Tapping away the world’s trauma

Interview with Caroline Sakai
by Michiko Ishikawa

The Association for Thought Field Therapy Foundation is a non-profit membership organization whose volunteers provide psychological help to people traumatized by wars, natural disasters, genocide and poverty. The group’s Trauma Relief Teams, including psychologists, counsellors, doctors, and social workers, are trained in the Callahan Technique of Thought Field Therapy (TFT). They have assisted trauma victims in many parts of the world, including New Orleans and Mississippi in the aftermath of the Hurricane Katrina disaster; Tabasco and Chiapas, Mexico, after major flooding there; and in Kosovo, the Congo, and Rwanda to treat genocide survivors.

Caroline Sakai, PhD., a psychologist and TFT practitioner, based in Hawaii, headed a team of therapists who worked with children in an orphanage in Kigali, Rwanda. The children survived the Rwandan genocide in 1994, in which 800,000 to 1 million people were slaughtered during the course of 100 days. Dr Sakai was interviewed by Michiko Ishikawa for Share International.

Share International: How did you come to work with the genocide survivors in Rwanda?

Caroline Sakai: The idea came up when I was in New Orleans as part of an ATFT Foundation Trauma Relief Team working with Hurricane Katrina survivors and first responders – doctors, nurses and security people who were working with the survivors. One of the team members, Paul Oas, a psychotherapist and minister, asked me if I could work with the genocide survivors of Rwanda. His church has been helping to support the El Shaddai orphanage in Kigali, Rwanda, by providing necessities like food and shelter. He was seeing the effects of the genocide trauma among the children in terms of Post-Traumatic Stress Disorder (PTSD) – nightmares, flashbacks, insomnia, bedwetting, depression, withdrawal and rage. Reverend Oas wanted to take a TFT team there and work with the genocide survivors. Since I had headed the clinical team in New Orleans, he asked if I could do that in Rwanda.

Caroline Sakai: “A year after the therapy, the children were really transformed.”

SI: What is unique about your method of working with trauma?

CS: Thought Field Therapy is the most rapidly effective, and most gentle, treatment of trauma I have come across. I have worked as a clinical psychologist at Kaiser Hospital in Honolulu, Hawaii, for 31 years, and have used many other, more traditional treatments for PTSD. They usually involve some amount of abreaction (a re-living of the experience) as people work through the trauma, a lot of intensification of the feelings. That may be frightening for some people, who decide they don’t want to continue with the treatment.

TFT does not create a lot of abreaction and distress. It is also empowering because it is actually a treatment that people use on themselves. From a feeling of being victimized, they are able to heal and help themselves. When results happen, when there is a lowered automatic emotional reaction, when the flashbacks and nightmares stop, when all the symptoms of PTSD remit, they realize the power that they’ve had to heal themselves.

SI: What were some of the traumas they experienced?

CS: They may have witnessed the murder of their family, and subsequently saw or heard of other murders. Having had first-hand experiences, they re-experienced their own trauma vividly as they heard reports of others. Some of them are among only a few survivors of an entire village. They experienced the loss of many members of their community.

The severity of the Rwandan genocide in terms of traumatic impact was so intense because they were not distant killings with rifles or gunshots. The killings were done in close proximity, mainly with machetes. Many orphans at El Shaddai orphanage. We found that 174 of them were genocide survivors. With the kind of atrocities they had experienced, we anticipated that it would take at least an hour per child, working individually. We thought we would need three consecutive days, working intensively. It actually turned out that most of them were treated in 15 to 20 minutes. We followed up in the next two days, checking to see if there were any more nightmares, returning flashbacks or other traumas because many of them had experienced multiple traumas during the genocide.

SI: Does Thought Field Therapy work quickly?

CS: Yes. In fact we were amazed with the rapidity of treatment in Rwanda. We had only four therapists, and were faced with 400 orphans at El Shaddai orphanage.
victims were neighbors, friends and relatives of those who were the perpetrators.

SI: What were the ages of the children at the orphanage?
CS: The children ranged in age from 13 to 18, with most of them in their mid-teens. We also treated some adults from the village, whose ages varied.

SI: Who runs the orphanage?
CS: El Shaddai was created by Sylvestre Nzitukuze, a young teacher and coach. He started bringing homeless street children into his home. They were orphans surviving by doing drugs and prostitution, really victims of genocide, AIDS and poverty. When there were too many children for Sylvestre’s home, he started El Shaddai in an old abandoned warehouse and had the children congregate there.

Sylvestre got a church congregation in Rwanda involved and then Reverend Oas’ church in southern California. They work together to help the orphanage with necessary expenses for food and water, salary for the teachers, maintenance of the facility, and so on.

SI: What is Thought Field Therapy, the treatment that you used with the children?
CS: Thought Field Therapy is a self-treatment that involves the meridians used in acupuncture and acupressure. The treatment includes tapping on the meridian points, eye movement and other activities that activate different parts of the brain. The technique was developed by Dr Roger Callahan, a clinical psychologist in California. He made the discovery in the 1980s and has continued to develop and improve it.

SI: How did you begin working with the children at the orphanage?
CS: First we did some PTSD assessments. We had the assessment forms translated into Kinyarwanda, which is their language. The teachers, as guardians for the children, did the assessments. The students themselves also did their own subjective assessments. We compared, ranked and ordered them according to their assessments. The most severely traumatized children were seen individually and intensively. Because we were only there for three weeks and had only four therapists, we saw most of the children in small groups and then in larger groups, and saw the rest in class. We went through the treatment protocols with them.

There are different treatments for different problems. If they are dealing with PTSD, there is a trauma treatment involving tapping several meridian points. There were also a lot of people dealing with anger or guilt, so we would do those particular protocols which involve different meridian points. The tapping is done firmly but gently, about 5 to 10 taps, depending on the protocol.

SI: Did the children do the tapping themselves?
CS: We showed them the taps, and our interpreters would show how and where to tap. The children were very quick learners.

Let me give you an example. There was a 15-year-old girl who was three years old at the time of the genocide. Her family had taken refuge inside a church when the perpetrators started coming in and killing people. The girl related how her father had told her to run and not look back no matter what happened. She started to run as fast as she could and then heard her father yelling and screaming. He sounded like a crazy man, which was uncharacteristic of him. Even though she remembered that he had said not to look back, because she kept hearing him scream she turned to see why. A group of people with machetes were attacking her father.

Every day following the attack 12 years before, the girl had flashbacks of that scene; she called it a day-mare. She would have this day-mare of seeing her father being killed, and would have nightmares about it every night. As we were working it through and she was tapping the different meridians, she suddenly stopped and started to smile. She said she could remember her father playing with her, and that she had had no childhood memories before. The genocide was so much in the forefront of her memory that it blocked out everything else.

Then I asked her what she was feeling when she thought again about what had happened in the church. The interpreter, who was a pastor, looked at me hesitantly, as if to ask: “Why are you bringing it back up again when she was doing fine?”

But we need a complete treatment. The girl started crying and remembering seeing other people being killed. She recalled how she and another child who survived had escaped, and realized that her father had saved their lives by what he had done to distract the perpetrators’ attention. She was crying as she remembered different scenes.

We continued to work through each of the traumatic events, and after about 15 or 20 minutes, she started laughing. We asked her what was coming up for her now, and she talked about her father. Her mother didn’t want them eating very sweet fruits because they were not good for the children’s teeth. But her father would sneak them home in his pockets and when her mother wasn’t looking he would give them to the children. She was laughing wholeheartedly, and we laughed with her. Then I asked, now when you think about what happened in the church, what comes up? She paused and said without tears: “I can still remember it, but now it seems like a distant memory, like 12 years ago.” She started to talk about other fond memories. Shortly thereafter, we ended her session for that day and made arrangements to see her the next day. She came in the next day looking much more cheerful. She told us that for the first time she had no nightmares and was able to sleep well. She started recounting many more happy memories.

SI: That story still moves you when you talk about it.
CS: Yes, it was very moving. We were very moved by the people in Rwanda and their wanting to be able to give back and show appreciation. They had a tremendous resilience, a tremendous capacity for forgiveness, an ability to experience and express their joy and appreciation of life.

One example was an elderly gentleman from the village. He was watching us work and asked if we could also work on him. He had been made to watch the slaughter of his wife and children and other villagers. Then the perpetrators started hitting him with machetes. Twelve years later we could still see the huge wounds on his neck and head. It was a miracle that he managed to survive. The wounds were healed but there were huge scars. He said he had constant flashbacks and nightmares.

We worked with him using TFT. The next day he came back and said he slept well for the first time in 12 years with no nightmares. He asked if we could help him with his dizziness, which caused him to fall frequently.

We thought that he might need some medical or neurological help, but obviously the villagers don’t have much access to, nor the money to pay for, medical services. So we thought we would try the diagnostic level of TFT, which provides an individualized treatment. Most of the treatments we provided in Rwanda were the standard prac-
**SI:** Those standard treatments worked with most of the people?

**CS:** Yes, for the traumas. There were only a few with unusual symptoms, where we had to use the diagnostic treatment.

After we did the diagnostic treatment with this gentleman to help with his dizziness, he walked around and said: “I am not dizzy any more.” We were a little puzzled but thought perhaps the dizziness was related to the trauma. We’ve seen a lot of symptoms that are actually secondary to the trauma. Even after physical injuries are healed, there may be residual symptoms that are trauma-related, like depression and chronic pain.

The next day the gentleman came back and reported that he had no dizziness, no flashbacks and no nightmares. He told everyone in the village about it, and about 30 villagers followed him to El Shaddai asking for this Thought Field Therapy that had helped him.

Later in the week, he came to the Easter Sunday service at El Shaddai. During a sharing session at the end, he stood up and said he was now well for the first time in 12 years. He said he wanted to give back by taking in three or four orphans into his humble home. It was very touching.

**SI:** It’s hard to believe that such deep traumas could be erased in such a short time by such a simple method. Do the traumas return?

**CS:** Most traumas and phobias don’t come back. There may be some exceptions if it is not a complete treatment. There are some other conditions that may have recurrences, like panic, obsessive/compulsive behavior and chronic pain. There may be the effects of other things such as toxins that can retrigger the symptoms. There are ways to figure out what those are and to treat them as well.

**SI:** You treated all 400 children and other local people in Kigali, Rwanda?

**CS:** Yes, we spent two weeks at El Shaddai. Then we spent a week giving training sessions on TFT to nurses, teachers, pastors and church members elsewhere before we left.

**SI:** I understand that you went back a year later.

**CS:** We went the next year on the anniversary of the genocide. We went deliberately at the worst possible time for their symptoms because we wanted to address any recurring or residual symptoms. The nation was in mourning. They were remembering the genocide with the hope and purpose of this never happening again. They were all focused on that and didn’t have distractions like singing and dancing during that period.

When we did the assessments with the children, we were a little surprised to see that they were not showing signs of PTSD. As we interviewed the children and teachers, we discovered why. They had been treating themselves because they knew the self-treatment. The teachers had been able to treat the children and remind them of the treatment. Some children said that when the anniversary of the genocide began and they started thinking about it, they started having bad dreams. But they would just get up and start tapping on the meridian points.

One child would start tapping and soon there were seven or eight kids tapping together. They said that’s why they didn’t have the problems when we saw them.

**SI:** Is it important to remember the trauma to do this therapy?

**CS:** Yes it is. That is the thought field, the focus of the thoughts on the trauma. That is why we had the students concentrate on the traumatic scene and have them think about it while they are tapping to work it through.

**SI:** They focus on the trauma just for the few minutes that you are using the therapy?

**CS:** Yes. As they focus on the traumatic event during the therapy, the impact of the trauma seems to fade. It is common to have people say: “I can still remember it, but it is not vivid. It seems like a faded, distant memory now.” Also, working on the meridians seems to reduce the physiological symptoms of the emotional reaction. That makes it a lot easier for people to think clearly and process things differently because our perspective is different when we are flooded with emotion.

**SI:** When you returned a year later, how had the children changed?

**CS:** It was amazing. They were really transformed. The teachers reported that the children had increased self-esteem and feelings of self-worth. Many who had felt victimized and had a sense of hopelessness, now had hope and more pride in their surroundings. They cleaned up around the orphanage, including the dirt on the floor, and asked to plant trees, flowers and vegetables. They also had large areas of land at the back of the orphanage where they were growing vegetables, which were starting to produce. So in addition to their usual diet of beans, rice and water, they had vegetables. In fact, they had so many vegetables that they were able to sell some for money to feed all the orphans.

**SI:** Did the children voluntarily do the work?

**CS:** According to the teachers, the children did the work very willingly. In fact, they initiated some of the projects. Also, some of the kids who had been depressed and withdrawn became more interactive. The ones who would never initiate any ideas would come up with ideas and share them without the impact of the traumatic flashbacks and
of Trade Unions. People are tightening their belts as the price of staple commodities like rice, bread, maize and dairy products increase. A trade Union spokesman said: “People are getting more and more angry. We felt we had to give expression to that anger in the form of mass action.”

The United States, which traditionally celebrates Labour Day in September, has begun to mark 1 May along with the rest of the world, due to the large numbers of immigrant workers – they make up nearly half of the country’s workforce. Thousands marched in major cities calling for a change in immigration laws. In Los Angeles about 8,500 took part in a march through the centre of the city, urging an end to work-site immigration raids. “A lot of people feel that nothing is being done,” said Xochilt Pacheco, a 20-year-old Mexican American whose father is an illegal immigrant. She wore a dress bearing the slogans “We are workers, not criminals” and “Legalise me”. Marchers included legal and illegal immigrants, one being Andres Rivas, 68, a former El Salvador city mayor, now a naturalized US citizen, having received amnesty in the 1980s. He said he marched to support those who are still fighting for legal status: “We have to stand up for those that don’t have it today.” There were also large demonstrations in New York, Chicago, Seattle and Washington, where the war in Iraq was a major grievance. (Sources: AFP; LA Times, US; www.deutsche-welle.net; BBC News; International Herald Tribune, USA; Reuters; AFP; Daily News, South Africa)

Rally in London for a Free Palestine

A crowd estimated by the organizers to be 15,000-strong marched in London to a rally in Trafalgar Square on 10 May 2008 calling for the end of the Israeli occupation of Palestinian land and the lifting of the siege of Gaza. The rally was organized by the British Muslim Initiative, Palestine Solidarity Campaign, Palestinian Forum in Britain and supported by many Trade Unions.

Many protestors wore black to commemorate Nakba, the 60th anniversary of the founding of Israel. Trafalgar Square soon filled up with waves of chanting marchers and a forest of placards and flags.

Speaker after speaker described the dire condition of life in Gaza: untreated sewage from failing sewage treatment works, barely functioning hospitals the lack of safe clean drinking water, fuel, food or medical aid. They condemned checkpoints in the West Bank, the separatist wall, the policy of apartheid and collective punishment and called on supporters to boycott Israeli goods. British Politicians Tony Benn and George Galloway were among the speakers.

Prominent among the protestors were Jews for Justice for Palestinians, who call for an end to the siege of Gaza and the occupation of the West Bank, withdrawal of Jewish settlements and dismantling of the separation wall within Palestinian territory. They support the Palestinians’ right to a viable state in the West Bank, East Jerusalem and Gaza, and want to redress the wrongs of the Nakba. Signatories include many eminent Jews who look to a future of peace and mutual co-operation between the Palestinian and Israeli peoples. (Source: palestinecampaign.org; jiflp.org; nkusa.org; The Observer, UK)

Dockers refuse Zimbabwe weapons consignment

South African dockworkers refused to unload a shipment of arms from China destined for Zimbabwe, and the union’s road freight members refused to truck the goods.

The Chinese ship, the An Yue Jiang, was carrying three million rounds of ammunition for AK-47 assault rifles and machine guns, 3,224 mortar bombs and 1,500 rocket propelled grenades and launchers, ordered by President Mugabe’s government at the request of army and police chiefs.

The dockers defied South African president Thabo Mbeki and his African National Congress (ANC) government, who said the 77 tonnes of weapons on board the An Yue Jiang were legal cargo.

Randall Howard, general secretary of the South African Transport and Allied Workers Union, warned that as far as the dockers are concerned, the containers would not be unloaded. The ship had to return to China.

“The dockers have good reasons for not unloading the ship,” said Benzi Soko, spokesman for the Police and Prisons Civil Rights Union (Popcru). “We understand their objection.”

Support for the action came from around the world. “This is the crucial role unions play in standing up for democracy in all parts of the world,” said Helen Kelly, president of the New Zealand Council of Trade Unions. “The workers thought it unconscionable to handle goods that were destined for the Mugabe regime, to be used against ordinary working people and the democracy movement. But for this stand, these arms would be in Zimbabwe now. History shows that the rights to free speech and to organise in unions, although guaranteed by international law, are among the first to go when democracy is subverted or overthrown.” (Source: The Sunday Herald, Scotland, UK; thetimes.co.za, South Africa; CNN)

Tapping away ...

continued from page 9

nightmares that were depressing and lowering their functioning level. They were more enthusiastic, more creative and more assertive. They were able to concentrate better and many passed their competitive exams to go on to regular secondary schools. The teachers also reported that there was a marked decrease in fighting behaviors and bedwetting. Many children who had been withdrawn and who avoided other kids because of their hurt and anger, reported getting along and playing with other kids and not having anger.

SI: Do you have any other thoughts you’d like to express about your experience in Rwanda?

CS: We would like to see more people able to benefit from this self-treatment. It was put very well by a number of teachers and students. They said that TFT needs to be made available to all sufferers of genocide, all sufferers of severe trauma, so they can experience relief from the traumatic symptoms and experience the joy of living again. The people of Rwanda expressed that very clearly. The treatment doesn’t cost anything. As a number of people in Rwanda said. “It’s free. You can do it on yourself.”

Sylvestre Nzitukuze, a teacher and coach, of El Shaddai, said very eloquently: “It is like an answered prayer. These techniques have helped the children’s lives. Their traumas have been set free so their eyes are set on the future.”

For more information: www.atft.org