

RECIPES FOR
healing

**GENDER-
SENSITIVE
CARE FOR
WOMEN
SURVIVORS
OF TORTURE**

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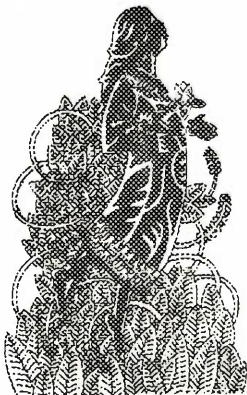
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ISIS INTERNATIONAL-MANILA, established in Rome in 1974 and transferred to Manila in 1991, moves information globally to women and women's groups, advancing women's rights, analysis and leadership, with special attention to Asia and the Pacific. Isis links women around common concerns and advocacy toward challenging the patriarchal and elitist domination of ideas, information, communications and media. Isis International-Manila strengthens south-south and south-north linkages to enhance the capacity of the global women's movement to address old and new issues amidst a rapidly changing and complex environment.

THE INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS (IRCT) is a private non-profit foundation which was created in 1985 by The Rehabilitation and Research Centre for Torture Victims (RCT), Copenhagen, Denmark. The objectives of the IRCT are, on an international basis, to promote the provision of specialized treatment and rehabilitation services for victims of torture and to contribute to the prevention of torture globally.

THE PSYCHOSOCIAL TRAUMA AND HUMAN RIGHTS PROGRAM (PST) is part of the University of the Philippines Center for Integrative and Development Studies (CIDS). The PST conducts research relevant to understanding the psychosocial impact of state-sanctioned violence such as torture and other forms of human rights violations as well as mental health implications of armed conflict. These interdisciplinary researches and education on the subject of psychosocial trauma, known in the field also as PST, are collaborative efforts among non-governmental organizations (NGOs) and the academe. The NGOs are the primary implementors and service providers. The academe complements the NGOs' field experiences by conceptualizing these into valid and appropriate frameworks. As a guiding principle of the program, these studies are meant to effect the mainstreaming of care for psychosocial trauma survivors.

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To the men in our lives, our children and extended families, and our friends for their continuing love, support and understanding when our passions are directed elsewhere.

Nancy L. Pearson
June Pagaduan Lopez
Margaret Cunningham

*Listen
to the inner voice
that speaks with clarity.
Acknowledge
and listen to it.
Nurture
that part of you
that has the wisdom
and true vision
to know
what is right for you.*

—M.G. Hutchinson
Transforming Body Image
Crossing Press, 1985



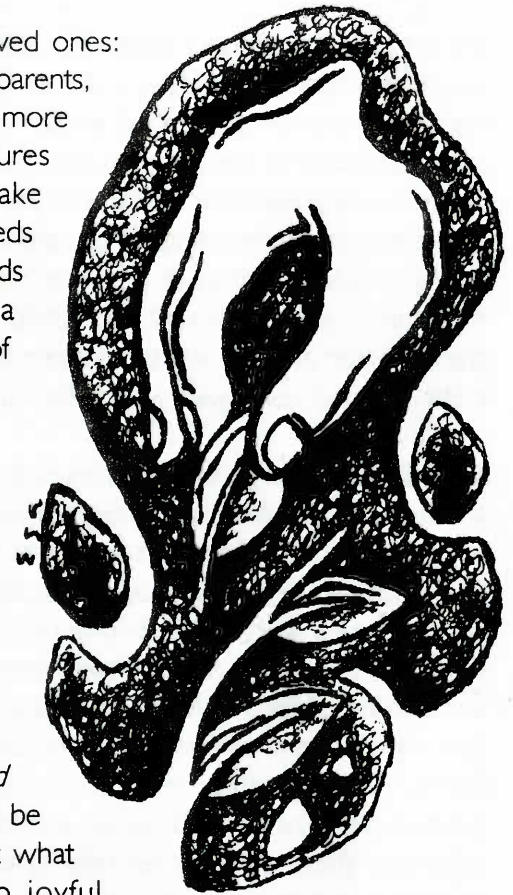
Ourstory a pinch of

As women, as caregivers and professionals in healing professions, we have a “gut” feeling that women experience torture and trauma differently from men, “carry” the aftereffects of their trauma differently from men and heal differently from men. That statement is not meant to imply in any way that either women or men suffer more or less from torture or trauma—*just differently*. This understanding comes from the concept of one’s frame of reference. *Gender significantly impacts what we experience, how we experience it and how we process the experience.*

People may want to debate many aspects related to women being the primary caregivers in human societies (i.e., inherent gender differences related to nurturing, culturally induced or trained differences, etc.). The fact remains, however, that women *do* tend to provide the bulk of caregiving. In addition, women don’t usually have time to think about their own caregiving needs and healing, even if—or maybe especially when—they’re also professional healers of some kind (therapists, doctors, nurses, social workers, teachers, etc.). Regardless of a woman’s occupational status, she is invariably preoccupied

with the needs of her loved ones: children, husband, partner, parents, grandparents. This is even more true in non-western cultures where family and clan take priority over individual needs or where “individual” needs may not even be a part of a person’s reality or “frame of reference.”

This exploration of a woman’s frame of reference is precisely why we decided to bring women caregivers together to share their experiences. Many people doubted that a workshop for *women caregivers and survivors of torture* could be uplifting and inspiring. But what made this workshop so joyful, emotionally uplifting and physically energizing was the process itself. The process provided focus as well as space, time to think as well as to be, moments of sharing and times of personal reflection. We honored not only the professional roles and lives of women but also the similarities or diversities of their trauma experiences. The process also provided the context for valuing the cultural and trauma perspectives that each woman brought with her. In essence, the process was created by women themselves for other women. Even though a handful of women had been primarily responsible for setting up the process, the process truly belonged to everyone involved. We “trusted the process” to allow the space and creativity for great things to happen.



We set out to make this workshop different, and almost from the very first moment we knew it would be. Just one side comment made by a woman concerned about her sick daughter was picked up immediately by the entire group. Our personal concerns, even those resulting from the conference invitation, emerged: difficulties in negotiating with husbands to be able to attend to the conference; having to prepare food in advance, clothing, medicine for family members; worries about sick children and parents; missing grandchildren already; and the concerns about work we left behind in the hands of colleagues waiting for our return.

It is precisely these gender differences that make *RECIPES FOR HEALING* a useful tool in working with groups of women survivors of torture—who are inevitably caregivers as well as trauma survivors. Why the title *RECIPES FOR HEALING*? Apart from documenting the workshop, *RECIPES FOR HEALING* illustrates one of the most common ways that women are taught to nurture loved ones—through the preparation and serving of food. We prepare food for nourishment, comfort, love, refreshment, celebration, ceremonies and gatherings of family, friends, village and community. *RECIPES FOR HEALING* honors this practice, but in reverse. This time, women are provided with “food” to nourish themselves for self-healing and their conscious efforts to support and help each other to heal in a community of women. Even as women have sought the support of other women, at times they have not been able to accept this support due to fear, competitiveness or concern that in supporting one another they are taking time, energy, and commitment from their families. The process of learning to be part of a community of women in fact helps women to recognize the practical support available to them.

We come from the standpoint that group work is useful, effective and an underutilized methodology with survivors of torture and trauma. Practitioners cite their concerns that the level of damage is too great and requires no less than an intensive one-on-one therapy setting. From our perspective, the fact that torture often occurs in the

context of a group process, e.g., others watching, is precisely one reason why healing needs to incorporate these methods. Many torture survivors survived their torture and trauma experience through the support of co-prisoners, or people living with them in a refugee camp. It is clear that the social context that supports the trauma survivor is influential in buffering the survivor from depression, and the development of other symptoms commonly associated with traumatic stress.

Food, prepared by an individual or group, is most often consumed in a group. Eating alone is usually not a person's preference, in any culture. Joy and added nourishment come from the company of others. Professionals, who are caregivers, too often isolate themselves through their professional roles. Yet in our professional lives, there are times when food is shared amongst colleagues, a process of companionship and camaraderie, providing opportunity for increased trust, respect and support. In the same way, we view group work as a useful and effective way to provide extra joy and nourishment to women as they address trauma and the process of healing trauma in their lives.

We used the power of ritual, the physical release of Ch'i Kong (Qi Gong—Chinese meditation and healing exercises), the sharing of cultural traditions through dances and songs, and the emotional release of self-revelation side by side with intellectual discussions of methods, techniques and research. Women have always been good at doing multiple tasks at the same time. Our process did not separate our bodies from our minds, tears from laughter, wailing from singing, meditation from dance, or giving from receiving. We were able to leave some of our concerns and burdens behind, even as we chose to keep some with us. We cleansed both old and new wounds while renewing our hope for a better future. Most of all, we rejoiced in the gift of giving ourselves.

The workshop for *women caregivers and survivors of torture*



provided an opportunity for women to seek a women's empowering and liberating frame. It is our hope that the process and outcome of the workshop will move the process forward in a new, woman-respecting and sensitive way. We offer this book to encourage women to continue the process of developing a lucid, coherent frame for healing themselves that will undoubtedly benefit other women and men as well.

RECIPES FOR HEALING seeks to provide caregivers with specific process activities or "recipes" that were developed for and utilized during the *women caregivers and survivors of torture* workshop. We believe caregivers working among themselves and with clients who are involved in a process of healing from a wide range of traumas—torture, rape, incest, domestic violence, etc.—will find the book useful. We chose the names of real dishes, generally everyday dishes or beverages from the countries or national heritage of the participants, to give flavor and texture to each process activity. Some of the recipes were provided by the participants of the workshop, other recipes were chosen from a multi-cultural cookbook.

Like any recipe, we provide the basic ingredients, but you must look in your own storehouse of foods and spices to see what's available and culturally appropriate. Adapt the recipe to your own cultural tastes and needs. We ask that you send us your experiences, innovations, adaptations, and additions to the recipes provided here to continue the process of sharing, testing, tasting and developing women-centered frames and processes for healing!

A PINCH OF HISTORY

Background to the Workshop

Tragically, torture has become so widely used throughout the world that today there are volumes written about torture experiences. Liberation movements—like the national democratic movement in the Philippines as well as others in Asia and throughout the world—

YOU CAN OBTAIN
some of the actual recipes of the
dishes in *Extending the Table...*
A World Community Cookbook
by Joetta Handrich Schlabach,
c/o Mennonite Central Committee,
21 South 12th Street,
Box M, Akron, Pennsylvania,
17501 USA.



have not known how to address the needs of those who survived torture. Nor did they know how to give guidance to caregivers (these are providers of services to survivors of torture and/or trauma). Not surprisingly, women have often taken on the role of caregiver in this area of life—as in so many others. Yet there are few frames of reference for women to address their unique needs and experiences while operating in the dual role as caregivers to survivors of torture and trauma, while being survivors of torture and trauma themselves.

In the Philippines, we were a number of mental health professionals placed by ensuing political events in a unique position to attend to the needs of survivors of state-sanctioned torture during the dark period of the dictatorship of Ferdinand Marcos.

From a highly clandestine operation during the martial law years, our work had been transformed into a publicly acknowledged and mainstreamed endeavor. This was the creation of the Psychosocial Trauma and Human Rights Program (PST), a research unit through the initiative of the International Rehabilitation Council for Torture Victims (IRCT) under the auspices of the Center for Integrative and Development Studies (CIDS) of the University of the Philippines (UP). The CIDS is a multidisciplinary research arm of the office of the university president, tasked with generating data in support of official positions of the academe on pressing “state of the nation” issues.

Since its establishment in 1992, PST, with the assistance of the United Nations Voluntary Fund for Torture Victims (UNVT), the Oak Fund and the IRCT, has organized several workshops and seminars aimed at imparting basic information and skills on the treatment and rehabilitation of torture survivors and their families. These activities were also designed to generate in-depth discussions on the questions and concerns that surround this area of mental health practice. Its

advocacy work on human rights and survivors of torture was raised to new heights in 1994 when it conducted an international conference that evoked passionate and extensive discussions on research and therapy issues emerging from caregivers’ years of practice in assisting survivors of torture and their families. In October 1995, a seminar-workshop in Bangkok, “Medical Ethics, Torture and Rehabilitation: An Education Program for Health Professionals in the Asian Region,” brought together medical practitioners and health workers. Asia is a region where human rights violations continue under and because of conditions of civil wars, insurgencies, ethnic and religious conflicts, and the huge gaps between rich and poor. The seminar succeeded in surfacing the trials and travails of Asian caregivers in caring for survivors of torture and other human rights violations. This was the breakthrough that gave PST and IRCT a stepping stone in its pursuit of human rights advocacy in Asia.

More than the knowledge shared, this event became a successful exercise in balancing content and process in order to arrive at not only an educational experience but a therapeutic one as well. The great majority of our participants were “wounded healers” themselves and needed to go through their own process of acknowledging their woundedness. As wounded healers, we must recognize that if this woundedness goes unacknowledged, eventually, the work of caring for survivors of torture and trauma will become too much. We “burn-out” or “flame-out,” as some organizations call it, or leave this area of work altogether. Acknowledging our woundedness as healers can provide the possibility for “joining” and understanding our clients in more creative ways, and enable us to preserve our energy and commitment to this work.

It was also during this seminar-workshop that we first introduced gender issues in a discussion of torture. The decision to raise gender issues was influenced by very interesting results from our case studies of eight Filipino women survivors of torture. This study gave us a



deeper understanding of the coping strategies of these eight women, and also raised more questions about the gender differences that mark the practice and effects of torture. (*Women in Struggle: Reintegrating the "New Self"* by Maureen Pagaduan, Anna Marie Dizon and Salome Quijano, *PST Quarterly*, January-March, 1997.) Certainly, as caregivers there was a need to know more and we closed the workshop with a promise to explore the possibility of putting together a cross-cultural group of women to study these questions.

Psyched up from the goodwill and healing that our Bangkok experience generated, PST shared its interest in furthering information relating to human rights and mental health issues with Isis International-Manila. Isis had already identified human rights and women and mental health as primary areas of interest. Isis' research on women and mental health was supported by a grant from the MacArthur Foundation in 1995. Isis International-Manila wanted to continue its work in these areas. Contributing resources to support another exercise similar to PST's Bangkok experience but with a sharp focus on women's concerns was one way of continuing its work in human rights and mental health.

But Isis International-Manila's resources were not enough to bring a cross-cultural group together so PST broached the project to the IRCT that then saw the pioneering nature of the idea and its potential for developing a women's research network in the field. Still, Isis International-Manila and IRCT funds did not suffice to bring a book into reality. The final link in the chain fell into place when Cynthia Bautista, executive director of CIDS, agreed to provide the additional funds.

The original idea was to explore the possibility of conducting a cross-cultural research project to study the coping strategies of women torture survivors and explore gender issues that may arise from the study. The plan was limited to Asia and the Pacific by our resources and the numerous cultural factors that make a global project unwieldy. We began seeking the involvement of people from the countries that participated in Bangkok. Some of the individuals who were not available or interested in the research instead identified caregivers and survivors who had the willingness, if not the capability, to do research.

PST and Isis International-Manila served as coordinators for organizing the team. A workshop was then designed to introduce participants to the basic concepts and methodologies of research appropriate to the study of women. The goal became simply to gather stories from women participants and arrive at a research agenda and framework for the future. We had already begun the process of adapting recipes to our resources and condition.



INGREDIENTS FOR A HEALING WORKSHOP

Finding a Gender-Sensitive Participatory Methodology

It took the combined presence of the creative women from Isis International-Manila and the clinically experienced academicians of PST to make the workshop design sensitive to women's needs. We knew that we would be running a potentially traumatizing exercise involving Asian women caregivers and survivors in circumstances where the real threats of state repression, violence and torture continue to exist. Developing a research network was the vision, but ensuring a process for achieving this vision without transgressing women's rights by exploiting their stories and subjecting them to retraumatization was the primary goal. We had to ensure that the process would be both healing and educational for everyone. To meet this goal, we sought gender-sensitive and culturally appropriate frames of reference we could utilize in the workshop. In the end, we found that we needed to develop our own.

The workshop set out to reveal what enhances or inhibits our ability to provide care; explore how we, as caregivers and survivors, provide care to each other and other survivors; and strategize about how we can make our institutions and organizations more aware of the needs of women—more gender-sensitive to women caregivers as well as those they serve. We felt it was essential to document the process in which this exploration took place. We believe the frame of reference must be integrated into the process that, in turn, is grounded in the cultural context, and deconstructed through the importance of each person's unique story and experience.

In order to fully appreciate the process leading to *RECIPES FOR HEALING*, we must emphasize that it had to begin with ourselves. We recognized that as a team tasked to bring women caregivers from vastly different cultures together to formulate an international research agenda, we would have to bring in our own varied experiences as caregivers and researchers. Perhaps most importantly, we were dedicated to the

principles of participative and facilitative approaches. Fortunately, we were a highly congenial team with lots of camaraderie even though some of us had only just met each other. Our discourses began about four months prior to the scheduled workshop.

Too Many Cooks in the Kitchen

Finding a Unifying Framework

Discussions concerning the logistics and processes for the workshop were largely carried out by June Pagaduan Lopez, Nancy L. Pearson, Sylvia (Guy) Estrada-Claudio and Maureen Pagaduan, with input from Tess del Rosario, Marianita (Girlie) C. Villariba, Lilian (Lan) Mercado Carreon and Luz Maria Martinez from the Philippines; and email consultations with Margaret Cunningham in Australia. Several questions needed to be addressed by the organizing team. First, we asked ourselves, "Is there a need to have one unifying framework?" Our assumption was that a unifying framework would strongly ground us in the analysis of the experiences to be presented. Arriving at a consensus on this framework would allow the team to "level off"—where we each were coming from and our individual positions on such issues as gender, class and race. Indeed, we did have differing perspectives and biases; moreover, we also knew that the participants would bring their own as well.

The need to clarify our individual frameworks and biases, as an important ingredient of the process, was unanimously appreciated by the team. It can be frustrating sometimes having too many cooks in the kitchen. Having diverse positions need not be a stumbling block; we simply needed to be clear about them in order to have the ability to suspend our biases and prejudices when necessary. The majority felt, however, that attempting to have a unifying framework prior to the workshop was not feasible and would run counter to the participatory approach. The consensus was to allow the framework to evolve from the process. This would allow greater creativity as we clarified and applied our ideas for gender-sensitive frameworks





to the experiential interaction and theoretical inputs during the workshop itself.

Knowing your Ingredients

Who are the Participants

We set out to gather participants who fit one or more of the following criteria: *woman, caregiver* of survivors of torture, or a *woman caregiver and survivor* of torture.

We came together from far and wide in terms of country, age and experience. It was an amazing collage of cultures with women from Bangladesh, Nepal, Turkey, Cambodia, the Philippines, East Timor, Australia, Denmark and the United States. Our ages spanned nearly thirty years. Through life's odd twists and turns, all had somehow become caregivers of survivors of torture. We revealed ourselves through our many faces: as daughters, sisters, mothers, grandmothers, psychiatrists, medical doctors, nurses, psychologists, social workers, language interpreters, bi-cultural counselors, political activists, journalists, teachers, academics, human rights workers, freedom fighters/revolutionaries, emigrants and torture survivors from rape, incest, domestic and state sanctioned violence.

In addition to the criteria as women caregivers and/or survivors, we also expected the participants to be able to share personal and/or other women survivor's stories about torture as well as present a short human rights situation of their country. So we constructed guidelines well ahead of time to inform the women about the concept and objectives of the workshop,



and give them ample opportunity to work on them. Time was especially needed because the common language for the workshop would be English. This would most certainly not be the participants' first, second or even third language of preference. Yet, there is no other common language among Asians and this continues to be a serious problem for communication and cross-cultural research.

It is not possible to separate the socio-political realities and histories of our countries from ourselves or our ability to provide care to survivors. For example, the intensity of the political and social repression currently existing in Turkey and East Timor is all too similar to the experiences of the women from Bangladesh, Nepal and the Philippines in years past. Professionals providing care to torture survivors are themselves in danger of being arrested and tortured in Turkey. Centers to provide care to torture survivors have recently been set up in Bangladesh and Nepal. Cambodia's painful history and recent political upheavals make national healing an elusive dream. In addition, religious structures, customs and mores deeply affect women's ability to influence the socio-political areas of their lives.

It was in these contexts that background and reference materials were sent to the participants along with the invitations. We hoped these materials would help them better understand the workshop concept and objectives as well as reflect on what they could share about themselves. Because we were interested in using a variety of processes, we also asked them to bring an object symbol of themselves, their native costumes/dress and something from their culture to share with others.

During the workshop, we also conducted one-on-one interviews with the participants to gain deeper insights into their situations—both personal as well as community situations. We asked 14 open-ended questions. The following section is a brief summary of the participants' responses.



What's the general view of people in your country toward someone who seeks professional help?

For all countries—including Turkey and Asian communities now living in Australia—there was no exception: the stigma of mental illness is still very high; only mad, crazy people need assistance from mental health professionals.

Why did you choose such a profession or what brought you to the work of serving survivors of torture?

For some, serving survivors of torture began with their own survival experience and then working or volunteering in their communities in a wide variety of capacities. Others had always wanted to be a part of the helping professions—as doctors, nurses, social workers, psychologists, etc. The need and opportunity to serve survivors of torture grew out of their country situations or their own survival experiences.

How are survivors referred to you (public or private channels)?

The oral tradition in Asian cultures works well when people are seeking mental health services. The caregivers from our workshop most often cited that survivors were referred to them “by word of mouth.” Other significant channels for referrals were human rights organizations and other non-governmental organizations. Hospitals were another source for referrals.

What do you see as the unique needs of women survivors of torture? In what ways could centers providing care to women be more sensitive to their needs?

Family support—acceptance, emotional care, trust and understanding—was deemed very important by all. In addition, community education about torture and trauma experiences as well as economic and coordinated social services were cited. In terms of gender-sensitivity for women, a holistic approach is needed where women could choose either a female or male therapist, gynecologist/obstetrician, etc. Services for domestic violence victims, language and

culture interpreters and child care facilities are also important elements of a holistic approach.

Do you personally ever feel endangered—from the forces operating in society in general and/or because of the services you provide?

A couple of the women stated outright that they do feel afraid given the situation in their countries and the kind of services they provide. Other women, even though they stated that they personally don't feel endangered, cited situations which had happened to them or their colleagues that were potentially dangerous situations for them. Yet all were committed to continuing to serve survivors of torture.

What is your view of nonprofessionals* providing care to survivors? What do you see are the benefits? Do you see any drawbacks or dangers?

All the participants, whether having academic professional backgrounds or not, believed that nonprofessional caregivers to survivors of torture

were a great asset and benefit. They saw this in terms of community empowerment, the use of traditional healing and support systems, and having a cultural sensitivity that trained professionals often don't possess. They also felt that all caregivers of survivors of torture, with or without professional training, should undergo additional training for working with survivors of torture. Without this training, one major danger for caregivers is over-identification with the survivor. As a result, the vicarious traumatization of the caregiver can occur. Moreover, it is also

*** The term “non-professionals” was highly debated. Regardless of formal educational training specifically related to the healing professions, we all felt this term did not do justice to the contribution of those providing caregiving services to torture and trauma survivors. However, another term was not agreed upon.**



WORKSHOP OBJECTIVES

- A. To bring together a specially identified group of women caregivers and torture survivors in order to exchange views on the following:
 - 1. The experiences of women
 - 2. The psychological effects of torture on women
 - 3. The relationship of torture to gender-related violence
 - 4. The effects on women of ongoing psychosocial stress after torture
 - 5. Emerging models of caregiving, treatment and rehabilitation
 - 6. Areas of possible research
- B. To discuss research issues regarding:
 - 1. Women's rights as human rights
 - 2. Theoretical framework
 - 3. Research methodology
- C. To come out with a specific research framework or project proposal for a multi-country, gender-sensitive, participatory research project.

important for the caregiver to have a good support system, as well as “after-hours” care.

What do you see are the best roles or services to be carried out by nonprofessionals and those to be carried out by professionals?

Nonprofessionals can have a wide variety of roles, including: screening of who is or isn't traumatized, being a bridge to the community, providing language and culture interpretation, and mobilizing resources. Professionals should provide training, medical services and psychotherapy. Both professionals and nonprofessionals are in need of good support systems, supervision and team work. Both can also be involved in research and in seeking better ways to provide services.

How do professionals and nonprofessionals currently relate to each other in your center/ country?

Professionals and nonprofessionals were seen as bringing different skills that are equally important in providing care and services. The essential ingredient is *teamwork*. This was the key word used by all the participants.

What do you do for your own health/healing/balance/support?

Each person identified a variety of common elements: physical exercise for tension release, support from family members—most notably from spouses—and friends. Others mentioned meditation, supervision, counseling sessions for themselves, regular meetings, books, music and singing as ways to unwind and regain their personal balance.

HOW TO USE THIS BOOK

It took us quite some time to decide how to present all the rich material that emerged from the workshop. It was not possible to present only the content without including the process that made the content possible. At the same time, the process cannot be separated from the women who participated by sharing their herstories. In the end, we decided on a “cookbook” of sorts—a creative way to give food for the body, mind and spirit. The workshop dealt with four general areas:





1. Context: cultural, political, social, economic and gender background
2. Content: practical, theoretical inputs and the rich discussions that emerged from these presentations
3. Process: the methods and activities utilized
4. Herstories: the sharing of life experiences

Within the pages of this book, we seek to intertwine these elements in the same creative way we used them during the workshop, visually representing the inextricable way in which these aspects result in the whole. The processes we used are presented as “recipes.” We hope that these recipes will be tried, tested, tasted, adapted to cultural and gender sensitivities, and improved upon with each experience. We greatly encourage feedback, suggestions and sharing of experiences in the use of these activities. Each recipe lists five basic ingredients:

1. Rationale and objectives for doing the activity
2. Materials needed
3. Methodology used including process questions and instructions
4. Points of reflection
5. Where applicable, sample outcomes from the workshop provided in creative visual form

This book represents the fruits of our *women caregivers and survivors of torture workshop* experience. We hope each chapter will elicit



discussion and further research into developing gender-sensitive caregiving approaches. The chapters are offered as working models and sources of insights into what is currently being done or to highlight the gaps in care and services that we, as caregivers and survivors, have identified.

The true nourishment and substance contained within these pages come from the herstories. *RECIPES FOR HEALING* made it possible for us to put our lives on the line by believing in a process that brought us in contact with the healing power of each other. Group work is not for everyone. Yet, it may be one way that we can extend our resources through the development of healing processes that *do something* for more than one person at a time. Individual counseling is also not for everyone. Yet, we often resort to it as the only option, seeing ourselves as caregivers confronted with ever increasing responsibilities with too few colleagues to assist. *RECIPES FOR HEALING* is a tool for people looking for healing processes that are best carried out in the support of a community—whether temporary, just beginning or long-term commitments.

Assisting the Cooks

Tasks of the Team

During our preparatory meetings, we devised clear guidelines for ourselves in order to prioritize work arrangements and clarify expectations among the organizations and resource persons. We provided an outline for the basic tasks required when planning workshops. (See Appendix, Workshop Tasks)

You and We

One final note before we begin our journey together. The book is *not* written from the *royal/we* but from the *participative we* standpoint. We trust that you, as the reader, not only find yourself, but include yourself in the *WE* to which you have been invited.



Let Us:

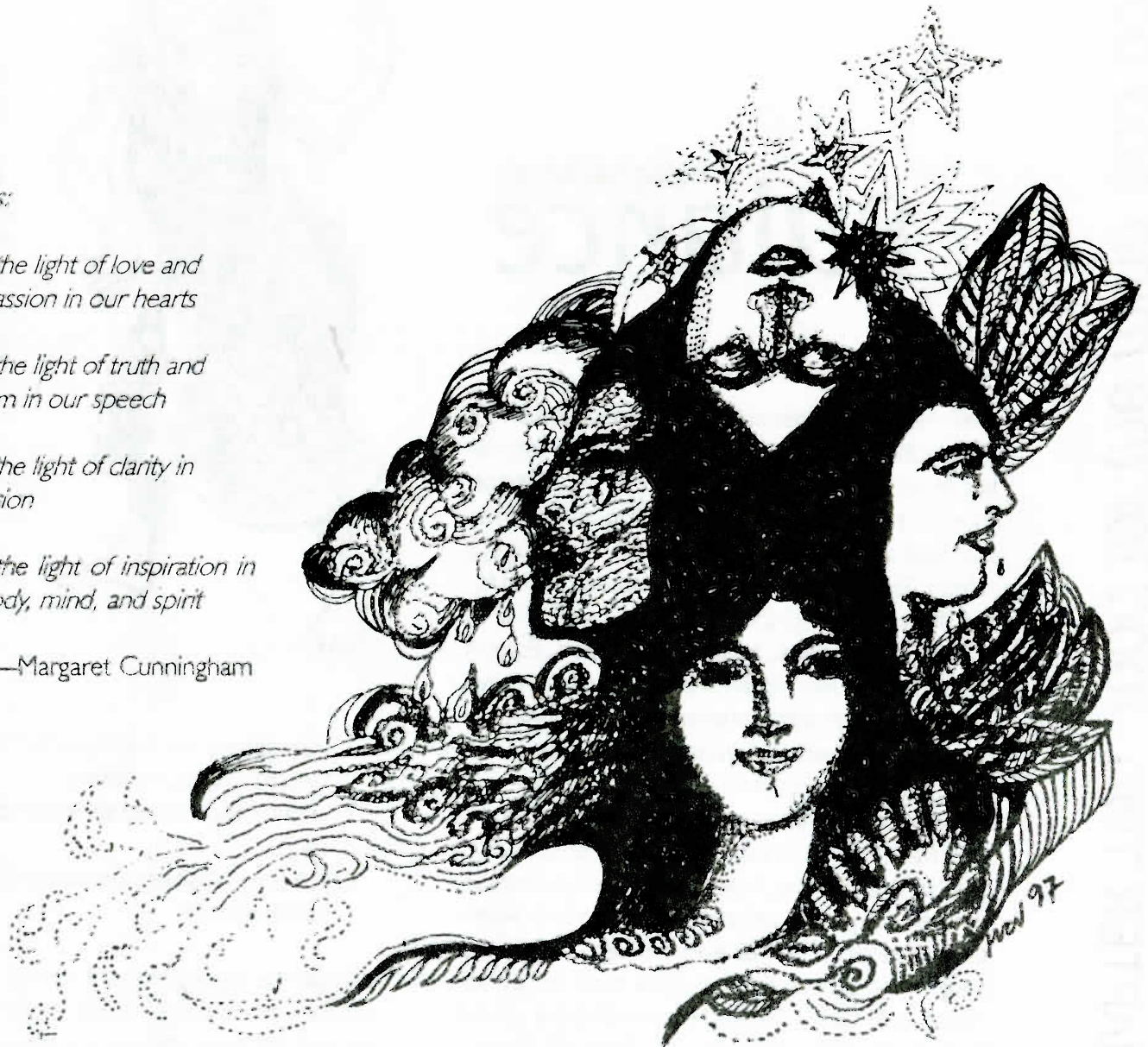
*Hold the light of love and
compassion in our hearts*

*Hold the light of truth and
wisdom in our speech*

*Hold the light of clarity in
our vision*

*Hold the light of inspiration in
our body, mind, and spirit*

—Margaret Cunningham



finding that delicate
Balance

This chapter provides presentations and discussions on specific topics shared by women doing innovative research and practices related to women torture and trauma survivors. At the same time, sprinkled throughout are the steps of Ch'i Kong (Qi Gong). This is one method that can be utilized for the body, mind and spirit to enable participants to stay alert, energized, relaxed and rested. Eastern forms of medicine, martial arts and meditation have long recognized that disharmony in any aspect of one's life can lead to "dis-ease" or disease in the body, mind or spirit. For many years, western-style medicine and therapies refused to acknowledge this essential and integral relationship between the body, mind and spirit. The process was used during the *women caregivers and survivors of torture workshop* to relax as well as exercise each part of the body, mind and spirit through a wide variety of means. We used and we recommend the use of many forms now available: Ch'i Kong (Qi Gong), yoga, bio-energetics, dance, fun exercise games, etc.



Food for the Mind
Overview of Topics

Women face many obstacles when seeking ways to prevent torture and trauma and also when seeking help after experiences of torture and trauma. Each morning of the *workshop* was set aside for the purpose of examining theoretical and methodological approaches for building gender-sensitive caregiving institutions and research. Four specific areas were presented and discussed:

1. The Dynamics of Sexual Torture and its Difference from Civil Sexual Violence
2. Caregiving Interventions for Women Victims of Torture and Human Rights Violations
3. Principles of Establishing Gender-Sensitive Caregiving Institutions
4. Seeking Women-Centered Frameworks and Methodologies for Research

We had the chance to share our own experiences, impressions and critiques of the concepts and models presented. This chapter summarizes the presentations and the subsequent discussion related to our feedback, experiences and key points raised.



Food for the Body and Spirit

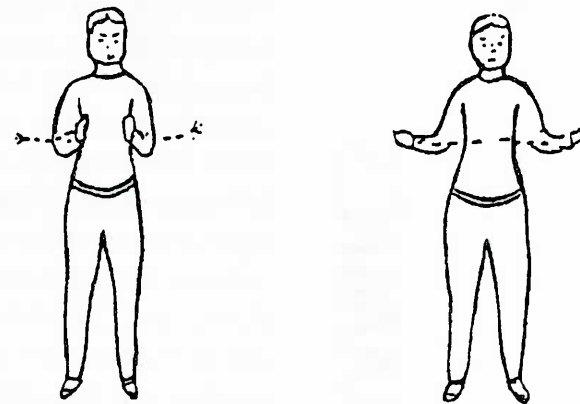
Ch'i Kong (Qi Gong)

This version of Ch'i Kong (and there are many to choose from) is easy to learn and takes only about 15 minutes of your time. This version was taught to the women of Isis International-Manila by Chatsumarn Kabilsingh, Ph.D. It was first printed in NIBWA (Newsletter on International Buddhist Women's Activities, now *Yasodhara*) in the July-September 1996 issue by Dr. Kabilsingh.

Ch'i Kong is a Chinese exercise developed in a Buddhist monastery to circulate inner energy, the frequent practice of which helps one to be in good health. The following instructions and illustrations shown throughout this chapter provide the 16 easy steps to better health.

NOTE:

Should you be interrupted while doing the exercise, quickly keep the ch'i (See Step 16) before getting out of the exercise position. Generally, it takes about 15 minutes to do the exercise, which can easily be done at work as well as at home. Daily exercise will result in one's general good health. This exercise is recommended for a small group of people. Avoid serious conversation or negative emotions as it will obstruct the flow of ch'i. Some may yawn, some may have eyes and nose discharge (tears, running nose), some may burp. This is normal. After the exercise you will feel very clear as your channels are cleansed.



PREPARATION: Set both feet apart in parallel position, align feet with your shoulders. Relax and with your palms facing each other at chest level, move them in and out five to six times.



The Dynamics of Sexual Torture and its Difference from Civil Sexual Violence

DYNAMICS

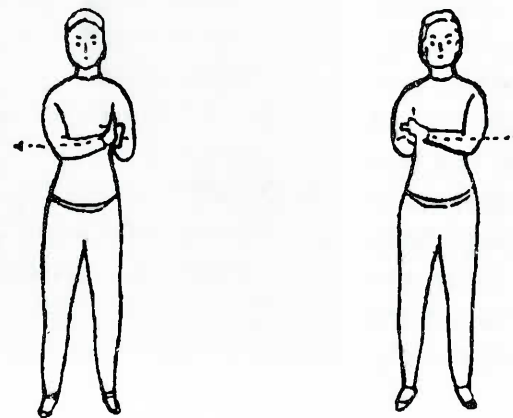
Presented by Libby Arcel, associate professor of Clinical Psychology at the University of Copenhagen, Denmark and consultant to the International Rehabilitation Council for Torture Victims (IRCT). Libby Arcel's involvement with issues affecting women began with her own family background as Greek refugees from Turkey to Greece, then her own emigration to Denmark as a young adult, and her involvement in women's issues in the 1970s. Libby initially got involved with South-American refugees in the '80s in her capacity as a clinical psychologist. Among her female clients in Denmark, she also encountered a lot of cases of rape, incest, wife battering, sexual harassment and other gender-related issues and violence. In 1992, the Ministry of Foreign Affairs of Denmark appointed her to an investigative mission team to Bosnia, along with other representatives of the European Union. The mission confirmed the reports of mass rape of Bosnian Muslim women. She was subsequently asked to head a program providing medical and psychological assistance to Bosnian and Croatian women and their families. In the course of her research, she was astonished to learn that state-sanctioned rape and torture in literature have been separated or differentiated from each other resulting in a dichotomy between rape and torture even within international instruments and documents related to human rights. In many settings, rape of women has not been recognized as a form of torture. Libby wants to reserve the term "sexual torture" for state-sanctioned torture. She set out to illustrate and outline some of the differences between rape as "sexual torture" in the public domain and rape as sexual violence in the private domain. Her research on this was recently published in War Violence, Trauma and the Coping Process: Armed conflict in Europe and survivor responses, edited by Libby Tata Arcel in collaboration with Gorana Tocilj Šimunkovic'. The book is available through the International Rehabilitation Council for Torture Victims (IRCT), Denmark, Borgergade 13, P.O. Box 2107, DK-1014 Copenhagen K. or contact IRCT via Email: < irct@irct.org >.



While acts of rape have been condemned as violations of human rights, torture has been directly prohibited by war treaties and conventions. To briefly summarize, Article One of the 1984 Convention Against Torture and Other Cruel and Inhuman or Degrading Treatment and Punishment (The Convention Against Torture) defines torture as any act to cause harm, physically or mentally, for the purpose of: getting a confession for certain acts or gaining information regarding certain acts; intimidation; punishment; or inflicting harm based upon discrimination or any other reason. These intentional acts are committed by public officials or other forces acting in a public capacity—implicit or explicit. A short definition of sexual torture is: “The use of any form of sexual activity with the purpose of manifesting aggression and causing physical and psychological damage.” (Source: Rehabilitation of Victims of Rape and Other Severe Traumas of War and Their Families. Seminar, April 1993, Libby T. Arcel.)

State-sanctioned rape is definitely an act of violence of one person against another. It is a physical and mental assault that requires force and causes pain and suffering. The woman is punished for undertaking political activity or for belonging to a national minority. However, often, definitions of rape are blind to the connection between gender issues and human rights violations. There is an underlying assumption that rape is generally sexually motivated and is thus private, rather than a politically motivated act. In addition, in many countries, rape continues to be connected to “honor” or is considered a “violation of chastity” rather than a violation of the person. The struggle to have state-sanctioned rape reclassified as a civil crime against a person also blurs the issue that it is a human rights violation.

“Despite the fact that war rape has been considered as a crime under international humanitarian law (IHL) since 1949, it is seldom that perpetrators are punished, in both national and international trials. The dichotomy between war rape and torture (always presented as two different categories joined by an “and”) shows a legal and societal understanding of torture as a politically motivated crime, com-



STEP 1: Golden Dragon Swinging Her Tail.

Keep both palms together. Move them together to the left and right, repeat 36 times.



pared with the understanding of war rape as a personally, sexually motivated crime. The war rapes in Bosnia initiated a legal discourse among lawyers who tried to explain why rape in the past had gone unpunished (also under the Nuremberg process) and why even massive war rapes have received so little attention in war investigations." In addition, "the characterization of rape as a crime against honor and dignity gives rape an uncertain status under IHL and conceals the fact that rape is a violent attack creating suffering in body and mind." (*War violence, trauma and the coping process*, pp. 206-207)

Forms of Sexual Torture
(Source: Rehabilitation of Victims of Rape and Other Severe Traumas of War and Their Families. Seminar, April 1993, Libby T. Arcel.)

- Forcing the woman and man to take part in perverse sexual relations
- Inflicting pain on the genitals with different materials (electric current, mechanical stimulation or the erogenous zones)
- Insertion of penis-shaped objects into body openings
- Forced witnessing of rape and unnatural sexual relations
- Forced to masturbate or to masturbate others
- Forced to perform fellatio and oral coitus
- A general atmosphere of sexual aggression that arises from being molested, forced naked, derogatory remarks and threats to life

The issue is further complicated by the thinking that rape as sexual torture takes place only in a certain setting. Amnesty International, for example, takes up cases of rape only when the rape took place in detention camps. But rape, wherever it is done by public officials, qualifies as torture based on the definition of torture as infliction of pain and the use of intimidation by persons acting in a public capacity. The authority and power of official persons are portable—persons

in public authority can and do rape outside of official places. The lines get further blurred because during war, women get raped right in their own homes by official persons or militia.

Within the context of human rights violations, men who are raped are easily labeled as torture victims and they regard themselves as torture victims. But this has not been true for women. There has been no problem with accepting that the men's genital pain is torture but the rape of women has not been seen in the same way. The confirmed systematic mass rape of Bosnian Muslim women provides a concrete example of what women in countless countries have faced and know to be true. Rape during armed conflict is used against women *because* they are women. Rape is a *gender-specific* form of torture meant:

- a. as punishment for women because of their activities;
- b. to be used and intended to punish other members of her family or community for their activities;
- c. as interrogation—only as a guise because often interrogation never takes place; and
- d. to intimidate—not only the woman victim but third parties (e.g., family/community) as well.

"War rape is without a doubt a physical act of violence causing severe pain and suffering, not only physical but also at the mental and societal level. Women are raped for strategic war purposes, and women are punished for their nationality and for their men fighting on the opposite front line...war rape constitutes intimidation, coercion, and discrimination." (*War violence...*, p. 207) The perpetrators are not only public officials but any person acting in an official capacity who wants compliance and silence: military, militia, death squads, police, prison officials and other employees.

The setting, whether in detention centers or elsewhere, is *not* important because state power is *mobile*. Perpetrators bring this power into homes and the torture is even more devastating if there are



war rape happens because

- it's allowed
- mysogyny
- genocidal mentality
- transgenerational revenge

STEP 2: Phoenix Raising Her Head.

Keep your palms together. Move the palms up and down. Repeat 36 times.



family witnesses. This relates to the continuing perception of rape being connected to the honor of a woman, her husband, her family and the entire community. This is precisely the reason why rape was used systematically during the Bosnian war against Muslim women—in an attempt to rip apart the fabric of social life in an entire community.

The state tries to minimize what happens to women during war. Four assumptions behind war rape were presented with hopes to generate further investigation. First, *war rape happens because it's allowed*. For example, when Leo Eitinger, a Norwegian psychiatrist and pioneer in research on concentration camp survivors of WWII, who recently died, was asked why he thought such atrocities took place, he simply said, "*It happens because it's allowed, it's permitted.*" During the liberation of Yugoslavia, the Russian troops were raping the women. But Tito, the leader of Yugoslavia at the time and who had close relations with Stalin, told Stalin that he didn't want Russian soldiers raping "his" women and it stopped immediately. In the Yugoslavian conflict between the Croats and the Serbs, rape was not only permitted, it was encouraged. It was only after international outcry that actions were taken to stop it.

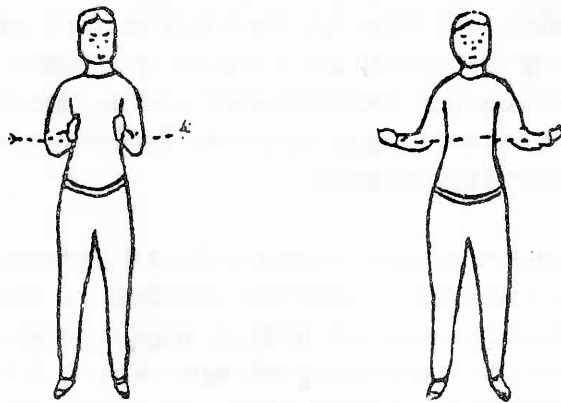
Second, *war rape happens because of mysogyny* (hatred of women), especially in military institutions. "A factor that contributes to *some* men, without resistance and even with pleasure, engaging in sexual humiliation of females (and males) during war, when allowed, is the latent mysogyny that thrives in patriarchal societies and its institutions, such as the military." (*War violence...* p. 202)

Third, *war rape happens because of a genocidal mentality based on nationalistic superiority feelings*. "Systematic rape cannot happen without the permission, or at least the tolerance, of the military and political leadership." (*War violence...* p. 202) Rape was used as a means of "purification" based on a horrific "ethnic cleansing" policy.



And finally, *war rape is an act of transgenerational revenge*. "In areas where different cultural groups have fought for the territorial hegemony, revenge is taken for reciprocal atrocities through the latest confrontation." (*War violence...* p. 202.) These atrocities, when left unaddressed, could well lay the foundation for aggressions of subsequent generations.

The societal response to such acts on the consciousness, self-understanding and behavior of the survivors is a factor that requires examination. It is useful, therefore, to differentiate between rape as sexual torture and rape as sexual violence and outline the ongoing perceptions of rape in the public and private domains. This provides valuable insights when dealing with issues of gender-violence and their acceptance as human rights violations in international humanitarian law. (See Chart on Sexual Torture and Sexual Violence in the Public and Private Domains)



REPEAT PREPARATION: With palms facing each other at chest level, move them in and out five to six times.

In the chart, sexual torture is perpetrated by someone generally unknown to the victim but who is powerful and carries public authority. Therefore, sexual violence perpetrated by a public official should be considered sexual torture. Sexual torture, like other forms of torture, tends to have a fixed time frame in which the torture was committed.

Sexual violence in the private domain, on the other hand, is perpetrated most often by someone known to the victim: a loved one, a relation or an acquaintance but also by strangers. The time frame for sexual violence in the private domain, however, is often continual. It has no fixed time frame and adds another dimension to previous trauma (incest, wife rape, battering, etc.).

Principles of Treatment Approach
Used by the Rehabilitation Center for Torture (RCT) and the International Rehabilitation Council for Torture Victims (IRCT).

- Warm, caring relationship (unambiguous)
- Help to break the social isolation
- Talk about the current problems/help to solve acute everyday problems
- After creation of trust, ask discreet questions about sexual traumatization
- Wait, if she is reluctant to speak but do not give up
- Open for feelings and thoughts
- Help to alleviate the shame/guilt feelings
- Reconnect her to social network
- Break the "conspiracy of silence"



CHART ON SEXUAL TORTURE AND SEXUAL VIOLENCE IN THE PUBLIC AND PRIVATE DOMAINS

Source: Libby T. Arcel, Women Caregivers and Survivors of Torture Workshop, July 1997

Sexual Torture in Public Domain

Sexual Torture in Private Domain

Context of Violence	War, dictatorships, authoritarian regimes, organized political violence	Peace, individual violence, societal violence tolerated or not
Victims	Any woman at all belonging to a political or national minority group, regardless of age	Indiscriminately, any woman but mainly younger women
Aim	To deliberately undermine resistance, to punish or as a weapon of terror	To degrade, humiliate, as an expression of misogyny or aggression with sexual manifestations
Setting	Prison, police stations, public buildings, detention camps, homes—during armed conflict	Homes, streets, and other places where opportunity arises
Scale	Mass sexual torture during armed conflict, a systematic strategy of oppression	Occasional, with certain limits depending on norms and societal tolerance
Perpetrators	People in public office, group violence with high to moderate degrees of organization	Family members, strangers, persons not in public office
Nature of Violence	Organized, sophisticated and systematic application of sexual torture methods and instruments	Random occurrence of sexual violence
Legal Protection	Conventions of war: international humanitarian laws, UN Conventions, relatively few or non-existent human rights	Civil laws, Conventions, relatively possible legal protection
Societal Response	Impunity, silence, persecution, victimization, Tribunals, "Truth Commission" as in South Africa	Ranges from support to silence, rejection and stigmatization, court convictions of perpetrators possible
Implications	Affects individual, family and entire community creating collective trauma (for generations to come)	Affects primarily the individual, family and, from a gender perspective, creates fear and submission in women
Treatment	Difficult or unavailable, risk of permanent health damage	Increasingly available through state and private health systems
Degree of Traumatization	Sexual trauma in addition to other losses: family, property, employment and possible exile	Directly connected to the sexual assault and stigmatization
Role of Health Professionals	Treatment, rehabilitation, documentation (expert testimonies), research and advocacy on human rights	Treatment, rehabilitation, research and information, advocacy



Comparisons in severity between sexual torture and sexual violence are not useful, however. This would only serve to minimize the trauma of one as opposed to the other. For advocacy purposes, the goal is to advocate for the elimination and prevention of *both* sexual torture and sexual violence. This is directly related again to societal perceptions of and acknowledgment that rape of men has always been defined as torture but the rape of women is a sexual act.

There are many questions that are left unanswered and need further research. For instance, what is the psychological significance of rape in the private and public domains—especially given that the same symptoms for women occur: nightmares, isolation, fear of men, loss of appetite, loss of interest in sex? What differentiation is there regarding the therapeutic implications for both victims of sexual violence and sexual torture?

Open Forum

Key Points

Overall, we viewed the chart as very helpful toward clarifying the various dynamics of rape as torture (See: Chart on Sexual Torture and Sexual Violence in the Public and Private Domains). Further exploration was encouraged in the category of perpetrator related to time frame. When rape happens in the public domain, the rejection of the perpetrator is automatic and the situation is usually time-bound. When one is raped by a loved one, the situation is complicated on acceptance/rejection issues as well as the time frame. When the perpetrator is a loved one, these issues are not easily separated. There is a need to reject the perpetrator because of the violation and yet the perpetrator is accepted as father, brother, uncle, grandfather, etc. This dilemma goes on throughout life.

It is in this context that we reiterate the warning against comparisons. Rather than make such comparisons, it is important to recognize that rape, in any case, is a human rights violation. There is a need to raise

this advocacy, especially since the state has a habit of minimizing or ignoring rape in the private domain, such as incest and domestic violence. These are human rights violations and torture. The purpose of separating the public and private domains at this point is for clarification and education of the issues. But eventually, it is important to emphasize that any kind of rape is torture.

A great deal of discussion surrounded therapeutic methods that would be helpful to women. No *one* method was deemed better than another except to say that a *holistic* approach was most favored: including a variety of forms of counseling, medical services and stress management techniques like mind and body exercise and meditation where desired. The need for gender-sensitive services in all areas was raised: medical services for trauma effects on the body, legal services for pursuing cases in court, and community organizing and advocacy including the development of a good volunteer program for supporting victimized women. It should be a comprehensive program of services. When dealing with refugees or migrants from other countries, an additional range of services, e.g., resettlement, language and job-training assistance, etc., should be considered and are likely to be needed.

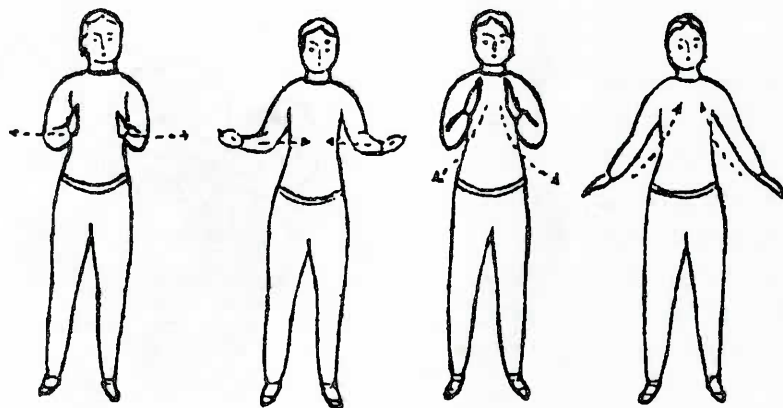
Group work was used as a therapeutic tool in Bosnia as well as other methods. In conducting group work, there were separate groups for men and women. This proved to be very effective with an experienced group therapist. A number of factors need to be considered when doing group work. Those who have been tortured have experienced a lot of restrictions, confrontations, etc. Even small things may make survivors feel they are being tortured again. A critical factor for recovery is the expression of anger. In the Bosnian experience, the people were extremely *non-aggressive*. This is a problem with those who have been victimized as a group. They retain some kind of collective guilt, personally but also in the collective identity. This guilt was often expressed in the feeling of inadequacy because they didn't *anticipate* the attack from the Serbs. They



felt that they were naive.

Collective victimization was raised in relation to other experiences as well. It was raised in relation to Cambodia where an entire nation had been traumatized by a great number of deaths, physical and psychological torture and starvation on a nationwide scale, as well as the stories of "comfort women" during World War II. The comfort women were used as sex slaves by the Japanese military to provide sexual services to soldiers. Recently, these women have come forward to testify about the torture and violations against them, as well as to demand official apology and reparations from the Japanese government. One would think that coming out as victims of such an atrocity would result in their recognition as heroes. On the contrary, the families had great difficulty trying to understand why the women would even acknowledge that something like this had happened to them so many years after it had taken place. If they had kept it secret for so long, why talk about it now? More disturbingly however, families of the comfort women could not believe that their sexual slavery was *involuntary*. Somehow, they believed the women *willingly* provided sexual services to the soldiers or that they had even benefited from doing so. The comfort women were accused of dishonoring their families and in some cases were even shunned by their families. In effect, they were retraumatized as they publicly disclosed their experiences.

The Bosnian women, even under terrible and violent coercion, had feelings of guilt that they should have done something more to stop the rape. Even with this element of force, women feel guilty. We see the same dynamics in the private domain. Women are the ones made to feel responsible for the act. To a large extent, because rape has been defined as sexual violence and not torture, women in Bosnia think that those who had been raped must have somehow "asked" for it. In addition, Serbian women deny that *their men* had raped other women. They say, "It's not possible that our men did that." This kind of denial also happens among the torturer's family. No one



STEP 3: Building a Pagoda (Temple). With palms apart, move your palms up and down in a shape of a triangle or pagoda, with hands coming close together under the chin and wide apart at the waist. Repeat 36 times.



wants to believe that a family member is capable of being a torturer. This kind of reaction from women is also an example of how women can re-traumatize each other. Rather than being sources of support, women can often place or see themselves in competition with or against each other. In Bosnia, when one woman is raped in a community, she becomes the symbol of the rape of the entire community. The situation is further complicated by the women themselves who are in a state of shock, high denial, and repressing information and experiences. How a community addresses this situation is critical for collective healing.

There were a number of implications raised for caregivers related to the discussion of collective victimization. When a community does not support but even ostracizes members for being victims, this must be acknowledged and addressed. A collective intervention or therapy to address such collective issues is deemed necessary.

Second, community development—especially education—is seen as an appropriate and necessary strategy for community healing. Participants from Australia shared the emergence of a group work method where, collectively, the entire group redefines the event(s) of the victimization in order to heal.

Third, we affirmed the statement that "rape occurs because it's allowed" which raises the need to address broader patriarchal structures in our societies. In Cambodia, during Pol Pot's regime, not many women were raped. People were physically and psychologically tortured but immoral acts were severely punished. People were not even allowed to court or flirt with each other. Still, there were some women who were raped. One young woman with two children was raped by three military officers. She didn't know what had happened to her husband. Each of the three officers had wanted to marry her but she had refused all of them. They brought her to a room, tied her up, and one by one raped her. After the third man raped her, she was told she couldn't tell anyone or she'd die. He dressed her and told her to go home to her children.

The idea that the state allows rape—don't rape "my" women—means there is *control* by the state. The state can allow or refuse to allow the occurrence of rape. Under the Khmer Rouge in Cambodia, the supposed sexual repression meant adherence to acceptable behaviors—especially for women. If the behavior is not to the officials' liking, a woman can still be raped with impunity. This situation is even more difficult in societies where social practice, and often laws, differentiate between the human rights of men and women. We believe it is imperative that more effort be directed into human rights education, especially for women.



Caregiving Interventions for Women Victims of Torture and Human Rights Violations

CAREGIVING INTERVENTIONS

Presented by Raquel Edralin-Tiglao, executive director of the Women's Crisis Center in the Philippines. Raquel Edralin-Tiglao was arrested and detained during the martial law period of Ferdinand Marcos' rule in the Philippines. As a former political detainee, she sees herself as a survivor, a wounded healer, a political and feminist activist counselor for victims of military rape and other forms of violence. She set up the Women's Crisis Center in order to provide women with what she knew she had needed for herself. She stated, "As women, we are conditioned to think of others first, before ourselves. Through time, I found it difficult to reconcile that when you try to be strong for others, you forget or neglect yourself. But we experience injustices, repression, abuses. We need to face these. We do it by gut feeling, keeping still and putting together our experiences. We need to raise it to a higher level so that it may be useful."

Because there is so much trauma in women's lives, the Women's Crisis Center (WCC) has been exploring caregiving from a feminist perspective and through positive feminist language. Raquel brought a number of resources which WCC utilizes. Among some of these materials are the feminist principles and feminist perspectives taken from *Exploring Feminist Visions: Case Studies on Social Justice Issues*, by Frances Yasas and Vera Melita. (See Appendix: Feminist Principles and Perspectives)

From her work experience in the WCC and her own personal experience in detention, Raquel described the stages of torture. The stages and effects of torture bear very close resemblance to situations of domestic violence and abuse. (See Appendix: Chart of Coercion; Effects of Rape on Survivors; and Continuum of Violence Against Women) Torturers are very accurate in pinpointing weaknesses and maximizing these.

Every detention has a honeymoon stage. The captor says that the torture is only his work, a job. He is sorry that he must do this. He may even say that it's all been a mistake. He then gives a limited amount of freedom. Just as in domestic abuse, the abused person is isolated, in touch only with the captor. Only the captor's views matter and in his view what the detained person believes is wrong—whether it's communism, religion, ethnicity, gender, etc.



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immediately.
A man may
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but this is
treating a
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woman.**

Torture takes a very sexualized tone when applied to women. From the moment of capture, a woman is objectified. "They undress you with their eyes," stressed Raquel. Whether the threat is carried out or not, the threat remains ever-present. If a culture believes that virginity is very valuable, it is even more devastating if this is lost through rape and torture. For a woman, her identity is taken away or destroyed if this happens. Women feel they are "damaged goods," even if you try to say that they have not lost their *self*.

A key question raised by Raquel is: "As women, can we say that the experience of torture is different from that of men? Is there a specific women's perspective?" From her point of view, the answer is a resounding *yes*. A woman is seen as a sexual object *immediately*. A man may be sexually tortured but this is treating a man *like a woman*, one who is sexualized and treated like a weak person. Part of the torture is that he is not seen as a man but as a woman. Men can be treated both ways—as a man, beaten to prove his manhood; or as a woman, sexualized and abused sexually. During her own detention, a comrade was sexually abused in front of her. She realized that she was also tortured by the abuse of this man because the abuser was telling her that she too could be violated like that.

On the part of the detained person, she may feel the torture is part of the sacrifice and commitment to change society *if* she was part of a movement for social change. After release from detention, she may try to disregard most of her feelings and immerse herself back in work or family. The anger needs to come out but it must be facilitated to be constructive or it can actually be destructive to one's self. This is similar to the healing of collective victimization raised by Libby Arcel—the expression of anger is essential for healing to occur. The experience of torture is not unique but we must recognize the uniqueness of how different communities and different individuals deal with the experience and what is needed to heal.

As women and caregivers, how can we help each other within and across cultures? One aspect of the *Circles of Life* tool is one's peace of mind. (See Recipe Five) This is very important. It is especially hard for women to reconcile the sexual assault with other things that had and will happen to them. In

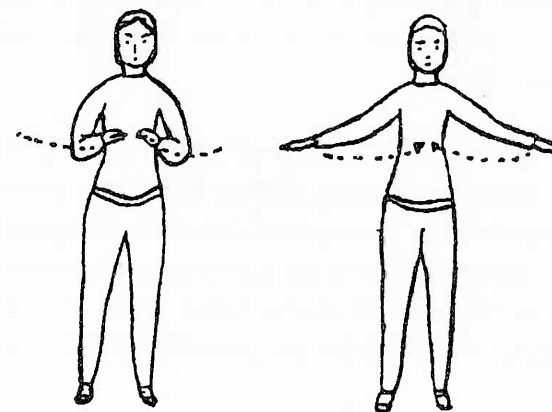


situations of domestic violence, many women experience their own home as a prison. (See Appendix: Cycle of Violence) How do we become more sensitive to how women carry this burden through their lives, whether through torture, battering, incest, etc.? We must be sensitive not only to how society looks at us but also to how we, as women, look at ourselves and each other. The male torture victim is clearly a hero. But the woman raped in prison goes through shame. When a woman is raped, other women begin to whisper and speak in hushed tones about her.

In caregiving, it is important to be reminded that we must see each person as unique. We must listen to the way in which *she* had gone through torture—how *she* had perceived it, how *she* needs to heal. Others can help but she must find her own unique path. Other people are also perceiving her and what she's been through and she has to deal with that too. Men don't have to go through the trauma of having to bear a child that may have come from the torture, or go through abuse or scars (emotional/physical) from an abortion, etc.

In Chinese, *crisis* has two characters: *Danger* and *Opportunity*. Many experience the negative part—danger—but are also motivated to fight—recognizing their inner strengths, the opportunity. There is value in understanding and making sense of what had happened to us. Even when this trauma was an expected sacrifice because of our commitment to change society, we feel guilty about spending too much time on ourselves. But if we as caregivers shrug it off and just go back to working hard, we could be doing some things that we think are good for others, but really arise from our own unresolved needs. One individual or group cannot do everything. We have to recognize that and accept there are limitations. Our own skills and resources are limited.

For caregivers, the first step is to accept that we need self-care! There is a requirement for us to be still, to share our experiences, and to raise these experiences to another level in order to share and improve our skills to be more helpful to others. Regarding the *Circles of Life* tool, the dilemma of peace of mind is particularly important as it aligns with empowerment. Peace



STEP 4: Playing on the Harp. Turn your palms down, place them side by side, slightly above waist level and swing them in and out. Repeat 36 times.



of mind is attained when there is reconciliation of the inner and external realities. For women, there must also be a recognition that what is personal is also external or as feminists say, "the personal is political." For political torture survivors, this is especially true.

Language is both personal and political. The WCC begins by talking about health, women's bodies. What is the name of this organ, what does it mean? Even being able to label body parts can be hard. How many women have looked at their own vagina? What color is it, what shape? Some discover it looks like a flower. People are very shy and it's necessary to go very slowly. Beginning with basic health and hygiene—what do they do to clean themselves? The WCC approach is "women have two mouths—one up and one down." The WCC makes sure that each woman undergoes some individual counseling before entering a group in order to deal with questions and issues that other women may raise or ask her that could be difficult for her in a group context.

For example, the WCC was confronted with educating prostituted women about their bodies. Often, they didn't know how to take care of their bodies. One woman would use Colgate toothpaste to clean her vaginal cavity and use spermicide in her mouth after sexual intercourse. She said that she felt "clean" when she used the Colgate in her vaginal cavity, just like you feel after brushing your teeth.

Raquel pointed out some basic commonalities among women: "We are created with the potential to bring forth life and we could all be potential victims of male violence. The fear of this makes us careful, even if it's never happened. We carry this fear rather than look at society. Do we believe that we are to blame for the harassment, assault, rape because of where we went, what we may have worn? Who is responsible for this? Violence against women is a social problem, not a personal internal weakness. If we carry this in our work as

caregivers, then this blame continues—to ourselves and other women. We are not saying that we set aside the responsibilities of taking care of ourselves."

However, caregiving with women requires change in ourselves as well. Raquel made her point clear by stating, "Her abuse resonates inside me because I am a woman too. I cannot just be the expert.

I can try to hide behind my defenses as 'expert' and she as victim. As an expert I can tell her what to do."

The WCC encourages women to "join a group, to open up and trust our ability as women to share." Clearly, women represent a wide diversity. But we should not lose sight of the commonalities we share. The power dynamics in society—social stigmas—also make women's experiences different from men. Many of us live in societies with rigid sex roles. Regardless of where we live, the overarching ideology is patriarchy. In society, men act as a group. To "combat" patriarchy, women—as feminists—should also act as a group. Feminist consciousness requires self-awareness but we also need others to share their experiences with us in order to help further develop our own self-awareness.

We need to encourage the building of a community of women, to trust, to claim our language. There is power in naming and in the language we use. We can define our experience—rape, abuse, incest, etc. Before, we could not say it. Now we have named it. Naming it helps us understand it, to look for lessons and learn from the lessons. As we look at the similarities and differences, we need to crystallize these into a higher level. In this way, we can evolve new theories. We often get stuck by saying "that doesn't work in our culture" and we stop there. Acknowledge the difference and look for the many commonalities and go on from there. Take action toward new directions by application and testing. We can't expect others to solve our problems. We have to do that ourselves.

Violence against women is a social problem.



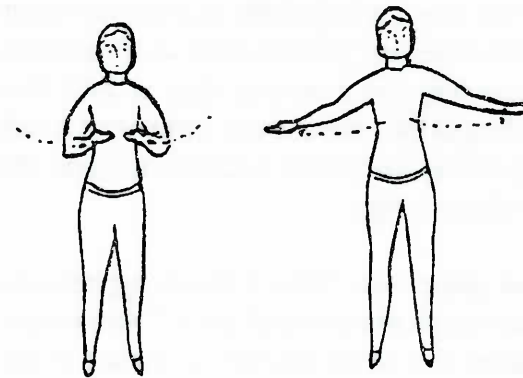
Open Forum

Key Points

We warn against generalizations about torture trauma. If we make generalizations, we can't catch the uniqueness of countries, of women or men, between rural and urban, between faiths or ethnic groups, etc. In Turkey, for example, some people see a hierarchy in torture experiences—how many hours were endured, how much was suffered. In torture experiences, women always go through sexual harassment, the threat of or actual sexual torture. Frequently, males are also subjected to sexual torture. A commonly used form of torture in Turkey is electricity on male and female genitals. In a country that is 98 percent Moslem, religious beliefs and values impact on survivors greatly. The religion is conservative and women's sexuality is highly valued, especially virginity. The importance placed on male potency is also high. There is a belief in Turkish culture that if a man is penetrated, he will become a homosexual, or lose his capability to have an erection. Because of this, young men who don't have much sexual experience have many questions and fears related to their torture experiences.

At one point, Raquel talked about torture as a "badge of honor." The participants raised this as another difference between men and women. Because torture is sexualized, women feel degraded in different ways compared to men. Women don't wear it as a badge of honor. Men can see torture as a test of their manhood but women carry it as a stigma. Even strong women affirm this—one is diminished rather than empowered.

Perspectives related to sexual freedom were raised especially in relation to the different Asian cultures represented in the workshop. In Nepal, girls and women are married by their parents as virgins to their husbands, sometimes at very young ages—like seven years old—especially in rural areas. The concept of sexual freedom is very difficult to express even for educated women. Like in Nepal, sexual-



STEP 5: Dividing Left and Right. Turn your palms up. Repeat the same movement as Step 4, this time with palms up. Repeat 36 times.

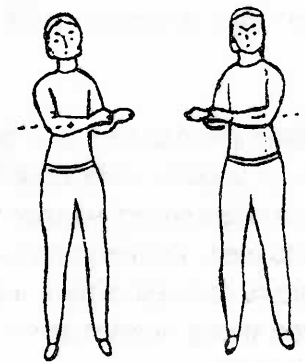


ity is also not talked about in Cambodia. Open discussion of sexuality is still taboo. Women do whatever men require them to do. Women don't share or even know sexuality concepts, let alone the experience of orgasm. Men believe that women gain sexual pleasure from penetration alone. Women are still being treated badly and as sex objects.

East Timorese women who have suffered from domestic violence do not see sexual abuse as such. They might refer to the incidence in the third person but they never refer to themselves. Through group work, caregivers see signs of women in abusive relationships but the women don't admit to it personally. It's an experience always happening to someone else. They would also never use the word "incest" or "sexual abuse;" instead, they might say, "He has done bad things to me." It's not easy to raise these issues with women in this kind of environment of denial.

Groups can give women the space to help them express their experiences as separate from themselves. Women often don't acknowledge marital rape because they see it as their duty to fulfill their husband's needs. Regardless of the relationship—whether it is with a stranger or a close loved one—when sex is forced, it's rape. But denial that this could be abuse is high.

One of the questions we raised was, "What's happening between women that they can't say or talk about sexual abuse?" At the community level, there's shame. But when women can't share it with one another, this means that political awareness is not the only answer or solution to the problem and the silence among women. Sexual repression comes not only from men but also from women—from mothers, sisters, aunts and grandmothers. Self-knowledge is important but how other women enter into the situation is also important. If you can't talk about abuse, how do you deal with someone having abused you?



STEP 6: Lotus Touched by the Wind. With palms facing each other but about six inches apart (keep the 6-inch distance like you're holding a small box between your hands). Move your hands together left and right. Repeat 36 times.



Cultural differences play a big role in this discussion. In Cambodia, for instance, there are women's rules and men's rules. And there are more rules for women than for men. There is a saying, "One is never to bring the fire outside," meaning, don't share what's happening in the house outside the house. People who are working with refugees, social workers, psychologists, etc., often don't understand or recognize these things and women can be in danger but cannot express it on their own.

The discussion moved toward ways in which these issues could be addressed: laws; counseling combined with political consciousness raising about women's rights; creative ways to seek social change including changes in interpersonal relationships between men and women, generations, and those who have and don't have power; developing feminist perspectives; and as caregivers, having a sense of non-attachment or healthy detachment—being involved with the person but not being too attached to the problem.

In relation to counseling, it's much easier to focus on the torture experience when working with men. But with women, caregivers are forced to broaden the scope and connect not only this trauma but perhaps other traumas that have happened to women throughout their lives. How do we look at women's overall experience? Torture is a special concern but we have to look at the continuum of violence (see Appendix: Continuum of Violence Against Women) from birth to death—from the subtle to the obvious ones.

In this context, caregivers are often forced into taking positions. There is no place for moral neutrality. This may be the first step in raising a woman's consciousness that she is battered, especially if she is denying or accepting the abuse as "normal."

The points that were raised so far include the recognition that there is a difference between the torture of women and men. It cannot be denied that the abuse of women makes them more vulnerable to

other burdens and traumas. Torture is just one kind of trauma that women encounter.

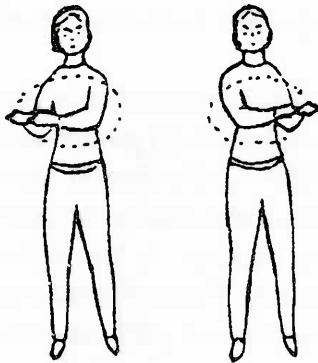
On the whole, it is always helpful to educate ourselves. But in the process of educating ourselves, we need to give names, to label things and events as they are. This is critical to raising consciousness. As gender-sensitive caregivers, we have values that we want to model. In addition, a caregiver must work toward self-knowledge of sexuality in order to be helpful to others. This entails a personal process to talk about our own body and be comfortable talking about it. Regarding women's sexuality, we need to seek culturally appropriate interventions by which women can be made comfortable about their sexuality.

Feminist consciousness raising is not of any use if we don't create communities of women. In caregiving, it is the same process through which we need to go. The woman in front of you is the expert of her own life. She may not be educated but she is the expert in what she brings. As caregivers, we can offer some things in return.

In addition to the morning session, we took time in the afternoon for individual and small group reflection on gender-sensitive caregiving. (See Recipe Eight: KUY TEW CHA: Gender-Sensitive Caregiving Group Process) The individual and small group guides were considered very helpful in giving structure to the discussions regarding caregiving and gender-sensitivity. The process encouraged us to look at the way services are provided—very little coordination of services and efforts. In most countries, there are no services focused specifically on women. In Turkey, for instance, there are only ordinary medical and health centers. There was one women's shelter but that has been closed. There are some individuals who provide psychiatric services to people and centers that provide services to tortured people—both male and female. In Cambodia, there is a Ministry of Women and Health and two main NGOs working for victims of domestic violence but all other services are for both men and women.



A major discussion ensued regarding the various interpretations and question of qualifications and the meanings of professional, paraprofessional and nonprofessional. For Bangladesh, qualifications mean academic backgrounds, college and university degrees. In Australia, paraprofessionals have been critical for refugee service development. There were no trained, qualified professionals to provide services to many communities, especially refugee communities. Language problems are a big issue. How can services be provided when there aren't people trained to do so? Professionals, if they don't have the language and cultural sensitivity, can't be effective in helping the community. Qualifications don't necessarily mean formal education. Language and cultural sensitivity are qualifications. We recognize that additional qualifications are a willingness to work with torture/trauma survivors and undergo training to develop skills. Another qualification is the willingness to incorporate culturally relevant healing methods, including religious and traditional forms as well as appropriate forms of touch. Care needs teamwork and it's important to recognize that everyone has skills and qualifications. Given the opportunity, teamwork is what's needed in serving torture survivors.



STEP 7: Moving the Lotus Counter-clockwise.

Still in the same position as Step 6, move your palms together in a circular movement, counter-clockwise. Repeat 36 times.

The question of qualifications has no easy answer. There is a big gap between training and needs in this area of service. Even for those who are professionally trained, working with torture survivors entails additional understanding and training. There is also the question regarding one's own emotional preparedness to go into it, especially if you are a survivor yourself. As wounded healers, we must ask ourselves, "When do we come in as a caregiver?"

In Turkey, for example, there are few psychotherapists. People have been trying to train themselves but there is always a need for new qualifications and skills in addition to the understanding of personal risks involved. When new ethnic groups need services, caregivers need to learn new skills such as working with or through interpreters. Caregivers must always be developing new skills, seeking additional training and sharing experiences to meet new situations, issues, conditions and needs. It's a continuous process.

We cited a major gap related to gender training: We didn't learn about women's issues in our formal professional courses. We had to learn it outside formal education channels, through our work experience and through trial and error. There is a




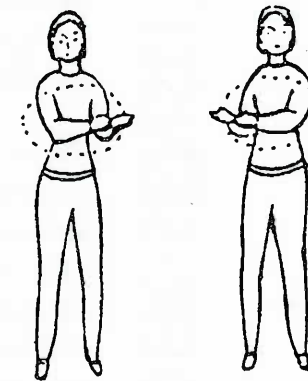
tremendous need for gender awareness training and continuing education programs for all staff members of service centers or we won't be effective. This is an important issue that needs to be addressed.

In Australia, a course in trauma counseling was set up in order for people to get specific training and certification in working with torture and trauma survivors. In addition, continuing education courses are offered including alternative practices. This is a necessity when serving so many ethnic communities. For instance, there are African women now using Chinese medicine after being exposed to its benefits and uses. We encourage this kind of cross-over and exchange.

One of the things that women are not very good at is talking about their strengths and qualifications. In Bosnia, there were 25 nonprofessionals assisting in the work with trauma survivors. They came from a wide variety of backgrounds. When they were asked about their qualifications to work in this field, at first, they all responded with "None." After being coaxed and pushed, they gave additional responses: "I'm good at differentiating between those who are traumatized and those who are not;" "My father gave me a sense of justice that I now carry;" "I can create trust immediately—I need to knock only once on a door;" "I can contain a mother's problem so she can treat her child well;" etc. They were able to list 10 criteria for identifying trauma that the "books" also verify. Women have many kinds of qualifications and it's important to encourage and acknowledge these as well as state explicitly our skills so we, as well as others, know our strengths.

In addition to asking ourselves, "What are our strengths?" it's also important to move forward. We need to leave that stage and keep moving, to gain higher skills and qualifications if we are to give good services. A holistic view was seen as the most useful and helpful in serving both caregivers and survivors. This does not necessarily mean that we try to provide for all needs. Recognizing what we can and can't do is essential to providing good services.

This workshop was designed to provide inputs that could be tested and taken back to our own country. We learned the exercises by doing them ourselves to make it easier to also teach others in return. The next steps entail applying or putting this into the context of our own cultures and then sharing these experiences once again. 



STEP 8: Moving the Lotus Clockwise.

Still in the same position as Step 6, move your palms together in a circular movement, clockwise this time. Repeat 36 times.



Principles of Establishing Gender-Sensitive Caregiving Institutions

GENDER-SENSITIVE

Presented by Margaret Cunningham, Churchill Fellow, founder and former executive director for nine years of the Service, Treatment and Rehabilitation of Trauma and Torture Survivors (STARTTS) program in Australia. Margaret is a lecturer in the School of Community Medicine at the University of New South Wales where she teaches and develops programs in health and human rights, group work with trauma survivors and refugee health. She is a consultant to organizations in developing and implementing human rights principles in organizational management. Her clinical, teaching, research background in social work, management and social ecology and her experience in managing health and welfare services provide the contexts for the creative use of group processes in her work. A question she often asks is, "How can we make sure that people in organizations act from a human rights as well as gender-sensitive perspective?"

From classical literature and ancient history, we have stories of women, myths of goddesses, depicting experiences of horror, brutalization and dislocation. These stories reflect the experiences of women torture survivors. But why do we need to reflect on what's gender-sensitive? A primary reason is that structures often deny women access to information about their own bodies, their rights and privileges—often under the guise of culture. Family and community structures may impose poverty, unemployment and lack of independence. Additionally, in some cultures, women may face the lack of information and education about their health on the basis of cultural or religious practice.

There's a dearth of information connecting these two topics: gender-sensitivity and caregiving. Dr. Jonathan Mann of the Center for Human Rights and Health at Harvard University makes a superb case for the need to establish gender-sensitive caregiving institutions by stating, "A patriarchal society is a health hazard for all women" and that "neglect and abuse of human rights and dignity are powerful, critical risk factors which operate at a societal level to produce sickness and death." (Mann, J. UN World Conference on Human Rights, Vienna, Austria, 1993)

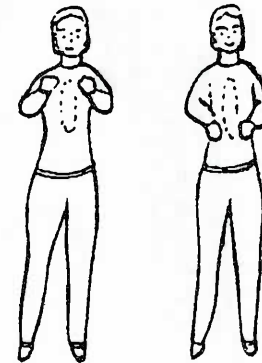


The United Nations High Commission on Refugees (UNHCR) offers guidelines for care of victims of trauma. (*Guidelines on the Care of Victims of Trauma and Violence*) The document emphasizes the shared responsibility required by host countries, the affected communities themselves and the international community regarding service provision. The document stresses the importance of the following:

- self-empowerment, self-management and active community-oriented rehabilitation in service development;
- primary health care measures including the need for detection and case referral mechanisms;
- treatment approaches which address the primary needs of security, such as housing, food, hygiene and personal security;
- the provision of self-empowerment through occupation, family reunification, autonomy on the structuring of daily activities, schooling, gathering into groups and reconstructing personal and social networks;
- the need for collaboration and cooperation among service providers;
- the need for those who have been exposed to human rights violations to have information on how the experience may have affected their mental health; and
- the need for psychosocial activities which foster coping and resiliency.

Service provision involving individual debriefing to a trauma survivor is one of the last guidelines rather than the first. Yet, it is often the only treatment approach for trauma survivors provided by treatment and therapy processes.

It is equally important to contextualize our caregiving and services in terms of culture. It is imperative to look at culturally relevant treatment approaches to trauma survivors. Currently, the services most



STEP 9: Rowing a Boat. Turn your palms down, elbows at the waist and hands at shoulder level. Move the palms in circular, rowing motion as if you are rowing a boat. Fold your fingers in like you are holding the oars of the boat. Repeat 36 times.

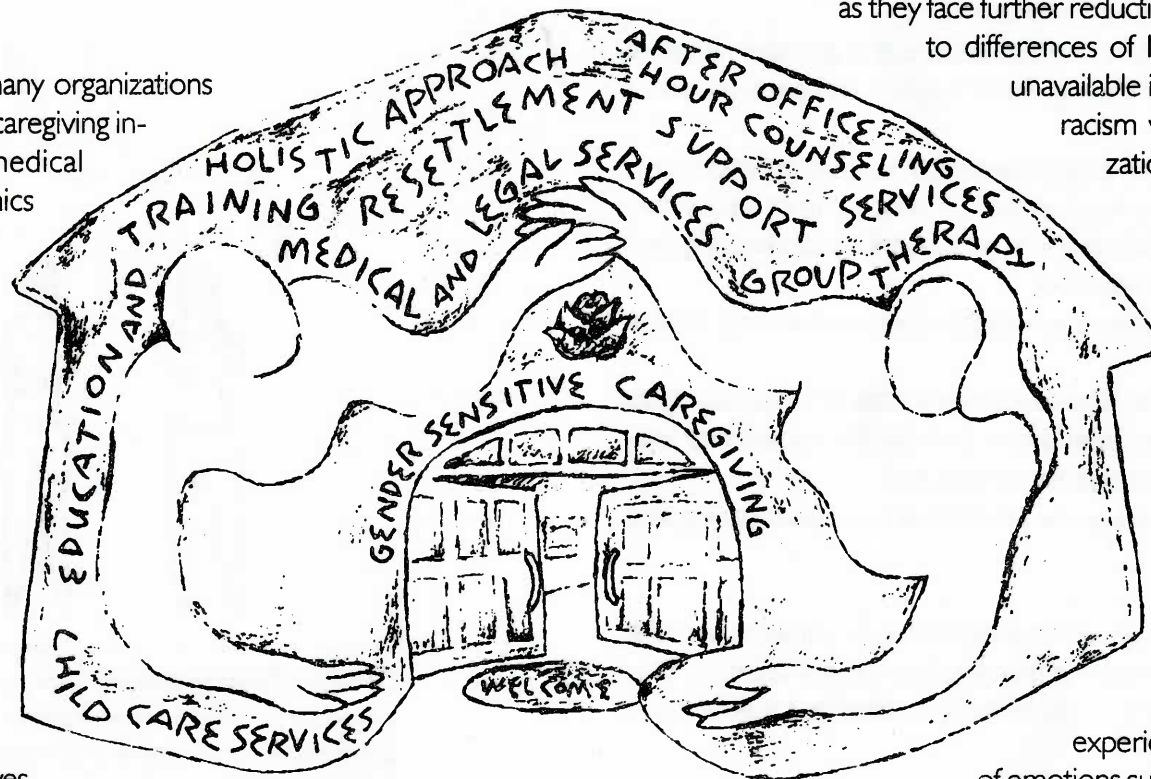


often include debriefing through individual therapy processes. These approaches of the “Western talking cure” may in fact not be culturally relevant to many trauma survivors. For some communities there may be no language frame for the definition of a relationship which involves speaking to a stranger about intimate personal experiences. There are many other strategies that heal and cure a wide variety of wounds. Social support systems can go a long way in buffering trauma. In the words of a Tibetan refugee, “Two things which no one can take away are, first, what I value, believe and feel, beneath everything else is what is true in my heart; and, second, how I express who I am on my path. These are the things that make me real and give me hope.”

While there may be many organizations that are believed to be caregiving institutions—such as medical centers, hospitals, clinics and others—in reality, this may not necessarily be true. These are in fact illness rather than wellness systems. They are often solely devoted to understanding illness and disease more than protecting health and providing relief from suffering. Given this constraint, women torture survivors who have unique problems and perspectives may not be adequately provided appropriate services. In fact, women torture survivors—having been exposed to situations which disempowered them, attacked their psy-

chic integrity and destroyed their sense of self, and now facing helping systems which incorporate some of these dynamics within their treatment approach—are actually at further risk of re-experiencing torture. It is therefore imperative that the context of helping institutions ensures approaches that relieve women of concern about organizational abuse.

What are some of these contexts of organizational abuse? A woman often has no choice about the gender of her caregiver. Decisions about care are made *for*, not *with*, the woman. Women may come into abuse in the process imposed by the institutional system as they face further reductions in health choices due to differences of language (inadequate or unavailable interpreting services) and racism within caregiving organizations and communities.



Clearly, the transformation of institutions to provide access, control, decision-making power and resources that enhance and empower women has not been a priority. Exposure to such situations that inhibit women from controlling their lives adds to a woman's torture

experience a continuing range of emotions such as blame, powerlessness, fear, hate and confusion. Therefore, the challenge for gender-sensitive caregiving institutions is to transform these experiences of women to empowerment and clarity.



How do we transform these structures? Through advocacy for and with torture survivors. The role of an advocate of torture survivors requires addressing the systemic problems which torture survivors face when accessing needed services. Advocacy needs to be based upon:

1. action that states what is needed and what can be done;
2. action that empowers individuals, communities and ensures provision of primary needs; and
3. action on cultural models that work.

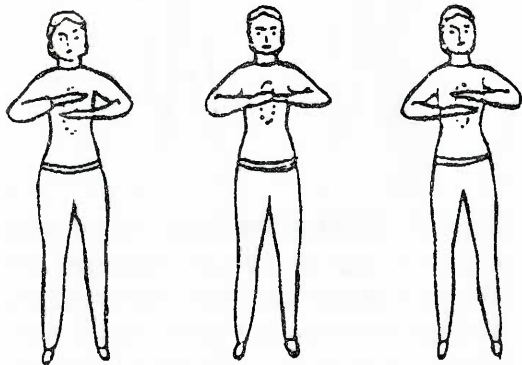
Given these challenges, how do we provide women in our caregiving institutions with emotional, physical, mental and cultural well-being? Here are a few tips:

On care and caregiving in organizations: Caring involves the placement of human relationships at the center of our service provision. It involves activities such as helping individuals cope more effectively. It is a humanistic process concentrating on the individuals and their response to a problem and to the care they receive. Caring is a process of spiritually connecting with a person and doing so in a way that is congruent to the culture of that person.

On the dynamics of caregiving in organizations: Caring implies the promotion of wellness, healing and a concern for mind/body/spirit health. It enables the development of a nurturing congruence between the professional and personal self of the caregivers. It allows for the dynamic of an energetic connection and interchange between those who are healing, those who are healed, and those who are the healers.

On the principles and practices of developing gender-sensitive caregiving organizations:

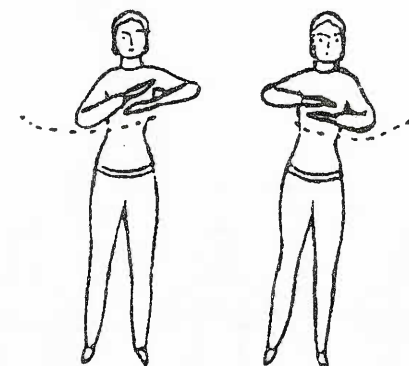
- Establish a vision: what does a gender-sensitive caregiving organization look like, feel like, sound like, smell like?



STEP 10: Cutting Away Defilement. Turn your palms down. Place your right hand palm over the back of your left hand. Keep them close together but not quite touching each other, about an inch apart. Your elbows are out almost level with your shoulders. Begin to move the right hand outward (away from your body), keeping your hands moving in a circle. Repeat 36 times.



- Manage the bureaucracies through continuing gender analysis as an ongoing planning and management process. For gender analysis to be effective, it must take place not only at a methodological level but also on the personal and institutional level, challenging assumptions and behaviors as well as organizational culture. Gender tools in organizations need to be holistic—addressing awareness and sensitivity, analytical models, institutional practices and policies and training.
- Provide ongoing needs assessment analysis within the organization: what are the problematic attitudes and behaviors and what aspects of organizational culture hinder advances towards empowerment of women?
- Ensure equal opportunities in employment, salary and education.
- Implement processes of reflection and action for practitioners as well as participants (which include self-reflection processes for staff).
- Acknowledge that social networks of men and women differ and create education programs which effectively use these.
- Understand the nature of transformation—our organizations have grown within specific cultural and social environments. To transform them requires managers who have become conscious and emotionally intelligent in their management style. This requires an increase of energy, stamina and endurance (increasing energy, stamina and endurance of the staff should be included in the design of the organization, for caregiving purposes as well as modeling for clients). It requires creativity and flexibility in service development and provision for survivors of human rights abuses.
- Develop, evaluate and disseminate human caring and healing models and utilize this knowledge to inform service-policy and delivery (this entails exploring other models of healing).



STEP 11: Rocking the Boat. Use the same position as Step 10 with right hand over left. With your elbows out, move your hands and arms together to the right and to the left, rocking back and forth like a boat. Repeat 36 times.

On gender analysis in organizations: Gender-sensitive really means “person-sensitive.” It’s the ability to assess the needs of both men and women in order to provide the care needed by each. It is rec-



ognizing that women also have strength, power, potency and have every ability to clarify their skills and needs. There are some key elements involved in gender analysis:

- **Gender needs:** Are there differences in access to resources, i.e., do women and men have equal access to all service provisions that they require; and what service requirements do men and women have which are similar to as well as different from each other?
- **Gender roles:** Who are and who are not in leadership roles in the organization? Organizations require the full range of roles to be present in order for them to be effective. For trauma survivors in particular, these are strength-building roles that emphasize and facilitate personal, interpersonal and transpersonal role development, as opposed to perpetrating roles occurring in the organization that limit the role development in the personal, interpersonal and transpersonal areas.
- **Gender division of labor:** How do institutions reflect equality in the work we do, the processes we use in doing the work, and power relations? Who is making the decision in the organization and whose needs are they reflecting? (This means actual decision-making positions being held by women, not the number of women in the organization.)

Open Forum

Key Points

For many caregivers, one of the big challenges to instituting gender-sensitive changes is that we are not the ones with the decision-making power over the programs in which we work. We are doing work within the context of organized institutions. As a caregiver, you see different directions that could be pursued but it's hard to advocate for those changes along with all the other tasks needing to be done. Feelings of helplessness and futility can plague the caregiver.

We stressed the need for decision-makers, whether government or institution heads, to have a clear vision so caregivers can provide services in a gender-sensitive and cultural way. This would enable us as caregivers to work collaboratively with management in providing services. We also put forth the idea that organizations *need to seek* to employ people who are gender-sensitive.

This does not relieve us of the responsibility to continue working with our co-workers to sensitize them to gender issues, cultural knowledge, etc. We need to focus on ways of working from the bottom up. There's a concept about "managing your molecule." It means that you manage yourself, the person next to you and the one just above you—about four or five people. Changes can begin at this level and result in changes in the overall organization. We grow up in hierarchies and we believe that the people above us have all the power, when in actuality they don't. Another strategy put forward for sensitizing the "top" was to get their support through the use of participatory committees that help design changes. This style of change includes one or two spokespersons who reach out and translate language and other needs to those in top management positions.

The concept of "emotional intelligence" has become a "hot" method in corporate structures. It advocates thinking with your heart and not with your brain—in other words, following your feelings. These are things that women already know and use. The corporate world is now "re-framing" these skills formerly attributed to women in order to make them acceptable in a man's world.

As women caregivers and torture survivors, we are also "re-framing" constantly. As advocates, we're activists—if we see possibilities, we strive to maximize them to help sensitize people to the issues. We must not forget our clients. Together with our clients we can advocate our needs, including gender-sensitivity in services being implemented and provided.



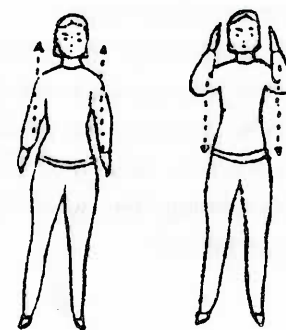
A significant factor that was raised is the gender discrimination that we feel ourselves. Female workers most often have male supervisors who are not always sympathetic or approachable. Women caregivers are working four to five hours *more* than men in the same jobs but it's common knowledge that women earn *less* than the men.

Women are also confronted with men's fears about all this talk of gender-sensitivity. The current structures favor men and, often not consciously, men want to maintain the structure for their benefit. To make matters even more complex, women too may not be gender-sensitive. We may be used to practices that aren't gender-sensitive, especially for women. All around us is patriarchy—we do things so fast that we don't take time to assess what we do.

The perception of women and their abilities to take on a multiplicity of roles is an important area of development and growth. During the time of liberation in Bangladesh, it seemed that there were no differences between men and women. Men and women were fighting together for their country. The women freedom fighters *felt* equal to the men. But after liberation, women were denied equal roles and no longer felt that equality. This was also true in the Philippines. While women were involved in the anti-dictatorship movement, they were given many non-traditional responsibilities. Afterwards, many felt stripped of these responsibilities.

We still believe it is necessary to assess these experiences very carefully. The perception of equality is valid based on individual women's experiences. However, even in war, men and women are not equal because men are still the ones making the decisions. Men are fighting and women are helping in a wide variety of tasks and capacities that might include taking up arms. But this is a very small percentage of the female population. When the war is over, men are given the jobs regardless of women's proven capacity to do the work. Women are expected to go back to their homes and raise families. Men get the benefits from the sacrifices made by all.

The traditional laws for women and men in Cambodia result in the impera-



STEP 12: Listening to Dharma (the teaching). Keep your arms to your sides and palms facing each other. Then lift your palms to your ears. Repeat 36 times.

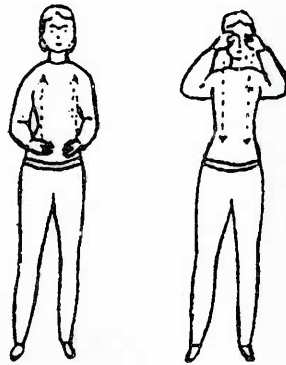


tive that women follow men as the leaders in the family. Traditionally, only men worked outside the home; women worked inside it. Today, women are also working outside the home—a double burden for women. Women plant rice to feed the family, but they also need to think of making themselves healthy. Family planning measures need to develop at the primary level of people's lives. These efforts will require developing organizations for women to motivate and inform women. At the same time, we need to ask ourselves, "*why don't we liberate ourselves?*" We need to see our own self-esteem, our own value, and believe in what we can do.

In Nepal, these discussions on gender-sensitivity are new. Women never thought about discrimination. Women accepted that the home is their job. After learning about gender-sensitivity and women's rights, women are thinking, "Yes, this is right, we need to struggle." Women are starting to take action and we are seeing a great deal of struggle even around food. Food for women first rather than men first. This new awareness has led to new struggles.

It is precisely this awareness-raising process leading women to act that frightens men. This is why men sometimes see women as being "anti-male." This could not be further from the truth, however. Women are only asserting themselves to be equally free. This makes the power whole, and does not diminish the power of men.

Creating this balance of power is not easy. This is especially true for caregivers. We are all immersed in male, patriarchal societies. Furthermore, as women working inside male-dominated caregiving institutions, we often find that we give our strength to the struggle and discover our own male side emerges with a vengeance. As we try to create another, more gender-sensitive culture, we are internally struggling with our own inner culture that is still male; the male culture being the dominating one, for example, when we don't want this kind of culture. It creates an imbalance. Every person has masculine and feminine characteristics but we also give *value* to these qualities. The male qualities are more valued by society. There is a male culture and a female culture—how do we work with these cultures?



STEP 13: Shading Bright Light. Keep palms facing down at your belt/waist level. Then curve your fingers in to make a small box (like holding binoculars). Lift your hands to your eye level. Look at something green if you can. This is very healing. Repeat 36 times.



Nevertheless, we need to acknowledge that these things are emerging from ourselves. The Bahai people talk about a healthy society being like a bird. The society can't be healthy with only one strong wing. The bird can't fly unless both wings are strong. The bird has to help strengthen its wings with its entire energy to make both sides equal. The lesson is that both men and women need to strengthen the feminine wing for balance.

It is possible to achieve a better balance in our lives and our institutions. One of the centers in Turkey serving torture survivors has created a space for developing balance and gender-sensitivity. They have identified several factors that make this balance and exploration possible: a degree of autonomy; non-hierarchical in form; the use of teamwork with a style that fosters good harmony and gives space for self-reflection; group training and trust building; and a constant working together towards gender and cultural sensitivity. This has made the struggle with inner hierarchical culture less debilitating. It is important to continue to ask, "How can we better know and understand the issues we need to face?"

How we see our own blocks or work to overcome our blocks is very important. Just because a woman is present or is in a particular position doesn't necessarily mean she's gender-sensitive in her caring, style, orientation, life, etc. The same goes for a man. He may be a man but he may be very gender-sensitive in his caring and style.

As a side comment, a woman in the *workshop* stated that she was glad to be born in this century. Several others immediately voiced their agreement and gave their personal experiences of changing traditional systems within their families, for example, taking the initiative to redefine their relationships with their husbands in and outside of home life.

Another woman, though glad to be living in this century, felt that her mother was also quite aware of patriarchal structures and struggled in her own way in her own time. She gave several examples. "When my mother was angry she would say, 'all pigs have the same face' and 'enemies sleep in the same bed.' Our mothers weren't able to respond in the same way we can now. They didn't have economic power or the choices now available to more women."

These models give us strength and assertiveness to go further. When we don't have women as role models in our lives, it's difficult. Every culture has stories of strong women. We need to reclaim these stories—these herstories—and tell our own to build toward that day when we'll know what it really means to be holding up half the sky as the men hold up the other half.



Seeking Women-Centered Frameworks and Methodologies for Research

WOMEN-CENTERED RESEARCH

Sylvia (Guy) Estrada-Claudio, M.D. and Ph.D. in psychology, is a health activist and feminist. She is currently teaching at the University of the Philippines and is an active member of the Health Action International Network (HAIN).

Patricia (Tati) Licuanan, Ph.D., is a long-time champion of women's research and issues. She was the chair person of the United Nations Preparatory Committee and convenor for the Fourth World Conference on Women, held in Beijing in 1995. She is currently the president of Miriam College in the Philippines.

In the days prior to the presentation on research methodology, we were able to share our views, needs and expectations related to research. An emerging consensus among us was the importance of defining clearly the aim of research. In any research endeavor, we must be clear that the aim of the research should maximize benefits to the people who are actually answering the questions—the people we serve. Within this context, exploring gender-sensitive methods is a necessity.

At the start of her presentation, Guy stated: "First of all, [in our research project] we were committed to using a methodology that is gender-sensitive. We worked with women, grassroots NGOs and talked about how they already knew research. Those of us who think we know realize that we don't. Research is not an easy, clean process. It's not easy to put your finger on life."

Precisely because life is not an easy and clean process, finding a methodology that respects women and their perspectives is critical. A gender-sensitive methodology utilizes a collection of research methods united by a common perspective—a feminist standpoint. This common perspective takes into account the following: 1) how are we able to know; and 2) who science should serve.

Using this feminist standpoint inevitably calls into question research assumptions. A number of areas to explore that are important for continuing gender-sensitive research are:



1. Logico-positivist concept of truth

The logico-positivist perspective assumes that you can be objective. That the truth is “out there” and that the truth doesn't change. It implies that if one can just find the “right” standpoint then one can find the truth. Once this truth is found then we can apply this “truth” across the board.

2. An “ideal” of scientific objectivity

This follows from the first assumption. If there is an absolute truth somewhere out there, this truth doesn't vary in time and space. We just need to remove ourselves or our biases in order to “find it.” As feminists, we believe that standpoint and perspectives are very important. A gender-sensitive approach to truth must acknowledge that the observer/researcher has a great deal to do with the creation of that truth.

3. Context “stripping”

This aspect is critical for gender-sensitive research. For example, studies on boys and girls imply particular results but ignore the *context* of patriarchy. There are some things you *know* to be true. This is also true in relation to cultural contexts. A doctor may say a child is sick with pneumonia but the reality is that s/he is sick with poverty and oppression. Merely identifying the manifesting illness of pneumonia strips away the context of poverty that is the underlying condition.

4. Power to name

Who has the power to name? Gender-sensitive research must make it possible for those participating in the research to find meanings for themselves. Marginalized populations—women, children, minorities, etc.—are rarely, if ever, given the power to name.

5. Reversals of truth

Research in the past defined *for* women what is *true* when our personal experience reveals it as false. An example is the research “proving” women are inferior, subjective, emotional, weaker, etc. Per-

sonal and collective experiences have proven otherwise; yet, women are still subjected to the labels, findings and methods of research which deny them the means to tell their own truths.

An Example of Gender-Sensitive Research

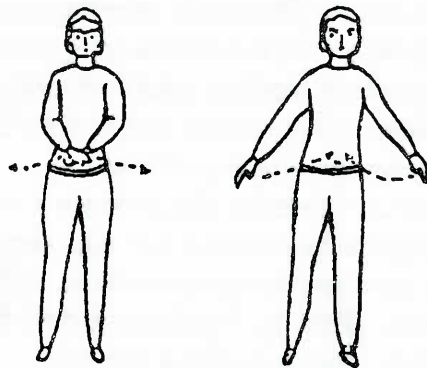
The Health Action International Network (HAIN) and the University of Amsterdam conducted a study from a feminist standpoint referred to as the Gender, Reproduction, Health and Population Policy Research Project (GRHPP).

There are many questions that must be seriously considered in order to create the basis for such gender-sensitive research. The first question, “*Who sets the research agenda?*” The first question was in and of itself quite revolutionary. Research agenda are often identified by white males. This redounds back to the question of perspective. We may know how to answer the questions but the *questions* themselves are wrong. The GRHPP set out to discover what the questions should be in relation to reproductive health and policy.

Who holds the power? This is a critical aspect of research. This particular research project was a partnership, with a joint secretariat between two universities: one based in the north, the other in the south. It was imperative that the university in the south held an equal position of power. Even the question of salaries was a big issue. In the past, those in the north were paid much higher rates and this had to be negotiated. In the end, the salaries were the same.

To whom are we accountable? This is a very important question. The process used by the GRHPP was participatory. Everyone participated in the process, including setting the agenda. This involved a new set of research ethics. The project refused to treat women as objects and used the *balik-balik* method (literally, return and return) where project researchers continued to go back to the women for validation and for the women themselves to do the research.





STEP 14: Spreading the Teaching. Stand with arms at your side. Move your shoulders slightly inward to let the Ch'i flow. Like a pendulum, cross your right arm over your left arm in a swinging motion, in and out, in front of your body and then out to the sides. Repeat 36 times.

Is the data valid? The grassroots women were telling the academics that their data were not valid and that the grassroots women were producing more data than the academics. The peasant women said they had to do the compilation manually so they would be able to understand it. They said, "Behind every *kuwenta* is a *kuwento*" (behind every number is a story).

Is it empowering? The community in which the research was being done had been "overresearched." Through this participatory method, the grassroots women finally understood what the research was all about because they had been able to conduct the research themselves. It gave them the power of knowing and understanding their community in a new way.

Is it participatory? From a feminist perspective, advocacy and research are inseparable. The methods must suit the person, not the other way around. Research is participatory when women themselves have the opportunity not only to set the agenda, but to actually do the research.

Is it reliable? Reliability is reached when researchers and participants create the "truth" together. The *balik-balik* method is a continuous process which needs to be validated again and again under changing conditions and situations.

Research is a Process

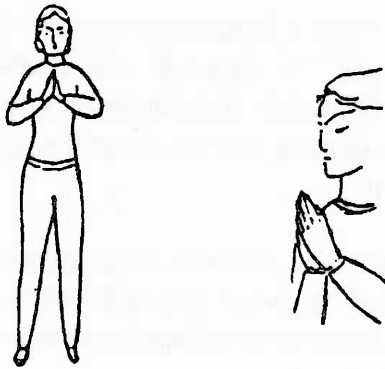
For what are we doing research? In the past, community organizers and organizations were initially almost hostile toward research and researchers. They would say, "We are so busy. Funders want this done but you do it for us because it's a waste of our time." This attitude has slowly changed with the realization that research may be able to provide some things that actually help improve the work to be accomplished.



Why do we do research? This is an essential question for any research project. The aim of research must equal helping the work that is being done on the ground. If it doesn't help improve our work and service to our clients then it doesn't serve our purpose. As caregivers, that's our bottomline in relation to research.

What kind of research? There are a wide variety of research tools and methods. We must seek out the most useful tools and methods to serve our aims. Some areas that may provide some starting points for caregivers were suggested:

- *Baseline data:* This will help us know if there's been a change at the end of our research.
- *Documentation:* What data to collect and how we actually collect and share them with others. This entails reflecting systematically on what we are presently doing. We are already doing research when we take time to reflect on what's working, what's effective, etc.
- *Review or assessment:* We need to take time to look at what is being done already, by whom, where and how.
- *Experiences:* We have a wealth of experience in our years of working in the field. Taking time to write our own experiences as well as documenting others' experiences—across cultures, across experiences and the common ways of helping. This also provides a base of materials for analyzing service in order to improve our work.
- *Processes:* Documenting the processes we use, the types of therapy, the changes in people—comparisons between methods, etc.
- *Validation of perspective and instruments:* The use of certain tools and instruments. We need to check if they are gender-sensitive, effective across cultures, intergenerational, etc.



STEP 15: Asking for Blessing and Healing. Place hands together in a greeting or prayer position. Stand in position and meditate for three (3) minutes. During this time, direct your mind on Buddha/God/Allah and ask for healing power, wishing for good health.

With these points as background, research can be very valuable to caregivers. At the same time, this is not meant to ignore the major concern raised by the participants—that research should not be disturbing to clients or caregivers and that it should not be coercive. We need to create ways to make research as friendly and painless as possible. Considerations regarding the process and progress of the research must be constantly assessed and evalu-



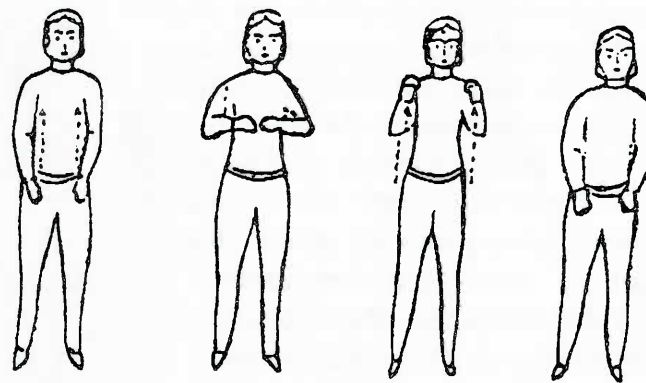
ated. As stated earlier, we often think that research is structured, neat, quantifiable, etc. But real-life problems and experiences are always messy. Therefore, research is also a messy process.

There's a good example of what research processes often entail. A man was looking for his watch under a lighted area. Someone came upon him and asked him what he was looking for. He said he had lost his watch "over there"—pointing in the direction of the dark. The person asked why he was looking for his watch in this place instead. He replied, "It's easier to see here under the light." We are doing exactly that if we remain where it seems clear, light and neat. We won't find the answers to our questions if we don't want to enter the dark mess "*out there*."

A friendly environment outside can be very helpful, and external support is now available. The current environment is more friendly to this kind of work and research. Beijing opened some doors and minds on certain issues. In addition, 1998 marks the 50th Anniversary of the Universal Declaration of Human Rights. Of course, there are still many issues that remain very sensitive. However, we should forge ahead. The Commission on the Status of Women and the United Nations Division for the Advancement of Women (UN-DAW) are monitoring the following areas in the coming years: Women's Human Rights; Violence Against Women; Women in Situations of Armed Conflict; and the Girl-Child in 1998; and Sexual Reproductive Rights in 1999. We can use these international structures and organizations and networks to give us needed support on national, regional and international levels.

Where do we go from here? The most logical step would be to identify possibilities. We can agree on some basic parameters, a minimum curriculum or agenda and determine what can be done together as a network or on an individual basis. The following questions might provide some guidelines:

1. Do we want/need to form a network?
2. Can we and do we want to agree as a group on a core agenda?
3. What do we *want* to do and what *can* we do?
4. What are we doing now and/or what do we want to do on our own?



STEP 16: Keeping the Ch'i. At the end of the exercise, breathe out while slowly moving your palms down, breathe in while lifting up your hands into a fist toward your chest (your hands grasping the Ch'i/energy). Repeat five to six times. Rub your palms together three to four times. You should feel the heat in your palms. Use this heat for self-healing by placing your palms on any painful area on your body. If you have good health, place them on your face and move upward to keep the wrinkles away.



Open Forum

Key Points

*B*ecause research takes everyone's time and energy and can be disturbing, we should know clearly the boundaries, limits and, most importantly, pursue methods of research that do not disturb the people we're trying to serve. This involves ethical questions related to our clients and our practice. We must remember that the relationship is not equal. It is not easy for clients to say "no" to their caregiver. They may not want to answer questions but they feel they can't refuse. We ourselves have been doing this work for years but still we feel uncomfortable with research and its methods. How much more for our clients?

Our main purpose is to give care. We need to go into research because we want to improve our ability to provide care. How can research be friendly to us and others who are doing so many other kinds of work as well? At the STARTTS center in Australia, where about 50 different ethnic groups are served, very little data are known about those communities. STARTTS has been able to do some baseline information gathering but research methods have been very western and often don't apply or work well in other cultures. STARTTS has actually challenged a lot of these Western research models and has been involved in developing new processes and identifying areas for further research.

When considering research, one of the first things to identify is why we want to research. We need to identify our objectives, what and how we're going to do research and with whom. Some of the ideas raised included:

- What methods effectively treat women who have survived torture?
- What studies have already been done? Is there information on research done cross-culturally, with indigenous women, families of the disappeared, elderly women, intergenerational issues? None of these populations of people have been given much attention.
- What about the whole area of care to caregivers?



One of the problems is the "how"—the strategy for doing research. Our needs are great but our resources often are not, especially in relation to both human and material resources. When we look at research that had been done so far, we realize this is exactly the reason why more gender-sensitive research needs to be conducted. We need to reflect more on systems, how research methods can be made woman-friendly. The perspectives shared during this entire workshop highlighted the issues and need for equality and participation.

Even though different issues exist among our various countries, including a resettlement country like Australia, there are still some issues that are the same. It's important for us to acknowledge that even in the north, there's very little research on white women, let alone women of color, and these are not done in participatory ways.

One thing we can do immediately as we contemplate doing research is to work on building-in gender-sensitive, consistent and systematic ways to document what we are al-

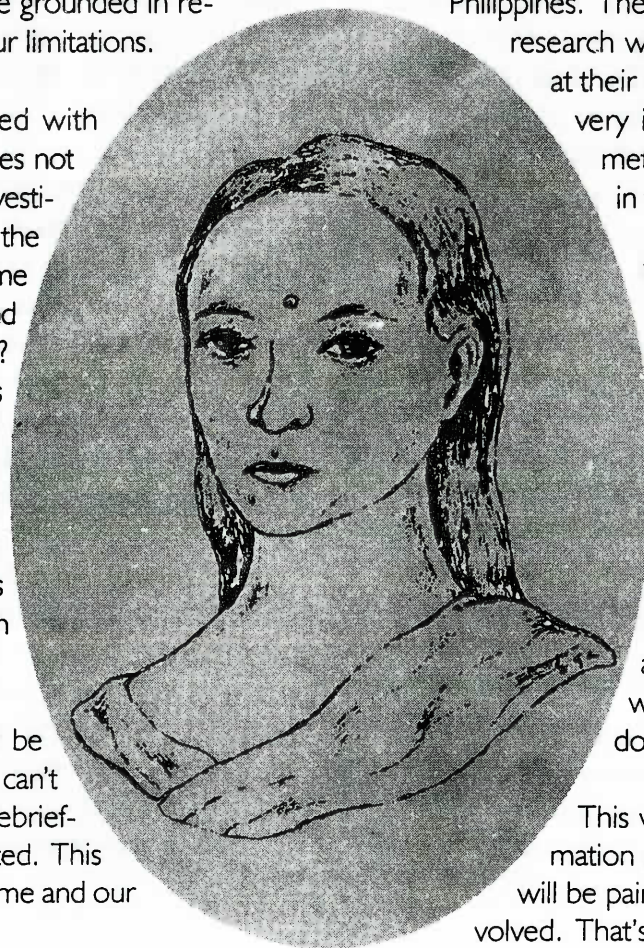


ready doing in the course of our caregiving services. That is basic and is more simple to accomplish as a group.

As a way to begin, we could write our own stories. For example, the realities of resettlement communities such as in Australia, people struggling to start life over again. It's not easy to set up programs and we need documentation to prove that the need for services exists. On an individual level, seeing these needs can feel overwhelming. It can be overwhelming both personally and collectively for the community itself. Our research goals need to be grounded in reality; we need to face our own fears and our limitations.

One fear raised by those of us associated with academia was stated this way: "The fear does not stem from the rigors involved in scientific investigation, but from the responsibility of what the research is doing to the participants and to me as a caregiver. Getting women together and facing their questions, 'what's the research for? why should I participate in it?' etc. My fear is handling the *how* we do it. Are we sensitive enough to the ethical questions? If in the end, the results are so sensitive that we can't share them, what's the research and the process for? What do we do with these precious gifts that people are giving us? What do we do with the people who have entrusted it to us?"

These are indeed the questions that must be faced as we enter places and situations that can't be anticipated. But interviewer training and debriefing are very important and can be anticipated. This includes ourselves. We have to look at our time and our energy for the process.



The issue of time is a valid point. Guy spoke about the University of Amsterdam-HAIN project, "We changed some parts of the research to include process indicators because of the time that it took. We had to go into all the nitty-gritty parts about what each country or network needed and the skills they had. One of the groups of women was an underground group. They're not even allowed to exist. Turning research over to women can be done but it takes time."

Another example cited is the Women's Crisis Center (WCC) in the Philippines. They thought they were documenting and doing research with their case reporting but when they looked at their information, they realized it was spotty and not very informative. They're currently exploring new methods of how the therapist can be a researcher in the course of her work.

We do have to have faith—to trust the process. There are no guarantees. Tati brought us back to the issue of time: "We do have to confront this to be sure that we realize that there are certain bottomlines. The process won't work below a certain level. We are taking risks and we need to recognize that. There is a rigor at the service of transforming society and people's lives. The scientist/practitioner requires a demand for certain standards, examination of conscience, and staying in touch with our findings to explore the methods that do result in transformation."

This workshop is in itself an example of a transformation process. No matter what you try to do, there will be pain, especially when personal disclosures are involved. That's why the process itself must serve personal



healing needs as well as educational purposes. We may feel that it's too fearful to open it up. But if it remains inside, it will never be healed or understood by anyone. We can't deny that we are gutsy women, women who take up challenges. We also know that taking the first steps are important. We have shown our willingness to continue at each new step. We've learned new skills to offer as we discover the need to develop additional skills to continue the process.

What can be our core research agenda/curriculum? This question brought forth a broad range of suggestions. In Turkey, there are concerns regarding victims of forced migration, their needs, priorities, their cumulative and ongoing traumas; learning their priorities; and knowing the meaning of migration for them. The skills needed by caregivers themselves—human resources; ability to organize focus groups; collective agenda building; training and doing research with interpreters who know the language and culture; working with relatives and friends of the disappeared and tortured people; and learning about and how to do participatory research—were also suggested.

A critical area of concern for busy and overworked caregivers is how we can develop a system which helps us gather better information and research while providing care. We're already doing research in our therapeutic centers but how can we make this information useful for research? If the information that our centers are collecting is not useful in evaluating or assessing our usefulness and effectiveness, why are we collecting that information in the first place? This raised a key area: to examine ways to make our work more systematic, useful and effective for our clients.

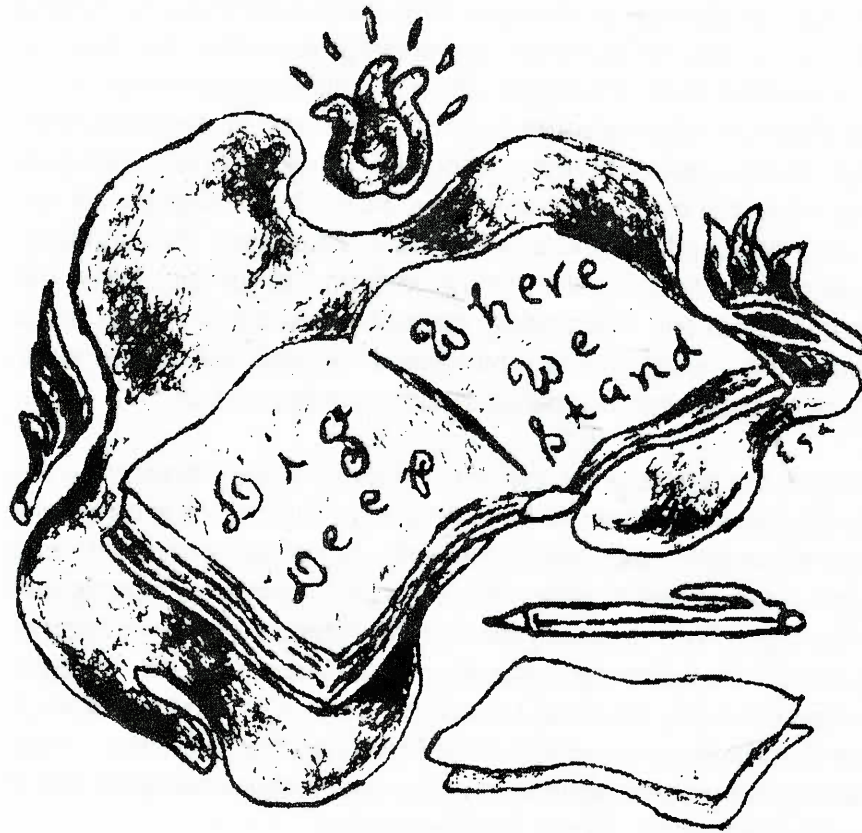
As we consider developing an instrument that could be used in the context of therapeutic centers, several questions were raised for consideration: What do we need to know to make our work easier? Is the training of paraprofessionals a research question? What model of research do we use?

If we survey the region, we will certainly find that research is going on but the models may not be what we desire. The international drug companies were raised as an example of doing research to promote their drugs. In their model of research, "experts" decide on the agenda and rarely do research projects, methods and designs take women's views and needs into account. Gender-sensitive models of research are few. Even within our own field of expertise, research models are being debated. In some styles of collaborative research, there is a body which oversees and has a central position in the research. In this kind of model, the center relates to the field but maintains control. Do we pursue a different style? The participatory kind of research is more to our liking but, at the same time, we know it takes a great deal of time, processes and consultation.

Do we want or need to form a network? The suggestion to develop a broad women's research network that could cooperate with academics and research experts was answered with another: a specific network for caregivers of survivors of torture in the Asia/Pacific for support and strengthening. This network could define what research skills we currently have and what kinds of networks we can already share with each other. One useful output would be a directory of the women in the workshop to share information and broaden the support for women doing this kind of work.

What resources or additional skills do we need? In terms of resources and skills needed, the discussions covered current work and people's experiences in research. This discussion highlighted some of the basic skills and issues that face caregivers, including the need for interviewing skills. The participants identified the need for training and information on how to interview, what kind of information to seek, and ways to develop this training for persons who do interviews and research.





We raised a number of examples. In Australia, research and skills development are already happening in the area of group process and how these can be used in this kind of work—with women trauma survivors and women caregivers—and how they could be utilized in cross-cultural situations.

Questionnaires are one kind of research instrument, but they need to be developed according to the level of education of the people who will respond to it. In Bosnia, for example, a social questionnaire was developed by a group of five experts who drafted 16 questions, then gave it to nonprofessionals to improve and revise. Both the experts and the

nonprofessionals answered the questionnaire as a preliminary test.

The need for a common questionnaire was also brought up, especially if we intend to do a seven-country research project. Several other questions were raised in relation to such a project, like building a monitoring program that should operate for a number of years in order to have reliable results.

We begin by deciding on our priority issues in relation to torture survivors and then developing a creative process to address them. There are many ways to arrive at a research project. In seeking a gender-sensitive research process and method, we felt that it is crucial to have as broad and big a number of those who are affected participate in the development of the process. Each person comes in with resources, skills, experiences, and everyone sits as peers—one woman, one vote. This is especially important in Asia and the Pacific where there are communities with no professionals, where there is sometimes no way to translate languages used, where community leaders aren't women, or where an oral language is still the operative mode of communication. In addition, there is often a politeness to whites or outsiders, which makes research instruments like questionnaires a false gauge of reality.

Our main objective is empowerment. We want research to empower those who participate in the process, so the method itself needs to ensure that. That means we need to look at the questions we want to ask from our own cultural contexts.

Cambodia is a good example of this. It would be very useful to get some idea of what happened to the entire Cambodian people. Nevertheless, we must work closely with the existing system in Cambodia and within the historical context of the country. The problem begins with the very basic—education and training of health workers who become caregivers. We need to focus on methodologies and find ways to adopt and adapt these to unique contexts.



There is a continuing need to clarify what is meant by *empowering research*. United Nations agencies, for example, have made a difference by funding research. Some of these have been *empowering research* in that these researches and their findings have somehow influenced governments. Funds have also been provided for conferences and other ways for people to come together. These activities serve to connect people who want to do research, who are interested or know those who would like to do research. We can continue to identify others who are interested in the process. The *empowering research* we refer to involves finding methods that suit the context and situation. Methods and methodology cannot be separated from the needs of those we are seeking to serve. The methods can and must suit the needs. These are essential elements making up *empowering research*.

Returning to our original point, the aim of research is very important to define. In this context, we need to be looking at our own needs as caregivers. Whether this includes study skills or networks, part of our concern will need to be the development of paraprofessionals and interpreters as caregivers and researchers. This is especially the case given the context of the countries represented in the workshop. In this way, we can build community strategies to harness community resources for support. One such concrete situation is in cases of violence against women. In the Philippines, there have been group processes put into effect that address various interventions utilized directly at the community level for assisting battered women.

We should not be discouraged by the differing ideas in methods and styles of research. In the area of reproductive health, there are a number of different networks and all are doing their own research in very different ways. This became a critical point in the discussion. We decided that we didn't need to force ourselves to come up with a next step. We could keep it simple and do the environmental scanning—or what was called an “inventory” of what women and groups are already doing—and find resources for a more in-depth scanning and discussion of the next steps.

We felt the discussions were inspiring but we also recognized that we all have projects where we're already involved. We needed to narrow our

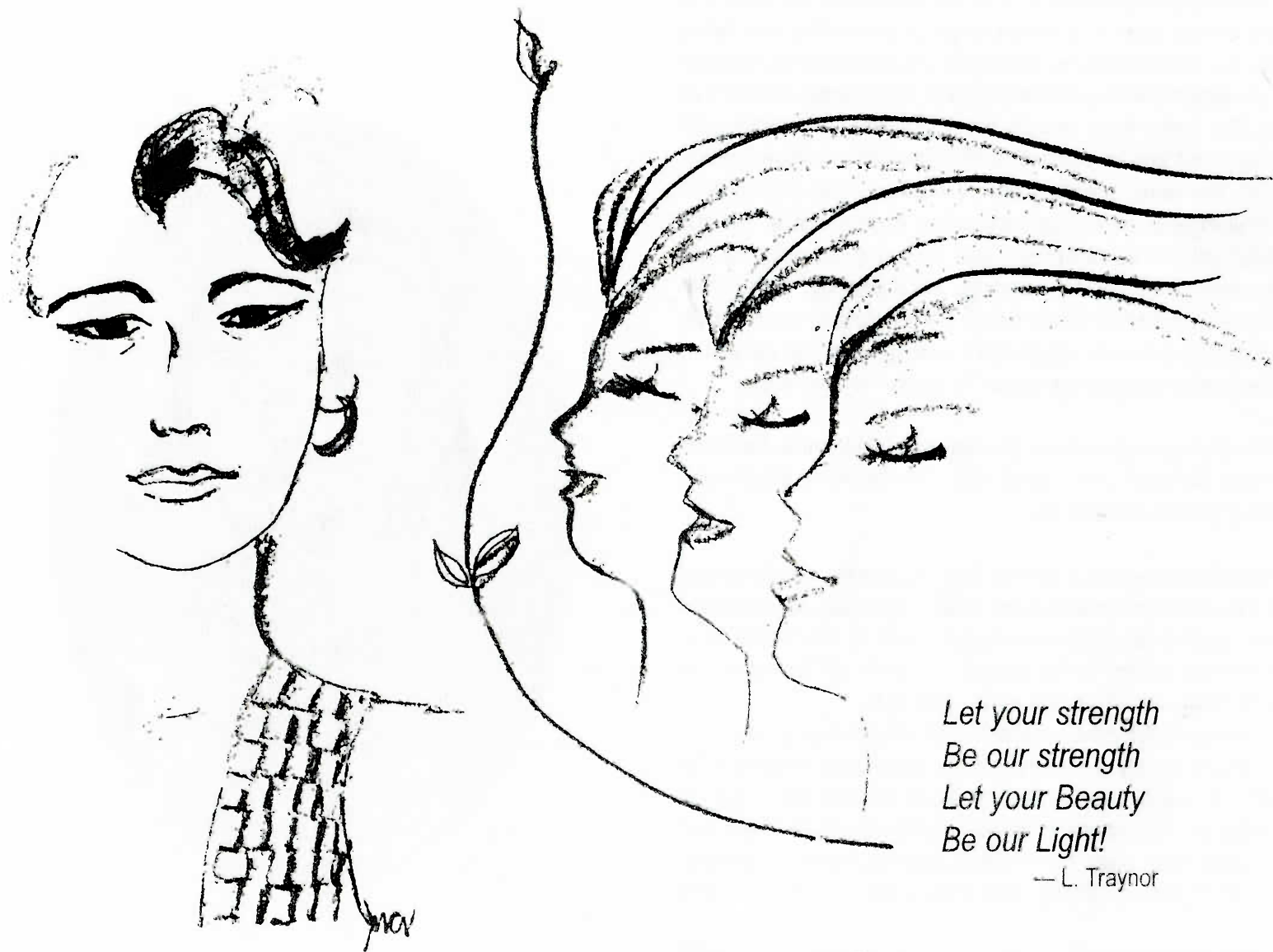


focus and direct our energy. This workshop was important for identifying needs and issues of women caregivers and women torture survivors. These can now be taken up and discussed further in other forums and contexts. We hope this network can be open to a broad range of possibilities and use a variety of methods that would explore avenues for gender-sensitive research and possibly the development of a clinical protocol for women survivors of torture. This is at the core—how people are given skills to interact with survivors. It was deemed very important to be a part of a multidisciplinary research team with the same direction and orientation. We are still confronted with the challenges of improving our practice, implementing research that is less intimidating to us as caregivers, and exploring how we can do research in the context of our work, including clinical settings. These challenges highlight the multidimensional elements we're facing as survivors, as caregivers—wounded healers and researchers seeking ways that help us to remove the gap between caregivers and our "subjects," the survivors.

In summary, we decided upon a name for the network—Women's Research Network on Torture Survivors and Caregivers. The following areas were identified as needing further exploration:

1. What do we need as caregivers and what part of our work can be served by research? We can commit ourselves to writing a diary or notebook about our time together and while we do our work. If, after some time, we discover that the answer is "no part of my work will be served by doing research" then we already have research data.
2. Scanning our networks for other research and information on the subject, for support and ways that research can be conducted in therapeutic or clinical settings, we saw a number of areas to examine—cultural aspects, population uniqueness, possible criteria for researchers and respondents, case recordings, community settings, assisting communities in their own priority setting, and how clients or communities benefit.
3. What is *empowering research*? It is up to us to document our processes and research in order to add to the body of knowledge and efforts toward empowering gender-sensitive research.





*Let your strength
Be our strength
Let your Beauty
Be our Light!*

— L. Traynor



trust the
Process

All too often, we are concerned only about outcomes and results. We forget to pay attention to how we arrived at them. The process—the journey of life—is essential for healing. We firmly believe that the *women caregivers and survivors of torture workshop* was a healing experience precisely because the process affirmed the interrelated aspects of ourselves. Not only the intellectual aspects of how

we work with survivors of torture, but also how we align our personal and professional roles. The process provided places and spaces for addressing holistically our bodies, minds and spirits. It is this integration in healing—to *make whole*—that facilitated the success of this workshop experience. We also believe that these processes can be used to assist in the healing of others.

One of the challenges of working with groups of women, and trauma survivors in particular, is to keep the consistency between process and content, to ensure that all aspects of the work keep *faith* with the principles and processes of quality group work practice and trauma work in particular. Trauma group work practice must provide a context for respecting diversity, appreciating similarities and recognizing the place of each person's experience as both personal and political process. Group work with trauma survivors recognizes that the processes used attempt to reduce any potential for traumatization, and acknowledges that we are all in a spiral of healing where experience, energy and action combine to create a unique and individual healing process, strengthened through the social support context that group work can provide.

In recognition of the difficulties many of us had in attending the *workshop*, and in our commitment to *honor* both the process and each person, an opening ceremony began the workshop by combining some unique aspects of process.

As the *workshop* participants, we were given the *head of the table* seating in the boardroom where we were first welcomed to Manila by the heads of the organizations responsible for the *workshop*. For many of us, expecting the more professional style where conference organizers take the pride of place, this shift in power provided a concrete and visual sense of valuing and appreciation. In addition, Isis International-Manila presented each of us with a symbolic gift of appreciation for attending and accepting the invitation to participate. In this case, the gift was a rose without thorns. The universal symbolism



of the rose carries connotations of perfection, beauty, grace, love and happiness. The painstaking removal of the thorns spoke of the care taken to prepare for our arrival and presented the wish that *nothing mar the experience* for any of us attending.

It is important to recognize that an invitation to participate is a continual and creative process. Having a range of objects available as you work facilitates the creative process not only for facilitators but also for group members. In this workshop, a number of materials were constantly in the room to be used at any time; a recipe might require *spice or tasting* to create ritual, to personalize or depersonalize an experience, or to begin or close a process. (See *List of Materials* below)

These processes are presented as “recipes” inasmuch as each process needs a set of ingredients. They reflect the nourishment that can be achieved not only through the use of integrated healing approaches but also as guidelines to facilitate the development of what works for you in your cultural/social milieu. We’ve named each process from

real/dishes or beverages common to the countries from which we came. As stated earlier, we hope that these recipes will be tried, tested/tasted, adapted to cultural and gender sensitivities, and especially improved upon with each experience. *Don't forget to send us your feedback, suggestions and sharing of experiences in the use of these activities.*

BASIC RECIPE INGREDIENTS for each activity

1. Rationale and objectives for doing the activity
2. Materials needed
3. Methodology used including process questions and instructions
4. Points of reflection
5. Where applicable, sample outcomes provided in creative visual form



Most every cook has some basic spices always on hand and available for use. These “basics” may vary according to culture. For some, it may be salt and pepper and for others, chili peppers, vinegar, soy or fish sauce. Below is a list of

materials that served as “basic” ingredients that were always accessible if the recipe required a little help or extra flavor.

List of Materials

- **Personal objects**—an item brought by each person to represent themselves, or a personal quality they bring to the group
- **Candles**—to be a centerpiece for some consideration, or used in symbolic ritual work to burn something unwanted, or simply to be a representation of *light* clearing the darkness of our experiences. It is important to remember, however, that among torture and other trauma survivors candles or incense, or any of the items in the list, may not be benign objects. It is important to ask participants if the use of these elements is all right for everyone in the group.
- **Incense**—to create associative olfactory experiences, and to enable healing to be associated with particular smells. The sense of smell is one of the most powerful triggers of memory. In many cultures, the use of incense in religious ritual acknowledges the power of such connections to life experience. In this context, the incense can serve as a sensory reminder to be present, as well



as anchor the processes being used to generate healing.

- **Nature**—drawing on the resources available from nature enables the mobilization of creative energies for communicating experiences beyond language, yet draws on what is familiar and available in a concrete representation that we can use for healing.
- **Talking stick or stone**—this is a specific object used by group members to provide a focus for telling a story and signaling to group members their role as listener or witness to the story. For trauma survivors the act of “telling” an aspect of their experience can be overwhelming. Yet, it is this first step of sharing your story and having it heard—not questioned, judged or interpreted—that is an act of healing. Similarly, for the listener or witness, the role of respectful silence in another person’s story may activate memories of traumas and times when we may not have been listened to or heard. This experience of simply being able to listen, speak and be heard can be experienced as healing.
- **Paper, colored markers, magazines, paste (glue)**—these materials can be used in many ways: to synthesize the experience of an exercise; provide a way for ideas to be summarized and communicated to others; or create collages of personal or group experiences. In fact, the uses are limitless. These materials can assist the facilitators in heightening the personal and/or overall group experience.
- **Quotes**—we wrote a *quote for the day* on a board or large sheet of paper. We must admit that these were not preplanned. They began and continued spontaneously, and remarkably reflected the group process and themes. Group members often remarked on the value of these “thoughts.” We simply recommend that you prepare and/or allow the creative space and materials for such spontaneity to emerge in your own workshop.
- **Movement**—although we did make specific plans for including movement and physical activity throughout the workshop, we encouraged a free flow of movement to be introduced at any time—whether simple stretches, Ch’i Kong (Qi Gong), bioenergetics or dance. Movement frees energy in the body, increases flexibility and openness and provides a way of discharging body feelings that may be picked up from others, our own trauma memories or our responses to the stories and experiences being shared.



RECIPE ONE

Chia

(chee-ah)
what's in a name



rationale Almost without exception, when we attend some kind of group activity—be it meetings, seminars, conferences, workshops, therapy groups, prayer meetings or whatever—we share our name in some way. We write it on a name tag or it is placed in front of us for others to see or we speak it out loud to the gathering. Names are an intimate part of our selves, and always carry some kind of history.

It is very important, especially in a gathering of women, to take the time to share our names. More importantly, we need to share the name we want to be called. Names are usually given to us—by our parents, friends, religions, communities—and we attach meaning and emotion to these names. It is essential in a group where there is an expectation of sharing deeply about our selves, our experiences, our emotions and thoughts that we share the name

Chia is a spiced tea common in Bangladesh, Nepal, India and parts of Africa. In Asia and around the world, tea is an invitation to friendship. We take the time to share stories of life over a cup of tea.

we wish to be called. Sharing the history, meaning and attachment we have to our own name—or the name we choose to be called—marks the first step in building trust within a group. This does not mean that anonymity must be sacrificed. It is not necessary for people to reveal their full names (family name). What is needed is a name that identifies each person in the group and that name should be freely chosen and shared by each participant to maximize their comfort in the group.

There are many kinds of activities that can be used for sharing names. The following activity is helpful in a small group of people where you want to begin the process of sharing and revealing life stories.

objectives

- To begin a pattern of sharing among the par-



ticipants where they talk about personal life information.

- To establish commonalities and differences in cultures related to the naming process.
- To learn and use the name by which each participant prefers to be known and addressed.

materials needed Room set-up: Depending upon the room layout and the formality of the group, you may want to choose from several options. We wanted to establish a comfortable, rather informal group atmosphere. A circle with mats or cushions on the floor or, if the group is of varying ages where some may have difficulty sitting on the floor, use chairs placed in a circle. It is useful to set the context of the choice of sitting arrangements to show that in this group, caring for oneself is valued, and associated with comfort. Be as comfortably near to each other as possible to facilitate both physical closeness and to hear people easily without needing artificial amplification.

Music: Choose a song or piece of music that sets the tone for the overall gathering for which you are introducing yourselves—sing or play live or taped music. The music—light, playful or serious—calls people to gather and when the music stops, the participants will be ready to hear instructions for what comes next.

A candle and/or incense: Place it somewhere in the room—it can be in the center but not necessarily. The candle and/or incense call attention to the occasion and signify that the activity is beginning. The light and aroma serve to remind people to be present. As stated earlier, it is important to remember that among trauma survivors, candles or incense may not be benign objects. For women who have been exposed to religious or to ritual abuse, the candle and/or incense may have been used during their abusive trauma. It is important to ask participants if the candle/incense is fine for everyone. By simply asking this question, the group facilitator gives a message to

group members that the facilitator understands some of the dimensions of trauma, the torture process and some of the potential after-effects. The facilitator is again setting the norm that members of the group can choose and voice out their preferences, including the desire not to have an element present if it causes a member or members to feel uncomfortable.

Optional: a “talking stick,” “talking stone” or special object that can be passed from person to person to visually remind everyone about who has the floor to speak. This object can be utilized throughout your gathering. This tool helps to build participants’ attention to and respect for the speaker. As a model, the facilitator can hold this object when giving instructions. We used a piece of petrified wood. Whoever held it was given the space and time to be heard. Those who did not have the object shared the role of listener or witness to the story.

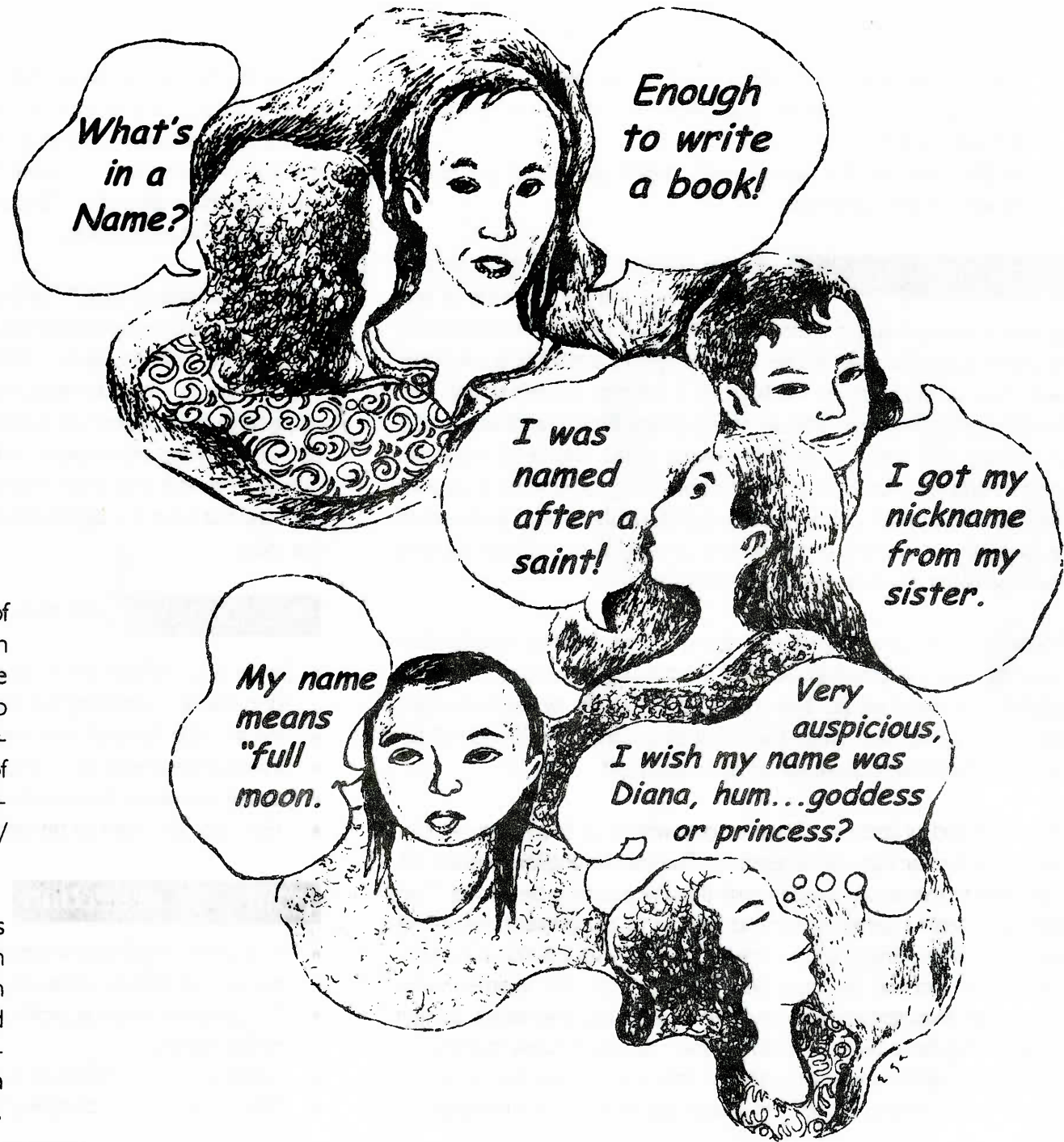
methodology Ask each participant to share the following:

- Share your “official name” (the one on your birth certificate, legal documents—omitting last names if preferred).
- What is the story of how you got your name?
- What is the meaning or origin of the name?
- Is that the name that people call/called you?
- How do you want to be called in this group?

points of reflection As a facilitator, briefly summarize the following points for the group:

- The commonalities and differences of how people were named, the role of fathers, mothers, siblings, grandparents, friends, etc.
- The origins (religious, political, cultural) and significance attached to the names.
- Whether people liked or disliked their names.
- Take note of how people choose to be called.





As a facilitator, assess the “feel” of the group—was the sharing open and easy? Strained? Tentative? Were there any members of the group who had a more difficult time sharing than others? What members of the group emerged as playful, serious, helpful or especially interactive/solicitous of others, etc?

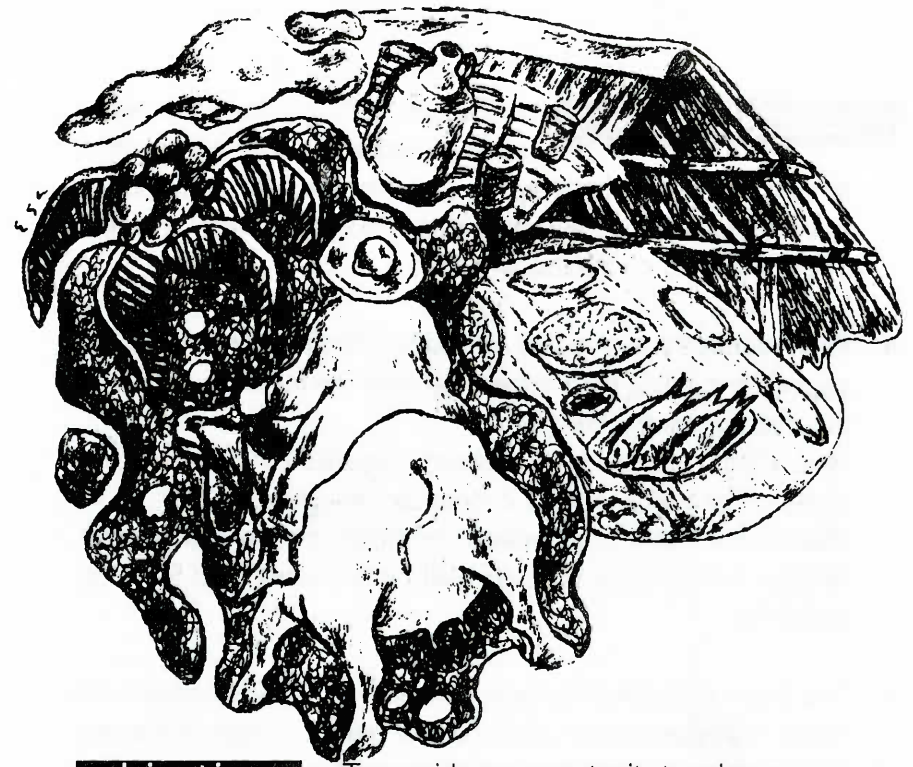
As a facilitator, note any behaviors or similarities that may be useful in increasing connectness between group members at another time and also note any behaviors or personalities that may need extra attention during subsequent group processes.



RECIPE TWO

Tuba

(to-BAA)
a gathering ritual



rationale Centering our conscious attention on a task at hand is not always

easy, especially for women who may still be thinking about a sick child or parent at home, wondering if she remembered to make all the necessary arrangements to cover her absence from home during the workshop. This activity can help both the individual and the group to acknowledge to herself and others the many concerns, burdens, hopes and expectations that we carry with us no matter where we go. This activity also provides a quiet reminder and grounding of our human life within the context of the elements of creation. This realization humbles as well as provides us with strength and support.

Tuba is a Philippine home-brewed coconut wine. Harvested coconut milk is combined with a particular tree bark to give it a red color and particular flavor. If it is aged too long, it becomes too sour and turns to vinegar. This is a common drink often drunk at the end of the day's work when people gather to tell stories. In many Asian cultures, rituals of many kinds, including the welcome of visitors to communities, are sealed with a drink of rice, sugarcane or coconut wine (sometimes these are very strong brews).

objectives • To provide an opportunity to release concerns

and burdens that may be carried into the workshop/conference.

- To ground the group in the elements of creation and provide a process of bonding the group.

- To provide the grounding for moving into the process of sharing personal strengths, hopes, and ex-

pectations, both personal and for the workshop/conference.

NOTE: The contents of the four directions were culled from *The Four-Fold Way: Walking the Paths of the Warrior, Teacher, Healer and Visionary*, by Angeles Arrien, Ph.D., Harper, San Francisco, 1993.



materials needed

- Before coming to the conference, each participant is asked to bring a symbol that would best represent themselves. The participants offer this symbol to the center basket during the ritual and later share why they chose the symbol.
- Each participant is given an envelope with four slips of colored paper the evening before the ritual with the following questions to reflect upon and answer:
Red: What I want to be consumed, dispelled or left behind.
Green: The burdens that I choose or willingly carry.
Blue: What I want to be healed, refreshed, cleansed or purified.
Yellow: What I hope for, personally, in my work, and from this gathering.
- Five baskets of some kind (we used native Philippine baskets with native Philippine woven cloth. Set the baskets in each of the four directions, each direction signified by an element and color: East (Fire/Red), South (Earth/Green), West (Water/Blue), and North (Air/Yellow: can be represented with a stick of incense). One basket is placed at the center. Place the elements in your own creative way at each of the four directions. You may also want to add fresh plants and flowers, leaves, rocks, etc. from the workshop site. Leave the center basket open (or empty) to receive each of the participants' symbol for herself that you asked them to bring.

methodology

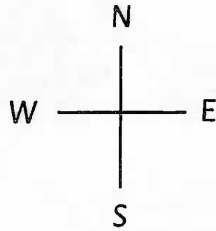
- Provide the questions that you want your participants to answer at least the evening before the ritual so they can have time to reflect on these seriously and honestly.
- Each participant should bring their answers to each of the four questions and the symbol they have chosen to represent themselves to the gathering ritual.

- Set up a room that provides plenty of space for the baskets to represent the four directions without being crowded. (The participants will need to walk around the room to each basket.) At the same time, you want to keep the circle small enough so that everyone can hear each other without artificial amplification and to enhance the feeling of closeness.
- Ask participants if they would like to be a reader or play one of the instruments. Distribute the tasks according to their preferences. Ensure that everyone who wants to participate has a role in the ritual.
- The text used during the ritual can be found at the back of the book. Create your own rituals to better fit the culture of the group you're working with or insert your own elements. (See Appendix, Opening Ritual)

points of reflection

- As facilitators, take note of group members' participation in the ritual and the atmosphere upon conclusion of the ritual. However, move the group directly from the gathering ritual exercise toward the next activity.
- After the ritual is completed, bring people together in a circle (either on the floor or in chairs) and prepare the group for sharing their personal symbols (the one they were asked to bring with them and/or a different symbol explained in the next activity) and expectations for the workshop.





- a new perspective
 - healing of mind and body •
- mutual sharing on caregiving
 - healing for other women attending
- new ways to help clients heal •
- gain new friends • sharing experiences
 - useful information • sharing cultures •
- sharing lifestyles and beliefs
 - explore gender-sensitive caregiving methods for women • group work methods
 - recognition of women's contributions •
- access and equity for women
 - improve women's rights •
- share the spirit of sisterhood •
 - solidarity and alliances with women caregivers and survivors • research ideas
 - understanding other's caregiving methods •
- healing for self and dealing with traumas
 - gain more knowledge and skills for caregiving in personal and work life

things we hope for

- sharing caregiving experiences
 - learning from each other
- physical: body aches • pains • illnesses
- mind: anxieties • bitter thoughts • painful memories • fears
 - emotional stresses •
- nightmares • grief • losses
- stress: caregiving to trauma survivors • impatience
- traumas of self and others • problems with authority figures
 - not seeing self as gifted •
- violence and cruelty in humanity

things we want cleansed



things we willingly carry

- responsibilities to family • friends
 - work commitments • research •
- special projects • world problems
 - injustice • abuse of women •
- negotiating refugee needs • writing
 - understanding group dynamics
- personal experiences
 - rebuilding broken relationships •
- financial burdens for family

things we want to leave behind

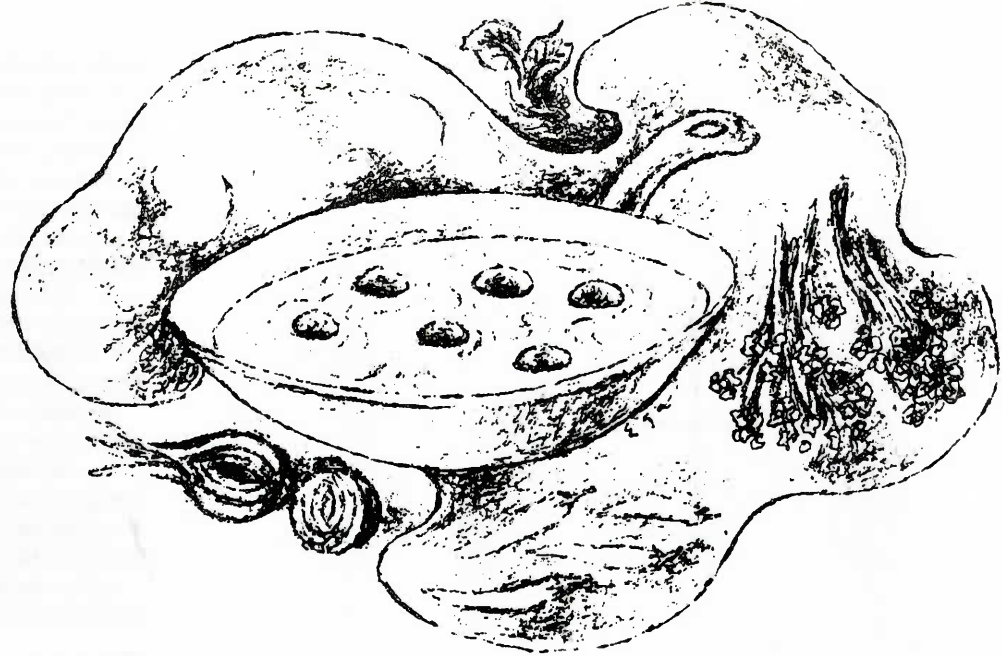
- family obligations
 - professional obligations
- illnesses
 - personal hang-ups
- worries, fears,
 - anger • hurts
- low self-esteem
 - loss of family members
- patriarchy
 - concern about the future
- emotional stress
 - age
- depression
 - weaknesses
- troubled relationships



RECIPE THREE

Piaju

(pee-AH-joo)
clarifying expectations



rationale

In any group work process, the importance of bringing together everyone's expectations and establishing a way of working together can never be underestimated. We conceptualized it almost as a hosting role. After the welcome and gathering rituals, the work of becoming present and addressing the groups' purpose and hopes for what we will all gain begins. Invariably, those who may institute group processes may have different goals from those of the participants. Clarifying and making explicit these similarities and differences, right from the start, reduces the potential for misunderstanding, and increases members' commitment and participation in the group processes.

objectives

- To create continuity between previous exercise and the next group process.
- To provide another process for learning each persons' name.

Piaju is a spicy treat from Bangladesh. It gets its name from peaj (onion). These snacks are deep-fried to a crisp on the outside and soft on the inside. We often keep up our own crisp outsides until we know others well enough to reveal our soft insides!

- To acknowledge the strengths we each bring to this group and in our own lives.
- To provide a process where each woman can draw on her own wisdom and intuition for establishing group directions.
- To create a process to clarify expectations from all group members, as well as facilitators.

materials needed

- Small objects brought by each woman or objects easily available in the room from which members can choose.
- A room environment conducive to visualization and meditation, e.g., quiet, with as few external intrusive noises as possible.
- Blackboard, whiteboard or large sheets of paper, marker pens.
- *Optional:* Taped music (gentle and meditative).



methodology

1. Naming our strengths: Invite each woman to give her name (how she wants to be called in the group) and introduce herself further by using either the object she brought and chose to represent herself during the gathering ritual or by selecting an object from those available in the room. She uses this object to represent or give an illustration of a strength that she brings to the group. If she chooses from the objects available in the room, encourage her to be intuitive in her selection of an object rather than think first about what object fits her strength.
2. Visualization:
(The facilitator should speak slowly, with pauses and spaces for reflection/meditation.) Sit quietly, close your eyes, and take a deep breath. Breathe slowly and fully at your own pace and rhythm. Allow yourself to be still in this place. Focus on your breathing and the stillness. As you breathe quietly, imagine, see and feel yourself leaving this workshop at the end of the week. (Or insert here the actual length of time designated for the workshop.) As you are traveling away from this place and time, get a sense or feel in your body, or see in your mind's eye what it is that you are taking back with you to your country, to your home. What is it that you, as a woman, as a caregiver, as a trauma survivor, needed or wanted from this time you spent here? What did you receive, and what are you taking with you? See, feel, or experience yourself having what you desired from this time. As you leave this place, what you received is specific and clear to you. Now, bring your awareness back to this time and place. Take a deep breath, move your fingers, move your toes, and when you are ready, open your eyes to this present moment.
3. Process and discussion points with group:
 - As facilitators, ask the women to call out words or images of what they saw themselves taking away from the workshop. Draw these on the board or paper as a mind or word map. (You can

compare these later to the "offerings" put in the baskets during the Opening Ritual, a good opportunity for reflection and verification.) We posted ours in the room as visual reminders for the group and used the lists during the Healing Circle ritual. (See Recipe Eleven: Lussekatter)

- As facilitators, after everyone has had a chance to add their words and images, ask the group if there is anything else they wish to add. It is important for the facilitator to add words such as *confidentiality* and *impartiality* if these have not been named by the group. It is also helpful to have some discussion on the meaning of these words for *this* group. We usually define *confidentiality* as not sharing with anyone else outside the group any personal details or stories of anyone else in the group. Sometimes though, it is necessary to clarify and give trauma survivors permission to share their *own* experience with someone important or relevant to them outside the group. This is their personal choice for self-disclosure. The naming of confidentiality increases the sense of safety in the group.

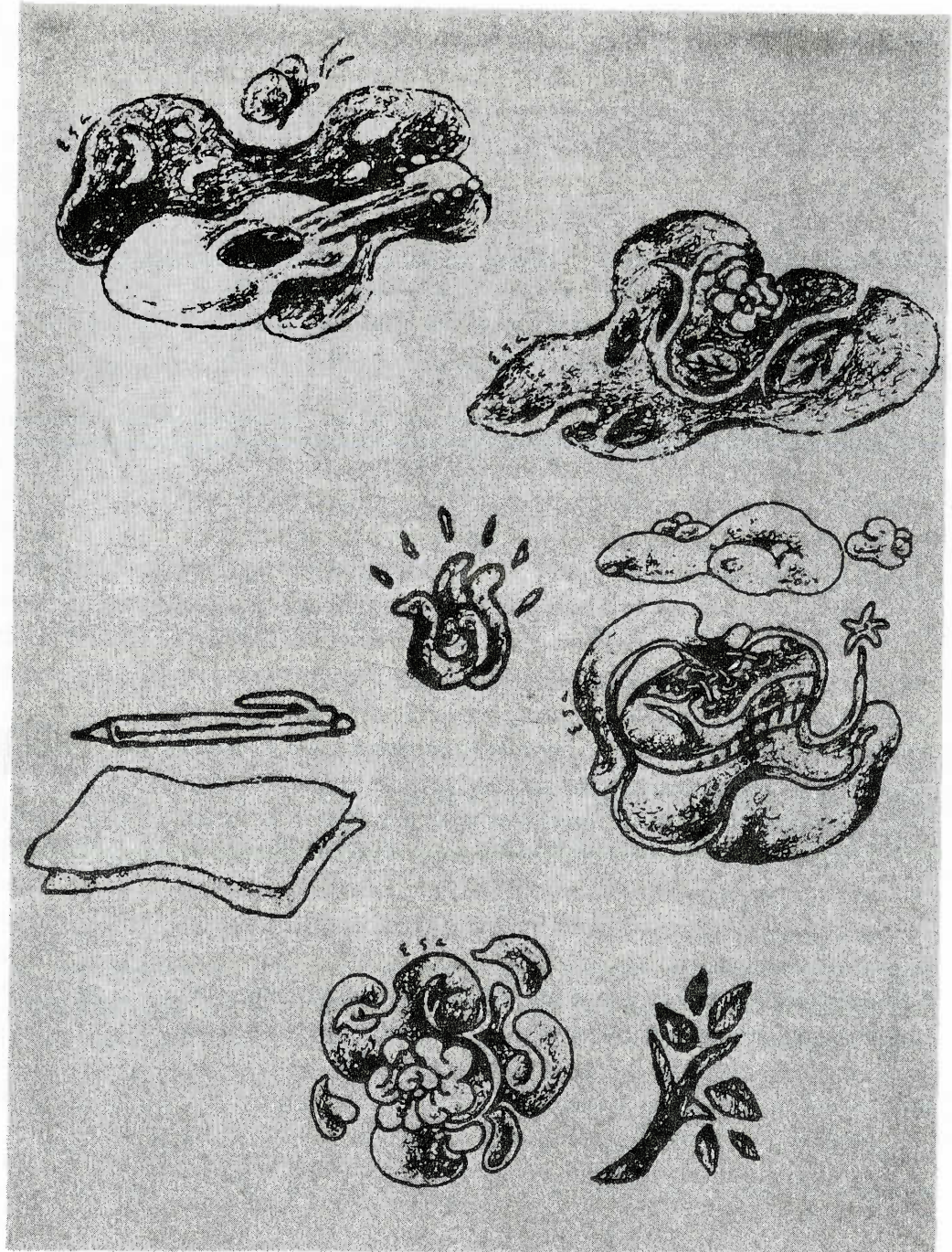
points of reflection

- The use of naming: It is important to encourage and model the behavior of naming our experience. Many women, and especially trauma survivors, are unable to name and associate a strength with themselves. At times and if necessary, facilitators may assist by identifying a number of strengths that their object could symbolize and allowing the woman to select one of these strengths that she feels is relevant to her. Some women and trauma survivors may only be able to attach a negative connotation to their object. Again, it is important to provide a number of positive alternatives as mentioned.
- The use of visualization: When using visualization, it is important to encourage sensory and body connections as this enhances each woman's ability to be intuitive, creative and responsive to



her body sensations. Some trauma survivors may have difficulty or be unable to close their eyes. The facilitator should be clear in giving a reason why it is useful and helpful to close one's eyes for the exercise. For example, "It may help you to know what you want from inside of you." This simple explanation is often enough; do not push people if they are not comfortable. If forced, visualization is often counterproductive. The aim of this exercise is to enhance group members' abilities to express what they want and expect from the workshop experience. It is important not to rush the exercise. Give plenty of time and space. Recognize that the selection of images needs to be useful for the group process. As stated earlier, you may wish to use gentle music or nature sounds along with the visualization. Take care, however, that the choice of music is open enough that it will not induce traumatic memories (e.g., the sounds of water dripping may provoke a reaction in a trauma survivor who was exposed to water torture).

- Prior to the gathering, facilitators should have provided to the group information regarding the expectations of the workshop. It is essential for participants to have an opportunity to respond to these expectations, talk together with the facilitators about their own expectations, what directions or possible outcomes may develop, as well as to clarify and negotiate around those expectations that may not be possible during this group experience.

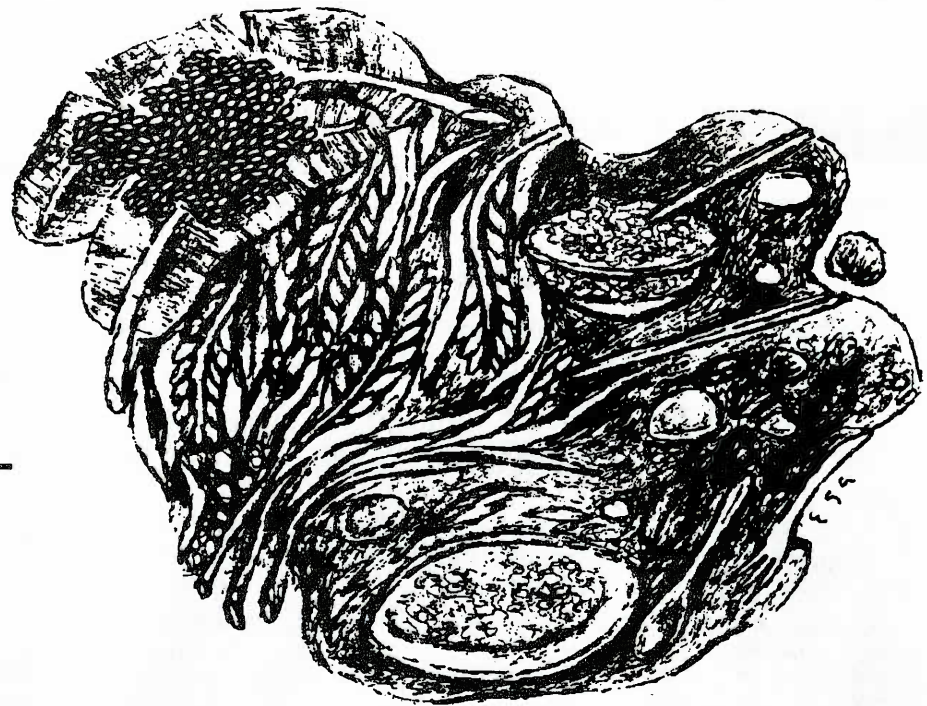


RECIPE FOUR

Basmati

(bahz-mah-tee)

Identifying commonalities and differences



rationale According to Amnesty International, torture continues to be systematically used in at least 124 coun-

tries throughout the world. The resulting numbers of people suffering from torture and continuing trauma from such experiences are still increasing. When gathering a group of caregivers and torture and trauma survivors, it is essential to understand and identify the concrete conditions

under which the participants are living and providing care to torture and trauma survivors. For those gathering in a country of refuge, we believe it is still important for group members to have the opportunity to identify the commonalities and differences regarding the conditions under which they lived and may continue to be preoccupied with, especially if family members still reside in their country of origin.

objectives

- To identify the concrete human rights condi-

tions confronting the participants: what, where and how they live and work.

Basmati is an aromatic long-grain rice variety used for special occasions in much of Nepal, Bangladesh and India. Rice is the staple grain of Asia but is also used throughout the world. The kind and quality of rice, as well as how it is cooked and what people prepare to eat with their rice, tell a great deal about the economic conditions of families and a country as a whole.

- To identify common issues all members of the group may be facing.
- To identify the differences, the unique situations, which face them.
- To identify how the human rights situation within their countries affects the caregivers or participants of the

group personally and their ability to provide care within such a context (commonalities and differences).

materials needed

- Manila paper and colored marking pens.
- Small-group rooms: divide the group into smaller numbers (three to six people per group).
- *Optional:* Overhead projector, acetate sheets and marking pens.



methodology

1. Divide the group into smaller groups (between three to six people). Give each group manila paper, marking pens and the following instructions:



Each group chooses a facilitator and recorder. The output from the sharing should include the following areas, which are to be recorded on manila paper:

- The common aspects among the country situations
- The differences or unique situations (e.g., high internal or external refugee populations)
- The situations, laws and conditions which help or hinder the ability to provide care
- The effects of this situation on caregivers (personally, family-related, professionally, etc.)

2. After about an hour and a half, the groups should come together and briefly share what they have reported on their manila paper.

Note: It is helpful but not essential to ask participants to prepare a brief country situation report prior to the workshop/conference where they highlight the salient points of their situation. This is especially helpful with people coming from a variety of cultures and using many languages. Brief written reports can allow the participants to compare more fully the situation in their own country with that of other group members. If the participants are all coming from one country, it is still helpful for them to share their perceptions of the conditions under which they live and provide care to survivors.

points of reflection

During a short group break, the facilitators of the workshop/conference should compile the manila paper reports in order to synthesize the questions provided above. Make specific observations regarding the small group discussions toward gaining an overall picture of the personal, familial and professional situation of the participants, and what key areas might need to be specifically addressed or added to the agenda for discussion. This can be done either on acetate sheets to be used with an overhead projector or on manila paper using colored marking pens or a form most convenient to you.



RECIPE FIVE

Alu gobi tarkari

(ah-loo gho-bee tahr-kah-ree)
using the circles of life tool



Each one of us is a survivor as well as a caregiver. This is a truth that many of us would rather ignore. We forget to take care of and fail to protect ourselves from the trauma that our life experiences and work often bring. **rationale** *Circles of Life* is a method of self-disclosure that we can use not only with survivors, but also with ourselves as caregivers. If you can relate to it, your clients will most likely be able to relate to it too.

Note: This can be done individually or in a group. This particular example is in the context of small groups. The concept of the *lotus flower* with its many layers of petals

Alu Gobi Tarkari is a hot and spicy vegetable curry from Nepal. Curry refers to both the spices as well as the dishes that use these blends of spices. Our life experiences are our spices: hot and spicy, bitter and sweet, painful and healing. They create our circle of life.



unfolding evolved and emerged from the discussions in one of the small groups. They shared the idea with everyone and we all embraced the idea and visual concept of the *lotus*.

objectives

- To help the person assess or conduct an inventory of reactions and the means by which that person copes with the trauma.
- To highlight the impact of the trauma in terms of how it changed the person's feelings and ways of looking at one's self, one's environment, one's relationships, as well as one's values in life.
- To guide the person into acknowledging the meaning given to the trauma experience as well as reconstructing an alternative meaning that is more positive and healthy.
- To facilitate recognition of internal and external resources for recovery and re-empowerment.
- To structure a closure of the sharing experience, minimize re-traumatization and encourage continuing self-healing.

materials needed

Physical set-up: Adequate space for small groups of three to six participants. An open area is preferred if this can provide the necessary privacy and minimal distraction. Set aside tables and arrange chairs in a circle, close enough for the participants to hear each other comfortably and well without any strain.

Pencils and colored pens, paper (plain white and colored), magazines, scissors, glue: These materials are needed for the healing ritual that comes immediately following the *Circles of Life* activity. If no outdoor space is available that also provides elements for participants to find object symbols in the natural environment, use the above materials for participants to draw or make their symbol of themselves at the closing of the exercise. It might also be useful to have on hand magazines from where people can cut pictures and paste images together in a collage.

Manila paper/poster paper and marking pens: Each group should be instructed to summarize their sharing on manila paper by drawing a "group" *Circle of Life* diagram.

Optional: talking stick or talking stone as explained earlier.

methodology

1. Introduce the activity by discussing briefly (10 minutes) how events and experiences shape our perception and behavior as human beings. Give examples of the ways in which particular events in our lives have lasting effects because they eventually influence how we interpret and predict the world around us. For example, if our early life experience has been one of consistent loving and positive attention from our parents, we learn that the environment we live in is, in general, something that is consistent, predictable and rewarding. We learn to trust and have a generally positive attitude toward life. If, on the other hand, we grew up in an atmosphere of rejection and withdrawal of love and attention, we come to conclude that life is, in general, a painful process that we must defend against. Our sense of mastery is overwhelmed by these negative experiences that give us the impression that we are powerless and vulnerable. Thus, we treat life as a continuous threat to our integrity and survival. Unfortunately, even as adults, we continue to be confronted by challenging, even adverse, events that question and shake our basic assumptions about the world in which we live. The solution is not to find the means to escape these events, but to develop our capacity to use these events to our advantage, in the service of personal and human growth. *Remember that our power lies not in our ability to control or prevent adverse events, but in our ability to choose how we react and interpret these events.* The first step is to know how to assess the impact of these events, i.e., how to make an inventory of the positive and negative effects on various aspects of our life. There are tools that have



been devised to accomplish this task. *Circles of Life* is one such tool.

2. Distribute the *Circles of Life* questionnaire. Go through each question one by one, giving examples as to how one may answer each question (30 minutes). If you are comfortable about it, you may use your own personal experience to model how these questions may be answered.

Demonstrate how the *Circles of Life* diagram may be used in summarizing one's answers to the questions provided (20 minutes). Do this by explaining that *Circles of Life* is a way of systematizing the process of assessing the influence of a significant experience or event on four dimensions of our personhood. This system was originally developed in the Filipino context, a product of an understanding of the Filipino psyche through our experience of helping Filipino survivors of psychosocial trauma. We believe, however, that this tool has great potential for adaptation, and can be made culturally suitable to your setting. For example, similar, if not equivalent, concepts of these four dimensions in your own language may be used.

- 3.. Share and discuss the Four Dimensions of Personhood used in the *Circles of Life* model. (For examples and further understanding of the use of model, see Chapter IV, Herstories: Food fo the Soul)

Loob (inner self-perception): We get a glimpse of this *loob* through our overt behavior and our value system.

Kapwa (relationships/outer reality): This refers to our "shared self," that is, our relationship with people and the environment. *Kapwa* may also include our relationship with our body, which, among Asians is often not integrated with our *loob*, but relegated to the external dimension of our selves.

Katahimikan (sense of inner peace/peace of mind): Our sense of inner peace can also be the sense of being "able to breathe with ease," as the unhampered breath in oriental cultures that is often used as a measure of the person's well being. It can be viewed not only in material and physical terms but also spiritually and emotionally. It can come from our feeling safe or from a sense of coherence and order in our life.

Kapangyarihan (sense of power/empowerment): This refers to our sense of mastery or empowerment over our life, our fate or, in psychological terms, it is our "locus of control." Our potentials, *kakayahan* (capabilities) and our *lakas* (strengths) contribute to our available pool of resources in this dimension of our personhood.

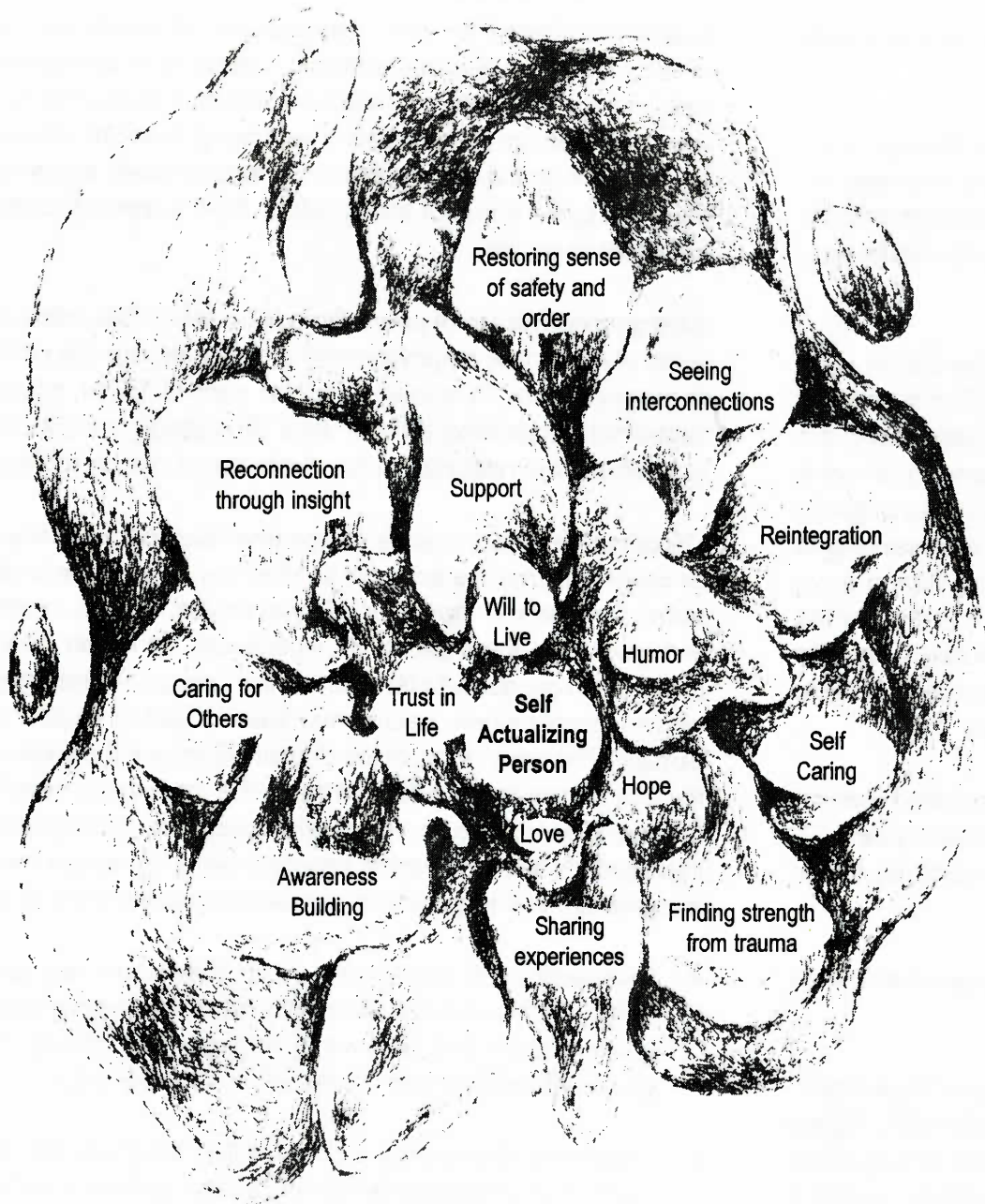
Of course we cannot so easily compartmentalize our lives. Any event or experience has the potential to affect any or all of these dimensions of our personhood. Our ability to survive, recover, reintegrate and grow from these events or experiences, no matter how traumatic, lies in our ability to be aware of their impact. These categories help to identify where trauma may have lodged or caused severe damage. The inner petals of the diagram represent the areas where the four dimensions overlap and signify the "core values" evoked by the event or experience. These give caregivers starting points for interventions that can help the healing process. These are the areas that give us the driving force to survive and recover from trauma.

4. Give participants the *Circles of Life* questionnaire and approximately 30 minutes to further reflect on the questions and write down or draw their answers in preparation for sharing in small groups. (See Appendix: *Circles of Life* Questionnaire)
5. Depending upon your group size, divide the group into a maximum of six people per group and as few as three if people are more comfortable working in triads. (Allow at least 15 minutes



Peace of Mind

Relationships/Outer Reality



Empowerment

per person for sharing time.) Ask participants to share their responses to the *Circles of Life* questions and try to summarize these responses by using the *Circles of Life* Diagram. This will allow them to arrive at one composite drawing for each group.

6. Bring the entire group together for a plenary discussion of the activity (at least 30 minutes) and identify key areas raised by each group.

points of reflection

Inner Self Perception

- What were the commonalities in the participants' reactions to their experience in terms of the four personhood dimensions outlined?
- What are some insights/learning that can be drawn from these commonalities?
- What were the participants' reactions to the activity? How useful or helpful was it in achieving the objectives cited?
- How can the tool and activity be improved?

Special Note: Cap this activity with a healing ritual—an activity for closure. We provide an example in Recipe Six but we encourage you to develop healing rituals that are more culturally appropriate and more suited to the group you are working with.



RECIPE SIX
Tinola

(Tee-noh-la)
healing ritual for the soul



objectives The main objective of this activity is to provide a structure for containment and closure. This activity allows individuals and the group to return their emotions to a normal or more manageable level after the deep emotional outpouring that takes place during the *Circles of Life* exercise.

materials needed

Physical Set-up: Gather participants in a circle in the center of a room or outdoors in a quiet space.

A large fire-resistant bowl (earthenware) containing earth: Put a lit candle in the middle of the bowl

Tinola is the Filipino version of a clear chicken broth mixed with green papaya, chili leaves and ginger that gives a soothing, refreshing nourishment to people too ill to take a normal meal.

and surround the candle with unlit sticks of incense. Place the bowl in the center of the circle.

Small pieces of blank paper and pens for each participant.

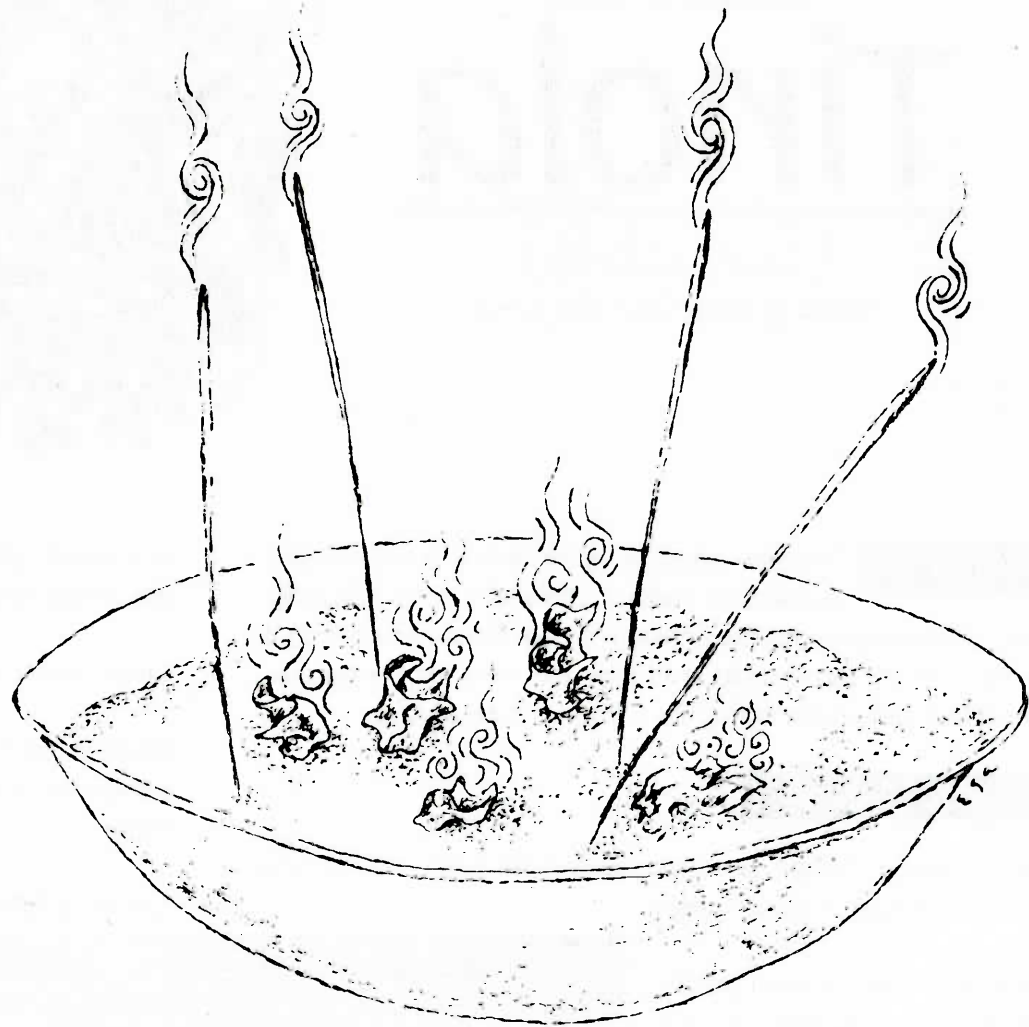
Objects: Each participant is instructed to choose an object that symbolizes her thoughts and feelings at this time before coming to the circle.

Community songs: Choose songs that have meaning for the group, that encourage a positive, uplifting/hopeful outlook on life (e.g., *We Shall Overcome*) to be sung during the ritual.



methodology

- Give participants one piece of paper and a pen to write whatever they would like to release or dispel.
- Each participant presents an object symbol of her thoughts and feelings of the moment and briefly explains why she chose this symbol.
- After the presentation of the symbols, the participants are asked to place their paper into the large bowl of earth. They then each take a stick of incense and light this from the candle at the center. While each participant is doing this, the group sings the community song.
- After all have placed their papers in the large bowl, taken and lit a stick of incense, the pieces of paper are set on fire and burned while the group continues to sing the community songs.
- With incense sticks in hand, participants then hold hands in a circle to end the ritual. Some participants may then want to bring with them their object symbols and incense sticks after the ritual.



RECIPE SEVEN

Dèep Meze

(daip met-ze)
an activity for cultural sharing

rationale

When bringing together women from various countries, it is important to provide time for sharing the beautiful aspects of cultures. When so much time is being dedicated to revealing the dark sides of our nations/cultures, we need the chance to share why we're proud of our nationality, our backgrounds and history as peoples. There is a need to recognize both the similarities and unique aspects of

Dèep Meze (daip met-ze) is a Turkish dish which often begins a meal. It is comprised of a range of breads and dips and nibbling foods—olives, humus, baba ghanouj, ladies fingers, kebbe—and allows each person to choose for themselves how much to have or to share.



how we express our hopes, dreams and love—through songs, dances, poetry, etc.

objectives

- To provide an opportunity for each participant to share something from her culture. This serves several purposes: It allows appreciation of each other's uniqueness and diversity of expressions; highlights the commonality in the ways in which peoples express their communal life and aspirations (i.e., songs, dances, poetry); and encourages participants to continue the bonding and trust-building process.
- To provide an opportunity for each participant who shares personal herstories to make the transition from personal to collective emotions and experiences.
- To encourage and allow for physical release of energy after intensive emotional outpouring.

materials needed

Pre-workshop request: Ask all participants to bring along their native costumes or dress and something from their culture to share with everyone (music, dances, poetry, instruments, etc.).

Large space, decorated in a festive style, that can accommodate dancing, drama, singing, etc., and floor cushions for a more informal setting.

Sound system with microphones for accommodating voices, as well as tapes and compact discs for dancing music. Video can also be used for additional cultural numbers.

methodology

Let go and have a good time!!!!!!



RECIPE EIGHT

Key Tew Cha

(goi dieu chah)

a group process for analyzing gender sensitivity



rationale

After sharing personal and often emotional information during the previous session, a structured process for analyzing what assists us as caregivers, and also what we actually make available in our services to other women, enables us to carry forward our role as caregivers with greater awareness and sensitivity.

objectives

- To identify various ways through which people cope and try to heal from trauma and torture.
- To identify processes that enhance each aspect of the person.
- To identify personal support strategies for caregivers of torture and trauma survivors.
- To identify ways through which women help each other to heal (both formal and informal channels).
- To identify elements of services or caregiving that are gender-sensitive and determine whether or not these

Kuy Tew Cha (goi dieu chah) is a Cambodian dish where a little bit of meat flavors a large bowl of noodles with broccoli added. A little gender sensitivity would also go a long way!





currently exist and are available to women.

- To identify areas where advocacy may be needed to support healing services for women.

materials needed

- Copy of blank tables and questions to guide personal reflections. (For exercise forms, see Appendix: Healing Strategies for Caregivers; Caregiving Services for Women Trauma and/or Torture Survivors; and Synthesis Questions for Small-Group Discussions.)
- Small-group areas for coming together to share reflections.
- Pens/pencils, manila paper, colored marker pens.

methodology

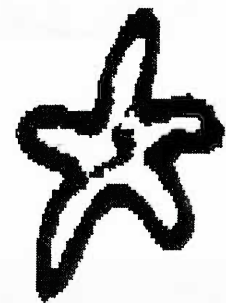
- Give each participant the blank forms (you can use those provided in the Appendix or develop your own). Provide the participants with personal time and space for self-reflection and to complete the forms individually (one to two hours).
- Come together in small groups, three to six people (two hours).



1. Identify someone who is willing to write down key words during the sharing process.
 2. Let each share her own strategies for healing and reflections regarding the other questions.
 3. As a group, identify the commonalities and differences in healing strategies and services for women.
 4. Brainstorm about the steps and strategies that can be taken to address the issues and gaps in services to women.
- On manila paper, list the following for sharing with the entire group (make special note of commonalities and differences):
 1. The specific strategies used for healing the various aspects of our lives: a) physical, b) mental, c) emotional, d) social or interpersonal, and e) spiritual.
 2. The ways in which women help or hinder each other's healing.
 3. The strategies/activities/services that are currently available to women in the formal service sector.
 4. List the elements that have made it possible or have hindered the use of gender-sensitive services for women.
 5. List the ideas generated about steps, strategies and possible remedies that can be taken to advocate for changes.
 - Bring the entire group together to share their reflections, ideas and possible strategies for action by using the information listed on each groups' manila paper.

points of reflection

- The facilitator can help point out the commonalities and differences, especially as they relate to how women cope and heal in relation to themselves as individuals, to their families, to their social group or friends, and to the wider community where they live.
- The facilitator can help identify structural barriers or impediments to women in relation to access and gender-sensitive caregiving services. Are there ways in which services to men are different from services to women?
- In situations where you are dealing with a mix of cultures or when you want to be developing cross-cultural awareness in caregivers and survivors, ask the group to also reflect upon if and how services are or are not culturally adapted, appropriate and gender-sensitive.
- The facilitator can assist in identifying advocacy steps that may be immediately achieved by the members of the group themselves and those that will need greater effort and assistance from others as well as a longer timeline.
- Prepare the group and lead them into the next step in the process: *Visualizing the future*.



RECIPE NINE

Outback damper

(ahwt-bahk dam-puhr)

visualizing the future



rationale

In order to move toward the realization of our visions, it is important to identify what personal power quality/ies we have that will assist or create the conditions for achieving our visions. Unless we, as caregivers and/or trauma survivors, can identify what we want to be moving toward (the vision), it will be difficult to also identify the steps needed to bring our vision into reality.

objectives

- To identify what a woman-centered service/world feels like.
- To clarify our visions of what we want to achieve.
- To create a collective woman-vision and direction for our work.
- To understand and identify factors that may hinder the ability to achieve our vision.
- To develop a strategy for continuing our focus.
- To identify one aspect of our personal power which can contribute to the process.

Outback Damper is an Australian baking powder bread that requires self-rising flour. Outback Damper can be placed in a pot and cooked in hot coals over an open fire rather than an oven. It can be eaten at any time of the day. Traditionally, it is eaten by campers as part of the main meal in the evening. More recently, it represents celebration, simplicity, and an expression of Australian folk-wisdom of "she'll be right," meaning, everything will be all right. If we want everything to be all right, the actualizing of our visions for the future requires us to rise and take concrete action toward the realization of our visions.



materials needed

- A large enough space so people can sit comfortably in a circle.
- Visualization instructions.
- Large manila paper/ blackboard or whiteboard for recording and summarizing group brainstorm process.
- 3" x 5" index cards or pieces of blank paper (for the second part of the exercise).
- Set of projective identification cards (We used *Power Cards* developed by Lyn Andrews for the beauty and artistry of the paintings, and their focus on personal power qualities. For other group processes, we have used *Medicine Cards* by Jaime Sams and David Carson. There are many such tools currently available and we encourage you to use something that feels right for you and the group with which you're working.)

methodology

This exercise combines three to four activities taking place over a particular period of time. Any one or combination of these exercises can be conducted during one session or divided into several sessions depending on the time available.

1. Visualization. (Remember to speak slowly, with many pauses, to allow time for the instructions of each part to be understood fully by the participants.) Sit or lie down; whatever is most comfortable for you. Make sure your spine is straight. Uncross your arms or legs and keep them free from restrictions. Allow yourself to be still. The facilitator then says:

Focus on your breath, (Pause) the breath that keeps you alive, and brings you to your place of being in the world. (Pause) Each time you breathe out, say your name in your mind, and the words: *be calm*. (Pause) Be with your own breath for a few moments, as you focus inside your self. (Pause) See your self in a place that feels like *your* world. In your mind's eye, see and experience your self in this place. (Pause) Look around you, notice the sights, the sounds, the smells.

Feel your world. (Pause) However you experience this is fine. Don't be concerned if you do not see, or feel, or smell anything. Just allow yourself to be in your mind, breathe deeply, be, in whatever way is right for you. Allow whatever images, feelings, sensations to arise freely. (Pause)

See yourself experiencing a typical day in this place, your world. (Pause) Who are you with? What are you doing? How do you feel about yourself, about your world? Stay with these images for a while. (Pause)

Now, imagine your day in a place like this, where women are the leaders, the caregivers. As you look around, all the family, education, government, religious, and spiritual institutions are led by women. (Pause) The nurturing and caring that are provided by women, men acknowledge and support this work, this way of being women. (Pause) As you feel this world, notice what is similar or different in this world from your world a moment ago, a day in your world and how you live it.

Just be in this space for a while and be aware of the activities you usually do. How you do them, the sights, the sounds, the feel, the smells. Stay with these images/senses or feelings. (Pause)

Focus again on your breath, breathing in and out gently. (Pause) When you are ready, bring your awareness back to this room. Come back to this time. (Pause) Breathe in, breathe out, and in your own time, open your eyes, stretch and move your hands, your feet, and be present.

2. Identifying visions and paths to action. (Distribute at least six index cards or pieces of paper to each person.)

After all members of the group have opened their eyes and stretched a bit, and while they talk and laugh, pass out the index cards or



pieces of paper. Let the group know that the following part is most fun when done as spontaneously as possible. They will be asked a series of questions, but they don't need to take a lot of time to answer them. They should write the first thoughts that come to their minds. What they write down doesn't have to make sense or necessarily be achievable. That's also part of the fun!

Use one index card or sheet of paper for each of the questions.

- a. Ask the participants to write at least one thought, feeling, comment or experience they had during the visualization exercise on the index card/paper.
- b. Ask the participants to identify something from their visualization that they can do or implement in their own life beginning *now* or as soon as they return home.
- c. Ask the participants to write down three specific things they want to achieve in the next three to five years as women, caregivers and/or survivors. Remember to encourage them to be as spontaneous as possible!
- d. Next, ask the participants to write down a few things that might hinder or stop them from achieving the three things they listed. Again spontaneity is the key.

Go around the room asking each participant to share her answer. Let everyone answer the question before moving on to the next question and so on for each subsequent question. As the participant is sharing her answer out loud, one of the facilitators writes it on the board or manila paper. The facilitator should try to group the answers as much as possible so the participants can see how alike or different their responses are from one another. For questions three and four above, use the grid in the Appendix or something similar to highlight the progression of ideas.

Question: Three things I want to achieve in the next three to five years. In three to five years, what will block me? What will counteract the blocks?

- Next, brainstorm as a group what would have to happen for the blocks to be neutralized or eliminated. Note: Usually this produces a range of activities quite different from the first list, and helps the participants realize that by focusing on the activities in column three, "*What will counteract the blocks,*" a great deal can actually be achieved just in the process of trying to remove potential or real blocks to our progress.
- An additional activity can be added to the previous tasks if you want to assist the group in identifying immediate follow-up activities. As a group, or after breaking into smaller "buzz" groups, review the activities and ideas listed in column three, "*What will counteract the blocks,*" and identify at least three or four key tasks, areas of focus, and/or group activities that can be done to get the process underway. Bring these ideas back to the entire group for discussion and refinement.
- Note: This is a good time for bioenergetics, Ch'i Kong (Qi Gong), or a brief break before proceeding to the next step.

3. Identifying personal power qualities.

Optional. We have found *Power Cards* or *Medicine Cards* useful in helping women identify strengths and maintain their momentum and excitement for action. You may want to explore other kinds of projective identification cards.

Very often, group and creative energy runs high while the previous step in the exercise is in progress. In the course of the activity, inevitably someone asks, "But how do we do it?" Completing the



timeline and identifying the blocks and what will counteract the blocks are very useful. Very often for trauma survivors, however, there is a general sense of powerlessness: *We are not powerful enough to do anything*. The following exercise is a gentle, nonthreatening reminder that we each have strengths, and can provide participants with a way of touching base with these strengths and the empowering aspects of themselves.

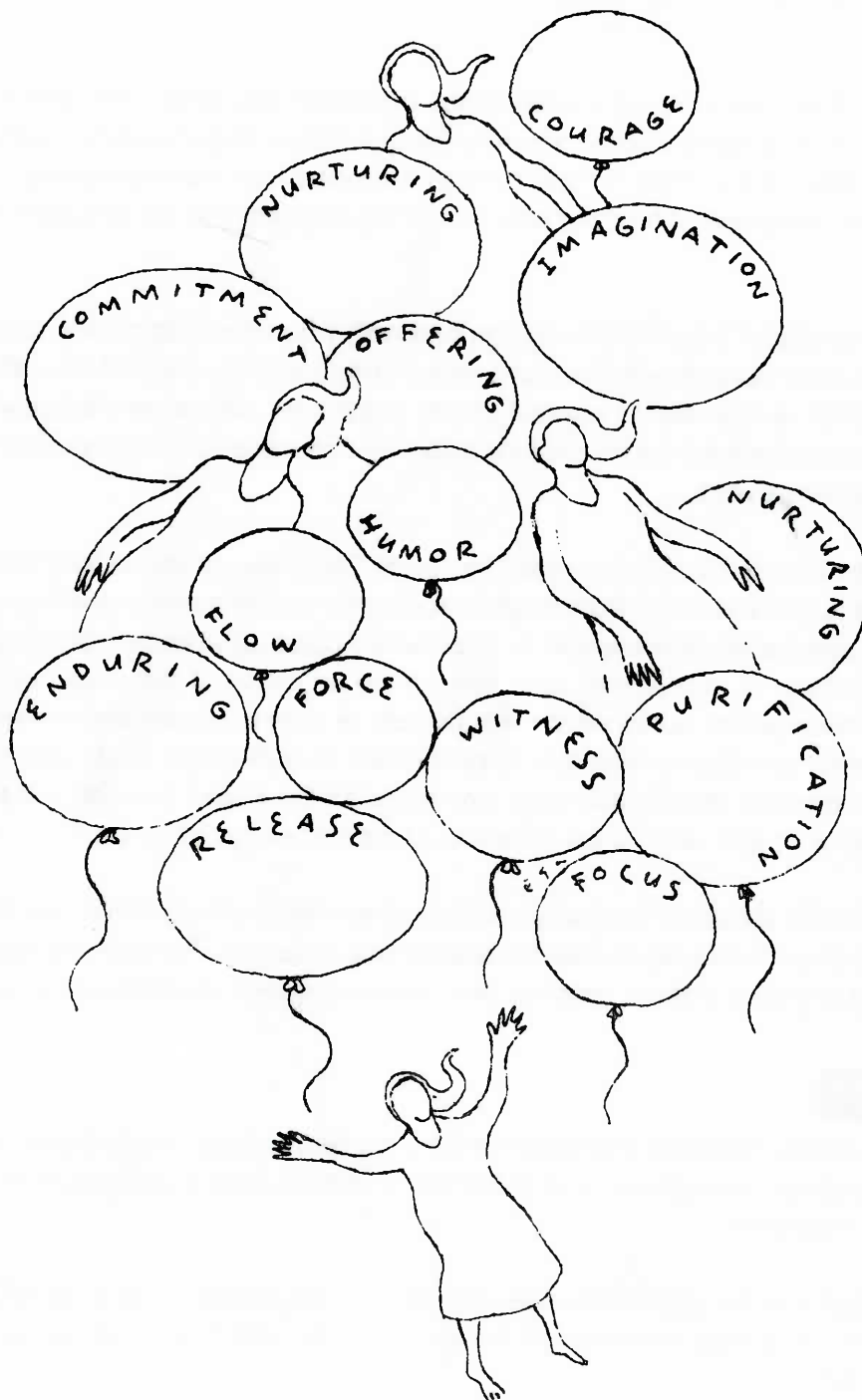
For trauma survivors, the concept of power has been predominantly experienced as power abuse. Many trauma survivors feel uncomfortable with the word *power*. It is good to have a brief discussion of the concept of inner power, as opposed to external power, and power *with* rather than power *over* can help the participants understand the basis for the activity and be more comfortable with the conceptualizations of power being used.

- Place the projective identification cards (in our case, the *Power Cards*) face up on the floor in the center of the room. As participants return from their break or settle back to a seat on the floor or their chair in the room, encourage each member to select a card based on what they feel drawn to in the image. Invite them to look at their card and identify an aspect of the image which reminds them of a personal power quality which they possess or wish to activate within themselves. The *Power Cards* have ideas written directly on the back of each image. That's why we found these particular projective identification cards easy to use for this kind of exercise. But any series of cards, pictures or images which draw in themes of nature/beauty can be used.
- Invite each person to identify and share the quality and action they wish to activate in their life. We wrote a *group power list* on manila paper of all the qualities that emerged. This might be especially helpful and useful to groups that will continue their journey together beyond these activity sessions.

points of reflection

- When conducting a visualization exercise, it is important to remember to speak slowly, clearly, and to give enough time between the various parts of the instructions to allow participants time to have the visualization experience.
- In some cases, facilitators may want group members to share in pairs or triads prior to speaking in the larger group. This can assist people to focus on what they may wish to share or not share in the larger group context.





- When conducting the second step of the visioning exercise, the key is spontaneity. The goal is to get the first ideas out on paper, and making sure they are documented without self-censorship. Putting a specific time frame on the activity (three to five years) and a reminder that the sky is the limit often creates enough structure and pressure for this to occur. Don't be concerned with how any of this can be achieved at this stage.
- Encourage group members to be as specific as possible by asking, "What would we see, hear, or know if that was achieved?"
- The third column of activities (*What will counteract the blocks*) can be formulated into a plan to ensure that a forward direction is achieved. In later or subsequent sessions, it may be appropriate to develop more specific timelines, tasks, key implementers, etc., to ensure that progress and work toward completion occur.
- Remember that *power* can be a difficult concept for some trauma survivors. Discussing the issue as cited above, or encouraging the group to identify terms they are more comfortable with, facilitates the process of understanding.

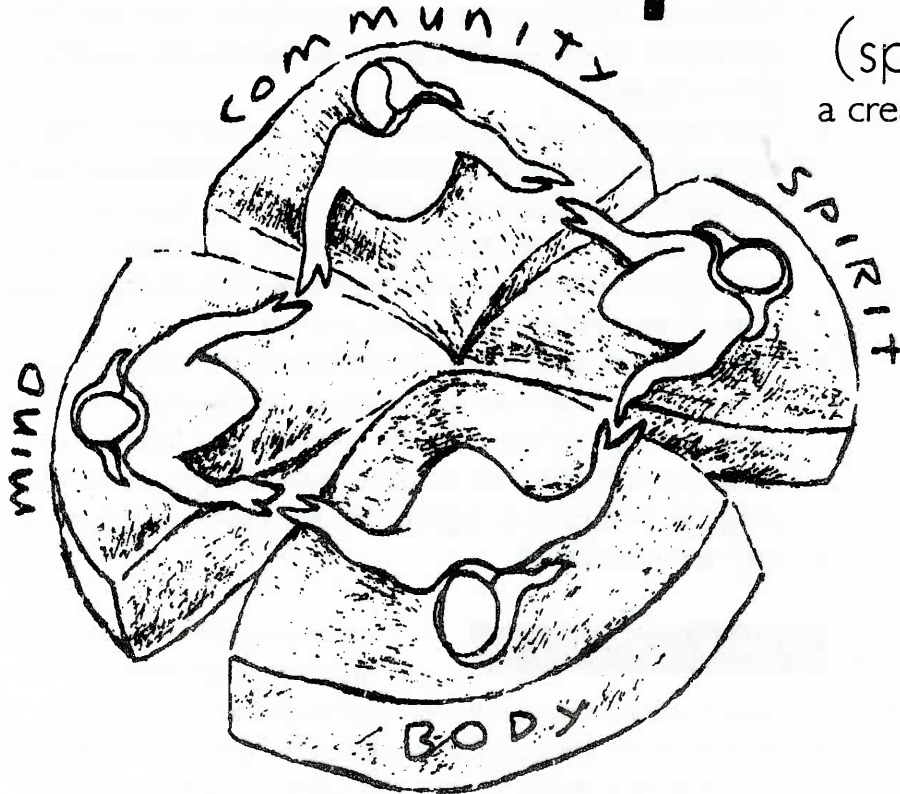


RECIPE TEN

Spanokopita

(span-hoh-KOH-pee-tah)

a creative method for reaching a synthesis



rationale

Taking time out to summarize the key points raised and acknowledge the differences and similarities among the participants grounds the process in the present. This is a skill that can begin with the basic steps offered here and grows with your own additional experiences and your willingness to be creative. Periodic summaries make it possible for everyone to come to a common understanding about what had been discussed, agreed upon, and what remains unresolved up to a specific point in time. This synthesis can also help the process make the leap from the concrete to the theoretical plane, and assists in developing new levels of understanding because it visually illustrates the relationship between experiences, events and ideas.

Note: This synthesis was conducted by Maureen Pagaduan. We wanted to include this valuable method so others could utilize it during workshops and seminars. We met with Maureen and asked her to share more specifically the steps she uses to achieve results. With a little practice and good attention to the process you can perfect this method too!

Spanokopita is a Greek spinach pie. It combines spinach, cheese and phyllo pastry with herbs and spices into a mouth-watering synthesis of flavors. This recipe reminds us to pay attention to the mind, body, spirit and the whole community or environment that surrounds us.



objectives

- To validate and reiterate key views shared by the group.
- To summarize key points raised: areas of agreement, areas of contention or areas still needing to be resolved.
- To give the group a sense of accomplishment.
- To provide additional material that can be used for input and “take-off” points to further the process, highlight examples, cases or experiences of the participants.

materials needed

Meta Cards: *Meta cards* is a term used to describe both a method

and form for providing a synthesis.

- We used precut strips of colored construction paper, masking tape and a wall. You can also use the following: strips of colored construction paper, or white paper (colored by pens) that can adhere to cloth using spray adhesive or to a wall or chalk/white board using masking tape.
- Chalk or white board: Use a variety of colored chalk or white board marking pens (have someone else write the key words as one person tells the story).

A notebook and pen: This is for the facilitator to jot down the key points of each session.

methodology

- It is important for you to be familiar with the objectives of the workshop/seminar and the topic area. You need not be an “expert,” but it is important to have some background and understanding of the areas that will be covered in the workshop/seminar. Your synthesis should be based on the workshop/seminar objectives. The synthesis should tie the workshop/seminar objectives to the actual outcome.
- If you want to synthesize one or more sessions, note the main theme or themes arising from the processes and discussions. When you are putting your synthesis together, choose a color

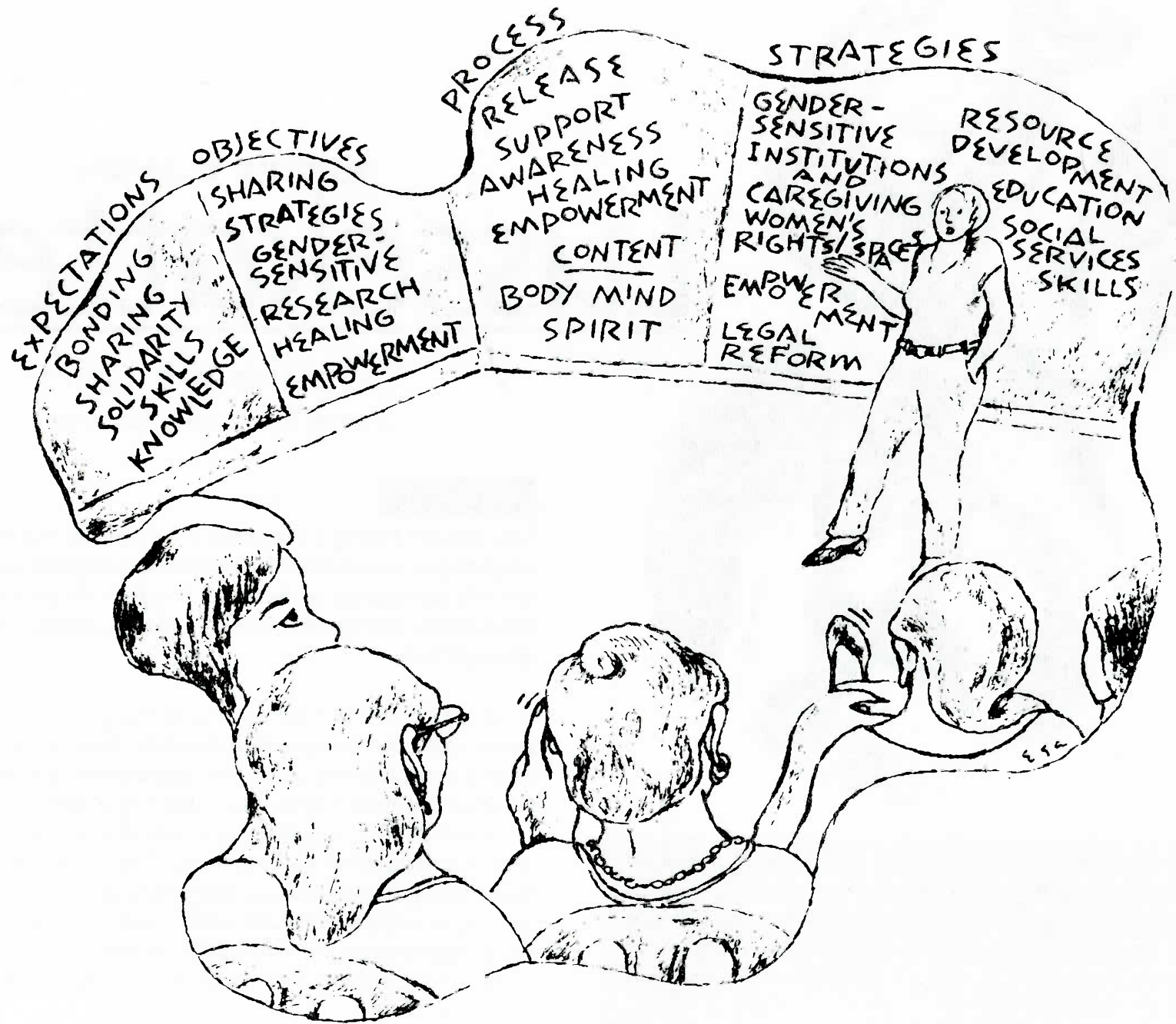
to identify those points that fall under these main themes. Choose colors to represent major groupings of ideas or themes: e.g., yellow for expectations; purple for objectives; red for unresolved issues; blue for processes; green for strategies; orange for content; etc. Write only key words or short phrases belonging in each major category on the strips of paper.

- During each session, jot down key ideas raised. This should include decision points or areas that need further resolution. Take special note of those areas that directly relate to the workshop/seminar objectives.
- From these key points and themes raised, identify the main theme or themes that tie the issues, discussions or processes together. If you are facilitating just one session, pick out the main theme of that session. If you are facilitating a number of sessions or sessions over several days, identify the theme for each session and weave these themes together into a whole.
- The meta cards serve as a visual reminder of the topics and processes discussed or used by the group. As you place the meta cards, flowing from one color theme to the next, weave a story around these themes. For example, create the group’s life story using the meta cards to highlight the key themes/words/points that have been raised.

points of reflection

- Limit the number of meta cards you use. Condense ideas and discussion points down to the most common categories.
- Be sure to ask the group to validate the synthesis. Do they see any ideas, key points or areas that were left out or misrepresented? The facilitator should have extra blank meta cards of each color for the purpose of incorporating the comments and feedback from the group.
- During the synthesis, the facilitator can use additional meta cards of a different color to raise questions or draw the group’s attention toward the next steps to be addressed.







RECIPE ELEVEN

Lussekatter

(loo-she-kah-tehr)
a ritual for coming full circle

rationale

This reflection/healing is connected to the opening ritual as a way of integrating the experience of the participants during the four-day seminar. This participatory synthesis was adopted from an ancient ritual and facilitated by Marianita (Girle) C. Villariba, director of Isis International-Manila.

A woman's body has three sources of energy or power: intuitive power, intellectual power and body power. Body power combines intuitive and intellectual power with reproductive powers. One of the important aspects of this ritual is teaching a woman to take care of herself and her and other women's reproductive area—the womb—regardless of a woman's age. This is a woman's storage area of energy. In order for a woman to fully utilize all her potentials, she should locate herself in the womb, which is the first cell of life. Grounding ourselves in mother earth—our life-giving source—is an act of reverence as well as a means to derive energy and strength for our healing process.

Lussekatter is a Swedish sweet bread made into buns and served on December 13th in honor of a martyred woman, Saint Lucia. Throughout the ages, making bread is a practical healing ritual that women use. The shape of this bread is like the infinity symbol, a sideways numeral eight. Our bodies carry the infinite possibility of creativity and healing.



objectives

- To bring the participants full circle, reconnecting to the four directions and the things offered to the four directions by the women on the first day of the workshop.
- To make concrete and visible the choices we face in our individual life journeys along the path of self-healing—past, present, and the beginning of our steps away from each other and the workshop experience toward the future.
- To make concrete and visible our need to stop along the way to gather energy for ourselves and from others in order to continue on the path of healing—whether for self-healing or to help in the healing process of others.

materials needed

- The offerings from the gathering ritual and sharing of expectations on the first day, written on manila paper. Post the manila paper in the actual direction of the room that corresponds with the East: the things we want consumed, dispelled or left behind; the South: the burdens we choose or willingly carry; the West: what we want to be healed, refreshed, cleansed or purified; and the North: what we hope for, personally, in work, and from this gathering.
- Colored paper, pens, scissors, tape.
- Large sheets of paper to cut into shapes of two bodies. Ask one or two of the participants to have their bodies traced—one facing up and the other facing down, with both the hands and feet outstretched. The life-size drawing is connected at the feet. This creates a mouth or an opening in the center of the drawing, symbolizing the entrance to the womb, the power place.
- A volunteer from the participants, resource people or facilitators who is not feeling well or would enjoy being the recipient of healing energy from the participants.
- Yarn, ribbon or string to make a “web” overhead throughout the entire room.

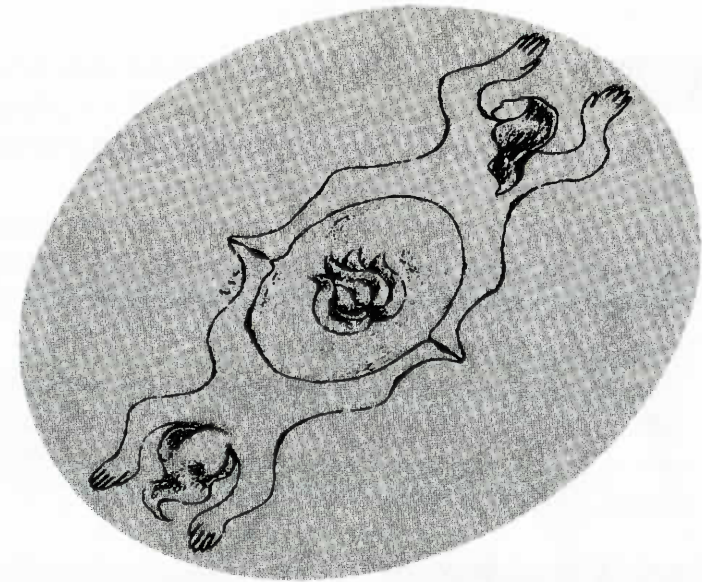
methodology

- Have the women trace their hands and feet on colored pieces of paper. Cut them out. Next, ask them to draw their own representation of their womb on a piece of paper.
- As the women proceed through the ritual, they may want to use the pen to write on the pieces of paper representing their own hands, feet and womb, what they want to offer or leave behind as they take their journey. If a woman wants to “leave” a hand, foot or her womb in any of the directions, she uses a piece of tape to attach it to the “web” overhead—signifying that we add our resources to the web or flow of life.
- After the women have completed drawing and cutting out their hands, feet and womb, give the full instructions for the ritual. Ask if there are any questions before the women proceed. This is important since the ritual is conducted without words.
- Each person is instructed to begin at the doorway to the room being used (one person at a time). This symbolizes the first step in entering this workshop experience and our journey together as a group. As she begins the journey, she brings with her the cut-out drawings of her hands, feet and womb. She may decide to “leave” or “keep” any of these along the way. She proceeds first to the East (this could be the literal East or how you want to set up the ritual journey in the space available to you). In the East, she reflects upon what she has left behind or dispelled during her time in the workshop.
- Then she proceeds to the South: where she reflects upon what burden or burdens she willingly and consciously chooses to carry along her journey of life.
- She then goes to the figure in the center of the room. She lies face down on the drawn figure that also faces down -- this is a way to give reverence to our mother earth. She then sits in the “mouth” or the entrance to the womb, the power place, to reflect and collect energy.
- During a brief time of meditation, she collects the energy and



healing available from the womb, the power space. She also reflects upon the West, what she may still want to be healed, refreshed, cleansed or purified; and the North, what she hopes for as a result of her participation in this workshop, in her caregiving, or her life as a whole. She now must make a decision. She is free to choose to keep this energy for her own healing, or to use it another day in the healing of another, or to use it immediately by giving some to the person who has volunteered from the group for healing as a part of the ritual journey. As women, we are often made to feel that we *must* use our energy to heal others regardless of the circumstances in our lives. We are reminded that we have a choice about when, where and how we use our energy. There is no right or wrong choice. We need to learn to recognize when it is right *for us* to use our energy and when it is right *for us* to keep that energy for another time. There are others who are present in this ritual journey, as well as in our everyday lives, to help us in the healing process. We can take time out to visit our power place—the womb—and keep that energy until a time of our own choosing. It is not that we will forget about the questions from the West and the North that still face us. But we will choose to seek the answers on another day.

- At this point, she decides if she wants to continue the ritual journey or if she wants to retain the energy. If she chooses to retain the energy, she moves from the power space and joins the circle of women who have also completed their ritual journey to allow the next person her turn.
- Those who continue the ritual journey are instructed to give healing energy to the person lying in the position of the figure facing up. This person is in need of some healing energy (this can be anyone in the group who is feeling ill, whose energies are low, who is emotionally depleted or just in need of an energy boost). The women choosing to use their energy from the power place give healing energy to this person.
- After giving healing energy, she continues to the West, with the



drawings of her hands, feet and womb—unless she has already left them along the way—to reflect upon what she may still want to be healed, refreshed, cleansed or purified.

- She then goes to the North to reflect upon what she hopes for as a result of being a part of this workshop, in her caregiving, or her life as a whole.

points of reflection

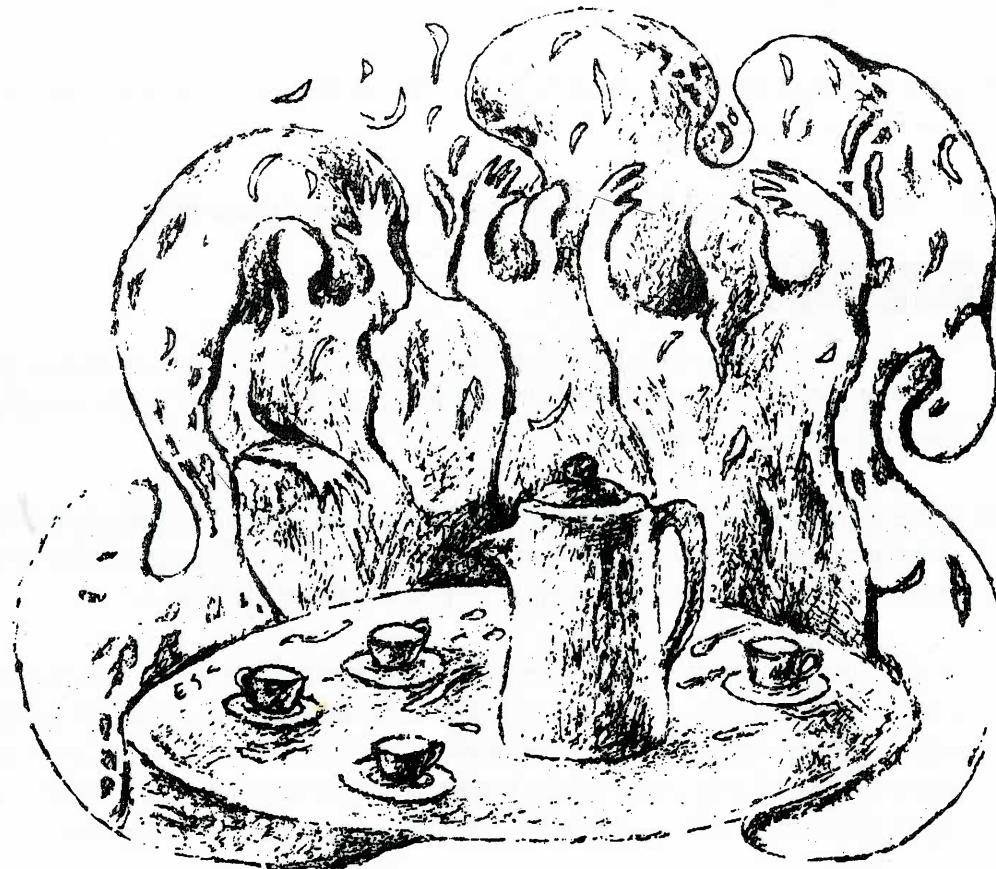
- There may be a great deal of giggling and laughing as the women set out to trace their body parts: hands, feet and especially in relation to drawing their womb. The request to draw one's womb takes the group by surprise. Cutting out our hands, feet and womb adds a "game" quality to the exercise. It puts us in touch with the child part of ourselves.
- Allow the spirit of the group to prevail in and create the atmosphere of the ritual and trust the process.
- If you continue to meet as a group, this activity can provide good material for further discussions, especially in relation to body image, playfulness and choices.



RECIPE TWELVE

Ahweh

(AH-hway)
celebrating accomplishments



rationale

Humans are in need of “rites of passage,” both big and small. All things must come to an end, and it helps a great deal to give structure and context to endings. Coming to the conclusion of an intensive five-day workshop where wounds have been opened and healing processes set into motion needs such a structure.

objectives

- To provide a structure that brings the workshop to a formal end.
- To acknowledge all the people and elements that made the experience possible.

- To acknowledge and have concrete proof of the acquisition of new skills and knowledge from the workshop experience.

materials needed

Certificates of completion prepared with the name of each person.

A large room with chairs and cushions for seating arrangements.

Ahweh (AH-hway) is Turkish coffee. The happier the occasion, the sweeter the coffee. This coffee is very sweet and will keep you energized for a long time!



Prepare a special dinner or reception after the certificates have been awarded to each participant.

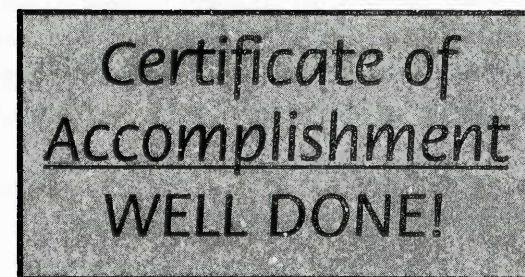
Optional: sound system with microphone and music-playing capability.

methodology

- This is the time to acknowledge all the people who made the workshop possible and especially those who stay “behind-the-scenes” who rarely get public recognition for all their efforts and contributions.
- It is especially important to give appreciation to those who have participated in the workshop and give recognition to the significance of completion. Call each participant forward to receive their certificate of completion from the workshop facilitators.
- The closing dinner or reception should have elements different from the previous meals to mark it as a celebration. The evening should be set aside for people to be able to share informal time together—to seal special friendships and have additional exchanges before departing and leaving one another. If appropriate to your workshop, family members or significant others could be invited to join in the ceremony and celebration.

points of reflection

- This is another point where the participants may want to wear their national costumes. Give plenty of time for everyone to get ready for this ceremony. It is helpful to have some elements of the ceremony planned—who leads the event, who should be thanked and brought forward for special recognition, who prepares certificates of completion, and who awards these to the participants. Beyond the formal ceremony and celebration meal, tailor this event according to the group’s needs.
- If these activities mark the first phase in the group’s life together, you may want to take some time to introduce and get the group ready for the activities and sharing of the next phase. This will give the group a sense of accomplishment and get them excited for continuing the process of healing.





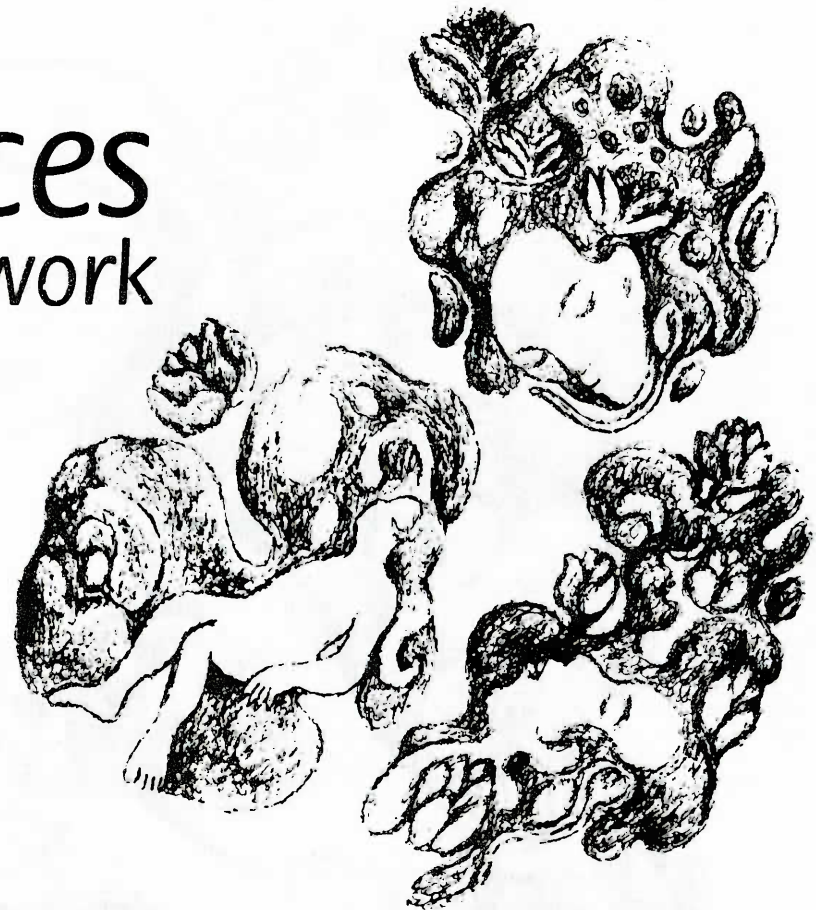
Compassion: comforts the sad, heals the wounded, gladdens the heart. Each of us who seeks and calls upon compassion conquers the sorrow and depression that is in our hearts. — Teresa de Avila

internal/external
 internal/external
forces
 at work

As we stated earlier, we have come to the conclusion that women experience torture and trauma differently from men. Torture is not uncommon but each individual experiences torture in her or his own unique way. This understanding comes from the concept of one's *frame of reference*. Because of this difference in frame of reference, we also assert that women experience and "carry" the aftereffects of their trauma *differently* from men.

The role of torture in gender-related violence is a unique aspect of caregiving. This was evident in a study conducted in 1995-96 by the Psychosocial Trauma Program (PST) with eight women torture survivors from the Philippines. Torture had a dynamic, dialectic relationship with the overall trauma experience.

Revealed throughout discussions during the *women caregivers and survivors of torture workshop* was an important reminder: in caregiving we must see each person as unique. Even if the experience and methods of torture are all too common, we must remember to listen to the way in which *she* has gone through torture—how she has perceived it and incorporated it into her "self" along with past traumas, sometimes including the torture of incest, child abuse, or other devastating



traumas. Others can help but ultimately she must discover her own unique path.

At the same time, communities play important and often a critical part in the ability or inability to heal. Husbands, parents, children, friends are also perceiving her and what she's been through and she has to deal with that too. The biological fact of gender significantly impacts our frame of reference—what we experience, how we experience it, and how we process the experience.

Our discussions also pointed out our own need as caregivers for community and finding ways to share our experiences. This



conference provided a beginning and we proclaimed our solidarity: biologically born as women; choosing to be caregivers; and acknowledging our ongoing struggles as survivors. This is *not* to say we didn't have our differences and different perspectives. Clearly we did and that added to the complexity and beauty of the overall process.

Currently there are emerging models that are women-centered. Their usefulness and cross-cultural applicability, however, have not yet been sufficiently probed. *RECIPES FOR HEALING* offers a step in this process and tools in working with groups of women—who are inevitably both caregivers and trauma survivors. The following herstories provide valuable insights into using the *Circles of Life* tool for assisting the processes of trauma exploration, reframing the trauma and seeking the healing potentials of each woman.

By utilizing the tool called *Circles of Life*, developed out of the Philippine context, we could view through the lens of actual life experiences its possible usefulness in our caregiving roles with both women and men. The process is recorded “intact,” although names had to be changed to maintain the anonymity of the participants. Dr. June Pagaduan Lopez is listed as “June” whenever she made a comment or intervention. We hope this method for illustrating the model will be helpful for using the *Circles of Life* tool.

Using the lotus flower developed from the *women caregivers and survivors of torture workshop* as illustration, we can demonstrate how the petals peel away in layers to reveal the wounds and dysfunctions resulting from torture. But no torture or trauma can take away our core-being containing our many strengths and sources for healing and liberation. The challenge is to peel away the layers of destruction to reveal the underlying strengths and resources available to that person and emerging from her core.

As stated in the previous chapter, no one's life is neatly divided into four compartments. Everything about us is intertwined and

overlapping. However, this tool can help identify the areas where the wounds might have inflicted the most damage and provide starting points for identifying an individual's resources for healing.

To heal the inability to trust ourselves and others inflicted by torture and trauma to our area of *Inner Self-Perception (loob)*, we must find strength from the trauma through retelling and sharing of our experiences.

To heal the sense of disconnection inflicted by torture/trauma to our area of *Relationships/Outer Reality (Kapwa)*, we must challenge the resources and ability of the person to reconnect through insight and awareness building.

To heal the fragmentation that has occurred in our psyches inflicted by torture and trauma to our area of *Peace of Mind (Katahimikan)*, we must see the interconnectedness of all things, restore our sense of safety and order, and begin the process of reintegration.

To heal our disempowerment inflicted by torture and trauma to our area of *Empowerment (kapangyarihan)*, we must practice self-caring and caring for each other.

The life experience of each woman was a testimony to the process and basis for understanding the sources of healing. Each woman's story will be illustrated with her own lotus, the wounds torture/trauma inflicted upon her self and the strengths and resources she was able to use in her process for healing. At the center of the lotus rests a self-actualizing person, one who is in the process of healing and who is able to tap into the many sources available for healing—support, happiness, the will to live, humor, trust in life, hope and love. The outer layers reveal the scars torture/trauma has inflicted. These reflect the ongoing challenges that must be faced in new and different ways for the healing process to continue throughout the various stages of life.





rona's story

*M*y thoughts and feelings? Really painful. Despair. Guilt. Anger. Angry with God. Why has God been so unfair to me? When I say God, it could be Buddha. We believe in Buddha.

I'll share two parts of my personal story. The first is when I ran away from a mobile team. This means you move from place to place—you could be building a dam one day, chopping down trees the next. You had two pairs of clothes, a spoon, a plate, no proper place to sleep—it could be under a tree or in the open air.

During 1975-79, when Cambodia was controlled by the communist regime under Pol Pot, everyone was pushed to live in the countryside. We had to move from one place to another. I stayed in one place for three years where my father, my auntie, and my younger sister died. My father died first; he was sent to work in a hard labor camp. My auntie died next. The way things worked was if you don't produce, you could be killed. I was 15 to 16 years old at the time and was sent to work in a mobile team.

I heard that my mother was sick so I tried to run away. I successfully got to the village where she was and stayed one night with her. When I was returned to the mobile team, I was punished, physically tortured. I had to dig a one-meter square hole with my bare hands without food or water. I collapsed because I was already weak. They let me recover.

But this was not as bad as watching my mother die. This is my second story. I was suffering from severe malnutrition. My legs were swollen to the point where my skin cracked so badly no more skin was left. It was so painful. I couldn't work. But by not working, I was not given the food reserved for workers. My mother sacrificed her food for me. She ate the food given me and fed me hers. I got better while she got worse.

A storm brought a huge flood to that place. After the flood, food was very hard to find. We had to eat banana roots but by this time my



mother couldn't eat anymore. She had become so weak from the poor food she had been eating. The floods were so extensive that we were all going to be evacuated from that place. The people saw how weak my mother was and said she couldn't get on the boat. But she begged them to let her get on it. They told her that they would throw her over if she died. She told them they could do whatever they wanted if she died; she just wanted to leave that village where so many of us had died already.

We were able to get on the boat. We left in the morning but by 12 noon, my mother was not well. She couldn't communicate. I had her lean on my shoulder and placed a towel over her head to shield her from the sun. About 3:00 in the afternoon, her eyes rolled upwards, then she became unconscious. We, my brother, sister and I couldn't show any emotion for fear that they would see her and throw her into the water. All we could do was weep quietly to ourselves. When we landed, we had to ask help to get her off the boat. She died soon after we landed. We had to wrap her body in an old mat that was falling apart. It didn't even cover her body; her head and feet didn't fit inside the mat.

Everyone was so weak that it was only after two days that we were able to arrange to bury my mother. At the same time that I was trying to go and bury my mother on a hill, my sister collapsed and fell unconscious. I had to decide if I would go with my mother or stay and take care of my sister. To this day I don't know where they buried my mother or if they did bury her. They might have just dropped her into the water, I don't know. I also don't know why my sister and I survived when my mother and brother were stronger. But we are alive and they aren't.

June: What were the negative effects of your experience?

Rona: I still feel the pain. I cry, and am still hurt by it.

June: What were the positive effects?

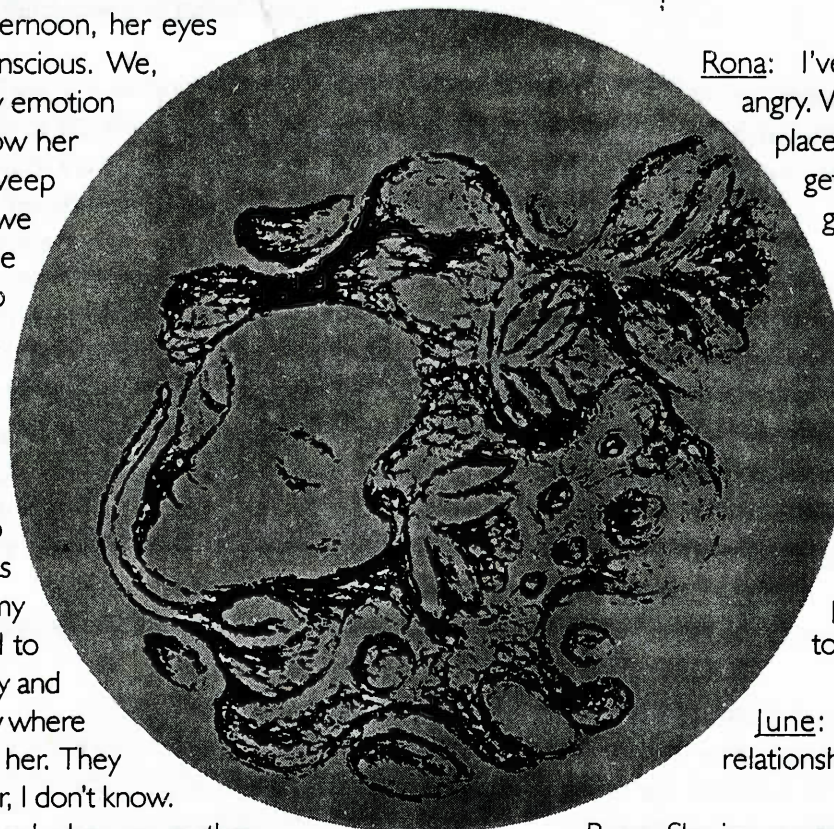
Rona: Others who have suffered like me need help and support. This experience has motivated me to work in a field to help others.

June: How have you changed from then to now? Your personality for example.

Rona: I've become quite emotional and angry. When I see what happens in other places, like in Beijing, I cry; in Africa, I get angry. Why haven't they—the governments, peoples—learned from what happened to me, to us, in Cambodia? But on the positive side, I'm more thoughtful and caring. I care for others. I give my love and understanding to others. I'm a stronger person and am very determined. I've determined what I wanted in life and in my personal life—how I don't want to be treated.

June: How did this affect your relationships?

Rona: Sharing my experiences with colleagues helps them understand refugee experiences.



*This experience
has motivated
me to work in
a field to
help others.*

My husband: He feels that I care too much for others—the community—and too little for the family. I must compromise my ambition and limit myself in what I want to do. It's a drawback to what I want to do.

My children: So far, nothing has influenced the relationship with my children. I haven't shared much about my past but I will when they grow up, get bigger. I'll certainly talk with them about it.

Clients: In the work I'm doing, I do a lot of group work. I'm training others to do the work. I get informal caregiving through friendships—they know that I've been through difficult times and they know that I understand what they're going through.

June: In relation to your peace of mind, coherence in your life?

Rona: I have concerns about living in Australia. You're safe, you have a sense of security, and yet you're not safe—the racial remarks, etc. You wonder if there will be war in Australia, like what happened in Bosnia. It's scary. I sometimes ask it too. I remember the war—everything happened so fast and everything was blown away. Do we

have to go through it again?

June: You had mentioned a nightmare.

Rona: I do suffer from nightmares. However, the more I talk about it, the less I experience the nightmares. In the last year or two, I've not had them. Before, I did not even want to go to sleep. In my nightmare, I already have my own children but I'm back in the time of Pol Pot. I was trying to find my daughters. Everyone else is going down the stairs while I'm trying to get up to the bedroom to find my daughters.

June: What is it about talking that helps?

Rona: Talking to my partner, friends. The inner voice, the self-assurance. People talk to themselves a lot—negative or positive talk. I try to be positive and most of the time I reassure myself, rationalize things, and remind myself that I'm lucky to be alive. If I become so weak and could not survive, my parents would be so disappointed in me, especially my mother. She gave me life, not just at birth but again when I was already old. I'm a strong woman. I could survive.

I also needed to look after my sister. At 19, I was caring for her. When I was married, I had her and two brothers-in-law to care for before I had my own children. I did try to see a psychiatrist to help with the nightmares but the time for that never seemed to work. I talked with co-workers, friends, etc. We talk about it naturally.

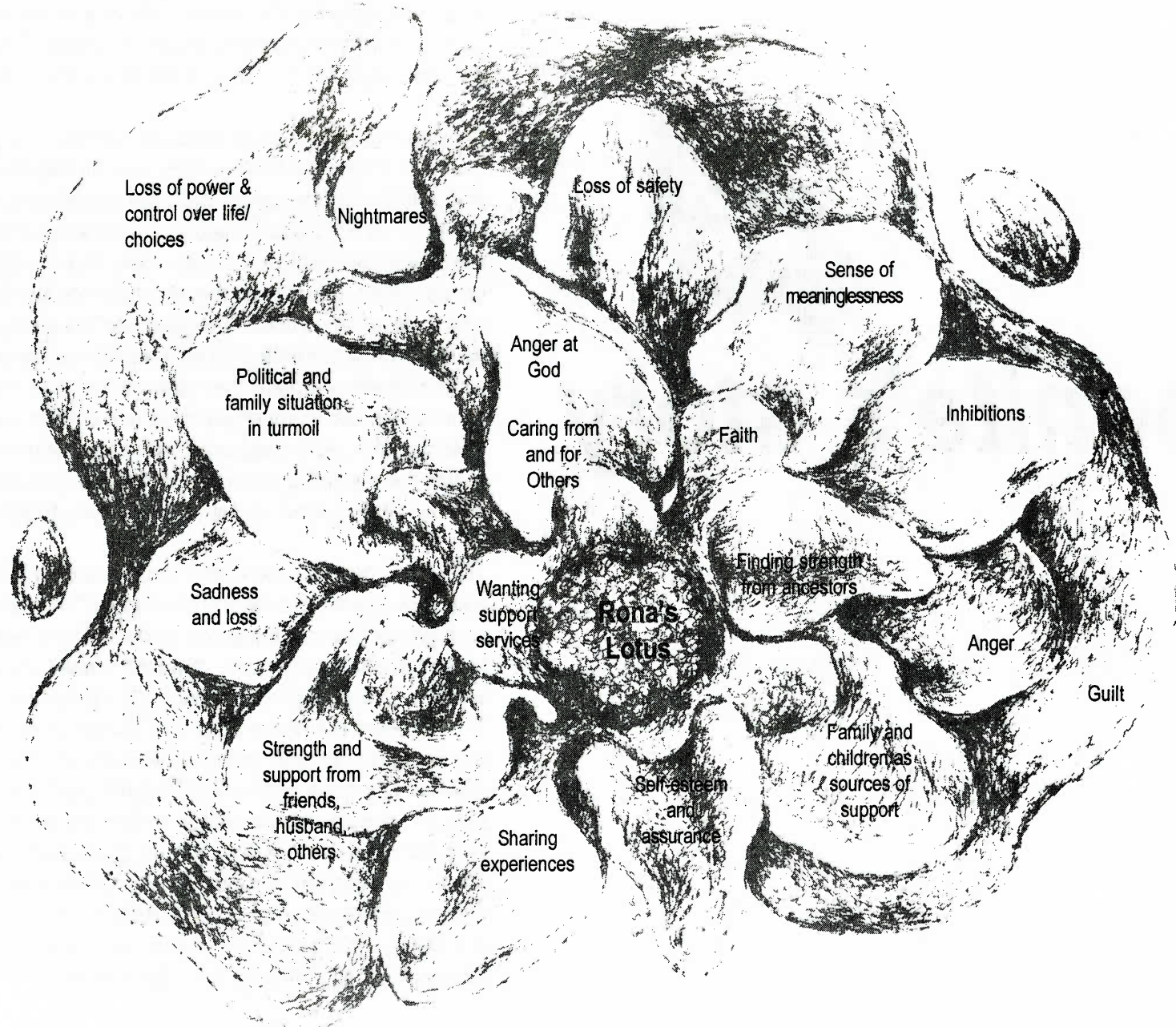
June: Do you feel as though there are obstacles to your healing process?

Rona: Family commitments and no outreach services that could provide after-hours (after the children are in bed—after 8:00 p.m.) or weekend services.



Peace of Mind

Relationships/Outer Reality



Inner Self-Perception

Empowerment





benita's story

I'll share my experience of being detained in a safehouse—a secret house managed by the military. No one in my family knew I was there. I was there for more than two weeks. The military sent me out afterwards to be a “spy,” as someone they could trace.

The first three days were especially terrible. I couldn't sleep. They beat me, interrogated me while I was blindfolded and seated on a stool which had one leg too short so I was always off-balance. I heard voices of other people in agony. I don't know if others were really there being tortured or if it was a tape, but I could hear that. They would pour cold water on me and make me face the air conditioner, which made me so cold. The room had heavy drapery and the lights were left on all the time. I couldn't tell if it was day or night. I wouldn't eat the *pandesal* (bread) they gave me because I had heard about a person who ate so much *pandesal* and choked when he was given water to drink. All throughout the time they held me in the safehouse, all the men guarding me were in their underwear. I couldn't sleep because once, I woke up with a guard trying to fondle me.

They took me to the bathroom and removed my clothes and started asking me questions over and over again: “Who are the members of your group? Who is the group leader?” There was a third question I can't remember anymore. You can't answer any question because any one of them implicates you. It's a tactic they use to trap you. They brought out photo albums of people who were being hunted by the military for their political involvement. They made me write down my personal history and I memorized how I wrote it the first time and tried to always write it exactly the same way because any discrepancy was a reason for them to question and beat me. An officer was then sent to rape me. The officer was very angry that he was brought there when I was having my menstruation. Actually, I was having my menstruation the entire time I was held there. I also developed a very bad stomach, diarrhea, etc.

They threatened to electrocute me because they said my stories



were false. They were right. I created fictitious people, taking the characteristic of one person, the body of another, the height of another, etc.

I was being harassed even up to a few years ago, more than a decade since my detention in the safehouse. But I never stopped my political involvement and tasks as a health worker. Every time I saw them, I would freeze. I developed bad body aches and this habit of always looking over my shoulder. I also have this fear of motorcycles. The torturers came on motorcycles. I could hear the sound of their coming and knew that something would then happen to me.

One time, a patient was brought to me by the same person who had taken me. This patient had been shot. He hadn't been given care because he had already started to develop lockjaw. But even if you're fearful, you continue to do things that might implicate you again because it's your commitment, your task.

At the same time, you wish it would all go away. It affected my sleep—I would have severe insomnia. It's different when you get little sleep because of the political work that you do than when you're trying to sleep and cannot.

June: How would you describe yourself before?

Benita: Happy, religious. I was brought up in a very religious atmosphere. That's where I got my activism. I had many friends and I was very trusting.

June: How would you describe yourself after?

Benita: It became hard for me to develop relationships. There's a distance. I was no longer able to just speak out about myself. For a long time, I didn't talk about my experience. I never talked about my experience with my family because they threatened that they would

do something to my family. The military offered to send me out of the country if I agreed to be an informer. I also didn't want to be stereotyped, that "Benita was like that then but she's like this now."

The hardest part was that the very person I expected to believe me did not. He was my boyfriend and I expected support from him. It was the cause of many disagreements at home.

June: Why didn't he believe you? Does he not believe up to now?

Benita: Maybe it's rationalization. But people I was with didn't know how to address problems like this. He thought my family was just trying to separate us. I was relating a traumatic experience and he did not believe me. I lost trust in him and it translated to other people.

I didn't relate the details of my story to others because I wanted to forget, to put it behind me. People knew I was detained but no one sat down with me and helped me process it. Other than my boyfriend, there was another man who said, "So, you were caught, huh?" I realize that they didn't know how to handle it. They treated it so lightly. It's happened to so many of our friends but why the callousness, like it's an ordinary thing?

June: Where does your support come from?

Benita: After a while, I realized that my faith had gotten stronger. I get support from my work but not my family—they get strength from me.

Before I was caught, many things happened in the community where I was then assigned. It was strafed and our office was raided. They had come for me once before and even questioned me for over an hour. But they didn't know me, so they didn't realize that I was the person they came to get. Nuns, a congregation of the religious, hid me and I didn't go back to that community. That was the SOP



(standard operating procedure). I had also thought that I needed therapy but I didn't have the time.

Rona: You also needed an after-hours place!

Benita: My boyfriend also needed therapy. He had been detained too and was mentally tortured. The military showed him other people who were tortured and they would say that they would do that to him too. I guess I still need therapy, to develop more in terms of, well, I need to go back to people and start new relationships that are not based on the experience I wish to forget. I isolated myself, it was also self-punishment. It was a catch-22 for me. You need people but you're afraid to connect with them. But you can't stay long in isolation. I applied for a job and got politically involved again. I married my boyfriend—the one who didn't believe my story. I have no children. When we married, we had no means to support ourselves. Instead of organizing work, I was given paper work but no financial support. I applied for work and supported my husband who was working full-time organizing a community but was not earning anything. I supported him and his group (a common experience in activism in the Philippines-Eds.).

How did I cope with the torture? I had this experience during detention. I would go outside of my body and see myself. They made me stand in the middle, naked, blindfolded, and getting out of my body was my way to cope.

June: This is called dissociation—you separate from your body and watch yourself. It can happen in yoga or meditation too. Your soul leaves and observes what happens to the body from the outside. One basic commonality—torturers try to hurt you by hurting your body but there is something untouchable which can help people cope and heal. The experience of dissociation, however, can sometimes lead to people having a hard time reconnecting to their bodies.

Benita: Sometimes, there are so many problems and others are so affected but you're not.

Rona: Yes, I feel that way at times, too.

Benita: I want to be careful not to dissociate again but I'm not one to get rattled. I do try to process things.

Rona: Sometimes I look back and disbelieve what happened to me. I also have a hard time trusting anyone now. I've become cautious.

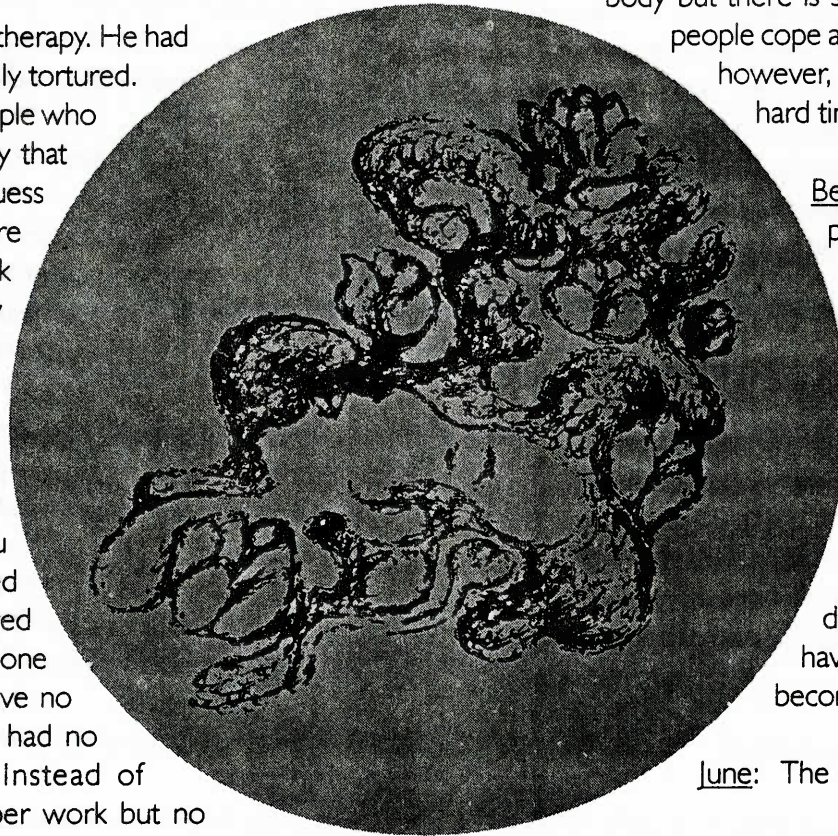
June: The first thing that gets shattered is trust.

Benita: I have momentary lapses of memory, like things just slip out of my mind. Simple things. I go blank and can't name things...

Rona: Yes, that happens to me too.

Benita: ...even though I know what they are.

June: You are telling yourself to forget: names, places, etc. But in



*Truth
telling
is very
important:
the truth
in the way
it really
was, not
the way
you want
to tell it.*

times of peace, the same learned behaviors remain.

Rona: I thought I was having early dementia. My husband would often ask me why I forget so much. I thought it was the malnutrition, like a malfunctioning.

June: People thought their brains were damaged during torture. It's also the mind's way of forgetting the abuse and forgetting what you know.

Benita: In the work, you relate politically—you don't know each other really. The names change, you forget your own identity. Even now, when I meet people I've known in the past, it's like I don't know them or recognize them as people I know. They're part of the past.

June: Trauma fragments your life. Life takes on compartments.

Benita: The compartmentalization is a very hard experience. I'm a caregiver and I'd like to see all the connections. But you're boxed with identities. I'd like to see *the personal is political* concretized in my work; but with fragmentation, you set that aside. Because it's political work, you can become impatient when you see clients.

June: Fragmentation. It's important that you've taken the decision to talk. Truth telling is very important: the truth in the way it really was, not the way you want to tell it. Finding the connections between your problem(s) and what you were made to go through. Then you can see how fragmentation is affecting your life. You have also illustrated the importance of truth telling and being *believed*. This importance and need for truth telling are the same with survivors of domestic violence—incest, child abuse, wife battering, etc.

Rona: Just like what happened to the *comfort women*. (Editor's note: These are women who were captured, raped by the Japanese Imperial Army during World War II, and forced to continue giving *comfort*, as enslaved prostitutes, to the occupying military forces.) They should be seen as heroes but I can see that they face problems. Cambodian women hide what happened. They may reveal part of it but still keep most of it secret, especially rape. There is so much dishonor. There is a need for society to accept the evil, open themselves up, and not blame the women.

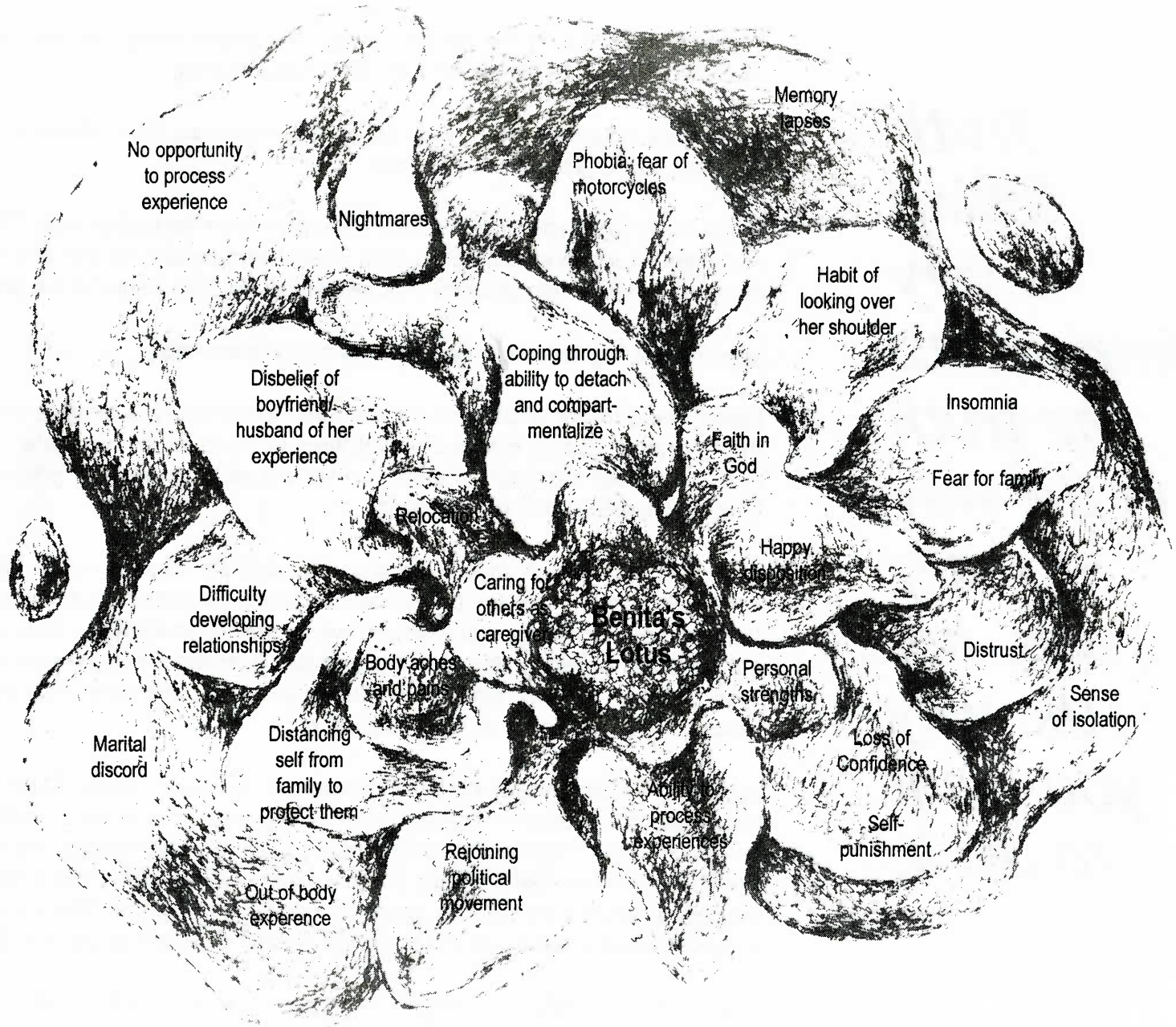
June: Society is unable to accept that this evil exists. We want to think that the victims are lying, that they're not telling the truth.



Peace of Mind

Relationships/Outer Reality

Inner Self-Perception



Empowerment





fely's story

In my community of East Timorese in Australia, I believe my story is unique. Other children displaced by the war were accompanied by people who had adopted them or for whom they had worked as slaves. This was not true for me though people in my community who arrived later than 1975 assume I was adopted by Mrs. Magalanes whom I now call "aunt." Many people don't know the full story and Mrs. Magalanes has never publicly admitted how I came to be with her. On many occasions, I was introduced by her as her niece, which I don't mind. However, I would like to have my story publicly known by whoever may be interested in the whole truth. I've always felt that I didn't have my own identity, because people chose to believe what they wanted to believe. As a child, it didn't matter because it was too painful to tell people how I came to Australia with Mrs. Magalanes. Now it matters to me.

I was 10 years old at the time of the Indonesian invasion in 1975. It was summertime. It all began on the morning of August 9, 1975 when my father asked me to go with him to Dili to bid farewell to a good friend of mine and her mother who were returning to Portugal. I remember that I was excited and I quickly packed my bag to go. We were living in Hera, about 27 kilometers east of Dili. The road was very rough and the journey is very tiring on a motorbike.

About 10 minutes from our destination, a few men in military uniforms stopped us. They questioned and bodily searched my father and Mr. Ramos, a friend, who also came along. When we finally arrived at our destination, Mr. Luis, a good friend of my father's, came out to greet us and told us that my friend and her mother had already left the country. I played with the children of Mr. Luis' next door neighbor, the Magalanes family. This was the first time I had ever met these children (four were the Magalanes' own and one was adopted).

When the time came to leave, we discovered that Mr. Ramos had a flat tire. My father asked me to stay for the night with the Magalanes family while he left with Mr. Ramos to fix the tire. He said he would



return for me the next day. Mr. Ramos came back the next day to get his motorbike and told me my father would be coming soon. But my father never arrived. That same day, the situation in Dili became worse. The noise of guns and bombs kept us awake all night. Most of the time, we had to sleep on the floor and we were very frightened. The next morning, being children, we forgot what happened the night before and we went out to play in the front yard. I still vividly remember a bullet just missing me while we were playing. My face felt like it was on fire. Mrs. Magalanes must have realized what had happened and told us to play indoors.

Three days later, my brother came for me and told me that my father had been sick. As I was about to leave, Mr. and Mrs. Magalanes grabbed me and told me to take my bag inside. They told my brother it was too dangerous. They told my brother to instead tell my parents to join them in escaping to Australia. As soon as Mr. and Mrs. Magalanes went inside the house, I quickly grabbed my bag and ran after my brother. I screamed and called out to him but he couldn't hear me.

We evacuated to the Assistencia Social—like a social security building. We waited for Mr. Luis, the friend of my father and Mr. Magalanes. A lot of people were coming to take refuge in this place. I saw an older woman carrying her disabled son. That's when I realized that this was war and I was scared and wondered where *my* family was. Mr. Luis found a room for us. Mr. Magalanes never arrived. We waited for days, sharing one room and sleeping on the cement floor. It was uncomfortable but we had shelter and water to drink.

Everyone was supposed to be evacuated from this building to the harbor but I didn't know this. I went to take my shower and when I returned, everyone was gone. They had left me behind. I was so frightened I didn't know what to do. I knelt down to pray: "God, what am I going to do?" That moment, Mr. Luis, my father's friend, came to get me. He said, "Where were you? I was looking for you. We have to go to the harbor."

He then picked me up and carried me under one arm. We were stopped twice and he said that he was taking me to my family. I saw a few men on the ground covered with blood. Mr. Luis assured me so I would not be frightened and told me that if I see any more dead bodies to just look away and keep quiet. When we saw the family that left me behind, I felt very angry and hurt. To this day, I have no idea if it was intentional or not. I saved two dresses from that time to remind myself of how small I was then.

*In a sense it was
like deja vu.
My mother was
also in Australia
without her
parents during
World War II.
Then it also
happened
to me.*



We stayed at the harbor for several days and things continued to get worse. The priest was baptizing people in case they died. We were drinking condensed milk from cans because we were running out of food.

I remember people standing in the doorway as the sun was setting, making noise with cans, making a signal, and the boats started to come from the big ship to get us. That's how we escaped. We had to sleep just anywhere on the boat. As a kid, I thought we'd go to this big fancy boat and eat good food because that was part of a festival tradition we have. I had no idea that we were really leaving.

When we got to Darwin, we slept in a school where we were treated well and had good food. I knew a few words of English: ice cream, thank you, good morning, good night, please, etc. I would ask for "ice cream please" and I'd get a second serving!

In a sense it was like *deja vu*. My mother was also in Australia without her parents during World War II. Then, it also happened to me.

After a short stay in Darwin, we moved to Sydney. After staying in hostels, we eventually found a private place to rent. It was several months before we heard any word about East Timor. Mrs. Magalanes received news that her husband was dead. It was two and a half years before I heard any news from my family and that's when I was told my brother and sister had died of starvation. I'm still in doubt. I think that they had been killed but my family didn't want me to know

the truth and be hurt by it.

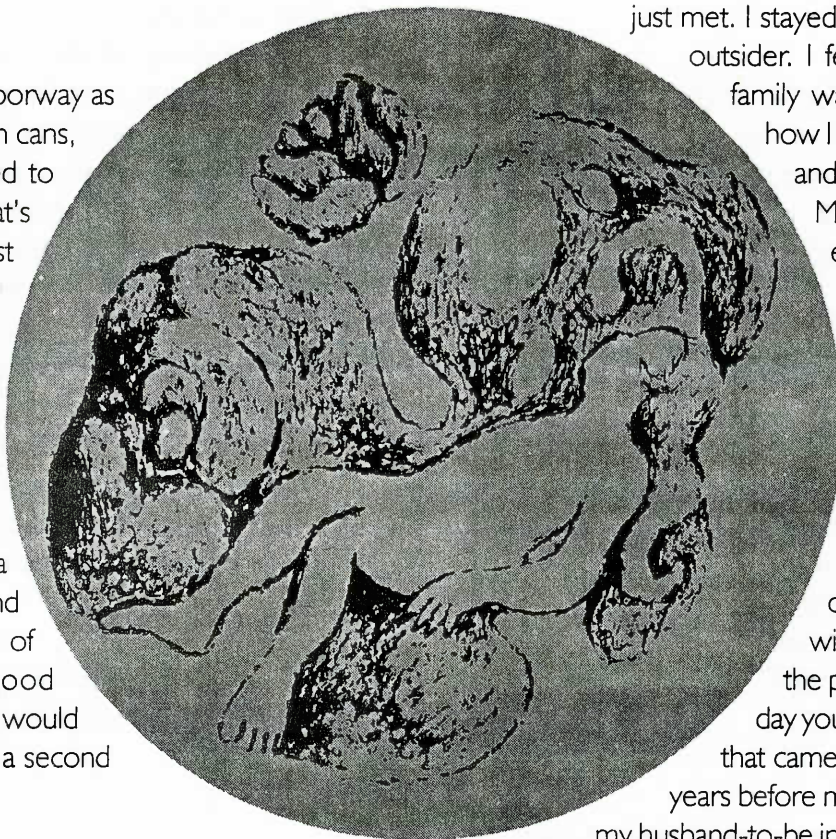
For me it was very difficult growing up with this family that I had just met. I stayed with them for five years. I felt like an outsider. I felt that I didn't have an identity. My family was well-known in Timor. No matter how I tried, I just couldn't connect with them and no matter what I did, I never pleased Mrs. Magalanes. She was verbally and emotionally very abusive towards me.

Rona: I had to live with a family for a while who treated me so terribly. They treated me as an outsider.

Fely: I've felt like an outsider. I tried everything, I gave and gave. I wanted her to love me but I realized I can't change people. My father-in-law came with us on the boat. He used to say to the pretty girls: "I have many sons and one day you'll be my daughter-in-law" and for me, that came true. I lived with my in-laws for two years before my husband and I were married. I met my husband-to-be in church when I was about 15. Things had gotten bad at home with Mrs. Magalanes. I had been going out with the boy (who did eventually become my husband) for only three months when she told me to marry him. After six months, I went to ask my boyfriend's parents if I could stay with them.

June: How did it affect you?

Fely: I learned to just accept things as they were and do what I could with what I have. You can't change people. I just took each day as it came. Four years ago, Mrs. Magalanes, my old family and I gathered



for Christmas. Mrs. Magalanes then said, “Fely, if I’ve done anything to hurt you, please forgive me.” I told her that what hurt me most was that she didn’t trust me. She thought I’d get or had already gotten pregnant.

I get a lot of encouragement from my family—even though they are so far away, especially my father when he was alive. He would write and say, “Remember who you are.” I was very determined to show Mrs. Magalanes that I was worth more. I was afraid of men, of what they can do. I told myself to be strong and be determined.

Rona: It’s hard to be a young woman alone. You have to be strong and determined, to make your parents proud, even if they’re dead.

Fely: Yes, I wanted my parents to be proud of me. One thing that happened: my boyfriend didn’t ring me for almost two weeks—this is after he’d been ringing me almost everyday. He said it was because of something that my “auntie” had told him. He agreed to see me and tell me what she had told him. Mrs. Magalanes had actually told him, “Why waste your time going out with Fely? She has no family here, how would you know she’s a virgin?” This really hurt me.

June: What has made you happy?

Fely: My husband. All the love, respect and support he’s given me over the years. He loved me no matter what. The trust he had in me. He gave me a lot of strength.

It will be 22 years now since I left Timor. It was 15 years after I left when I heard my mother’s voice again. That was when my father died.

June: It is important for people to decide to talk about their experiences. There are two ingredients for full recovery and reintegration: truth telling means to be able to retell the truth the

way it really was and not the way you are used to saying it; and to find the connection between your problem sources and the experience, which means to reverse the disconnection that torture brought to the person. If you begin to see the connection, you will recognize the fragmentation in your life or in another’s life, or the tendency to divide your life into many different fragments. Torture caused the disconnection in your relationships, in the way you look at things. And to survive, you need to get rid of that compartmentalization and divisions in life. This explains why in South Africa, the Truth Commission was so important. Compared to other countries which tended to forget everything after a successful liberation or a return to democracy, South Africa institutionalized a “no confession, no amnesty” policy.

Rona: That would be the case for Pol Pot in Cambodia. His confession is critical to the total healing of the people. (Editor’s note: Unfortunately, Pol Pot died before any trial on his culpability could commence and without showing any remorse for what his regime had done to his people.)

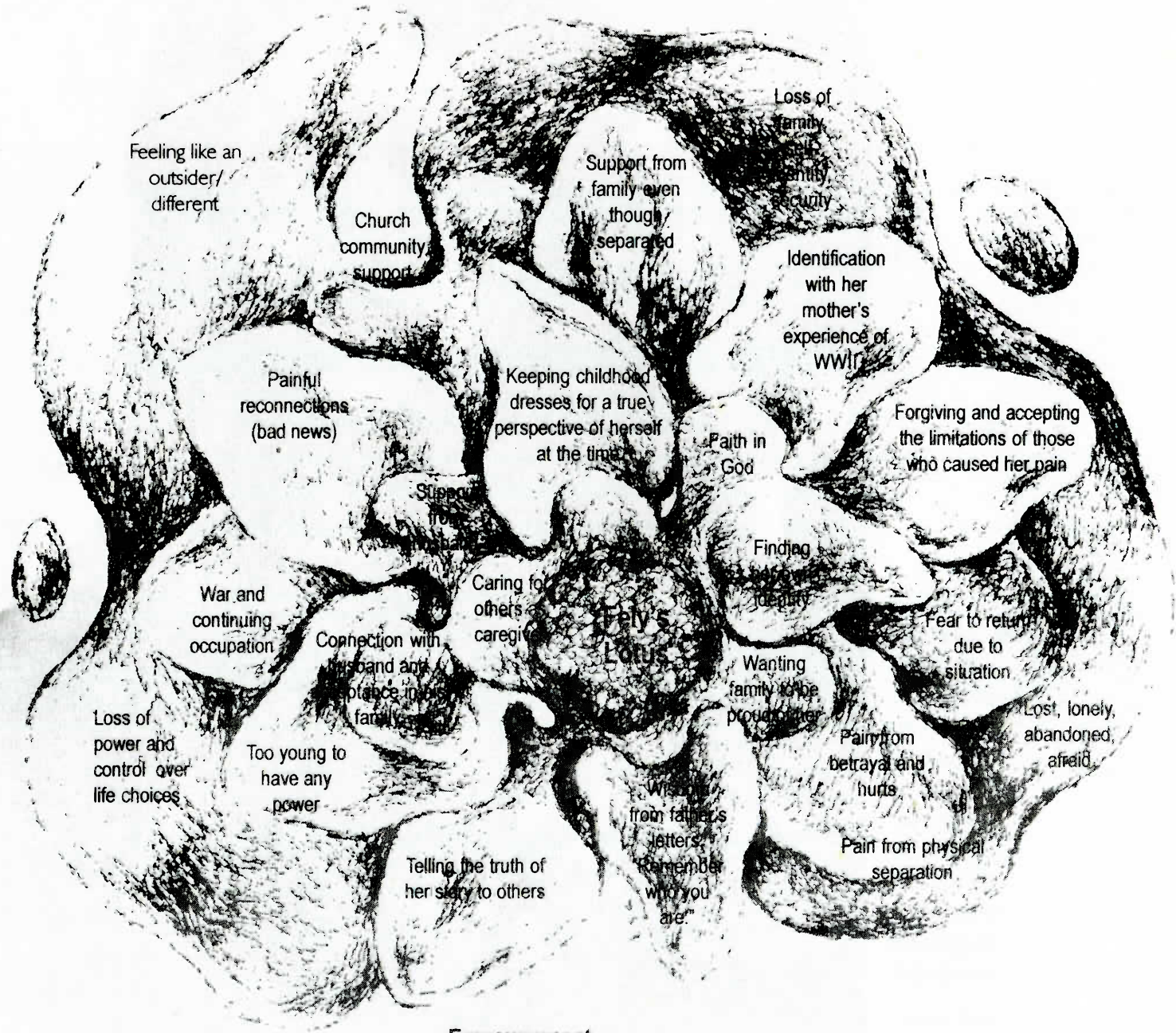
June: Truth telling is crucial! It is where healing starts. Otherwise, societies would forever tend to deny the existence of evil.



Peace of Mind

Relationships/Outer Reality

Inner Self-Perception



Empowerment



*She must not
be awed
by that which
has been
built up
around her.
She must
reverence
that woman
in her which
struggles for
expression.*

—Margaret Sanger



appendix: supplemental resources

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WORKSHOP TASKS

These tasks were distributed in the following manner:

- ✓ Project leadership: Accountability has to stop somewhere!
- ✓ Project coordination: The day-to-day tough job!!
 - Invitations, pre-workshop information packets, etc.
 - Travel and participant arrangements (including lodging, food, per diem costs, etc.)
 - Logistics and support services (pick-up from airports, arrangements with conference site, people to drive, guest relations, entertainment, etc.).
- ✓ Workshop facilitation
 - Conference materials (packets for participants, equipment needs, etc.)
 - See the Process Section of the book regarding synthesis skills before you begin your workshop/seminar.
 - It's good to identify several people who can work together and provide back-up support to each other over the course of the workshop/conference.
- ✓ Workshop documentation
 - We highly recommend that you take the time and energy to document your workshop/seminar in order to continue to contribute to the growing body of knowledge and experiences relating to women survivors of torture and trauma.
 - We had a team of six people who worked in pairs to document each session.
- ✓ Country report synthesis and case analysis
 - We identified one person to take primary responsibility for gathering information on the country situations—information brought by the participants as well as background data for further reference if needed or desired.
 - We also identified one person to gather the case materials and personal herstories brought by the participants.
- ✓ Theoretical inputs
 - We chose a number of topics (see the chapter on Body, Mind and Spirit). When doing workshops and seminars choose inputs that are relevant and timely for your participants.
- ✓ Report, article or book writing/editing and publishing
 - We highly encourage the documentation of experiences. You don't need to write a book but do write down your experiences as thoroughly as possible. We believe that more of such documentation is needed to expand the body of information for research purposes and to gain support for gender-sensitive methods of caregiving and institutions. We would greatly appreciate feedback on the use of the process activities and the general information provided in *Recipes for Healing*.



OPENING RITUAL

Introduction: We will be taking time to call upon the strengths of the four directions of the earth to aid us in our journey together in the coming days. As we address each direction, we'll take time to place those things we have written on the colored pieces of paper into the baskets. During our days together, you may want to take a closer look at the strengths, aids and reminders that each of the four directions of the earth offers to us. Now we'll begin.

Speaker # 1: People have been gathering in circles since the beginning of time. Today, we gather in a circle to begin our journey of listening, sharing and learning; our time of caring and offering support; and our hopes for seeking wisdom, vision and healing. We take time to honor the four directions which represent the different aspects of ourselves and the four sacred elements of the world.

From the East

Speaker # 2: We begin in the *east* with the element of *fire* to open our vision. We have come from different countries and cultures with many traditions and experiences to share. We also bring with us expectations, fears and hopes for the coming days together. We offer the candle as a guiding light to bring about a world of love and peace for all women, men, children and creation.

Speaker # 3: (The bell should start to ring—)
As the bell rings, take the pieces of paper where you have written what you want to be consumed, dispelled or left behind and let the

NOTE:

This ritual was based on and adapted from *The Four-Fold Way: Walking the Paths of the Warrior, Teacher, Healer and Visionary*, by Angeles Arrien, Ph.D., Harper, San Francisco, 1993.

bell awaken us in the days to come to walk and sing together—sharing the tears and laughter of our souls. We gather together to speak the truths of our selves, our lives and experiences. Let us also share comfort and joy with the many forms of music we can share with one another.

Speaker # 4: (After everyone has placed their papers in the basket—) *O God, Radiance of the rising Sun*
You are the Spirit of new beginnings,
Burn away those things which hinder us from being whole
Or truly present with each other
Give us the power of your life-energy, the vital spark,
Give us power to see far and to imagine with boldness
Power to purify our senses, our hearts and our minds.
We pray that you walk with us on this journey as we seek to provide
love, space for support and strength for our actions and plans in
the world.

From the South

Speaker #5: From the *south* we offer the element of *earth*. To remind us that we share a common planet and spring from the same source. We are all fed and sustained by the elements of the earth and are equally responsible for the care of our home. This common home has taught us the true meaning of love—unconditional support and giving regardless of sex, race, color, language, religion, political or other opinion, national or social origin, property, birth or status.

Speaker # 6: (The drum should begin to play—)
As the drum beats, take the pieces of paper where you have written what burden or burdens you choose or willingly carry. Let the drum-



beat ground us and call us all to pay attention to our own body's rhythm, to the story that needs to be recalled and shared. Let us remember to pay attention to others with love and respect as we journey together.

Speaker # 7: (After everyone has placed their sheets of paper in the basket—)

*O God, Protector of the fruitful land, of all green and growing things,
The noble trees, grasses and elements of mother earth.
You are the great power of the receptive,
You nurture us and provide us with what we need to be sustained,
You are the power which brings forth flowers of the field and fruits of
the garden
We pray that you surround us with your love and give us the power
we need
To nurture each other and this process of sharing and planning.*

From the West

Speaker #8: From the *west* we offer the element of *water*. That which gives us wisdom by teaching us the lessons of detachment, flexibility and resilience. Water gives us the gift of life, without it we will all soon die. Our own bodies are made up largely of water. Let us remember the miraculous reviving effects of a cool glass of water on a hot day or a bath at the end of a long journey and be that water for each other.

Speaker # 9: (The sticks should begin to play—)
As we listen to the clicking of the sticks, take the pieces of paper where you have written what you want to be healed, refreshed, cleansed or purified in the basket. Let the sound of the sticks call us to true silence. Not the silence of fear, repression or pain. But that silence where we can meet and commune with God. Let the sound call us to our commitment to break harmful patterns—in the family, in our community, in our nation and in our world. Entering the

silence will enable us to ask our ancestors for their aid in building and creating a new world. Let the sound wash over us like water to soothe and refresh us. Let it draw us into the present as we sit side by side through the coming days.

Speaker # 10: (After everyone has placed their slips of paper in the basket—)

*O God, Spirit of the waters, of rain, rivers, lakes and springs
You are the deep matrix, the womb of all life,
You have the power to dissolve all boundaries,
To release that which binds us and holds us from flowing freely,
You have the power to free, to cleanse and to heal,
You are the great blissful darkness of peace.
Be with us in our silences, open us to your path and outcome
Give us wisdom to respond in the right time.*

From the North

Speaker # 11: From the *north* we offer the element of *air*. Air, a substance not seen but so powerful that it controls our life and death. Air reminds us of our own power of presence—choosing to be present with each other and to call upon our faith, the belief in a power greater than ourselves in daily journey. Air reminds us that we have breath within us to communicate and to make clear where we stand.

Speaker # 12: (The rattle should begin to play—)
The rattle is the world's oldest and most common instrument, it is our human imitation of rain. As we listen to the sound of the rattle, take the pieces of paper where you have written those things that you hope for, what you want to take flight—for ourselves and for this conference gathering! Let the soothing sound of the rattle retrieve our souls, cleanse and purify us from the elements that cause us to lose our souls—depression, those things that dishearten us or cause disquiet in our spirits. Let the rattle call us to the dance—to touch



the essence of who we are and experience the unity between spirit and matter; bringing us back to the beginning of our cycle to ground us in our vision quest for building a better world for all creation.

Speaker # 13: (After everyone has placed their slips of paper in the basket—)

*God, Invisible Spirit of the Air
Of the fresh, cool winds, and of the vast and boundless sky,
Your living breath animates all life.
Yours is the power of clarity and strength,
Power to hear the inner sounds,
To sweep out the old patterns,
To bring change and challenge,
You give us the power and ecstasy of movement and the dance.
We pray that your power may flow through us, and
Be expressed by us for the good of this planet and all living beings upon it.*

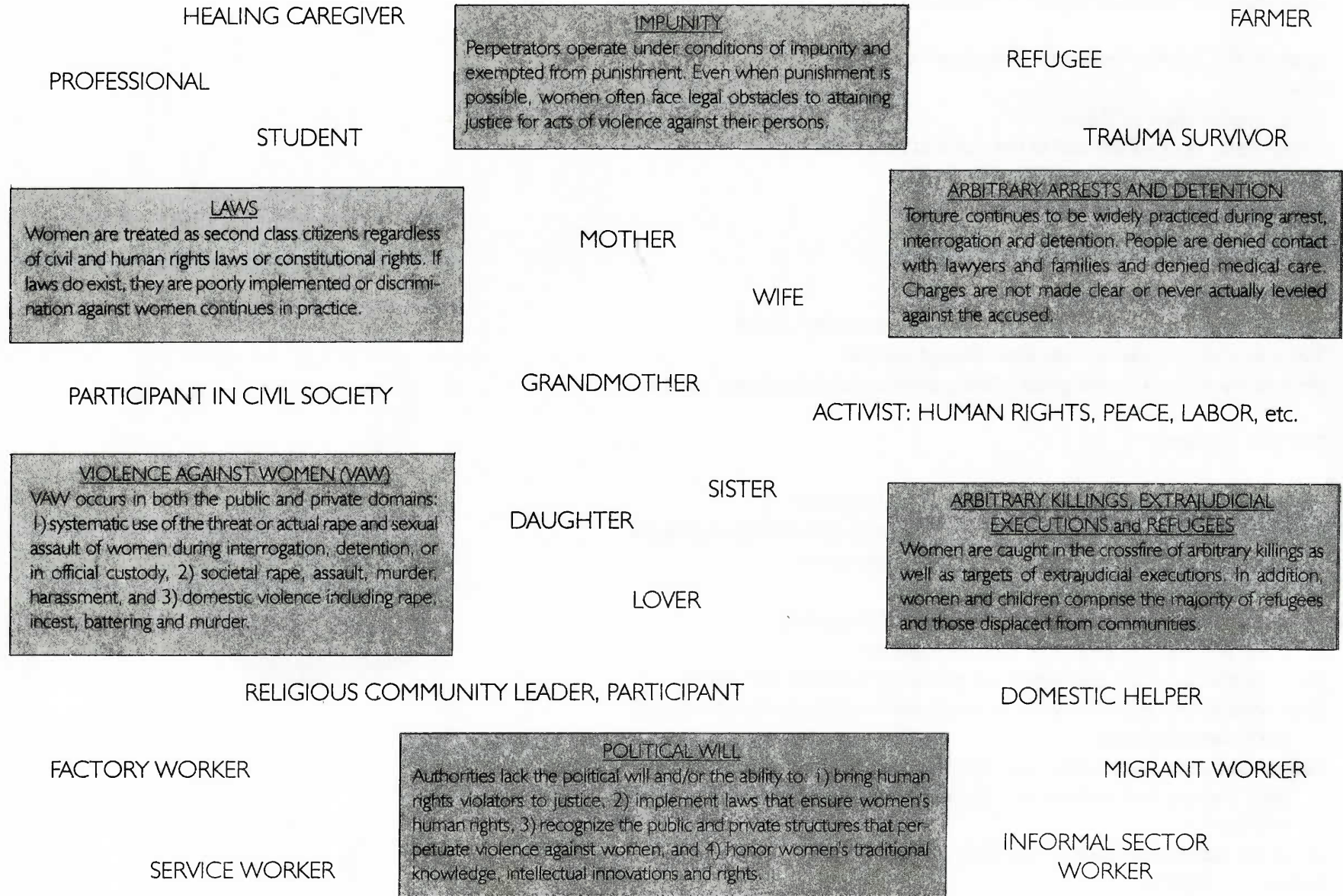
For the Center

Speaker # 14: (*All the instruments should play together—*)
As we listen to the music, let us place the symbol of ourselves that we brought to share. Place them in or around the bowl in the center.

(Wait until everyone has placed their symbol in the center.)
Now we are ready to begin our journey together,
Aided by the *fire* in the *east* which will give us light to seek our vision;
Grounded by the *earth* in the *south* which will hold the stories and experiences we will share;
Refreshed by the *water* in the *west* and the presence and support of those who share in our commitment to heal ourselves, others and creation;
and the
Air of the *north* embodied by our own breath that carries our hopes for a fruitful time together.



FORCES OF VIOLENCE AGAINST WOMEN AS THEY CARRY OUT THEIR MANY ROLES IN SOCIETY



CIRCLES OF LIFE QUESTIONNAIRE

The following questions will help you reflect on the impact/effect of a traumatic experience on you. Please answer them as accurately as you can, remembering that there are no right or wrong answers. Your *actual* personal experiences are more important than your ideal or theoretical thoughts about the experience.

For this exercise, take time to think of one traumatic experience in your life and answer the following questions related to that experience. Many of us have had multiple traumatic experiences in our lives. You may want to repeat the exercise for each traumatic experience you remember.

A INNER SELF-PERCEPTION/INNER REALITY (*Loob*)

1. What were your thoughts and feelings about this experience?
2. How did your behavior change after this experience?
3. How would you describe yourself before and after this experience?

B RELATIONSHIPS/OUTER REALITY (*Kapwa*)

1. How did this experience affect your most important relationships at home, in your environment at work, and in your community?
2. How did this experience change your relationship in your environment at home, at work and in your community?

C SENSE OF INNER PEACE/PEACE OF MIND (*Katahimikan*)

1. What are the effects of this experience on your peace of mind?
2. What would you like to have for your peace of mind after this experience?

D SENSE OF POWER/EMPOWERMENT (*Kapangyarihan*)

1. What helped you handle/cope with this experience?
2. How were your personal and external resources affected by the experience?
3. What were the obstacles to your full recovery?
4. What personal potentials would you like to develop to help you cope further?
5. What external resources would you like to develop to help you cope further?



HEALING STRATEGIES FOR CAREGIVERS

1. What specific strategies do you use for healing yourself?

a) Physically

b) Mentally

c) Emotionally

d) Socially

e) Spiritually (defined as strengthening your spirit)

2. How have other women assisted you in these activities?

3. Which of the above activities are provided to women clients in your services? If not, why not?



CAREGIVING SERVICES FOR WOMEN TRAUMA AND/OR TORTURE SURVIVORS

Part One: Focus on services provided to women in your country/community/service center(s)

Source: Margaret Cunningham, Women Caregivers and Survivors of Torture Workshop, July 1997.

	Personal Healing	Interpersonal Healing (woman and the other)	Transpersonal Healing (will to live)
Individual			
Group			
Community			
Advocacy			
Other			



CAREGIVING SERVICES FOR WOMEN TRAUMA AND/OR TORTURE SURVIVORS

Part Two: Synthesizing the group discussion regarding the services provided to women in your country/community/service center

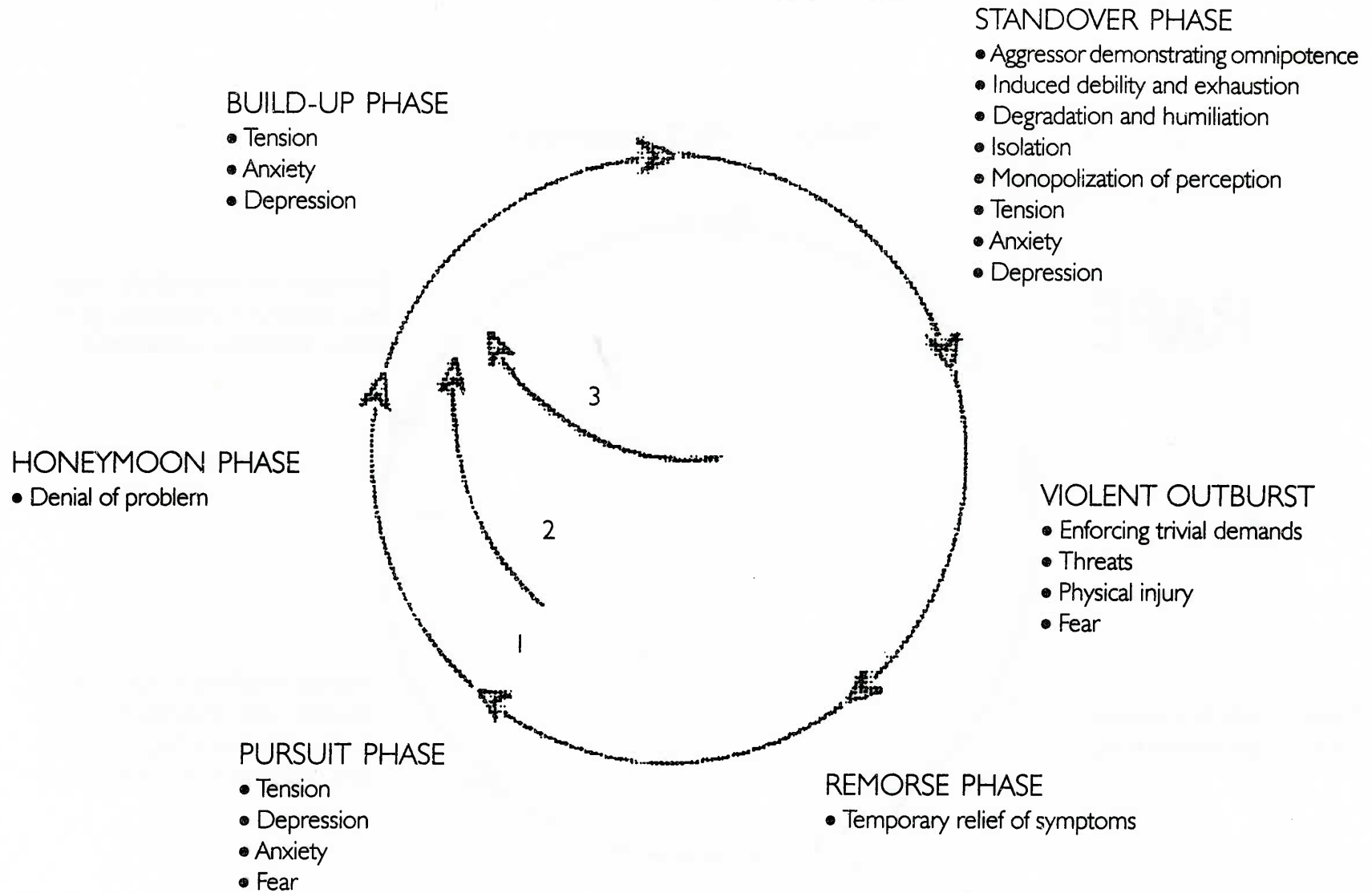
Source: Margaret Cunningham, Women Caregivers and Survivors of Torture Workshop, July 1997.

Synthesis Questions for Small-Group Discussions

1. Provide a group summary of services available to women.
2. Outline the ways these services are different to those provided to men.
3. What are the elements that make these services gender-sensitive?
4. Are there services which are specifically culturally appropriate for women?



CYCLE OF VIOLENCE



NOTE: We noted that torture follows the same cycle of violence. The shortening of the cycle of violence may take days, months, or even years to complete the violence cycle. Over time, the cycle tends to rotate more and more quickly, and the violence becomes more severe.
Source: Women's Crisis Center, Philippines. Adapted from *Rape in Marriage* by Dianne Russell and Leonore Walker's "Cycle of Violence."



EFFECTS OF RAPE ON A SURVIVOR

RAPE

IMMEDIATE IMPACT: disorganization

Emotional reactions include: anger, fear, anxiety, humiliation, guilt, shame, self-blame, helplessness

Physical reactions include: loss of appetite, sleep disturbances (nightmares, insomnia), fatigue, anxiety attacks with physical manifestations

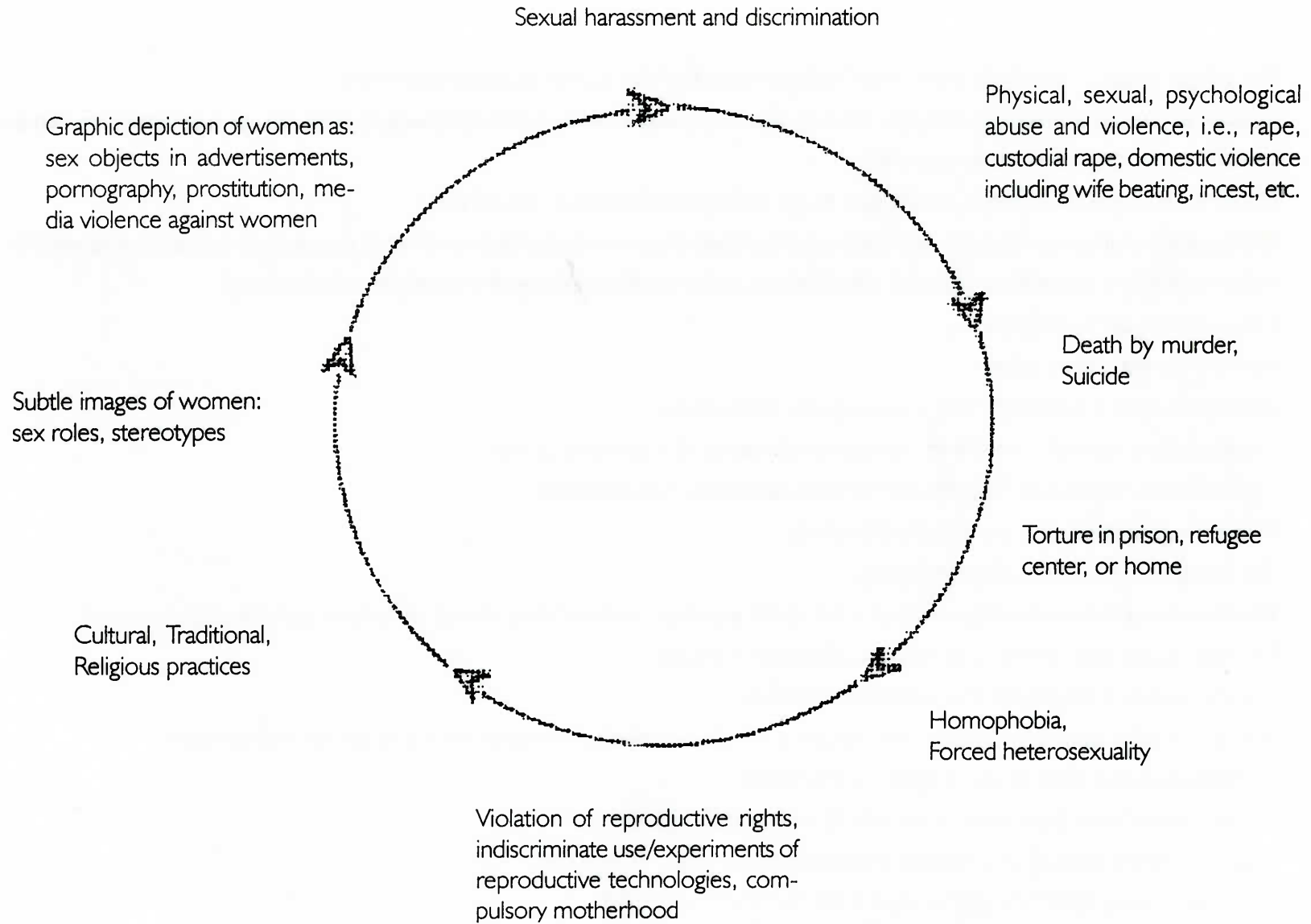
Effects of rape on a survivor:
compounded and silent reaction

LONG-TERM IMPACT: search for reorganization

Source: Women's Crisis Center, Metro-Manila, Philippines



CONTINUUM OF VIOLENCE AGAINST WOMEN



Source: Women's Crisis Center, Metro-Manila, Philippines



ASSUMPTIONS OF FEMINIST THERAPY

1. The inferior status of women is due to their having less political and economic power than men.
2. Differences among women can stimulate them to learn from one another. A feminist therapist does not value an upper- or middle-class client more than a working-class client.
3. The primary source of women's pathology is social, not personal; external, not internal.
4. The focus on environmental stress as a major source of pathology is not used as an avenue of escape from individual responsibility.
5. Feminist therapy is opposed to personal adjustment to social conditions; the goal is social and political change.
6. Other women are not the enemy.
7. Men are not the enemy either.
8. Women must be economically and psychologically autonomous.
9. Relationships of friendship, love and marriage should be equal in personal power.
10. Major differences between "appropriate" sex-role behaviors must disappear.
11. If a client is given tests, she is entitled to the results.
12. The therapist does not use diagnostic labels.
13. The client has access to reading whatever is her chart, especially material being shared with other agencies or professionals.
14. Feminist therapy with women is done most effectively in groups.
15. Sex role analysis is employed as a treatment technique.
16. Women must be given sufficient personal support and help in analyzing emotional and social barriers to their goals.
17. Women are taught when to use straight communication.
18. Women should have the means or the skills to be financially independent.
19. Engaging in social action is an essential professional responsibility of therapists.
20. Clients are encouraged to engage in social action on their own behalf.

Source: *Psychotherapy for Women*, Rawlings and Carter, 1977, pp. 54-58.



THE MENTALLY HEALTHY WOMAN: A FEMINIST THERAPIST'S VIEW

1. Values herself as an individual and as a female rather than depreciating herself as a woman.
2. Chooses behaviors according to their suitability to her and to the situation, deliberately resisting conforming to female gender stereotypes and certainly not conforming to them unwittingly.
3. Consistently tends toward emotional, social and economic self-sufficiency, striving for separateness and autonomy before seeking interdependence.
4. Blends autonomy with interdependence in the form of a selected number of deep relationships with others in personal and social activities.
5. Appreciates differences as much as similarities, preferring variety in herself and others to stereotypes.
6. Does not victimize herself, does not let herself be victimized, and does not present herself as a victim.
7. Enjoys the power of her emotions and her self, and displays this power through vivacity and energy.
8. Orients herself toward reality and realism, avoiding overreaction in favor of accepting herself, others and the world for what they are.
9. Takes risks and extends herself without placing too much emphasis on either success or failure.

Source: Collier, H.V., 1982. (Cited from *The Psychology of Women*, Margaret Matlin, Ed., 1987.)



FEMINIST PRINCIPLES AND PERSPECTIVES

FEMINIST PRINCIPLES

1. Starting from where women are.
2. Critique of the existing social order.
3. Transforming existing social relations, bearing in mind that there is no grand plan applicable to all women.
 - A. Altering the mode of production and ensuring that women are involved in key decision-making processes around what is produced, how and why.
 - B. Changing the nature of the relationships embedded within the family and in society as a whole.
 - C. Ensuring that women are fully involved in decisions concerning the allocation of power and resources in society, the community and the family.

FEMINIST PERSPECTIVES

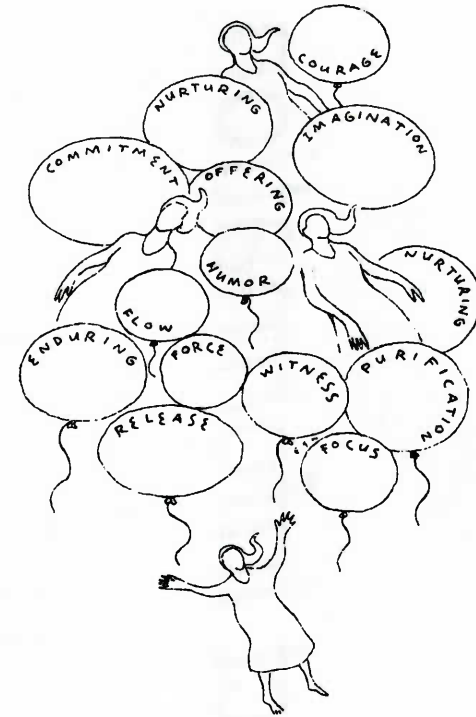
1. Holistic approach
2. Process orientation
3. Valuing of diversity
4. Win-win approach to conflict
5. Non-hierarchical approach to decision-making
6. Values the instinctual and spiritual, as well as rational and logical approaches
7. Rejects the mind/body split
8. Challenges naturalism; rests on the premise that social change is possible and necessary
9. Favors the sharing of power, privilege, property and opportunities
10. Recognizes the need to organize collectively to make change

Source: *Exploring Feminist Visions: Case Studies on Social Justice Issues*, Frances Yasas and Vera Melita



FEMINIST VALUES

1. Personal knowledge
2. Self-definition
3. Personal power
4. Authenticity
5. Creativity
6. Synthesis
7. Physical strength
8. The personal is political
9. Connectedness
10. Equality
11. Mutuality in relationships
12. Economic independence
13. Sexual freedom
14. Reproductive freedom
15. Freedom from oppression
16. Women identification
17. Social change
18. Having political power in society
19. Going beyond the pain



Source: Edna Rawlings and Dee Graham



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SPECIAL REQUEST: send your comments, feedback and experiences in using this book to the following contacts:

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NANCY L. PEARSON has a Bachelor of Science in social work and sociology from Augsburg College, Minnesota, and obtained her Masters of Social Welfare from the University of California, Berkeley. She became personally involved in psychosocial trauma when documenting human rights violations under the dictatorship of Ferdinand Marcos in the Philippines in 1984. This experience motivated her to do support work for the Philippines and become involved with a group of mental health professionals in the San Francisco Bay Area providing services to refugees, mostly from Central and Latin America. She has lived in the Philippines since 1991, serving five years with the Mennonite Central Committee (MCC) working with street children at Bahay Tuluyan and for the National Council of Churches in the Philippines, developing peace education and advocacy training and liturgical materials. She's an advocate for utilizing music, ritual and group work processes for education, team building and healing processes. She has been the Research and Advocacy Program Manager for Isis International-Manila since 1996.

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MARGARET CUNNINGHAM has a Masters degree in Clinical Social Work, majoring in Advanced Group Work Practice and Social Policy, as well as post-graduate qualifications in Social Ecology. She currently lectures in the School of Community Medicine at the University of New South Wales where she is developing undergraduate and post-graduate programs in Health and Human Rights using human rights as a paradigm for health care practice. She established the first funded treatment and rehabilitation services for torture survivors in Australia and facilitated the development of torture and trauma services in Australia. She has a background in health administration and health services management, and has developed models for teaching and designing multicultural and cross-cultural group work programs. She believes that the social context for healing is paramount for recovery from trauma, and that the role of ritual visualization which encompasses a range of cultural traditions provides a rich source of inspiration for group work practice. Her training in using psychodramatic and action methods with trauma survivors enhances this. She has a commitment to developing human rights-sensitive organizations; her method includes the ways that caregivers of trauma survivors retain and restore their energy for this kind of work, while healing their own trauma experiences. She was awarded a Churchill Fellowship to facilitate the development of her work with torture and trauma survivors.

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