

**The Impact of Thought Field Therapy on Heart Rate Variability (HRV)**  
**By Roger J. Callahan, Ph.D.**

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This paper was not subjected to peer review. The absence of peer review of both research papers and the reviews themselves emanated from concerns expressed by Dr. Roger Callahan that the review process was biased against TFT. This paper was published in an open review of the original research paper of TFT. The reader is encouraged to read the original article, along with this accompanying review, and the final critique of the Journal's decision to publish this set of nonreviewed articles in order to gain a perspective on the issues presented. \_ Larry E. Beutler, editor.

**ABSTRACT**

Thought Field Therapy (TFT) is a rapid treatment for psychological problems typically taking only minutes. HRV has been shown to be a strong predictor of mortality and is adversely affected by such problems as anxiety, depression, and trauma. Interventions presented in the current literature show modest improvements in HRV. Twenty cases, treated by the author and other therapists with TFT, are presented. The cases include some with diagnosed heart problems and very low HRV, which is ordinarily more resistant to change. The degree of improvements that are registered on HRV as a result of TFT treatment exceeds reports found in the current literature. There is a close correspondence between improved HRV and client report of reduced degree of upset. HRV may prove to be an appropriate objective measure of psychotherapy efficacy, given the correspondence between client report and HRV outcome. Further research in TFT and HRV is encouraged by these results.

**INTRODUCTION**

"Our hearts are at the mercy of our minds." (Gilbert, p. 216)

The purpose of this paper is to introduce the use of Heart Rate Variability (HRV) as an objective measure for the effectiveness of a therapy known as Thought Field Therapy (TFT). Clinicians have often looked for methods of evaluating the effects of psychotherapy and HRV is a tool that can meet this need. HRV shows signs of becoming increasingly popular as an outcome measure for psychotherapy (Cohen, Matar, Kaplan & Kotler, 1999). These authors note "From the interest it has raised, it may be expected that this method will be in widespread use in clinical practice in the future, providing a useful tool, both for diagnostic and prognostic purposes, as well as serving as a further aid towards monitoring therapeutic interventions" ( p. 59). Although the use of HRV as an outcome measure for psychotherapy is still relatively new, it is my expectation and prediction that HRV will, in the near future, be in widespread use in the field of psychology.

## **What is TFT?**

TFT is a very rapid method of treating psychological problems typically requiring only a matter of minutes to effect change, which usually endures. TFT can be administered by formulas or recipes, known as algorithms or by individually determined treatments, by a method known as causal diagnosis and can be used to treat psychological problems including phobias, anxiety, trauma, loss, addictive urges, obsessions, compulsions, and a wide variety of other problems (Callahan, 1985; Callahan & Perry, 1991; Callahan & Callahan, 2000; Callahan & Trubo, in press).

The first case treated with TFT was a woman in her 40s who had suffered from a life-long severe phobia of water. She had already been in therapy for a year and a half for the phobia and I had tried a variety of traditional approaches with no results. With TFT, this phobia was eliminated by a treatment that took less than a minute (Callahan, 1996). The treatment took place in 1980 and she has had no recurrences of her phobia in the 20 years since.

In a study done on TFT and acrophobia (Carbonell, 1995) subjects were randomly assigned to receive a treatment consisting of the correct TFT treatment points or to receive a placebo treatment consisting of sham treatment points. The group that received the real TFT treatment was shown in the post test was shown to have significantly more change than the group that had the placebo treatment, both by their self-report and by an actual behavioral test of having them climb a ladder. Although the difference was statistically significant, a flaw in the study should be noted; the control group showed some improvement (although less than the experimental group) because the subjects in the control group were given part of the real treatment. To show the true difference, a study would need to be conducted where the control group got no real TFT treatment.

## **Meridian Points**

The TFT treatment consists of stimulation of (usually by tapping) a precise sequence of meridian points on the body, which are the points of what are more commonly known as the acupuncture meridians. TFT proposes and demonstrates through its successful procedures, that the meridian system, when addressed with precision, provides the basis for the control system for the disturbing emotions and more generally, for healing. When the appropriate encoded form for each disturbing emotion is addressed then rapid and complete results typically ensue.

## **Algorithms and Causal Diagnosis**

Algorithm is a concept and term that originated in mathematics and refers to a common solution for a problem such as finding the greatest common divisor. The general notion of algorithm (Youngson, 1994) is defined as: "A sequence of instructions to be followed with the intention of finding a solution to a problem. Each step must specify what steps are to be taken, and although there may be many alternate routes through the algorithm, there is only one start point and one end point" (p. 232).

The term has been adopted in medicine. For example, emergency personnel and ambulance drivers learn easily applied medical solutions to emergency problems and these procedures are called algorithms. Most psychotherapy consists of algorithms that various innovators have offered. Since I have developed a unique causal diagnosis procedure that determines the precise treatment, it is necessary to distinguish between my recipes or algorithms and my diagnostically based treatments. Unlike traditional nosological diagnosis, I call my method causal diagnosis because in identifying which treatment points need to be addressed and in what sequence, I am diagnosing what I believe to be the root cause of emotional distress. All of the TFT algorithms were discovered and developed through my causal diagnostic procedures. The algorithms were tested on hundreds of individuals by myself and found to have a high success rate.

The fact that I have developed a number of algorithms or recipes makes it easy for therapists, without specialized training, to try my approach and to carry out their own experiments and discover for themselves the power, speed, and effectiveness of this approach. It should be kept in mind that an algorithm does not have the power of treatments that are specifically determined for a particular individual from causal diagnosis, which requires a more advanced level of TFT training (Callahan, 1998).

### **What is Heart Rate Variability (HRV)?**

HRV refers to the degree of fluctuation in the length of the intervals between heart beats (Malik & Camm, 1995). Two people could have exactly the same average heart rate and yet when the variation is precisely measured in milliseconds (ms) it can be demonstrated that there is variance between individual beats and that the degree of variance is different for different individuals under different conditions. This degree of variance between different beats is called Heart Rate Variability or HRV.

### **How HRV is Measured**

Two types of tests for HRV exist: the long-term 24 Holter monitor test and the short-term HRV test which can be 2-15 minutes in length (Bigger, Fleiss, Rolnitzky, Steinman, 1993). Short-term measurements of HRV have the advantage that they can be done over very short periods of time in which both the physiological and the psychological state of the individual being monitored is constant (Kautzner & Hnatkova, 1995). This is opposed to the 24 hour Holter Test in which the daily activities are generally unknown. It has been observed that:

. . . indexes of HR variability calculated during a 24 hour period include not only HR rhythms caused by respiration, blood pressure control, and thermoregulation, but also slower diurnal rhythms. HR variability determined from short electrocardiographic recordings under standard conditions may therefore be a better predictor of sympathovagal balance, and hence, of the risk of sudden cardiac death compared with 24-hour recordings (Kawachi, Sparrow, Vokonas & Weiss, 1995, p. 884).

Short and long term HRV testing was compared in a study of 715 patients (Bigger, et al., 1993) and they concluded that "Power spectral measures of RR variability calculated from short (2 to 15 minutes) ECG recordings are remarkably similar to those calculated over 24 hours. The power spectral measures of RR variability are excellent predictors of all-cause mortality and sudden cardiac death" (p. 927).