

# ATFT UPdate



Official Publication of the Association Thought Field Therapy

Issue 12, Summer

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**Click the link below** to view the  
Vidcast of Dr. Robert Pasahow, TFT-  
Adv, talking about how TFT can help  
with tinnitus, vertigo, and pain

[http://www.youtube.com/watch?  
v=qgslotNEttQ](http://www.youtube.com/watch?v=qgslotNEttQ)

Toward the end of the morning many are still waiting for treatment

Of the 108 people who received TFT Algorithm certificates, 30 were selected to treat members from the Kasere community. Many came from long distances to receive treatment.

THOUGHT FIELD THERAPY®

**UGANDA PROJECT**

The priests were deeply concerned about their friend and colleague's excruciating leg pain. They asked Stein to demonstrate TFT to relieve his suffering. His was a difficult case involving some toxins. After some time the pain did leave and he remained free of discomfort for the remainder of our stay. Religious leaders who were skeptical and even some who opposed to what we were doing changed their views and became very supportive

Handing out certificates are, from left to right: Fr. Peter, Stein Lund Halvorsen, Robert Gray, Phyl Robson and Dr. Howard Robson. The Robson's, from Northern England were with the team working on a malaria project. From time to time they assisted with trainings.



# ATFT **UPdate**

Association for  
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## **Association for Thought Field Therapy UPdate**

# **President's Message**

**Welcome to this edition of UPdate.**

**by Rhoda Draper, BA, Dip. C.H.,  
TFT-Adv, TFT-RCT**

### **TFT – Ancient & Modern**

Psychology, as a science, is comparatively new; it's not much more than a century since it emerged from under the umbrella of philosophy to become a science in its own right. Since Wilhelm Wundt's experiments in the late 1800s there have been many interesting developments, theories and 'isms' that have kept researchers busy for decades at a time.

Numerous theories came and went including psychoanalysis, starting with the painstaking, though controversial, work of Sigmund Freud. The theory behind psychoanalysis is that one's behaviour is influenced by unremembered events in the past which can only be retrieved by access to the 'unconscious mind'.

In the early 1900s, the behaviourists had their heyday – they took little or no account of emotions, moods or feelings, depending entirely on what could be observed and measured. Then when 'thinking' and emotions were added to the mix, out came Cognitive Behavioural Therapy (CBT) which is now the model of psychotherapy most 'approved' by the medical profession.

Although CBT is very useful, it certainly has limitations – for instance, the degree to which the client is prepared to engage in it and also the financial and time resources of the client (or, indeed, the healthcare provider). Why is it so popular? The main reason is the enormous body of research that testifies to its efficacy.

Thought Field Therapy is new (just thirty years old); it is ground-breaking and controversial. It incorporates the ancient Eastern technique of acupressure to address a wide variety of complex and everyday problems both behaviourally and at an unconscious level - and most people reading these words will need no proof of its effectiveness. When therapists are first introduced to TFT and start to assimilate it into their daily practice, it seems unthinkable that this quick, highly-effective and user-friendly therapy is not accepted by the organisations where it would do the most good! The reason most often given is the lack of published research in medical and psychological journals.

We have all seen reports of the selfless work done over the years by volunteers using TFT in Kosovo, Tanzania, New Orleans, Uganda - and in the meticulous, ongoing research being done by Suzanne Connolly and Dr. Caroline Sakai with the genocide victims in Rwanda, largely at their own expense. This



use of TFT in areas where almost any other kind of therapy would be quite inappropriate is something that the ATFT Foundation can be most proud of, as can the members who contribute time and funding to it.

As well as charitable endeavours, however, we also need to muster our resources to find university-based psychologists or health care professionals in the developed world who will be willing to use TFT as the basis for research on home ground. Some members may know friends or relatives about to embark on a post-graduate programme who may be looking for an interesting subject. The ATFT Foundation has a research committee whose members would be more than willing to assist in designing a study – so please get in touch if you have contacts or ideas.

Meanwhile, TFT continues to develop and to keep abreast of the latest technological advances. We have recently launched a series of Teleclasses where people can go online at a given time and participate in lectures and Q&A from any part of the world. More and more interesting clips are now downloadable from YouTube – and these can also be used in a variety of ways both with clients and as teaching aids. We may be living in uncertain times, but we have the ability to turn this crisis into opportunity.





# TFT TODAY

## IED's and TFT

By Herb Ayers, MA, LMHC, TFT Dx

Recent warfare has featured the use of IED's (Improvised Explosive Devices) that have caused many of the deaths and injuries to allied forces in Iraq and Afghanistan. An IED often looks benign as an object of little notice on the side of the road, but it is exploded by a terrorist with horrendous results as troops drive past it.

A client of mine had his vehicle blown up by an IED in Iraq. "The attack caused serious harm to my men," he said. Several sessions into treatment, he was able to tell me how, after two years at home, he still feels heightened anxiety as he drives roads and highways when-

ever he sees a box, a can, or other seemingly innocuous objects alongside the road. He almost begins to panic and he gets very upset to his stomach.

Upon hearing this, we immediately did a brief TFT trauma algorithm. This helped, he said, but he didn't move all the way down the SUD scale. I then did a TFT Diagnostic with him which called upon the same treatment points as the brief trauma algorithm but with two added ones; side of the eye, and liver.

I then invited him to take me for a drive to see if the TFT worked for him. He drove me around town and

on almost every block he would spot a box or something, including suspicious looking cars that ordinarily would spark his anxiety. He was frankly amazed and did not know what to make of the change he experienced as his IED anxiety did not present itself.

He said he can now relax while driving. He had driven hundreds of miles the week before to see VA psychiatrists and doctors in different cities to "be evaluated but not treated," he told me. Two weeks before this TFT change in him, he received joint treatment from Dr.

*Continued on page 3*

# TFT TODAY CONTINUED..

## Overcoming itching Eczema in 4 year old boy (a love story)

Norma Gairdner, H.D.

This young boy presented with severe itching eczema which could spread all over his body at times, though it was typically and chronically worse on his legs.

At first he sat on his mother's lap so she could be a surrogate for his TFT treatments, which I did over the phone, as usual. However, it soon became apparent that he was too fidgety, and also really bright, so I suggested he was old enough and smart enough to get down and manage the tapping by himself, as long as his mother was nearby to oversee that he was following directions correctly.

His way of reporting his SUD level to me has been to use a "feel-good scale," rather than the usual "feel-bad scale" that we use in TFT. For example, at the beginning of treatment, when I asked him if he understood how to measure how bad the itching was on a scale of 1 to 10, he said it would be easier for him to start at zero and tell me how many kilometres he needed to go before he was "completely better". (His tone here was jokingly imitating my particular inflection when testing the phrase: "I want to be completely better.")

"OK," I said: "How many kilometres do we have to go to get you out of there?"

"Well, 10 I guess...but it feels more like 10,000 sometimes." he said.

Since then, we've been working together on and off for a few weeks, doing TFT, constitutional homeopathy, IET

(individual energy toxin) treatment, removal of toxins, and getting a good whole-house water filtration system because he's been unable to take a bath for the painful burning it causes him.

Now, about 6 weeks after starting, he's almost fully recovered from a very grueling couple of years of constant itching, and scratching, and bleeding oozing sores on his legs and body.

The other day, when I called to

**"Now, about 6 weeks after starting, he's almost fully recovered from a very grueling couple of years of constant itching, and scratching."**

see how he was doing, he said: "I'm 9 Kilometres better...and even more!" which is his way of saying that the itching has improved 90% or more. (Thank God...and Roger too.) His mother said that he finally slept through the entire night for the first time in over one and a half years. The next morning at breakfast, he asked his mother if she thought it would be OK for him "to marry Norma when he gets older?" Oh my gosh, he's the cutest thing ever - so of course, I said: "YES! "

I sent the above report to his mother for permission to publish, and she asked if she could please add some words of her own, for her son: A mother's testimonial, re "Itching Eczema - 4 year old boy"

From my point of view, this treatment has given me back my son. We barely had any relationship outside of the confrontations surrounding his intense desire to scratch and my trying to prevent him from scratching. Now

we interact on many other levels. He seems much more peaceful, both mentally and physically. I hear about his day at school, we make up stories together, draw pictures together, and I am now able to cuddle with him more, especially at bedtime as he can stay still longer (most of the time). During the times when the eczema was the worst, he pulled away from me and our energies reminded me of two

magnets with opposite polarities repelling each other. He would thrash about so

that I was risking injury to be near him. Tonight he told me that his favourite thing is snuggling. What a precious gift to be able to hold my son again. Words cannot express my gratitude, Norma. Thank you.

Such a gratifying and fun case.

*nrgairdner@rogers.com*

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*Continued from page 2*

Callahan and me, and mentioned that he did not have to take two of his 3 medications since that time. The trauma caused by IED's is an important problem and can help be resolved with Thought Field Therapy.

He gave me permission to share his progress with ATFT members.

*Herb Ayers, MA, LMHC, TFT  
Dx*

**TFT** TODAY CONTINUED..

**TFT TRAUMA RELIEF BLOG** <http://TFTtraumaRelief.wordpress.com>

## Relieving Suffering--Creating Peace

Mary Cowley, PhD, TFT-VT

The ATFT Foundation's trauma relief blog has now been on-line five weeks and there's been a lot of activity! As of June 5, we've had 1,254 total views! So far, we have 7 posts, including 4 videos. Our contributors have been Dariah Morgan (TFT/rape), Chrissy Mayhew (TFT/car-accident & TFT/animals), Paul V. Harris (burn victim), Rwanda orphans, and Roger Ludwig (TFT/Uganda kidnappings). Their stories are strong testimonials to the power of TFT in relieving the suffering from trauma and ensuing grief, anger, fear, guilt, depression, and/or anxiety.

Submitting your own stories of how TFT has helped relieve your clients—or yourself—from trauma not only helps get the word about TFT out to the world, but also provides a little marketing for yourself. Send your clients to the blog. It's an easy way to share these testimonials with them. Put a link to it on your web site for an instant connection! Submit your own stories of how TFT helped relieve your clients—or yourself—from trauma. Doing so helps get the word about TFT

out to the world, and provides a little marketing for yourself. Testimonial videos are particularly effective for our visitors! You can submit a personal story or case study by sending it to me at [drmary@thecel.com](mailto:drmary@thecel.com) or Sheila Crouser at [sheila@atft.org](mailto:sheila@atft.org). Better yet, if you register on the blog as a contributor and then submit a testimonial post, your name on the post will link to your web site address, information that you write about yourself, and a list of all your posts on the blog. Even when you just comment on a post (click on title of post, then "Leave a Reply"), your name on the comment links to your web site!

What else do our visitors find on the blog? Besides the active home page of continually updated posts, we have a few permanent pages of information: 1) "About Us"—explaining what the ATFT Foundation is all about and why we created the blog; 2) "What Is TFT?"—explaining what TFT is in Dr. Roger Callahan's own words; 3) Instructions for the complex trauma algorithm, which includes cb2

instructions; and 4) Video demonstration of the algorithm.

So far we have algorithm instructions in English, in Japanese, by Ayame Morikawa, in German by Franzi Ng, and in Chinese by Herb and Phyllis Ayers. We will soon have them in French, Spanish and Italian, by Jenny Edwards. Our video demo is in English, with a link to it in Japanese. The plan is to add sub-titles to the video demo until we can get videos of the algorithm actually being done in other languages. We invite all of you who speak languages other than English to submit demo videos and/or the instructions (including cb2) in your language. As we have certain guidelines, please contact myself or Sheila if you can help out with translations. This will truly help TFT reach the masses worldwide!

Using TFT to relieve the effects of trauma can open people to peace, compassion and community.

You can help the ATFT Foundation blog make trauma relief available on a global scale! *See you there!*

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## Australasian ATFT Committee Update, By Judy Harvey

The Australasian Committee is in the throes of organizing our official website. We also formed our Trauma Relief Committee. The committee members are: Shirleyanne Brook from Queensland, Belinda Pestana from New South Wales, Gordon Barrett from Victoria, Russell Williams from the Northern Territory; myself, Judy Harvey, from Western Australia, and we expect Angela Kirby from South Australia, soon.

I requested that the TRC Committee Members become Red Cross Emergency Service volunteers. I found during the Victorian Bush Fires that if you weren't recognized by Red Cross you were not allowed anywhere near the victims. So, this is an important first step. I also feel that once we TFT members are a part of Red Cross we can also train other emergency service volunteers in TFT.

Siggy Semmens is putting out Australia's country committee news magazine sort of like our ATFT UpDate. She is requesting donations from readers to assist us in getting started financially.

*Thank You, Judy Harvey*



# What makes for a good ATFT Foundation project?

By Roger Ludwig, TFT-Dx

An Association for Thought Field Therapy Foundation project in Africa is not a light undertaking. There is money to be raised. Detailed logistics have to be worked out that bridges a few languages and governments. Capable volunteers have to be found who will go some weeks without pay, facing discomfort, fatigue and stress with little complaint. There is exposure to disease and accident where little medical care, if at all, is available.

So, how can a project be crafted to provide a good return on the financial and human investment? How do we get the most “bang for the buck”?

Treating 447 Ugandans with TFT who have suffered through wars, oppression and disease is a good thing. They become more alive and responsive, more attentive to others and the next generation. But then our therapists leave, and the work ceases.

## To Keep Things Going

So we must train 358 local people who treat those 447, who then remain in their communities, treating hundreds more....

And when those 358 people have been identified and designated to be people of heart and faith, concerned for the well being of others, who already have people coming to them for help...And

- *they are geographically scattered to cover an area of 500,000 people...*
- *they have the support of their bishop and priests, who themselves have experienced TFT and have had TFT training....*
- *they meet weekly in small groups for renewal, support, advice and prayer....*
- *they then train 97 of them in Causal Diagnosis, to receive more difficult cases....*

- *when their director is a caring, charismatic man, who himself has taken TFT Diagnostic training twice, who will continue to provide TFT training to new Catechists (those who serve churches in lieu of an ordained priest) the Result is a TFT community that will continue to treat those in need for decades.*

Here's a summary of the statistics on this project.

KASESE, UGANDA ATFT  
FOUNDATION PROJECT BY  
THE NUMBERS

Trainers: 3

Trainings: 4

Trained at Algorithm Level: 358

Trained in Causal Diagnosis: 97

Treated by trainees with supervision: 447

Now, I'd say that's a solid bang for the buck!

# OVERCOMING PANIC ATTACKS

By Christina Mayhew, TFT-Adv

Well, what if the anxiety doesn't go away? What if it gets worse? What if it gets out of control and becomes fully escalated into a full-blown panic attack?

A friend of mine (let's call him Art) was having trouble staying focused on his work, relating to others, sleeping at night, and was feeling very depressed and almost despondent. He called me and asked if I could help him. Art told me he had seen many doctors and had taken various drugs but nothing was working. In fact he was getting worse, not better.

He wasn't even sure he wanted to live any more because he felt there was nothing left in his life that he cared about. I immediately asked him if he was under a doctor's care. He said he was just released from a mental health facility and didn't have insurance so he had to keep going to a local clinic and would have to wait for hours to see a doctor. I asked him what happened. Art explained, "One day while driving to an appointment, I could feel the anxiety bursting at the seams. I was recently laid off from a large firm; I lost a long term relationship

in a bitter break-up; I suffer from severe back pain from an auto accident a couple years ago, and now I don't have the money to pay my overdue rent."

Art had been looking for a job for months and said he was on his way to an interview, when he looked in the mirror and saw his face swollen, red and very itchy. He was covered from head to toe in a rash. "This was the final straw!," he exclaimed to me. The last thing he really

*Continued on page 7*

# Our Surgical Experience with Thought Field Therapy® Voice Technology (Client of Lois Sugarman, PhD)

## A TFT Testimonial

In late December my 88 year old husband's cardiologist suddenly announced to us that Rod had six months to live...or he could consider a very difficult heart surgery to replace his aortic valve. My husband, without hesitation, said he wanted surgery and the cardiologist said that it needed to be done very soon.

We proceeded to choose a world renowned heart surgeon at Duke University Medical Center, 350 miles from home. My stomach went into knots as we started to prepare for this traumatic event in our lives. Family issues started to arise immediately .....his children, scattered around the United States, wanted to spend time with him before we left; I wanted to protect him from family and friends bringing any disease or illness that might delay the date of surgery.

In addition, in the previous twenty months, I had undergone five unsuccessful surgeries to my jaw and sinuses related to faulty implants of two teeth. In January the pain intensified, more abscesses were finally discovered and these required attention before Rod's surgical date of February 10th. After several medical and dental consultations in January, I finally had a successful 2 ½ hour surgery on January 26th.

Pressures and anxiety for both Rod and me were enormous. In early January I connected with Dr. Lois Sugarman who started helping me via TFT-Voice Technology to consider and work on the myriad of problems I was facing. She helped me identify immediate versus longer term anxieties and we went to work on the issues.....first my teeth and the fear of

losing the implants. I finally was able to go 40 miles away to a gifted dental surgeon and as a result of Dr. Sugarman's TFT-Voice Technology conference with me, I was completely relaxed and prepared to accept his decision regarding removing the implanted teeth. Fortunately for me, he recommended a 2 ½ hour surgery which was a complete success. I still have my implants!!

During this time frame, my husband's children created issues regarding their impending visit and their involvement in his impending surgery two weeks later. My jaw ached from the infection, my husband was becoming more and more short of breath, and I was terrified that he might not make it to Duke in time. Enter Dr. Sugarman on all these issues. On a scale of 1 to 10, I believe we would start TFT-Voice Technology at between a 9 and a 10 on any given issue. Some specific anxieties took longer to resolve than others but Dr. Sugarman always kept working with my anxiety level until I could finally feel that I was at a one.....relaxed, sighing, yawning, and wanting to take a nap!!

In the hospital on the night before Rod's surgery, we had arranged for Dr. Sugarman to call him. He was to have his aortic valve replaced.....and calm as he appeared on the exterior, I knew that he was thinking that he was going to die. For days I had dreaded the moment we would say goodbye on that evening. I had been told not to come to the hospital until 9 a.m. on the day of the surgery because he would be taken to operating room at 5:30AM. Dr. Sugarman worked with Rod for some time that evening and when we re-

turned to his room after their TFT-Voice Technology session, he said, "Give me a kiss.... I'll see you tomorrow afternoon!! You need to get back to the hotel and get some rest!!".....as loose and relaxed as though we'd planned to meet for lunch. I knew she had prepared him well for the events of the following day.

The following day was long. Dr. Sugarman came to the hospital and sat quietly with my daughter and me. My daughter, CarolAnn, had driven up to Duke to spend the week with me.....her "winter vacation". Finally about 2PM the heart surgeon came out and told us that the seven and a half hours surgery had been very successful. He said I could see my husband in Intensive Care in about an hour but that he would not be conscious until the following day.

Suddenly in the hallway entrance to Intensive Care, I panicked at the thoughts of what I might see. I don't like hospitals or anything remotely connected with them. I wanted to run away....and cry!! Until that moment in the hallway, I had not faced the thought of seeing my husband on a respirator with all sorts of tubes coming out of his body and endless medical equipment surrounding him. Surrounded by other families' members, Dr. Sugarman unobtrusively started an algorithm with me. Within mere minutes, the panic had subsided.

When I walked to Rod's bedside, I was amazed that I was able to feel calm and completely in control of my emotions...another highly charged

*Continued on page 7*

*Continued from page 6*

crisis for me that TFT and Dr. Sugarman averted.

Two days after Rod's surgery, I woke up and had a MELTDOWN. I was crying and exhausted and had sharp pains in my stomach. My daughter left me at the hotel with instructions to call Dr. Sugarman while she went off to the hospital. I did that and Dr. Sugarman took me from a very high level of general anxiety over the entire experience to a state of complete relaxation. I immediately fell asleep for an hour and woke up completely refreshed.

The next day my daughter, CarolAnn became weepy and anxious. She was leaving to go home the following

day.....350 miles away from us. That evening SHE had a MELTDOWN in our hotel room, admitting that ever since Rod's diagnosis in December, she had been terrified that he would die in surgery. She immediately called Dr. Sugarman and with TFT-Voice Technology, Dr. Sugarman took her anxiety level to a ONE! She hung up and immediately went sound to sleep...fully dressed. In the morning, she awoke relaxed, calm, and willing to leave us.

In late December I started taking 10 MG. of Ambien every night in order to sleep. That pattern continued until my final TFT-Voice Technology session with Dr. Sugarman. We have been at Duke for two weeks and expect to be here for another week but because of TFT and Dr.

Sugarman's ability to deal with the many facets of my anxiety, I have suddenly been able to stop taking Ambien..... and I sleep like a baby for eight hours every night. Although we never addressed my need for that addictive sleep aid, I am convinced that TFT and Dr. Sugarman's skill in working me through the multitude of issues that our family has faced in the past two months has affected my life on every level.

In addition, my husband, who is recovering beautifully from his open heart surgery, and my daughter also, came through this traumatic time in our lives without any emotional scars. We all know that we would never have had this positive outcome without TFT and Dr. Lois Sugarman.

*Continued from page 5*

remembered was stopping the car in the middle of the road and getting out. Two months later, he was released from a mental health facility, put on new medication, and sent back out into the world to deal with his challenges. He had no family locally and didn't have money to travel back home.

Art had done some pro bono work with my construction company so I agreed to see what I could do for him. When he arrived, he looked awful. His face and body were covered in hives and he was shaking uncontrollably. I could see he was absolutely miserable and very distressed. The first thing I did was sit him down and take him through a relaxation exercise. Then I proceeded to walk him through the Thought Field Therapy Trauma Algorithm to help him overcome the trauma of the terrible rash. I then showed him tapping points for the trauma of his panic attack, then the loss of his job.

Each time, Art's shaking lessened and his body started to relax. I went on

to treat him for the loss of his job and his broken relationship. Since I am new in using TFT, I was amazed to see how his demeanor changed to being more relaxed. Even his rash was starting to fade away! I tested him for some things that I felt may be toxic for him such as his anxiety medicine, foods he may have eaten, laundry detergent, etc. Because his body and immune system seemed so compromised, it didn't surprise me to find that he was sensitive to many things. I started treating Art one by one for those sensitivities.

Two hours had gone by and I was still working on him, yet I felt the need to continue as he was showing great progress. It was truly amazing watching the rash disappear before my eyes and to see his horrible trembling almost stop. Art's big brown eyes looked up at me with tears flowing down his cheeks. I asked him if he was alright and if he wanted to stop. He took a deep long breath, closed his eyes and didn't say anything. I asked him again if he was alright or if our TFT activity was too

much. He told me, "No, I just need a few minutes to take in what has happened." I left the room to give him some time to absorb it all. About five minutes later Art asked me to come back into the room. I almost didn't recognize him. He wasn't the same person who walked in my door two hours before. He was smiling and almost completely free of the rash. He hugged me and said that this was the first time in several years he felt totally free, without pressure, and not anxious or nervous. He felt like he could make things work out. He didn't feel like the weight of the world was crashing down upon him.

Before Art left, I wrote the tapping sequences down for him so the next time he felt anxious, he could start tapping before he got out of control. He left a new man! I can't begin to tell you how being able to help people help themselves has changed my own life! TFT is truly a Godsend for them and me.

. [www.WellWithinReach.net](http://www.WellWithinReach.net)  
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**THOUGHT FIELD THERAPY®**  
**UGANDA PROJECT**

**Association for Thought Field Therapy Foundation,  
 Uganda Project, February 15 - March 1, 2009**

The dawn came with music. I'm gently wakened by singing, the singing of many soft voices. Is it the music of dreams? A quiet light dawns in the small cell, easing in above the shutters, bringing a glow to the surrounding white netting. Now I'm certain the music is real. But who fills this moist African air with such peace? And what are they singing about in this musical language of long vowels and tender consonants?

It's morning in Kasanga, western Uganda, a village spread large over green hills, among fronds of bananas. The center, if it can be said to have one, is the parish compound where we're staying.

First there is the church, a long, large rectangle of stucco, roofed with tin, cross held to the sky. Then the pale blue parish hall, St. Christophe's, where we will spend so many days. And the priest's residence, a tight, low, courtyard of rooms facing inward, grey walls graced with shrubs and flowering trees. The courtyard holds the parish's two prized old Toyotas as if they might be grazing and could escape if not tightly walled in by the rooms.

I hear Bob get up and pad down the concrete corridor in flip-flops. Robert Bray, Ph.D., TFT, San Diego, was the lead researcher and supporting trainer for the first two weeks of this ATFT Foundation mission. He had completed training 108 in TFT Algorithms in Kasese, an hour's drive away. With a grey beard, some trainees, smiling shyly, tentatively called Bob "Grandfather". The second training will begin in a couple of hours.

Stein and his blonde 19 year old daughter Carine, are still asleep in similar rooms across the yard. Stein Lund Halvorsen, TFT VT, from Norway, has been the principle trainer and had plenty of work ahead, staying a third week. At a previous ATFT Foundation project

in Tanzania Stein learned to ululate, trilling loudly as I thought only Africans can do. It's a skill which endears him to everyone, especially the women.

Dr. Howard Robson, MD and his wife Phyllis, RN, TFT, meet us at breakfast. They are with our company, researching the effects of TFT on malaria in the clinic and hospital. Phyllis was successfully using TFT to eliminate their symptoms, and perhaps even more. Howard is the principal malaria researcher. They are from the north of England. I like to sit near Dr. Howard at meals. He can tell me what parts of goat we are eating.

Somehow it makes it better.

We are here, a long nine hour drive from Kampala, in this remote but populous place in east Africa because of ATFT Founda-



tion support and Fr. Peter. Fr. Peter Mubunga Bazaliza, is the priest directing Charismatic Renewal and the School for Catechists in the Kasese diocese of the Catholic church. With a round, boyish face and a melodic, smiling voice, Fr. Peter greets the world. "How did you awaken? How is your life?" These are his people, young and old, and they love him.

Raised by his mother and sisters in a nearby village, Fr. Peter's father died when he was four. As a child he was certain of his calling to the priesthood, conducting mass draped in banana fronds, serving a host of sliced fruit to a gaggle of children.

Healing ministry is central to his calling. As the only boy in the family, his mother was bitterly opposed to his entry into the priesthood. She changed her mind after experiencing healing through a priest's hands.

Trained in several Ugandan seminaries, he completed his graduate studies in Germany and at the Vatican.

While in Rome at the Institute for Spiritual Studies he chose to write his dissertation on healing and the laying on of hands. There he was introduced to TFT, meeting Fr. Luis Jorge Gonzalez, OCD, Ph.D., TFT VT, and Jenny Edwards, Ph.D, TFT VT. After taking the Algorithm Course in Italian he brought "tapping" home to Uganda. The ATFT Foundation flew Fr. Peter to California where the Callahans funded his TFT diagnostic training.

*When we arrived in Uganda we were in for an astounding sur-*

*prise. Ugandans are not ones to talk about their accomplishments.*

What we hadn't known was that Fr. Peter ran a well organized network of several hundred "healing teams", serving the seven parishes and dozens of satellite churches of Kasese diocese, with a Catholic population of 250,000 people, reaching out to the diocese's total of more than 500,000. These dedicated healing team members had been selected by their priests due to their interests and faith, were trained in prayer and had served for several years, meeting in small groups to support one another once a week.

Fr. Peter wanted their skills to be enhanced with TFT so that their service might be even more efficacious.

## Kasese

One hundred eight of them came for two days of basic TFT training in Kasese, members of the Kasese, Ibanda and Hima parishes. They came by Toyota taxi (mini-buses licensed for 15), on the backs of trucks, sitting side-saddle on little motorcycles, by foot and bike, women and men, ages early 20's through 60's, some with infants wrapped to their backs.

Ugandans are modest, with men in slacks, shirts and leather shoes, women wearing ankle-length skirts and print blouses, or long dresses. As I was told by Sylvester, my companion on the long drive from the airport, it is a husband's duty to provide beautiful fabric for his wife



so that she might have standing in the community. Despite dust and rain, with no electricity, their clothing is clean and pressed, the colors vivid and radiant.

Most are Bakonjo peoples, speaking the Lukonjo language. Handsome, generally short, they have dark brown skin with reddish tints and beautiful bright teeth. I found them to be demure, yet flowing with easy laughter. For centuries they have lived in and along the Rwenzori mountains, farming small plots of cassava and fruit in the rich, moist volcanic lands that flow down to the edge of the dry expanse of savannah.

Kasese is a busy, low city of 50,000, dry and hot with only a few straggly trees shading its grid of dirt streets. As the market center for many kilometers, it teams with people coming and going in seeming chaos, bargaining for goods that burst from the open doors of the shops.

On the hillside above the city, in a parish hall, training begins with a confident, rich call, sung



into the air by a strong alto. Answering with song, our students gather, pulsating with the rhythmic current of drums. Gentle dancing gathers speed, clapping increases as Christos is praised. The people know these songs well. We can only make out a word or two but we dance, too. Suddenly the pace slows. The singer lowers her body in prayer, in the name of the Father, the Son and the Holy Spirit we are to begin.

Stein warmly welcomes the people, every few sentences paused by able, dynamic interpretation. What the interpreters say seems to be a lot more interesting and engaging than anything we have just said.

*These are parish leaders, ready to volunteer. Frequent demonstrations illustrate the power of TFT. People are intrigued.*

Bob and Stein are searching for new metaphors to use. The TFT “sandwich”? They have never eaten a sandwich. TFT sequences are recipes of ingredients, added one by one, then stirred with the nine-gamut, then the same ingredients added again. The eye-roll is a prayer of thanksgiving for the meal. If it’s not cooking, the fire must be rekindled, the reversals corrected, sometimes vigorously with a rubbing of the sore spot. Occasionally the stove must be cleaned and re-lit with collarbone breathing.

Tapping the right spots, in the right order, is like dialing a cell phone, pressing the right buttons to get the call through. (In the

last ten years, everyone has learned to use phones.)

We find that people have the same questions we did, trying to place TFT into a paradigm, to find where it fits in their scientific understanding and in their faith. We do the best we can to explain meridians and this flow of energy and information. It seems like magic but they are assured that it has theoretical underpinnings. They see that it produces only good results.

## The People

For the past several generations the Bakonjo have been oppressed by the Batoro people from the north who ruled them during the time of the British, keeping them as serfs and restricting education. Then there were the Obote and Amin terrorists. Following that Islamic guerrilla bands, intent on taking over Uganda, raided the area, coming in from Tanzania and Rwanda only to be fought back by Ugandan troops.

*To avoid slaughter and rape many Bakonjos left their homes at night to sleep in the jungles. Their*

*homes might be pillaged but they would escape.*

Only in the past five years have they experienced peace, as the Museveni administration secured the borders and brought discipline to the Ugandan soldiers. Nobody knows the troubles they’ve seen.

Although generally well nourished, they suffer from high rates of malaria, HIV-aids and parasitic diseases. Highway accidents are common and horrible. Little health care is available and that is rarely affordable.

Children are everywhere. Taking a short walk generates a dozen at least, gathering curiously behind. Polite, their open faces express every range of personality. Yet I never heard a baby cry. The little one’s needs are carefully tended by nursing mothers or older sisters.

Parents struggle with a changing economy. Subsistence farming fails to provide the cash they need to pay school fees for their many children.





*And there are the orphans, looking healthy but in ragged clothing, some being raised by relatives, others in residential schools.*

## Newly trained begin treating

With much ceremony, 108 women and men received certificates at Kasese. Of these, thirty were chosen to treat people recruited from the community the next day. Drawn by a morning talk show program about TFT over Catholic radio and from three post-secondary boarding schools, 133 came for treatment. The radio host, Elizabeth, is serving as one of our interpreters. It seems everyone in the region knows her and thousands begin their day listening to her voice on their radio-engaging, intelligent and compassionate.

Our trainees got into teams of two and began work, treating fears, "bad memories" and pain, one client after another. Stein and Bob supervised and helped as needed. The treatments were very successful.

We made an effort to collect pre- and post- treatment information on those receiving help, dividing them into two treatment groups.

## Kasanga

The next week, Fr. Peter's healing teams from the Katwe, Kasanga, Nsenyi and Kyalhumba parishes--two hundred twenty of them--came to Kasanga for basic TFT training. Some traveled

five hours to attend.

The participants were eager, the music spirited and the response excellent. With no restaurants nearby meals were prepared outside, on open fires under a tin roof.

The singing I had heard at dawn? As we shared breakfast with some of the priests I asked where it had come from. One of them smiled as he said, "From your people." And what were they singing about? "About how happy they were to awaken."



*It was then that I learned that most had spent the night on the concrete floor of the hall, their only padding a thin grass mat.*

They were away from their families and their livelihoods, had endured cramped-to-the-point-of-lung-squeezing travel, and were waking up on concrete in the company of a hundred or so others. They truly had given much to receive this gift of "tapping" to be of service to others. And now they were singing.

I was pleased to see them experience the benefits of TFT

as they practiced on each other over two days, fears and pain melting from their faces, broad smiles emerging, often bursting into shouts of joy. Some jumped to their feet to dance.

After two days of classes were finished sixty had been chosen to stay for another day to treat people who had come from the community after hearing the radio program. If only our American and European trainees could have this kind of opportunity!

Stein, Bob and I supervised, helping when needed. By our count, 267 came, gathered around outside, patiently waiting their turn to come in to sit with one of our teams and to receive TFT. Attending were men and women, many elderly, others young. There were mothers bringing young children. They had all manner of concerns.

The trainees had been particularly interested in whether TFT could release demons, freeing the people so that the demons would not return. They were delighted to see that it worked. We assisted with some that would be called "dissociative" in our jargon who, when they recalled their traumas, lost awareness of their surroundings, either shrieking or collapsing into unconsciousness. As the trauma

algorithms were continued those suffering regained awareness, returning to their right minds, happy and at





peace.

We were delighted at the skills and successes our new treatment teams were having. While in the U.S. and in Europe we expect to see 80% of people successfully treated with Algorithms, the rates were much higher in Uganda. With their foods locally and organically grown, no perfumes or heavy detergents and little smoking, few people suffered from the individual energy toxins that can block treatment.

### **Priests, nuns and brothers**

We then returned to bustling Kasese for a few days to train priests, nuns and brothers in basic TFT and to supervise more treatment by our treatment teams. We hoped to collect additional research data, as well.

Priests supervise the healing teams in their own parishes and refer people to them for prayer. Fr. Peter and Bishop Egidio Nkai-janabwo deemed it particularly important for them to be comfortable with TFT and confident of its benefits.

*Stein conducted a two day training for thirty. The bishop himself, just back from meetings at the Vatican, attended the first day.*

Many were skeptical, a couple somewhat hostile, and others openly

intrigued. As they experienced the collapse of their distress and witnessed the relief on the faces of others, all warmed to the process.

Stein was urged to help a beloved elderly priest suffering from extreme pain in his legs following a stroke. Nothing had brought him any comfort. All of us gathered to



watch, with myself as surrogate due to his weakened state. The pain algorithm was of no help. After identifying the massage oil as an IET and

the use of the Seven Second treatment, his pain began to ease. After the correction of several layers of reversal he was eventually pain free and continued so for the remaining time we were in Uganda. From that point on any opposition ceased and all were very supportive.

Several of the those participating had been at the Lachor seminary in 2003 when LRA rebels attacked. Government troops fought back, unleashing a two hour gunfight at the seminary. But the rebels succeeded in kidnapping 41 teenage boys, marching them, roped in a long column, away to be conscripted into

their guerilla army. Three people were killed.

The priests' anguish as they silently reflected on their memories of this horror was palpable. As their newly trained priests treated them, all watching were eased to feel it pass like a great oppressive weight lifting from the room. Several of those treated were transformed, explaining to us the profound compassion and forgiveness they now felt, compassion even for the rebels. This was a grace that they had longed for but had resignedly feared they would never know in this life.

### **Back at the hall....**

The second phase of the testing began at the parish hall, with our teams faithfully present, briefed and ready to begin. Many of those on the waitlist group were outside for their treatment, along with others who had heard about TFT and had come for help. Then there were those ready for their post-test, a week after experiencing treatment. Julius was interpreting with his usual humor and enthusiasm.

Registering people, we found that they use several names and many couldn't recall which two they had given at registration. Lines were lengthening. I sliced my finger with a sharp file clip, blood running down my hand, not something I wanted to do considering a reported HIV rate of 40%.

Power was of over most of Uganda. The computer, with the data base of registrants carefully entered late the pre-





vious night, approached the end of its battery life and then silently died.

Some who needed to be tested had not arrived so we wanted to call them by cell phone. But their numbers were in Julius' phone which also had died. In town there was one generator in operation but a long line of people was waiting to use it.

We were out of pens and pencils. We learned that once a pen was used it would disappear, never to return, never to be found.

*The temperature in the hall, without a breath of breeze, was more than 30 degrees Celsius, around 95 Fahrenheit.*

Then the rain hit. The thunder of the downpour on the metal roof was so loud no one could hear. A rush of wind blew test papers all over. Doors burst open with crowds of dripping people escaping the rain. We couldn't tell who was who. Shutters were closed to keep the spray out. Now it was too dark to read.

But thanks to the bottomless patience of the African people and masking tape for the cut, the original registration sheets could

suffice instead of the computer. Elizabeth, who knew the keeper of the canteen that sold the pens, found him and got the canteen unlocked and convinced him to sell us all his pens. Bob's head lamp, wisely tucked into his day-pack, and the rain easing so that shutters could be opened and people could hear, then dropping to a drizzle, allowed the cast of sheltering "thousands" to go back where they were heading....people were successfully treated, tests were taken, coded, filed and not a soul complained. Julius did look a little haggard, but he wouldn't admit it.

## Causal Diagnostics Training

Bob, Howard and Phyllis left to return to their lives and families. Stein and I returned to Kasanga where he lead a three-day training. Ninety-seven came, selected from the 358 who had finished one of the three Algorithm trainings. Again they sat on wooden benches, slept on the concrete, stood in line to eat, all with great good cheer and welcoming smiles. They learned test points and corresponding treatment points, how to push arms, identify reversals, and identify toxins.

*Those trained came from all walks of life. There were farmers and teachers, accountants, housewives and small business people.*

Joseph, employed by the government as a resettlement counselor, assists Ugandans returning home from the Democratic Republic of Congo where they had been insurgent soldiers. He was eager to

begin using his newly developed skills, with both the refugees and the community members who feared them.

Julius works full time for the Catholic parish as a counselor for families and individuals. He plans to marry this summer.

Elizabeth trained to be a primary teacher, but is now the morning radio talk show host conducting a four-hour daily program on family, community and economic issues. She hopes a teaching position will open up.

There was Fr. Vito, an earnest, quiet priest, and a young nun, beloved by her fellow sisters and the people, serious and attentive.

In the eastern shadow of the Rwenzori Mountains, among the Bakonjo peoples of Uganda, TFT has found a welcome home.

## Back Home in Wyoming

As I look back on the project, I see that training so many people was a wise choice. At any training in any place we know that some will really "get it" and that others will only pick up bits and pieces. How could we predict who will master the material? There is no way to know. So if we train a few hundred, there will be many who do.

In the marvelous network that exists in Kasese diocese, those who really "got it" are spread about, meeting regularly with others that have just begun to learn.

Even before we left Uganda word about TFT was spreading to other dioceses with similar healing team networks.

Our efforts to obtain valid treatment data were not success-



ful. While there were many challenges, the one that proved to be insurmountable was one of language. Most of those who took the test instruments in English didn't have sufficient command of the written language to comprehend the subtleties involved. The Lukonjo translation was not done in advance of the trip and so lacked the double checking that is needed for scientific validity.

Just the other day I stepped from my truck, chilled by the cold, punching holes in deep snow, to enter a local restaurant. Something, a smell perhaps, triggered the most vivid sensation. For a moment it was as if I was about to enter the dining room at Kasese parish.

I was wondering what we would have and who I would find joining us for supper. It was as if I was there. And I wish I was.

Back home now for more than a month, in the constant press of patients and paper work; behind on household chores, with bills to pay, the trip to Uganda seems to be fading into the humid haze of memory. But then I touch the beautiful fabric I bought for my wife so that she can have standing in the community and see the cassava basket on our dining table and I remember the lives that were changed.

Two memories stand out. One of laughter--the joyous laughter of many who have learned through suffering to cherish the moment, old and new friends that are present, and the food at hand.

The other memory is of hundreds of faces transformed from pain and sorrow to peace and happiness as their fellow Ugandans guided their fingers. As they tapped through a correct recipe of treatment points, anguish flowed away like the night,

joy coming with the dawn.

As I sit here at home, TFT continues to heal deep in Africa, just above the equator, among a people I've come to like very much. Personally, this mission stands as one of the most satisfying things I have ever done. Often not fun, certainly not easy, but profoundly meaningful.

On behalf of all of those in Uganda who have benefited, of those who will benefit in the future, and on behalf of those of us who were selected to go, thank you to all who have contributed.

Roger Ludwig, MA, TFT Dx, is a psychotherapist in private practice in Cheyenne, Wyoming, USA. If you would like to view pictures of the trip go to <http://www.flickr.com/photos/54936422@N00/sets/72157615343821446/>

#### Malaria Investigation Study - 2009 Uganda

# Uganda Malaria Study 2009

R H Robson MA, MB, Bchir, FRCP, FRCPE, P M Robson TFTdx, and R Bray PhD, LCWS, CTS, TFTdx

## Introduction

The ATFT Foundation was invited by the Catholic diocese in Kasese to undertake a local training programme. As part of that project, we undertook a project to assess the affect of Thought field Therapy (TFT) on the symptoms and activity of malaria in patients. In 2005, a similar study in Tanzania had demonstrated measurable benefits in terms of symptoms, and possibly disease activity, with TFT. We hoped to replicate this with a larger controlled study.

## Design

A prospective, randomised, double-blind study. Patients with suggestive symptoms and positive results with a rapid diagnostic blood test for malaria, were to be given TFT or placebo (Faith healing).

## Consent

All participants gave written informed consent. The study was approved by the Uganda National Council for Science and Technology.

## Setting

We were only able to be in Uganda for two weeks, and on some days we helped with TFT training. The project was announced on the local Catholic radio station. We attended the outpatient departments of Kilembe Mines Hospital for four days and Kasanga clinic for four days. At both sites, many patients lived in the mountains, with poor access to transport. Clinic attendance by patients was limited to mornings.

On the first morning at Kilembe, we gave a presenta-

Kilembe, we gave a presentation and demonstration to staff. Medical staff referred patients with suspected malaria, we also saw a few in-patients. A variety of staff acted as interpreters, but no-one was available on the final day. We treated one patient with acute severe malaria and several on the wards recovering from malaria.

Kasanga had no mains access to electricity, and limited clean water, either bottled or boiled water, which many of the poorer locals did not have access to. Sister Caroline assisted us and acted as interpreter on each day, and recruited patients who might have malaria. We also treated staff who wanted to experience TFT, and some patients who did not test positive for malaria.

## Protocol

All patients were tested initially for malaria with a simple blood test which produced a result within 15 minutes, and identified the commonest locally and most serious type of parasite in the blood (*Falciparum*) and the other three types (ICT Diagnostics Malaria combo test). This utilises two antigens, namely histidine rich protein 2 (HRP2), which is established as a sensitive antigen for *Plasmodium falciparum*, and another antigen common to all four malaria species. A disadvantage of the HRP2 test is that it may detect circulating antigen for up to several weeks after the parasites have been eradicated (Hopkins et al).

All patients who tested posi-

tive were entered into the study, and were alternatively allocated to receive TFT, or Faith Healing used as an alternative therapy.

They were re-tested for malaria after 90 minutes, and then seen by local medical personnel for further management.

They were encouraged to return for further assessment after two days.

## Results

Total patients seen with a possible diagnosis of malaria and tested by the rapid diagnostic test: 85.

Positive results for malaria: Seven patients tested positive for *Plasmodium falciparum*.

## TFT Treatments

### Patient 1

Symptoms: headache, joint pain and neck pain. Treatment diagnoses and carried out

Initial SUD 10

UE-UA-SH-G50-CB-UN-CB/9G/SQ

SUD 5

G50-CB-PR2UN-G50-CB/9G/SQ

At the end of tx SUD 1.

### Patient 2

Symptoms: *lethargy, fatigue, joint pains, headache, chest pain and pyrexia, poor perfusion. Collapsed prior to treatment. ? Typhoid.*  
PMH: *asthma*

Fr Peter acted as surrogate

Initial SUD 10

UE-SH-G50-UA-CB-LF-UA-TH-CB/9G/SQ

UE-SH-G50-UA-CB-LF-UA-CB/9G/SQ

At the end of tx SUD 3

Chest pain SUD 5 (next day)

G50-CB/9G/SQ

At end of tx SUD 1

### Patient 3

Symptoms: *headache, joint pain, and abdominal pain*

SUD 8

G50-CB/9G/SQ

SUD 4

G50-CB/9G/SQ

At end of tx SUD 1

### Patient 4

Symptoms: *general fatigue*

SUD 7

UE-EB-SH-G50-LF-CB/9G/SQ

At the end of tx SUD 1

Two patients from each group attended for re-assessment at two days. Further symptomatic improvement occurred, end results for all parameters being similar in both groups. The one patient who had tested RDT negative at 90 minutes, was positive at two days, whilst one of the control patients became negative. Patients who tested negative for malaria at screening were offered Thought Field Therapy. The majority accepted, were treated for symptoms, with considerable benefit.

The HRV results were not reliable, as there was a problem with electrical interference with some of the recordings, which were belatedly corrected.

## Discussion

The small number of patients recruited limited the study. Because of the small numbers, no statistical analysis was undertaken. However patients had improved symptom control and



well-being immediately following Thought Field Therapy. Patients with residual symptoms at two days also benefited.

One patient became negative for malaria by RDT after TFT at 90 minutes, but was positive again two days later. This was surprising, the significance was uncertain.

### Any further studies would need to address the following:

- Low prevalence of malar-

ia, despite the community considering it to be more frequent. Recruitment could be improved by staying for longer, visiting in the peak malaria season, visiting a district with a higher prevalence of malaria, or working through a malaria referral centre.

- The nature of the terrain and community made reliable follow-up difficult.

- The commitment of medical staff and adequate

facilities needs to be assured. There is a requirement for an interpreter to be present during the whole consultation. Control treatment was inconsistent and although not ideal, no control for Thought Field Therapy is an acceptable option.

Whilst TFT was of value to patients with malaria, it was also of value to those who thought that they had malaria – fear of malaria is endemic in the population studied.

### Control and Treatment Group Results

	Control	Control 90 minutes	Treatment	Treatment 90 minutes
Total	3		4	
Sex (M:F)	2:1		2:2	
Mean age	34		32	
Prior medical treatment	1		0	
Well-being 1(well) to 5(very unwell)	3	3	4	2.5
Fever	33	33	75	25
Dyspnoea, rigors, vomiting (%)	0	0	50,50,25	0
Fatigue (%)	66	33	75	50
Headache (%)	33	10	05	00
Muscle, joint pains (%)	0, 0	0, 33	25, 75	0,0
Abdominal pain, impotence	0, 0	0, 0	50, 25	25, 0
Temperature (deg C)	35.6	35.7	37.4	36.2
Heart rate	83	74	91	86
Respiratory rate	17	18	22.5	20
HRV	90	90	42	51
Positive RDT for M.falciparum	100	100	100	75

### Acknowledgments

We wish to thank Father Peter, for his friendship and enthusiasm, who made this visit possible. We appreciate the support of the Bishop of Kasese, Rt Rev Egidio Nkaijanabwo. Everybody we came into contact with, particularly the priests and staff of the presbyteries, Kasese Guide Radio, and the staff of Kilembe Mines Hospital and Kasanga clinic made us welcome.

The Uganda National Council approved the study for Science and Technology.

We appreciate the support of the ATFT Foundation, Association for Thought Field Therapy and The British Thought Field Therapy Association.

### Reference

Hopkins H et al. Comparison of HRP2 and pLDH-based rapid diagnostic tests for malaria with longitudinal follow-up in Kampala, Uganda. Am J Trop Med Hyg. 2007. 76(6): 1092-1097.



# TFT in Sudan



By Patricia A. Leong, DMD, MS, TFT - Alg.

During the month of February 2009, my husband Dan and I served with Tom Catena, MD the Medical Director of Mother of Mercy Hospital in the Nuba Mountains region of central Sudan. Opened in March 2008, Mother of Mercy is a full service, 120 bed hospital, located in and administered by the Roman Catholic Diocese of El Obeid.

The hospital has an outpatient department, pediatric, medical, obstetric and surgical wards, with plans for an outpatient immunization clinic and antenatal care clinic. Mother of Mercy is the only full service hospital in the Nuba Mountains and serves a population in excess of 1 million people. United Nations peacekeepers based in the nearby town wait patiently to be seen in the outpatient department beside villagers who normally travel for 3 or 4 days from their homes to reach the hospital. Many patients who come to the hospital lack food security, clean water and basic health care in their village.

Dr. Tom Catena is a family physician with special training in general surgery who cares for his patients with great compassion and medical expertise. The majority of his outpatients have malaria, TB, leprosy, respiratory infections and gastrointestinal diseases. In addition, Dr. Catena performs operations for intestinal

obstruction to thyroidectomies to placing tubes into infant's brains to relieve pressure to cesarean sections to save both mother and baby. Dr. Catena was assisted in the operating room and the outpatient depart-

ment by my husband Dr. Dan Phillips a gastroenterologist from the U.S. and another physician volunteer, Dr. Santiago Izco from Spain. Aside from Dr. Catena the Medical Director, the hospital team includes 5 trained nurses, 27 local nurse aides, 1 trained laboratory technician, 1 pharmacist and 1 anesthetist.

**"Many patients who come to the hospital lack food security, clean water and basic health care in their village."**

I am a retired periodontist and am trained at the Algorithm Level in Callahan Techniques Thought Field Therapy. Dr. Catena graciously permitted me to become a part of his hospital team and to offer Thought Field Therapy to his patients. Dr. Catena prescribes antidepressant medications when indicated, but he and other Catho-

lic missionaries serving in the Nuba Mountains say there have not been any other psychiatric or mental health services available. And there is such a need for these services.

Sudan has one of the highest rates of maternal and neonatal death in the world. It is rare to see a woman who has not lost one or more children during or shortly after giving birth. This is truly devastating in a culture which prizes motherhood and children.

Sudan is just emerging from nearly 25 years of continuous



Exterior photo of Mother of Mercy Hospital, Nuba Mountains, Sudan

civil war. The Nuba people were the victims of genocide; during the 1990's, systematic rape, torture, and starvation were common. On February 8, 2000 the Sudanese central government bombed a primary school in the





*Tom Catena, MD with a Nuba patient and her mother*

town of Kauda near the hospital and 14 children and their teacher were killed. Many other children were injured.

At Mother of Mercy Hospital the medical team of doctors and ward nurses begin every morning with patient rounds. During rounds, the medical doctors would note which patients might benefit from Thought Field Therapy and ask me to return later in the day to work with those patients. After the nurses began to see the benefits of Thought Field Therapy, they too began to ask me to see patients.

TFT helped patients admitted to the hospital who had pre and post surgical anxiety, phobias, post partum depression and trauma from beatings. There were a number of patients with leprosy who had been waiting months for the government health ministry to provide their leprosy medication. TFT helped to alleviate their anxiety

while waiting for the medications which would halt the disfiguring and debilitating progress of the leprosy.

The Nursing Matron, Sr. Angelina is a member of the Camboni Missionary Sisters, Roman Catholic missionaries who also serve as

teachers and catechists in Nuba. On Sundays, the Sisters walk out to villages in the bush to lead worship services. After the services, villagers often confide their problems to the Sisters who began asking them to come to the

hospital for TFT if they thought it would be helpful.

nity were just learning about TFT when it was time for us to return to the United States. We were unable to meet with the survivors of the 2000 bombing of Kauda or to treat many of the civilian survivors of the civil war. Nor were we able to go to a displaced persons camp several miles down the road from the hospital for those who have escaped the violence of the conflict in Darfur.

There is a need for certified trainers to teach TFT to local Nuba community leaders along lines of the ATFT service trips to Rwanda and Uganda. My hope is that those of us who are blessed with material abundance (we have shelter and food) will consider sharing what we have with those who lack the basic necessities of

**"TFT helped patients admitted to the hospital who had pre and post surgical anxiety, phobias, post partum depression and trauma from beatings. There were a number of patients with leprosy who had been waiting months for the government health ministry to provide their leprosy medication. TFT helped to alleviate their anxiety while waiting for the medications which would halt the disfiguring and debilitating progress of the leprosy."**

life by donating to the Association for Thought Field Therapy to support future service teams and teaching outreach to communities like the Nuba Mountains of Sudan. If you would like to support the work of Dr. Tom Catena and Mother of Mercy Hospital,

please email President of ATFT Foundation, Joanne Callahan at [joanne@tfrx.com](mailto:joanne@tfrx.com).



# L of a way 2 Pass

By Diane Hall

As a driving instructor for six years, I like many instructors, was disappointed at the number of good drivers who failed their test as a result of nerves on the day, whereas a less able pupil was able to pass as they were able to keep calm and focused. In addition, I found that pupils learned at vastly differing rates, and some learners, such as those with dyslexia or dyspraxia, encountered specific difficulties. I decided that I wanted to achieve four things:

- 1. To improve the learning-process for all learners, but with specific emphasis on dyslexics/dyspraxics.**
- 2. To eliminate test day nerves allowing a pupil to drive the same on the test as they were capable of doing during their lessons.**
- 3. To reduce the amount of repetition required during lessons, making learning to drive a faster, cheaper process for the pupil**
- 4. To produce safe, confident, competent, considerate drivers.**

In order to achieve the above, I spent a year in research, which eventually led me to train with Janet Thomson, and to qualify as a Thought Field Therapist at the algorithm level.

The result of this research and training is the publication of my book 'L of a way 2 Pass', ([www.Lo-](http://www.Lo-faway2pass.com)

[faway2pass.com](http://www.Lo-faway2pass.com)) which includes a specialist chapter by Sandra Read (who has now also trained with Janet) aimed specifically at dyslexic and dyspraxic learners. I was surprised to learn that on average about 250,000 test candidates per annum have some form of dyslexia. During my research, I found that most dyslexic learners had two main issues which inhibited the learning process: firstly they had sequencing difficulties, and secondly, they experienced problems with short term memory, meaning that they required a large amount of repetition before they could transfer information into their long term memory. Both of these issues are frustrating for instructors and pupils alike. The use of TFT for dyslexic learners is amazing; the simple act of correcting PR means that they will always remember their left from right - pretty important when learning to drive! TFT is also wonderful for dyslexic learners to help them overcome their lack of confidence due to being told often that they are 'thick' or some such similar term. The algorithm for "peak performance" is also particularly effective, especially when used in conjunction with NLP techniques.

I have been awarded a Millennium Awards Trust Grant for Social Entrepreneurs for the book, and was recently asked to speak at their awards day ceremony to other entrepreneurs. I was presented with my award by the Rt. Hon. David

Blunkett and he asked me what my vision was for the future (as if researching/writing a 50,000 word book whilst teaching all hours wasn't enough!) and I told him it was to promote the techniques and methods nationwide and to see not only pupils using my book, but to know that instructors across the U.K. were using the book to help their pupils.

Just imagine if driving schools used the book, and in addition, had a contract with Thought Field Therapists in their area, to whom they could refer their pupils for a short therapy session prior to their driving test. What an amazing way to bring TFT to greater public awareness, especially as over one million tests are conducted per year in the U.K. alone! How fantastic would it be if the ATFT/BTFTA, joined forces with BSM or AA driving schools? If anyone reading this would like to take this idea further, I would love to hear from you.

In my opinion, TFT is the single most effective method to help learner drivers overcome their test day nerves and also to enable them to drive to the best of their ability by eliminating any associated issues, such as ridding themselves of the trauma of previous tests, eliminating the feeling of failure or of guilt etc. The list of psychological issues surrounding a pupil's driving test is often more extensive than the majority of driving instructors

*Continued on page 20*



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would believe, and even with basic algorithm training, I have found I can clear these issues leaving the pupil free to be able to fully concentrate on passing their driving test.

Here is a comment from Sara Bourama, a Trainee Driving Instructor: "I honestly believe that without my session with you in April I would not have been able to pass my test. I had so much emotional baggage that I was carrying around with me that I could not think clearly. Thank you so much for your help in clearing my mind so I could concentrate on what was important. The tapping techniques you taught me have helped me to focus on what matters rather than dwell on things that are not relevant. As you said you can not put

the knowledge in my head but you can clear out the rubbish I don't need!"

Below are a few comments I've had from driving instructors and fellow therapists. If you would like more information about the book, take a look at [www.Lofaway2pass.com](http://www.Lofaway2pass.com).

(Sara Bourama, a Trainee Driving Instructor who bought the book and then had a therapy session, who subsequently went on to qualify as an Instructor).

"Well written, easy to follow and very professional. From an Instructor's point of view this book gives an insight to how to deal with nervous pupils including how to overcome our own training and exam fears. TFT can be used to overcome much more than learning to drive nerves. The exercises

within the book are clear, precise and easy to carry out wherever you are."

"I honestly believe that without my session with you in April I would not have been able to pass my test. I had so much emotional baggage that I was carrying around with me that I could not think clearly. Thank you so much for your help in clearing my mind so I could concentrate on what was important. The tapping techniques you taught me have helped me to focus on what matters rather than dwell on things that are not relevant. As you said you can not put the knowledge in my head but you can clear out the rubbish I don't need!"

More information is available at: [www.lofawaytopass.com](http://www.lofawaytopass.com)

## Managing Negative Emotions in Health and Illness: Thought Field Therapy®

**By Lois L. Sugarman, RN, PhD, FT, TFT-RCT, TFT-Adv., ATFT Board Secretary**

Sixty years later Ellen can easily remember, as a very little girl about three years old, climbing into the turkey pen on her uncle's turkey farm. Hundreds of big birds immediately began beating their wings about this small child terrifying her. Rescued by her aunt, thereafter Ellen experienced intense fear whenever in the proximity of any bird, or birds, regardless of size. Feelings of near panic would engulf her if one should fly at all close to her. She could not watch birds on television or in the movies. Not knowing what to expect Ellen agreed to be treated by a Thought Field Therapy (TFT) practitioner.

Within minutes she was able to feel comfortable with the thought of being in the proximity of a bird. When tested out in daily life, she found this to be true. For eight years now this fear has never returned. Ellen can sit on her patio and watch the birds come and go.

Kate had studied piano for a number of years. She could not share her music with friends or family. At each lesson with any new teacher she felt nervous, anxious, and embarrassed for many weeks. Occasionally she forced herself to play in front of others but at great emotional cost. Having finished playing she could not tell you

whether or not she had played well or poorly. It was as if she had not been present. At a conference workshop Kate was treated with TFT in a very few minutes. The following week she played with comfort for others in a private recital as a birthday gift to her husband. Her piano performance anxiety is manageable now.

Sally's reality was the sadness that pervaded her life since her son's untimely death. A constant, persistent, pervasive sadness defined her daily life. Expecting little

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# A HELPING HAND FOR ROBERT

By Phyll Robson, TFT Dx

Robert (not his real name) is a 16 years old boy referred by the medical staff of the Kilembe Mines Hospital, Kasese District, West Uganda, to Dr. Howard Robson and myself who were undertaking the TFT malaria study as part of the TFT team with Bob Bray, Stein Halvorsen and Roger Ludwig visiting Uganda.

Robert had been given a provisional diagnosis of malaria and typhoid. He had been feeling ill for 3 days, he had not taken any medication. Robert looked ill, and found it difficult to sit upright on the chair whilst we performed a Rapid Diagnostic Malaria Test. Obtaining a blood sample proved challenging as his peripheral circulation was poor and his hands were cold and clammy. Rapid Malaria Diagnostic Tests should be read 15 minutes after the sample has been taken. This sample showed positive for plasmodium falciparum (P.f.) within 5 minutes. Plasmodium falciparum is one of four distinct species of the malaria parasite that affect humans, and predominates as a threat to public health. Plasmodium falciparum is found globally but is commonest in Africa. It often gives rise to acute infections that may rapidly become life-threatening. Chronic infections also cause debilitating anaemia.

With the help of our interpreter Sendawula Henry, a physiotherapist at the Hospital, we were able to obtain consent to include Robert in the malaria study. His temperature was 38°C. He had a regular heart beat, rate

110 beats per minute, shortness of breath - respiratory rate 25 breaths per minute, regular sighing, shivering, vomiting, fatigue, HRV SDNN was 37.1. He complained of muscle and joint pains, headache and a cough that caused soreness of his chest wall whenever he took a deep breath or needed to cough. As we moved Robert to another area across the corridor for treatment, he was unable to walk without support and collapsed as we entered the treatment room, Henry carried him to a couch and lay him down on his side, at this point he was unable to answer questions. His pulse was very weak and rapid. Using Fr. Peter as a surrogate we immediately began TFT diagnosis. At the end of diagnostic treatment Robert was much more alert, answering questions and taking notice of what we were doing. He no longer had any joint pains, but his headache remained. We tapped for pain once more to cure the headache. Robert was now able to communicate through the interpreter that he was feeling much better. Robert's post test medical parameters were repeated 90 minutes after the positive malaria test. His temperature was now 35.5°C. Heart rate 84 beats per minute, respiratory rate 15 breaths per minute, HRV, SDNN 32.7. The rapid malaria diagnostic test remained positive.

The next day we returned to the hospital to see how Robert had fared overnight. Howard and I were pleased to have Bob, Stein, and his daughter Carina, with us to enable us to treat many more patients.

When we arrived on the ward Robert was much improved and he looked pleased to see us. He was receiving intravenous Quinine for his malaria. His hands were warm indicating that his peripheral perfusion was much improved. None of the symptoms we had treated the previous day had returned. His temperature was normal, his headache, joint pain and nausea had not returned. He was complaining of a sore chest from coughing, we found out from the ward staff that he had suffered from Asthma for two years.

Bob was keen to be involved in Robert's TFT care, I was happy to act as surrogate, while Henry interpreted for us again. Having the same person interpreting was very helpful.

Following TFT treatment we repeated Robert's medical parameters again.

Temperature was 35°C. Heart rate 96 beats per minute, respiratory rate 17 breathe per minute, HRV, SDNN 27.2. Malaria rapid diagnostic test result remained positive.

Thanks to TFT, Robert's condition improved very rapidly prior to him receiving medical treatment for malaria.

I would like to thank Dr. Edward Wafuloa and his staff for the warm welcome and support we received during our visits to the Kilembe Mines Hospital. A very special thank you to Fr. Peter Mubunga Bazaliza for his help, support and encouragement.



*Continued from page 20*

in the way of relief, Sally was treated by a TFT practitioner in minutes. Her family and friends reported she was a changed person. The reality of her son's death and his absence of course could not be changed. However, Sally was relieved of the burden of sadness that had previously threatened to bury her. The facts remained but the devastating emotional pain of her loss was no longer oppressive.

Thought Field Therapy (TFT) is a simple appearing, straightforward technique for resolving emotional disturbances and psychological issues. Engaging the body's natural healing system, TFT utilizes acupressure points that the person activates by tapping them with the fingertips while thinking about a specific problem. Thinking about a specific problem or situation refers to the notion of entering a thought field, the particular issue being focused upon. As a result of the tapping procedures the disturbance can be eliminated, or at least reduced. In other words, TFT addresses the problem at the most fundamental, causal level, the disturbance in the thought field.

In addition to being drug-free and non-invasive, Thought Field Therapy is usually rapid and frequently long lasting. There is no necessity of repeatedly going over and over a problem in detail, thereby re-traumatizing the person. TFT is self-administered. TFT does not require belief in order to be effective. There are no known side effects. TFT either helps or does nothing.

A majority of people can be taught to treat, for themselves, many of the negative emotions en-

gendered by daily stressors in their lives. This can happen because over nearly 30 years, treatment sequences have been developed from a more advanced level of Thought Field Therapy. These predetermined treatment sequences are effective for approximately 80-85% of the population. These sequences, or algorithms, include procedures for issues such as anger, anxiety, grief, phobias, trauma, addiction, obsession, chronic pain, jet lag and others. When additional in-depth attention is required for more complex problems, or problems that do not respond to algorithms, a diagnostically trained TFT practitioner (TFT-DX) can provide more individualized treatment. The level of TFT with the very highest outcome of success is Voice Technology (VT). Using VT methodology it is possible for the properly trained practitioner to help persons over the telephone. This is possible because the disturbance in the thought field is carried holographically in the human voice.

Health care providers can utilize TFT in multiple settings. Examples include preparing patients for surgery or helping patients and family members cope with receiving "bad news". It can be used to help the dying person throughout the dying trajectory as well as family, friends and care-givers. It is particularly effective in the treatment of the many facets of trauma. Teachers find it useful in the classroom in instances of test anxiety and on the playground to cope with behavioral problems. Children can learn to use TFT as well as adults. It can be used in business settings. Parents can be taught to use it in situations of sibling conflict, including their own reactions in such circumstances. Its applications

are numerous in both our daily personal and professional lives.

Thought Field Therapy does not address dis-ease or negative emotions only. For this reason TFT can provide each of us an opportunity to gain a measure of control over our own emotional comfort and health. Thought Field Therapy is not only helpful for the troubled but is an effective tool to be used to enhance one's quality of life. This can mean job performance enhancement, academic performance enhancement, athletic performance enhancement and so forth.

Thought Field Therapy addresses our fears of the future and our pains of the past. Unfortunately, in the past we have been relatively unsuccessful in thoroughly addressing these issues with any admirable outcomes, especially with any rapidity. However, if we choose to do so it is possible for each of us to take advantage of what Dr. Roger Callahan, TFT's developer, refers to as "a blessing of nature". One feature unique to Thought Field Therapy is that most people can experience this blessing of nature within themselves for themselves. Then they can consider and judge for themselves what role TFT will have in enhancing their own quality of life. With no known side effects the only risk involved is trying something new.

Dr. Lois Sugarman, a Grief Specialist and Death Educator, is a Fellow (FT) in Thanatology, a certified Diagnostic Thought Field Therapy Practitioner (TFT-DX) and a Registered and Certified TFT Algorithm Trainer (RCT). She has completed the most advanced level of TFT training (TFT-Adv).



## An ATFT Foundation sponsored mission: Byumba, Rwanda IZERE Center for Peace and Reconciliation



ATFT Foundation has been invited to help in a Northern Province of Rwanda where most adults and children are suffering directly or indirectly from the trauma of the 1994 genocide. The volunteer team is committed to treating trauma and training Rwandan community leaders in Thought Field Therapy. The team will pay their own way and expenses for this 3 week deployment.

A replication of the randomized controlled study of 2008, which is in preparation for publication, is much needed to develop the evidence basis that can help bring TFT to more genocide and trauma survivors around the world. The minimum cost for the training, treatment and research is \$30,000, which covers ground transportation for all the trainees, survivors and interpreters, and food and water for participating Rwandans.



Please help with donations and/or ideas and initiatives about fund-raising to help with this project. All contributions go to the direct costs. Donations can be made on the ATFT Foundation website at [www.ATFTFoundation.org](http://www.ATFTFoundation.org) or the ATFT website at [www.ATFT.org](http://www.ATFT.org).



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## PROMETRA - "Promotion des Medecines Traditionelles,"

By Lionel Mandy, JD, MBA, MSW, TFT Adv

The flight from Paris to Casablanca was uneventful, but the flight from Casablanca to Dakar, Senegal was two hours late. Nonetheless, I got about three hours sleep before I awakened at 4:15am to begin a journey by cab and car to the town of Fatick, some two hours south and east of Dakar. My destination was a place called "CEMETRA," which stands for "Centre Experimental des Medecines Traditionelles," or "The Experimental Center for Traditional Medicine."

This center was the fruition of the vision of Dr. Erick Gbodossou, an Ob-Gyn, psychiatrist, and traditional healer. Trained in traditional medicine in his home country, Benin, Dr. Gbodossou founded an organization called PROMETRA in 1976. "PRO.ME.TRA," which stands for "Promotion des Medecines Traditionelles," "The Association for the Promotion of Traditional Medicine," has as its goal the blending of the best of traditional and modern medicine for the benefit of the peoples of the African continent. PROMETRA now has chapters in more than twenty countries around the world, and has been recognized by medical and health organizations around the world.

CEMETRA is a healing community and research center, dedicated to knowledge, service and healing. Built to house a large number of local healers from the Serer peoples who live in the region, and located on the shores of the Sam Saloum, an inland salt water marsh, CEMETRA is a model for African health and healing. Those in need of healing come to the center, and ascertain the cause for the visit. If blood work would prove beneficial, a laboratory technician is available to complete that task. Once that is done, the person is taken to the healer that has had the most success in working with the suspected malady, and a course of healing is begun. The vast majority of visitors are successfully healed via this process. The healer uses a combination of herbs, traditional

spiritual rituals and prayers to effect healing. Most clients return to their homes and return periodically to have their progress checked. The center houses approximately 50 healers, who come to the center for two weeks at a time on a rotating basis, returning to their home villages, where they are farmers and healers.

I timed my visit to take part in a monthly meeting of the healers. PROMETRA staff provided me with unlimited access to all the facilities at CEMETRA, and kindly translated between the Serer and Wolof languages, and English. I met with a few of the healers, who showed me how they performed their healings. I also was an invited guest at the monthly meeting of the healers, where they openly discussed issues of concern, ranging from finances to organizational issues. I was introduced and allowed to say a few words of praise. It was an impressive day.

Medical care on the continent of Africa is almost non-existent. Dr. Gbodossou estimates that more than eighty percent of Africans obtain what medical care they receive from traditional healers.

Well-versed in both western and traditional medicine, Dr. Gbodossou conceptualized PROMETRA as an answer to the realities of African medical care. In this model, traditional healers are the primary caretakers. Only the most intractable cases are referred on to western-style hospitals. This model is cost-effective, and, more importantly, offers a primary place for the traditional spiritual beliefs and remedies of local people. The PROMETRA model is used all over the African continent, with major benefits for all involved.

As a psychologist and healer myself, my primary interest in PROMETRA is in its application to psychological maladies. The CEMETRA healers see no distinction between physical and emotional discomfort. Hence there is much to learn

from them. In addition, the model offers hope for those in the industrialized world who cannot afford the rising costs of medical and psychological care. As a holistic approach, the PROMETRA model resonates with my understanding of life and health. And as a system that respects traditions and spiritual beliefs, it honors all involved.

Two days after I visited CEMETRA, I toured the offices of PROMETRA in Dakar, Senegal. PROMETRA is a modern organization that employs specialists in traditional medicine, computers, intellectual property law, and a variety of west African and European languages. I was given complete access to the facility, as well as to the various pamphlets and books published by the organization.

Dr. Gbodossou and I have begun discussions about how we can work together to publicize what PROMETRA is doing. I intend to visit again next year, this time to spend more time at CEMETRA.....

After that adventure, I went on to the Cheikh Anta Diop University at Dakar, where the fifteenth annual conference of the International Society for African Philosophy and Studies was held. I am secretary of the board of directors for the organization. I chaired two sessions, presented my paper on a philosophical dilemma faced by a traditional healer in South Africa, and read the paper presented by two professors from Algeria who were unable to attend the conference. Once the conference was over and we had chosen the venue for next year's conference, I flew back to Paris via Casablanca. There I continued my research on African cultures as they exist in the capital of one of the former colonial empires. Then it was back to California and a return to threats of layoffs, budget deficits- and some of the best and brightest students I have ever met!

# 2009 – A Crossroads for the ATFT Foundation and TFT: the time to become involved is Now!



The ATFT Foundation continues to grow and expand in both our humanitarian services and research. There was a time, not too many years ago, when we had funds (although meager) and we were looking for invitations to deploy teams for trauma relief, treatment and training.

We now have far more invitations and requests for assistance, training, and treatment than we have funds; a testament to our dedicated, hard working teams of volunteers and the wonderful successes they continue to have. Our needs for resources, both human and financial continue to expand. We have begun submitting grants for larger studies and are looking for additional volunteers to participate in both the research, treatment and humanitarian efforts as well as grant writing.

Our research efforts have produced two excellent PTSD studies, soon to be published, with a replication planned for our August trip to Rwanda. This work will help support ATFT, the ATFT Foundation and all those using TFT with the often required research and allow us all to reach out to more organizations and people worldwide.

We have tentative plans to work with several charity organizations that serve impoverished youth and orphans in 2010 and already have requests for assistance in both Uganda and Sudan (see article in this issue) in 2011. Several of these will also include research or data collection.

## **Our current projects for 2009 are:**

### **Uganda – February 2009 \*See articles in this issue**

- Trauma relief treatment
- Training
- Research

### **Rwanda – August 2009 (see donation form in this issue)**

- Trauma relief treatment
- Training
- Research
- Documentary

### **USA – Freedom R & R's**

- Tmeshares for Vets
- Documentary for military / PTSD

## **Our current active committees and needs are:**

### **Freedom R & R's – with Timeshares for Vets – Chair – Joanne Callahan**

- Volunteer mentor/coaches – Herb Ayers in charge
- Donated timeshares
- Airlines miles for veterans travel assistance

### **Research Committee – Chair – Jenny Edwards**

- Skilled grant writers



**Trauma Relief Committee – Chair – Suzanne Connolly**

Volunteers for deployments  
 Funds for humanitarian relief  
 Funds for research projects  
 Airlines miles for team travel

**TFT Trauma Relief Blog and Peace Project – Chair – Mary Cowley**

Blog posts and participation regarding trauma relief  
 Translations of print and video (see article this issue)  
 Brochure distribution in trainings

**Fund Raising – Chair – Bruce Paton**

Miracles DVD – library distribution  
 Matching funds volunteers  
 Volunteer fund raisers and presenters

I want to personally, and on behalf of the ATFT Foundation, thank our dedicated boards, and deployment volunteers. They are all extremely talented, selfless individuals, without whose assistance and dedication, we would not have accomplished so much in these brief few years. Our recent mission to Uganda treated nearly 500, trained over 400 and even more importantly, left TFT in place to serve 500,000 people. We are making a difference in the lives of many.

**How Can You Become Involved? – Supporting TFT for World-wide Trauma Relief and Research**

I am so often asked, as I am sure many of you are, is there any research on TFT? Or, why haven't I heard of TFT? Or, how did EMDR get accepted and not TFT? Or, why does EFT have so much more awareness?

These are all questions that address some of the same issues our ATFT and ATFT Foundation boards are working hard to solve. WE NEED YOUR PARTICIPATION AND SUPPORT to accomplish it. EMDR did many studies, EFT did videos, documentaries and studies, and they both still are doing them. ACEP just asked for a donation to appeal an APA ruling and received \$7000. [in comparison - our two requests for support for the Rwanda research brought in \$2495, far short of what we still need.] EMDR was just accepted and praised as a trauma treatment by APA.

Their accomplishments are fueled by their members and practitioners. ATFT needs the same level of commitment and participation to support TFT, and not from just a handful, but from all of those who benefit from TFT and can see the potential we hold in our hands for decreasing human suffering.

I have listed the needs for our committees and projects above. We have a very talented membership base, and, while the economic times are trying, most of us are blessed to live in a country where we are safe, have food on the table and a roof over our heads. We have much to be thankful for. Many of us are using TFT to help ourselves, families and clients.

**Please take a good, hard look at the list of needs and see where you can find it in your heart to assist us for the good of all.**

**You can call (760 564-1008) or write (Joanne@tftrx.com) me to see how your assistance can best be used, or, feel free to directly contact, any of the committee chairs.**