

**Kosovo Revisited**

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This October, The Journal of Clinical Psychology had a special issue on Thought Field Therapy. I was the Guest Special Editor for this edition. One of the articles was written by Dr Carl Johnson and colleagues describing his results in treating terrible traumas in Kosovo.

Dear Roger,

Please let me clarify a few things about the work in Kosovo.

1. The trauma patients referred to by Dr Syla were not the same people about whom the Journal article was written. I met Dr Syla and Commandant Muja in April of this year; the earlier work made such a meeting possible. They asked me to come to Kosovo to train their group of doctors in August. During the training I treated 30 patients, similar to the earlier ones but with a greater number of soldiers. As we did this, Dr Syla recorded the data base. All 30 were entirely relieved, to the point of zero on SUDS. On my next trip, in October, I treated about 20 more. The 50 people had about 150 traumas total. There was in fact 100% success. The group included in the Journal article had a slightly lower success rate.

2. Many of these traumas involved the death of loved ones. I learned early, back in the Kosovar refugee camp in Oslo, that it is not possible to treat such a trauma in the same way as others. If you set a goal of reducing the suffering or the problem, etc. the person resists - because they fear losing the last aspect of their relationship, even though that is suffering. So, I present it now in a different way. When the person tries to recall the good times with the lost one, it hurts too much ....so they must push all of the memory away. This is a block which prevents the presence of the lost loved one - the sweet memories, the wisdom, the closeness in the heart that would be possible even now. I ask if the patient would want me to remove this block so they might have the loved one back, to this extent. Always the answer is yes.

When all perturbations have been removed and the problem is soothed, I check for the various reversals .....and then, prior to the final testing, I have the patient say something like "Finally , I have my father with me again. " After treating other types of war trauma I finish by treating the war as a whole, and at the end the patient says "Finally, I have freedom from that war!! " Invariably, after making these statements (the trauma has been soothed} the patient shows a wonderful smile and usually hugs me. They are smiling about 1. relief which they had not expected. 2. the ability to reminisce about the lost one without pushing the memory away. They are not responding to the trauma memory with a smile. But if I see a patient on the street and ask if the treatments are still holding strong, they will say "po [yes]....meir [it is good ]...faleminderit [ thank you ] and give me a very nice smile.

Roger, when these patients are brought for treatment , their faces are such that it is difficult to imagine what a smile upon them would look like. They have faces of strain. They cannot smile about anything at all, nothing. When they find solace from TFT and smile, the entire room of physicians and nurses [ trainees ] breaks out in cheers.

When Dr Syla says "they are smiling until this day" he means they are free of relapse on follow up, moving forward with their lives, and very happy that TFT was given to them. As you obviously know, Roger, TFT changes one's negative emotions so they can resume functioning. We are not changing values, and we would not and could not make a suffering grief stricken person become a callous person who would smile at the thought of a terrible loss.

Thank you, Roger, for the methodology of relief, for your courage to face up to those who would try to make you wrong, and for being my colleague and valued friend.

Carl Johnson, PhD