

## Objective Evidence of the Superiority of TFT in Eliminating Depression

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*The HRV can be used as a simple tool for monitoring therapeutic effectiveness.*

Donald Singer and Zsolt Ori

Experts in the field of Heart Rate Variability (HRV) present evidence that it is an objective, reliable, placebo-free measure. It is, I believe, the very best measure to assess the effects of psychotherapy as well as other treatments. Although many have not heard of HRV, interest is growing. The October (2000) issue of The American Psychologist featured an ad on the back cover for HRV.

Our work with HRV demonstrates that we can make improvements never before dreamed possible in this objective and placebo-free measure. Since HRV is the best predictor of mortality, and an index of general health, it is very important to be able to improve poor HRV scores.

The most stable score in HRV, and the measure of variability itself, is called SDNN (Standard Deviation of Normal to Normal intervals). SDNN is the score used to predict mortality.

Nolan and others carried out a very elaborate study on predicting death with various medical indices. They found: "*A reduction of SDNN was the most powerful predictor of the risk of death due to progressive heart failure ... and (SDNN) is a better predictor of death ... than other conventional clinical measurements.*" Many others report the same finding.

Within a few years, as more people become aware of the importance of HRV measurements for health, and the fact that dramatic improvement is possible with TFT, HRV will likely become far more common in homes than blood pressure machines.

As far as we can determine, in our reviews of the literature, no one has ever made the kind of dramatic improvements in SDNN that we are able to make. Here are some examples of positive improvements in SDNN in the literature:

- ∞ quitting smoking, which is known to contribute greatly to health, improves SDNN, over time, by about 20%
- ∞ exercising for six months or more, another very positive health contributor, increases SDNN by about the same amount

These are very good improvements in SDNN. Almost all drugs have a negative effect on SDNN. Typical SDNN improvements after TFT are greater than those obtained by exercising for six months or after quitting smoking! This suggests that successful TFT is accomplishing something very deep, very powerful, and biologically restorative.

In our files we have SDNN scores that verify the astonishing power of TFT. It is not unusual to get improvements in SDNN, within minutes, much greater than 20%.

It is a highly desirable goal, to improve SDNN so that people may have a better chance to live a longer and a more enjoyable life. A growing number of psychotherapists are using HRV but it is rare to find a report on SDNN changes. This may be due to the fact it is very difficult to improve SDNN since it is a highly stable score. We finally found in the literature a report that actually gives some SDNN scores obtained by a conventional psychotherapy. This information gives us a basis to compare results of TFT with cognitive-behavioral therapy (CBT), a widely accepted psychotherapy.

Carney and others (see below) give a report on CBT in the treatment of depression for patients with heart disorders. [We can improve SDNN in heart patients and this will be the subject of a future report.] They used HRV in the study and reported various HRV scores including SDNN. It is known in cardiology research that depression can be especially dangerous for patients who suffer from heart disorders and this is one reason why work in this area is so very important.

As a result of up to 16 CBT therapy sessions the patients report some improvements on a questionnaire and on one measure of HRV. However, the very stable, and difficult to improve SDNN score did not get better but declined somewhat after the CBT. The SDNN average for the severely depressed patients treated with CBT in this study declined from 103.4 to 98.9 as a result of "up to 16 CBT sessions." In evaluating their results, the authors posit that perhaps severe depression does something physiologically damaging to the person through deep negative and permanent biological change making it impossible to obtain improvement in SDNN. The authors' state (p.645-646), "*It is possible that heart rate and HRV never return to normal once there has been an episode of major depression.*" If correct, this information is terrible news for anyone who ever suffered from depression. Here is a summary of the HRV results that led to this pessimistic position.

#### **Cognitive-Behavioral Therapy (CBT) [up to 16 treatment sessions]**

Pre-therapy SDNN = 103.4

Post-therapy SDNN = 98.9

A slight worsening or decrease of 4.5% after up to 16 CBT sessions.

TFT experience with HRV counteracts this pessimism regarding the effect of depression on HRV. We have a growing amount of data on TFT and HRV. I selected eight cases from our files of people who suffered from severe depression and for whom we had pre- and post-therapy SDNN scores. The pre-therapy average SDNN was 57.5 (much worse than the CBT group average). After treatment with TFT, the average SDNN shot up to 105.7. Such improvements in SDNN are unprecedented. It is also noted in the HRV literature that lower SDNN scores are even more stable than higher ones and more resistant to change. In each case with TFT, the depression was completely eliminated. This improvement was accomplished with only one TFT session taking minutes rather than weeks or months.

#### **Thought Field Therapy (TFT) [one therapy session]**

Avg. Pre-therapy SDNN = 57.5

Avg. Post-therapy SDNN = 105.7

The average increase in SDNN after TFT for depression was 84%.

Although further research is needed our results are nevertheless strong and important. Our findings are quite contrary to the CBT pessimistic notion of permanent biological damage caused by depression. When depressed people are treated with TFT we show that it is definitely possible, not only to rapidly eliminate the depression, but also to improve HRV.

We strongly urge that other scientists with HRV replicate our work with depression. I developed an algorithm or recipe for the treatment of depression (Callahan and Trubo, 2001) that makes it easy for others to explore the powerful effects of TFT. [*Algorithm: stimulate gamut spot 30-50 times; stimulate collar bone point; do 9 gamut treatments (while stimulating the gamut spot do the following, open eyes, close eyes, open eyes pointed down to one side, to the other side, circle eyes in one direction, then the other direction, hum a few bars of a tune, count to 5, hum again), stimulate gamut spot 30-50 times; stimulate collar bone point. Repeat until SUD - Subjective Units of Distress - score is within 2 units of no distress, finish with floor-to-ceiling eye roll (head level, eyes pointing down, while stimulating the gamut spot, slowly raise eyes upward)*].

The results of the comparison presented here between CBT and TFT strongly agree with my own pioneering experience of doing CBT for 27 years prior to my discovery of TFT 20 years ago.

### References

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"In much - even most - research in social and physical sciences, statistical testing is not necessary. This is because where there are big differences between different sorts of circumstances - for example, if one medicine cures 90 patients out of 100 and the other medicine cures only 10 patients out of 100 - then we do not need refined statistical tests to tell us whether or not there really is a difference. And the best research is that which shows big differences, because it is the big differences that really matter. If the researcher finds that she/he must use refined statistical tests to reveal whether there are differences, the differences do not matter much." (p 19)

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