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Healing a Country: Rwandans Lead the Way

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Abstract

This is a report on an extremely effective method for treatment of post traumatic stress disorder (PTSD) – a problem that is being experienced increasingly around the world. Until recently, treatments for PTSD have been disappointingly limited in their benefits. The experiences of a team of therapists practicing Thought Field Therapy (TFT) in Rwanda are shared, with exceptional results in treating victims of the 1994 genocide. The people of Rwanda had suffered their traumas for over twenty years. Despite their decades of suffering, a single session of TFT sufficed in most cases to clear many or all of the troublesome PTSD symptoms. The local Rwandan people receiving training in TFT and treated others, reported they were able to help over 20,000 people since the start of the Association for TFT (ATFT) training project. The treatment was administered by newly trained Rwandan community leaders, starting immediately after a two-day training in using TFT. Treatment times averaged 55 minutes. In two randomized controlled studies, highly significant differences ($p < .001$) were found between pre and posttest sores of treated and untreated (waitlisted) study participants reporting symptoms of trauma following the 1994 genocide. In a two-year follow-up study the results were maintained. The results suggest "that a one-time, community leader facilitated trauma-focused TFT intervention may be beneficial with protracted PTSD in genocide survivors. The results suggest that a one-time, community leader facilitated, trauma-focused TFT intervention may be highly beneficial for protracted PTSD in genocide survivors.

Key words: Post Traumatic Stress Disorder, PTSD, Rwanda genocide, Thought Field Therapy, TFT

Introduction

I share here my experiences of helping to relieve people who have suffered severe post traumatic stress disorders (PTSDs) in Rwanda – as an example of how people anywhere can be helped to deal with traumas of genocides, wars, natural disasters and other horrendous experiences.

Many of the survivors of the Rwanda genocide have suffered from PTSD in the more than twenty years since this tragedy. People suffering PTSD often experience flashbacks, nightmares, intrusive memories, anger, rage, hypervigilance, shame, anxiety, depression, and sometimes even suicide. Overwhelmed, they feel there is no way out. They often turn to alcohol and drugs. Individuals and families, and often entire communities and countries can be devastated.

Rwandan Community leaders, professionals, and paraprofessionals, have treated at least 20,000 members of their communities for symptoms of Posttraumatic Stress (PTSD). In most cases the PTSD was the result of atrocities committed during the 1994 genocide in which between 800,000 and one million persons were killed in a matter of ten weeks. The treatment they are using was introduced in Rwanda in 2005 and is called Thought Field Therapy (TFT).

PTSD is by no means limited to Rwanda. Health systems struggle to restore services and mental health resources are scarce in countries recovering from climate catastrophes, war or genocide because their infrastructures are broken, as nations struggle to regain stability. Without individual and group counseling, trauma survivors frequently continue to endure the symptoms of trauma, often with intensifying pain (Ehntholt & Yule, 2006).

Without treatment, do survivors heal? With time, can survivors just “tough it out”? The news is not good. Research from 1980 to 2005 confirmed that for many, PTSD persists long after traumatic events have passed. While some survivors get better, others do not. Many even get worse and they and their families feel desperate and alone (Galea, Nandi & Vlahov, 2005).

To make things even worse; research confirms that when PTSD goes untreated, the effects persist and may be perpetuated from generation to generation. The children of parents suffering from trauma frequently exhibit maladaptive behaviors and severely damaged self-esteem. Therefore, whether working with veterans, civilian victims of war, survivors of child abuse, urban violence, or natural disasters, we have one more compelling reason – the next generation – to identify the victims and deliver PTSD treatments on a community level (Schaal & Elbert, 2006; Wood, 2007). It is critical that we find effective and low-cost ways to deliver trauma treatment to the many millions affected by posttraumatic stress. Every person on the planet is affected financially and emotionally by the high costs, of this global mental health problem, even those not suffering directly from PTSD.

Posttraumatic Stress Disorder (PTSD) is not limited to veterans; it is not limited to victims of genocide, to survivors of floods, earthquakes, or wars. PTSD is a global public health problem. Worldwide, it is estimated that five percent of men and more than ten percent of women suffer from PTSD during their lifetime (Kastrup & Ramos 2007). With a world population of seven and a half billion, this means that nearly 1.2 billion people currently alive, will suffer at some point in their life from PTSD.

According to the World Health Organization, mental illness will grow to be an even more devastating cause of death and disability worldwide by 2020, second only to cardiovascular disease (McLeigh & Sianko 2011). Traumatizing events contribute to this trend and consume treatment resources greater than can be provided in even the most developed countries.

At the close of the documentary Film, *From Trauma to Peace,* a Rwandan genocide survivor, Father Augustine Nzabonimana, looks out at the audience and pointedly says, “Yesterday it was me, tomorrow it could be you.”

In the United States, a recent review of randomized clinical trials of psychotherapy for military- related PTSD concludes that there is a need for the testing and development of novel, evidence-based treatment for addressing this problem (Steencamp, M.M., Litz, B. T., Hogue, C.W., & Marmar, C.R., 2015).

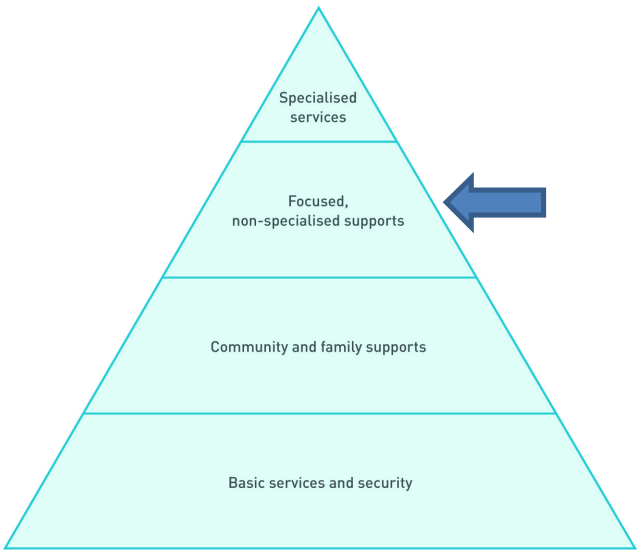
A community-based solution recommended by The World Health Organization

In 2002, the World Health Organization (WHO) Executive Board met in Geneva and discussed the question, “What can be done?” They announced support for seeking out and developing new programs to address the psychological damage of natural disasters and war. In 2003, the WHO Department of Mental Health recommended more community resources - specifically, the education of community leaders in core, psychological care skills as part of the solution. The WHO Inter-Agency Committee issued guidelines for implementing such programs (Ghosh et al., 2004).

Those guidelines recommend four tiers of response after large-scale traumatic events:

1. Meet basic needs for safety and family support;
2. Provide psychological “first aid” for the most severely afflicted;
3. Prioritize and refer survivors to mental health paraprofessionals for treatment; and
4. Refer only those still needing further treatment to mental health professionals. (Inter-Agency Standing Committee [ISAC], 2007). (See Figure 1, where the arrow indicates the point of focus for the work described in this article).

Figure 1. Guidelines for responses after large-scale traumatic events



This all sounds good in theory, but guidelines alone are just not enough - with millions needing treatment and with professional resources scarce or non-existent. As a world panel of trauma experts explained: "The scale of recent disasters and … mass violence also underscores that [mental health] interventions must be available to large numbers of individuals, at levels that quickly outstrip the available individual-level therapists who are local or may be dispatched to the region (Hobfoll et al., 2007)."

These experts emphasized the need for new paradigms – unprecedented interventions that could be taught to providers *and* survivors, delivered by para-professionals, and even practiced by survivors themselves.

An effective solution

Such recommendations are easier said than done, of course, but in 2006, a breakthrough came to Rwanda with the introduction of a therapy called Thought Field Therapy (Callahan & Callahan, 2000; Callahan & Turbo, 2002).

A brief description of Thought Field Therapy
Thought Field Therapy is a safe, non-invasive, brief therapy technique for the treatment of Psychological problems. TFT was developed over 30 years ago by the late Dr. Roger Callahan, (Callahan & Callahan, 2000) (Callahan & Turbo, 2002), a psychologist, former professor, researcher, and pioneer in the field of Cognitive Behavioral Therapy, together with his wife, and colleague, Joanne Callahan. TFT has been improved and refined through the following years. TFT already has achieved remarkable results. To date, many thousands have been trained to use TFT to treat themselves and others.

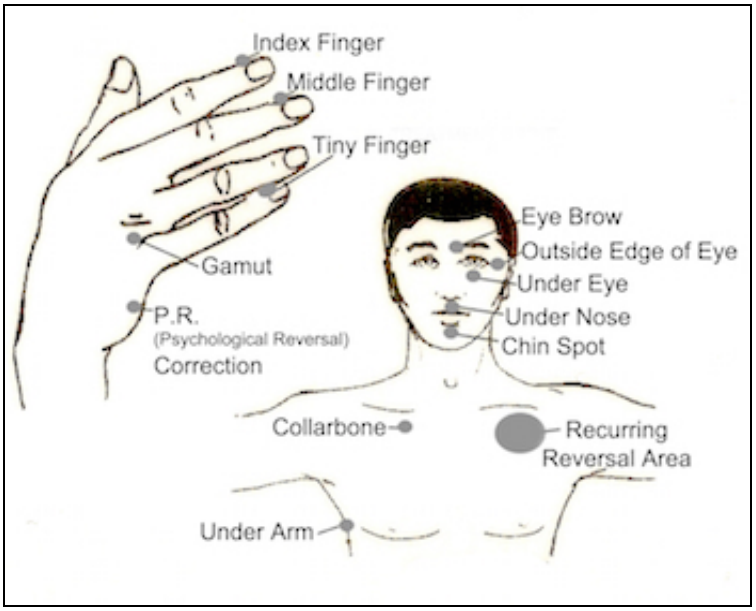
In a TFT session, clients are asked to think about a specific, troubling issue that they would like to feel better about. It could be something they feel anxious or angry about, a past trauma that has kept them stuck, in negative feelings about themselves. Typically, they have been stuck in feelings of anger, anxiety, depression, loss, grief, fear or pain for a long time. And typically, other therapies or time have not helped.

Clients are then asked to quantify the intensity of these feelings, on a scale of one to ten, with ten as the most upsetting (called the SUD scale). Next, while thinking about the upsetting issue, clients are directed to lightly finger-tap, five-to-ten times each, in an exact order, on specified [acupuncture] energy points of their own body.

The basic energy points for trauma are: beginning of the eyebrow; under the eye; under the arm; under the collarbone. Additional symptoms may require tapping at other energy points: for anger, next to the little finger nail; for rage, at the outside edge of the eye; for guilt next to the index-finger nail, for embarrassment, under the nose; for shame, under the lower lip; for depression or physical pain, on the back of the hand, between the little finger knuckle and ring finger knuckle, about a quarter inch down.

After this brief tapping sequence, clients are again asked to quantify the intensity of the distress, one to ten, they are now is feeling. If the number has dropped but not yet to one or zero, they are then asked to do what Dr. Callahan termed, “The Nine Gamut Treatment,” a system to activate different parts of the brain while tapping the back of the hand.

Figure 2. Tapping points



While tapping the Gamut spot (see Figure 2), clients are asked to activate different areas of the brain by closing their eyes, opening their eyes, pointing eyes down, to the left, and down to the right, while holding the head level; rolling their eyes clockwise and then counter-clockwise, mind, counting and again listening to and then listening to music in their music. Clients are then directed to repeat the taping sequence.

This all may sound pretty odd but research and anecdotal experience demonstrate that it actually works, and works extraordinarily well.

A short history of TFT in Rwanda

A small group of therapists from the U.S. who use TFT in their professional practices gathered on an Association of Thought Field Therapy Foundation (ATFT Foundation) trauma relief deployment to New Orleans in 2005, where they had been invited to treat the medical staff of Charity Hospital following Hurricane Katrina. One member of the New Orleans team, Dr. Paul Oas, a Lutheran Minister and Psychologist, had pioneered the use of Thought Field Therapy in Rwanda in 2005. In 2006, three members of the New Orleans team accompanied Dr. Oas on a second trip to Rwanda funded by the ATFT Foundation. Dr. Oas had been invited to Kigali, the capital city of Rwanda, by a Nurse Practitioner at the American Embassy. The Embassy had adopted a fledgling center for street children and wanted Dr. Oas to and his team to treat street children for their symptoms of trauma.

Using TFT, the therapists treated many children suffering PTSD as the result of the 1994 genocide. Caroline Sakai, PhD led a study and a follow-up study in 2007, which concluded the children’s PTSD symptoms, had not returned (Sakai, Connolly & Oas, 2010). During 2006 and 2007, teachers and many other community leaders were trained to use TFT to help children and adults suffering from trauma.

Dr. Paul Oas led a TFT team on the second trauma relief deployment to the same center for street children in 2007. The team offered to treat the children for any problems which hadn’t been resolved

during their treatments a year earlier, or for any new problems that had arisen. The team was pleased to find that most children had only physical health problems remaining, which were addressed by a medical team. When it came to emotion problems, they collectively reported no more “bad dreams during the day” (flashbacks), no more nightmares, fewer bedwetting incidents, less anger, and fewer headaches. Several children said they had no problems at the moment but when problems did come up they did the tapping. Teachers reported that, after being treated with TFT, these former street-children had and an increased ability to concentrate, improved ability and confidence to mingle with others, less shyness and greater confidence in themselves. The team was also able to treat several new children who hadn’t received the benefits of TFT during previous year’s visit to the center.

Figure 3. American TFT team, from left: Suzanne Connolly, Dottie Webster and Caroline Sakai with teachers at the center for street children that eventually became the Rwandan Orphan Project (ROP)

Figure 4. Handing out Certificates at the close of St Paul 2007 training

Figure 5. Class of April 2007, Kigali Rwanda St. Paul’s Training

To give you a sense of how these trainings proceed, let me share some of my initial experiences in Rwanda. In 2007, I was the last TFT team member to leave Rwanda. I used the time for several more demonstrations and trainings. I did an impromptu one-day introduction to TFT training for a group of Christian Women Counselors, *Women's foundation Ministries.* They were an impressive group with a strong women's rights agenda. Their goals, according their brochure include; "…*to be good leaders for the Nation and not be leaders in the "Kitchen.*" Their motto is *Faith in Action* and the leader of the group and some other women present had recently returned from Darfur where a group of Protestant women and a group of Catholic Women had gone to treat Muslim women for war related trauma.

The women were impressed with the dramatic results achieved by TFT in such a short time and wanted to find a way to have more training. Their own life stories were often heart-wrenching and it was a privilege to have been a part of their healing through Thought Field Therapy. They were to bring us to Rwanda the next year.

The next day was a two-day training sponsored jointly by US Aide, Catholic Relief Services (CRS) and ATFT. US Aide is working with established groups such as CRS, CARE, and World Relief that have proven over time to be effective and efficient in delivering social services in Third World Countries. This training was attended by 29 social workers, Nuns, Brothers and lay persons who work with street-children.

This group provided a meeting room, audiovisual equipment, meals, transportation and even lodging for those who came from far away. ATFT paid for the manuals and the interpreters. The twenty- nine attendees all work with the 24 CRS safety net centers for street children and other vulnerable groups located throughout Rwanda. A new model for training community leaders in developing nations was developing.

The day after the CRS training I was picked up by Pascasie Musabyemunga, educational director of CRS, Rwanda to visit two orphanages that also take in street children. The first was financed and run by a family in London and dedicated to the care of Muslim orphans. It was well run and staffed by a combination of Muslim and CRS workers. There was a young man who was of special concern due to his unique traumatic experiences and I had been brought there to treat him. I exchanged a few friendly words in Arabic, the only ones I know, and the effort seemed to ease the tension in the room. I treated the young man, a former street-boy, for three traumas and he seemed much better. The young man had endured great suffering and I was so pleased that TFT was able to help him.

The next was a well-run Catholic orphanage that took in children of all faiths. They had cows for milk, chickens, turkeys, a garden and a fishpond for farming tilapia. But they had a limit to the number of children they could care for full time. I was asked to treat two street children who were given school uniforms to wear and hot meals whenever they could make it to the Center. These children had no means to attend school. Locally, my hair stylist and friend, the late Jeff Nigelski, who never accepted tips, had his clients donate money to a fund for these two older children. The money collected paid for both children's tuition for one year.

On the way home I read William Easterly's book, The *White Man's Burden*, chosen as Best Book of the Year by the *Economist, Financial Times* and *Washington Post.* Easterly, an economist, details why foreign aid generally doesn't work – with some notable exceptions. He supports a bottom-up model of foreign aid rather than the usual top-down approach – where the aid dollars usually don't filter down to the people who need them most. It was satisfying to know, after reading his book, that our team is utilizing the foreign aid model that research demonstrates to be most effective.

We have tried to be a catalyst for change but the Rwandan people are the ones that in the long run are making a difference. In the preface to the book *Rwanda: Towards Reconciliation, Good Government and Development*, it is explained that Rwandan President, Paul Kagame "believes that development can only be indigenous; it cannot be imposed even by well- wishers." The work we began on our second trip to could not have happened without the help of our new Rwandan friends, and the work was left in the capable hands of the many Rwandans we met along the way.

In 2008, we were invited back to Rwanda by Women's Foundation Ministry, who were working with widows, orphans, and people suffering from HIV. They were eager to learn to use TFT in their work with vulnerable groups. This trauma- relief effort was also funded by the ATFT Foundation, and I was accompanied by Caroline Sakai, Ph.D. Thirty-three women and one man were trained in using TFT to help others. The newly trained Rwandan therapists treated over one hundred community members suffering from trauma, who also participated in a first random controlled TFT study and, in 2010, a follow-up study was conducted, which confirmed that the improvements ($p.<.001$) were maintained. (Sakai, Connolly, & Oas, 2010).

On a particular Sunday morning in 2008, Caroline Sakai and I had gone to morning mass. My thoughts wondered as I looked around the large brick church in the center of town that is San Famile. I thought to myself that there are about 1500 bodies packed in for this 9 a.m. mass. About 1500 had just come out from the previous service, which began at 7. When I leave, there is a crowd waiting for the last mass of the day, which is supposed to start at 11am but will be late. There is a special service today having to do with Mary and I participate but do not understand as the mass is, in Kinyarwanda.

This is a church where several thousand were massacred during the genocide of 1994, including their priests and nuns. It had proven a safe haven during a previous genocide but the last time there was no escape. I wonder how it could have happened among such lovely people. I believe it was a Hutu Priest who actually betrayed his people and their congregation. A social worker in 2006 had driven me around to various orphanages and told me stories of how in her church also, as in all churches, pastors betrayed other pastors and participated in their murders; husbands killed wives; wives killed husband, and some even killed their own children.

I looked around and imagined the blood that must have stained the very floor I was standing on. I looked at the brick walls and noticed that the lower sections of the walls were painted a color of red that almost, but not quite, matched the color of the bricks. I wondered if this was to cover the stains that could not be removed. I wondered how far away we all are from committing such atrocities under different circumstances.

Despite the joyous singing and dancing, I saw many wipe their eyes. I wondered what they were remembering. Who they had lost? I think of the people that Caroline Sakai and I have helped with Thought Field Therapy on this trip and how many people throughout the world have been helped by others using this effective technique. I pray that more people can be helped, such as many of the people in this very church who must still be suffering. Caroline and I have seen so much ongoing distress. We have been working with orphans, widows and AIDS victims, all suffering still from traumatic events that occurring during the weeks of genocide in 1994. We heard their stories, seen their pain, and then observed the relief they have experienced as the result of TFT administered by our newly trained therapists.

I thought of the church I was standing in as a microcosm of Rwanda. The simple benches were packed with people. I thought no more could possibly fit, but more squeezed in. Men and boys gave up their seats to older women. Children held other children on their laps. Sometimes they reached for children from other benches to accommodate more people.

We have often marveled at how many children squeezed onto the school benches at the center for street-children. It always seems like they could make room for one more. I am curious to figure out how they do that, so I look around. There are several methods. One is that when standing, you hold your shoulders way back, behind the shoulders of those on either side. Or you could stand in front of their shoulders. People seemed to alternate. This works for sitting as well. A second method is that you stand at a diagonal. You are half way between standing sideways as if in a line and facing front. This makes lots of room as most people are wider facing front than facing sideways. Butts tend to be squishy so when you're sitting, as long as you have the shoulder technique down as well as the diagonal technique you're doing just fine. Not to worry about touching others here. Our Rwandan trainees are always amazed that in the US we have rules about not touching. It was difficult to explain.

Responding to an invitation from Fr. Dushimiyimana Jean Marie Vianney, I was invited to lead yet another TFT trauma relief team to Rwanda in August, 2009, this time in the Northern Sector in the rural area of Byumba. This gave us a second opportunity to test our new paradigm of training community leaders to treat others in their own communities. The team successfully replicated the random controlled study conducted in 2008. Thirty-two additional Rwandan therapists were trained in TFT, and the newly trained therapists tested and treated 171 survivors of the 1994 genocide under the supervision of the team.

The study concluded that there was a highly significant difference $p < .001$, comparing pre and posttest sores of treated and untreated individuals. The results suggest "that a one-time, community leader facilitated trauma-focused TFT intervention may be beneficial with protracted PTSD in genocide survivors." (Connolly, Roe-Sepowitz, Sakai, Edwards, 2013).

In that same year, the TFT team and the new Rwandan trainees treated 75 non-study members of the community. Young and old, all of these were poor people of the countryside who live by sustenance farming. These were people who had wanted to participate in the study but were excluded when our maximum had been reached for 200 in the study.
Today, in the Byumba area in the Northern Sector of Rwanda, a full time Clinical Psychologist, Adrienne Nahayo, staffs the *ATFT/Izere Rwanda* Office at the *Izere Community Center* and receives

people for TFT treatment throughout the week. Ms. Nahayo, and part time social worker Betty Mukamurara, often make trips into the rural community to treat people who cannot make the trip to the *ATFT/Izere community Center*. Since their trainings in 2009, when TFT first came to Izere Center, Adrienne Nahayo and Betty Mukamurara and other Rwandan TFT therapists working through the Izere Center report treating between 150 and 200 persons per month.

In 2009, a large group of TFT trained Rwandan Community Leaders also began a tradition of meeting four times a year at the *ATFT/Izere community Center* where they treat large groups of community members, using TFT. Several hundred persons living in this rural area of Rwanda are relieved of their psychological problems each time they meet.

Each year, in Rwanda, April is set aside as the month of mourning for losses that occurred in the genocide. During the memorials, survivors stand up and testify to the horrors they endured in 1994 when almost one million persons lost their lives in a matter of twelve weeks. It is common that attendees are triggered by these testimonies and become re-traumatized. Red Cross workers stand by and medicate them with injections of tranquilizers, and ambulances stand by ready to take those who become hysterical to hospitals.

In the past few years, Red Cross workers have begun inviting the TFT- trained Rwanda Community leaders to participate in these memorials. Rev. Celestin Mitabu, a Rwandan TFT trainer and TFT teacher, since 2008, has developed a system of procuring three rooms for those experiencing this intense re-traumatization. Red Cross workers bring those at the commemoration who are hysterical to one room to be treated by a team of TFT therapist. They bring those who are upset and re-traumatized, but not hysterical, to another room to be treated by the Rwandan TFT therapists. A third room is reserved for those successfully treated with TFT, so they can relax peacefully and regain physical strength before going home. Rev. Mitabu reports that the Red Cross brings people to be treated by the Rwandan TFT therapist and brings bottled water to the therapists and those being treated. Rwandan therapist, Prosper Ishimwe, reported that no one had to be medicated or taken to the hospital at the commemorations when he was working there with Rev. Mitabu.

Research validating the effects of the TFT interventions
In two random controlled studies, Highly significant difference ($p < .001$) were obtained comparing pre and posttest sores of TFT treated and untreated (waitlisted) study participants reporting symptoms of trauma following the 1994 genocide. In a two year follow-up study the results were maintained. Pre- and post-intervention surveys of trauma symptoms included the Trauma Symptom Inventory (TSI - Briere, 1995) and the Modified Posttraumatic Stress Disorder Symptom Scale (MPSS - Falsetti, Resnick, Resnick, & Kilpatrick, 1993).

Case examples
My first client, in 2009, had lost her only parent and her beloved fiancée in the genocide of 1994. She was given shelter in a refugee camp in the Congo and while there married and had children. When she was able to return to Rwanda, she and her husband had to be tested for HIV. Unfortunately her husband tested positive. She lost several children, likely to AIDS, and now practices safe sex. Her husband is very sick and cannot work. Her life was very sad because of these losses and because

she alone must work very hard to support the family. She wanted to have more peace about her losses and difficult circumstances. In a very short period of using TFT this woman was able to feel peace about her present circumstances. Her distress level went from a ten to a one and the change in her facial expression was remarkable.

Another young woman, only twenty-two years old and with a young baby, had a husband who drank too much at times, and insulted her, sometimes telling her to sleep outside with the chickens. She gets so angry that she cries. She loses her voice and cannot even speak. We talk about not arguing with him or defending herself verbally when he's drinking, as it does no good, but at the same time, not agreeing with him. She can say things like, "That's your opinion, I don't think this but we can agree to disagree", and keep her dignity. More importantly, she was unable to be assertive in this way if she was so anxious and upset that she couldn't even find her voice and literally couldn't speak. We worked with TFT on her sadness, fear and anger around her husband's "bad behavior" till she could no longer feel the upset. She could now picture herself being positive in the face of her husband's bad behavior. Her throat was not constricted and she felt like she had a voice even under these circumstances.

One man reported only physical symptoms, including headaches, backaches, stomachaches and chest pains. He often couldn't work and felt very sad, feeling like "half a man." He had been to several clinics and nothing seemed physically wrong with him. He said that he was not bothered by the trauma of the past. He had run from the perpetrators who were chasing him with guns and escaped by hiding. However, most of his family was killed. At the same time, he reported no anger, fear, feelings of guilt or sadness. As we conversed, he mentioned flashbacks and bad dreams. His flashbacks were so severe that when he experienced them his neighbors accused him of being crazy. When he thought about the events that come back to him as flashbacks and the bad dreams, he reported a SUD of 8. We worked with these issues and he soon reported only feelings of peace. He was not experiencing pain at the time of his treatment because he was taking pain medication for his symptoms. We are hoping that by addressing his symptoms of trauma his physical symptoms of pain will also be reduced as these symptoms appeared for the first time soon after the genocide.

A woman whose husband was killed during the genocide spoke of the double pain she experienced because he was a person of a certain ethnic group and he had been mistaken for a member of another ethnic group and then killed. She and her children were pursued by her husband's killers but they were able to hide. One of the children was killed a week later by a bomb and another has been missing and presumed dead since 1994. She has one daughter in secondary school that did very well but she cannot afford school fees so the girl now lives at home and cannot go on with her studies. She is not entitled to genocide survivor benefits because of her ethnic identity. Her daughter dropping out of school was the woman's greatest concern and her greatest cause of anxiety. TFT successfully addressed her feelings of despair around this, and after about an hour and forty-five minutes of treatment she had also addressed her past trauma and other current anxieties. She then reported a feeling of peace in her heart when remembering her losses and in thinking about her current unfortunate circumstances.

Another woman was eleven years old in April of 1994. Whenever she sees soldiers now, she has intense fear, although Rwanda is not at war and the soldiers now work as peace-keepers. It is unclear what she witnessed or experienced concerning soldiers in 1994, however her fear of soldiers were crippling, as there are soldiers everywhere in Rwanda. At one point, while she was concentrating on her fear, she opened her eyes and looked at our interpreter and said “You are a soldier.” This young woman’s fears were successfully alleviated to the point where she could think of seeing soldiers along the road and of being able to pass by them and even greet them.

During these two days I treated fourteen persons all with similar problems to the ones above. Others included alcoholism, loneliness and three women who had intense fears of the loved ones they lost coming back as ghosts during the night. Other therapists treated as many people or more.

The last person I treated during that period had lost her husband and all seven of her children in the 1994 genocide and reported much continuing sadness. She couldn’t even imagine feeling peace after this tragedy in her life. She had flashbacks during the day and flashbacks that woke her up at night. She consistently had very bad dreams and was afraid at night. She suffered from painful feelings of loneliness. We used TFT to address her symptoms of trauma. Her face, which was very sad when she arrived, began to brighten and eventually her frown grew into a huge smile. Her worn but beautiful face glowed and she was full of hugs and gratitude. She now could not bring up any sadness. Her only concern was that these good feelings might not last. I assured her, as I had assured the others it was likely the good feelings would last, the bad feelings almost never return, but that the Rwandan therapists would now be working at the Izere Center and would likely be able to help her should any of these fears or other negative feelings return.

In 2010, I visited an Orphanage that I had visited two years before, and this time treated a young woman who suffered many losses and felt hopeless about her future. She had recently attempted suicide. When she finished her treatments for various losses in her life, the director of the center asked her how hopeless she now felt about her future. Her smile told it all, but she added that she felt like she had a good life ahead of her and although she wished that certain things were different such as she wished she did not have to drop out of school for financial reasons, she accepted her life as it was. There was no feeling of hopelessness remaining.

At a different orphanage, another child I treated was described by the director as angry, withdrawn and uncooperative. Kassim was 16 and had been through more than anyone of any age should have to go through. He was born while his mother was still studying at the University, so he lived with his mother’s sister. When Kassim was three, his mother died. When he was six his aunt, the only mother he had known, was killed during the genocide, leaving him and his cousin orphaned. They were sent to a refugee camp in Uganda and while there he witnessed a horrific massacre. Until our meeting, he could never get it out of his mind and he felt constant sadness and could trust no one. He thought anyone could change at any moment and kill him. He lived in constant fear of danger.

At one moment during his treatment, Kassim had to leave and walk around the yard of the orphanage. Thinking about his past was too much. But he came back and gave it some more time and after just a little more time the treatment was successful. After his TFT treatment, 16 year old Kasssim held his

hands to his head and said with disbelief and wonder “It’s gone! I can’t remember it!” He jumped up and gave me a hug and wouldn’t let go. He then danced around the room and drew me up from my chair, and we danced around the room, hugging tight.

“I know it happened still” he said, “but I can’t think about it!” “Oh I am so happy! Thank you! Thank you Murakoze.” He hugged me again and we did the dance for the second time. He finally let go and we said goodbye. Later, I saw Kasssim in the school yard. He had changed to a dress shirt and walked like he had springs attached to his feet. Sometimes he almost skipped. He came back to thank me once again.

There are so many stories like Kassim’s. I had a chance to visit with Kassim when I was in Rwanda in 2013, assisting in the creation of the film, *From Trauma to Peace.* I was happy to see and hear how dramatically Kassim’s life had changed since that one treatment with TFT. Where once he felt he had no future, Kassim now gets along well with others, gets good grades, reports that his mind feels clear, and says he is hopeful about his future.

These cases were typical of many people suffering from trauma in Rwanda. Their problems were similar to the problems of persons who were treated for trauma by the newly trained Rwandan therapist in the study group, this year and in 2008. Although, the people we treated were not a part of the study group and, as such did not have official follow-up, we do know from the 2008 study that people treated by the newly trained Rwandan therapists in that study, maintained their improvements two year later.

The work continues

To keep the TFT therapists from being discouraged by the multitudes of Rwandan’s suffering from PTSD, one of our team members, Gordon Barrett, liked to tell the story of the starfish, to keep the team from being discouraged by the multitude of the traumas.

> A man was walking along a beach that was covered with starfish that had washed up on the sandy shore. As he walked, he threw as many starfish back into the sea as he could. Of course, he made only a small dent as there were literally thousands of starfish washed upon the shore. A boy came and laughed at him telling him he couldn’t possibly make a difference, because the starfish washed upon the shore were simply too numerous. The man smiled and as he threw the next starfish back into the sea he said aloud, “It makes all the difference to that one.”

Similar community teams were trained and deployed in various parts of Rwanda over the following years:

2010 - An ATFT Foundation Trauma Relief team was deployed to the Byumba area and the previous year’s trainees were provided a refresher course in TFT. Another 33 community leaders were also trained to use TFT. There were by then a few hundred Rwandan community leaders throwing starfish

back into the living waters of the sea of suffering people. These team members assisted in further trainings, arranged by Catholic Relief Services for Serve Center leaders who work with vulnerable groups, including orphans, the aged, handicapped, blind and the AIDS populations.

2013 - I witnessed Celestin Mitabu conducting a TFT training for Kigali community leaders and some community leaders from adjoining districts. To my pleasant surprise, I recognized many of the new TFT trainees. They had been treated for their various traumas as part of the study in 2008. They were from the groups of widow communities, HIV positive communities, and adults who had been orphaned in the genocide of 1994. They were now dedicating themselves to treating others in their communities for various untreated traumas.

The Rwandans continue the work

Rwandan community leaders carry on the work today. A Rwandan TFT therapist and TFT Trainer, Rev. Celestin Mitabu, with the support of the TFT Foundation, instructed Congolese community leaders in TFT in 2009. Rev. Mitabu's trainees included medical personnel from the Heal Africa Hospital. Rev. Mitabu has led further trainings in Rwanda and a second TFT training in the Congo and two trainings in the country of Burundi.

There was some sadness when I realized that I have worked my way out of a job, but joy in knowing that the Rwandan therapists and trainers will be carrying on the work for years to come.

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