
Energy Psychology and Thought Field Therapy in the Treatment of Tinnitus

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Abstract: Numerous treatment modalities for decompensated tinnitus incorporate psychological principles. Procedures of energy psychology and thought field therapy are introduced in two case studies. Data were collected from psychotherapy sessions and psychological tests. Two case studies demonstrated that thought field therapy reduces symptoms of depression and anxiety in decompensated tinnitus patients. The methods of thought field therapy can be taught to non-mental health professionals. Audiologists and psychotherapists should collaborate to develop more efficacious treatments.

Key Words: energy; psychology; tinnitus; thought field therapy

Insomnia, despair, frustration, and depression are frequent psychological symptoms caused by tinnitus [1,2]. A number of assessments measure how tinnitus affects psychological functioning and symptoms; marriages; relations with family, friends, and co-workers; and occupational dysfunction [3]. Numerous studies have found low correlations between the physical qualities of tinnitus and the amount of psychological distress it engenders [4].

A number of therapies attempt to reduce the psychological symptoms associated with tinnitus. These include relaxation training [5], progressive intervention, tinnitus activities treatment [6], and stress reaction tinnitus therapy [7]. There are numerous studies on tinnitus retraining therapy [8–10]. Cognitive behavioral treatments (CBT) of tinnitus are therapeutic procedures that are most extensively based on psychological principles. Such specific techniques as imagery training, attention control, relaxation training, biofeedback, and group therapy have been combined with CBT [11,12].

ENERGY PSYCHOLOGY

Energy psychology is the most recent emerging form of psychotherapy. A number of these treatment systems exist [13]. Energy psychology represents a paradigm shift in the understanding of the development and treatment

of psychopathology and is not a variation or extension of historic psychotherapy systems, such as psychoanalysis, gestalt therapies, or CBT.

Thought field therapy (TFT) has been the most comprehensive and systematic treatment program [14]. TFT is a therapy model that was developed by Roger Callahan, psychologist, who received extensive acupressure training. As in most psychotherapy practices, Callahan had patients who essentially did not improve. On learning in his acupressure training that negative emotional states, such as rage, panic, and depression, are associated with specific acupressure (energy) meridians, Callahan had these patients stimulate the applicable acupressure meridians. Some patients experienced a rapid alleviation of their symptoms. However, not all patients improved. After subsequently trying a number of other additional interventions, Callahan discovered more treatment methods that helped reduce the intractable symptoms that these patients suffered.

Although used less frequently in such settings, TFT has been found to temporarily and permanently decrease such distressing physical states as vertigo [15] and chronic pain [16]. More important, TFT has reduced the disturbing emotional reactions to these conditions.

Callahan has written and taught the procedures and process of TFT [17]. Although a comprehensive and detailed description of TFT is beyond this article's scope, a brief summary of procedures is provided. It is worth repeating that TFT is an entirely different treatment model that uses unique procedures. As such, the reader will likely find difficulty in comprehending that such psychotherapy interventions can be helpful.

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In the initial assessment, the patient reports symptoms, conflicts, and traumatic experiences. Once the issue, conflict, or stimuli has been identified, the therapist asks the patient to think about it in words and images. When done properly, this invariably induces a negative emotional or psychophysiological state. The patient is then asked to rate its severity from 0 to 10, whereby 10 represents the highest severity of their negative emotional state. This number is referred to as the *subjective units of distress* (SUDS). For example, a patient who is highly anxious about an upcoming airplane trip might rate this disturbing feeling as a 9. The TFT treatment aims to elicit a SUDS of zero. Applied kinesiology [18] is used throughout to assess muscle strength. Greater muscle strength correlates with higher degrees of energy [13]. The initial assessment process is devoted to detecting and correcting any reversed psychological states.

Understanding the importance of psychological reversed states is a critical differentiating factor of this treatment. For instance, a person can have greater muscle strength when verbalizing "I want to be miserable" as compared to saying "I want to be happy." Greater strength may accrue to the statement "I want to keep this problem" than to saying "I want to be over this problem." The responses do not reflect the conscious intent of the individual but of a pathological energy state. Whenever a psychological reversal exists, specific acupressure points are stimulated, leading to a correction of the reversal. Subsequent muscle testing is applied for confirmation that the unhealthy energy state has been reversed.

On the elimination of the psychological reversals, the next phase involves causal diagnosis. Patients are muscle tested and are asked to touch with two fingers on different acupressure test points. The acupressure meridian that needs stimulation is the one with the greatest muscle strength. A series of acupressure points continue to be stimulated, guided by this causal diagnosis process. The patients are then asked to rate their SUDS. Applied kinesiology can also determine whether a patient's verbal report is consistent with his or her SUDS rating. A reduction usually occurs. This is followed by a brief intervention that stimulates the occipital lobe and left and right hemispheres while tapping on a specific meridian. The initial sequence of acupressure points is subsequently administered. This treatment process sometimes needs to be repeated to elicit a SUDS of zero.

The TFT session has been completed only when patients report the absence of any negative emotional or psychophysiological states or sensations. This is confirmed by having patients think and picture the problematic psychological issue and by their reporting not having, feeling, or sensing any negative emotional or bodily state, leading to a SUDS rating of zero. At such times, patients tend to spontaneously verbalize important in-

sights regarding the psychological issue. The wisdom of this healthier perspective has been referred to as going to the "God within" [13].

CASE REPORTS

Two cases of individuals suffering from psychological symptoms caused by tinnitus are presented. A description is provided of how TFT treated specific psychopathological reactions to tinnitus, which led to a significant reduction or abatement of their emotional and behavioral symptoms.

Patient 1

Mr. S, a 56-year-old married man and successful painting and sheet rock contractor, was referred by his internist 21 weeks after a car accident. Although his physical injuries had resolved, he was experiencing a clinical anxiety and depressed disorder. In the initial session, Mr. S was suffering from psychopathological stress caused by tinnitus. He complained of "this stupid ringing in my head" that caused insomnia and was distracting and very frustrating, leaving him "sluggish." Decreased concentration caused miscalculations when estimating jobs, forgetting specific supplies and, eventually, his turning over his payroll to a coworker. The State-Trait and Beck Depression Inventories indicated dysphoric mood, pessimistic expectations, anhedonia, guilty feelings, irrational self-castigation, indecisiveness, irritability, distractibility, and decreased self-esteem, sexual relations, and interest in others.

The first issue treated was his rage at the man who caused the accident. The patient had the image of the other driver cursing and stumbling when getting out of the car. He then pictured his physician telling him that there was no medicine that could stop his ringing. He felt enraged and rated this as a 7 on a 0–10 scale. The TFT procedures were applied. He had the psychological reversal of "I want to keep this problem," and this was corrected. Stimulation of acupressure points related to rage and depression were applied. To his surprise, his feelings of rage were gone, and he subsequently verbalized, "Staying angry is not doing me any good. It is just making things worse."

The next session was devoted to his feelings of frustration stemming from his self-perception as having "mental problems." He pictured arguing with customers and thought about his mistakes that "cost a lot of money." Frustration was rated as an 8. Stimulation of meridians associated with anger, guilt, and sadness occurred. A correction of his greater muscle strength when verbalizing "I want to be miserable" was also needed. After an abatement of his negative emotional state, he

noticed feelings of annoyance about “This damn ringing won’t go away.” This constituted a new thought field. The acupressure points related to trauma, nervousness, and sadness were stimulated. Once again, he subsequently felt a complete absence of any negative psychophysiological state.

Our next and last session was 37 days later. His depression abated, as did his excessive criticism of himself, his coworkers, and wife. Mr. S accepted that his tinnitus would persist for an unknown period. An increase in concentration, assertiveness, and mental energy helped him to “get back on track.”

Patient 2

Mr. T, a 46-year-old married man and yacht salesman, was referred by his family physician for his insomnia, depression, and anxiety. Tinnitus would awaken him, and significant time would pass before he went back to sleep. “The buzzing in [his] ears” had persisted for 14 weeks before his physician prescribed Valium, which eventually led him to be sluggish, easily upset, and depressed during the 12 weeks of medication use before his referral to me. The State-Trait and Beck Inventories indicated an agitated depression characterized by loss of self-confidence, agitation, pessimistic expectations, irrational self-blame, distractibility, anhedonia, and decreased interest in others, sleep, energy, appetite, and sex.

Mr. T initially complained about his extreme anxiety regarding the upcoming yacht convention, which was the largest in his geographical region. Mr. T was expected to make a number of sales and speeches about the yachts’ features.

The first TFT session occurred in our second meeting. He understood his tinnitus would not likely stop. Mr. T visualized being up in the middle of the night, being anxious and upset that he would once again be tired, and then taking medication. He worried about “Valium dependency.” Applied kinesiology determined that he had a psychological reversal as evident by greater strength when verbalizing “I want to keep this problem.” After this reversal was corrected, the next phase involved stimulating the acupressure points associated with anger and depression. After the entire TFT procedure, the feeling of being upset dissipated. Mr. T initially looked surprised and spontaneously reported an image of waking up but being able to go back to sleep. He had a peaceful feeling that “everything will fall into place.”

Our next session occurred 27 days later. Mr. T reported no longer taking Valium or being upset upon awakening, generally going back to sleep within 30 minutes. He was proud that his speeches and sales exceeded expectations. His agitated depression resolved. In fact, Mr. T was exposed to greater external stress during this period than

originally anticipated, as he had to take care of his four children for 5 days when his wife left home to care for her ailing father.

DISCUSSION

The number of required TFT sessions varies and is related to the complexity, intensity, and duration of related personality problems, disorders, and symptoms. Only a few TFT treatments were needed in these cases because of these individuals’ healthy personality development and the specificity of their problems.

Research comparing the efficacy of TFT to other psychotherapy systems is needed. A review of the limited research in energy psychology systems has emphasized the need for improved experimental design [19]. Collaborative research on audiological therapies with TFT would likely lead to the development of treatments to more effectively reduce the psychological symptoms caused by tinnitus. TFT is easily taught and learned by non-mental health practitioners and new graduate students. Health professionals have previously been taught basic TFT methods in 2-day workshops. In fact, audiologists could solely provide these treatments, with only initial moderate supervision by TFT clinicians.

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