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CHAPTER II

DISCOVERY OF THE TRAUMA TREATMENT

*I believe the development of new treatments to relieve PTSD
(Post-Traumatic Stress Disorder) is of the highest priority*
Martin Seligman, PhD
Former President, American Psychological Association

In Shakespeare's MacBeth, the question is asked: "*Cans't thou not pluck from the mind a rooted sorrow?*" In the scene where this question is asked, MacBeth is talking with Lady MacBeth's doctor and asks if knowledge is available to help Lady MacBeth get over the trauma about which she is obsessing. The only answer to this question until recent years was no. Before the development of TFT, psychological science had no effective way to "*pluck from the mind a rooted sorrow.*"

You can directly experience this therapy phenomenon by experimenting with TFT using the treatment provided in this book. In doing so, you will find that there is now a surprisingly effective way to pluck the disturbing emotions associated with sorrow from the mind.

My first development in TFT was a rapid, easily replicable cure for most phobias (Callahan, 1981, 1996). It was an astonishing finding, because I first started attempting to treat phobias in 1950. About 30 years later I discovered this remarkable cure for phobias. Although I had been practicing psychotherapy since 1950 and had heard and read about phobias being cured I had never actually seen it done.

Since I found it relatively easy to cure a phobia (Callahan, 1985) I wondered if I could eliminate fears and upset based upon a traumatic experience.

Hopeless Cancer A client came to me because she was in a constant state of near panic, fear, hurt, terror, and psychological pain. Her doctor had told her she had less than a year to live due to a severe and rapidly growing cancer. Two other physicians confirmed the diagnosis. She and her husband flew to California for still another expert opinion. The physician in California confirmed the bad news and suggested she try the new psychotherapy treatment I had been developing, for her upset over this terrible reality.

Her upset, in the face of this terrible reality, seemed perfectly normal to me. This was quite a different situation from most people who came to me for help. Her fear and upset were based on a realistically terrible condition. The challenge was, would I be able to find a treatment to help this unfortunate person?

When she came to see me, she was hysterical and sobbing profusely. There was no need to ask her to think about the problem as we usually do -- she was obsessed with the cruel reality. I tried the treatment and the severe emotional upset and fear completely vanished in mere moments! She was crying and sobbing the whole time in my office until after the treatment. Nevertheless, during the treatment I asked her to think about the terrible verdict given to check the effectiveness of the treatment and make sure I did not merely momentarily distract her (an idea that now seems ludicrous). During the treatment I repeated to her what her doctors told her. After the treatment was finished I asked how she felt. "Well, (she said) I certainly don't like it, but my upset and fear seem to be gone. I feel surprisingly strong in the face of this terrible thing." [this procedure is given in the chapter How to Eliminate the Nightmares of Trauma.]

Two Particularly Horrible Rapes

Any rape is a terrible and traumatic experience. Usually, the victims' horror continues long after the rape, and is sometimes aggravated by legal and other procedures to which the rape victim may be subject. Soon after the cancer case I had the opportunity to work with two women who had experienced not just the usual terrible rape but particularly horrible rapes.

Gang Prisoner An attractive client informed me that she was unable to date since her rape 10 years earlier. She told a frightening story of the horrible event. She was recently divorced and had a 4-year-old child. Four gang members had broken into her apartment and held her prisoner for a week while they took turns raping her. She said the worst part was they continually threatened to kill her extremely frightened child. Nightmares of this terrible incident continued to plague her. The rape haunted her continually and she was almost constantly upset. Although she wished she could be free to date, she couldn't due to the severe and constant upset of this past trauma.

Here was another example of an objectively terrible situation where disturbing emotions appeared to be a perfectly normal response to a monstrously horrible situation. Nevertheless, within a minute of the treatment, all traces of her upset vanished. Follow-

up over four years revealed there was no return of the upset and no recurrence of nightmares.

A Creep in the Attic Helen traveled some distance to see if relief might be possible for her continuing problem which had been unresponsive to ordinary psychotherapy. Her chiropractor had heard of the work I was doing and suggested that she try to see if I could help rid her of her constant suffering.

Her story sounded like a horror movie. She was very happily married with two young children and very much in love with her husband. Her husband was on extended overseas military duty on a navy ship and she did not want to burden him with the following horror story.

A man broke into her house and raped her. She reported this to the police and the man was arrested. However, he was out on bail soon after the arrest. A few nights later, she heard noises in her attic and she called the police. She saw the man who raped her escape. The police did not capture him. He was still free when she came to see me.

Obviously she was an emotional wreck and did not know what to do. I urged her to contact her husband and get the ball rolling to get him home as soon as possible. I assured her that both he and the military would understand the necessity of this.

In the meantime, the trauma treatment eliminated her emotional upset over the terrible events. She obviously did not forget these events nor did she repress the absolute horror of these events, but after treatment she was strong in the face of this grim reality.

Since I could eliminate most phobias (irrational fears) with ease and now, with this new treatment I found I could eliminate the negative effects of trauma, it appeared as if I had discovered the coding system or healing data for negative emotions, whether they were rational and appropriate (traumas) or irrational and inappropriate (phobias).

CHAPTER III

HOW TO STOP THE NIGHTMARES AND PAIN OF TRAUMA: The TFT ALGORITHM (RECIPE) FOR TRAUMA

Science is the belief in the ignorance of experts.

Richard Feynmann
Nobel Laureate in Physics

In a celebrated lecture to physics undergraduates at Cornell University, Professor Feynman elaborated on the quote above. He said, *"If it [a new scientific law] disagrees with experiment; it's wrong! In that simple statement is the key to science. It doesn't make any difference how beautiful your guess is, it doesn't make any difference how smart you are, who made the guess or what his name is, if it disagrees with experiment it's wrong; that's all there is to it."*

IMPORTANT!!! Please keep in mind that the treatment presented here is for trauma and not for other problems such as phobias, which are an irrational fear.¹ The treatment for phobias is similar and is presented after the trauma treatment below.

Incident: On the first day of one of my diagnostic training's I asked the assembled group how many had tried TFT before coming to the training. Most hands went up. I asked if there was anyone who had been unsuccessful. It is unheard of to hear of no success with this powerful procedure. A high level professional person who had traveled from across the world to attend my training said that he had been unsuccessful with my trauma treatment.

I was quite surprised by this report and asked him to join me at lunch. I asked him to please tell me exactly what he was doing to treat trauma and much to my surprise he described to me, my phobia algorithm. I said, *"No wonder you had trouble, that is not the correct procedure for trauma!"*

All of the TFT algorithms have been found through what I call **Causal Diagnosis** (see Chapter). Over two decades of treating thousands of patients with causal diagnosis, common patterns or algorithms have emerged. These algorithms have now been tested on many people both in self-help applications and with thousands of trained professionals throughout the world.

My first trauma victim was cured, believe it or not, by doing nothing more than tapping the beginning of the eyebrow. However, upon trying this same simple procedure on others with traumas, I quickly found that most were not helped this easily. I had to make

¹ For those interested, we offer a TFT Causal Diagnostic Home Study Course (see back of book, it contains all TFT algorithms for many problems including phobias, depression, anxiety, and most other problems even jet lag). The person who masters TFT Causal Diagnosis is able to find the precise treatment needed and will most often find algorithms unnecessary.

further discoveries to increase the success rate. Each discovery was tested for efficacy on my trauma clients; this allowed me to quickly develop further treatments and allow me to help more people.

The algorithm for trauma presented below has been tested on thousands of people and the success rate is quite good – about 80% of traumatized people are helped with this recipe or algorithm.

I have discovered and developed a number of different TFT treatments, called algorithms, for different problems. A TFT algorithm is a recipe or treatment formula for a particular problem that has been found to be effective for a high percentage of people. It is through my unique causal diagnostic (see Chapter) procedures that we can find exactly what treatment an individual needs. I tested each aspect or section of the treatment on many people before I declared it to be generally successful. The trauma algorithm has now been tested all over the world – see, e.g., report on Embassy Bombing (see Chapter: How TFT Can Help With Different Types of Trauma).

We urge you to study the trauma treatment and begin by applying it to yourself. We all have past traumas of varying intensity such as being rejected, especially in a love relationship, failing a class, or any upsetting experience from the past. It is best to pick something that still causes a little upset so you can experience how the treatment causes the upset to disappear.

If you wish to practice on family or friends, it is good to know an important feature of TFT is the person guiding the treatment does not need any details or even know what specific trauma is being treated.

How to do the Trauma Algorithm

Step 1: Introducing the Treatment. TFT often appears strange², unlike anything the person receiving the treatment has ever seen or heard before. Therefore we recommend you introduce the treatment by explaining you are experimenting with a new risk free procedure that is quite different and may seem a little strange.

“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.”

Step 2: Tuning the Thought Field. Have the client think about the trauma and determine the degree of pain or discomfort on a scale of 1 to 10 (it is all right to use 0 to 10 scale) felt by the client when thinking about the trauma. This scale, often attributed to

² I have a firm policy of requiring a new client to view the explanatory video, “Introduction to Thought Field Therapy.” This one hour video explains and demonstrates some of the basic principles of TFT and gives the client a context for its application.

Dr. Joseph Wolpe, is known as the Subjective Units of Distress (SUD) Scale. Dr Wolpe introduced the name. [When I directed a US Naval Research Project for Dean Eric Gardner (of Syracuse University Graduate School, and Professor George Thompson, they created a similar scale, prior to and independent of Dr Wolpe, back in the early 1950's. I used this scale in 1949 and 1950 in my doctoral dissertation (Callahan, 1955. This highly sophisticated scale reflected the enormous skills of Dean Gardner, a top mathematician, statistician and Professor Thompson, a top psychologist. The scale was also used in a drug study in which I participated (Graham, Rosenblum, and Callahan, 1958).

First, ask the client to think about the trauma and then to rate it on a scale of 1 to 10, where 10 represents the worst upset possible and 1 represents no trace of upset. Record the SUD rating by writing it down in front of the client (see apex problem below). The more severe the upset, the more dramatic the demonstration.

You can say to the client:

*“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 (no trace of a problem) then it is quite possible it will stay that way, but of course we won't know for sure until time passes.” (see Cure and Time Chapter)*

Step 3: The Initial Treatment Sequence (this is called The Majors. and applies to any sequence which comes before and after the nine gamut procedure).

The initial treatment sequence for trauma contains four treatment points:

Treatment Point #1: Ask the client to tap with two fingers, the beginning of the eyebrow above the bridge of the nose (See diagram, below); five good taps, firm enough to put a little energy into the system but **not nearly hard enough to hurt or bruise**.

Treatment Point #2: Next, 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.

Treatment Point #3: Ask the client to tap solidly under their arm, about 4 inches directly below the arm pit, 5 times. This point is level with the nipple in the male and about the center of the bra under the arm in the female.

Treatment Point #4: Find the “collar bone point” in the following manner. Take two fingers of either hand and run them down the center of the throat to the top of the center collarbone notch. From this point go straight down one inch, and to the right one-inch. Tap this point five times.

Step 4: Checking the SUD. At this time, ask for a second SUD rating or how the person feels now. If the decrease is 2 or more points continue with step 5. If there was no

change or the change was only one point if you started at a SUD of 7 or higher³, **correct Psychological Reversal** (see paragraph below for Psychological Reversal Corrections), and repeat step 3. If you started with a SUD below 7, a change of 1 point is acceptable to continue.

Step 5: The Nine Gamut⁴ treatments. To locate the gamut spot on the top back of the hand make a fist with the non-dominant⁵ hand. This causes the large knuckles to stand out on the back of the hand. Place the index finger of dominant hand in the valley between the little finger and ring finger knuckles. Move the index finger about one inch back toward the wrist. This point is called the “gamut” point. Ask the client to tap the gamut spot on the top back of the hand (about 3 to 5 times per second) and continue tapping 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.

1. Eyes open
2. Eyes closed
3. Open eyes and point them down and to the left
4. Point eyes down and to the right
5. Whirl eyes around in a circle in one direction
6. Whirl eyes around in opposite direction -- rest eyes and
7. Hum a few notes of any tune (more than one note)
8. Count from one to five
9. Hum a few notes of a tune again

Step 6: Repetition of the Initial Sequence (the Majors). Repeat step 3. After this repetition, thinking of the presenting problem will usually not bring any trace of an upset and hence be a 1 (or 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, have the client **correct mini-psychological reversal (mini-PR, see below) and repeat steps 3-6.**

Step 7: Floor to Ceiling Eye Roll. The floor to ceiling eye roll is performed at the end of a successful series of treatments. When the client reports a 1 or 2 on the scale, this treatment serves to solidify a 1 and bring a 2 to a 1.

The client taps the gamut spot on the back of their hand while the head is held rather level (many people want to move their head in this exercise instead of their eyes). We use the word “rather” because some deviation from the level is acceptable. Then place the eyes down and slowly and steadily raise them all the way up (taking about 10 seconds). The

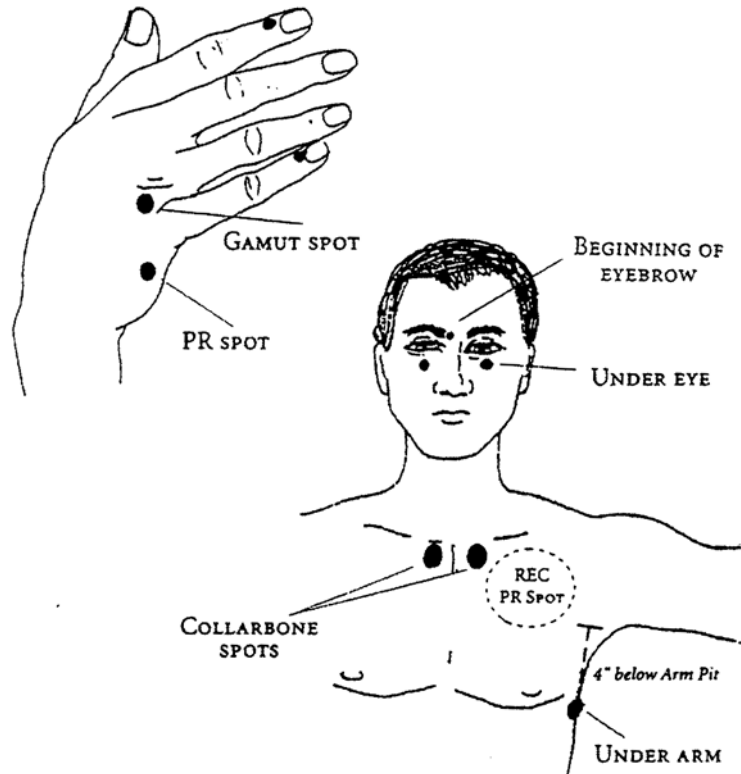
³ At the higher range of SUD, i.e., 7 or above, a reported change of only one point is suspect and often indicates “positive thinking” or a hoped for, rather than an actual, change.

⁴ Named for what I call the “gamut point” due to the literal gamut of treatments done off this point which was found through numerous empirical tests I carried out over a number of years.

⁵ Which hand doesn’t matter but most prefer to tap with dominant hand.

THE CALLAHAN TECHNIQUES™

TREATMENT POINTS



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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) Psychological reversal (PR) can prevent an otherwise successful treatment from working due, we believe, to a literal polarity reversal in the meridians⁶. To correct a PR, tap what we call a PR⁷ spot, located on the outside edge of either hand about midway 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 is not a treatment for a psychological problem but rather a treatment for a block, which prevents a treatment

⁶ The “meridians” refers to the “acupuncture” meridians of energy and have been found to be quite palpable and supported by scientific investigation. The astonishing results of these treatments can be taken themselves as powerful evidence for the reality and specificity of these meridians.

⁷ There are other PR correction procedures for different purposes, omitted for simplicity.

from working; therefore, the treatments for the *problem (steps 2-6) must be repeated* after the PR is corrected.⁸

If You Correct Psychological Reversal Before Each Treatment You Will Not Get to Observe the Awesome PR Effect Some therapists like to begin every treatment with the automatic correction of psychological reversal whether needed or not. It does no harm; e.g., if a person is not reversed and the PR treatment is done. The correction of PR will not create a reversal. However, it is not advisable, as it prevents the therapist from observing the important phenomenon of psychological reversal. The change is usually very dramatic. A treatment which produced no change, will suddenly become effective (i.e., produce a drop of at least 2 points in the SUD) when that same previously ineffective treatment is repeated after the PR correction. If the person is not a professional it is not as important to experience the PR in action. It is quite acceptable for nonprofessionals to correct the PR whether or not it is needed.

Mini-Psychological Reversal (mini-PR) Correction This is the procedure carried out when a client shows improvement, say from a 10 down to about a 3 or 4 but does not go lower. We call this a mini-PR problem, which is a polarity block that kicks in after a major improvement has taken place. Ask the client to tap the PR spot, as described above and repeat the entire treatment. Until the mini-PR was discovered, about three years after the PR, I had to frequently be satisfied with a treatment being partially effective. At the time the treatment was so dramatic, even though incomplete, both my clients and I were thrilled. Later, I wanted more improvement and wondered why some people went all the way down to a 1 while others stopped at a 3 or 4. I then discovered the mini-PR and its correction.

When a traumatized individual comes down from a high SUD score to a low, the treatment effect usually endures over time. Our clients are challenged to try to resurrect the upset. If any upset can be generated then the treatment is not finished. If any degree of upset occurs after the client leaves, I ask them to immediately call for another brief appointment and treatment. It is now easy, in our more advanced work, to re-treat or address another aspect of the problem. It is very important to discover through causal diagnosis exactly what caused the problem to return (see Chapter: Cure and Time). I have mastered the issue of the rare return of a successfully treated problem.

Client Report and Apex Problem (very important aspects of treatment) The typical client reports that the problem is gone – they are a 1 on the 10 point scale. It is important, indeed vital, that any therapist who uses TFT have an understanding of what I call the Apex problem in order to better serve their client. (See Chapter on Apex problem for a complete description).

A common response is for a successfully treated client to say something like: *“Well at this moment, I just can’t think about it. You distracted me.”* This is an imprecise formulation because if the client expressed the facts correctly, they would say: *“What I mean is now, after the treatment, I am unable to become upset when I think about it.”*

⁸ The reversal correction will improve the success of **any** effective healing procedure.

Phobia Treatment If you would like to help a person with a phobia, follow the treatment as indicated above only substitute the following for the majors: Tap under eye (about an inch below the eyeball five times. Remember to tap gently. Then tap under the arm (about 4 inches below the arm pit) about five times. I use my fist for this one but that does not mean you pound it, you just tap it gently five times. Then tap the point called the collar bone point five times. You then do the nine gamut procedure just as it is above and then you repeat the eye, arm, and collar bone treatment. The rules of correcting for psychological reversal are the same as when helping a trauma.

If the phobia treatment does not seem to help and you have done the PR correction then try this variation: Instead of starting with under the eye, start with under the arm, *then* under the eye, then the collar bone. The rest of the procedure is as above. Typically, this latter treatment works best for spiders, claustrophobia, and turbulence while flying. The previous phobia treatment works best for all other phobias.

It is important to understand the difference between a phobia and anxiety disorder. A phobia is characterized by feeling fear only when in the presence of a feared situation or entity whereas anxiety can hit at any time. People with anxiety, are sometimes helped with the phobia treatments but are usually more complex than the simple algorithm. The treatment of choice for anxiety disorders is individualized help with a trained Callahan Techniques® TFT practitioner. Call our office for a referral.

When I worked with clients in person (today I treat everyone with the more powerful Voice Technology over the telephone) I had a sign in my office that stated in very large type: **“I CAN’T THINK ABOUT THE PROBLEM!”** Since the client had always gotten upset whenever the trauma was thought about prior to treatment, the person wrongly concludes that they must not be thinking about it if they are not upset. In small type the sign said. *“What I mean rather, is now, thanks to the effective treatment, I no longer get upset **when** I think about the problem.”*

Mark Steinberg, Ph.D., VT⁹ has written a clever rap poem which features this interesting phenomenon (see Appendix, **“I Just Can’t Thought About it Anymore.”** The better you understand TFT the more you will appreciate this rap.)

The Tooth, Shoe, Lump Principle (TSL) In a small number of complex clients a complication may take place which I call the tooth, shoe, lump (TSL) principle. Here is an illustration of this principle. Consider a person who has a terrible toothache: *They call the dentist’s office is called and rush over to the office. Although there is no opening in the schedule, the dentist will take care of the problem as soon as she can. The tooth was hurting so badly they had put on the first pair of shoes available, ignoring the fact these shoes hurt his feet. Due to the intense tooth pain, however, he doesn’t notice the discomfort caused by the shoes.*

⁹ VT indicates that one is trained at the Voice Technology level, the highest level of TFT Causal Diagnosis.

When he gets to the office he sits on a couch directly upon a most uncomfortable lump. Again, this goes unnoticed due to the severe pain in the tooth. Just then the dentist comes out and indicates she will be able to attend to the problem in about an hour and a half, but seeing the severity of the pain, she injects a shot of Novocain to give temporary relief. The tooth is suddenly relieved of all pain and he now becomes aware he put on the wrong shoes and due to the Novocain effect he is suddenly aware his feet are quite uncomfortable. He removes the shoes and in a few moments he then begins to be aware of the uncomfortable lump upon which he has been sitting. He moves to a nearby chair and, at last, feels comfortable.

Something somewhat similar occurs in some severely complex clients who are only aware of a summation effect of their problems and do not, or are not able to, discriminate between say, trauma, anxiety and depression or mixtures of various other problems. There can also be different aspects to one traumatic event that might need to be treated separately, if the person does not fully respond to treating the trauma as a whole, though the necessity for this is rare. The person being treated might not be aware of this. All they know is they feel bad. We may completely remove all traces of the first problem in line, as confirmed by our tests and supported by the fact no complications such as PR or mini-PR show up on diagnosis. Often we are actually treating what the client may perceive as one problem but which may consist of a melange of problems.

Inertial Delay In rare cases, there can be a delayed response to the treatment. This delayed response can occur anywhere from a few minutes immediately following the treatment to; in very rare cases, a few days later. Keep in mind, however, this type of delay is unusual and what we usually see are immediate, dramatic changes.

Is it Desirable to Eliminate All Upset Associated with a Trauma? This question was a moot issue before there were powerful treatments to eliminate the bad effects of a trauma. I maintain it is desirable to eliminate all bad effects of a trauma. There are some therapists who have learned how to do this work who believe they should not eliminate all suffering but leave some. They have the belief, quite wrong in my opinion, that leaving some measure of suffering will help protect the person against further trauma. I suspect this interesting notion likely became introduced through good treatments which were, nevertheless, not completely effective and that the residue which could not be eliminated became rationalized as a desirable situation.

It is crucial to understand that although TFT can eliminate all traces of a problem *the treatment does not make a person stupid or ignorant*. I find a person can use more intelligence the less upset he or she is. This is the best protection one can have through treatment.

Architecture of the Treatment I have noticed that many who do my treatments have overlooked the subtle fact the treatments have an architecture or structure. The reader will observe the treatment has a certain architecture to it. It follows a certain pattern: majors (eye, arm, etc) – the nine gamut procedure – a repetition of the majors. This architecture

is also a discovery of mine due to many empirical clinical experiments. This particular pattern results in the most efficient treatments, both in power and in time.

What to do if the Treatment Doesn't Work This treatment will eliminate all traces of a person's upset over a trauma anywhere in the range from 70-90% of the time. If you have followed the above instructions and you are unable to eliminate the upset, do not continue to repeat this treatment, as this will only result in unnecessary frustration. You may try the Complex Trauma Algorithm.

Complex Trauma Algorithm After completing Steps 1-6 and any needed PR corrections, ask the client to tap the four treatment points for the complex trauma algorithm.

Treatment Point #1: Ask the client to tap the inner tip of the little finger five taps (see diagram of hand)

Treatment Point #2: Ask the client to tap the collarbone spot five times

Treatment Point #3: Then, ask client to tap the inside tip of the index finger (thumb side) five times

Treatment Point #4: Next, have the client tap the collarbone spot five times

Checking the SUD. At this time, ask for another SUD rating or how the person feels now. If the decrease is 2 or more points continue with the nine gamut procedures. If there was no change or the change was only one point if you started at a SUD of 7 or higher, *correct Psychological Reversal* (see paragraph above for Psychological Reversal Corrections), and repeat Treatment Points 1-4 of the Complex Trauma Algorithm. If you started with a SUD below 7, a change of 1 point is acceptable to continue.

Ask the client to do the **nine gamut procedures** and then **repeat the above Treatment Points 1-4. End the session with the Floor to Ceiling Eye Roll** (as described in previous algorithm treatment sequence).

If you are unable to get results with this trauma algorithm, and you have corrected for PR, then it is necessary to see a professional trained in these procedures. A person properly trained in Callahan Techniques® TFT will be able to find the precise treatment sequence through causal diagnosis (see Chapter). Call our office for referrals to qualified practitioners.