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## Healing in Rwanda: The Words of the Therapists

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### Abstract

In 2009, four therapists from the United States presented the basic algorithm training in Thought Field Therapy (TFT) to 36 respected community members at the Izere Center (Center for Hope) in the Northern District of Rwanda. A year later, 35 of the trained therapists reported in an interview that they had treated an average of 37.50 people each ( $SD = 25.37$ ). They had met with each person an average of 3.19 sessions ( $SD = 1.08$ ) to assist with various issues. They reported that they had treated from 3 ( $n = 1, 2.9\%$ ) to 123 ( $n = 1, 2.9\%$ ) people. They also shared their experiences during the year following treatment. The therapists reported that prior to the Thought Field Therapy treatments, their clients had experienced anger, fear, headaches, hopelessness, anxiety, loneliness, and sadness. They reported that after the treatment, people's lives had changed. They felt happy, their trauma was gone, they felt better than before they had come to the therapist for help, they had regained hope, they wanted to work, and their fears were gone. The therapists reported that TFT had made a difference when their clients took it seriously and wanted help, the clients had memories of the trauma and knew what they wanted to work on, the therapists prepared the clients for TFT by explaining it, and the clients followed directions. They reported that it did not appear to help the clients when the clients went home to conditions of poverty and confused the adversities of poverty with the symptoms of genocide trauma, the clients were not aware of the problem, the clients wanted to beg or misled the therapist, and the clients doubted that it would work. The clients were pleased with their treatments; gave testimonies about the help they had received; were grateful; returned to say, "Thank you;" and brought other clients for treatment. The therapists believed that TFT had made a difference in the community. The therapists reported that TFT is really effective, they indicated that a positive aspect of TFT is that people can treat themselves, and they recommended that TFT be used throughout Rwanda.

Key words: Thought Field Therapy, TFT, Energy Psychology, Rwanda, PTSD, Trauma

## Background

Dr. Roger Callahan developed Thought Field Therapy (TFT) in the early 1980s as a treatment for trauma, anxiety, anger, guilt, rage, depression, and other psychological problems (Callahan, 2001; Callahan & Callahan, 2000). In this quick and non-invasive treatment, clients do not need to talk about their trauma in detail; rather, they can just give a brief description or talk about whatever aspects of their problems they feel comfortable sharing (Callahan, 2001).

In this therapy, the person giving the treatment first asks the clients to think about their problem and rate the level of distress on a scale of 1 to 10, or 0 to 10, where 0 or 1 means complete absence of the negative feelings when thinking about the difficulty, and 10 means the worst possible level of feeling. This is called the Subjective Units of Distress, or SUD (Wolpe, 1958). Then, the person giving the treatment asks the clients to tap on specific acupuncture points of their body in a certain order for specific feelings (i.e., trauma, anger, fear, rage, sadness, guilt, embarrassment, etc.) while continuing to think about the problem, checking on their SUD at specified times during the treatment. The goal is to get the SUD down to 0 or 1.

## Review of the Literature on Thought Field Therapy

In 2002, Folkes conducted a study of TFT with refugees to the United States who spoke English, Spanish, Amharic (Ethiopia), Tigrinian (Eritrea), and Somali. The facilitators who worked with the refugees had completed the 2-day TFT basic algorithm training. The refugees completed the Posttraumatic Checklist-C (PCL-C) (Weathers, Litz, Huska, & Keane, 1994) at the beginning of the study and 30 days later, and their children completed the "PCL-Child." The checklist included measures of three categories of trauma symptoms, including intrusive thoughts, avoidance of stimuli related to the traumatic event, and hypervigilance. While 61 participants began the study, 31 completed the study due to high mobility and other factors. Many reported that they did not feel the need to return because they were feeling better.

At pretest, the mean total group score was 53.74 ( $SD = 12.1$ ), and at posttest, the mean total group score was 32.39 ( $SD = 13.6$ ). The drop in scores of 21.45 points was significant on a two-tailed paired samples  $t$ -test at the .05 level. In addition, significant differences were found on two-tailed paired samples  $t$ -tests when participants' pre and post scores on each of the subscales were compared. Sixty-two percent ( $n = 18$ ) of the 29 participants "had posttest scores below the diagnostic threshold" (p. 102). In addition, five of the participants whose scores were still above the threshold at posttest reported that their symptoms were 20% less at posttest than at pretest. In all, "79% of the participants reported significant improvements in the frequency and intensity of their original traumatic stress symptoms" (p. 102).

Sakai, Connolly, and Oas (2010) responded to an invitation to go to Rwanda and help orphans with their trauma in the aftermath of the 1994 genocide. They provided one session of TFT lasting between 20 minutes and 60 minutes to 50 students between the ages of 13 and 18 in a day school that was part of an orphanage. They gathered data prior to the treatment, at 3 months, and at 12 months using the Child Report of Post-Traumatic Symptoms (CROPS) and the Parent Report of Post-Traumatic Symptoms (PROPS) (Greenwald & Rubin, 1999) that had been translated into Kinyarwanda. The children filled out the CROPS, and the caregivers who were most closely associated with each child filled out the PROPS on the same children at all data points. Information about Subjective Units of Distress when the children thought about the trauma was also gathered. Sakai et al. found significant decreases in CROPS scores and PROPS scores following the treatment. The positive results persisted 12 months later on both instruments at the  $p < .0001$  level in paired samples  $t$ -tests. The pre-treatment mean for the PROPS was 35.20 ( $SD = 8.09$ ), the post-treatment mean was 8.18 ( $SD =$

4.04), and a year later, the mean was 8.51 ( $SD = 5.10$ ). The pre-treatment mean for the CROPS was 23.70 ( $SD = 8.90$ ), the post-treatment mean was 11.42 ( $SD = 8.94$ ), and a year later, the mean was 10.59 ( $SD = 7.18$ ). According to Greenwald and Rubin (1999), the cutoff point for the PROPS was 16, and the cutoff for the CROPS was 19. The authors suggested viewing the cutoff scores with caution, “as they were formulated only on the basis of an estimate of exposure to trauma and loss experiences. . . [rather than] from concurrent assessment of symptomatology, using a parallel method such as clinical interview or other validated measures” (p. 72).

In 2008, Connolly and Sakai (2011) used the Modified PTSD Symptom Scale (MPSS) (Falsetti, Resnick, Resnick, & Kilpatrick, 1993) and the Trauma Symptom Inventory (Briere, 1995) in a randomized waitlist control study in Rwanda in which 28 Rwandan therapists who had been trained at the basic level in TFT treated 145 community members who had experienced the genocide of 1994. The final treatment group included 50 participants, and the comparison group included 49 participants. Scores of those in the treatment group decreased significantly on the MPSS and the TSI subscales from pretest to posttest except for the TSI subscale of Sexual Concerns. Scores of the control group did not decrease significantly. When the waitlist control group received TFT treatments, their scores decreased significantly on all scales of both instruments. Most of the effect sizes were moderate to large. At the 2-year follow-up, “with the exception of TSI subscale defensive avoidance and MPSS severity and sum, all follow-up means were slightly lower than posttest means” (p. 169).

Irgens, Dammen, Nyæster, and Hoffart (2012) studied the effects of TFT on patients with symptoms of anxiety, including agoraphobia with or without panic disorder, social phobia, posttraumatic stress disorder, and generalized anxiety disorder, in a randomized control study. Initially, 53 patients were referred to the study. Eight patients were excluded due to dropping out, wanting to change groups, or being symptom-free. Data from 23 patients were included in the treatment group, and data from 22 patients were included in the waitlist group. The patients filled out the Symptom Checklist 90-Revised (SCL-90-R) (Derogatis, 1977), the Hospital Anxiety and Depression Scale (HAD) (Zigmond & Snaith, 1983), and the Sheehan Disability Scale (SDS) (Leon, Olsson, Portera, Farber, & Sheehan, 1997). Measures were taken before the TFT treatment, immediately after the treatment, three months later, and 12 months later. Participants received TFT treatments in one session of approximately 50 minutes and a second session of approximately 25 minutes. Additional treatments were provided as needed. According to the authors,

Group X time MANOVA for the six scales taken together demonstrated a significant time effect,  $F(1,43) = 4.06$ ,  $P < .05$ , and a group X time effect,  $F(1,43) = 2.65$ ,  $P < .05$ . Follow-up repeated measures ANOVAs of the individual scales revealed significant group X time interaction effects for scores on SCL-90R *GSI*, HAD anxiety subscale, and Sheehan disability scale on social life and leisure activities. The HAD depression subscale, Sheehan disability subscales on work and on family and domestic work, showed no significant effect. Inspection of the means revealed that the patients in the TFT group improved more than the patients in the wait-list group on all scales. (p. 334)

TFT immediately affected symptoms of anxiety but not of depression. Participants maintained the gains 3 months and 12 months after the treatment.

Connolly, Roe-Sepowitz, Sakai, and Edwards (2013) conducted a randomized control study in 2009 using TFT with a treatment group compared with a waitlist control group. Thirty-six Rwandan community leaders who had participated in a 2-day basic TFT training provided treatment for trauma to 164 adult survivors of the Rwanda genocide, which had occurred in 1994. Connolly et al. assessed the intervention with the Trauma Symptom Inventory (Briere, 1995) and the Modified Posttraumatic Stress Disorder Symptom Scale (MPSS) (Falsetti et al., 1993), which had been translated into Kinyarwanda. While 199 Rwandans participated in the study, data for only 164 participants were

included after exclusion of those who had “a score 75 or above on the Inconsistent Response (INC) scale for reliability/validity on the TSI” (p. 26). Treatments lasted an average of 35 minutes, with a range from 5 to 120 minutes. The TFT treatment group changed significantly from pretest to posttest in an ANCOVA on both measures, with  $p$  values ranging from  $p < .01$  to  $p < .001$ , while the control group did not. After the control group received TFT treatments, they improved significantly, as well, with  $p$  values ranging from  $p < .01$  to  $p < .001$ . Connolly et al. found large effect sizes (.8 to 1.33) between those in the treatment and control groups on the following TSI subscales: Anxious Arousal, Depression, Anger/Irritability, Intrusive Experiences, Defensive Avoidance, Impaired Self-Reference, and Dissociation, along with the frequency and severity scales of the MPSS. They found high medium (above .60) effect sizes for the Tension Reduction Behavior subscale, and small effect sizes (.2) for the Sexual Concerns and Dysfunctional Sexual Behavior subscales. They found effect sizes of 1.33 for the Severity Scale of the MPSS and 1.2 for the Frequency Scale.

Robson, Robson, Ludwig, Mitabu, and Phillips (2015) provided a 2-day algorithm training in Thought Field Therapy to community leaders in Uganda. Then, the newly trained therapists treated 256 community members who had experienced trauma as a result of the unrest in the country in this randomized waitlist control group design study. All participants filled out the Posttraumatic Checklist for Civilians (PCL-C) (Weathers, Huska, & Keane, 1991) at the beginning of the study. Then, the treatment group received TFT for their traumas from the newly trained therapists and took the PCL-C again, along with the waitlist control group. Next, the waitlist control group received treatment in TFT and took the PCL-C a week later. All participants filled out the PCL-C 19 months later. TFT treatments lasted between 30 and 60 minutes.

In paired samples  $t$ -tests, significant differences were found for the treatment group between Time 1 before TFT ( $M = 58.0$ ,  $SD = 12.6$ ) and Time 2 after TFT ( $M = 26.1$ ,  $SD = 8.2$ ),  $t(113) = 22.45$ ,  $p < .001$  (Robson et al., 2015). Significant differences were also found for the waitlist control group between Time 1 ( $M = 61.2$ ,  $SD = 10.1$ ) and Time 2, which did not include TFT ( $M = 47.0$ ,  $SD = 13.8$ ),  $t(121) = 9.94$ ,  $p < .001$ ; however, the treatment group improved significantly more than the control group,  $F(1, 254) = 65.452$ ,  $p < .001$ . The authors hypothesized that the scores of the waitlist control group decreased because they had received attention from the researchers. A week later, after the waitlist control group had received TFT, their scores decreased significantly from the previous week, before TFT treatment ( $M = 26.4$ ,  $SD = 8.2$ ),  $t(106) = 14.46$ ,  $p < .001$ . After 19 months, the participants' scores were similar to their scores at Time 2 ( $M = 43.6$ ,  $SD = 13.1$ ), although fewer participants had scores over 50, which was the cutoff for a PTSD diagnosis. The researchers suggested that repeated treatment with TFT might have benefited the participants.

## **Background of the current study**

Based on the studies above, TFT has shown promise as a treatment for trauma. Since the development of TFT in the early 1980s, therapists and laypeople in countries around the world have received training in TFT. The Thought Field Therapy Foundation has sent teams of therapists to various locations around the world to assist with the treatment of trauma, including Haiti, Kosovo, Mexico, New Orleans, Rwanda, Tanzania, Uganda, and Kuwait. The data from the present study came from a TFT training in The Diocese of Byumba in the Northern Sector of Rwanda.

## **Procedures**

In 2009, four therapists who had been trained in TFT conducted a 2-day intensive TFT algorithm training at the Izere Center (Center for Hope) in the Northern District of Rwanda for 36 respected community leaders. During the following year, the trained community leaders treated others in their

community who had experienced the 1994 Rwandan genocide. A year later, in 2010, 35 of the therapists participated in interviews consisting of six questions in Kinyarwanda to explain how they had used TFT with others in their community. The interview responses were translated into English by native speakers of Kinyarwanda who spoke English. ATLAS.ti qualitative data analysis software, Ver. 7.5.10, was used to analyze the data. The constant comparative method of data analysis was used (Glaser, 1965). Data are reported for themes containing 10 or more comments except for research question #2.

## Participants

Of the 36 therapists who had been trained in TFT, 35 participated in the interviews. They lived in the Byumba and Kigali areas of Rwanda. All of them spoke Kinyarwanda, as well as French and/or English. Data were missing from one therapist for research questions 1, 2, and 4, and data were missing from another therapist for research question 3. As a result, data were calculated for these research questions based on an *N* of 34. Data from all 35 therapists were available for research question 5.

## Study Design

The following research questions were addressed in the interviews.

1. Did the therapists feel that TFT had made a difference in the people's lives with whom they had worked?
2. When did the therapists feel that TFT made a difference, and when did they feel it did not?
3. Were the people whom the therapists treated pleased with the results they achieved by using TFT?
4. Did the therapists feel that using TFT to help individuals in the community made a difference in the community?
5. What other comments might therapists make about TFT?

The interview questions to which the therapists responded were:

1. How many community members have you treated with TFT this year?
2. What was the average number of times you saw each person for his/her problems?
3. Did you feel that TFT made a difference in the people's lives that you worked with? Please tell us about this. Why or why not? When did it make a difference, and when did it not?
4. Were the people you treated pleased with the results they achieved by using TFT? Please tell us about this.
5. Do you feel like your using TFT to help individuals in your community made a difference in your community? Please describe why or why not.
6. Is there anything more you would like to say about your experience this year using TFT to help others?

## Results

The therapists reported treating an average of 37.50 people ( $SD = 25.37$ ) in the previous year. They reported that they had seen each person an average of 3.19 times ( $SD = 1.08$ ) and had treated from 3 ( $n = 1, 2.9\%$ ) to 123 ( $n = 1, 2.9\%$ ) people. They indicated that they had met with each client from 1 ( $n = 1, 2.9\%$ ) to 6 ( $n = 2, 5.9\%$ ) times (Mode = 3,  $n = 14, 41.2\%$ ) to assist with various issues.

**Research question #1: Did the therapists feel that TFT had made a difference in the people's lives with whom they had worked?"** All 34 of the therapists who responded to the question (100.0%) indicated that TFT had made a difference. They talked about the symptoms that their clients had shared both before and after the treatments, as shown in Tables 1 and 2.

Table 1 includes the symptoms that the therapists said their clients had before the treatment. The therapists reported multiple symptoms as they discussed their clients. According to 15 therapists (44.1%), their clients had anger. Here is one example:

- I treated a woman who had an intense anger. Her husband had left her with children. She was helpless and lived with a chronic disease. She could not do anything to feed her children and herself. She experienced great hopelessness to the extent that she once thought of abandoning her children. When she heard that we were helping people with psychological problems, she came to see me. I treated her, and she told me that she did not feel sorrowful anymore. She no longer felt angry with her husband. She told me that she hoped that God would help her in her sickness so that she could be able to bring up her children.

Fourteen therapists (41.2%) indicated that their clients had fear. One therapist talked about a client with fear:

- During Memorial Days, our students got traumatized in a good number. We helped them all, using counseling and TFT. One of them had extreme fear, feeling everybody is coming to kill him/her. I treated her/him [and] then taught how to practice TFT. S/he says whenever s/he gets [in] crisis, s/he starts with algorithms.

According to 13 therapists (38.2%), their clients had headaches and felt hopeless. Two therapists shared about clients who had these symptoms:

- The old women who had the problem of headache because they lost their dear ones during the genocide have started recovering from their trauma, thanks to TFT.

- I treated one client who had great hopelessness. She hated her own life and felt like she did not deserve to live. She hated everyone, and it is understandable, because you cannot love other people if you do not love yourself. She could not go where other people were working so that she could work also and develop herself. She could not do it because she felt useless. She never smiled, and whenever she tried to smile at someone, she did not really mean it. She never felt happy or had hope for the future.

Ten therapists (29.4%) indicated that their clients had felt anxious, been lonely, and felt sad. Three therapists talked about some of the people whom they had treated:

- There is a client of mine who used to have anxiety and fear, but after TFT treatment, that fear and anxiety disappeared, and that client has learned to use TFT techniques whenever fear comes back.

- Another boy who is an orphan used to feel so lonely. He did not approach other children. He used to be alone all the time. His parents died during the war, and whenever he thought about them, he felt very sorrowful. After I treated him using TFT, he became a normal person. He socializes with other children, playing with them, having some fun.

- TFT changed something in the lives of the people I helped. For example, one of them felt so lonely and sorrowful. Her husband died soon after their marriage and left her with many

children. Her in-laws didn't like her. She had experienced very deep sorrow, but since I treated her, she has changed. She tells me she doesn't feel sorrowful anymore. She understands she is not the only widow, and she feels happy.

**Table 1. Symptoms before TFT treatment (N = 34)**

Symptoms	<i>n</i>	%
Anger	15	44.1
Fear	14	41.2
Headache	13	38.2
Hopeless	13	38.2
Anxiety	10	29.4
Loneliness	10	29.4
Sadness	10	29.4

In order to demonstrate how TFT had changed people's lives, the therapists shared what they had noticed after their clients had been treated with TFT. As shown in Table 2, 21 therapists (61.8%) reported that the treatment had changed their clients' lives. Here are sample observations:

- TFT changed people's lives; they themselves testify it. People were freed from loneliness [and] guilt, and those who lived in sadness found happiness and started to enjoy life. Others recovered from chronic headaches.
- Treating people using TFT changed positively the lives of people in the community. People now live in harmony and happiness after being treated using TFT.
- First of all, they got treatment and relief. Secondly, they made new friends. Thirdly, the people who were treated started to reconcile and to feel free. So many people had been kept hostage by the sorrow because of the death of their beloved ones, but since they got TFT treatment, they changed. They were set free from the sorrow that hindered their development. For example, some of them had chronic diseases, [and] others had lost [their] appetite, but they are now happy. Life has become much better and more enjoyable.

Fifteen therapists (44.1%) reported that people felt happy, and 14 therapists (41.2%) reported that people's trauma was gone. Sample observations:

- I observed a very big difference in the lives of the people I treated using TFT. The people I treated started smiling again and regained confidence, happiness, and hope of living well. For example, there is a client of mine who used to have anxiety and fear, but after TFT treatment, that fear and anxiety disappeared, and that client has learned to use TFT techniques whenever fear comes back.
- One person I treated using TFT who had very many family problems and who had reached the level of committing suicide. When that person started being treated with TFT, that client of mine no longer suffers from the previous trauma problems, and the decision of committing suicide disappeared. This showed me that TFT really helped my client to cope with life and face it courageously with all its burdens.

Twelve therapists (35.3%) reported their clients felt better after the TFT treatment and regained hope. Examples:

- TFT changed the lives of the people I treated considerably. TFT set them free from serious psychological problems and bad emotions and gave them a new life. They became confident and hopeful. They regained life. Some of them experienced great depression, but they told me that they felt much better, and when they experience any bad emotion again, they go to a private place and treat themselves.

- TFT has been successful, and many people benefited from it. I say this because I started realizing positive changes in the lives of my clients after some time of treatment. They restored the hope in their lives, and they were happy of this outcome brought to them by TFT.

Ten therapists (29.4%) indicated that people wanted to work after receiving TFT treatment, and that their fear was gone. Sample observations:

- TFT truly made a big difference in the lives of the people I treated this year. Twenty of the people I saw testified that they felt much better after treatment. They had lost their hope to live because of what they had gone through. Since they started to use TFT, their lives have changed a lot. They are now eager to work and take care of their families. The last time I saw them, one of them said, "Look at me. You will realize that I look different than before. I am now happy to live."

- There is a lady who was fearful who was brought to me by my former clients. My first impression when I saw that lady was that she was full of fear, but as I started treating her using TFT techniques, she started changing her face, she started laughing, and I asked her how she felt, and she told me that she was experiencing joy and happiness in herself. She told me that there was an obstacle in her eyes that used to prevent her from seeing things properly, but after treatment, she saw that obstacle disappearing from her eyes. After the entire session of treatment, that lady was full of joy, and she surprisingly embraced me, and I also felt excited that the lady was much helped by the therapy. In her testimony, that lady told me that she used to fear to go where many people are, like in the market, and the meetings, and even in the church, because she feared they [would] torture her or even kill her, but now, that widow comes to church without fear, she goes to the market, and she even managed to enter in the association of the widows. After being treated, that lady came after to thank me.

**Table 2. Results after treatment with TFT (N = 34)**

Results After Treatment	<i>n</i>	%
Changed Lives	21	61.8
Feel Happy	15	44.1
Trauma Gone	14	41.2
Feel Better Now	12	35.3
Regain Hope	12	35.3
Want to Work	10	29.4
Fear Gone	10	29.4

**Research question #2: When did the therapists feel that TFT made a difference, and when did they feel it did not?** Themes are reported when two or more therapists mentioned them.

Fourteen of the therapists (41.2%) did not address the question, perhaps because they were focused on talking about how pleased they were with the way that TFT had worked with their clients. Seven of the therapists (21%) specifically volunteered that TFT worked every time. According to one therapist,



- During treatments, all my clients had their SUD level drop to 0 at the end of the whole algorithm. I did not meet a client who did not get relief in my sessions as a TFT therapist. At the end of the treatment, their faces looked completely different from the way they were before treatment. They testified that they felt better after TFT treatment. They were smiling and laughing.

Therapists talked about when TFT made a difference, as shown in Table 3. Three therapists (8.9%) mentioned that it worked when clients took it seriously and truly wanted help. One participant talked about people who came who did not appear to want help with their PTSD symptoms as much as other types of help:

- What I am sure of and of which I can give testimony is that, among all the people I treated, those who were much helped by the therapy are those people living with the symptoms of trauma or other psychological problems who came for and only for treatment without any other hidden agenda behind like begging, asking for money or other financial assistance, as it is the case for some people who come to us. Those who were coming for financial assistance also used to tell me that they felt helped, but they did not want to come back because what they needed first was not maybe granted to them. Those are the very people I can say that they did not benefit much from TFT.

Three therapists (8.9%) mentioned that TFT worked when people had memories of the trauma. One client explained:

- When did TFT help the client? When the client was targeted or when s/he said his/her problem.

It is noteworthy that sometimes people repress their problems and traumas. The author of this article treated two women in TFT algorithm trainings who knew that something had happened when they were very young, yet they could not remember anything. TFT will work in these cases. At the algorithm level, the therapist needs to treat all levels of reversal. Perhaps these therapists in the study did not have that instruction, or they did not recall it. If a therapist does not know that, he/she will not know how to go about treating the person who has repressed the memories of a specific trauma.

Two therapists (5.9%) mentioned that TFT worked well when they prepared their clients for TFT by explaining it. According to one participant,

- TFT helps the client, especially when I have first prepared him/her before treating him/her using it. I first explain to my client the advantages of using TFT, and after [that], I start treating my client using the very techniques of TFT. I came up with this strategy because I had observed the difference between the clients I treated using TFT techniques without preparing them first and those I treated after preparing them.

Two therapists (5.9%) indicated that TFT worked well when clients followed directions. One therapist shared:

- When I am treating a client, I tell him/her to tap where I am showing him/her, and I tell my client to think at the same time about his/her problem. When my client respects the directives, all goes on well. When s/he does not, the therapy does not succeed.

**Table 3. Therapists' observations about when TFT made a difference (N = 34)**

When TFT Made a Difference	<i>n</i>	%
Clients Took It Seriously and Wanted Help	3	8.9
Clients Had Memories of the Trauma	3	8.9
Therapists Prepared Client for TFT by Talking About It	2	5.9
Clients Followed Directions	2	5.9

Table 4 includes the therapists' observations about when TFT did not make a difference. Three of the therapists (8.9%) mentioned poverty in answer to this question. They could remove a person's trauma; however, they were not able to remove the effects of poverty. Therapists reported:

- My subjective observation is that some of my clients whom I had treated did not cure completely. I analyzed the reasons, and I noticed that poverty is the major reason. A client whose trauma is caused by poverty-related problems comes to you. You apply TFT to treat that client. The client feels helped to the extent of forgetting his/her trauma, but when the client goes back, s/he faces again poverty challenges, and this re-traumatizes the same client. So, TFT can yield more success if integrated with some other additional developmental initiatives.

- I can say that when a client accepts to be treated using TFT, this technique helps that client, but sometimes, I receive a client for the second or third session, and that client tells me that s/he fears his/her trauma symptoms may come back, but my experience so far is that what my clients call symptoms of the already healed trauma is not the . . . trauma, but simply the way he is struggling to maintain stability at home with all the problems of poverty at home. The client thinks that maybe it is the treated trauma that comes back instead of seeing the real problem of poverty and facing it courageously.

Two therapists (5.9%) indicated that TFT did not work when the client was not aware of a problem. One therapist explained:

- When a client is aware of the cause for his/her trauma, treating him/her becomes much easier, but when the client is not aware of what causes him/her to behave the way s/he is behaving, it becomes a bit difficult to treat the client using TFT.

Two therapists (5.9%) indicated that TFT did not work when the client had an ulterior motive for visiting the therapist, such as begging for money or misleading the therapist. One therapist shared:

- When didn't TFT help the client? When the client . . . misled or confused the therapist willingly.

Two therapists (5.9%) believed that TFT did not work when the client doubted that it would work or did not trust that it would work. According to one therapist,

- TFT did not work, however, [with] people who did not trust it (i.e., who showed some negativity vis-à-vis its effectiveness).

Two therapists volunteered that after clients have been helped to overcome their trauma, they need medical treatment for their difficulties. They also need training so that they can overcome poverty. According to one participant,

- The problem . . . now is that, after they have recovered from their trauma, my clients start to face a serious problem of facing hard life conditions. They want to work, but there is nowhere to start from because they see their trauma caused them be left behind by others in development. When I see this, I judge it necessary to help them by providing to them some training in unity and reconciliation, and in making some handicrafts, and also helping them find means in order to afford to go to the hospitals for those whose first need is medical treatment.

**Table 4. Therapists' observations about when TFT did not make a difference (N = 34)**

When TFT Did Not Make a Difference	<i>n</i>	%
Client Had Poverty	3	8.9
Client was Not Aware of the Problem	2	5.9
Client Wanted to Beg or Misled the Therapist	2	5.9
Client Doubted That It Would Work	2	5.9

**Research question #3: Were the people whom the therapists treated pleased with the results they achieved by using TFT?** As shown in Table 5, 34 therapists (100.0%) indicated that the people they had treated were pleased with the results of TFT. According to one therapist,

- The people I treated were so happy about TFT. When I meet them, they call me “Doctor” and tell me that they feel much better now. They say that they used to believe that they were the only ones experiencing what they went through, so it was hard for them to cope with the problems, but after they were treated with TFT, they feel they can live with their problems, and [they realize] that everyone has some problems.

Seventeen (50.0%) of the therapists reported that their clients gave testimonies about how they had been healed with TFT. Two of the therapists talked about the testimonies they had heard:

- From the testimonies of the people that I treated, TFT has changed their lives a lot because they told me they felt better after the treatment.

- The impact of TFT is remarkable. The testimonies of the clients themselves or those of their neighbors (children, parents . . .) witness the change in behavior of the client.

According to 14 therapists (41.2%), their clients were grateful for the healing they had experienced with TFT. Two therapists talked about the gratitude that their clients had expressed:

-The people that I treated were very grateful for the help they had received. The relief could be seen in their faces and from the way they behaved after treatment. You could realize how happy they were. On their faces, their problems were swept away. They smiled. They thanked me for what I had done for them. They said that they would come back again to me [and] that I could help them. Some of them said that they would treat themselves using TFT whenever they would have the same problem.

- I treated one client who was HIV positive. She had experienced great stigma. Her family had forsaken her, and she was hopeless. After I helped her, she felt very well, both in her body and mind. She is thankful and happy.

Eleven of the therapists (32.4%) shared that the clients had returned to say, “Thank you!” According to two of the therapists,

- The people I treated are very happy of this therapy, and some of my clients often come back to say thanks to me. There are some other clients who had abandoned physical works because of the trauma they were suffering from, but now, they [are] no longer in that life state.

- One of the patients had extreme and permanent anxiety that was causing sleeplessness. S/he was always thinking about what happened to him/her. Once we met, I helped him/her with TFT. A little later, s/he came to thank me because s/he now sleeps, and when sleeplessness occurs, s/he practices TFT like s/he learnt from me.

Ten therapists (29.4%) mentioned that their clients had brought other clients for treatment. According to one therapist,

- The people that I treated were very pleased with the results we achieved together using TFT. They thanked me for the treatment I had given them. They became my friends and continued to come to see me at work and brought their friends and relatives for treatments, but unfortunately, sometimes I was not able to treat some of them because I was also very busy with my job.

In summary, TFT made a difference in the lives of the people who were treated:

- TFT truly made a difference in the lives of clients I treated. Before I treated them, they seemed and sounded hopeless. This could be seen on their faces. After treatment, the clients were happy and said that they gained hope to live again. The relief was very clear on their faces; their problems had been washed away.

**Table 5. Reactions of people who were treated with TFT (N = 34)**

Reactions of People Who Were Treated with TFT	<i>n</i>	%
Clients Were Pleased with the Treatment	34	100.0
Clients Gave Testimonies	17	50.0
Clients Were Grateful	14	41.2
Clients Returned to Say, "Thank You"	11	32.4
Clients Brought Other Clients for Treatment	10	29.4

**Research question #4: Did the therapists feel that using TFT to help individuals in the community made a difference in the community?** All 34 (100.0%) of the therapists indicated that using TFT to help individuals made a difference in the community. Some of the comments included:

- The people I saw were happy about TFT results and said they were able to start working to improve their lives' conditions and contribute to the development of the country.

- Treating people using TFT helped the community where I work and where I live because the relations between my clients and the people around them improved. After the treatment, clients were more determined to take part in the activities that can develop them economically, and [they] regained the hope of a better future.

- The people I treated were happy about TFT. Families could not solve their problems before without consulting local authorities, but after we treated them and counseled them, they sit and solve their problems without quarreling. Thus, TFT has contributed a lot to the Rwandan culture.

- In our country, people are used to working in cooperatives and associations. The treated people also start contributing to socio-economic development by joining others in those cooperatives and associations. TFT helps them uplift their level of confidence, which is commonly known as peak performance.

- Yes, it helps. People become more productive than before, after having experience with TFT, [and] the socio-economic climate changes. For instance, some used to waste time thinking of the past, and no hope for the future. They were always mourning, sleeping due to permanent headache, feeling jealousy against one's progress, quarreling with neighbors for minor reasons due to anger – all without taking enough time to work or sharing constructive ideas with friends. After TFT, three of my patients told me that they increased their working hours up to three months. One was planning to plant grasses [and] then sell the harvest to farmers. Apart from that, many of them [give] testimony [of having] peace of mind, [which is] different from the times before TFT.

**Research question #5: What other comments might the therapists make about TFT?** As shown in Table 6, 21 (60.0%) of the therapists emphasized that TFT is really effective, as illustrated by the comments of two therapists about the effectiveness of TFT:

- One patient used to get traumatized because of what s/he underwent during war, to the extent that s/he was hospitalized during the days of Genocide Remembrance in April. During the same period, s/he got in a coma, always under various ways of treatment (tablets, injections) and other sleep medicines because of trauma. So far, after being treated using TFT, s/he [has] improved, even if those thoughts didn't disappear from the mind, but s/he does not feel traumatized. Since s/he experienced TFT, s/he no longer takes the medicine. . . . A good indicator is that last April during the memorial moments, the trauma did not come up – no coma, neither going to hospital.

- One person had been robbed. He knew the robbers and continued to see them. The person was very sorrowful and tried to avoid those thieves whenever he came across them on streets. After the client was treated using TFT, she got relieved from the sorrow that haunted her. She now testifies that TFT is an effective therapy.

Nineteen therapists (54.3%) mentioned that people can treat themselves with TFT, as illustrated by the observations of two therapists:

- Another client used to have nightmares. After being told that TFT can bring [a] solution to that problem, [the client] came to me and received TFT treatment, and the problem of nightmares disappeared completely. Before lying on the bed, my client does the TFT treatment, and then the wonderful sleep follows that exercise.

- There are many things I can say which prove the power of TFT. There are different kinds of testimonies that I heard from many people I treated. Many people I treated were suffering from fear – fear of uncertainty, anxiety, headache, hopelessness, hating their relatives, nightmares, and loneliness, and so on. Many of these people are now free from their trauma problems, but there are some others who say that after some time, their trauma comes back. Among the people I treated, I also taught them how they will be treating themselves in case the symptoms of their trauma come back. Those who succeeded to use this therapy on their own come back to me and tell me that the therapy is going on well.

According to 14 therapists (40.0%), TFT should be used throughout Rwanda, as illustrated by the following comments:

- TFT helped in Rwandan society because many of its members were traumatized due to various reasons related to war, accidents, epidemic diseases, loss of relatives, and others. TFT helps many Rwandans as they manage to treat themselves, even the incurable diseases. So many appreciate TFT so much because it has no consequences toward the user. Instead, it is an easy method all Rwandans should know.

- We are sure TFT will cover the whole territory of Rwanda because of its efficiency [and] quick result . . . to the extent that it will even benefit . . . neighboring countries.

Another therapist expressed thanks to the American therapists, in addition to mentioning the importance of TFT for Rwandans.

I would like to thank the American TFT therapists who came from far away to train Rwandans in TFT. They helped us to help other Rwandans, and we are very grateful to them. TFT is an answer to the problems of Rwandans. I wish all Rwandans knew [that] TFT is an effective tool they can use to recover from the wounds of 1994. This year, I was able to treat all my clients successfully using TFT. TFT is an answer from God.

**Table 6. Therapists' additional comments (N = 35)**

Therapists' Comments	<i>n</i>	%
TFT is Really Effective	21	60.0
People Can Treat Themselves	19	54.3
TFT Should be Used Throughout Rwanda	14	40.0

### **Limitations of the study**

This study is limited by the self-reports of the therapists. It is possible that they might not have accurately reported the number of people they treated and the number of times they saw each client. In addition, they might have focused primarily on their successes and neglected to mention the times when they were not able to fully help a client with TFT. Since the interviews were translated from Kinyarwanda to English, the translators might not have been able to capture all of the nuances in what the therapists said. In addition, the therapists might have wanted to create a good impression on their Rwandan colleagues. The clients whom they treated might have wanted to please the therapists who had taken the time to assist them. Both therapists and clients might have wanted to be polite, show appreciation, or convey respect to those who had helped them. Also, since the therapists were reporting their experiences over a period of a year, they might not have remembered all of the events completely accurately.

### **Discussion**

The therapists observed that TFT had made a difference in the lives of the people they had treated. They reported that people had gone from experiencing anger, fear, headaches, and hopelessness to feeling happy, regaining hope, and wanting to work. They observed that their clients were pleased with the treatment, and the clients gave testimonies to others about the effectiveness of the treatment. The therapists also observed that TFT had made a difference in the community and believed that TFT should be used throughout Rwanda. The findings that therapists were able to bring about changes in their clients in a short period of time are consistent with the randomized control trials showing highly significant differences between TFT treatment groups and waitlist control groups that were conducted

in the United States (Folkes, 2002), Norway (Irgens et al., 2012), Rwanda (Connolly et al., 2013; Connolly & Sakai, 2011; Sakai et al., 2010), and Uganda (Robson et al., 2015).

## Conclusions

This qualitative study adds to the growing body of literature suggesting that TFT shows promise as an intervention in countries that have suffered from large-scale traumatic events. The therapists, who had used TFT for a year, told numerous stories of people with whom they had worked. They indicated that the therapy had been highly successful in enabling their clients to overcome a variety of difficult emotions. Some of the therapists even concluded that the treatment should be used throughout Rwanda. With increasing traumas in the world in all countries, TFT shows promise for helping to alleviate suffering.

Note. This study received Institutional Review Board approval from Arizona State University and the Rwandan National Ethics Committee.

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