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## Psychological Freedom Therapy: Case Study of the Psychological Adjustment to Tinnitus

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### Abstract

Tinnitus is sound in one or both ears that occurs without an external stimulus. Approximately ninety percent of tinnitus patients have hearing loss. There are no treatments that reliably eliminate tinnitus. Lack of psychological adjustment to tinnitus can cause psychopathology. This case study describes the integration of techniques from Thought Field Therapy and Emotional Freedom Techniques in decreasing emotional distress resulting from tinnitus. Four psychotherapy sessions of TFT to treat psychological reversals and the 9-Gamut procedure were combined with EFT methods of testing and treating aspects. Optimal treatment results can occur when interventions from different energy psychology psychotherapies are combined in a psychotherapy session.

Keywords: Thought Field Therapy (TFT), Emotional Freedom Techniques (EFT), Psychological Freedom Therapy, tinnitus, psychological adjustment, insomnia

### Definition and characteristics of tinnitus

Tinnitus is a sound in one or both ears, such as buzzing, ringing, or whistling, occurring without an external stimulus. Tinnitus is estimated to affect as many as 30 million adults in the United States (<http://www.ata.org/blog-BHI>). Causes of tinnitus include: ear infections, impacted ear wax, hardening of the structures of the inner ear, hearing loss related to excessive noise or age, Meniere's disease, head trauma, and systemic disorders such as hypertension, anemia, or head trauma (Mayo Clinic, web reference). About ninety percent of tinnitus patients have hearing loss and/or interference with understanding the content of what they are told (Battaglino & Hogan, 2004). There is an extremely low positive correlation between the physical qualities of tinnitus and the severity of psychological distress (Frommer, Munte, Stobik, & Weber, 2003). Pursuit of medical and audiologic care is common. Unfortunately, there are no medical or audiologic treatments that reliably eliminate tinnitus. Insomnia, frustration, anxiety and even depression, are problematic psychological reactions (Archonti, D'Amelio, & Scholz, 2004). The lack of psychological adjustment to intractable tinnitus contributes to the development of psychopathology.

Psychological Freedom Therapy (Pasahow, 2013) is an integration of the major Energy Psychotherapies (EPs). These include Thought Field Therapy (TFT - Callahan & Callahan, 1996), Emotional Freedom Techniques (EFT - Craig, 2012), Tapas Acupressure Techniques (TAT - Fleming, web reference), Energy Medicine (Eden & Feinstein, 2008), and Wholistic Hybrid of EMDR and EFT (WHEE – Benor, 2009). Roger Callahan developed Thought Field Therapy (Callahan & Callahan, 1996), the first method that incorporated the tapping of acupoints in psychotherapy. There are 14 energy pathways in energy psychology psychotherapies (Feinstein, Eden, Craig, & Bowen, 2005). All the spots tapped in EFT and TFT on the face, torso, and hand are endpoints of these energy meridian pathways. Each is associated with a negative emotion (Callahan & Callahan, 1996). TFT and EFT tap on acupoints, but do so in different sequences.

EPs target and change the energy imbalances in the limbic system in the midbrain that cause and maintain the following interrelated components of psychopathology: emotional disturbance, physiological distress, distorted thinking patterns, maladaptive behaviors, and spiritual emptiness (Pasahow, 2013). EFT and TFT decrease the pathological reactions and problems of these five components (Pasahow, 2013). Psychological Freedom Therapy is an integration of EFT and TFT in that it involves traditional psychological exposure methods through narrative description and imagery, combined with acupoint stimulation, a component that is not used in traditional psychotherapies (Feinstein, 2010).

## Case Study

This case study involves the transformation of emotional and physiological distress that is interrelated with the distorted thinking and maladaptive responses to tinnitus. TFT and EFT are provided as an integrated energy psychotherapy intervention.

‘John S.’ is a forty-six year-old married man and father of three children. He graduated community college and was a successful car salesman. The initial session did not indicate the presence of past psychopathology or underlying conflicts. There was no precipitant of his tinnitus. He simply awoke to having ringing in his ears that resulted in decreased hearing and interpretation of the meaning of whatever was said to him in person and on the telephone.

Mr. S’s psychological reactions and emotional problems are common occurrences in people with tinnitus. He struggled with the unpredictability of when and how loud the ringing occurred. A sleep disorder developed characterized by delayed sleep onset, awakenings, and difficulty going back to sleep. The subsequent fatigue made him anxious about how well he would feel, think, and perform at work. He even worried during the day about whether he would have sleep problems that night. Sales decreased as he had difficulty understanding what perspective buyers were telling him. Mr. S. was especially embarrassed and frustrated when customers asked to be transferred to another salesperson. Irritability crept into family interactions.

Identifying and treating the most important issues facilitated treatment. Therapeutic interventions decreased his frustration about insomnia and enhanced the quality of his sleep. Treatment helped him to overcome his embarrassment about telling others about his hearing loss. This led to the simple change of his asking people to repeat themselves. A few were annoyed, but the majority of customers, family, and friends simply repeated what they said. Anxiety decreased, sales improved, and self-confidence returned. The last intervention decreased his anger and helped him to accept that he could not control when and where the ringing occurred.

## Integrating TFT and EFT

Blending TFT and EFT interventions expedited his improvement. In TFT and EFT, clients are asked to think about their problem and to notice what negative emotions or physiological distress they experience. This is rated on a scale from zero to 10 where zero indicates the complete absence of any distress and ten represents the highest possible intensity. This is referred to as Subjective Units of Distress (SUD, developed by Wolpe, 1958). The goal in these sessions is to decrease the SUD, optimally to zero.

Treatment sessions with Mr. S. started with TFT techniques. A 9-Gamut is a procedure that facilitates balancing in the energy system (Callahan & Callahan, 1996). It is hypothesized to stimulate the occipital ridge and right and left hemispheres by having the client tap on the gamut acupoint (Callahan & Callahan, 1996). The gamut acupoint is located in the area just below and between the knuckles of the fourth and pinkie fingers. The acupoint is tapped simultaneously with a sequence of eye movements, humming, and counting. Every single TFT session includes the 9-Gamut procedure or, at minimum, tests need for its inclusion. Since this procedure occurs between the tapping of a sequence of acupoints, TFT interventions have been referred to as a "Gamut Sandwich" (Callahan & Callahan, 1996). The 9-Gamut resulted in a decrease of SUD in each session. Although previously utilized in EFT (Craig, 2011), current practice of EFT rarely includes this procedure (Craig, 2012).

In one session, the SUD did not decrease after the stimulation of a sequence of acupoints and the 9-Gamut procedure. This indicates the existence of a psychological reversal (PR). A PR is an energetic state that limits treatment effectiveness. Callahan wrote "Psychological reversal is a state or condition that prevents natural healing... usually accompanied by negative attitudes and self-sabotage that leads to self-defeating behaviors.... Psychological Reversals are usually confined to a particular area of one's life, but may occur in any areas such as personal relationships, athletics, love, sex or health" (Callahan, 1991, p. 221). During a TFT session, Psychological Reversals "blocks otherwise effective treatment from working... The presence of Psychological Reversals is confirmed when the correction for the reversal is done and the very treatment that did not work a moment before now works" (Callahan, 1991, p. 221). Numerous energy psychologists describe how psychological reversals interfere with treatment (Gallo, 2000; Mollon, 2008). Callahan discovered that taping on the side of the hand frequently eliminates PRs. In one session, the tapping of acupoints did not reduce the distress he was experiencing about his insomnia. Mr. S. was then treated for psychological reversal by tapping on the side of his hand and repeating three times "I deeply accept myself even though I have this problem." He then tapped on the same acupoints that previously had not reduced the SUD, and they then were effective in reducing his distress.

One of the unique procedures in EFT involves identifying and targeting aspects of the problem. Aspects are interrelated components that are associated with a psychological problem. Aspects often change during an EFT session and each needs to be treated (Craig, 2012). This occurred in one session when Mr. S's frustration about not sleeping shifted into his anxiety that fatigue would lead to poor work performance and irritability. When his anticipation of poor work performance was reduced, his worrying and anxiety about not sleeping then decreased.

Testing is an important procedure in EFT and involves questioning and challenging the client's reactions to different aspects, issues, or memories associated with the initial psychological problem. Even though the SUD is very low or zero, the therapist asks questions to determine whether distress is elicited. If so, EFT treatments continue until the SUD becomes zero. One session helped to get the SUD to two when he thought of experiences where he lost customers to another salesperson because he was embarrassed to ask a customer to repeat their questions. I tested this problem by asking him about past embarrassing memories. This revealed a teenage experience of having been

humiliated. Two rounds of EFT reduced all his distress associated with this earlier experience. Mr. S. was then asked to think about his embarrassment about asking customers to repeat what they had said to him. An EFT round quickly eliminated the stress. Another issue that was treated was his fear that customers would not continue to work with him and ask for another salesperson, as had occurred in the past. One round of EFT eliminated this fear. These interventions helped to resolve his repetitive behavioral tendency to hide his hearing problems caused by the tinnitus because of potential embarrassment.

The testing procedure in EFT also includes the therapist's anticipation and prediction of how his reactions to tinnitus might cause future problems. I had him imagine not being able to fully understand what a district manager was telling him; whereupon he became anxious. Treatment then eliminated that feeling, maximizing the probability of his asking the district manager, customers, and coworkers for clarification of what they say. Anticipating and desensitizing possible problems in the future maximizes inoculation of future distress and maladaptive reactions.

## Conclusions

Many clinicians believe that EFT or TFT have to be applied separately in a session without interventions from the other modality. This can limit treatment effectiveness. Incorporating methods from TFT, EFT, and other treatment modalities within any one given session can optimize treatment. WHEE (Benor, 2009) is an example of integrating EFT with EMDR. Clinicians need to be open to learning and integrating other EP modalities to more safely, expediently, and comprehensively help clients.

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