TFT Is Shared With Grieving American Heroes And Government Officials

By Herb Ayers, MA LMHC TFT-Dx

Each year for the last 6 years, a remarkable woman has called together members of hundreds of families from the states of Washington, Oregon, Idaho, Alaska, and Hawaii. These families have all lost a loved one who gave his or her life defending liberty in Iraq and Afghanistan. She is Shirley Schmunk, whose son was also killed in combat in Iraq.

Shirley understands the value of TFT and has given me the privilege of being available at her “Time of Remembrance” (TOR) memorial conferences each year so that I may help interested family members learn how to use TFT to lower their stress while they overcome their grief.

In addition to the family members of our “Fallen Heroes,” she also invites guest speakers who help the families cope with their losses. Counselors from the Veterans Administration and social workers from the State of Washington and Department of Defense along with guest speakers including Washington State Governor, Christine Gregoire, and her husband, Michael, usually attend. This year General James N. Mattis, who is currently Commander, United States Central Command (Middle East Forces) was a speaker. He also attended the event in 2009 when he was Supreme Allied Commander, Transformation Commander with the U. S. Joint Forces Command in Europe. General Mattis led the 1st Marine Division attack into Iraq.

I presented General Mattis with a copy of Roger and Joanne Callahan’s book, Tapping the Body’s Energy Pathways, which was personally inscribed by them honoring his courage and freedom in the cause of freedom.

continues...
We discussed my book entry on using TFT to help heal trauma caused by improvised explosive devices. After reading it, General Mattis assured me he would see that this information on TFT reaches leaders under his command. He spoke during the Sunday memorial service. The keynote speaker was U. S. Ambassador Ryan C. Crocker. He survived the 1983 U.S. Embassy bombing in Beirut. In 2003, after serving as Deputy Assistant Secretary of State for Near Eastern Affairs, he was appointed Director of Governance for the Coalition Provisional Authority in Iraq. He was awarded the Presidential Medal of Freedom by President George W. Bush in 2009 for “his courage, his integrity, and his unwavering commitment to strengthening our nation and building a freer and more peaceful world.”

The Ambassador also makes it a point to meet with family members of those who gave their lives. Most recently he accepted an assignment by President Barack Obama to be Ambassador to Iraq, a post he held until September, 2012.

I also presented him with an inscribed copy of *Tapping the Body’s Energy Pathways*. We discussed how TFT can be used to help refugees.

During the TOR event, I had many opportunities to share TFT information and algorithms with family members who appreciated the help. The event is held each year in the Tri-Cities, Washington at the M Hotel in Richland.

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**The Research Committee: A Resource for Members**

*By Jenny Edwards*

The Thought Field Therapy® Research Committee, which is sponsored by the TFT Foundation (www.tftfoundation.org), has been meeting since 2008. Members include Jenny Edwards, Jim McAninch, Bob Pasahow, and Rita Weinberg. Recently, John Freedom, who heads the ACEP Research Committee, has joined our meetings to share about the various initiatives of ACEP.

We meet on a regular basis and are available to consult with those who are trained in Thought Field Therapy® who would like to conduct studies. If you would like to meet with us to brainstorm ideas for your study, talk through your study, get support for your study, etc., please contact Jenny Edwards. Her email is jedwards@fielding.edu. We are available to assist you in any way that might be helpful.

In addition, the Thought Field Therapy® Research Protocol will be posted soon on the ACEP website, as well as on the TFT Foundation website. Those who wish to conduct studies need to have taken TFT training at least at the Algorithm level, and preferably at higher levels.

Numerous studies have been conducted on Thought Field Therapy®. To access information about those studies, as well as information about studies that have been done on offshoots of TFT, go to the TFT Foundation website. Click here for the Resource Library and Research.
TFT Foundation Provides Tapping and TFT to a Traumatized World

by Joanne Callahan, MBA, President, TFT Foundation

The TFT Foundations, USA, UK and our sister, the IZERE Center in Rwanda have all been busy sharing TFT, helping those in need, completing research, and educating the world about the healing power of TFT.

Much has happened this year. Since our last issue, our Trauma Relief Blog has continued to reach people around the world, providing free trauma relief, anger and guilt tapping sequences in video and print, in eleven languages, including American Sign Language. Our goal is to have these procedures available in as many languages as possible, to help all suffering from traumatic events around the world. Please share this information with family, friends and all you know who can benefit, www.TFTTraumaRelief.wordpress.com.

At our last board meeting, Dr. Mary Cowley, who generously donates her time to manage this site, informed us that we have had 62,392 visits. She also shared a recent post by one of our Rwandan friends:

HABIMANA Fabien commented on Healing PTSD for Vets & Firemen

My name is HABIMANA Fabian I am Rwandan therapist from IZERE NYINAWIMANA.

I am very happy for what you do for veterans. In this morning I receive a mother who comes to my office to thank me because I helped her with TFT while she had a dip depression caused by family conflict. After hearing that I have been trained to help people to overcome their problems using TFT she asked me for an appointment, At the day, while we used tapping techniques, I saw her smiling and she asked me for a paper on which she wrote the following words; SINCE TO DAY I AM GOING TO FACE MY PROBLEMS WITHOUT ANY FEAR PLEASE GIVE ME A COPY OF TFT

I am also very proud of using TFT to help others and I thank all practitioners of TFT who try to help others.

May God help you to achieve your goals.

TFT Foundation board members Mary Lou Dobbs and Bruce Paton, along with Dr. Dariah Morgan have continued their work with the New Mexico project for homeless female veterans. The house is now full, with 8 females and 2 children. They provide monetary as well as volunteer therapy support for the residents and staff. We thank them for their continued dedication to this deserving population.

The UK TFT Foundation directors, Phyll and Dr. Howard Robson have recently had their paper on TFT work in Haiti published in the Energy Psychology Journal. This was a joint mission between the USA and UK Foundations and a group of medical doctors, Angels for Haiti Project. The Robson’s donated their time and expenses to this much needed relief mission. We are so grateful for their continued dedication to helping others with TFT.

If you can offer other forms of support such as celebrity contacts, airline miles, or wish to volunteer, please contact me, Joanne@TFTFoundation.org
To view this paper, go to:


Their Haiti mission continued to help even after their departure as we see from this letter from Dr. Carolle.

Dear Joanne:

As you may have heard, hurricane Thomas hit Haiti Friday before last. Unfortunately, the county of La Vallee de Jacmel – where the training took place located at 3,000 feet above sea level was in his path. The high winds wiped out most of the agricultural crop and brought down many homes that were previously damaged by the earthquake.

I just got a phone call letting me know that many of the rescue volunteers were those who attended the TFT training. They were mentally strong to rise up to the occasion.

Without the training, a second blow would have been deadlier.

Thanks again to you, your organization, and the Robson.

With love and gratitude,

Dr. Carolle

I remember receiving similar thank yous and reports for our teams that went into New Orleans after Hurricane Katrina, and, I just heard a report from a group of fireman, at a Wounded Warriors event, who had been helped with TFT after 911. TFT and TFT training continues the gift of healing, many years after the original event.

Board member, and lead researcher, Suzanne Connolly, has submitted the TFT Foundation’s 2009 PTSD Study in Rwanda for publication. The statistical analysis of the joint foundation mission to Uganda, June 2012, is nearly complete. Dr. Robson, the lead researcher has said the results are “quite exciting”.

This issue of Tapping for Humanity contains articles about the Uganda mission as well as our continued work in Rwanda thru the IZERE Center. Jenny Edwards, board member and chair of our research committee shares how the research committee can support anyone who is interested in further TFT research. We so appreciate her time and effort on this committee.

The above mentioned studies tested a model for large scale trauma and disaster relief. Research and humanitarian relief provided by the foundations over the last 6 years has proven this model to be effective, simple and it provides much healing in a disaster region.

Due to the successes of these various missions, we are receiving more and more requests for help with TFT. IZERE Center has been asked to teach and use TFT in the country’s prisons and school systems.

Fr. Peter, our host in Uganda, has asked us to come back next year for a follow-up to our study and to train and treat many more. He has also been communicating with Northern Uganda and wanting to organize a full country TFT training in 2014.
Recently, a TFT trained psychologist, has been asked to provide help for a severely traumatized Somali refugee population. She has asked for the foundation’s support and assistance in this project. We are excited as this will be a local (USA) mission and yet another opportunity to test our model for large scale trauma relief.

Our documentary is progressing with the final stages of filming to take place in January 2013. We are eagerly anticipating the completion of this as it will be a powerful tool to educate the world about using TFT to transform trauma into peace.

As you read each article, you will see the hundreds, and even thousands that are already benefitting from TFT.

These projects all require help. **We need assistance in the following ways:**

- dollars
- celebrity endorsements or acknowledgements
- airline miles
- grant writing
- social media promotion
- volunteer hours

Please consider helping us support all of these projects. Be confident in knowing your dollars go directly to the project you wish to support. Over 92% of every dollar donated is used on program expenses. Our board and mission team members generously donate their time. Please join us in bringing trauma relief to so many in need.

Go to our TFT Foundation web site, [www.TFTFoundation.org](http://www.TFTFoundation.org) for monetary contributions and contact myself, Joanne Callahan at [Joanne@TFTFoundation.org](mailto:Joanne@TFTFoundation.org) for all other contributions.
Become a New Member of ACEP
the world’s only International Association
of Energy Psychology Practitioners by Nov 30th
and we will donate $25 to the TFT Foundation
to support TFT Humanitarian Work

ACEP supports TFT and other Energy Psychology practices throughout the world. ACEP has already donated $5000 to TFT humanitarian work in Rwanda. ACEP is a leader in promoting EP research, advocating for EP practices to improve healthcare systems and supporting EP practitioners with a wealth of training tools.

Come to www.Energypsych.org to become a member
Select Tapping for Humanity in the referral source field.
ACEP is a 501 c3 non profit association

Get a free 90 minute mp3 of Bruce Lipton
Watch a free 45 webinar on EP Research

Please help us increase TFT’s presence within ACEP. We have so many successes we can share. They are seeking ads and content for the next issue of the Energy Field now. It will be published in January 2013. Do you have an interesting case, a book review or an insight to share? Here’s your chance to be a published author and to share for the benefit of their readers. Ad rates are very affordable and they support ACEP too. We have run several ads and some of the Foundation board members have submitted articles. Don’t miss this opportunity to share what you do with others.

The deadline for submissions and advertisements is December 1, 2012. If you have story ideas, case studies, photos, cartoons or comical tales about EP in the real world they want to hear from you.

Contact the editor, Betsy B. Muller, MBA, CEHP, ACP-EFT, with your submissions at:
betsy@theindigoconnection.com
Energy Field Editor and Communications Director
The Association for Comprehensive Energy Psychology
Thought Field Therapy – The missing link to effective trauma-informed care and practice

_All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident._ Arthur Schopenhauer

_There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things._ Niccolo Machiavelli

Trauma-informed care and practice is a framework for the provision of services for mental health clients that originated in the early 1990s and has especially been put forth as a sensible service model since Harris and Fallot’s 2001 publication Using trauma theory to design service systems. Trauma-informed care can be seen to be characterised by three main considerations in regard to the provision of treatment services:

1. That they incorporate a recognition of the reality that there is a high incidence of traumatic stress in those presenting for mental health care services.

2. That a comprehensive understanding of the significant psychological, neurological, biological and social manifestation of traumatic and violent experiences can have on a person.

3. That the care provided to these clients in recognising these effects is collaborative, skill-based and supportive.

In Australia these ideas were the focus of a consciousness raising conference: Trauma-Informed Care and Practice: Meeting the Challenge conducted by the Mental Health Coordinating Council in Sydney in June 2011. The conference was part of an initiative towards a national agenda to promote the philosophy of trauma-informed care to be integrated into practice across service systems throughout Australia.

It has only really been since studies such as the National Comorbidity Study (Kessler et al., 1995); the Adverse Childhood Experiences study (Felitti et al., 1998); and the longitudinal prospective follow up study, the Child Development Project (e.g., Egeland, 2009) has the mythical expectation that exposure to traumatic stress was a relatively rare event has been exploded. We are now operating from a much more realistically informed basis in regard to the quite common incidence of traumatic stress in the general population. Unfortunate figures such as that between 25 and 30% of women have been sexually abused in
some way before the age of 18 are now not a surprise to informed health services practitioners. Also there are reliable estimates that as many as 90% of public mental health clients have been exposed to traumatic stress and most have had multiple experiences of trauma.

It was mainly due to the dual political mobilisations of the Vietnam war veterans and the women’s liberation movement of the 1970s that eventuated in the DSM – III of 1980 featuring for the first time the diagnostic category of Posttraumatic Stress Disorder (PTSD) (Herman, 1992). The advent of the PTSD diagnosis relieved the burden of non-recognition that traumatised combat veterans who went before had to bear where their condition was viewed as a non-compensable manifestation of a characterological weakness.

This, of course, was a significant advance. But nonetheless there remain significant limitations to the clinical practicalities related to this advance that are essentially embodied in the medical model mindset within which this PTSD diagnosis is applied. To my mind PTSD has better utility as a legal term rather than as a clinical entity. The requisite number of ticks applied to the 17 symptoms in the right clusters is not going to make much difference to the way that I approach the treatment of a client. The PTSD diagnosis fits with the medical model question: “What is wrong with you?” (See Figure 1).

![Image of symptoms and diagnosis diagram](image-url)

**Figure 1.** A representation of the medical model conceptualisation of the relationship between “symptoms” and “treatment.”

The trauma-informed movement, on the other hand, points to an orientation towards a client where the question is: “What has happened to you?” Symptoms are here seen as manifestations of (or, as some have persuasively put, attempted solutions to) the unresolved life issues that, one way or another, to a greater or lesser degree, most of us carry (see Figure 2).

While this model of service delivery is enlightened by a focused awareness of the stark realities of the circumstances of the people who find their way into our care, rather than essentially a pigeon-holing or labeling ex-
ercise that the process of diagnosis can cynically be viewed as, conventional approaches to actually resolving the distress-laden life issues and the instances of traumatic stress that may be revealed through this lens remain cumbersome and in the main lack user-friendliness. Currently what is regarded as the “gold standard” approach to traumatic stress is a prolonged exposure protocol that does not readily lend itself to dealing with multiple unresolved life issues and instances of traumatic stress.

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Figure 2. A representation of a trauma-informed model of service delivery as contrasted with a medical model.

The remarkable discoveries forged by Dr Roger Callahan (1995) under the banner of thought field therapy (TFT) since 1979 would seem to be perfectly suited to be applied within the trauma-informed model. I have been operating from essentially a trauma-informed approach from early on in my utilization of TFT approaches in my clinical psychology practice which has been since 1997. I have done this without actually being aware of, until fairly recently, the formal trauma-informed movement.

I spell out to clients my framework (Figure 2) and sensitively ask them what I call the “four questions plus one.” These are:

“Tell me about your life – has there been any trauma, disruption or loss in your life?
How was the parenting that you got from your parents?
Is there anything else that you think I ought to know?”

These questions can be asked with great confidence of being able to, in most cases though not all, quite quickly resolve any distress or disturbance that might thus be revealed as being associated with these issues. Utilising such a trauma-informed approach has facilitated the often rapid and remarkable success in the treatment of all sorts of presenting problems.

Particularly illustrative of this approach in action – a trauma-informed attitude to the presenting problem together with the utilization of TFT in the resolution of the revealed life traumas and issues – have been a number
of stunning successes in areas where there have been years and years of the very best of what medical model providers have offered without success. I have had repeated successes in two particular areas along these lines – non-specific infertility and migraine headaches.

In cases that include: 4 years of unsuccessful IVF; 6 years of unsuccessful IVF; referral from an IVF clinic, at client’s request, just prior to instituting IVF procedures; 15 years of medical model migraine treatments; and 10 years of conventional migraine treatments – the questions that I asked in the first session (the 4 questions plus one) had not been raised in any of these conventional medical model approaches over all of those years.

In all of these examples there were significant unresolved life issues, with elevated levels of emotional distress and pain associated with them, that were revealed with those questions and which were quite quickly (within a few to several sessions) resolved through the application of TFT techniques with resultant pregnancies (in the first two cases within a week of termination of our therapy) and alleviation of migrainous interference to the lives of the migraine sufferers.

It is curious that despite such stunning successes, repeated around the world every day, together with the recent publication of David Feinstein’s current review of the evidence for the effectiveness of TFT approaches in an American Psychology Association (APA) journal (Feinstein, 2012), guardedness, suspicion and resistance continue to abound–perhaps something to do with the practical reality and applicability of the wise words beneath the title above.

Christopher Semmens
Clinical Psychologist
Perth, Western Australia

REFERENCES


The Uganda Project 2012
from the perspective of the Norwegian team members, Mats Uldal and Bitta Wiese

By Bitta Wiese, Reg. Thought Field Therapist
MNLH, Oslo, Norway

For Mats Uldal and myself it all started in June 2011. We had travelled from Norway to attend the ACEP conference in Reston, Virginia, and we split up to visit the different presenters/workshops and reported to each other afterwards. I chose to be the one visiting the session of Caroline Sakai and Suzanne Connolly, knowing about their work in the trauma committee and their studies on TFT in Rwanda. These were exactly the kind of projects I had been dreaming of, being a co-founder and CEO of our brand new Mats Uldal Humanitarian Foundation. I also knew that Mats himself had wanted to start a foundation like ours long before I even knew what TFT was, and that he was eager to contribute in any way. After their brilliant presentation, I stood up and introduced myself and the foundation. Mats they knew already. There and then I eagerly suggested collaboration, and offered both Mats and me to come with them to the next project in Uganda in 2012.

12 months after the conference, our team was ready to go. We had frequent Skype meetings between USA, UK and Norway, led by Howard Robson, together with Joanne Callahan and Suzanne Connolly to plan and organize the trip. The team going to Uganda were Roger Ludwig from USA, Phyll and Howard Robson from UK and the two of us from Norway. TFT Foundation USA suggested inviting Father JMV (Jean Marie Vianney), Celestine Mitabu, Deacon Augustin and Adrienne Nahayo from Rwanda to come, having experience previous studies in Rwanda. Howard would be in overall charge of the team and specific responsibility for the research study, and Phyll would be in charge of the trainings.

Our amazing host, Fr Peter, met us at the airport when we finally arrived at Entebbe at 4 am June 8th. He had been waiting for us since one am,
but looked fresh and lively. He met us in the traditional African way; with a small delegation of his most trusted people - to greet us and escort us to our overnight accommodation in Kampala. Fr. Peter and his companions then returned to the Airport to await the arrival of the rest of the team, from UK and USA due in at 7 am. The following morning we faced the 8 hour drive to the Catechists Training Centre, Nsenyi, in Kasese District. I can only imagine how tired they all must have been, but they insisted on meeting all of us in person. This was the very first time the team had met in person.

We also had a visitor whilst in Kampala; a lady who wished to meet us after talking to my husband in Norway and heard Mats and I were in Kampala. Her name is Mrs. Awere Phibby Otaala, she is married to the former Minister of Health. Phibby runs a women’s organization called Hands of Hope. She brought her brother, Dr. Wafula Jackson with her, and after a short meeting they were so impressed by TFT and our mission that Jackson volunteered to come with us to Kasese, and proved to be a very popular and valuable member of the team. Not until the end of our stay did we get to know that he was a medical doctor for 8 years, he speaks 14 languages, and was a very young and fit 45 years old!

The first week of the project was extremely busy. Everything was very new to us, and diligence was essential. The team got together every evening to make sure all the days’ paperwork was in order, and to allocate duties. The first two training days were absolutely crucial to the success of the research study; we trained 36 carefully selected catechists to perform PTSD assessments and carry out treatments on all the study participants, 256 people. In this respect, we can thank Fr Peter and his team of Catechists for making this possible, he is a great organizer. The logistics of organising 256 people to arrive on the correct date, day and time, from all over the district without the use of a telephone or email, was formidable. One group had to attend twice, the other three times, over a period of three weeks. Secondly, Fr Peter managed to persuade the 36 catechist to leave their families throughout the whole study, which lasted for three weeks. A lot of tapping was done over this issue during the training, as the catechists and their families had made considerable sacrifices to support the study. A third issue was the translations of training material into the local language, which I naively had taken the responsibility of arranging - as a donation from the translators - through my husband’s contacts in Uganda. As days and weeks went by, the work was “ready this weekend”, “soon ready” or just “being quality checked”, but the most important document - the training manual - never came. As we arrived in Nsenyi, it was too late, having no access to internet there. We managed anyway, with good help from Fr Peter and the Catechists – again.

The schedule was pretty tight, we travelled to trainings in three different districts and returned to Nsenyi to complete the study. Sundays were days off, but always busy. On Sundays we did enjoyable things like visiting the Bishop, giving interviews at the Kasese Guide radio, visiting the National Park, going to the border of Congo and visiting Fr Peter’s family close to the border. Roger and Howard even went for an early and strenuous hike to look for the chimpanzees, unfortunately with no luck!

The first week I don’t think any of us got much sleep, with all the new sounds. Cozy as it is though, it takes time to get used to wood-chopping at 4 am, goats screaming during the night, singing and laughing through thin walls and Mass outside your window before sunrise. Still, for me personally it was absolutely wonderful from day one. Even without sleep I felt abnormally happy and energetic, like I was
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directly connected to the very source of energy. No hot water? Limited showers? An unfamiliar bed? A neck rest as pillow? So what? There was giggling and laughter around every corner, happy faces, singing and drumming every day. I felt like I had come to a sort of Heaven on Earth.

Not only were the locals a delight to be around. The work itself was rewarding and fun. Everyone in the team could multitask; each member could jump in and perform any task, whether it was a session during the training, registering results from the study or treating people who just showed up. The responsibilities were clear, but everybody in the team was heard and every problem or wish was welcomed as a subject for discussion. The events from day to day were well coordinated, and the team worked efficiently together. Phyll and Howard had done a great job in advance with all the paperwork, they made sure that the system functioned at all times, and Roger was always well prepared and accurate in his work. I think – and hope - that Mats and I were a positive supplement to the team, with our enthusiasm, knowledge and new ideas. We also introduced Simplified TFT with AQT (Advanced Questioning Techniques) to the group; Mats Uldal’s new direction within TFT algorithms.

I am personally very proud of the achievements that were accomplished during our stay:

- We trained and certified 350 catechists, who now serve 500,000 people
- A big scale study of 256 people was undertaken – by 36 newly trained catechists
- Hundreds of people were treated outside the study, by the catechists and the team
- We introduced TFT to 550 girls at a girls’ school
- Mats and I treated and trained 12 traumatized women from the slum outside Kampala
- Mats and I introduced TFT to 145 criminal youths aged 12-18 in Kampala

Father Peter now wants us back in 2014 to do trainings on a national scale, for the benefit of the entire country. If we can raise the money, he will organize it.

For me this project was a greater success than I could have ever dreamed of. It was a better experience than I ever hoped for. I met more wonderful people than one ever could imagine. As the team got to know each other, we worked better together than I ever expected.

Thank you Joanne for letting us join the team. Thank you Suzanne for assisting during the planning. Thank you Phyll, Howard and Roger for being who you are, and for accepting the two peculiar Norwegians with a different culture. It was a pleasure working with you. Thank you to our new friends from Rwanda, to Phibby and Jackson, to all the wonderful people we met in Bukangara, Hima and CTC Nsenyi. A special thought goes to Augustin, Africano, Sunday, Antoinette, Cornelius – and more than any to my new friend and spiritual leader; Father Peter! I will never forget his chuckling laughter, friendliness, gratitude, warmth and unlimited wisdom.

I am truly grateful and humble to have been given the chance to participate in this project. I will do all that I can to return to Nsenyi, whether it is for a follow-up on the study, another project, or just a friendly visit to Fr Peter. God willing, it will not take long.

Bitta
Survey on Utilization of 9-Gamut and the Gamut Acupoint

by Robert Pasahow, PhD

The goal in any Energy Psychology (EP) session is to eliminate any negative emotions and distressing physiological sensations. EP clinicians almost invariably report that these treatments are the safest and caused the least amount of anguish and is the preferred method when treating emotionally charged memories.\(^1/2\)

Due to its affect-reduction qualities, they found that therapists prefer EP when treating adult survivors of childhood sexual abuse\(^3\) and therapists find that highly traumatized clients recall previously suppressed and repressed memories when using EFT compared to other psychotherapies.\(^4\)

There are clients who suppress and have repressed past traumas and experience increased distress during an EP session. This increase is healthy as it is necessary for that individual to have interventions about the underlying problems. However, it is important that SUD be reduced to a lower level by the end of the session. A client who leaves an EP session extremely agitated, although not a frequent occurrence, may not return to an EP therapy that can be experienced as “weird” and so different than existing psychotherapies.

Callahan named the gamut “acupoint” because it has many varied applications.\(^5\) It is always tapped in a TFT holon. Since it occurs between two tapping sequences, a holon is referred to as a “Gamut Sandwich.” Energy Diagnostic and Treatment Methods (EDTM)\(^6\) and Advanced Thought Field Therapy\(^7\) incorporate 9-Gamut and refer to it as a brain balancing technique.

Gamut is used to treat the different manifestations of depression. This includes despair, grief, hopelessness, despondency, and loneliness.\(^8\) It is the only acupoint tapped to treat pain in the TFT algorithm model. Whereas other acupoints are typically tapped 5-7 times, the gamut is tapped 30 and 50 times, respectively, when treating depression and pain. The gamut is the only acupoint tapped during collarbone breathing in the treatment of Neurological Disorganization and in the eye roll procedure to eliminate all distress when SUD is at a low level but is not zero even though holons, reversals, and toxin treatment have been applied. It is the only acupoint tapped in TFT and EFT that is not an endpoint of the 12 energy meridian pathways.

**An online survey of TFT clinicians on an ATFT list serve asked:**

1) Do you use 9-Gamut when doing TFT?

**Answer:** 62 out of 62 people responded yes. Five of these individuals would not use 9-Gamut if

   - a) SUD has gone to zero (there obviously would be no need to do anything else).
   - b) 9-Gamut is not indicated in the TFT dx procedure.
2) Do you think the gamut spot is generally important when tapping during the sequence phase of an algorithm?

**Answer:** 56 out of 56 people responded it is important when doing the TFT algorithm treatment. There were no responses regarding TFT dx.

3) If your client taps the gamut spot, how many times do you have them do it?

**Answer:** This was responded to in two different ways.

- a) Tapping on the gamut as part of the treatment sequence when doing the TFT algorithm treatment.
- b) Taping on the 9-Gamut.

When responding to the amount of times that people tapped on the gamut as part of the treatment sequence in an algorithm, the following were noted:

18 clinicians reported having individuals tap 50 times, 7 clinicians reported having individuals tap 30 to 50 times, and two clinicians reported having individuals tap 40 to 50 times. There are also answers provided by different individuals.

Thus, it always is used in the TFT algorithm procedure and sometimes not used if muscle testing indicates it is not necessary. However, this occurs occasionally.

These results would be more believable if some therapists reported it as not being helpful. After all what occurs 100% of the time? However, the responses were 100%.

Energy medicine provides information of why the gamut acupoint is so important. It is the only acupoint on the Triple Warmer (TW) Meridian pathway and one of only four energy meridians that is also a radiant circuit. Whereas meridian pathways go to a specific organ, radiant circuits affect all energy meridians. The other radiant circuits are the governing and central vessel, and the spleen meridian. The spleen meridian is the ying for the yang of TW on the Energy Meridian Flow Wheel.

Out of all meridians, the book “Energy Medicine” devotes the largest section on TW of all meridians. It is instrumental in modulating the fight/flight response and the functioning of the immune system. Numerous techniques to calm TW are described to prevent and treat auto immune disorders and stress-related problems.

The results of this list survey suggest that the gamut may be underutilized in Energy Psychology. It just might be the Rodney Dangerfield of acupoints.

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**Footnotes**

The stories keep coming in from Rwanda. During the Days of Mourning, a genocide memorial that takes place in April each year in Rwanda, a Rwandan TFT Therapist reports, that a 1994 genocide survivor would, in past years, became so triggered by the ceremonies, that the survivor would go into a coma and would have to be hospitalized and medicated. After being treated with TFT in 2010 at the Izere Center, located in the Byumba District of Rwanda, the survivor was able to discontinue medication and, on the anniversary that followed the treatment, the survivor was not traumatized by the memories and, there was no coma and no hospitalization. The same therapist reports that another survivor was suffering from constant anger, sleepless nights and thoughts of murdering neighbors to revenge the death of relatives. That survivor suffered from cardio-vascular problems and hypertension, not controlled, in spite of medications. The therapist reports that, following treatment with TFT, “the person has no anger and gets along with all neighbors. The treated person now has good health without medications”.

Another Rwandan therapist states, “The people I treated were, and are still, pleased with TFT results. Imagine to see a person who has lost his/her laughter laughing again, a person who was living in loneliness recovering from loneliness, a
person who has lost his sleep, sleeping again, a person with nightmares, getting again his/her normal sleep, etc.!”

Multiply this a thousand times over and you will have some idea of the good that is happening in Rwanda thanks to contributions to the TFT Foundation, Rwandan Therapists fund.

This good news had its beginnings in 2008, when an ATFT Foundation (now known as the TFT Foundation) trauma-relief team member received a plea for help from Father Jean Marie Vianney Dushimiyimana from the rural Northern District of Byumba, Rwanda. He had heard about the good work the team was doing in Kigali and wanted to bring a TFT team to Byumba. The team was not able to respond to Father J.M.V.’s request while in Rwanda in 2008; however, in 2009, after a year of fund raising, an ATFT Foundation trauma-relief team was finally able to respond to Father J.M.V.’s appeal for assistance.

This provided an opportunity for ATFT Foundation trauma-relief team members to conduct a study in Byumba Rwanda to replicate results from a previous study that had been conducted in 2008 in Rwanda’s capital city, Kigali. This time, the team wanted to determine if they could leave in place, a model of treating survivors of mass trauma in a community based setting. Father JMV selected 36 community leaders for the TFT training and, as instructed by the team, selected 200 persons over 18 who felt that they suffered from symptoms of trauma and who wished to participate in the study. All treatments in the study were conducted by the newly trained Rwandan TFT therapists. The ATFT Foundation trauma-relief team supervised the newly trained therapists as they treated those in the study and, later, many others not included in the study, were also treated. The good results of this study have been submitted for publication.

Through continued fund raising efforts, the TFT Foundation has been able to raise money to pay a quarterly salary to maintain a full time therapist (a clinical Psychologist, Adrienne Nahayo) and two part-time therapists; a Catholic Priest, Father Augustin Nzabonimana who is now in charge of the Izere Center, and
Betty Mukamurara. Together, they have treated an average of 121 persons per month. In their monthly reports they list problems treated such as anxiety, disappointment, anger, trauma, headache, guilt (one person—one treatment); loss of sleep, anxiety, anger, bad feelings (another person-one treatment); nightmare, disappointment, headache, culpability (another person-one treatment); PTSD, complex trauma with anxiety, anger, fear, headache, and crying (another person-one treatment). Each person treated has a list of symptoms and almost always a beginning SUD of 8-10 and, at treatments ending, a SUD of 0.

Most of the TFT-trained community leaders are using TFT in their own employment settings and the TFT Foundation does not receive regular reports from them. However, we do know that orphanage directors, now trained in TFT, are using TFT in their settings; Policemen are using TFT in their settings; A person who works in a jail is using TFT in his setting; teachers are using TFT in their settings; and social workers are using TFT in their settings. One of the persons working in a professional setting stated, in one yearly report, that “The difference is clear. For example, there is a client who used not to talk and now that client can talk after the TFT treatment.”

Meanwhile in the capital city, Kigali, there are many community leaders who have been trained during previous ATFT Foundation trauma relief deployments to, Rwanda. Three of these trainings were presented in 2007, 2008 and 2010 to leaders of Serve Centers through the sponsorship Catholic Relief Services. In those trainings, administrators of orphanages, homes for the mentally ill, homes for the deaf, homes for youth at risk, and homes for the blind were trained in TFT. Several Nuns of Mother Theresa’s Sisters of Charity who take in unwanted infants and care for them, were trained during these three trainings. We hear from many of these community leaders about how they continue to use TFT to help others.

One outstanding TFT trainee, the Reverend Celestine Mitabu, a Protestant minister who is now one of four Rwandans now qualified to train other community leaders in TFT, is now in the process of gathering those trained as TFT therapists in Kigali (who number a little over 200) to form another branch of the Rwandan TFT Foundation. Reverend Celestine hopes to soon be occupying an office in a newly built Government building where people can come and get treated with TFT for trauma and other psychological problems.

Reverend Celestine, along with his colleagues and friends, Father J.M.V. and Father Augustine, are all trained as TFT trainers and they recently helped form a truly international team this July, as the TFT Foundation, the TFT Foundation U.K., and the Mats Udall Humanitarian Foundation of Norway conducted another study and trained and treated hundreds in Uganda. TFT is truly spreading throughout the Great Lake Region of Africa.

Another Rwandan TFT therapist reports; “I treat people and they go back spreading the good news brought to them by TFT.” And the same therapist notes, “I treated my clients and taught them to treat themselves, and now I am happy with them. They tell me that they are also treating their family members using TFT.”

Requests for TFT treatments are growing exponentially in Rwanda. Please help in any way you can in our effort to support those who are spreading TFT to promote mental health, productivity and peace in Africa. Adrienne’s (a Clinical Psychologist and our full time TFT therapist) salary is $400.00 U.S. a month and Father Augustine’s and Betty MUKAMURARA’s (our part-time therapists) salaries are $200.00 U.S. a month. People travel far in a very rural area by foot or bus or motorcycle -taxi to see them. It averages less than $7.00 U.S. per client to provide these much needed services.

Your donation of $7.00 could help change one person’s life forever. Your donation of $500.00 could help change the lives of than 75 persons and the lives of those they touch. Any donations in any amounts would be appreciated and help change our world.
I remember an older woman who hung around the Izere Center the day we had a party celebrating the success of the trainings, the study, and the good work that had been accomplished by the newly trained Rwandan therapists. There was food, soda pop, beer and dancing. The woman sat all day on the grass outside holding a basket. When the ceremony was winding down, she walked in the room where the party was being held and brought the basket to me, as TFT Foundation team leader, to thank the team for the gifts of healing we brought to her and her neighbors.

With tears of gratitude she thanked us, as the translators interpreted; “Before I was miserable and could hardly move”, she smiled after handing me the traditional basket which contained several fresh chicken eggs,” but, now, I am dancing.” With that she smiled and did a lively dance and summarily walked out of the room, to travel home by foot on the dusty road under a dusky sky. The eggs were eaten for breakfast the next day by the departing team.

The basket was fittingly given during a presentation at an ACEP Conference the following year, to Dr. Roger Callahan.
Japanese Association for Thought Field Therapy:  

Ayame Morikawa, PhD, Reports on Their Expansion and Education Efforts

Over one thousand professionals have completed TFT Algorithm training in Japan over the last 10 years. They represent various professions including psychologists, counselors, medical doctors, teachers, body therapists, caretakers, personal trainers, and others. I will share some examples of what these professionals are accomplishing with TFT in Japan.

An elementary school teacher in Gunma Prefecture, Mr. Kato, voluntarily runs a cottage “Acorn Shell House” for kids with school phobias every weekend. He happened to pick up Dr. Callahan’s book at the bookstore and tried TFT on a child with anxiety of mother-infant separation, and it was gone instantly.

He was very surprised and came to my Algorithm training and then Diagnostic training.

He said he received great benefit from the training and has helped over 40 kids and their parents with TFT in three months.

Many school teachers effectively use TFT for their students who are uneasy or who have experienced abuse. They reported PR tapping really helped with calming down the students and increases their concentration.

There was a study at a public junior high school that demonstrated PR (psychological reversal) tapping improved the calculation levels in Japan. We would like to continue using TFT to improve their performance.

There are many dentists who are interested in TFT. Japanese people, especially in the rural areas, hesitate to go to psychiatric hospitals or counseling for their psychological issues. They are more likely to talk to their primary care doctors, teachers, or body therapists. Some even like to talk to their dentists about their trauma, fears, or obsessive compulsive symptoms.

Dr. Urakawa, DDS, successfully treats her patients with TFT for their past traumas about dental therapy or obsessive funny feelings about odontotherapy. She sometimes asks her assistant, Machiko, to treat fear of dental therapy for her patients in three minutes just before starting their dental work. They said TFT has been such a great tool and the shortest psychotherapy in the world that anybody can use.

With TFT algorithms, we can help many people. With the TFT diagnostic process, we can address many more problems by having them focusing on the problems more specifically. I will have trainees say “I want to balance my body” and then find the specific holons for that. They experience their body muscle balance has changed. Some people heard cracking in the body. The body therapists in the training always checked the balance in their own way and made sure that TFT changed the body balance only with tapping.

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Having clients focusing on wanting to control their own negative emotions, the TFT diagnostic procedures give us their individual tapping sequences. At the same time, the procedures eliminate their anxiety and anger.

Showing the trainees the various applications of TFT helps them to use it more effectively in their own practice.

JATFT offers both professional and non-professional trainings in TFT. We demonstrate TFT practice in the professional training.

Non-professionals come in and talk about their problems, and trainers give them TFT treatments. It is actually a short psychotherapy process.

Their problems are gone in 15 to 20 minutes with the trainees watching.

Some counselors have said that TFT’s 15 minute session is equivalent to 5 times of the longer sessions with conventional counseling procedures. It demonstrates the power of TFT in the actual situation.

I have started a group therapy program with TFT at the psychiatric hospital. The participants are in- or out-patients who have schizophrenia, bipolar disorder, developmental disorder, eating disorder, depression, and so on. Their anxiety and body tension were relaxed after the therapy, and they can continue helping themselves, too. The psychiatric doctor and nurses learned TFT and support them. The program is continuing.

The Ministry of Health, Labor and Welfare asked me to teach TFT psychologists and counselors who support female victims of domestic violence. The program is designed to treat those who may have common problems including trauma, fears, anxiety, panic, flashbacks, and dissociated symptoms.

I am also currently developing the Career development program with TFT as requested by a company. It helps the employee’s mental care and enhances developing their career and life design by reducing negative feelings.

Within Japan, we are developing several TFT models, and we would like to have more case examinations and share stories in order to enhance these professional models.

I have started TFT classes for non-professionals. Usually 6 to 10 people come in the class and set up their goals such as getting over panic attacks or trauma. They share the stories and the instructor helps each of them tuning into their specific thought field, eliminate the perturbations, and they tap together.

“Make a difference, one person at a time” I always remember these words I learned in my USA training.

We keep doing our best here in Japan.