Algorithm for Trauma: A Reproducible Experiment in Psychotherapy

Paper Delivered at Annual Meeting of The American Psychological Association; New York, August, 1995

Revised 1999 Callahan Techniques Thought Field Therapy (CT-TFT)
Callahan Techniques Thought Field Therapy Training Center, LaQuinta, California
Roger@tftrx.com

> Cans't thou not pluck from the mind a rooted sorrow?
> Shakespeare (MacBeth)

The benevolence of Natural Law lies in assuring us that ... miracles are open to us, but it does not extend to telling us how to accomplish them; it is for us to discoverthe keys, the encodings and decodings, by which they can be brought to pass.Robert Rosen, theoretical biologist in: "Life Itself: A comprehensive inquiry into the nature, origin and fabrication of life" Robert Rosen Theoretical Biologist

CAUSE OF NEGATIVE EMOTIONS

About twenty years ago I made some discoveries that allowed me to treat most psychological problems with an unusual degree of effectiveness and led to a deeper understanding of some of the laws that govern psychotherapy (Callahan, 1981a,b, 1982, 1987, 1992, 1993a,b, 1994a,b - e.g., see Table 1). As a result of the empirical power of the treatments, I discovered what I believe to be the basic and fundamental cause of negative emotions. By negative emotions I refer to fear, phobias, anxiety, traumatic stress, depression, guilt, anger and addictive urge (which includes Obsessive Compulsive Disorder – or OCD). The fundamental cause is operative whether the emotion is considered inappropriate as in a phobia or an addictive craving for morphine, alcohol, tobacco, chocolate, or heroin; surprisingly, the treatment works even when the upset is considered perfectly appropriate, as when a person has experienced a severe trauma and is appropriately upset. The treatment removes the fundamental cause of "the appropriate" upset; and the emotional upset is then gone. Most experts in the mental health field currently believe that past experiences, body chemistry, the brain (amygdala), nervous system or cognitive factors are the fundamental cause of negative emotions. However, the algorithm for trauma (below) will allow the serious student to begin to test and challenge some of these commonly accepted notions. The algorithm provided is an experiment that any diligent person can carry out.Perturbation (p)

I propose that a "perturbation in a thought field" (see below) is the fundamental and easily modifiable trigger for all disturbing emotions (once nature's proper encodings are used – see theoretical biologist Robert Rosen's quote under title). The p contains specific exquisite detailed information which sets off and controls the physiological, neurological, hormonal, chemical and cognitive events which result in the experience of specific negative emotions. P is a fundamental concept in CT-TFT and is the proposed fundamental cause of all emotional disturbance. The p is an isolable aspect of the thought field and contains the active information (a concept from quantum physics theory) which triggers and controls the sequence of neurological, chemical, hormonal, and

cognitive events associated with negative emotions. The p (a concept which links psychology, physics and biology) is more fundamental than the chemistry, cognitive, and nervous systems.

There is an important reason why we use the notion of isolable since vast experience teaches us that the treatment eliminates only the p and leaves other information in the field intact; the memory of the traumatic event, e.g., remains vividly clear but without the accompanying upset. The successfully treated trauma victim, e.g., keeps the detailed memory of the terrible event while losing all the upsetting emotion previously connected to the memory of the event. The memory remains, the p, and hence the upsetting emotions, nightmares, and obsessions are gone with successful treatment.Algorithm for Rapid Psychotherapy

An algorithm, in the CT-TFT context, is a brief treatment; a recipe for brief (minutes) psychotherapy which has a high degree of success. It allows almost any interested person to "pluck from the mind a rooted sorrow" (see quote from MacBeth above). The algorithm is presented below. It was discovered and developed due to the more complex and involved causal diagnostic procedures performed upon many hundreds of individuals over the span of a decade and a half of clinical research. The results were tested and honed for general efficacy over a period of years using client report (Subjective Unit of Distress or SUD) as the validating criterion. However, a number of deep biological changes, as a result of the treatments have been reported in our newsletter, The Thought Field. The treatment is quite independent of social or cultural categories and has been successfully done on very young children, infants, dogs, cats, and horses. The algorithm, when performed properly, will often remove all traces of trauma and the usual sequelae, such as bad dreams, nightmares, and obsession. It will typically accomplish this result within minutes. Once the algorithm was developed it became easy for people to learn how to do it and thereby help many trauma victims with ease. The procedure may be described as a body energy, bioenergy (meridian or the inappropriate "acupuncture") procedure. An integration of clinical psychology with body energy is developed with the diagnostic procedures which require the "tuning of a thought field" (thinking about a problem); the latter is considered clinical psychology. Thought tuning is uniquely relevant to clinical psychology and tuning into a problem reveals, through CT-TFT diagnosis, the specific p's which are proposed as the basic generative or fundamental cause of all negative emotions. A p contains the active information (a term from quantum physics due to Bohm and Hiley) which guides and controls the physiological, biochemical, neurological, and brain (amygdala) actions which result in specific emotional reactions. Treatment is directed toward collapsing the p's in the problem thought field. When this is successful, as it most often is, there remains no further trace of the negative emotion or its sequalae (obsession and nightmares). The obvious and immediate power of the algorithm offers strong support for the hypothesis that in this treatment, we are addressing the fundamental causes of the problem. The amygdala, brain, chemistry, and nervous system are obviously relevant but it is clear that they are not fundamental but rather secondary or tertiary in their causal influence (see, e.g., the balance imposed upon the autonomic nervous system due to an algorithm I developed).

ACTIVE INFORMATION

David Bohm has authored some of the fundamental texts in physics. Bohm and Hiley describe their pivotal concept in quantum physics: "... we have introduced a concept that is new in the context of physics - a concept that we shall call active information. The basic idea of active information is that a form having very little energy enters into and directs a much greater energy. The activity of the latter is in this way given a form similar to that of the smaller energy." (Bohm and Hiley, p 35). The

process described here for quantum theory appears to fit the notions of numerous investigators into the bio-energy realm as the process by which biological control systems operate. One may understand the relevance of the CT-TFT usage of "active information" in that the microstate of the perturbations generate the macrostate that results in the person feeling depressed, angry, anxious, etc. Successful psychotherapy is the transformation (or subsumption) of this active informational microstate (perturbation) which results in the commonly observed and successfully predicted elimination of the negative emotions in TFT. It is believed that the p's had evolutionary significance for survival, for example, the inherited fear of heights observed in infants when they begin self-initiated movement (Gibson and Walk).Difference from "Acupuncture"TFT uses ancient energy meridian treatment points. Although there may be a superficial resemblance to acupuncture or acupressure there are significant differences. The major difference from "acupuncture" or acupressure is the CT-TFT requirement for "thought tuning."

In acupuncture as well as other helping professions, such as dentistry, medicine and chiropractic, thought tuning, crucial for clinical psychology, is irrelevant. The acupuncturist also has no need to be concerned with the thoughts of the client. To a dentist, e.g., it makes no difference what the patient thinks about while being worked upon; the teeth remain much the same whatever thought is attuned. The extreme importance of thought tuning for psychotherapy is made very clear in our more complex diagnostic procedures, but the algorithm user may test this notion by treating someone without mentioning what the treatment is for – nothing will happen. The relevant thought must be attuned in order for effective treatment to take place. It is the perturbation carrying thought field to which treatment is addressed in this procedure - hence, "Thought Field Therapy" [A number of copies of my treatments, many filled with errors, are now appearing using the name I introduced, hence, in order to distinguish the original work we now append Callahan Techniques-TFT] A further difference from acupuncture is the important CT-TFT discovery of psychological reversal (see treatment below) which, among other things, blocks any other wise successful treatment from working.

The treatment for psychological reversal approximately doubles the success rate of our treatments. Another unique contribution of CT-TFT is the nine gamut treatments (see below) which contribute significantly to success rate and were discovered in CT-TFT and are unique to these treatments. The style, form, and pattern of the treatments are unique to CT-TFT. There are a number of additional treatments and procedures in CT-TFT suitable for more complicated cases which are not included in the simple algorithm.

BIO OR BODY ENERGY

There is much scientific evidence for the existence of bioenergy control systems and the interested reader may contact the author for some annotated references.

HIGH SUCCESS RATE OF CT-TFT

We have three distinct levels of performance with different success rates:

1. The algorithm level. Generally an algorithm is a standard recipe type solution for a problem. This level of CT-TFT consists of recipes which I discovered and developed over a period of years due to my unique causal diagnostic procedures. The algorithm level allows one to enter into the successful world of CT-TFT with extraordinary ease. One merely needs to follow the simple instructions in

order to help a great variety of problems such as phobias, addictions, traumas, anger, anxiety, guilt, etc. In this case, the algorithm presented is for trauma. The success rate is quite high (depending of course on the clinical population) and ranges from 70 to 80%

2. The causal diagnostic level. This level is a more professional level of practice. At this level of practice there is naturally a higher success level but there is a potential excitement to being able to perceive, palpate, and respond to the fundamental causes (the p's). Also, the person trained at this level has an opportunity to obtain a much greater grasp on the theory and action of this therapy.

3. The Voice Technology (VT) level. This level allows the professional to have the highest level of success possible in psychotherapy. People who do not respond to any other form of treatment, are typically helped dramatically at this level of performance. The training program in VT extends for up to three years. The professional treats by telephone and learns how the voice contains all the causal elements of any problem attuned. This process is much more rapid, more accurate, and more powerful than the other levels. See results of Voice Technology(treatment reported by Callahan (1986) and a replication of the study by Leonoff, ten years later in Table 1(below).

THOUGHT FIELD

Since the same thought field is tuned before therapy with considerable upset and, after successful therapy, the same thought field is attuned with no upset, we take this as clear evidence that something in the thought field is changed as a result of successful therapy. This something is what we call a p. A regular dictionary defines perturbation as "a cause of mental disquietude" and based on experience with TFT, we amend the definition of perturbation to be: "the cause of mental disquietude."

THE CT-TFT TRAUMA ALGORITHM

The first step in the procedure is to determine the degree of pain or discomfort on a 10 point scale with 10 being the worst, when the trauma is attuned or thought about. [Severe traumas causing upset, and nightmares have been successfully treated as long as 50 years after the trauma event.] Record the SUD rating by writing it down in the presence of the client - if you do not write it down, the client may actually "forget" that there was a problem prior to treatment - (see apex problem below). The more severe the upset the more dramatic the demonstration. Explain that you are experimenting with a new procedure that is quite different and that will seem a little strange.

Step 1. Ask the client to think about the trauma and specify the SUD rating that develops as it is attuned. It is desirable to write it down with the client observing (due to apex problem - see below).

Step 2: Ask the client to use two fingers to tap the beginning of the eyebrow above the bridge of the nose; five good taps, firm enough to put energy into the system but not nearly hard enough to hurt or bruise.

Step 3: Ask the client to tap under the eye about an inch below the bottom of the eyeball, at the bottom of the center of the bony orbit, high on the cheek. Tap solidly, but not nearly enough to hurt. About 5 taps will do.

Step 4: Ask the client to tap solidly under their arm, about 4 inches directly below the arm pit, 5 times. This point is even with the nipple in the male and about the center of the bra under the arm in the female.

Step 5: Find the "collar bone point" in the following manner. Take two fingers of either hand and run them down the center of the throat until the top of the center collar bone notch is reached. From this point go straight down one inch; from this point go to the right one inch. Tap this point five times.

Step 6: At this time, ask for a second SUD rating. If the decrease is 2 or more points, continue with step 7. If there was no change or it was only one point, CORRECT PSYCHOLOGICAL REVERSAL (see below Psychological Reversal Corrections), and repeat steps 1-6.

Step 7: The Nine Gamut treatments. To locate the gamut spot on the back of the hand make a fist with the non-dominant (simply because most people prefer to tap with the dominant) hand. This causes the large knuckles to stand out on the back of the hand. Place index finger of dominant hand in the valley between the little finger and ring finger knuckles. Move index finger about one inch back toward the wrist. This point is called the "gamut" point.Ask client to tap the gamut spot on the back of the hand (about 3 to 5 times per second) and continue to tap while going through the nine procedures as follows (tapping about 5 or 6 times for each of the nine gamut positions). It is crucial to tap the gamut spot throughout the nine steps.

Eyes open
Eyes closed
Open eyes and point them down and to the left
Point eyes down and to the right
Whirl eyes around in a circle in one direction
Whirl eyes around in opposite direction - rest eyes and
Hum a few bars of any tune (more than one note)
Count to five
Hum a few bars again

Step 8: Repeat steps 2-6. After this repetition the presenting problem will usually not bring any trace of an upset and hence be a 1 (or a 0 depending on whether a 10 or 11 point SUD scale is used). If the SUD rating has decreased significantly, but is not yet a 1, then have the client CORRECT MINI-PR (see below) and repeat steps 1-8.

Floor To Ceiling Eye Roll

The floor to ceiling eye roll is given at the end of a successful series of treatments. The client usually reports a 1 or a 2 on the scale and this treatment serves to solidify a 1 and to bring a 2 to a 1.The client taps the gamut spot on the back of the hand while the head is held rather level (many people want to move their head in this exercise instead of the eyes). We use the word "rather" because some deviation from the level is acceptable. The eyes are then placed down and rather steadily raised all the way up (taking about 6 or 7 seconds). The gamut spot must be tapped during the moving of the eyes. This exercise will typically bring a 2 down to a 1.

Psychological Reversal (PR) Correction

Psychological reversal can prevent an otherwise successful treatment from working due, I believe, to a literal polarity reversal in the meridians and or systems involved. To correct a pr, tap what we call the pr spot which is located on the outside edge of the hand about mid-way between the wrist and the base of the little finger. The pr spot is at the point of impact if one were to do a karate chop. PR treatment is not in itself, a treatment for a psychological problem but rather a treatment for a block which prevents a treatment from working; therefore, the treatments for the problem (2-6) must be repeated after the pr is corrected. Some therapists like to begin with the automatic correction of psychological reversal whether it is needed or not. Although it does no harm, i.e., if one is not reversed and the pr treatment is done, it won't create a reversal. However, it is not recommended, for this obscures from view the observation of the important and fascinating phenomena of psychological reversal.

Mini-Psychological Reversal Correction

Since there is no apparent difference between the pr and the mini-pr, I should explain that the name of this one is intimately connected to my causal diagnostic procedures where the name has more meaning and relevance. The mini-pr was not discovered until four years after the usual pr.This procedure is carried out when a client shows improvement down to about a 3 or 4 but does not go lower. We call this a mini-pr. This is a block which kicks in after a major improvement has taken place. Tap the PR spot, as described above. When a traumatized individual is brought down from a high SUD score which represents intense suffering, to a low score, the treatment effect typically endures over time. (The rare return of a problem has allowed us to discover a new and correctable domain complicating the successful treatment. This will be the future subject of a monograph.)

Our clients are instructed to attempt to resurrect the upset in our presence, and if any degree of upset occurs after they leave they immediately call for another brief appointment.

Applications

Hundreds of therapists using the algorithm report general success as well as no known harm to result from the treatment. As with any treatment it works best when done with a person whose trauma is not excessively complicated by numerous other psychological problems but it has been known to work with very difficult cases. A young sexually abused, elective mute eight year old girl (in a nationally infamous child abuse case) who was unresponsive to conventional therapy for five years, was successfully treated with the algorithm in two very brief sessions (follow-up for over five years shows that the brief treatments have held - see Callahan, Hope With Reason Video for a report from a former FBI director). The reader who carefully studies the included algorithm for trauma and tries it on a number of cases, will find support for a number of new and startling facts for science, generated by CT-TFT. These facts could not have been predicted nor be reasonably explained by current theories in psychology.

NEW FACTS FOR PSYCHOLOGY

Lest this therapy effect be confused with the "normal" reduction of problems with time or with other approaches to psychotherapy, it should be kept in mind that the therapy effect is predicted and takes place within minutes (see Table 1). This is relevant because if one is working in therapy with a person over a period of weeks, months or years; the opportunity for the beneficent role of extraneous variables have an increasing opportunity to operate. Also, it is important in assessing causality, that the response to treatment follows the steps or stages of treatment (Kiene).

It is generally believed that psychological treatments require confidence or optimism in order to work (Seligman, p253). However, no belief or confidence is needed in the CT-TFT treatment; in fact it typically works in the face of extreme militant skepticism –even on the part of both therapist and client. The strange appearing procedure itself does not inspire confidence. Even after it works some people don't believe it! (see Apex problem below). Another surprising fact about CT-TFT, apart from speed and effectiveness, is that the therapy progress is salutatory jumps; i.e., the improvement takes place in large definite jumps as the therapy progresses. For example, a trauma victim who begins at a 10 (SUD) will typically jump to a 7, then to a 4, and then with further rapid treatment will show no trace whatsoever of the former intense upset associated with thinking about the traumatic event. It is due to these "quantum type leaps" that I began looking into quantum theory for possible explanations for these salutatory moves. The exploration of quantum theory, and the writing of certain quantum theorists, has been quite helpful in adding to the understanding of what is taking place in this treatment. (Bohm, Bohm and Hiley, Penrose and Hameroff, Stapp, and Goswami). Perhaps the most unanticipated fact of all is what we call the "Apex Problem" (see below). An inspection of table 1, which reports the results of treating skeptical strangers with phobias or fears, shows CT-TFT to be surprisingly successful and clinically, not just statistically, significant. These results imply a very high reliability for the diagnostic procedures used (the validity of a measuring device cannot be higher than its reliability.) It is a surprising and interesting fact that the perturbations are contained in the voice of the client. It was surprising for me to discover that we can treat with greater power when the voice is subjected to our objective analyses than with "in person" diagnoses; though the latter is also powerful, as is the still more simple algorithm. The perturbation information is contained in the voice holographically; i.e., the full diagnostic picture is contained within any brief (split second) segment of the voice (as in a Fourier Transform).

When we are able to eliminate all traces of a client's symptoms it opens up the possibility of an investigation into a new domain; i.e., the domain of factors which can resurrect a problem once it is completely gone. This fact has led to some surprising and unexpected discoveries concerning the important role of what we call "energy toxins" for the field of psychotherapy (to be presented at a later time).

MOST NEGATIVE EMOTIONS HELPED WITH CT-TFT

The first treatment discovery was for the treatment of phobias and then modifications based upon our causal diagnoses, led to treatments for anxiety, traumas, depression, and anger. (For example, an expert professional on sex problems complained of a sudden loss of a formerly high sex drive. He had tried a number of therapies with no help. CT-TFT diagnosis revealed the likely presence of depression (due to the pattern of perturbations revealed) of which he was unaware. The treatment

dictated by the diagnosis (the pattern of the perturbations) immediately removed this difficulty and his sex drive resumed the next day. Follow-up for 10 years showed the therapy effect has held with no recurrence.) The CT-TFT treatment for addiction led to a radically new theoretical understanding of addictions (Callahan and Perry; Callahan 1994b). In this theory all addictions are considered as an addiction to some form of anxiety-masking tranquilizer; whether the formal prescribed tranquilizers of the drug corporations or the informal self-prescribed tranquilizers such as tobacco, alcohol, nail biting, hand washing, heroin, etc.

No matter what the addictive urge is for, whether a substance such as nicotine, favored foods, heroin - or whether for behaviors and obsessions, hand washing, etc. the treatment is highly effective and almost always can reduce or even eliminate an addictive urge.

FRIENDS AND FAMILY

Should one wish to practice the procedure, upon oneself, colleagues, friends and family, it is helpful to recognize that the therapist does not need to know what the trauma was or is, but need only obtain a SUD rating when the client thinks about the problem. The SUD allows comparison for pre and post-therapy effect and guides the algorithmic treatment; e.g., if no change the psychological reversal treatment is needed. A common reaction after successful therapy is “I can’t think about it” which should be taken as a “1” or “0” (if 11 point scale is used) on the SUD. If the client were to use precise language, the thought would be more accurately expressed: “Now, after the powerful treatment, when I think about the problem, I am no longer able to get upset.” [It is impossible to say the words, “I can’t think about it, without actually thinking about it.”For examples of treating bereavement see Callahan and Callahan.

THE APEX PROBLEM

What we call the “apex problem” is an unanticipated common response to these treatments. If one does more than a few of these treatments it is certain that this problem will arise and it is good to be aware of it. The term is borrowed from Arthur Koestler who referred to the mind not operating at the apex of its capacity. It is completely unrelated to intelligence level but might be said to refer to the lack of the application of intelligence to a particular situation. There is a distinct parallel between what Gazzaniga calls “Left Brain Interpreter,” (and what Festinger called cognitive dissonance) which is a most interesting action by a patient who has had his brain surgically split and who compulsively invents explanations for the actions of his right brain of which his left brain is unaware. Gazzaniga (p27) characterizes this phenomenon as “probably the most amazing mechanism the human being possesses.” The apex problem of our treatment, allows us to glimpse this phenomenon without surgery splitting the brain.The apex problem refers to a cognitive device to attempt to account for a surprising (therapy) experience that cannot be accommodated by previous understandings. The device provides an “explanation” which ignores the facts at hand but allows the observer to feel comfortable. The apex problem is the robust tendency, it can accurately be called a compulsion, for treated clients, or observers of therapy, to give "explanations" of the treatments which are clearly unrelated to the facts at hand.

Many CT-TFT trained therapists prefer to record a therapy session because some clients may "forget" that they had a problem after the rapid successful therapy. When confronted with something as strange and revolutionary as CT-TFT the mind has trouble shifting out of the inertia gear. Mental work at the apex of the mind is required to grasp and understand these new treatments.

Most of us attempt to avoid such mental effort and erroneously attempt to fit it into something we believe we already understand.

Surprisingly, despite the skepticism implied in the apex problem, the client accurately reports positive changes. Some people actually appear to forget that they had a problem prior to the treatment. But a more common apex response after treatment is: “Now, I am unable to think of the problem” whereas, a more precise formulation would be “Now, when I think of the problem, after the powerful treatment, I am unable to get upset.” Since the client is so accustomed to being upset when thinking of the problem it is quite wrongly concluded that the problem is not being thought about since they are not upset. A similar phenomenon is observed in hypnosis with post-hypnotic suggestion with amnesia and also reported by Gazzaniga in his work with split brain subjects. Therapists who observe the result of the treatments usually invoke such notions as suggestion, hypnosis, placebo effect even though the therapists have never personally witnessed a trauma being eliminated through such means. Seligman, e.g., has drawn attention to the need for new treatments for trauma (p144) There are “almost no cures. Of all the disorders we have reviewed, PTSD is the least alleviated by therapy of any sort. I believe that the development of new treatments to relieve PTSD is of the highest priority” (my emphasis).

Due to the apex problem and the strange appearance of our treatments, it is believed that we do not get our fair share of so called “placebo cures” with this treatment though the treatment does quite well without the so called placebo effect. There is considerable evidence that the so called placebo effect is illusory (Kienle and Kiene). “The authors conclude that the literature relating to the magnitude of the placebo effect is unfounded and grossly overrated, if not entirely false.” They pose the question whether the existence of the so-called placebo effect is itself not largely – or indeed totally illusory.

There is clinical value in understanding the “apex problem ” but the scientific value of identifying the “apex problem” is that it refines our scientific prediction: we do not predict that the client will credit the treatment, we predict that he will report a dramatic improvement after the treatment and that the improvement will generally endure over time. We further predict that the person is likely to present the apex problem and attempt to account for the astonishing results with some other explanation than the obvious.

CAUTION IN VIEWING THE TABLE BELOW

We find that due to the fact that such results as reported here are foreign and unheard of by most professionals, they appear to be unable to see the facts presented in the Table. They are so unusual that cognitive dissonance appears to take place (apex problem). Please view the Table carefully and keep in mind that it is very easy for our trainees to reproduce these facts.

Table 1 Telephone Treatment of Individuals Suffering From Phobias and Anxiety on Call-In Radio Shows: The Callahan study, and a replication...by Leonoff [Diagnoses performed with Voice Technology]

	CALLAHAN	LEONOFF
	1987	1995
Number of Subjects Treated	68	38
Successfully Treated	66	38
Unsuccessfully Treated	2	0
Success Rate	97%	100%
Pre-Treatment Average Distress/Anxiety Level	8.35	8.36
Post-Treatment Average Distress/Anxiety Level	2.01	1.01
Average Improvement in Distress/Anxiety Level	6.34	7.30
Average Improvement Percent	79.5%	87.3%
Average Treatment Duration Time (minutes)	4:34	6:48

*In Callahan's study a breakdown was done to provide a measure of the effect of treatment in an actual exposure situation. In talking on the radio the individuals 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 description 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 of the treatment. 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 time constraints of radio shows. To minimize selective bias in the analysis of results, all people who called in were treated, including those individuals whose treatments were cut short due to time constraints; all were included in these analyses.

As in the earlier study, audio tapes of all treatments were made and are available for review.

REFERENCES

Bohm, David (1990) "A new theory of the relationship of mind and matter," Philosophical Psychology, Vol 3, No 2, pp. 271-286.

Bohm, D. and Hiley, B. (1993) The Undivided Universe: An ontological interpretation of quantum theory., Routledge, NY.

Callahan, R. (1981a)" Psychological reversal." Collected Papers of the International College of Applied Kinesiology (ICAK).

Callahan, R. (1981b) "A rapid treatment for phobias." Collected Papers of ICAK.

Callahan, R. (1982) "The amazing love pain (and trauma) treatment." Collected Papers of ICAK

Callahan, R. (1985) The Five Minute Phobia Cure. Enterprise, Wilmington.

Callahan, R. (1987) "Successful treatment of phobias and anxiety by telephone and radio." Collected Papers of ICAK.

Callahan, R (1988) The Anxiety-Addiction Connection. CT-TFT Training Center, Indian Wells, CA.[This has since been published in German (1990) and in French (1995).

Callahan, R with Perry, P. (1992). Why Do I Eat When I'm Not Hungry? Doubleday. NY. (1993, Avon).
Callahan, R. (1993a) The Five Minute Phobia Cure Video. Indian Wells, CA.
Callahan, R. (1993b) The Love Pain and Post Traumatic Stress Video. Indian Wells, CA.
Callahan, R. (1994a) "The five minute phobia cure: A revolutionary experiment in psychology." Paper delivered at meeting of International Association for New Science. Fort Collins, CO.
Callahan, R. (1994b) "An algorithm for the rapid treatment of addictive urge (withdrawal): Another revolutionary experiment in psychology." Paper delivered to American Academy of Psychologists Treating Addiction, New Orleans.
Callahan, R. and Callahan, J. (1997) "Thought Field Therapy: Aiding the bereavement process." in Figley, C., Bride, B.E., and Mazza, N. Death and Trauma. Taylor and Francis, Washington, DC.
Callahan, R. (1997) "CT-TFT and Heart Rate Variability," The Thought Field, Vol 3, no 2.
Figley, C. and Carbonell, J. (1995) "The active ingredients in efficient treatments of PTSD." Presented at the Active Ingredient Symposium: A conference of master practitioners of four approaches and the development of a theory of traumatization. Turnbull Center, Tallahassee, FL, May 12-13.
Figley, C. R. and Carbonell, J. L. (1995). "Treating PTSD: What approaches work best?" Invited symposium at the Family Therapy Networker Conference, Washington, DC, March.
Gazzaniga, M (1985) The Social Brain. NY, Basic Books.
Gazzaniga, M. (1998) The Mind's Past. Univ. Calif. Press, Berkeley.
Gibson, E. and Walk, R. (1960) "The visual cliff." Scientific American, April.Goswami, A. (1995) The Self-Aware Universe. Tarcher/Putnam, NY..
Keinle, G.S. and Kiene, H. (1996) "Placebo effect and placebo concept: A critical methodological and conceptual analysis of reports on the magnitude of the placebo effect." Alternative Therapies. Nov. Vol 2, No 6, pp.-39-54.
Kiene, H. (1998) "Single-case causality assessment as a basis for clinical judgment." Alternative Therapies, January, vol. 4, no 1, pp. 41-47.
Koestler, A. (1967) The Ghost in the Machine. Arkana, London.
Penrose, R. (1990). The Emperor's New Mind. Oxford, London.
Penrose, R. (1994) Shadows of the Mind: A search for the missing science of consciousness. Oxford, NY.
Seligman, M. (1994) What You Can Change and What You Can't. Knopf, NY.
Stapp, H. (1993) Mind, Matter, and Quantum Mechanics. Springer-Verlag, NY.
Wylie, Mary Sykes (1996) "Going for the Cure." Family Therapy Networker. July/Aug.