposed that the investigation have a general analytic strategy to guide what should be analyzed and for what reason. Tellis (1997) emphasized:

There are some things that the researcher must be careful to review to ensure that the analysis will be of high quality, including: showing that all relevant evidence was used, that all rival explanations were used, that the analysis addressed the most significant aspect, and that the researcher’s knowledge and experience are used to maximum advantage in the study. (p. 13)

The information was analyzed, categorized, matched for patterns and themes, and summarized. From the data, inferences were made and conclusions drawn. In analyzing data, Tesch (1991) suggested using language-oriented approaches, descriptive and interpretive approaches, and theory-building approaches. Language-oriented approaches enlist the use of language, word meanings, and the way people act and interact, and how they make sense of these actions. The descriptive, interpretive approach deals with the characteristics and interpretations of the phenomena being studied. The theory-building approach identifies connections in the data.

The oral data in the study were transcribed. Copies of all data and tapes were made, and the originals were filed. The responses were coded. The responses were reread and categorized according to each question. They were then reread and
categorized according to themes, occurrences, and ideas. Themes and concepts were identified from these groupings. Lincoln and Guba (1985) emphasized the importance of the confirmability of the research through a confirmability audit. The audit trail consisted of raw data, analysis notes, reconstruction and synthesis products, process notes, personal notes, and preliminary developmental information. The inquiry audit, according to Lincoln and Guba (1985), allows the researcher to examine the consistency of the process and the product.

Next, the data were recontextualized for rereading, comparing, and reviewing. Irregularities, contrasts, paradoxes, and exceptions were looked for in the data. Broad themes and theories were generated from the data. Validation of the study was done through the criteria for trustworthiness, as recommended by Lincoln and Guba (1985). They described credibility, transferability, dependability, and confirmability as the four criteria for trustworthiness. Credibility included member checks. Descriptions were thick to allow for transferring of inferences, and the process was defined to allow for replication of the study. A reflexive journal was a component of the study to allow for confirmability.

Conclusion

In conclusion, qualitative methodology was utilized in this dissertation. Denzin and Lincoln (1994) stated:

Qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense
of or interpret phenomena in terms of the meanings people bring to them. (p. 2)

The focus group, as well as the interview, were used to draw conclusions and make inferences. Tellis (1997) stated, "Yin, Stake, and others who have wide experience in this methodology have developed robust procedures. When these procedures are followed, the researcher will be following methods as well developed and tested as any in the scientific field" (p. 1).
CHAPTER FOUR

Analysis of Data

Introduction

This chapter contains a description of the analysis of data and results from the action research study of thought field therapy in educational settings. Also included in this chapter is information about the participants in the focus group and the in-depth interviews.

The data collected presents the reactions, responses, and reflections of the participants and their use of thought field therapy. The study was based on the following research questions:

1. In what ways is thought field therapy being used in educational settings?
2. What are the effects of using thought field therapy in educational settings?
3. What difficulties exist using thought field therapy in educational settings?

Focus Group

The participants in the study included students from a working-class suburban area near a major city in the eastern section of the United States. The students met prior to the focus group meeting for instruction in thought field therapy. The introduction of thought field therapy included an explanation that it is a tool that they can use to help them feel better if they are having problems, fears, difficulties, trauma, and/or stress. The students practiced the steps of the algorithms for trauma and the treatment for psychological reversal in a large group. In addition, they worked in small groups until
they were familiar with the algorithms. The students first thought about a problem or
difficulty that they were experiencing. They then rated that difficulty on a Subjective
Units of Distress scale (SUD), with 10 being the highest amount of disturbance
experienced, and 1 being no trauma or stress. The initial SUD ratings ranged from 6
to 10. Two students rated the SUD at 6, two students rated the SUD at 7, three
students at 8, and one student rated her SUD at 9. One student who had a
particularly bad day rated the SUD at 10. The problems identified by the students in the
teaching session included being made fun of, anger management problems, family
problems, boy problems, getting into fights, and problems with other students. By the
end of the teaching session, each student was able to reduce his or her stress to a SUD
rating of 1, the lowest possible rating.

At the end of the teaching session, students practiced the algorithm for
trauma and psychological reversal individually to make sure they were familiar with the
sequence. The group continued to work with thought field therapy until each student’s
SUD was down to a 1 with the use of psychological reversal.

After using thought field therapy for a week, they met in a focus group to discuss
how, when, and why they used it and their feelings about using it. Every student
made a verbal commitment to use thought field therapy during the week as needed. The
teaching group lasted one hour.

For authenticity, the wording of the responses of the students has not been
changed, although the phrases may not be grammatically correct.
Nine students participated in the focus group. The participants ranged in age from 11 to 14, including two 11 year-olds, one 12 year-old, five 13 year-olds, and one 14 year-old. All students attended middle schools. Two participants were in grade 6, five were in grade 7, and two were in grade 8. All nine students identified themselves as African American. Eight females and one male participated in the focus group.

The focus group met one week after the teaching session for debriefing, follow-up, and discussion of their use of thought field therapy to serve as a source of data collection. The focus group began with a welcome by the moderator and a reminder of the purpose of the group and the topic for discussion. The focus group agreed upon ground rules. They agreed that only one person would speak at a time, and each person's response would be accepted by every member of the group without being put down or ridiculed. All nine members who had participated in the teaching group returned to serve as members of the focus group.

The Student Focus Group Guide (see Appendix D) provided direction for discussion of the focus group. All nine participants said they had used thought field therapy during the assigned week between the teaching session and the focus group session. The following analysis identified trends and patterns in the responses of the focus group question.

**Question 1** In what way has using thought field therapy helped you?

Overwhelmingly, students revealed that thought field therapy helped them to be less violent and to manage their anger. This was indicated in statements such as, “It
helps me have a better attitude. I am not as mad at people. When people bother me, I
don’t fight. When people tease me, I don’t fight. When people pick on me, I don’t
fight.” “It helps me not be as jealous. It helps me not be as violent. It helps me calm
down.” “It helps me not be angry. It helps me not to argue.”

Many students reported a tranquilizing effect of thought field therapy in
statements by students such as, “It helps me release stress.” “It helps me calm down,”
and “It relaxes me.”

**Question 2.** Was there anything in thought field therapy that you found difficult to
do?

Five students reported that using thought field therapy was easy. Three students
explained that there was nothing difficult about thought field therapy. One student
found that “rolling eyes is a little difficult.”

**Question 3.** How does it feel using thought field therapy?

Overwhelmingly, the students indicated that using thought field therapy felt good.
Student comments included such statements as, “I like to tap my body.” “I just like it.
It’s new and different.” “It feels good.”

However, some students admitted that although they liked using thought field
therapy, sometimes they felt strange and embarrassed doing the algorithms in front of
people who did not know about thought field therapy. Students explained, “It might be
embarrassing if people don’t know what you’re doing.” “Sometimes I feel weird. I
wonder if people are looking at me doing this, and do I look stupid.” “It is easy, strange,
and kind of funny." "Relaxing, strange, but it felt good."

**Question 4** For what reasons would you use thought field therapy?

Their responses revolved around relationships. They said they used it for jealousy, haters (people who do not like you), boyfriends cheating, girls going out with your boyfriend, and girls hating girls.

Additional trends emerged as they discussed reasons they would use thought field therapy. Many of them used it for relieving feelings of violence and anger. Student statements included, "People around you that get on your nerves." "Violence." "When I think about what happened at the World Trade Center." "When I have a bad attitude." "When I get mad at people." "When I am angry." "Arguing." "When people bother, tease, and pick fights with you." "To calm myself down if I am angry." "When I am mad at someone and don't want to talk about it to my teachers, aunt, mom, or anyone, I can use TFT."

**Question 5** What about thought field therapy do you like? Don't like?

The students' responses tended to be positive, even when they discussed the aspects of thought field therapy that they did not like. "Yes, I like it, but it might be embarrassing," and "It is relaxing, but corny." Other students' responses were totally positive. "Some people don't know what you're doing. They gonna' want to know what it is for, and they gonna' want it, too." "I like it all. Tapping is fun. It's something different." "I like tapping." "Whenever I get in trouble in school, I can use it." "It helps me, and it is easy to do." "You can do it anywhere."
**Question 6** Do you think that you might want to introduce thought field therapy to your friends and families?

All students indicated that they would introduce thought field therapy to their family and friends. When they were asked, “How might you go about doing that?” They explained, “Yes, I would tell them if they have an attitude, I have something for them to do to help them.” “Yes, in a closed room. I feel funny tapping in public.” “Yes, if I saw that they were really stressed out, I would tell them to do this (tapping eyebrow) and that (tapping under the eye) and think about the problem, and you will feel less stress.” “Yes, I would tell them how to do the signs. How I learned about it, and how I can help them.”

**Focus Group Themes**

Having discussed each question and reviewing and analyzing the responses in totality, some themes and motifs cut across all six questions. The themes that became evident through analysis of the data were that students used thought field therapy (a) when confronted with violent situations and when they became angry, (b) when dealing with difficulties in relationships with friends and family, and (c) to help them to be better students in school.

**Use of TFT to Avoid Violence and Anger**

Students used thought field therapy in situations to avoid or relieve anger and violence. A pattern of words describing or leading to violence emerged in the analysis such as “mad,” “fight,” “violent,” “angry,” “argue,” “upset,” “bad attitude,”
“violence,” “bother,” “tease,” and “pick fights.” One student stated, “I didn’t fight when some kids were picking on me, I just started to tap and walk away. Then, I didn’t think about it anymore.” Another student said, “It helps me not be as violent. I don’t get into as much trouble in school.” Several students emphasized the sadness and violence of the devastation of the World Trade Center. One student stated, “I feel sad when I think about all those people dying at the World Trade Center on September 11th.”

Use of TFT When Dealing With Difficulties in Relationships

The intensity of the responses by the students was evident when discussing relationships with boyfriends, girlfriends, and family members. All nine respondents said they had used thought field therapy in a situation to help with upset feelings in relationships. One student reported after using thought field therapy, “I get along better with my family. I get along better with people around me. I have better relationships.” Another student used thought field therapy for family problems. Another used thought field therapy for a problem with her boyfriend. Still another student reported using thought field therapy for feelings of fear because of her parents’ bad marriage. Others reported having problems with boyfriends cheating with their girlfriends, so they used thought field therapy to help rid themselves of feelings of jealousy. One student reported using thought field therapy when he was overwhelmed with feelings of fright and sadness when his “cousin got locked up.”

The Use of TFT to Help Them Be Better Students

In addition, each revealed that thought field therapy helped them to be a better
student in school. This was evident in student statements such as, “It helps me have a
better attitude.” “My school work improved because I can concentrate better.” “I sleep
better.” “It helps me calm down.” “I am more confident.” “It helps me not be
obnoxious.” “I can do new things.” “It relaxes me.” “I finished my math test.”

Summary

In summary, all students liked thought field therapy. Some student quotes
include; “I like it all.” “Tapping is fun.” “It’s something different.” “It makes me feel
good.” All students with the exception of one found it easy to use, and one student had
trouble with the eye roll. Some students found it embarrassing to use in public, but
would use it in private. All students indicated that they would teach it to a family
member or friend who had a problem or difficulty.

In addition, in comparing the responses of the students in the teaching session and
a week later in the focus group, it was found that students used thought field therapy
throughout the week on the problems they identified in the teaching sessio

Interviews

In-depth interviews were conducted with 12 individuals from five countries who
used thought field therapy with students in their various professions. Of the 12
participants, 3 were male, and 9 were female. The participants represented a wide range
of professions that incorporate the use of thought field therapy with students in their
practices. Three psychologists, two teachers, two social workers, and a school
administrator, a counselor, a therapist, a medical doctor, and a tutor participated in the
study.

The participants next responded to the question of how many years they had worked in their present positions. The number of years represented by the participants ranged from the school administrator serving 2 years to one of the teachers serving 33 years. The therapist had served 7 years, and the counselor had served 25 years. The psychologists had served 18, 16, and 9 years respectively. The tutor had served 16 years, one social worker had served 18 year, the other had served 8 years, and the medical doctor had served 3 years.

The adult participants worked with a range of students from primary school to college. The majority of the participants, however, worked with students between the ages of 3 years and 17 years of age.

The interviewees had the option of indicating their ethnic background. Only one participant chose not to respond to the question. Two participants identified themselves as Hispanic, one as African American, and eight identified themselves as Caucasian. It should be noted that of the eight who identified themselves as Caucasian, one further identified himself as Scottish, and of those who identified themselves as Hispanic, one further indicated Mexican.

The ages of the professional participants ranged from 22 years of age to 65. Two participants were 34 years of age. The other respondents were 35, 37, 41, 45, 47, 50, 53, and 60 years of age.

Training in the use of thought field therapy in Algorithms I and II was a
requirement to participate in the study. In addition to the Algorithm I and II training, some participants had taken advanced training in thought field therapy in causal diagnosis, voice technology, advanced toxins, and clinical heart rate variability. Some were certified trainers. Only three participants were trained solely at the lowest level of Thought Field Therapy, Algorithms I and II.

The dates of their thought field therapy training extended over a 9 year period, with the earliest training beginning in 1993, to the present. One individual began training in 1995, one in 1997, and one in 1998. Five began training in 1999, and three began in 2000.

The participants represented two continents—North America and Europe—and five countries. Two participants resided in British Columbia, Canada. Two participants resided in the United Kingdom, including Great Britain and Scotland. One participant resided in Mexico. The seven remaining participants resided in the United States including three in Colorado, and one each in Arizona, Minnesota, Missouri, and Pennsylvania.

The participants were interviewed individually by telephone or by electronic e-mail. The Adult Interview Guide (see Appendix B) provided standardization for the interview. The following is an analysis of the trends and patterns that reappeared in the data collected from responses of the adult participants.

**Question 1** How long have you been using thought field therapy?

Participants had used thought field therapy an average of 2½ years. The
participant from Mexico had used thought field therapy for seven years, the longest period of time that thought field therapy was used with students.

**Question 2** With whom do you use thought field therapy?

All of the participants used thought field therapy with students. The ages ranged from pre-school age to college students. In addition, every respondent indicated using thought field therapy with almost everyone they came across, of all ages. Along with students and clients, the participants used thought field therapy with children, parents, friends, strangers, and themselves. Five also have trained other professionals in demonstrations and workshops.

**Question 3** In what settings do you use thought field therapy?

Thought field therapy was used by participants in a variety of places, including their offices, classrooms, hallways, on school playgrounds, and in their own homes.

**Question 4** Tell me how you have used thought field therapy.

Thought field therapy was used by the majority of participants in one-to-one sessions. Four participants used thought field therapy in classrooms with students.

Many of the participants used thought field therapy in conjunction with other modalities such as Brain Gym (Dennison & Dennison, 1998) or Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro, 1985) and more traditional forms of therapy and psychotherapy such as client-centered therapy (Rogers, 1957).

Most participants used thought field therapy to treat difficulties such as grief, sadness, anxiety, phobias, anger, guilt, depression, addictions, and fear. In the classroom,
participants used thought field therapy to treat reversals, before a test to improve grades, and to improve classroom management. One participant explained, "I use TFT with the children at school. I may do a tapping pattern, and the children follow me. I may play Simple Simon Says, or I sometimes work with a child one-on-one, especially if they have feelings of 'I can't do it,' or if they are feeling rather yucky."

One participant explained her work with one student who was having problems with concentration, especially in English class. She stated, "After using thought field therapy with him (specifically collarbone breathing), he is now getting A's and B's instead of C's and D's."

**Question 5** Tell me about your use of thought field therapy in the classroom, or in your work with students.

The participants used thought field therapy with students who had emotional problems. The teachers used thought field therapy in the classroom to improve discipline and classroom management, to alleviate depression, obsessions, anxiety, self-esteem problems, jealousy, family problems, anger management problems, and bipolar disease.

Many participants used thought field therapy with students before test-taking to help with reversals, handwriting, and spelling, with students who had been diagnosed with dyslexia, and with those who could not be taught successfully in the regular classroom. One teacher stated, "They like tapping on the hand, especially those with dyslexia. They love it. They ask for it. They ask for the sore spot, under nose, and chin
before a test.” One participant stated, “Many students improved anxiety over test taking.” Another professional related, “It works extremely well before a spelling test. So far, every spelling test my first graders have taken this year has never been lower than A-!”

Thought field therapy has been used by participants in times of crisis to treat post traumatic stress disorder, anger, guilt, and fear resulting from incidences of violence and tragedy. One professional used thought field therapy with many students after the trauma of the shootings at Columbine High School in Littleton, Colorado. Because of the massiveness of this tragedy, this professional also trained therapists to use thought field therapy with students who were affected by the tragedy. Another professional used thought field therapy with students who were affected by the tragedies in New York, Washington, D.C., and Pennsylvania on September 11, 2001.

**Question 6** What changes have you noticed in your students as a result of thought field therapy?

All respondents reported positive changes with students as a result of the use of thought field therapy. The majority noticed a marked improvement in behavior, self-control, attitude, and schoolwork. One teacher stated, “My students are less anxious, able to control themselves, and show a removal of frustration level in reading. It has helped my students in correcting letter reversals in their writing, and anger management.” Another professional reported using thought field therapy with a student who was diagnosed with profound dyslexia and attention deficit hyperactivity disorder. The
student had taken a Scholastic Aptitude Test (SAT) preparation class and then took the Academic Competency Test (ACT). The student received a score of 14 out of 25. The participant used thought field therapy with the student during a 6 week period of time. The student again took the ACT test, and his score escalated from a 14 to a 20.

Another participant reported:

One student who was a legally emancipated minor, living on her own, improved her attendance by using the depression algorithm on the mornings when she was tempted to stay in bed and skip school. Several students used the anxiety algorithm to alleviate their anxiety over test taking and speaking in front of the class. They all reported improved performance with lowered anxiety. My clients report improved performance in sports, improved performance in school class work, improved ability to focus during homework, and elimination of negative emotions such as overwhelming grief, anger, and anxiety.

**Question 8** What is your approximate success rate in using thought field therapy with children, parents, or educators?

The success rates reported by the participants ranged from 75% to 100% success rate with clients, with only one professional reporting a 75% success rate. The majority assessed their success rate at around 90%. One participant reported:

Most children I have treated had one hundred percent success rate of curation. Thought Field Therapy always works. Now, with my diagnostic training, I have pinpointed toxins that my kids eat for breakfast, and now they act so much better in the morning after removal of the toxin from their morning diet. It is very amazing.

Furthermore, often clients do not report back to the professional due to the apex problem, which sometimes occurs when a person’s problem is eliminated after using TFT but does not connect the cure to the TFT treatment (Callahan & Trubo, 2001). One
participant reported, "The client’s difficulties are relieved; however, they do not attribute the cure to Thought Field Therapy."

In addition, an increase in the success rate of thought field therapy coincided with an increase in thought field therapy training, including training in thought field Therapy diagnostics and toxins.

**Question 9** What are some typical or recurrent student reactions when they are first introduced to thought field therapy?

The data suggested that the younger the student is, the more receptive he or she is to thought field therapy. One participant reported, "My little ones (K-1st) are very open-minded, and we play a game with it. Now, they do Thought Field Therapy on their own."

With age comes skepticism. The data revealed that adolescents showed more resistance to thought field therapy; however, when they found that it worked, they asked for it. One professional reported, "The high school students I have treated think I have lost my rocker! But they know it works, too." Another professional was asked by her students, "What are you teaching us, voodoo-type things?" But when they tried it, they reported, "it makes me feel good," and "this always helps me." In addition, another participant was asked by her students, "Where do you learn this stuff? It makes me feel calm." Still another participant reported that the adolescents with whom he works are embarrassed to use it at first, especially the nine gamut series. When this happens, he uses it in a game, and they forget the embarrassment.
Question 10  Have you noticed any differences in using thought field therapy with:

Children vs. Adults

Participants said that thought field therapy worked the same with adults as with children. Participants reported children to be more receptive to thought field therapy. The consensus was that children are less narrow-minded, more trusting, and more open and intrigued about new things.

Males vs. Females

The large majority of professionals found no difference in the use of thought field therapy with males or females. However, it should be noted that one female professional found males to be more receptive. The others suggested that if there is a difference, females are more receptive and males more skeptical.

Different Age Groups

Half of the professionals found no difference in working with different age groups. The consensus of the other half was that it is easier to use thought field therapy with children between the ages of 6 and 10.

Different Ethnic Groups

The majority of the participants did not work with diversified populations. Most of the professionals worked only with members of their own ethnic background.

Those participants who did work with other ethnic backgrounds noticed no differences, with the exception of one, who noted that the Navajo are more receptive than other groups with whom she had worked.
Different Grade Groups

The participants, with the exception of one, found no differences in using thought field therapy with students across the grade groups. One participant stated, "Using thought field therapy with the too young is tough. They must be very abstract or in the moment."

Question 11. What resistance, if any, have you met with from administrators, institutions, or management about using thought field therapy in schools? How have you worked with that resistance?

The evidence revealed that the resistance to thought field therapy came from three basic groups: traditional therapists, school administrators, and parents. The participants indicated that clinical psychologists who are trained in traditional therapy generally do not want to know about thought field therapy, they do not want to hear about it, and they tend to be very resistant. One participant described the resistance to thought field therapy with the statement, “Like Guinness Beer, I have not tried it because I do not like it.”

Participants explained that school administrators can sometimes resist using thought field therapy because of a fear of lawsuits from the parents of the students. Participants had similar responses when they talked about the parents. One participant reported that some parents resisted thought field therapy because they did not want to admit that their children were having problems. They were resistant to anything with "therapy" in the name that may infer problems or difficulties. One professional
explained, "Sometimes, people do not like to reveal that they have personal problems."

Those participants who had met with resistance worked with that resistance by paving the way or by having someone pave the way prior to using thought field therapy.

One participant stated:

The people who have brought me into their schools or conferences have paved the way with administrators and institutions. When I was brought to teach TFT in a middle school, the counselor and I worked in advance to eliminate words from our handouts that might be controversial. For example, we called TFT thought field technique, rather than thought field therapy (with Dr. Callahan’s permission).

Other participants used thought field therapy in conjunction with Brain Gym (Dennison & Dennison, 1998). One participant related:

My school allowed me to attend a workshop in Brain Gym, so I presented TFT with Brain Gym, and it went over easier. My administration is still skeptical, as are my parents. It is interesting, I’ve diagnosed my students with toxins and suggest that they see their doctor, and sure enough, the results are the same as my initial diagnosis!

**Question 12** Have you had any encouragement to use thought field therapy?

All participants revealed that they were encouraged to use thought field therapy by students, family, friends, clients, Managed Care, prior clients, mandated cases by the court, and other thought field therapists. One participant stated, "at least two hundred counselors, special education teachers, and other educational staff members have attended my TFT trainings. Some of them have attended my TFT classes in the company of psychotherapists. I have also been invited to teach TFT in several education settings, including two college classes, seminars for educational staff developers, and a
presentation on the use of TFT for math anxiety at a math conference.” Another participant revealed that he received a letter from a client stating that the treatment with thought field therapy was “life changing.”

**Question 13** What preliminary steps might you suggest prior to instituting thought field therapy in schools?

All professionals suggested presenting thought field therapy at every opportunity possible. One professional suggested, “Presentation at every opportunity in educational settings to increase awareness, increase inclusion in books, parent education, staff training, and more research in educational settings.” Another professional stated, “Having people actually experience thought field therapy is powerful. Share it with administration, and let them know how helpful it can be for children and how quick the results are.”

**Question 14** Who do you think might benefit from using thought field therapy in Educational Settings?

All agreed that everyone would benefit from the use of thought field therapy in schools, including janitors, students, parents, teachers, principals, administrators, and colleagues. One participant stated, “Each and all would benefit.” Another professional related, “They will have less problems in the classroom.” And still another said, “Everyone … to relieve stress and tension.”

**Question 15** In what ways do you use thought field therapy for yourself?

All of the participants indicated that they used thought field therapy for
themselves to relieve anxiety, anger, and stress. Half of the participants reported using thought field therapy for medical reasons, including pain reduction, headaches, migraines, toothaches, and stuffy noses. One participant reported using thought field therapy to improve memory. One participant described himself as a “complicated case for which the use of voice technology is very effective.”

Question 16 Have you used thought field therapy with others in the school other than students?

All of the participants that work in a school reported having used thought field therapy with others, including teachers, janitors, counselors, principals, colleagues, and other staff. One participant reported using TFT with a colleague who was about to undergo surgery the next day. The colleague was feeling frightened and depressed. She stated, “I used the TFT algorithm for trauma with my colleague after she rated her SUD at a 10. She was facing an operation with a long recuperation period during which time she would not be able to walk. She had contemplated putting the operation off. We worked through the algorithm with psychological reversal, and within 7 minutes, she was smiling and hugging me. She rated her SUD at a zero. She got through her operation just fine.”

Question 17 What else could you tell me about your observations about your use of thought field therapy?

All of the participants reported feeling frustration because more people do not know and use thought field therapy. One participant stated, “It is very successful with
children, and they need this so badly. It is such a self help tool that they can take home
with them. My frustration is that they do only what the doctor tells them, and the
doctors do not always test you to see if the medication they prescribe is toxic for you,
resulting in a child having adverse reactions that no one can figure out!”

Four participants spoke of the apex problem associated with thought field therapy.
One participant stated, “People don’t know enough about thought field therapy. People
come to one appointment, get better, and do not come back after one appointment.”

Ten participants related the need to publicize thought field therapy so that more
people can benefit and be helped. One participant stated, “Once you learn to
use TFT with clients, you would feel irresponsible and negligent if TFT were not offered
to clients as a way to reduce pain and suffering.”

**Results and Themes From the Interviews**

In the final analysis of the data, the results of the adult interviews revealed: (a)
that Thought Field Therapy is used by professionals who work with students of all ages,
ranging from primary school to college, to help them reduce stress, improve test scores,
improve relationships with family and peers, reduce their violent feelings, and improve
their self-confidence; and (b) they used Thought Field Therapy for themselves, their
families, and friends to relieve stress and reduce tension.

**Professionals Used Thought Field Therapy With Students**

**To Reduce Stress**

One participant taught her students to use TFT before every test to reduce
stress brought on by test-taking. Another participant stated, “Several students used the anxiety algorithm to alleviate their anxiety over test taking and speaking in front of the class. They all reported improved performance with lowered anxiety.” One participant reported her use of TFT with those affected by the shootings in Littleton, Colorado:

I have used Thought Field Therapy with many students who come to me for individual counseling or family therapy. I trained approximately 29 therapists in Littleton, Colorado to use Thought Field Therapy with students who were affected by the traumatic events that occurred at Columbine High School. These therapists have reported back that they have had outstanding success using Thought Field Therapy to treat psychological problems such as Post Traumatic Stress Disorder, anger, guilt, and fear resulting from these incidences.

To Improve Test Scores

Another participant explained his work with students from a special school. The students were identified as educationally disadvantaged. Through the use of thought field therapy, he has found success with students who have reading difficulties, problems with concentration, and cerebral palsy. They are calmer and have better concentration. Another participant reported her work with a college student who had to master 15 pages of words with 20 words on each page. The college student had consulted experts in the area of memorization, which resulted in no success. The participant taught the college student to use TFT. The student mastered all the words with the use of TFT and collarbone breathing. Still another participant reported teaching TFT to a group of students who had reading problems. She taught them the psychological reversal, treatment and the students reported to her that it helped them to read. Another
participant reported:

Our spelling test scores are in the 90-100 percentiles every week. Of course they have to study, but TFT takes the anxiety away on test day. Most children I have treated have had 100% success rate of curation. TFT always works. I treated a 9th grader for severe test anxiety in December of 2001 and he hasn’t been back since. He received his first 100% on a test after we tapped.

**To Improve Relationships With Family and Peers**

A participant reported that one student overcame intense emotional upset from the trauma of a hurtful termination of a several-year relationship after using TFT.

Another participant reported using TFT with students referred to her for difficulty getting along with peers. She taught the students to use TFT when they experienced feelings of frustration and jealousy when dealing with peers. The students reported not having a problem any longer. Another participant reported using TFT with a student who had been molested and experienced difficulty talking about the problem. He stated, “after using TFT, the student could talk about the problem without being hurt by the problem. It seemed very distant now.”

**To Reduce Violent Feelings**

A participant shared her work with students who had been identified as hard and difficult cases. One case in particular was a student who was involved in a satanic group. The student was identified as having personality problems and sometimes being violent. She stated, “During one session, he almost jumped on me.” After using thought field therapy with the student, there was a noticeable change in the student’s personality. He was less violent and related better with his parents and peers. Another participant
reported, "I use TFT on a daily basis for discipline, classroom management, anger, anxieties, playground accidents, letter reversals, handwriting and spelling." The participant reported that her students are less anxious, are able to control themselves, are less frustrated, have improved reading, have better writing with fewer letter reversals, and are able to control their anger. She stated, "They already know when they need to tap or sometimes tell me I need to tap. They are very aware of TFT and its profound positive effects. They even remind each other to tap."

To Improve Self-Confidence

A participant discussed how thought field therapy helped the students in the classroom. She explained:

One time a child said, "I can't do this." So, I said, "Tap on one hand ten times—the reversal spot, and then tap on the other hand ten times—the reversal spot. Then, I will come and talk to you." After the student had done the tapping, I returned to see how she was doing—she was doing her handwriting just fine. I use this strategy quite often.

Another participant reported:

While I was still teaching, in the first months after learning TFT I taught several students to use it for self-improvement. One student quit chewing tobacco using the addictive urge algorithm. With my clients currently, they report improved performance in sports, improved performance in school class work, improved ability to focus during homework, and elimination of negative emotions such as overwhelming grief, anger, and anxiety.

The Use of TFT by Professionals for Themselves, Family, and Friends

One participant used thought field therapy with her 7-month-old baby and her grandmother. She discussed using thought field therapy with a client who was
grieving over the death of her grandmother. The client referred to thought field therapy as “magic” because her debilitating grief was relieved so quickly. Another participant stated, “I use TFT when I face challenges in my everyday life. I use TFT when I feel my anxiety rising when I become troubled over a situation.” Another participant helped a family member who suffered pain from knee replacement surgery. She taught the family member to use the pain sequence, and within minutes, the SUD was lowered from an 8 to a 2. Another participant taught TFT to her sister to reduce her craving for chocolate. Her sister reports that since the TFT treatment she still does not crave chocolate. Still another participant discussed her use of TFT:

I use it whenever I have an overwhelming negative feeling. I used it extensively during the last months of my mother’s life to ameliorate the grief. It helped me be truly present with her in the final phase of her life. I use it before anxiety-filled situations in my life. I use it if I find myself angry at a situation I cannot change. I used it at first to go back and treat past traumas.

Summary

In summary, it can be concluded that thought field therapy can be beneficial to all those who work with students and to all who work in educational settings. Thought Field Therapy can assist adults and students in reducing stress, as needed. One participant related that thought field therapy has caused a paradigm shift in the thinking of some administrators and psychologists. She said, “One administrator who was trained as a traditional psychologist said he had to throw everything he learned before out the window after working with Thought Field Therapy.”
Need

The data also suggested the need for thought field therapy as an intervention and preventative measure, at an earlier age, and school-wide. One participant explained how she used TFT as a preventative tool:

When I used thought field therapy with my students, I used it as a whole class activity. We do tapping patterns at the beginning of each day—especially the reversal spot on the side of the hand. We may either tap hand to hand, or we may tap on our legs as we are sitting down.

One participant discussed her work with TFT and students who had problems with classroom behavior and poor peer relationships. She had the entire group of students with whom she worked tap the algorithm for anxiety each time they met. As the school year went on, she received reports from the teacher that there was no need to see that group of students any longer because their behavior had improved. Other teachers reported using TFT to improve the attitude of individuals and entire classes.

Journal Reflections

After reflection on my own work with thought field therapy, I found that I used it in just about every situation that may be uncomfortable. I use it as a preventative measure before unfamiliar or difficult situations. I taught TFT to a group of high school girls who reported that they used it to help relieve menstrual cramps, pre-menstrual syndrome, and headaches. They also used thought field therapy before tests and before oral presentations. They used thought field therapy before playing in concerts and also before flying in airplanes. The group also reported having taught thought field therapy to
their friends at school to help them deal with problems.

As an educator, I used thought field therapy to calm a class of students identified as Learning Support where most of them also suffer from attention deficit disorder (ADD). I used the algorithm for trauma with the entire class. The class was able to calm down and work cooperatively for the rest of the day.

In an after-school club, I worked with a group of girls. Some of them had academic difficulties, some had behavioral problems, some had attitudinal difficulties, and some had problems getting along with peers. Prior to the start of the session, I used thought field therapy to help rid them of their anxieties from the day. The arguments and bickering between the girls dissolved after having used thought field therapy, and they were able to work together cooperatively.

As a counselor, I have used thought field therapy with individuals and in group sessions. I have used thought field therapy with students to help improve self-confidence when they were upset because someone called them a name. I have used thought field therapy with students who have been identified with dyslexia and reversals. Their test scores have improved, and they have seemed calmer. One student reported to his friends, “When you go to see Ms. Yancey you will tap and get better.”

As an administrator, I have used thought field therapy before speaking before a large group. I have used it prior to having to deal with difficult students. I have also used it before having to deal with difficult parents.
Conclusions

In this study, thought field therapy was found to be an easily adaptable technique that can be used by anyone, around the world, at just about any age, to relieve anxiety, stress, mental discomforts, and physical discomforts. To most of the participants in the study, thought field therapy has become a valuable part of life. One participant’s client described thought field therapy as “life saving.” Thought field therapy has become part of a daily routine for family and friends. One participant reported, “My husband and I use it every day while in the bathroom or in bed. My daughter uses thought field therapy while her car warms up.” Another participant used TFT with her baby. Still another participant taught TFT to her mother-in-law, who was diagnosed with lung problems. She stated, “after having used TFT every morning, she resumed her physical activities, walking, and painting buildings.”

I concur wholeheartedly with one participant who stated, “I used to use it a lot more. What I have found from using thought field therapy for years, is that I am simply a mellower person. I am rarely upset anymore.”
CHAPTER FIVE

Conclusions and Recommendations

Introduction

Warger, Eavy, and Associates (1991) stated, “School is a pathway to family and community agency partnerships. Although classroom and school wide structural strategies provide a stable and positive environment for most students, some students need additional support” (p. 74). This chapter includes a discussion of the purpose, findings, conclusions, recommendations for practice, and suggestions for further research related to the topic for the benefit of the educational global community as it relates to the literature. Also included is a personal reflection and summary.

Purpose

The purpose of the study was to determine in what ways thought field therapy is being used in educational settings, what the effects are of using thought field therapy in educational settings, and what difficulties may exist in using thought field therapy in educational settings. Students, as well as professionals who work with students, were included as participants in the study to provide balance and validity. In addition, professionals from several countries and areas of the United States, including Great Britain, Scotland, Mexico, Canada and representatives from west, east, and middle America participated in the study to examine the use of thought field therapy globally.

Thought field therapy, “a system that accesses and resolves the essence and the
root cause of your problem, whether it is a phobia, anger, a bad habit, trauma, anxiety, guilt, or grief" (Callahan & Trubo, 2001, p. 4), was chosen for the study because of the reported rapid self-help quality of the technique. Warger, Eavy, and Associates (1991) reported, “An important element of positive behavior management is teaching students to monitor their own behaviors” (p. 75). Thought field therapy can be implemented anywhere, by anyone, and it does not require any particular skill prior to use. Also, it was felt that students would be able to easily do and learn the algorithms because “they don’t require unique skill to implement. The algorithms are simple to learn and easy to use” (Callahan & Trubo, 2001, p. 209). Thought field therapy met the elements cited by Warger, Eavy, and Associates (1991) for a self-monitoring program. They stated, “Self-monitoring provides students with a strategy for observing their own behavior” (p. 75). This can be done by tuning into the thought field and tapping the appropriate points. Another element for self-monitoring reported by Warger, Eavy, and Associates (1991) was recording the behavior. In thought field therapy, this is done by recording the SUD. Warger, Eavy, and Associates (1991) reported that “evaluating how they did” is an important element of self-monitoring (p. 75). Thought field therapy provides this evaluation when the SUD is taken again, after tapping the algorithms.

Findings

Student Participants

To Avoid Violence and Anger

requires having in place many preventive measures for children’s behavioral and emotional problems” (p. 72). The students used thought field therapy when they were confronted with violent situations, both inside and outside of school. The students used thought field therapy when they were experiencing upset feelings of anger, sadness, and grief. They also used it in situations when they were teased or bullied, and to avoid fighting. Callahan and Trubo (2001) stated, “Anger can be a crippling emotion, and one that many people handle poorly” (p. 143).

When Dealing With Difficulties in Relationships

Waters, Work, and Porter (1992) reported:

Conflict is a natural part of people living and working together in groups. When dealt with constructively, it can be a positive force for strengthening self-esteem and relationships. And when it is not dealt with constructively? Few educators need to be told about the negative consequences of mismanaged conflict. They deal with them every day in the classroom, in the halls, in the cafeteria, and on the school grounds. Students lash out, act out, or withdraw during school hours in response to conflict with peers or adults, often because they lack the skills necessary to resolve the problem. (p. iii)

Waters, Work, and Porter (1992) further reported, “Experience has shown, however, that students in the upper elementary, middle, and high school grades can grasp the concepts and develop the skills necessary to constructively manage conflict” (p. iii). Findings also revealed that students used thought field therapy in dealing with relationships with family and peers. Discussion in this area produced intense responses from the students. The students were middle school students to whom peer and family relationships are extremely important. They used thought field therapy to reduce feelings
of jealousy, and when a boyfriend or girlfriend relationship ended unexpectedly.

Callahan and Trubo (2001) stated, "TFT can eradicate all traces of that emotional turmoil associated with troubled relationships—and do it in minutes" (p. 98). In addition, students used thought field therapy to reduce feelings of betrayal and anger when friendships broke up. They also used thought field therapy to ease the trauma of family relationships due to divorce, separation, death, or incarceration.

To Help Them Be Better Students

The findings revealed that students found that with the use of thought field therapy, they improved in their school work and their ability to concentrate. They reported feeling calmer, less stressed, more relaxed, more confident, and less obnoxious. They also reported being less violent and not getting into fights. The Pennsylvania Bureau of Special Education (2001) reported, "Effective school-wide systems are designed to encourage and support student behavior, which results in a safe environment that promotes high achievement" (p. 92). This study revealed that thought field therapy encourages and supports positive student behavior, resulting in enhanced student performance. Students found TFT to be easy to use, and they were able to remember the algorithms when using thought field therapy on their own.

Adult Participants

Help Students Reduce Stress

Olweus (2001) pointed out:

A common tenet in education literature is that a teacher has two main functions in
relation to a class: To provide and organize teaching in a broad sense. To create and maintain a class environment in which learning can take place... The teacher must therefore learn a repertoire of appropriate reactions, interventions, or procedures to choose from when discipline problems occur. (pp. 2-3)

Adult participants reported that they used thought field therapy with students, parents, teachers, janitors, counselors, principals, colleagues, family members, and themselves. They used it to reduce stress from the problems confronted during the day, to improve classroom management, to reduce tension after hearing traumatic stories from clients, to improve concentration, and to reduce anxiety.

One participant reported using TFT with a student:

On occasion when I have had the opportunity to, I have taken children out of the classroom, had a chat with them in regards to their unhappy situation and then I say, “Let’s play a game—my turn your turn.” With the talk, walk, and the tapping, the child returned to the classroom settled.

**Help Students Improve Test Scores**

Warger, Eavy, and Associates (1991) reported, “While many children easily adjust to the rules and routines that define the code of conduct in public school classrooms, some students need more support in making this transition” (p. 71). Olweus (2001) reported:

Students with conduct problems are characterized by being physically and verbally aggressive vis-à-vis other students and/or teachers (adults), oppositional and impudent towards teachers and other adults, and engaging in general rule or norm-breaking behavior (such as truancy, vandalism, infringement upon the rights of others). In addition, they may be impulsive, physically overactive, restless, and have difficulty concentrating. These traits lead to the result that many students with conduct problems are not very motivated for schoolwork. There is often a lack of agreement between their school performance and their actual abilities. (p. 4)
Adult participants used thought field therapy with students who had problems with learning, who had been diagnosed with dyslexia, who had been diagnosed with attention deficit disorder, who were nontraditional learners, who had behavioral difficulties, who had problems concentrating, and who had cerebral palsy. When the adult participants used thought field therapy, they reported that their students had higher grades and test scores. They reported that students who used thought field therapy before a spelling test had fewer errors and fewer reversals.

Help Students Improve Relationships

Langdon (1997) reported, “As many elementary classroom teachers will tell you, they spend an inordinate amount of time and energy managing student misbehavior and conflict—time that could be spent on teaching and learning” (p. 71). Results revealed that the professionals who used thought field therapy with students in the classroom found a reduction in behavior problems among their students, thus improving classroom behavior and cutting down on the need for them to spend as much time as they had in the past in managing student behavior. One participant reported her work with thought field therapy in the classroom, and how they tapped to improve the attitude of the class. She stated, “Some classrooms that are negative, with students that do not want to be there, and the class just has bad chemistry, tapped every day, the right side, then the left side. The attitude of the class got better. The personality of the class has changed.”

Olweus (2001) reported:

The individual teacher is, however, a key person in the intervention program
against bullying and antisocial behavior. Therefore, it is important that the program and its implementation are placed in the context or framework of the teacher’s normal work with the class. (p. 2)

**Help Students Reduce Violent Feelings**

Olweus (2001) pointed out:

It is clear that there is a good deal of aggressive, negative interaction in school that is not real fighting nor necessarily bullying. Such interactions can include students scolding, swearing, using mean nicknames or making derogatory comments, destroying the property of other students or the school, screaming and yelling, acting in a generally disruptive manner, breaking the school’s rules, or refusing to obey teachers’ instructions, etc. It is, of course, important to do something about such negative, “antisocial” behavior, even when it is not part of bullying other students. (pp. 5-6)

The participants reported that students demonstrated less anger and violence after using thought field therapy, resulting in fewer behavioral problems in the classroom and on the playground. Results also revealed that students had better concentration, slept better at night, and had improved attendance at school. One participant reported:

I have noticed that the children are more settled, focused, and they seem to be easier to get along with. I do know that it is much easier to talk to the children after they have done some reversal tapping—if they have had an argument.

**Help Students Improve Self Confidence**

Olweus (2001) pointed out long-term effects for students who are bullied. He stated:

A survey in which two groups of students, one of which had been subjected to prolonged bullying at the junior high level, and one which had not, showed that the former victims of bullying were more likely than others to have trouble with poor self-esteem and depressive tendencies (feelings of depression, hopelessness) when they were followed up to the age of 23. (p. 10)
A participant reported with the use of TFT with her students at school, “You can see immediate change in attitude, feelings, and outlook on life.” Another participant reported a colleague using TFT after being trained:

He went back and used it with some very challenging children in school and he said that he was able to have a good conversation with a distraught child after 5 minutes of TFT where before it took him up to an hour before the child would have settled down and to be able to have a good conversation.

**For Themselves, Families, and Friends**

Rude (2002) reported:

I tell rookie teachers that no matter how idealistic they are, reality will pound them into despair within two or three years. That’s about the time many young teachers leave the profession. The trick for survival and for success, I tell them, is to keep idealism as a motivation but also develop a clinical realism for the day-to-day action. (p. 39)

Participants reported using TFT for themselves in various situations outside of the educational setting. One participant reported using TFT for herself for traumas, anxieties, pain control, headaches, colds, flu, relaxation, and stress. In addition, she reported using TFT “with a few close colleagues of mine on personal issues.” Another participant reported:

I use TFT with most clients that I see in my private practice. I also have trained many professionals to use Thought Field Therapy and use TFT in demonstrations during the workshops. I have successfully used Thought Field Therapy with clients by integrating Thought Field Therapy with more traditional methods of psychotherapy to treat problems such as grief, sadness, anxiety, phobias, anger, frustration, guilt, sexual problems, and depression.

Another participant reported using TFT with clients who came to him after they have exhausted the national free health system and still were not cured. The participant
reported, that after one session of TFT the clients were usually cured and did not have to return for another session. Still another participant used TFT over the phone with her daughter after flying to the West Coast from the East Coast. She noticed that her daughter sounded stuffy over the phone so she treated her for complex stress. The stuffiness in her daughter’s nose was eliminated.

**Summary**

Noneducational services such as physical services, social services, and mental health services have been placed in the school, making these areas the responsibility of the educators (Morrill, 1992). Flaherty, Weist, and Warner (1996) stated, “A child’s academic success can be compromised by health and social problems. Although schools have provided basic health care services since the early part of this century, the provision of comprehensive mental health and other social services in schools is a recent development” (p. 341). The results of this study disclosed that both students and professionals who work with thought field therapy used it to reduce pain from headaches, toothaches, menstrual pains, sinus headaches, and stuffy noses.

**Comparison With the Literature**

The review of the literature in chapter 2 indicated a need to conduct research on thought field therapy in educational settings, as there was a lack of research in this area. The study showed a need for research in the area of mental health intervention and prevention for students, especially those who have experienced violence and other traumatic occurrences (Stuber, Nader, & Pynoos, 1997; Warger, Eavy, & Associates,
1991). Stuber, Nader, and Pynoos (1997) found that students who were affected by anxiety and violence exhibited more aggressive and noisy behavior. Those students who were involved in violence, even by viewing it on TV, were less able to follow rules, were less able to get along, and had more difficulty relating to others.

The literature review also revealed the multitude of challenges that both students and educators dealt with in the everyday process of teaching and learning (Warger, Eavy, & Associates, 1991). Warger, Eavy, and Associates (1991) reported, “Handling conflicts is a significant challenge for early adolescents. Students of all ages typically rely on withdrawal or use of aggression. They can benefit from training in how to handle conflicts in socially appropriate ways” (p. 80).

Further documenting the need for research in this area, as revealed in the literature, was that students often came to school struggling with emotional and traumatic experiences that hindered their emotional and academic growth. Warger, Eavy, and Associates (1991) reported:

Children’s problems are often a reaction to negative stressors in their daily lives (e.g., poverty, inadequate health care and/or nutrition, physical and/or emotional abuse, homelessness, etc.). These persistent, often severe and enduring stressors are the backdrop from which serious emotional and behavioral difficulties can arise, distracting children from their schoolwork and impeding their ability to learn. (p. 82)

Students come to school preoccupied with mental and physical difficulties, anxieties, depression, grief, anger, learning and behavioral difficulties, family difficulties, and feelings of worthlessness. Warger, Eavy, and Associates (1991) revealed that educators:
always have been charged with creating a school environment that promotes academic achievement for all students. As increasing numbers of students come to school with behaviors and emotional issues that can disrupt their learning, and, at times, the learning of others, that challenge grows. (p. 86)

The literature review also showed the need for teachers to have support in their job of educating students with sometimes severe emotional, social, learning, and academic difficulties (Darling-Hammond, 1990). Teachers often work in poor conditions, with low pay, little support, and demands and pressures from students, parents, and administrators. These factors sometimes result in stress and burnout of the teacher (Darling-Hammond, 1990). Cavazos (1989) stated, “In a recent survey of urban New Jersey teachers, 58 percent reported that undernourished children are a problem in their classrooms. Fifty-four percent said poor health is a problem. Teachers reported little or no parent involvement” (p. 17).

One of the most important challenges pointed out in the literature emphasized the importance of teachers helping students avoid or overcome emotional difficulties in the wake of violence and disaster (Stuber, Nader, & Pynoos, 1997). Thought field therapy has played an integral part in helping to bring about healing, after the occurrence of disasters around the world. In 1997, after the bombing of the embassy in Nairobi, Kenya, Edwards (1998) was teaching TFT in Nairobi at the time of the bombing of the U.S. Embassy. Edwards (1998) stated, “People were amazed, and as I did demonstrations with people in the training around their trauma related to the bombing, they became believers and launched into the practice sessions with vigor” (p. 2). Callahan (2001)
discussed the use of TFT in Kosovo. "The Global Institute of thought field therapy and
Johnson (2001) have completed some astounding work in the war-stricken country of
Kosovo. Under extremely difficult conditions of language barrier, mistrust, and
continuing violence, etc., they achieved phenomenal results" (p. 2). Johnson (2001)
discussed his use of TFT in Kosovo, "We treated 105 trauma patients. Every patient was
an ethnic Albanian resident of Kosovo…. Many had several traumas; 249 separate
traumas were treated" (p. 1238). Johnson's (2001) work with TFT in Kosovo provided
complete relief for many. He stated, "For 103 of the 105 patients, and for 247 of 249
separate traumas, treatment was successful" (p. 1239). As a result of the successful
work in Kosovo with TFT, it has been chosen by the Chief of Staff of the Medical
Battalion as the treatment of choice and the emphasis of the national program (Syla,
2001). Groth (2001) reported having used thought field therapy with individuals affected
by the disaster at the World Trade Center. In addition, Cowley (2001) wrote:

I write this letter in honor of those who have suffered so greatly from the
September 11 attacks, and indeed from all severe traumas of the past and those
yet to come, with the knowledge that all of you share my desire to greatly reduce
such acute suffering. The fact that for us this goal is not just wishful thinking, but
can in reality be achieved with a tool we have at our very fingertips…. TFT is
awesome. (p. 3)

The National Institute of Mental Health (2001) emphasized the need to conduct
research to discover individual, family, school, and community interventions for children
and adolescents who had been exposed to trauma, violence, and disaster.
Recommendations and Implications for the Future

Considering the results of this study, the following recommendations are suggested for the educational systems and settings around the world to help bring about school environments and communities as a whole where students are prepared to learn physically, mentally, and socially. With implementation of the following recommendations, it is hoped that teachers will be able to teach in a peaceful environment, and the surrounding community can take part in supporting the learning of the students. With incorporation of the following recommendations in school systems, the future of education for teachers and students can be a positive and rewarding experience for all:

1. Professional development opportunities to learn to use thought field therapy should be provided for all who work in schools. These trainings should be available to teachers as well as all other personnel, including counselors, social workers, community coordinators, psychologists, office staff, nonteaching assistants, secretarial staff, cafeteria managers and staff, school police, and engineering and custodial staff. Each state, district, or school requires professional development, and usually provides a budget to carry out this plan. Thought field therapy should be considered an integral part of the planning and budgeting each school year. This staff development should be sustained and ongoing throughout the entire school year.

2. A workshop for parents early in the school year on thought field therapy and
how to use it for themselves and their children is an integral and critical part of the success of thought field therapy in schools. When the students understand their parents’ acceptance of the technique, they will be more open to trying thought field therapy and benefiting from the effects. Parent trainings and workshops should occur several times during the school year. Parent groups and associations would be a key group to target to help bring about awareness of thought field therapy.

3. Educational institutions, policymakers, curriculum writers, and other leaders such as the Board of Education and Board of Trustees should be made aware of thought field therapy and its benefits. This could be done through workshops or presentations at Board meetings.

4. Administrators, such as principals, assistant principals, vice principals, heads of schools, and other administrators such as small learning community leaders, department heads, and other leaders in the schools should be made aware of thought field therapy and its benefits to students and the community as a whole.

5. In addition, the community surrounding a particular school or educational system should be made aware of thought field therapy so that the entire teaching and learning community can support each other in bringing about a more suitable environment for learning. The community at large should include such groups as the local police department, the fire department,
businesses in the area, hospitals, local merchants, and institutions of faith.

6. Thought field therapy should be included in the curriculum for students. It should be taught to the students as a viable tool that they can use in the classroom, in the hallways, and on the playground to enhance learning and to diffuse difficulties and problems. It should be offered before testing, to calm peer altercations, in behavior modification classes, in health education classes, in the lunchroom, and in all parts of the school as needed.

7. Classes in thought field therapy should be offered on the college level for continuing education credits.

**Recommendations for Future Research**

The results of this study made it evident that there was a need for further research in the area of the use of thought field therapy in educational settings. This study focused on how it was used, why it was used, and who used it. The need now exists to explore the particular benefits of thought field therapy in specific areas. The following recommendations are suggested:

1. Compare test scores of students using thought field therapy before a test with students who do not use TFT.

2. Examine and compare the SUD scores of individual students weekly to determine their progress on specific difficulties as a result of using TFT.

3. Study those who use thought field therapy for medical reasons and how it has helped.
4. Conduct a comparative study of students who have been identified with behavioral issues who use thought field therapy and those who do not

5. Study the effects of teachers using thought field therapy for themselves to help with their teaching abilities and interactions with students.

6. Study the feelings of parents about the use of thought field therapy.

7. Study parent interactions with their children as a result of both parent and child using thought field therapy.

8. Track the number of fights that a population of students get into prior to using TFT and while they are using TFT.

Summary and Reflections

As an educator and a parent, this study was of particular interest to me. I have observed firsthand how difficult it is for teachers to teach in environments in which students are preoccupied with the basic issues of day-to-day living. A large majority of students in my school live with their grandparents or other caregivers, as their parents are incarcerated or are unable to carry out parenting duties because of mental health issues or problems with drugs. My personal journal is filled with stories, situations, and instances in which thought field therapy has been needed to help bring about the healing, calmness, and peace necessary for people to be focused, sensitive, and successful educators, teachers, students, and parents.

The lives of many students are filled with violence. The only role models in many communities are violent figures. Arrest is an everyday affair, and many students
come to school, misbehave, have their parents called into the school for a conference, and see their parents lash out violently and get arrested because they are unable to handle situations in a rational manner. Global violence such as that exhibited at the World Trade Center, in the United States, in Kosovo, Afghanistan, Pakistan, the Middle East, and Nairobi makes it evident that thought field therapy is needed by everyone all over the world.

In summary, this study has shown the need for intervention and prevention for students who suffer from traumas and stressors in their environments, and for those individuals who educate them. Cavazos (1989) discussed students: "They come to school hungry and often sick, with little energy, motivation, or confidence for the business of learning" (p. 17). Cavazos (1989) reported that intervention is key. "There is convincing evidence that early intervention can rescue many at-risk children from the downward spiral (p. 18). Warger, Eavy, and, Associates (1991) concurred that intervention and prevention at an early age are important. They stated, "Sadly, the teachers and parents of too many of these students see signs of potential difficulty long before the behavior escalates" (p. 71). This study has shown that thought field therapy could be a major component in the early intervention and prevention of student difficulties.

In essence, the goal of schools is to create a child-centered environment that will enable teachers to effectively diagnose and address the individual needs of the student, both academic and emotional. The goal is to address social, emotional, economic, and
health problems that interfere with a child's ability to succeed in school. The goal is to help all students learn and develop into mature, productive, and responsible adults. This study has shown that Thought Field Therapy can be a major factor in helping schools reach those goals.
References


Bradley, A. (2000, March). If I were a rich man. *Teacher, 1*(1)14-15.


Callahan, R., & Callahan, J. (1996). *Thought field therapy (TFT) and trauma: Treatment and theory.* LaQuinta, CA: Thought Field Therapy Training Center.


Irvine, M. (2001, July 25). *Even 5-year-olds are dying to be thin: A growing number of girls are dieting because they want to be thinner.* *Philadelphia Inquirer, A10.*


University.


Appendix A

Student Focus Group Guide

The students who took part in the focus group were asked the following questions:

1. In what ways has using thought field therapy helped you?

2. Was there anything in thought field therapy that you found difficult to do?

3. How does it feel using thought field therapy?

4. For what reasons would you use thought field therapy?

5. What about thought field therapy do you like? Don’t like?

6. Do you think that you might want to introduce thought field therapy to your friends and family? How might you go about doing that?
Appendix B

Adult Interview Guide

The interviews held with key informants were open-ended. The following questions were asked to gain information about their feelings about the use of thought field therapy, as well as their experiences in using it.

1. How long have you been using thought field therapy?

2. With whom do you use thought field therapy?

3. In what settings do you use thought field therapy?

4. Tell me how you have used thought field therapy.

5. Tell me about your use of thought field therapy in the classroom, or in your work with students.

6. What changes have you noticed in your students as a result of thought field therapy?

7. What changes have you noticed in the classroom in your students?

8. What is your approximate success rate in using thought field therapy with children, parents, or educators?

9. What are some typical or recurrent student reactions when they are first introduced to thought field therapy?

10. Have you noticed any differences in using thought field therapy with:

   - children vs. adults?

   - males vs. females?

   - different age groups?
• different ethnic groups?
• different grade groups?

11. What resistance, if any, have you met with from administrators, institutions, or management about using thought field therapy in schools? How have you worked with that resistance?

12. Have you had any encouragement to use thought field therapy? By whom?

13. What preliminary steps might you suggest prior to instituting thought field therapy in schools?

14. Who do you think might benefit from using thought field therapy in educational settings?

15. In what ways do you use thought field therapy for yourself?

16. Have you used thought field therapy with others in the school other than students?

17. What else could you tell me about your observations about your use of TFT?
Appendix C

Demographics of Students

1. Age

2. Your ethnic background (OPTIONAL)
   a. African American
   b. Asian/Pacific Islander
   c. Caucasian
   d. Hispanic
   e. Native American/Alaskan
   f. Other (please specify)

3. Grade
Appendix D

Demographics of Adults

1. Gender

Male
Female

2. Your Position

Teacher
Administrator
Counselor
Psychologist

Other (please list)

3. Number of years in your position

4. Grade levels of students with whom you work

5. Your ethnic background (OPTIONAL)
   a. African American
   b. Asian/Pacific Islander
   c. Caucasian
   d. Hispanic
e. Native American/Alaskan

f. Other (please specify)

6. Year in which you were born

7. Level of Training in TFT

8. Approximate dates of training

9. The geographic area you are in
Appendix E

Informed Consent for Students

Date ____________________

To ____________________ and your Parent or Guardian:

I am a student in Fielding Graduate Institute’s Educational Leadership and Change program located in Santa Barbara, CA. I am conducting a study for my doctorate. The study is in the use of Thought Field Therapy (TFT) with school students. Thought Field Therapy is a self-help technique for eliminating stress and anxiety. You will participate in a focus group that will meet two times for 45 minutes, once for information and training in TFT, and the next time to discuss your thoughts and opinions about TFT.

You were selected to take part in a focus group to obtain your opinion about TFT and how it is used because you are between the ages of 12 and 18, and you participate in the Center. Your participation in the focus group will provide insight into the use of TFT programs in school settings.

Your participation is totally voluntary. There is no obligation of any kind involved with your participation in the focus group. Confidentiality will be strictly maintained, and pseudonyms will be used in reporting the findings. You may withdraw from the study at any time without negative consequences, and your data will be destroyed. You do not have to answer any questions that make you feel uncomfortable. Possible risks may involve feeling uncomfortable in discussing the use of TFT, or in using TFT. Should you feel discomfort during the training or the focus group, let me know, and I will refer you to your school counselor.

The results of the study will be reported in a dissertation and possible articles and books. The Research Ethics Committee of Fielding Graduate Institute retains access to all signed informed consent forms. All data will be kept in a locked file cabinet in my home and will be destroyed five years after the completion of the study.

If you have any questions pertaining to this study, please contact Victoria Yancey at (215) 572-1627, 2041 Church Road, Glenside, PA 19038. You may also contact my Faculty Advisor, Dr. Jenny Edwards, at Fielding Graduate Institute, 2112 Santa Barbara St., Santa Barbara, CA. 93105. Her telephone number is (805) 687-1099, and her e-mail is jedwards@fielding.edu.
Please indicate your permission for your child to take part in the focus group by signing below. I agree to my child taking part in the TFT training and focus group. I am aware that the comments of the participants of the training and focus group will be audio taped. Two copies of this letter are provided. Please sign below and return one copy in the postage paid envelope, and keep one for your records.

Student Name__________________________________________

Signature____________________________________ Date________

Parent/Guardian Print Name____________________________________

Signature____________________________________ Date________

If you would like to know the results of the study please provide your address below:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Sincerely,

Victoria Yancey, Researcher/Student, Fielding Graduate Institute, Santa Barbara, CA. 93105
Appendix F

Informed Consent for Adults

Date ________________

Dear ________________,

My name is Victoria Yancey, and I am a doctoral student at Fielding Graduate Institute, Educational Leadership and Change program located in Santa Barbara, CA. I am presently conducting a study on the use of Thought Field Therapy (TFT) in educational settings for my dissertation. My goal is to gain a better understanding of how TFT is used in education, and what your opinions and experiences are on its use in schools. I understand that you are using or have used TFT with students. I would very much appreciate if you would agree to take part in this study, which consists of an interview, preferably by phone, at your convenience. The interview will be less than one hour.

Your participation is totally voluntary, and no obligation of any kind is involved. You may withdraw from the study at any time without negative consequences and your data will be destroyed. Possible risks might involve feeling uncomfortable discussing your use of TFT. Should you feel any discomfort during the interview, please let me know, and I will refer you to your school counselor or health care provider. Possible benefits of participating in this study include helping to determine if TFT is a viable technique to be introduced into schools. Your participation will be kept strictly anonymous and confidential. Pseudonyms will be used in reporting the findings of this study. The results of the study will be reported in a dissertation and possible articles and books. I will transcribe the interview and send two copies to you. One will be yours to keep. On the other copy, I will ask you to make any corrections, additions, or deletions and return it to me in an enclosed self-addressed, stamped envelope.

The Research Ethics Committee of Fielding Graduate Institute retains access to all signed informed consent forms. All data will be kept in a locked file cabinet in my home and will be destroyed five years after the completion of the study.

Please indicate your agreement to participate in the study by signing below. Two copies of this letter are provided. Please return one in the postage paid envelope and keep one for your records.

Signature ____________________________________________
If you have any questions, please contact Victoria Yancey at 215 572-1627, 2041 Church Road, Glenside, PA 19038. You may also contact my Faculty Advisor, Dr. Jenny Edwards, at Fielding Graduate Institute, 2112 Santa Barbara St., Santa Barbara, CA. 93105. Her telephone number is (805) 687-1099, and her e-mail is jedwards@fielding.edu. If you would like to know the results of the study, please provide your address below:

Sincerely,

Victoria Yancey, Researcher/Student, Fielding Graduate Institute, Santa Barbara, CA. 93105