

Therapeutic Touch and other Training Workshops in Africa, Nov 2009 to Feb 2010

- Peggy Frank reporting to positively AFRICA and the TT community via Therapeutic Touch International

positively AFRICA is pleased to be working with Therapeutic Touch (TT) International members to create a scholarship program so that the people who receive basic TT training have the opportunity to come to North America for advanced training. A pilot project with Peninah Abatoni from Rwanda was very successful. Peninah came to Orcas Island's Indralaya training in 2007 and returned to Rwanda where she has taught over 400 people TT. Since these 400 people are home-based care workers, their outreach is enormous and TT has touched the lives of thousands. Our hope is to create an ongoing program, which requires the cooperation of the two training centers, Pumpkin Hollow and Indralaya, and the continued generosity of donors. Key people from TT International and positively AFRICA are establishing a program for the scholarships.

LESOTHO

1. Nov 24th, 25th, 2009 - Phelisanong, Ha Makata - Missed Opportunity

Missed opportunity - When I met with Mamello, Phelisanong's director, she asked if I would do a presentation at their AIDS Awareness workshop on Nov 24th. Since I had received no guidance as to what I was expected to teach, I assumed it was related to HIV and my journey with the disease, since that was what I had spoken about the last time I was in this community (in January 2006). Since my first visit it was thrilling to see that Phelisanong has grown into a strong community of students and caregivers, as well as people living with disabilities.

Sadly, communication challenges meant that what I thought was a short discussion - perhaps an hour or two, turned out to be two days. I could easily have taught these care givers Therapeutic Touch. Or could I? The training room was in a crowded (50 -60 people) school classroom, with the standard rows of benches facing the 'teacher'. I began by asking participants what they would like me to cover. HIV information and self-care were the priorities identified by the group so that is what I emphasized. [It later evolved that Mamello also wanted me to do a further workshop for youth on the weekend, but due to communication challenges, I had made plans, also missing the opportunity to work with youth.]

Day one I talked about the Human Immunodeficiency Virus (HIV), how infection occurs, challenges associated with HIV and the importance of education. We did Tai Chi together outside and talked about the critical importance of self-care. I had a wonderful translator - a teacher at Mamello's school.

Day two we talked about HIV and AIDS (Acquired Immunodeficiency Syndrome) and the difference between the two, and tools for teaching, especially training youth. We did Pal Dan Gum exercises for self-care. There was a lengthy discussion about how HIV is transmitted. We talked about mother to child transmission - my marriages, and yet no children due to HIV. They elaborated on their challenges - related to food, transport and money, the political will within their country, positive people who don't want to help, and the horrible weak moments when we are sick, too sick to move. I tried to inspire them, tasking them 'to do' - even when it felt that little was possible. I asked that they continue to "do the little that was possible" and celebrate their successes. These are lessons that I have learned from Africans and my own illness. Everyone was given red AIDS awareness ribbons for tomorrow's parade and instructions about the plan for the day of celebration.



Tai chi outside at Phelisanong

The translator taught me a simple evaluation process. On the blackboard were two columns - Linte and Limpe (Liked and Did not Like). Comments were placed under each. Under "liked" were:

1. Good education;
2. Love;
3. Happy with the Facilitator;
4. Encouragement;
5. Awareness ribbon was appreciated;
6. Translator was appreciated;
7. Director and the Committee were thanked for the workshop.

Less appreciated - on the Limpe side, were:

1. Hunger and thirst;
2. Time punctuation;
3. No good Guidance of the Workshop (handouts);
4. No refreshments for facilitator;
5. Lack of transport for some;
6. Noise;
7. Plastic plates.

I was especially pleased about 2 and 4 of the 'Lente'. There was little I could do about the dislikes as I was not involved until the workshops began - had no idea that I was doing the training until I was asked, and even then the time frame was not part of the information I received. Communication is a challenge. I will try to get some printed materials made for future workshops, but was able to leave them with an "Auntie Stella" HIV education kit - excellent for training youth.

At the celebration the following day, Mamello presented certificates to all who attended the training "So and So completed training in home-based care". Sadly, it was the first I learned what content she had really wanted me to cover, and I had missed this opportunity to teach Therapeutic Touch. She even gave me a certificate, highlighting communication challenges and showing how difficult it is for her to understand the training process - or maybe she realized that I would learn by teaching.

Lessons Learned

- Ensure clear communication of expectations - prior to workshops.
- If possible, set things up myself so that I can set out a space that works for the training.
- Provide handouts for people attending sessions.
- Certificates are Important, but need to be specific to what is taught.

I had been sick prior to teaching and had not been able to spend the time I would have liked with the Phelisanong community. I was pleased with what they did learn, but would love the opportunity to increase their skills related to home-based care, now that I know that it is something that the community wants. Perhaps there will be an opportunity to return and provide TT training.

2. Trainings around Quacha's Nek, Lesotho - Nov 29th, 30th - Ha Mpiti



Finding Deep Inner Peace

This time I made clear arrangements with a young woman who had studied at a Canadian University. Mathabo made several arrangements for logistics with Mahoma Temeng executive, as this is a community where she is also a visitor. She arranged that we fly in a small plane from the capital city to this remote part of Lesotho. The flight was beautiful and the gift of seeing Lesotho from the air was greatly appreciated.

In Ha Mpiti, I taught Therapeutic Touch (TT) and some Capacitar techniques to 25 people, from the Mahoma Temeng (Sharing Healing Experiences) Community. These are mostly women from HIV support groups in seven villages in this area - there were also a few men. The Ha Mpiti Workshop took place in the Knothang Project Building - an open training space and food was purchased (by positively AFRICA) and prepared by one of the participants.

The women of Mahoma Temeng were keen to learn Therapeutic Touch and self-care techniques. We began with a round of introductions and discussions of the problems these community leaders deal with. They reported the following problems:

1. Children and grandchildren depend on single women
2. Mentally ill children e.g. one son was stabbed and now more difficult to look after
3. Pain - especially in joints
4. High blood pressure
5. Diabetes
6. Cancer
7. Stress and heart disease

8. Behavior of adolescent children
9. Painful feet
10. Physical pain, and pain of leadership

Life is about struggling to survive in these remote villages, especially for women, and HIV only adds to their current challenges. It was clear that few go for testing - stigma a huge factor, but fear is common too when people test positive: fear of job loss, relationship implications, beatings, and death. I tried to console people on the last fear, the fear of dying, using my own long life as an example. Twenty-three years of living with HIV has taught me the importance of taking medication, reducing stress and positive thinking. I mixed the TT training with Capacitar (Tai chi and Pal Dan Gum) and HIV awareness. These people learned easily how to work with the energetic patterns of their partners. At the day's end, everyone learned the basics of TT, demonstrated that they could do a treatment and understood how to treat someone who is too ill to get out of bed.



Checking in before a TT demonstration with one of the women of Mahoma Temeng

The workshop was a success. There was no grumbling, good food, good timeliness, and a great ginger drink; even the facilitator was fed and given drink! I gave Maria Rossitor Thornton's book on Basic TT to the community. Unfortunately few speak English, but they plan to get together monthly to practice together.

We invited those that were positive (HIV+) to return the following day. I offered more Capacitar techniques to a small HIV positive group. Then four women told their heart-wrenching stories. A friend, Sharon, recorded these, often sad tales, for us. Women don't feel 'safe' to tell stories in the support groups because of confidentiality issues, gossip, and a fear of stigma and discrimination. All four women seemed enormously relieved to be able to share their stories for the first time. Each person did not know the other was positive. We had a lunch of "fat cakes" (like donut holes) together, and then hugged, leaving these wonderful women to head on to St Francis Mission.

3. Dec 1 - St Francis Mission, - World AIDS Day Training

The countryside of St. Francis Mission came out of a storybook, with mountains off in all directions and wildflowers scattered in the upper hills where the cattle are less likely to wander. There were 32 people for the training - representatives from 10 villages. We began with a welcome and introductions by the chief, Manketsi Lepheana. Ironically, given the previous days' awareness about acceptance of those that are HIV+, we learned that the objective of the Support Group was to look after community members who were HIV positive. It seems it is only community members who are so sick that they are housebound get the support. While this is important, it would also be wonderful to support positive people to stay well. The chief explained that the timing of the workshop was a challenge for this community because of the seasonal pull towards gardens and fields - this is the growing season. The major activity of this group is home-based care, and care of orphans and vulnerable children, including establishing OVC (orphan and vulnerable children) records for each village. They face the continuing challenge of loss - AIDS-related deaths. The medications that suppress the virus - ARVs are not well understood, or used effectively, locally. The chief reported that people need more training on proper use of medications by nurses. The situation is improving.

The group has an IGP (income generating project) - making Vaseline from aloe and selling small jars of it. The first lady (PM's wife). supports this project. The money raised helps children by covering school fees for orphans.



Peggy demonstrating TT

The workshops succeeded in getting people to a place where they could practice TT with those who were well enough to sit for a treatment, and those who were confined to bed and lying down. There were several good questions from this workshop - 'Can you use prayer for centering before visiting someone?' - 'Do we all have the same levels of energy?' - 'Should we wear latex gloves when doing TT for those with HIV?' - 'Which part of the hand do you use?' - 'Why do you hold someone's feet?' - 'Do you get tired when treating someone?' - 'What is the best thing for someone to do after a treatment?' I felt that everyone was able to remember the TT steps and they demonstrated their abilities while practicing on each other. Fortunately the cook at the Mission catered to the event and prepared a wonderful lunch for everyone, making the day seamless. I left small Therapeutic Touch manuals and encouraged practice groups - perhaps working, on occasion, with the Ha Mpiti group.

Following the workshop, those that were positive were invited to stay and chat. Again it was clear that the support groups had problems related to stigma and negative feelings about those who lived with the virus. After a short session where, again, delivery of testimonials was key, it was wonderful to see women leave, hand in hand, free to discuss the implications of positive living.



Basotho women bathing themselves in a shower of light

ZIMBABWE

Workshops 4. & 5. Dec - TT, Reiki and HIV Support at Howard Hospital

4. Dec 11th, 2009 - TT and Reiki, Howard Hospital

I requested a full day for the training, but when Marnie (a Reiki practicing Board member) and I arrived, the Hospital schedule showed a different plan: 8:30 - Opening Remarks, opening prayer, welcome to participants, introductions and insight. Training was scheduled for 9 to 12:30 with a half hour tea break and another half hour at the end for questions - a long morning instead of a full day. This was to ensure that the day was manageable for the participants who came from far away. The participants would then co-ordinate training to groups of caregivers in a large area in Northeastern Zimbabwe. There are over 60 co-coordinators, each working with teams of caregivers. These co-ordinators and caregivers were attracted through the schools - Howard Mission went to the schools looking for volunteers. They gather for training four times a year, with funding from the Stephen Lewis Foundation (SLF). People in this workshop came from several of the wards where I had done my Masters research and the names of their areas were delightfully familiar. This network is like a big web and catches those that the system is otherwise failing to reach. Since each co-ordinator has between 5 and 10 caregivers in their group, our training has the potential of reaching about 450 immediately for training, and thousands for support. And best news of all - Pedrinah Thistle who coordinated the training reported that many are practicing TT in their daily home-based care programs - with good results.

Support for these caregivers was provided by Howard Hospital, through SLF funding. Participants were covered for bus fare, and each was given a couple of large bars of washing soap, salt, sugar, cooking oil and matches (a Christmas bonus?), as well as a meal during the training. Strangely, while 'we' talk about healthy living and eating, these people are provided staples that don't necessarily support that (salt and sugar). Although every effort is made, it's even hard to nurture self-care when travel to the training centre is lengthy and challenging. Although we finished by 1:30 p.m., some would not get their Christmas goods home until 8 p.m.!

Marnie and I taught Reiki and Therapeutic Touch and workshops for over 60 people (29 in TT). It went well. I happily worked outside, in the chapel, resolving a problem organizers were having - looking for an additional training room. It seemed important to separate the two modalities, so as not to confuse participants. Marnie's 30 participants learned Reiki in a classroom. The other half followed me to the outdoor chapel where they learned TT in the fresh air, but under cover (and observed by several Hospital visitors). Thankfully the concepts were not hard for these caregivers to grasp and many spoke English.

In the TT training, we first covered history and the research priority of TT; then we did an experiment sensing our own energy field (hands pulling away from one another), followed by a demonstration with someone receiving TT in a chair. The treatment was short, emphasized the importance of centering and helping the recipient establish and maintain an even energy flow. Subsequently, we covered a wide range of material including treatment of those reclining. Students also reported that they would have liked more handouts, more pictures, and that they did not like the flipchart, which I chose to use in lieu of handouts. I left a couple of books on basic TT.

They felt the best things were that:

- Caregivers could determine where there was a problem and work on that area.
- Caregivers would be able to help those who could not get to the Hospital.
- Learned a new way to approach a patient

- Through doing the TT treatment they will help energy to flow to all parts of the body
- Showed love to patients and removed stigma
- Could feel something - which helped people believe that TT works.
- Did not need “big luggage” to treat people.
- Didn't know that their hands were therapeutic, but could now go out and work with those in the community that would allow them to.
- Need to spread to all primary caregivers, esp. those dealing with arthritis.

Marnie's session also went well, with participants feeling comfortable that they could treat someone with Reiki after this introductory and basic training.

5. Dec 12, 2009 - HIV Support, Howard Hospital

Met Pedrinah's 'HIV Support Group for Professionals'. The group had been meeting to share their stories - disclosing in confidence also important here in Zimbabwe. Pedrinah asked me to tell my story, which I did - then Pedrinah announced that the meeting was over. I felt terrible - this was supposed to be a meeting of their support group. Thankfully one woman told her story, which was beautiful - mostly about support - from the time her husband died and the community supported her, to Pedrinah's counseling, to her family embracing her once she disclosed to them - to this support group. Her concern is that others look up to her as a role model; therefore she did not want them to know her HIV status. This story was a pleasant contrast to the experiences of women in Lesotho. Pedrinah promised to help members of this group remain anonymous by separating them from clinic patients who stand in line for all aspects of care on HIV clinic days at the Hospital - and since her husband is the director, they know she is good to her word. This professional group is also concerned about looking after themselves when everyone reaches out to them for help. I fought an urge to reach out and offer help to the group. I think my story was what was wanted. Now it is up to them to stick together, form a registered group, get a bank account and then reach out if help is what is needed.

MALAWI



TT training session at Ndi Moya

6. Jan. 4th, 2010 - Ndi Moyo Hospice, Salima

The work at Ndi Moyo is inspiring - especially the home-based care. Four nurses and one clinician see patients regularly and often miles away from the clinic. Mondays they accompany patients to the local Hospital, where they receive cancer treatment - venchisti for Kaposi's sarcoma - treatment that Ndi Moyo struggles to keep available. The organization is heavily dependent on Lucy and Tony Finch, although the Finches are trying to ensure that others are mentored, and trained in Uganda, where there is a regional centre for hospices. However, at the moment these two dedicated individuals oversee ordering medicines and making financial decisions. They call Lucy 'Mom', in the local dialect. Needs are huge among families in Malawi and the staff are not making enough to cover their personal and family financial needs. During my stay, staff included me in their home visits, Hospital trips and their clinic schedule, although there was little I could do because of my skills and the language barrier. I mostly watched - observing the kindness and devotion to each and every patient they saw. I did TT training for the staff at the end of my stay.

The training was held Jan. 4th and done in the fresh air under a rotunda built at the Centre for training. The rotunda is surrounded by the medicinal gardens that Ndi Moya has created for patient use. We went through the steps in TT, and participants worked with each other, practicing what they had learned. The plastic chairs were not ideal for training but we found one bench, which we also used and we made sure that each trainee understood that they could 'feel differences and irregularities' by moving their minds along the energy cushion of a person's body. The staff was keen to learn techniques that they could use to assist those that they work with in the community. Twelve people attended the workshop, which ended with sodas and cookies and a question period. At the end of the day I encouraged practice, and practice groups. I used visual display materials and left a single TT for Beginners book with Ndi Moyo.

KENYA

7. & 8. Jan. 8th, 2010 - Osopet and Nissi, Narok

Twenty-nine people came to the TT workshop, which started at 9 am with introductions, and about half the participants. People identified a wide range of expectations - from one woman's desire to learn new skills that would be fruitful to her and others; to other women who wanted information that they could then take back to the grassroots, or to the children. There was a level of caring for others that surpassed anything that I had seen before. I spent about a month in Narok and these selfless people became known to me, and their caring never wavered.



Pastor Peter translating the TT demonstration

I noticed that several Maasai women had a harder time than others following directions. I think at least two things were responsible - these women had little experience in a school-like setting, and they depended completely on the translation (and many of the ideas in TT are challenging to explain, let alone translate). In spite of the challenges they faced, these women worked hard and by the end of the morning, everyone seemed to grasp the steps important to TT, and could feel their energy when we did the experiment of pulling one's hands apart and bringing them back together. An excellent lunch prepared them for the afternoon session where they watched a demonstration, practiced together, learned some self-care techniques and then finished with both watching and demonstrating treatment of those who are too ill to sit.

This was the most expensive training session, as I had to cover the cost of an invitation letter, the venue (a training room in a hotel), food and transportation of the participants. Upon reflection, I think that there are many people who do "fancy" trainings and there are community expectations around training sessions. Trainings could have been done under a tree outside, but when your life is spent in that setting, a building helps separate the training from daily life. In the weeks that

followed I would learn that these people have little or no personal funds, give continually to the community, and would use the TT training for years to come. It was money well invested.

At the end of the day we thought it important to invite those who were positive to return the next day for an afternoon session on HIV awareness and self-care. My heart-wrenching challenge was to explain to people that there was not a bottomless bucket from which I drew money. I was forlorn when about 10 HIV+ women waited outside for money for transportation at the end of the second day. I had nothing to give them without drawing more money from my already 'into the red' bank account.

We learned that two days was a long session for both the facilitator and the translator. Pastor Peter and I were both very tired and our community work was just beginning. I spent the next 3 weeks showing community leaders how TT could be used in their day-to-day activities.



Two men at a practice session



Practicing TT in Maasailand



Pastor Peter doing TT for a very sick man in the Narok Hospital, two months after Peggy left Narok.

9. Feb. 6th, 2010 - KCYP - Meeting the Women's Group and Beading

Su, another positively AFRICA Board member and I met the Kibera Women United Against HIV/AIDS (KIWAHA), the resultant organization from the Nutrition Project that *positively AFRICA*

and VIDEA supported through KCYP (Kibera Community Youth Group). KIWUAH has regular meetings every Saturday. The first Saturday that we met them they had their general meeting (as usual), and then took part of the day to participate in a beading project. Su has discovered that this is an excellent way to assist people who have traumatic lives - to help them recognize and hold close to them a place, a person and a thing that has given them strength or hope throughout their lives. There are 30 women in KIWUAH - about 18 were present the day of the training. I had visited KCYP during the week and realized that training projects are not only opportunities to learn, but also opportunities to feed both the participants and the volunteers at the centre. A solar panel workshop was paying for lunch during the week and it seemed appropriate that we pay for lunch, which included protein (egg), on Saturday.

Here again, I learned that working with the smallest and poorest grassroots groups means that there is no extra money in the projects for food. Training sessions provide an opportunity to use *positively AFRICA* funds to share a healthy meal with everyone. With careful planning there could be enough to take something home to families. We missed that opportunity this time, as we ate everything that was purchased.

10. Feb. 13th, 2010 - KCYP - TT Training

Seventeen people gathered for the KIWUAH Therapeutic Touch training. It was a full day session and again lunch was purchased so that the participants would have something to eat, including protein (again egg). Most of the participants were members of the Nutrition Project, and this session was held on their regular meeting day (Saturday). The women learned quickly and were able to practice on one another after a short basic training session.

Some women could not come because they are working. This was also true for the beading session a week earlier. Although members of the Youth Group expressed an interest, only Robert came to the training. I think the Youth group is overwhelmed with their involvement in the Nutrition Project/women's group, and other projects. They are encouraging the women to become their own Society, and there appear to be several of the women with leadership qualities.

Since it was the day before Valentine's Day, and since I wanted these women to enjoy the taste of chocolate, I brought small chocolates for everyone, and enough so a few could be taken home. The women really enjoyed the treat and I don't think any chocolates made it home.



TT demonstration in a crowded room



TT training participants received a Valentine's chocolate at the end of the training