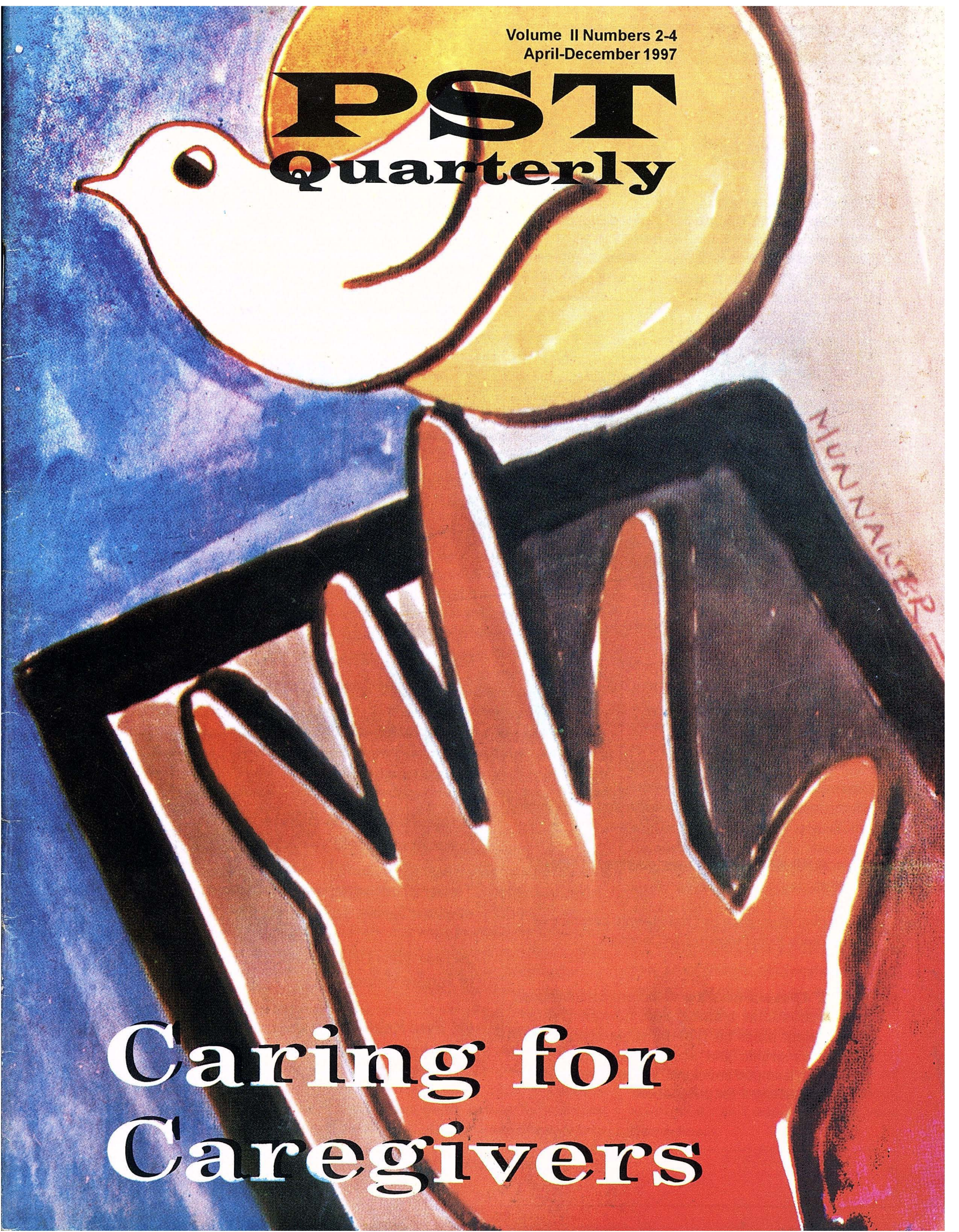


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**Caring for
Caregivers**

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Caregiving: Somebody's got to do it

There are perhaps few professions that are as thankless as that of a caregiver. The caregiver is the person who gives his or her time, effort and energy to give caring to someone who cannot care for him or herself.

We have all had the experience of being caregivers. As parents, we care for helpless infants, suckling and nurturing them until they are old enough to be on their own. We teach them how to walk, to talk, to read, to pray, to cross the street, to play with other children, to grow in age and grace. We teach them values and survival skills to help them survive in the world as fulfilled and happy individuals and useful members of the community. This is the joyous side of caregiving.

Imagine having to give the same kind of attention to a troubled child who isn't even related to you or an adult who has been rendered helpless by physical or emotional trauma. Sometime in our lives, we find ourselves caring for our ageing parents who have lost their ability to care for themselves. Sometimes, it is the memory that goes. In other instances, it is the body that refuses to function but the mind is whole, active and bursting with life. And there are cases when the caregiver must be there for an inert body and a wasted mind in a person who lingers between life and death, in a twilight state never to awaken. Other illnesses in the family also call for intensive caregiving from its members, whether they are trained for it or not. Whatever it is that reduces our loved ones into such helplessness, the experience is devastating to the caregiver.

There is still another kind of caregiving - that dispensed by someone

who selflessly serves the needs of survivors of tragedies, both children and adults. While there are professionally trained caregivers who work in institutions like hospitals and clinics, most caregivers are volunteers who are driven by circumstances to do the thankless tasks of rehabilitating persons and communities after a tragedy.

Many a caregiver is related to a victim and wants to help that victim get on with his or her life. Many a caregiver is a victim who has overcome the trauma of the experience and would like to help others through the process of healing. There are caregivers who work in people's organizations and NGOs who find themselves having to deal with the problems of the individuals whom they encounter in the communities they work in. Many of them never set out to be caregivers but they find themselves doing work that is so urgent, somebody's got to do it.

Which is probably the reason why many caregivers are untrained in the process of caregiving. They lack the academic background in psychology, counseling and human relations to deal effectively with victims of trauma. Which is probably why they also lack the survival skills to emerge from their tasks psychologically and emotionally intact. As observed by Dr. June Pagaduan Lopez, whose pioneering work in caring for caregivers has been recognized internationally, the burn-out rate is awfully high.

For what do these caregivers deal with? Physical and psychosocial trauma that accompanies such preventable garden-variety evils as poverty, deprivation, physical disability, criminality, torture, rape, separation from loved ones, sexual harassment, salvaging, disappearances, state

violence, homelessness and the like. The work is extremely taxing on the body, mind and heart.

Anyone who has observed the work of caregivers will agree that it is a necessary task in a society that is unable or unwilling to provide its citizens with economic and social stability and physical and psychological security. Yet, in precisely those places in the world - like the Philippines and other developing and democratizing countries where the incidence of poverty is high and so many feel powerless and vulnerable, where the harvest of victims is great, the laborers are few; and where there are willing workers, these are mostly untrained volunteers driven by nothing more than a bleeding heart and humanitarian concern.

However, something is being done. The work of caregivers has finally been defined, categorized, acknowledged and recognized. And value has been accorded it by health professionals and social workers. This brings the work of caregiving one step closer to recognition by policy makers. Caregivers have been placed under scrutiny to find out what makes them do such a difficult and thankless job. What are the costs of commitment to such a service to others? What satisfaction, if any, do they derive out of it? What techniques do they use to survive the stresses of the job? What can they teach professionals and policy makers in terms of compassion, commitment and humanitarian concern?

This issue of PST Quarterly explores the world of the caregiver as viewed by professionals who have studied it, and who are caregivers themselves.



IN PRAISE OF CAREGIVERS

by Dr. June Pagaduan-Lopez
PST Program Co-Director

CAREGIVERS. The word does not exist in the Microsoft dictionary, not even in the Webster's dictionary. It is definitely a word of the 90's. It arose from the need to find a politically correct generic term for all the selfless, often professionally untrained human beings engaged in the healing of survivors of natural as well as human-inflicted disasters.

It is only recently that the impact of trauma and tragedy on those who take care of its victims has been recognized as a valid and urgent concern. Yet, "Physician Heal Thyself" is an age-old principle which acknowledges that people are not *immune* to their experience as caregivers. Recent events show us that the devastating impact of a traumatic or tragic event requires that aftercare programs be provided not only to survivors but to caregivers as well.

The effects of stress and burn-out among caregivers are insidious. They do not become obvious until quite late when both personal as well as organizational dysfunctions have taken their toll. This can sometimes manifest as a sharp fallout of people from NGO



Dr. June Lopez with the Asian women caregivers in a workshop

work and the organizational splits that usually precede or follow.

It is not easy to interest people in investing in aftercare programs for caregivers. Again, it is an additional expense which is easily dismissed as "luxurious" considering the overwhelming need to devote meager resources to direct services. Employers may also argue that prospective caregivers bring with them their comprehensive training and professional background which should include the knowledge and skills necessary to protect themselves from the hazards of their work. While under ideal conditions this may be true, in

reality (especially in the Third World), many caregivers are thrown into the work by a severe need to address the problem and not because they have the training or background for it. Caregivers are usually volunteers, relatives or community organizers who are often survivors themselves, who see the urgency of engaging in a humanitarian effort to save their people from further devastation and suffering.

It is about time that we acknowledge the value of these unsung heroes and all the efforts, big and small, to have their voices heard and their needs and dreams fulfilled.

A Quilt in the Making

by Nancy Pearson Arcellana*

Women in many cultures come together to quilt. Quilting is both a practical art of making bed covers and a source of creativity. It's a time for women to share more than their skill at needlework. I was told a story about Cambodian women during the dark years of the Pol Pot regime. The women were allowed to continue the craft of making quilts by hand. Even though the women could not talk while they worked, they could touch each other's hands in the process of making the quilt. This gave them a lifeline, a creative outlet for their grief and kept them from going crazy.

Where I grew up in the

Our agenda for gathering was to share how we as caregivers and survivors provide care to other survivors; discuss what enhances or inhibits our ability to provide care; and explore how we can make our institutions and organizations more aware of the needs of women—more gender sensitive to both women caregivers and those they serve.



PST File Photo

The women caregivers of torture survivors

Midwest of the United States, women also come together to make quilts. There is one called a "crazy quilt". Women bring colorful scrap pieces of cloth from their personal collection to add to the communal blanket. The beauty of the quilt lies in the combination of colors and the women's shared interactions. This merging yields a totally unique design.

The Psychosocial Trauma Program and Isis International-Manila set out to make a different kind of "crazy quilt"—a patchwork of women's shared life experiences. Our plan of a joyful, energizing and uplifting conference for women caregivers of women survivors of torture was met with a "You must be crazy!" response. People asked in absolute disbelief

how such a theme could possibly result in an uplifting experience. They were certain that upon conclusion of the conference we would all be emotionally depressed, physically exhausted and in need of debriefing. We, however, had few doubts as long as the key elements were WOMEN, CAREGIVERS and SURVIVORS!

Almost from the very first moment we knew this conference would be different. Just one side comment by a woman concerned about her sick daughter was picked up immediately by the entire group. Our personal concerns resulting from the conference invitation emerged: difficulties in negotiating with husbands to be able attend the conference; having to prepare food

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provide care to survivors.**

in advance, clothing, medicine for family members; worries about sick children and parents; already missing grandchildren; and the concerns about work we left behind in the hands of colleagues or waiting for our return. It didn't take long for us to see the exquisite pieces of our quilt emerging from our life situations and stories.

We came from far and wide relative to 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/cultural interpreters, political activists, journalists, human rights workers, freedom fighters/revolutionaries, emigrants, and torture survivors from rape, incest, domestic and state-sponsored violence.

Our agenda for gathering was to share how we as caregivers and survivors provide care to other survivors; discuss what enhances or inhibits our ability to provide care; and explore how we can make our institutions and

organizations more aware of the needs of women—more gender sensitive to both women caregivers and those they serve.

It is not possible to separate the sociopolitical 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 are 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. There are no centers to provide care to torture survivors in Bangladesh and East Timor. Cambodia's painful history is especially poignant with the recent political upheavals making 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.

In the midst of such diversity we found our common ground as caregivers and survivors—the backcloth of our quilt. A backcloth is usually one solid color. Each of us would likely choose a different

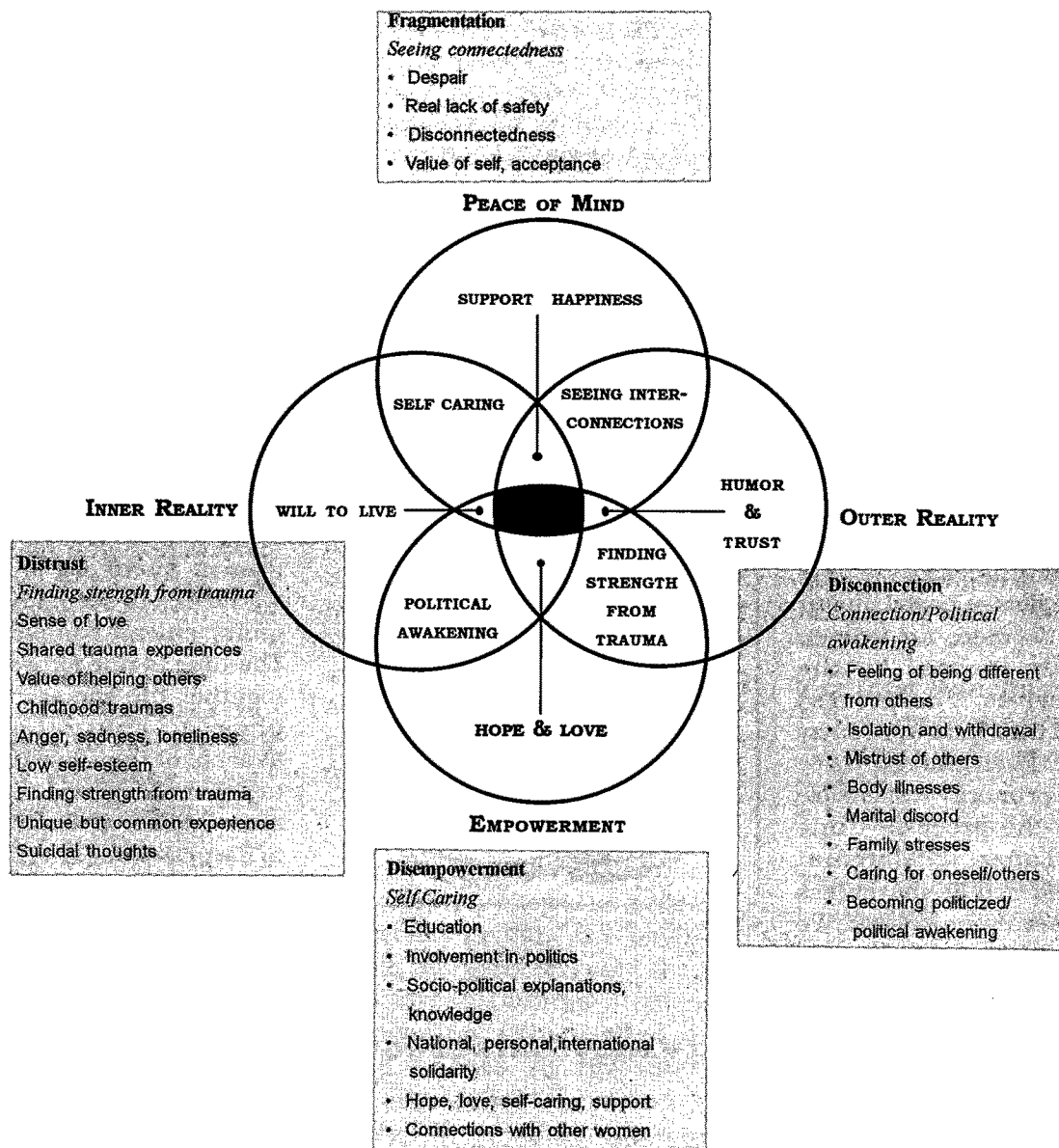
color to describe ourselves and our experiences. I suppose that would mean our backcloth is black—the combination of all colors mixed together. In a sense this is appropriate. We all had to move through our own darkness before reaching a dawn—the first step of a new life.

Revealed throughout our discussions was an important reminder: in caregiving we must see each person as unique. The experience and methods of torture are unfortunately all too common an experience in our world. However, 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.

Our discussions pointed out our own need as caregivers for



An emotionally uplifting and physically energizing workshop



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 quilt we were making.

The color and intricacy of our quilt deepened significantly when

the bright pieces of each woman's herstory was revealed. We utilized a tool called "Circles of Life" that was developed out of the Philippine context. Through the lens of our own life experiences we used this tool in relation to ourselves and its' possible usefulness in our caregiving roles with both women and men.

The result was inspiring. Using a lotus flower for illustration, we demonstrated 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 once again the core. The life experience of each woman was a testimony to the process and basis for understanding the sources of healing.

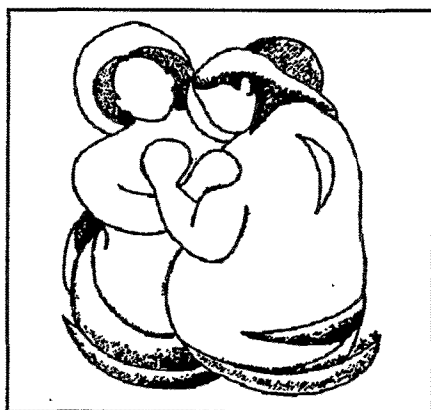
At the center of the lotus (see illustration) rests a self-actualized person who is able to tap into the many sources of healing—support,

happiness, the will to live, humor, trust in life, hope, and love. The outer layers reveal the wounds torture/trauma has inflicted and challenges that must be faced for healing: 1) our sense of disconnection or ability to connect with our sources of support; 2) our inability or ability to trust ourselves and others; 3) the degree of fragmentation that has occurred in our psyches or our ability to develop our peace of mind; and 4) our disempowerment or ability to act in all areas of our lives.

But what made this conference so joyful, emotionally uplifting, and physically energizing? The process—based on our experience as women, for women and ultimately created by the women themselves. The process was the thread that held our “crazy quilt” together. Even though three of us had been primarily responsible for setting up the process—June Pagaduan Lopez, Margaret Cunningham and myself—the process truly belonged to everyone involved. We

“trusted the process” to allow the space and creativity for great things to happen.

We used the power of ritual, the physical release of 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



What matters most is we care

our bodies from our minds, the tears from the laughter, the wailing from the singing, the meditation from the dance, or the giving from the 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 of ourselves.

From the perspective of the Psychosocial Trauma Program and Isis International-Manila, we hope this process can be utilized by other women caregivers, not only of women survivors of torture. We would like to see many more “crazy quilts” emerge complete and whole. The time is ripe for women to piece together the social, psychological, physical, cultural and spiritual aspects of their lives. This piecing together will spread the joy, energize more bodies, and uplift more spirits to harness women’s gifts for our own healing and in turn the healing of others.

BUILDING A DREAM:

Gender-sensitive caregiving, institutions and research

Women continue to face many obstacles when seeking help after experiences of torture and trauma. The Psychosocial Trauma Program and Isis International—sponsors of the recent conference for “Women Caregivers of Women Survivors of Torture”—arranged time for presentations on innovative and ground-breaking work. Each morning of the conference was set aside for the purpose of examining theoretical and methodological approaches for building gender-sensitive caregiving, institutions and research. Four specific areas were taken up

during the conference: 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; and 4) Framework and Methodology for Research on Women Caregivers and Survivors of Torture.

The dynamics of sexual torture and its difference from civil sexual violence was presented by Libby Arcel, a psychologist and consultant

of the IRCT. She highlighted these dynamics in the context of what had happened to Bosnian Muslim women who had experienced systematic mass rape. From a woman’s perspective, the similarities between the two were very disturbing and yet not surprising. The significant differences were in relation to the aim and timeframe. The aim in the public domain was outlined as “punishment, intimidation, interrogation, and discrimination.” Whereas in the private domain the motivation is the “assertion of power [and] said to be

sexually motivated." The significant difference, which led to a great deal of discussion amongst the participants, was the timeframe factor. In the public domain this was seen as a fixed time. This was the time of detention, interrogation or when the rape actually occurred—whether the rape took place in the home or in the detention center. The timeframe for the private domain, however, was seen as "continual, no fixed time." In other words, the violence is on-going, random, without rationality and more often than not, perpetrated by someone in whom trust has been given and should be trustworthy.

Caregiving interventions for women victims of torture and human rights violations helped us continue the discussion of the cycle of violence in the public and private domains. Raquel Tigla, Executive Director of the Women's Crisis Center in the Philippines, discussed the eerie similarity in the cycles of physical and emotional abuse in both domains. Giving an example from her own life experience as a political detainee, she stressed the difference between the sexual torture of women and men by saying: "A woman is seen as a sexual object IMMEDIATELY. Men may be sexually tortured but this is treating a man LIKE A WOMAN... 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; and as a woman, sexualized and abused sexually."

There is so much trauma that women must face that, according to Raquel, it is imperative that we come up with a language that is positive. At the

Women's Crisis Center they have used and found very helpful the feminist principles and values outlined in *Exploring Feminist Visions: Case Studies on Social Justice Issues*, by Frances Yasas and Vera Melita.

Principles of Establishing Gender-Sensitive Caregiving Institutions was provided by Margaret Cunningham one of the founders of the STARTTS center in Australia. She emphasized the usefulness of feminist values when working with diverse cultures. STARTTS stands for: Services for the Treatment and Rehabilitation of Trauma and Torture Survivors. They serve more than 50 different ethnic populations who live or have emigrated to Australia. STARTTS must depend heavily upon people within the various ethnic communities who serve as both interpreters and caregivers for the center. A very special and effective center for healing has been the result. Margaret stressed the fact that "organizational structures imposed on women often deny them access to information concerning their rights and their bodies." Even family, community and religious structures impose poverty, unemployment, lack of independence, information and education concerning women's lives. Among the many tips for building gender-sensitive caregiving organizations, she listed the following:

- Establish a vision for a gender-sensitive caregiving organization;
- Manage the bureaucracy through ongoing gender analysis, needs assessment, planning and management processes;
- Ensure equal opportunity in

employment, salary and education;

- Understand the nature of transformation—processes of reflection and action, creative education programs, and acknowledging the differences in women's and men's social networks; and
- Develop, evaluate and disseminate human caring and healing models. In addition, use this knowledge to inform service policy and delivery.

Framework and Methodology for Research on Women Caregivers and Survivors of Torture was dedicated to exploring women-

Feminist Principles

- * Starting from where women are. Critique of the existing social order.
- * Transforming existing social relations.

Feminist Perspectives

- * Wholistic approach
- * Process orientation
- * Valuing of diversity
- * Win-win approach to conflict
- * Non-hierarchical approach to decision-making
- * Rejects the mind/body split
- * Values the instinctual and spiritual as well as rational and logical approaches
- * Challenges naturalism, rests on the premise that social change is possible and necessary
- * Favors the sharing of power, privilege, property, and opportunities
- * Recognizes the need to organize collectively to make change

centered and participatory research methods and possibilities for future support and research collaboration among the



Rejoicing in the gift of giving of ourselves

participants. Dr. Sylvia "Guy" Estrada Claudio introduced the process and results of a participatory research study on reproductive health and policy conducted from a feminist agenda. (Jointly carried out by INDRA-HAIN International Research Program and community women and their organizations.) Guy revealed, "We learned that research is not an easy, clean process. It's not easy to put your finger on life." She raised the following issues, among many others, related to a feminist research approach:

1. The concept of an "ideal" of scientific objectivity — as if truth doesn't vary in time and space. As feminists, the standpoint and perspectives are very important—knowing that the observer/researcher has a great deal to do with the creation of truth.
2. Context "stripping"—studies on boys and girls declare certain results but ignore the CONTEXT of patriarchy.
3. Reversals of truth—research can actually be used to REVERSE what we KNOW as women to be true in the world.

Dr. Patricia "Tati" Licuanan, who served as the United Nations Chairperson of the Preparatory Committee for the Beijing

Conference on Women held in 1995 and is currently the President of Miriam College in Quezon City, pinpointed the major concern of the participants: "Clearly, research should not be disturbing to clients or caregivers and it should not be coercive. It should be as painless and friendly as possible—this should always be considered in the process' and progress of the research [being undertaken]." She reiterated the important questions that must be continually asked: For WHAT are we doing research? It should help us to do what we do even better. Why? The aims of research must equal helping the work. What? Utilizing methods of research to gain: baseline data, documentation, review of current practices, experiences and processes, validation of instruments, and perspectives from women. This will make research valuable to our work. Where do we go from here? As busy, overloaded women caregivers, how to identify the possibilities, issues or agenda(s) for working together as a network or individually.

Tati concluded by reminding the group that the current environment "is more friendly to this kind of work and research.

Beijing [the 4th World Conference on Women] opened some doors and minds on certain issues. Sometimes a friendly environment outside can be very helpful including the fact that 1998 is the 50th Anniversary of the International Declaration of Human Rights. The Commission on the Status of Women and the UN Division for the Advancement of Women is monitoring the following areas in 1998: Women's Human Rights; Violence Against Women; Women in Armed Conflicts; and the Girl-Child. We can use these international structures and organizations and networks to give us needed support on national, regional and international levels."

We may be far from our goal but we're on the road. One step at a time we're working toward developing gender-sensitive methods for caregiving; creating institutions which are accessible and open to women and their special needs; and ensuring that research includes women from the start of the process in order to define and validate what they know to be true. With each step our dream comes closer to reality.

**Nancy Pearson Arcellana, M.S.W., is an American who has lived and worked in the Philippines for the past seven years. She served for five years with the Mennonite Central Committee working with Bahay Tuluyan, a program for street children in Malate, Manila and the peace program of the National Council of Churches in the Philippines. She has been the Research Manager for Isis International. -Manila for the past two years.*

The Wounded Healer

by Susan Cipres-Ortega and Rhoda Myra Garces*

Teresa, a woman in her 20's disclosed to her counselor the following trauma story regarding her internment in a South American prison for political dissenters. Her captors demeaned and abused her sexually, using rape in all its human forms. Next, they unleashed specially conditioned Alsatian dogs that intimidated, threatened, and bit her, drawing blood from her breasts. The dogs then had sexual intercourse with her. During these events the captors watched, laughed, and made humiliating and disparaging remarks. Next, her captors beheaded her two young children while forcing her to watch. They kicked her children's decapitated heads as "soccer balls." Finally they placed her in an isolation cell and carried out a mock execution. (Wilson & Lindy, 1994)

Working privately with incest survivors, a psychotherapist stated:

Individuals on their own have no place to go with it. I had such a lonely feeling about this work and felt so shameful for having to do it. It was like digging ditches. You don't tell anybody what you do. You don't tell them how dirty your hands and your feelings got. It's a put-down, because I am associated with something so horrible and terrible, and being so helpless, that I became identified with the survivors (Wilson and Lindy, 1994).

* Photos taken from the PST Personal Growth Series on Care for Caregivers

There are various means in which atrocities can be carried out, more than the simple mind can possibly fathom. There are many ways through which an individual can be scarred for life by events such as the one mentioned in Teresa's story. As Meichenbaum (1994) has depicted, emotions may range from anger to shock, to a difficulty with loving and trusting people; cognitive impairment is likewise manifested as seen in one's marred concentration, and the presence of unwanted, intrusive thoughts. Biological responses on the other hand would include fatigue, sleeplessness, insomnia, and hyperarousal or hypervigilance. Traumatized people may likewise exhibit behavioral symptoms such as avoidance and alienation, and some

even resort to substance abuse and indicate signs of conduct disorders. It is not uncommon to find characterological alterations as seen in "deformations of relations and identity" as a function of what they have undergone. Their feelings of detachment may manifest itself in the form of stupor, derealization, depersonalization, a sense of numbing, and at times an amnesia for the event. Rage, despair, hopelessness, guilt feelings, and anxiety are among several of the emotions coursing through them. Perhaps all these could be better understood if we come to realize that traumatic events do not just leave visible scars and discernible wounds, they have the power to violate one's fundamental assumptions and

beliefs about the world; which may lead to feeling a sense of loss of relatedness and identity, challenging the individual's sense of safety and security (Meichenbaum, 1994). Thus, the person frequently blames oneself for having been victimized. Paralleled to this would be the difficulties encountered by people who are ravaged by the destruction wreaked out by war, such that their perceived ability to control events (which include comprehension and prediction), as well as the ability to control oneself is profoundly impaired. However, despite the fact war undermines the validity of our moral assumptions, the effect of threat on beliefs would vary depending on resilience and content of one's belief systems (Milgram, 1986).



It is important to note, though, that a major difference exists between child and adult victimization. Traumatic events in childhood, such as the one mentioned in the second excerpts above, may happen during critical periods of personality formation, adversely affecting one's internal representation of one's self, as well as one's inner model of the world. A traumatized child may then grow up distrustful, believing the world to be an unsafe place, which would then have "a far-reaching influence on the child's attachment behavior (Goldberger & Breznitz, 1993)." However, this paper is not meant to provide a lengthy discussion on how Teresa or the abused children were able to pick the remaining shards and fragments of their lives back after such traumatic incidents, nor is this paper intended to explore the diverse facets of the perpetrator's mind and harp at its tremendous capacity for evil. Rather, this paper is conceived for the silent watchers, the grieving reader...the wounded healer.

A therapeutic sanctuary

Traumatized clients are often considered as a challenge to those

who attempt to deal with them. As Wilson and Lindy have put it, "Their personal trauma stories frequently contain painful account of events that altered their inner sense of self, creating psychic scars and unhealed wounds to the core of their personality."

The survivors then, requires a therapeutic haven where "the *integration and resolution* of the trauma experience, can occur (Wilson and Lindy, 1994)." The construction of such a therapeutic sanctuary is no easy task on the part of the therapist or the caregiver, who "not only confronts the pain and personal struggle of the client but must do so with a capacity for sustained empathy." A task which becomes more difficult as the therapeutic relationship progresses in consonance with the gradual unfolding and deepening of the survivor's trauma story, whereby the therapist's "capacity for sustained empathy" may turn into "empathic strain." It is not unlikely, then, that burnout be apperceived whenever one's job expectations vary greatly from one's real world experiences (Appelbaum, 1981).

Medical practitioners insulate themselves from burnout

in a different fashion altogether, compounded with the fact that they only deal with their patients for relatively brief moments of "medical rounds" as contrasted to caregivers who meet with the survivors for a comparatively longer period of time. One could notice a marked disinclination in the part of the Doctor to demonstrate affective behavior which is viewed as not being an inherent part of medical intervention in the first place, despite their awareness that patients tend to evaluate their efficacy on the basis of their affective behavior. Hence, one could safely hypothesize that their marked lack of affective behavior is a consequence of reluctance not of ignorance of such a therapeutic role.

There are several barriers to affective behavior, one of which is the desire to preserve the professionals' power enhancement, manifesting too much emotions would be disadvantageous to the enhancement of their dominance, although showing affective behavior is said to provide inherent satisfaction in more ways than one (Ben-Sira, 1986). Furthermore, it has also been noted that health care

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personnel maintain a psychological distance from their patients to maintain their psychological equilibrium and to keep stress at a minimum (Appelbaum, 1981). Hence, burnout keeps professionals from being humanistic. Like what Kleinman (1980) stated clinicians are taught to cure, not to care.

All these is antithesis to what is occurring among people who have their hands steeped in other people's misery day in and day out. It is, in fact, said that clinical work with trauma victims brings the clinician close to the "soul" of the survivor's pain and injury (Lindy and Wilson, 1994). In this relationship, the therapist must construct a safeholding environment where the client feels secure enough to reveal to the other the emotional bruises suffered, to peel the layers of one's self and disclose that raw and bleeding child within. It is indubitable that the power of affect that has been provoked may prove to be so intense that the therapist or the caregiver must continually watch out for signs of countertransference processes which could lead to empathic strain, which in turn, if unmanaged, could lead to fractured empathy and the inevitable loss of the therapeutic role.

Countertransference Process

I remember when I first read the account of Teresa's narrative while in the clutches of her captors, I was overwhelmed by such depravity, such exhaustive cruelty - that I was unable to sleep that night. I could not imagine such deeds being perpetrated against another human being. I felt, then, that no amount of cause could justify such inhumanity. I was bothered that I had to share the story in one of my graduate classes

as a form of catharsis. I felt that I needed to cleanse myself from the world's defilement which I was only beginning to comprehend, by talking about it with a group of people, who would, more or less, understand. I began to wonder then: if I was that affected by merely *reading* her story, how would I feel if I were actually her caregiver? I dreaded the thought. That was when the enormity of caring for the wounded healers struck me - it was like being hit by a sledgehammer. What was then an abstraction at the back of my mind, metamorphosed into something which is tangible and real — I ceased being academic. I began to feel.

Through introspection, I realized that I was nearly becoming the living testimony of what I was reading about, I was suffering from enmeshment and overidealization. A process which identified as Type II Countertransference process (Meichenbaum, 1994). It is imperative that there should be awareness of what one is going through, countertransference could seriously impede the advancement

of the therapeutic process. Norman Milgram claimed that this may take on the form of overprotective behaviors which "took the form of doing things for the patient that he should be doing for himself and was diametrically opposed to the treatment goal of restoring autonomous functioning (Milgram, 1986)."

The same author likewise stated that one of the factors why one adopt such an attitude is guilt. The caregiver may feel remorse for leading a pain-free life, while other people, particularly the client, live in a constant state of helplessness and fear. Hence there is a compulsion in the therapist to compensate for such an anguish-free lifestyle that the caregiver begins taking on more responsibility than usual in the form of overprotecting the client. However, it is my contention that it is not really the client the caregiver is shielding from pain, it is one's self.

The caregiver may also go to the other extreme with Type I countertransference which is





the therapist to misperceive or misinterpret the behavior and psychodynamics of the client on the basis of the therapist's previous assumptions (Wilson and Lindy, 1994).” On the other hand, the latter mode reawakens unresolved conflicts and private concerns in the therapist's life through the issues disclosed by the patient, which is countermanded by the therapist via repression. This mode of emphatic strain may unwittingly lead to one's stubborn denial of the full meaning and import of the issues presented by the client. The therapist refuses to admit the significance of what the client is undergoing because

characterized by denial, distancing, detachment, and avoidance (Lindy and Wilson, 1994) stemmed from a desire to maintain a *psychological distance from their clients* to maintain their psychological equilibrium and keep stress at a minimum (Appelbaum, 1981). This may be seen in the context of the social workers being too impersonal that they tend to look at their clients as mere objects to be dissected and analyzed. This unconscious refusal to admit one's own vulnerabilities through psychological withdrawal, with an attempt to appear high, mighty, respectable (thus, half-human) is believed to “create a block that seems to sand in the way of emotional coping. The professionals becomes so blocked that they cannot deal with either their own or their patient's feelings (Appelbaum, 1981).” It is also my contention that when the caregiver allows oneself to feel, one, then, has to acknowledge the fact that “it could happen to me.” That awareness, it itself, is more than enough to shatter one's sense of equilibrium.



Modes of Emphatic Strain

The countertransference processes mentioned represent only one source of emphatic strain.¹ In close relation with Type I countertransference (avoidance) are empathic withdrawal and empathic repression (see figure on page 17). In the former mode, a rift happens in the therapist's empathic stance toward the client. There is an over-reliance on the blank-screen, conventional therapeutic techniques which “may lead

it awakens issues buried deep within her, hence, the thwarting and the repression.

Contrariwise, Type II countertransference includes the modes of empathic enmeshment and empathic disequilibrium. The former is characterized by the loss of role boundaries in treatment, whereby the therapist leaves the therapeutic setting by becoming over-involved with the client. It is said that “therapists with a personal history of trauma and victimization

are especially vulnerable to this mode of empathic strain and may unconsciously attempt to rescue traumatized clients as an indirect way of dealing with their own unintegrated personal conflicts (Wilson and Lindy, 1994)." As a corollary, it is further mentioned that among the memories likely to be activated are those of the caregiver's own traumatic past. The latter mode, on the other hand, is typified by feelings of insecurity and uncertainty as to how one should deal with the client, with a general feeling of inadequacy in treating the victim.

The aforementioned modes of empathic strain may hinder the construction of a safe, empathic, therapeutic environment with clear role boundaries, wherein the caregiver's empathic strain and the survivor's affects are successfully managed. But over and beyond its effect on the client is the potential of such processes to adversely affect the therapist's life. Meichenbaum cited an excerpt provided by one therapist:

"I love my work but lately I find it contaminating my personal life. I have nightmares about the horrible things I hear about

from clients, my sex life has deteriorated, I'm irritable and distractible, I'm afraid for my kids and tend to over-protect them, and I don't trust anybody anymore. I don't know what is happening to me."²

Far from being negligible, these emotional processes need to be explored, studied, and provided ample care consideration. Caregivers are not mere receptacles wherein one simply throws one's bubbling, frothy, and filthy emotions into. Once in a short while, one needs to sift out the dung that festers in one's self not only to be effective healers, but to be effective individuals as well. Houseparents and social workers are human beings who feel, who are affected, who are strained by the constant interaction with people with whom they are devoted to help. They likewise experience compassion fatigue. They are not faceless bins that remain unmoved by the dam of harrowing grief that is poured into them. And the first people that should begin to realize that are themselves.

Coping can begin with the awareness that it does not necessitate being in total control of a situation that an individual

cannot control (Appelbaum, 1981) and that it can help by initiating effective action that would improve the stressful situation. As what Dr. June Lopez frequently lectures, in contrast to physicians who utilize specific instruments in their treatment of people, caregivers have only themselves as gadgets in dealing with the people's grief and traumatic experiences.

Modern physiological research on alleviation of stress now include various relaxation techniques and biofeedback (Breznitz & Goldberger, 1993).

While alternative modes of healing have often been scorned by traditional medicine, it has been found that "The science and art of medicine that was initially one, and then split in two, are now approaching reunion. The healing science that became traditional medicine and alternate medicine is slowly becoming the healing sciences (Alvino, 1991)."

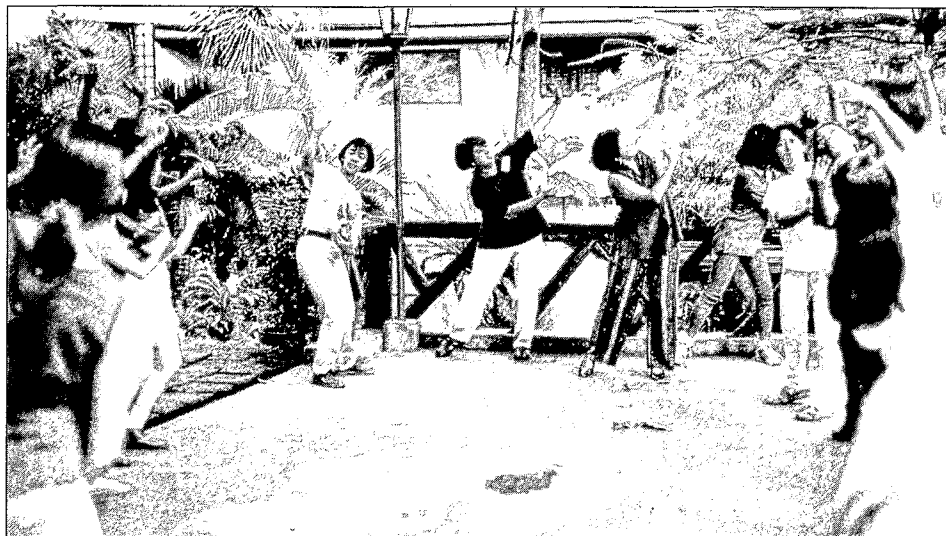
5000 years ago, ancient spiritual tradition of India spoke of a universal energy called prana. This universal energy is the source of all life. The breath of life moves through all forms to give them life. Yogis work with this energy with breathing techniques, meditation, and physical exercise

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to produce altered states of consciousness and longevity. 3,000 years ago, the ancient Qigong masters in China were practicing their meditative discipline to balance and invigorate the human energy field. They called this vital energy that pervades all forms, both animate and inanimate, Qi. The Qi is the vital energy of the body; while gong means the skill of moving this Qi and working with it. Practitioners use mind control to move and control the Qi to only not improve health and longevity, but also to enhance awareness, psychic powers, and spiritual development.

Given these, it is not surprising to note that ostensibly objective scientists frequently show quite irrational and unethical behavior when presented with data about psi (psychic phenomena), the paranormal, subtle energies, and the like (Tart, 1994). The medical paradigm strongly resists such pseudo-medicinal techniques. However, it has been noted that numerous controlled studies suggest that conscious intent can initiate helpful changes in a variety of organisms, including human beings, hence, classical models of distant healing, including the concept of "energy," must be reexamined (Srinivasan, Dossey 1994). Moreover, it has been found that even researchers who advocate the importance of psi sometimes show similar distorted behavior, especially when effect size goes beyond statistically-significant-but practically-trivial effects and became strong. Such unrecognized and unacknowledged resistance can sabotage both research and application. The researcher is not independent of the research in these areas (Tart, 1994).



Qigong¹

The development of Chinese Qigong can be divided into three periods. The first period would be roughly 2500 years ago, from ancient times to the period before the establishment of religions in China. There were great masers who achieved extraordinarily high levels of Qigong that emerged. Qi gong can then be said to be the basis for culture formation including the creation of the written language, the discovery of herbal medicine, and the emergence of various forms of art.

The second period is from

2500 years ago to modern times. In this period Qigong in its pure form retreated from the society. New forms of Qigong were created and passed down through Taoist, Buddhist, Confucian, Medical, Martial Arts, and folk Qigong. Consequently, the essential elements of Chinese culture can be traced back to Qigong while at the same time Chinese Qigong from this period has distinct cultural imprints, including certain amounts of religious and superstitious vocabularies.

The third period is the

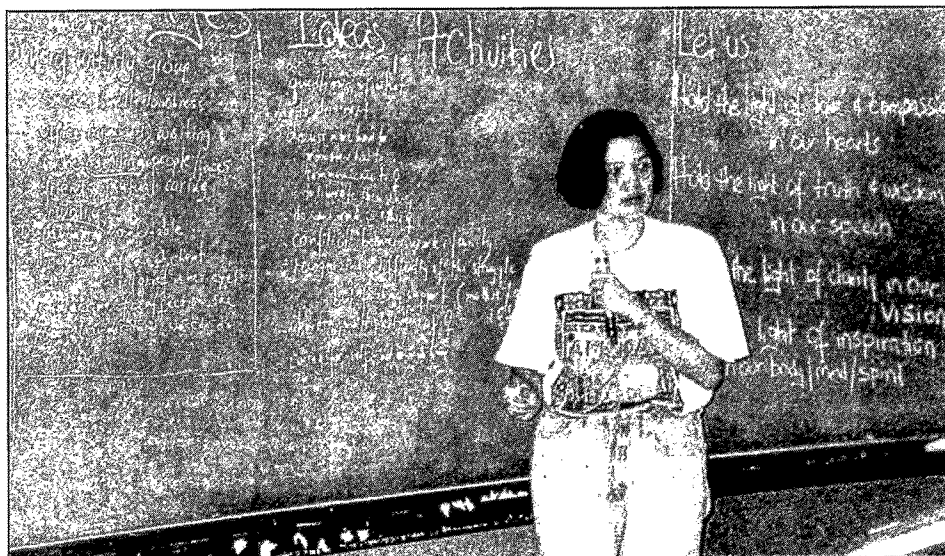
contemporary period. Qigong reemerged in the modern society in the late 1970's. A number of accomplished Qigong practitioners came public to treat patients and to teach Qigong on a scale unprecedented in the history of mankind. They also started to collaborate with scientists to provide a scientific foundation for Qigong to survive and flourish in modern society. The results are spectacular: over 200 popular Qigong practice methods are available to the society, over 100 million people are practicing Qigong in one form or another, and Qigong

healing is now an officially recognized medical treatment in China. Dr. Yan Xin stands out as the most famous Qigong master in contemporary China for his seemingly miraculous Qigong healing power and incredible scientific achievements. Yan Xin Qigong is now a national phenomenon.

Dr. Yan Xin's Qigong Scientific Experiments

The mysterious or even mystical clouds surrounding Qigong healing have been gradually removed in recent years due, in

large part, to Dr. Yan's Qigong scientific experiments. Qigong healing is now an officially accepted medical treatment in China, and Qigong itself is starting to get the attention of the modern scientific community. Dr. Yan has published over twenty Qigong scientific papers providing the underlying reasons for the success of Qigong healing and contributing the most to the better understanding of Qigong in our modern society. Dr. Yan has collaborated with scientists from some of the foremost scientific institutions from China and the U.S., such as QinghuaO University, Beijing University, the Chinese Academy of Sciences, and the U.S. National Institute of Health. He has demonstrated that the external Qi of Qigong can change the molecular structure of water, which constitutes over 65% percent of the body fluid of a human being, as well as the molecular structures of saline and glucose solution, which are critical to the physiological functions of a human body. He has also shown that the external Qi of Qigong can also change the structures of DNA and RNA which are the basis of the genetic code. Dr. Yan has further



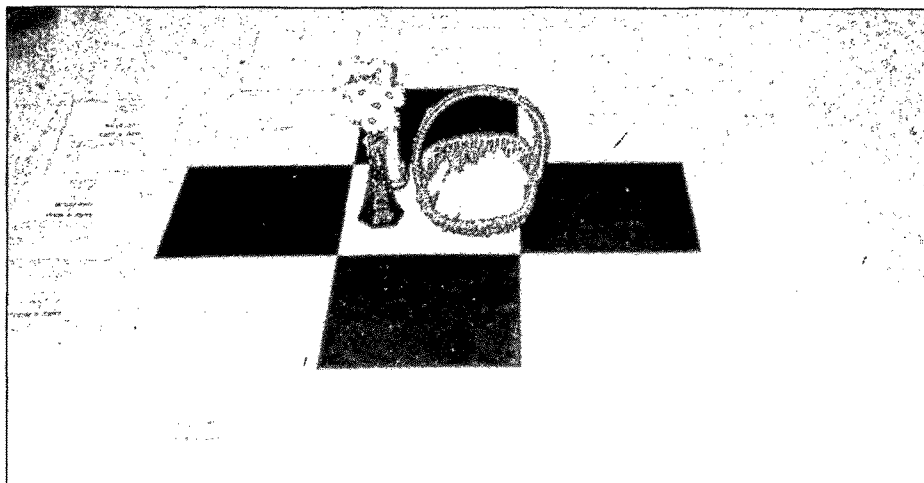
It is not uncommon, then,
that caregivers experience
burnout after some time.
Their selfless commitment
to their work
and the people
under their care make them
more vulnerable,
and more prone
to stress.



demonstrated that the external Qi of Qigong can significantly change the decay rate of a radioactive element as well as the rotation angle of the polarization plane of a laser beam. All these were accomplished either at close distances or at ultra-long distances from 2000 km to 10,000 km. These incredible experimental results suggest that perhaps Qigong is associated with certain fundamental force of this universe. Therefore it may not be too hard to imagine using Qigong for practical applications. In fact, Dr. Yan has already successfully applied Qigong to improving large scale agricultural and industrial production.

A recent survey of 89 Yan Xin Qigong practitioners in the U.S. who had been practicing between 20 minutes and one hour daily for three months showed very positive results:

- * They improved physically.
- * Overall health was better.
- * Energy and efficiency increased.
- * Sleep requirements decreased (on average 1.5 hours per night) while sleep quality increased.
- * Food intake and hunger both diminished.
- * Feeling of being relaxed and at ease increased as did the capacity to handle stress. They were happier. They felt * More capable to enjoy life, peace of mind, and relationship with others.
- * Improved self-confidence, self-esteem, successfulness, and overall quality of life.
- * Fewer negative aspects and more positive aspects of their life.



In general Yan Xin Qigong practitioners can gain significant benefits to their health, happiness, and personal effectiveness.

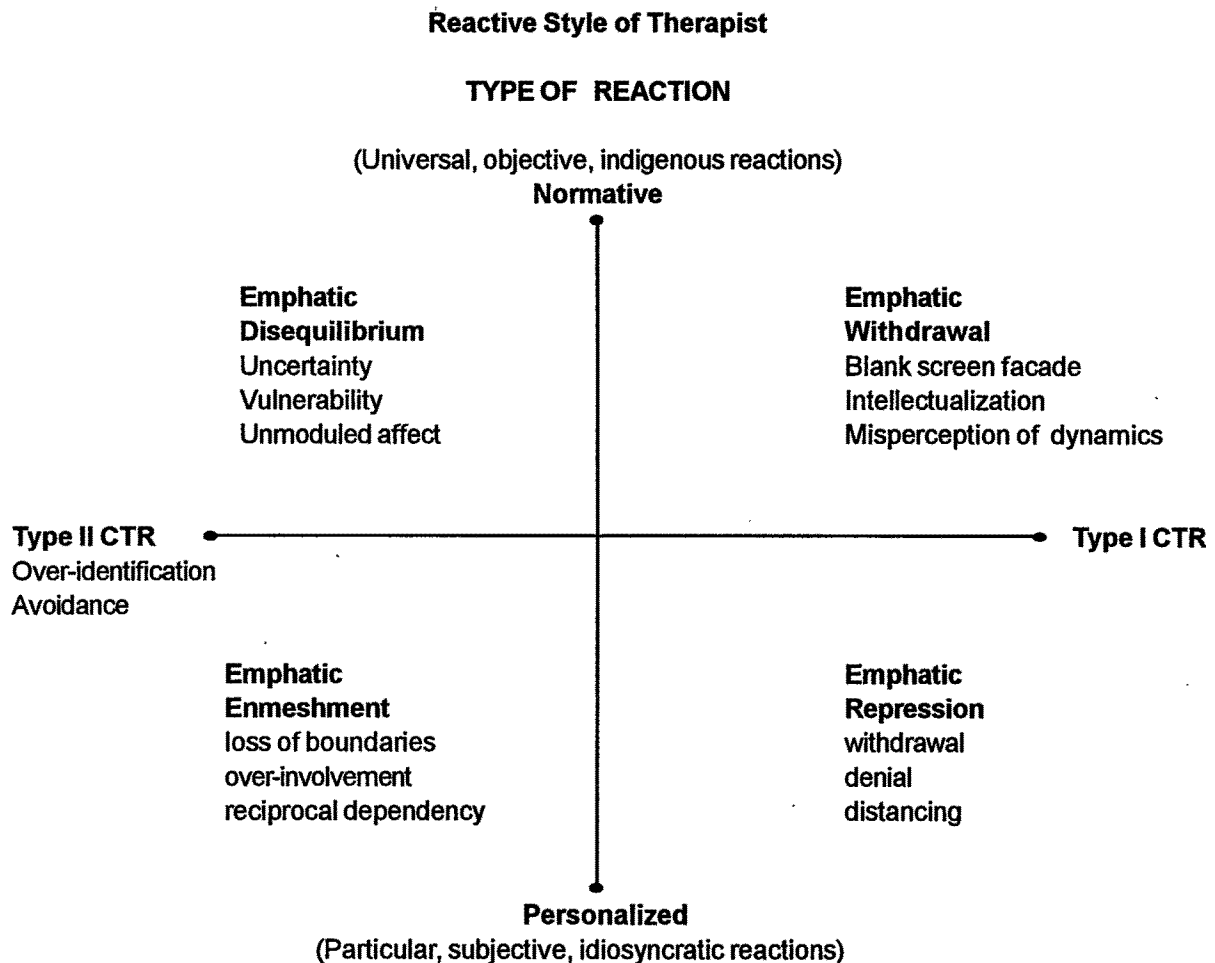
Whenever one talks about Post Traumatic Stress Disorder, a picture of the tortured survivor or the traumatized individual often comes into mind. Seldom do we ever see the people at the periphery of the picture, very infrequently do we look at the plight of the people who are in direct contact with these people.

Whenever one hears or reads about cases of human rights violation, one could not help but feel moral outrage and righteous indignation for the subhuman acts being perpetrated against these people. Being naturally

empathetic, we feel for the survivors. What we often fail to see is the vicarious victimization suffered by the caregivers who are in direct contact with the anguish and pain felt by the victims. It is not uncommon, then, that caregivers experience burnout after some time. Their selfless commitment to their work and the people under their care make them more vulnerable, and more prone to stress. Various techniques for stress management have been presented to alleviate the stressful conditions that are considered the everyday norm of caregivers. This module is an attempt to synthesize Eastern and Western approaches in managing stress.



MODES OF EMPATHIC STRAIN IN COUNTERTRANSFERENCE REACTIONS³



Notes

¹"Empathic strain results from those interpersonal events in psychotherapy that weaken, injure, or force beyond reasonable limits a salutary therapeutic response to the client." -- Wilson and Lindy, 1994

²Meichenbaum, p. 278
 Modern physiological research on alleviation of stress now include various relaxation techniques and biofeedback. (Breznitz, and Goldberger, 1993).

³Lindy and Wilson, p. 15

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References

An introduction of Yan Xin Qigong and its Benefits Prepared by The International Yan Xin Qigong Association (IYXQA) A Non-Profit Organization for the Learning and Promotion of Yan Xin Qigong, 1994.

Appelbaum, Steven H., Ph.D. Stress Management for Health Care Professionals. Aspen Systems Corp., Rockville, Maryland, London, 1981.

Ben-Sira, Zeev. Stress, Disease, and Primary Medical Care. Gower Publishing Company, Old Post Road, Brookfield, Vermont, 1986.

Breznitz, Shlomo.; Goldberger, Leo., eds. Handbook of Stress Theoretical and Clinical Aspects. Free Press, New York, 1993.

Kleinman, Arthur. Patients and Healers in the Context of Culture An exploration of the borderland between Anthropology, Medicine, and Psychiatry. University of California Press Berkeley, Los Angeles, London, 1980.

Lindy, Jacob D.; Wilson, John P. A Clinical Handbook/Practical Therapist Manual for Assessing and Treating Adults with Post-Traumatic Stress Disorder (PTSD) Institute Press, Waterloo, Ontario, Canada, 1994.

Milgram, Norman A. Stress and Coping in time of War. Brunner/Mazel Publishers, New York, 1986.

Srinivasan, T.M., Dossey, Larry. The Myth of One That Became Two. Healing, Energy, & Consciousness: Into the Future or a Retreat to the Past? 1994.

Tart, Charles T. "Fears of the Paranormal in Ourselves and our Colleagues: Recognizing Them, Dealing With Them." 1994.

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CARING FOR CAREGIVERS

Principles & Practices for the Management of Staff in Torture & Trauma Rehabilitation Services

by Margaret Cunningham* and Jorge Aroche**

The work in torture and trauma rehabilitation services is a constant reminder of the way organizations can destroy the fundamental rights of people. Organizations can perpetrate actions aimed to destroy the integrity of individuals, families, and communities.

Many torture and trauma rehabilitation services have grown from uncertain and unclear beginnings. We have observed two main ways these services may begin:

1. a crisis or disaster occurs in a community then groups of professionals rally around survivors to assist them in a healing and recuperative manner.
2. a group of professionals rally around an issue then seek funds to establish a service for a group with minimal service provision.

In both these instances, if our own professional backgrounds are predominantly as clinicians, we may not have the relevant skills to develop our organizations, to manage them through change, and to reduce the potential for secondary traumatization in our staff groups. Our work may place us in situations from which we are required to give organizational responses and opinions. We may try to avoid the notion that we are

in fact an organization. We may hold values of managing our centres as 'cooperatives' with loosely held notions of who is and who is not in charge only to discover that our centres develop webs of discontent and conflict. We have observed one of three responses to this situation amongst torture and trauma rehabilitation services:

1. Strong splits develop in the staff team - subsequently there may be the introduction of authoritarian practices which provide an appearance of shared values and practices externally, while internally, staff divisions remain, and are not healed.
2. There may be the formation of breakaway centres as staff cannot reconcile the practices - a new service is established on the basis of discontent with the 'parent service' and subsequently competes for funding resources.
3. There may be a decision to no longer provide services as the cause has become too exhausting and exacting.

When we look at other large human rights organizations for assistance we also hear organizations giving 'lip service' to the human rights of their staff. Many ex-United Nations field staff have been disillusioned by the



Margaret Cunningham

lack of personal support offered to workers dealing with complex human rights tasks.

Torture and trauma rehabilitation services need to develop organizational structures and models for relating to torture survivors, as well as staff which are congruent with the clinical aims of restoring a sense of hope, dignity, and empowerment. (Cunningham M, Silove D, 1994).

Few torture and trauma rehabilitation services give equal priority to staff caregiving as to client services. How can we as managers and developers of torture and trauma rehabilitation services ensure that our organizations grow, are flexible, value and acknowledge creativity

in our staff, resolve conflicts in a manner which produces growth in our services, and protect our staff from burnout and exhaustion.

Management Concepts - Some Building Blocks for Service Development

Modern management theory has developed powerful conceptual tools to assist managers in addressing crisis points in organizational development and design which may affect effectiveness, efficiency, and staff morale. These conceptual tools themselves, however, harbor their own limitations. It is important to temper their use and implementation with an awareness of the semantic origins and associated concepts, many of which developed from war contexts rather than those which support the ideologies of our work and practice settings.

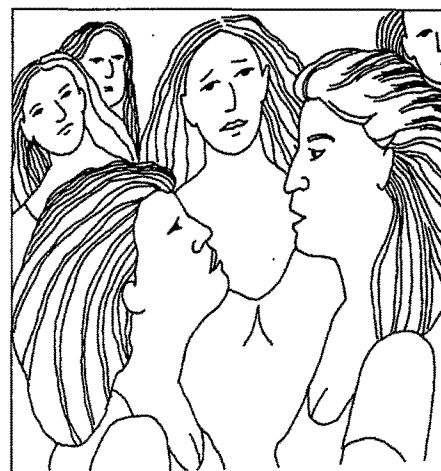
The concept of domain

In Domain theory, Kouzos and Mico (1979) identify three domains or sub-groups in human service organizations which, due to their inherent value differences, have the potential to contribute to organisational conflict and stress. These domains are the policy domain where success is measured in terms of principles and concerns about appearing just and impartial, the management domain which strives to be businesslike in its operations and where performance is measured by cost efficiency and effectiveness, and the service domain usually staffed by professionals who see themselves as capable of self-government and who measure service provision in terms of quality of service and standards of practice.

It can be a complex task for



Sandra Torrijos Women in Action



Sandra Torrijos Women in Action

staff and managers in torture and trauma rehabilitation services to be clear about which domain is dominating service development. It can also be difficult for clinician managers to accept the importance of and need for service development in each of the areas defined by these domains.

The concept of mission

The mission statement of an organization is a brief clear statement of the purpose and objectives which incorporate the function the organization performs, for whom, and the process (Aroche, J, 1995). Mission statements need to reflect organizational purpose, the distinctive characteristics of the organization, its stakeholder promises, its organizational values and beliefs, and its public image. It then becomes the shared statement around which all units in the organisation and individual staff can develop the personal implementation of these values and beliefs. We have a preference for use of the terms values and vision statements. We believe they incorporate the same activities as the more military term of 'mission', while concretising the belief in vision,

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(and often our
closest relationships).**

and values as primary service activities in torture and trauma rehabilitation work.

The concept of managing by objectives

The term 'management by objectives' popularised after World War II referred to the management process used to expand military progress. Management by objectives became how to move forward in our attacks. It may be rational for torture and trauma rehabilitation services to plan their service development using this typology at times, but in war

settings there are winners and losers. Who do we attack and discredit to be the best in our fields? Who are our enemies in torture and trauma rehabilitation work? What happens when we begin to see our peers and colleagues in this work, or our own staff (who express different views to us) as our enemy? We may be faced with splitting, and internal explosion in the work we are doing. The life experiences of our clients may become acted out in our organizations resulting in parallel processes which may undermine the quality of our service delivery.

The concept of operation

In business, the term operation refers to a business concern or enterprise. In the military, it is a strategic movement of troops for military action. In the kinds of services we work in, we see that it is as important to address the process towards our objectives and goals, as it is to meet specific objectives. For many of us in torture and trauma rehabilitation, we may apply passionate, almost religious (as opposed to spiritual) fervour to

the work we do to stop torture and to assist survivors of gross violations of human rights. We may plan our work (or operations) like a military attack, attacking all organizations, governments, workers who do not see the world in the way we see it. Although our activities may at times be courageous for the greater goal of ending torture in the world, we may be at risk on a more personal level of losing our sense of balance (and often our closest relationships). We may take on our clients views, seeing the world as a hostile and dangerous place. We may set up our organizations for constant attack and possible closure.

The concept of cost benefit analysis

Cost benefit analysis in management involves making estimates about the social cost of decisions in service delivery. In torture and trauma rehabilitation services we may be so overwhelmed by the complexity of our work at a case by case level that we do not identify activities which may be more cost-effective, produce the results we desire, and produce societal and structural

change. For example, gaining changes in social and public policy which influences the social milieu around refugees and torture and trauma survivors may lead to the need for less intensive treatment interventions.

The concept of debriefing

Debriefing in the military and social sciences refers to the opportunity to review an activity for not only what did happen, but what could have happened differently. In torture and trauma rehabilitation work we may have a perception that only clinical staff in the organization have a right to debriefing in a supervisory process. The value of making this available to a greater number of staff, eg., clerical staff, administrators, we believe, should not be underestimated. Torture and trauma work may affect the dynamics of all people in the organization and their ability to work towards common values and vision. As one staff member stated to the first author, "Not only do you have to manage us doing this difficult work, but you also have to manage us when the work is



ISIS/Women in Action



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**As managers
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We need to acknowledge
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making us crazy". The use of an external facilitator to debrief the organization annually, and/or at times of crisis provides one means by which people in our organisation can work through organizational issues before they become destructive to the organization as a whole.

Managing staff burnout in torture and trauma rehabilitation services

Staff burn-out is kindled by taking on too much, too intensely, for too long. As clinicians, we know the risk to workers of vicarious traumatisation from the work they are doing with clients. When workers burnout then clients experience service delivery as distant and emotionally detached. Clients may sense that techniques are being applied to them with little connection to their real life problems. For workers themselves, burnout may produce ongoing mental health problems, and contribute to the development of dysfunctional relationships, both personally and professionally.

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When workers burnout
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detached.**

Through time, the service delivery we believe our organizations are providing to clients, in fact, does not occur.

Like Post Traumatic Stress Syndrome (PTSS), there is usually a complex web of causes for burnout - personal, structural, organisational, and societal. It is not simply that people are working too hard. Human beings are capable of hard work under difficult situations.

Trauma work involves staff witnessing great pain and working with intense emotions in clients as well as themselves. Services need to develop mechanisms to allow openness about the pain staff are experiencing without this being judged as personal weakness while assisting staff to remain hopeful about the work that they do.

As managers, we need to address the issue of burnout in our service development. We need to acknowledge that the way we run our organizations and the intrinsic stresses of the work have a significant impact on whether workers burnout or not (Shields, 1991).

In 1995, at an international workshop on "Caring for Caregivers" held in South Africa, issues were raised about the relevance of concepts of managing burnout for small and under-resourced organizations. After much debate the conclusion reached by the workshop participants was that the first step in addressing burnout is the recognition in all services that regardless of size, burnout is an occupational hazard for staff in torture and trauma rehabilitation services. The workshop unanimously supported the idea that regardless of organizational size or stage of development, this acknowledgement was the basis for implementing any anti-burnout strategies as some is better than none. Shield (1991) proposes

the following strategies for fire-proofing our organizations against burnout, as:

- * good planning which establishes clear goals and priorities and clear expectations of workers
- * regular review and evaluation
- * a work atmosphere which values the individual and which provides adequate resources and work conditions as well as a sense of beauty and order.

In addition, managers need to encourage good work practices such as having regular breaks, encouraging staff to review and think about their work, and ensure their at least annual discussions about the directions at the organizational level of service delivery.

Managing ourselves as managers

Stephen Covey (1989) emphasises the dual roles of managers as being leadership, which is doing the right job, and management which is 'doing the job right'. He delineates activities which are unproductive for managers of any organisation as being activities resulting from stress, burnout, being constantly involved in crisis management, and always having to put out fires. He states that the activities managers need to focus on are those which move the vision and perspective of the organization forward, which achieve balance in all activities, and which are able to pro-actively reduce the crises the organisation may face. The keys to this are through managers:

- * being pro-active in determining the purpose, values, and priorities of the organisation
- * focussing on win/win solutions

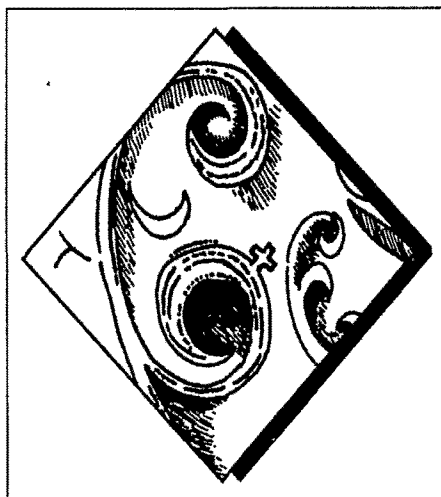
for all players affected by a direction

understanding the synergistic relationship between all players through recognising the creative cooperation required to enable organisation to be required.

The essence of synergy (in an organisation) is to value differences - to respect them, to build on strengths to compensate for weaknesses (Covey SR 1990 p. 263)

Getting started - some questions for managers

If acknowledging our own vulnerability to burnout as an occupational hazard for individuals and organisations working to heal the aftermath of torture and other human rights abuses is the first step in preventing burnout, we must also ensure that we search for the strengths and weaknesses we have to deal with the spectre of burnout. The following questions may provide some impetus for implementing some of these ideas in torture and trauma rehabilitation services:



Women in Action

- * If our work involves empowering clients, how is this reflected in our own organizational structures for staff?
- * If our work involves assisting clients to shift from hopelessness to hopefulness, how do we ensure that staff energy and commitment are maintained in overworked and under-resourced services?
- * If our task is about healing, how does our work environment reflect this for our staff as well as our clients?
- * If our task is founded in principles of human rights, social justice, multi-cultural and cross-cultural practices, how do we ensure that our organizational structures reflect these qualities?

Some questions for staff

- * Does your organisation have a statement which defines the values and vision of the organisation.
- * Who developed this statement and how inclusive is the activity of all staff?
- * Is it time to review and update this statement to encompass the changing needs of clients, of staff in the organization, and the socio-political context of your work?
- * What information, knowledge, and action do you need from your manager to perform your function in your organization?
- * What processes are in place in your organization to provide you with this information, knowledge, and action?
- * What is your personal anti-burnout strategy for your work?
- * What anti-burnout processes

exist in your organization?

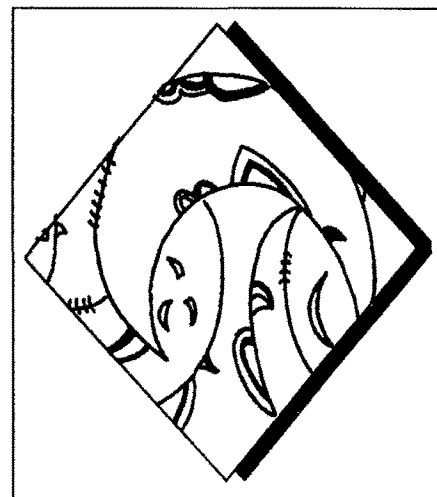
- * When was the last time you shared your work with colleagues in your own work, in similar organizations in your country, and with colleagues outside your country - apart from conferences?
- * What is it about your work that fulfills your personal sense of mission and vocation in the world?
- * How do you maintain balance between the varying roles you play in your life - as a parent, a daughter/son, a grandchild, member of a community?

Developing staff support systems

In this section we report on some of the staff support mechanisms implemented in torture and trauma services in Australia, and more specifically at STARTTS (Service for the Treatment and Rehabilitation of Torture and Trauma Survivors) in NSW, Australia.

Goal of staff support

The overall goal of a care for caregivers programs for staff we define as: the creation of a work



Women in Action

environment which acknowledges the effect torture and trauma work have on staff, and acknowledges the organizational responsibility to assist staff in avoiding burnout. It is our view that a care for caregivers program needs to be based on the following:

1. The identification of support structures needed by staff :

- a) to increase their professional skills,
- b) to lower the stress levels in staff,
- c) to promote better staff relationships,
- d) to implement burnout prevention and to ensure that organizational policies reflect these support structures.

2. An annual review of the support needs of all staff to:

- a) ensure that comprehensive and inclusive structures for supervision are developed and implemented,
- b) review personal support strategies available to staff,
- c) ensure there is organizational commitment to process.

Tools

Tools which can be implemented in torture and trauma rehabilitation services may include

the following:

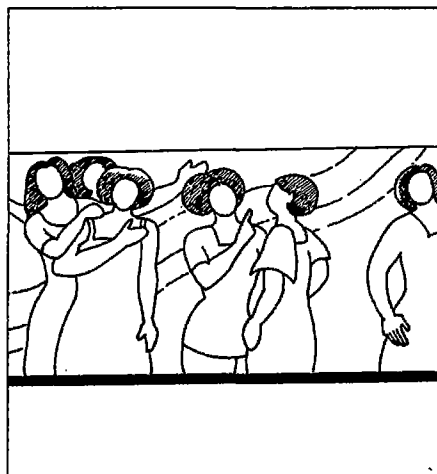
1. Ensuring there is an organizational policy on staff supervision and support structures that emphasizes coaching and supporting staff as the main role of the manager.
 2. The establishment of an internal structure in the organization for supervision which is available to ALL staff—often this may be through individual, and/or small group processes depending on needs of staff and their stage of development in the organization.
 3. Implementation of a mentoring program for new staff.
 4. Establishing an external supervision process for staff where necessary, e.g. the external supervision process may involve staff in their individual psychotherapy program. Its aim is to assist staff to address the ways their work is impacting on them and their life in general.
 5. Maintaining a weekly case conference program which includes the use of culturally-appropriate debriefing exercises/ sharing of experiences after presentations.
 6. Maintaining an active staff development and training program.
- At STARTTS, we spend one day per month implementing staff development and training

initiatives proposed by staff in the centres. We may use staff inside the organization to share their expertise in a given area, or we may invite outside experts to our centre, to present their work, insisting that they make what they present to us applicable to our client group.

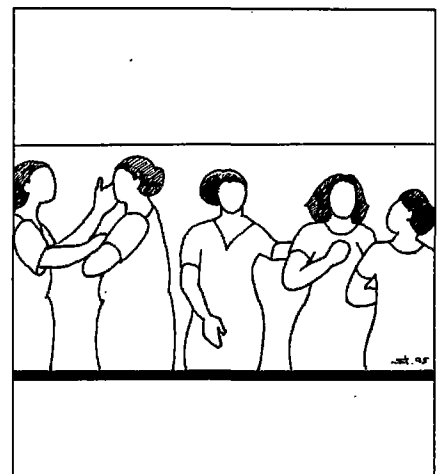
7. Development of varied work programs for staff. It is our view that burnout develops when people are doing too much of the same activities for too long. In addition, if staff are only able to use part of their skills, stress and dissatisfaction may occur. In our centre, staff develop individual as well as team work plans and programs in line with organizational goals. For example, our centre primarily focuses on four main aims:

- * to develop and provide treatment programs,
- * to increase the skills in government and non-government organizations in working with torture survivors,
- * to develop research, and
- * to ensure that our clinical practice context can influence social policy in relation to refugee torture survivors.

These goals encompass many varied and varying activities.



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We have chosen to develop a matrix model of organization at STARTTS to provide staff with opportunities to work on projects of personal and professional interest and commitment, and to work across teams on specific projects.

Our work plan process means that all staff are operating in a variety of roles. For example clinicians may spend around 50% of their work in clinical activities, 30% in community based activities related to increasing the skills of people in ethnic communities to assist the client group, and 20% in specific projects which facilitate the development of our work. Flexible working arrangements which ensure our work is done, can also address the realities that our staff have families who need to receive care and nurturing too. If the personal relationships of our staff are endangered, then our work may be too.

8. Ongoing Planning Processes. It is our practice to have a two day planning session at the beginning of each year attended by all staff in the organization. At these meetings, we establish our organizational goals for the year and address some of the implementation issues around these. This then feeds into team and individual planning processes where work programs can be established. The planning days are part of a range of ongoing planning and service improvement activities.

We have found that this process assists everyone in obtaining clarity about organizational purpose. It has enabled us to be pro-active in relation to specific issues, e.g. a change of government may mean that we need to be concerned with establishing a different kind of

profile for the organisation.

9. Annual debrief days. These are one to two day end of year activities

Regular analysis of management practices within the organization to ensure we are implementing human rights principles in relation to our staff. This includes the opportunity to critically analyse these issues in the organization, and identify how and where the organization may be falling down.

at which we identify our achievements individually and organizationally, and provide ways for staff to explore the effects of the year's work on them. We usually use external facilitators and processes aimed at nurturing and supportive of our staff while we review our year personally and professionally-our achievements as well as what we were unable to achieve.

10. Social get-togethers and functions - the importance of staff and their families learning about one another outside the context of work can also assist the development of more harmonious working relationships.

11. Organisational anti-burnout strategies in recognition of the managerial responsibility to reduce staff burn-out. For example if organisational policies lack clarity and cohesion then this can affect the work environment which may contribute to unnecessary organisational stress for one or

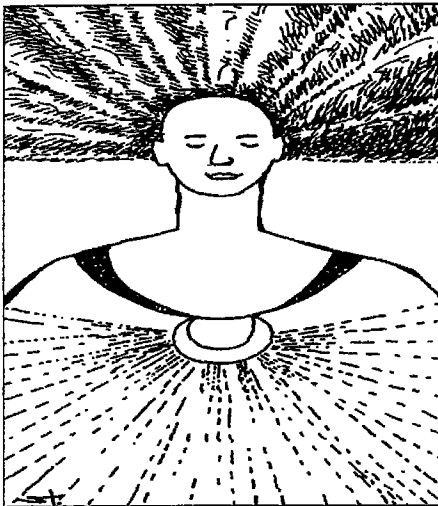
more workers.

12. Personal anti-burnout strategies identified by staff and shared among colleagues to encourage staff support.

Ensuring that a staff support system works

Factors which influence the success or failure of staff support programs are:

- * the organisational commitment to staff support ensuring a budgetary item which covers some of the support activities—for example, from time to time it has been important to employ an outside facilitator for our debriefing days. These items do not necessarily need to be high cost, but they may need expenditure from time to time. Regular analysis of management practices within the organization to ensure we are implementing human rights principles in relation to our staff. This includes the opportunity to critically analyse these issues in the organization, and identify how and where the organization may be falling down.
- * Ensuring that our organizational structures provide clear roles and boundaries which can be the context for our consultative approaches to management. From our experience, it is important to ensure high levels of participation in decision-making while at the same time having clear roles and responsibilities. We know for example that some organizational structures and practices are more likely to produce good work outcomes in staff than others. We need to make use of this literature in



Sandra Torrijos-Women in Action



Sandra Torrijos-Women in Action

our service design and development. For example, at STARTTS, we doubled our staff size in one year. At our annual planning days for up to two years before this we had dealt with the question of what organizational structures would be needed if we ever became larger.

- * Management practices which use the creativity of all staff in the organization.
- * The recognition that burnout is an occupational hazard in this field so fireproofing our organizations against burnout as well as encouraging staff to take personal responsibility for managing burn-out. Both approaches need to be implemented - individual and organisational.

Conclusion

Managing torture and trauma rehabilitation services is new, developmental and often poses unique contexts for managers. We need to stretch our personal management styles to include as well as move beyond psychodynamic methods of working with staff in these organizations. We need to establish

flexible work structures which ensure both quantity and quality in staff support mechanisms, allow staff to develop creative approaches in their work, build on the notion that we are inter-dependent in this work and in our staff groups, and that we each add to the whole. We need to develop entrepreneurial and marketing skills to achieve resources for our services.

We need to support each other's directions and styles in how this work is accomplished.

Torture and trauma rehabilitation work requires the creative use of resources and staff to ensure that clients are serviced. Few services will ever have all the funds needed for the tasks. We work on a premise that to make anything happen requires time, energy and resources but only two of these three need to operate at any one time to produce results.

There is enormous creativity in this work. We need to be working together to support each other in supporting our organisations. Perhaps we have now reached the time where we can:

- * develop training at regional and international level on models of

organisation design and staff support in torture and trauma rehabilitation work

- * implement consultancy programs between services to assist the development of staff support programs, and document our models for using creative methods of working with staff and clients in torture and trauma rehabilitation work.

Caring for caregivers energizes our staff, keeps our organizations alive, ensures that our services grow and develop, maintains the profile of our work, and contributes to reducing the effects of torture. Most of all though, managers of torture and trauma rehabilitation services need to model for our staff the services and attitudes we expect to be provided to traumatised clients and communities, for the leader teaches more in our being, than in our doing (Heider, 1988).

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**Ms. Margaret Cunningham (BSW, Grad Dip Soc Com, MSW), Lecturer, Community Medicine, University of New South Wales, Kensington, NSW 2052, Australia*

**Mr Jorge Aroche (B Sc Psych, M Clin Psych) acting Executive Director, STARTTS (Service for the Treatment and Rehabilitation of Torture and Trauma Survivors), 152 The Horsley Drive, Carramar, NSW 2165, Australia*

SHUTTING OUT THE NOISE

by Susan A. de Guzman

Are your nerves frayed by the unrelenting Metro traffic? Do you lose your cool over pressures at work? Do you get stressed out tending to the needs of your kids? Do you sometimes feel like shouting because of such irritants as the phone's incessant ringing and never-ending office gossip?

If you answered yes to any (or all) of these questions, it may be time for you to check out "*qigong*."

"It makes your attitude healthier.

You're in a better mood,

you know how to roll

with the punches.

And when a problem

confronts you,

you don't freak out.

Because you're in the flow

and you become

more and more comfortable

with silence

and stillness, solutions

to problems arise effortlessly."

Qigong or "*wuji yuan gong*" is a Chinese form of meditation consisting of mental and physical exercises. "*Qi*" (pronounced *chi*) refers to life force. "*Gong*" means "the mastery of". *Qigong*, thus, is the skillful practice of gathering and manipulating *qi*.

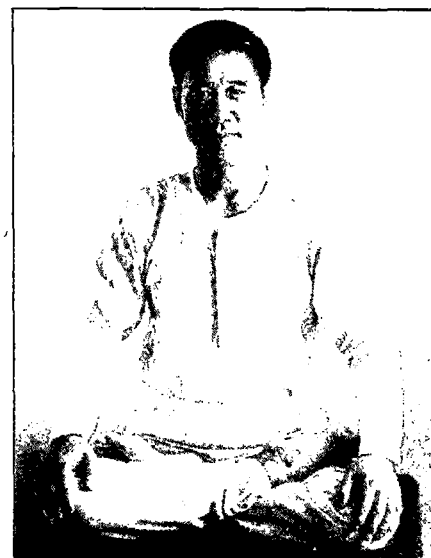
In a nutshell, *qigong* is designed to give the person a sense of calmness that will ultimately make him or her productive, fulfilled and at peace with the world.

"*Qigong* will help one regain the awareness of his true nature, an experience that will help him focus, find purpose and contentment in life and regain the feeling of total well-being and wholeness," said Master Li Jun Feng, considered the foremost proponent and teacher of *qigong*.

Sharing the gift

Li is also chair of the Manila-based International Sheng Zhen Society which is committed to sharing the gift of *qigong* to the whole world.

A preview videotape showed Li going through the different sets of *qigong* movements. The tape makes use of soothing narration,



Master Li Jun Feng

Sheng Zhen Wuji Yuan Gong

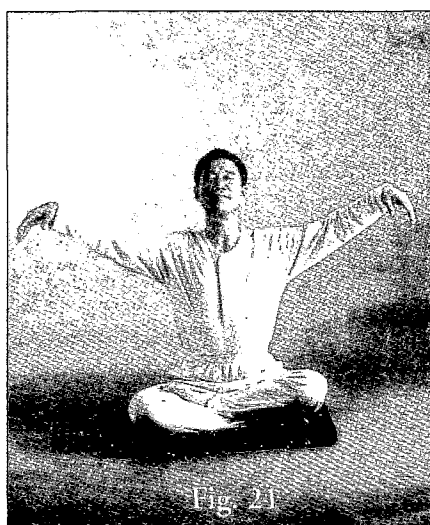
relaxing sounds (music and chimes) and nature images aimed at putting the viewer/student at ease. Li and members of his group later demonstrated *qigong* and convinced the assembled writers to try it, too.

Qigong has been likened to ballet, with its array of gracefully executed hand motions, arm stretchings, leg lifts, head turns and other movements. These combinations of movements are usually done with eyes closed to help one concentrate. The ideal spot is anywhere with enough room for you to move freely.



Sheng Zhen Wuji Yuan Gong

Fig. 26
Jesus Standing Qigong is for calming the disposition



Sheng Zhen Wuji Yuan Gong

Fig. 21
Kuan Yin Sitting Qigong, a set of qigong that creates a heavenly environment



Sheng Zhen Wuji Yuan Gong

Fig. 22
Mohammed Standing Qigong can help alleviate any ailment.

Each *qigong* movement is said to have a meaning and a specific purpose. The Sitting Qigong for instance, is supposed to awaken people, "creating a heavenly environment so that they can accomplish great things and perfect their humanity."

The Jesus Standing Qigong, in which the person arches backwards with arms lifted, is said to ensure a calming disposition. Practiced seven times a day, it is supposed to guarantee a solution to every problem; five times, it leaves the person with no worries: and once a day, he is kept fit.

Daily commitment

The Mohammed Sitting Qigong, meanwhile, is the foundation for good relations with other people as it is said to instill a respect for races.

Anabel Alejandrino, vice chair of the International Sheng Zhen Society, likens *qigong* to *tai chi* except that it is less rigid in its movements and practice. "You can choose just one movement that you're comfortable with and do it at your own pace. It's like a

smorgasbord that's being offered and you just take what you want. The key is not to be attached to the

**With *qigong*,
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lessons or to the teacher, but to get into the habit by yourself." Alejandrino stresses the importance of making *qigong* a daily commitment. "You have to trust the practice. It's not like when you swallow a pill and you can feel your body get better after a while. With *qigong*, the effects are much slower because it goes to the roots. But eventually, you will feel that your body becomes energized."

Six weeks after practising it regularly, Alejandrino said she

already noticed she wasn't as stiff as before. "You develop an awareness of the different parts of your body and how they work. Mentally, your mind is not as 'noisy' because you drop negative thoughts. It makes your attitude healthier. You're in a better mood, you know how to roll with the punches. And when a problem confronts you, you don't freak out. Because you're in the flow and you become more and more comfortable with silence and stillness, solutions to problems arise effortlessly."

Qigong is not a religion, Alejandrino insists, although some of its ideas are taken from teachings in the Bible or of great spiritual leaders. People from all walks of life and of all persuasions or beliefs are welcome to try it.

Character change

If *qigong* is intriguing, so is its proponent. Li Jun Feng was trained in *wushu* (Chinese martial arts) at an early age. After studying *wushu* in college, he trained the Beijing Wushu Team which emerged champion in various



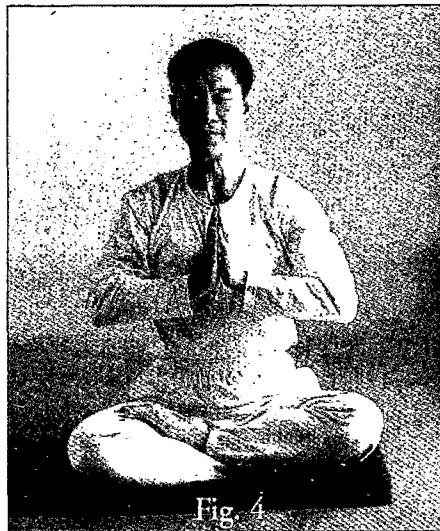
Sheng Zhen Wuji Yuan Gong

A Kuan Sitting Qigong movement

international competitions under his term.

He was later tapped to star in martial arts movies in China. At the height of his fame he met a man who taught him two forms of meditation, known today as the non-moving forms of *wuji yuan gong*. Physically fit to begin with, Li noticed that his health further improved and that his character changed both of which he attributes to the meditation he was taught and subsequently practiced. A book on *wuji yuan gong* to be launched by the Sheng Zhen Society cites Li's transformation: "From an impatient, hard-driving ambitious man, he had changed into a gentler, more patient and understanding person. He had lost his constant anxiety about the future and became a person with a happy and resilient disposition. He found that he was gaining a deeper understanding of the meaning of human life." (Editor's note: The book launch was held on 06 February 1997 at the Manila Peninsula Hotel in Makati City, Philippines)

He has been based in Manila since, eventually realizing that through *qigong* he could "help innumerable people who were not living optimally - who, in one way or another, were in a state of disease or unhappiness.



Sheng Zhen Wuji Yuan Gong

A Mohammed Standing Qigong movement

A few years ago, Li said that he started receiving "mystical message" through his meditations. He decided to leave China and followed an inner voice that told him to go to the Philippines.

He has been based in Manila since, eventually realizing that through *qigong* he could "help innumerable people who were not living optimally - who, in one way or another, were in a state of



Sheng Zhen Wuji Yuan Gong

A Kuan Sitting Qigong movement

disease or unhappiness.

Aside from conducting seminars on *qigong*, Li travels abroad to spread its practise as a contribution to world peace. The ultimate goal may sound lofty. And to skeptics, it's just another cause to raise eyebrows.

In a world beset with problems and complexities, however, Alejandrino believes *qigong* is a solution not to be scoffed at. Aside from the basic benefits of healthy body, mind and spirit, she points to the fortified human relationships that could result from it.

"You learn to be compassionate and understanding. Barriers are broken because you see that people have no differences. And this is how true, unconditional love is developed."

* This article first appeared in the Philippine Daily Inquirer on 31 January 1997.

* For inquiries on the book or on the practice of "Sheng Zhen Wuji Yuan Gong", write to International Sheng Zhen Society, Box 65, North Forbes Park Mailing Center 1219 Makati, Philippines; Fax No. (632) 817-3722

PST Research Projects

A basic principle guiding PST is the concept of "mainstreaming", a key word which defines the process of institutionalizing and professionalizing efforts in the care of survivors of psychosocial trauma.

PST's research program is guided by the following: action-oriented (to enhance delivery of services to survivors and the prevention of torture); policy-oriented (to influence decision-making), interdisciplinary (integrative and developmental) and participatory (consultative). The following are some of the completed and on-going researches of PST:

Torture of Children in Situations of Armed Conflict (The Philippine Experience)

This completed study reveals the not-so-familiar fact about the existence of torture among children in the continuing armed conflict between the Communist Party and the Philippine Government. Four hundred fifteen (415) cases of tortured children were documented by the study from 1976 to 1996.

The study reveals the physical and psychosocial effects of torture on children. The physical effects range from mild to serious, from superficial cuts and bruises to



Susheel Thapa

extensive and irreparable damage to affected parts of the body.

Torture has been shown to weaken the children's resistance to disease. At the extreme, it results in permanent disabilities, deformities and leave scars that the child has to live with for the rest of his/her life.

The psychosocial effects of torture have been found to be far-reaching and deep-rooted as they affect one's self esteem, destroy personality, dignity and self-perception. Victims grow up with cognitive and memory impairment, difficulties in concentration, speech disturbances, disorientation in time and place, weakened identities, psychotic reactions, hallucinations and emotional disabilities.

Authors: Elizabeth Protacio-Marcelino; Maria Teresa C. de la Cruz; Agnes Zenaida V. Camacho; Faye A. G. Balanon

Care for Caregivers: Providing Caregivers Strategies for Dealing with Stress

This project designed, conducted and evaluated an intervention program intended to impart to caregivers strategies for dealing with stress, brought on by their chronic exposure to various disenfranchised individuals. It consists of a series of personal enhancement workshop for a group of caregivers involved in following up human rights cases. The personal enhancement workshop consisted

of sessions on stress management, body management, mindfulness training and the valuing process.

Author: Susan Cipres-Ortega

Human Rights Violations: What Perpetuates the Perpetrators? A Study of Military and Police Attitudes Towards Human Rights

This concluded study seeks to define and understand the realities of police and military work and how these impact on their ability or inability to uphold and respect human rights. Interviewed for the study were 15 military and police respondents who were graduates and non-graduates of CHR's human rights advocacy training seminars.

Results of the study reveal that majority of the respondents come from low income families who regard entry into the police or military as an economic opportunity, either to be employed or continue with their education. Their training in the military is marked by physical and psychological violence. Each

recruit goes through rituals that are meant to build character, inculcate bravery, loyalty, discipline and obedience. Brotherhood and camaraderie are instilled in the process of desensitizing the police or soldier to violence.

The study shows the complexity and multiplicity of factors that influence the conduct of the police and military respondents in the face of situations that challenge their respect for human rights. Dependency and the absence of personal responsibility and specialization are given as reasons for rationalizing violations of human rights.

The study also shows that human rights education has succeeded in instilling some degree of consciousness among the respondents but its practical application is fraught with obstacles and difficulties, especially in actual field or combat operations.

Authors: June Pagaduan Lopez; Lan Mercado Carreon; Rommel Lalata; Arthur Fuentes; Alecks Pabico

Women and Torture

This concluded study is a response to the dearth of data available on the effects of torture on the lives of women political prisoners. Eight women respondents were made the subject of this study. All of them were professionals who were detained, tortured and subsequently recovered.

The study describes the women respondents' experiences and accounts of torture, their coping strategies and their attempts to reintegrate and reconnect with their worlds; and how these experiences and events affect their whole being, relationships, career and family life.

One important process, the sharing of the victims' stories to other victims served as a therapeutic venue which were processed together with expert therapists in the field of trauma rehabilitation.

Written by: Maureen Pagaduan; Anna Marie Dizon; Salome Quijano

Community Participation in the Psychosocial Recovery and Reintegration of Children in Situations of Armed Conflict (The Philippine Experience)

This concluded study evaluates the extent of community participation and psychosocial rehabilitation for the protection of children in three armed conflict areas in the Philippines namely: Marag Valley in Kalinga Apayao (Luzon), Candoni and Sipalay in Negros Occidental (Visayas) and Digos, Davao del Sur (Mindanao).

The study further looks into significant intervention strategies developed and used by NGOs, GOs and private groups in providing



Susana Thiapa

conditions and opportunities that facilitate the recovery and integration of children victims of armed conflict.

It assesses community participation in the following intervention and prevention strategies: emergency relief operations; community-based approaches in training and education, socio-economic projects, and psychosocial interventions; and advocacy and social mobilization.

Authors: Elizabeth Protacio-Marcelino; Faye A.G. Balanon; Agnes Zenaida V. Camacho; Maria Teresa C. de la Cruz; Josefina Gabuya; Rosalinda Mercado

Psychosocial Trauma Terms in Human Rights Work: A Glossary

This completed project is an offshoot of the 1994 International Workshop on Therapy and Research Issues in the Care of Torture Survivors and Their Families. The Task Force consisted of experts in the fields of psychology, psychiatry, political science, library science and human rights who came up with 109 entries on psychosocial trauma alone. Other terms were on human rights and legal terms. The terms were clustered into events, target groups, effects, intervention, coping, caregiver, concept, ethics, and legal terms.

In developing the Glossary, the task force looked at the recent changes in the Philippine human rights situation and considered new forms of aggression. The team not only reviewed local and international literature but, more importantly, involved the survivors, caregivers and NGO workers in glossary-building.

Task Force Members: Reynaldo R. Ty;

Agnes Zenaida V. Camacho; Alma de la Cruz; Joel G. Eleazar; Rosalie Faderon

Crossing the Line: A Nationwide Survey on the Knowledge, Attitudes and Practices of Physicians Regarding Torture

This completed survey of 450 physicians from different sectors of the medical profession nationwide reveals a broad gap in the physicians' knowledge, attitudes and practices regarding torture. The findings show that the physicians, knowledge of torture and prisoners' rights are significantly weak in the following areas: (1) the occurrence and the current practice of torture; (2) the sequelae of torture and detection of such; (3) the availability of protection to physicians who report cases of torture and the recourse open to them; (4) where to report suspected cases of torture; and (5) the existence of international declarations and standards on physician involvement in torture and humane treatment of prisoners. *Authors: June Pagaduan Lopez; Joel G. Eleazar; Mary Christine Castro.*

Validating and Producing a Source book and Manual for Dealing with Stress

An offshoot of the Care for Caregivers study, this research project aims to produce a source book and training manual containing updated and validated training modules on case debriefing, stress management, values development, supervision and team building. It also aims to train human rights caregivers, who are the intended users of the manual, on the proper use of the exercises and the conceptual

underpinnings behind the chosen exercises.

Project Head: Susan Cipres-Ortega

Child Abuse in the Philippines: An Integrated Literature Review and Annotated Bibliography

This study aims to review the current literature on child abuse in the Philippines in order to understand the problems and issues that confront Filipino children; document the existing programs, services, and interventions by various groups and organizations to identify gaps and problems that need to be addressed; and recommend a plan of action against child abuse.

More than 150 materials produced by the non-government, government and academic communities in Metro Manila were annotated and reviewed. More literature was searched from the provinces of Pampanga, Cebu, Davao, and the cities of Olongapo and Baguio.

Authors: Elizabeth Protacio-Marcelino; Maria Teresa C. dela Cruz; Faye Balanon; Agnes Camacho; Jay Yacat

Development of a Child-friendly Investigation Process and Provisions for Welfare Support

This is a commissioned project by the Dutch Embassy to develop a comprehensive proposal on improving the mechanisms for the investigation of cases of child abuse. In particular, the project aims to develop a child-friendly interview process; establish child-friendly interview studios and half-way houses in selected sites in the

country, and ensure that welfare support is provided for the child-victims before, during, and after the investigation of the case.

Authors: Elizabeth Protacio-Marcelino; Agnes Zenaida Camacho; Faye Balanon

Action-Research Plan on Child Abuse

This is a consultancy service for the Action Research Plan on Child Abuse of the ARCS. The research seeks to understand how a group of children in especially difficult circumstances (CEDC) and adults in a few poor neighborhoods of Malate perceive and define abuse on children, its causes and consequences. The project also aims to raise awareness among the involved CEDCs and adults about the phenomenon of child abuse, implement trust-building measures to meet their immediate needs and to plan with them on ways to help develop their positive resources and contribute to the recovery of abused children, reintegration of streetchildren, and prevention of abuse in the future.
Project Team Leader: Ma Teresa de la Cruz

Asian Seminar-Workshop on Women Torture Survivors: Experiences in Caregiving

This project aims to bring to light the diverse circumstances and outlooks of both women torture survivors and caregivers from different cultural and historical backgrounds, then synthesize the insights and experiences revealed in their accounts. It has two phases: the seminar which involves participatory research to generate the thematic issues and concepts,

and the collation of the research output it will generate.

A series of consultation workshops generated the issues and topics for the seminar-workshop which was held in the Philippines from 20 June-03 July 1997. As conceived during the consultations, the invited participants shared and exchanged views on their caregiving experiences with women torture survivors with emphasis on the "gender-related" aspect of the experience before, during and after the torture incident.

On another level, some of the participants were enjoined to go deeper into research through a workshop that will attempted to arrive at a research framework, theory, ethics, methodology and agenda for future collaborative cross-cultural studies. For this purpose, resource persons were invited to share envisioning alternatives with such topics as "women's rights as human rights", principles of establishing "gender-sensitive caregiving institutions", and "feminist counseling". The vision of a gender-sensitive caregiving service and its implication to research was also tackled during the workshops.
Project Head: June Pagaduan Lopez

Developing a Human Rights Education Course for Medical Students

This concluded project is an offshoot of earlier studies on physicians' knowledge, attitudes and practice regarding torture and other problems in ethics. It aims to meet the needs of medical students and practitioners to know concepts, principles, issues, resources and appropriate attitudes toward human rights and its protection.

Current concerns in the medical curricula were reviewed and a course on human rights education was designed. At this phase of the project, instructional materials for a teacher's guide are being consolidated.

The course was planned as a package or module that can fit the existing curricula of medical schools. Suggestions for its implementation will be elicited from the consultants as part of its evaluation. The course as designed, is undergoing evaluation by consultants prior to revision and dissemination to a group for pilot testing and eventual dissemination to medical schools.

Project Head: Cristina F. Mencias

Experiences of Torture in the Revolutionary Movement

Challenged by the accounts of torture of members of the revolutionary movement who underwent torture not by the military but by their own comrades, the PST decided to explore this phenomenon further. This study seeks to document the life stories of survivors of torture in the revolutionary movement and from their experiences, derive theoretical framework and psychosocial analysis of the phenomenon.

This project has three overlapping phases: data gathering and consultation with academicians; the organization of cases into events, perceptions and interpretations; and the analysis of data. At present, five cases have been organized which served as the basis for writing the initial draft.

Project Head: Elizabeth Protacio-Marcelino

Personal Growth Series: Care for Caregivers

by Rhoda Myra Garces

The personal growth series' care for caregivers part II, sponsored by PST-CIDS and funded by the Oak Foundation, Inc. was held last March 10-16, 1997 at the Ciudad Christia in San Mateo Rizal. It was a week long seminar under the program directorship of Dr. June P. Lopez and project - leadership of Prof. Susan C. Ortega, with research assisant Rhoda Myra C. Garces.

The participants, consisting mostly of Department of Social Welfare and Development (DSWD) Social Workers and HouseParents (a total of 17 in all), led a stress free week which begun with a two-day module for Team-Building with Agnes Icasiano as the primary speaker. It was apparent that a problem existed as regards networking and information dissemination among the participants, which the said speaker endeavored to address.

And because the seminar aimed to take on a wholistic approach, caring for the physical body was likewise taken into account. Hence, the body management module was initiated on the 12th of March, under the tutelage of Master Li Jun Feng, who is renowned for his knowledge in Qi Gong. The session begun at 8 am and lasted until 9 in the evening primarily because of the various physical exercises that the participants had to practice. Our caregivers took of their formal attires and put on their casual garb (consisting of shorts and pyjamas for some) for the session, which contributed to the relaxing atmosphere fostered by the team. On the 4th day of the seminar, Dr. June Lopez took over with her stress management techniques. She underlined the fact that stress could never be totally eliminated,

but could only be managed through the help of the cognitive restructuring approach that was provided to the respondents. She stressed the significance of caring for oneself since there are no medical gadget or pharmaceutical tools in their task as caregivers.

Dr. Honey Carandang likewise tackled the issue of burnout in the supervision module on the 14th day of March. She was with her two research assistants who discussed their own manner of coping when confronted with particularly-difficult cases.

Rose Bautista capped off the week-long seminar with her Valuing Process on the 15th and 16th days of March. The participants had a fun time on the evening of March 15 when the speakers put on their dancing shoes. It was a much-needed respite after the emotional session during the day.

The awarding of the certificates was done in a ceremonial-like fashion, complete with white candles and numerous picture taking session, by Dr. June Lopez, Rose Bautista, and Prof. Ortega on the afternoon March 16.

It can be safely noted that not only were the respondents armed with the techniques which they could echo to their fellow caregivers, they are likewise provided with pleasant times, a stress-free week, and happy memories with few found friends as pabaon.



The participants in a relaxation exercise

Childhood for Children

by Fr. Shay Cullen Mssc.*

The Childhood for Children project for sexually-abused female children provides shelter, protection, legal aid and a therapeutic residential care center. There are places available for children you may wish to refer for help and healing at no cost to your institution or agency or to the parents of the child. Preda covers all expenses.

This healing program is to enable the child to recover from the trauma of sexual abuse in a safe and secure place away from the threats and intimidation and the abusive situation. It is a way for the child to experience a caring and loving community. The Preda Center is set on a hillside in it's own grounds overlooking the expanse of Subic Bay. The life-style at the Childhood For Children center, is just that, an environment where a loving and affirming childhood can be experienced in the company of other children from ages 7 to 17.

The strong family spirit, where children care for each other and work together with their house parents, social workers and psychologists, give them constant professional care that accelerates recovery. There are educational and human development opportunities too. Whenever possible elementary and high



school education is encouraged. **The center presently has openings for as many as ten (10) additional children in need of protection and care.**

Please contact Mrs. Mary David, the Senior Social Worker, or the Program Director, Mr. Alex Hermoso. A Preda staff will visit your center and arrange an

interview and transportation to bring the child to the Preda center upon your recommendation. We look forward to being of service to you and your children.

Father Shay Cullen Mssc. is President of Preda Foundation, Inc. and Consultant to the Presidential Committee on Child Protection

An academician encounters reality:

Lessons from the field

by Roopashri Sinha*

At a training Programme in Philippines, where I met representatives from different states facing ruthless violence, my immediate reaction was, "India is safer and more democratic than most of them." Yet at the back of mind, I acknowledged my reaction to be without any valid basis. Although the Indian Constitution provides its citizens fundamental rights and a democratic system, our 50-year-old history has shown that these rights and democratic measures can prove to be shallow and precarious. Numerous cases of people's rights groups as well as those of common people make us realize how easily we can be deprived of those rights either by force of undemocratic laws and many unconstitutional tactics by the state agencies. All in the name of defence, security and law and order.

It is not difficult to pass unguardedly into an undemocratic state. Moreover, the fact is that the Indian constitution does not ensure the basic needs of the people like food, employment and housing, which leads to an unequal and unjust social and political order.

Most activists in India are fighting for these basic rights of the people. NGOs are doing their bit by carrying out constructive activities and building an environment for similar goals.

My experience as a researcher in health in the past eight years in a

country like India, in a progressive state like Maharashtra, shows how subtle forces and vested interests work to deny basic rights to people and to marginalize more and more people increasingly. Though they are essentially health based, they are also about people and power. These are not extraordinary experiences; many workers, activists confronting injustice and unequal social relations must have many more and more intense experiences.

Here, I would like to share the impact of my observations on me as a person. As a political science teacher, I taught political theories and institutions with a monotonous regularity and simplicity which made into a smug person, someone pretending to be knowledgeable and conveniently hiding behind the mask of unbiased teaching. I had not learnt to take a position, to speak clearly from the conviction of that position. It could be my own weakness combined with that of our educational system. Fortunately, my emerging identity forced me to get out of teaching and leap into field research.

I must thank my colleagues and my employers to have encouraged me and shared my learning about health being closely related to physical, emotional and social life. As a researcher on a study of Primary Health Centers (PHC) in Maharashtra, I, for the first time lived in a village which was not my native place, which did not provide the safe

cocoon of a well protected holiday. In my mind, I carried images of quiet, isolated, idyllic villages, wide open skies, beautiful sunsets, glorious undulating mountains, peaceful homes where one watched the flowers bloom and the spider climb up and down the tall roof, shy dusky women and genteel men with graceful dances in my mind. However, these evaporated soon in the harsh light of reality.

I soon learned to observe things as a woman researcher. I saw women health workers (government) working in a society which provided little family and social support systems; which instead burdened them with harsh value judgments and slotted them into prejudiced categories. I saw young women struggling to keep their dignity and their jobs. The memories of ruthless family planning campaigns carried out by individual staff members on government orders; the denial of even emergency services; the ineptitude and callous attitude which cost people their lives, are still fresh to recall. I felt involved with a woman whose delivery pangs resulted in a baby and another who lost her baby because the staff felt unsure at the crucial juncture. Even after so many years, I still remember leprosy patients who, after being thrown out by their loved ones, had the courage and faith to build new relationships; children who continued to carry the burden of violence and abuse they received at

home; adolescents who still fear the dark because of some terrible childhood incidents; street youths who have attempted suicide more than twice; a community worker working with drug addicts who did not find the time to cure his heart problem and died an untimely death; child laborers who said they feel as if they have become old, and who do not want their children to suffer like them. Numerous others whose faces, pained, joyous and their every day struggle brought forth in me the need to write.

There were occasions when I seriously doubted my choice of profession as a researcher. The rape of a six-year-old by a village youth and the lack of basic skills among health centre staff to communicate with the parents and the child, left me with a nauseous feeling. Their inadequacy in caring brought out sharply my own inadequacies and the need to "do something more constructive".

Nevertheless, I recorded these cases ardently, sincerely believing I had a story to tell. Disseminating information about their lives would make a difference to these people and to others. The short spells of intense interactions helped in keeping some amount of research objectivity.

However, this spirit was difficult to maintain on more intensive field work. Placed on an Action Research study for four years, it was impossible to keep my professional life free from deep involvement. The project involved understanding the process of health education in a rural community considering the socio-economic and political realities lying therein. In the first year itself, we acknowledged the ethical dilemmas about our proposed plan of action: What happens if our Health Education is not followed by health services from the government? We decided we would have to move towards conscientizing rather than mere health education.

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The boundaries of selected indicators for health education were widened to encompass income generation, skill giving, empowering education. In fact, our parameters for evaluating our own work had changed. Our approach was to build maximum rapport with as many people as possible, taking on issues which were close to their hearts. Considering that the Indian rural communities are caste-ridden, gender biased, highly stratified complex entities, it actually meant putting our hands in the fire.

The women's groups took up a number of issues like the ban on alcohol in the villages, molestation of women, infertility and its ensuing anxieties, casteism, bride burning, sexual abuse, all of these threatening the vested interests and traditional status quo. In one case, the 'Mahila Mandal' was instrumental in taking up the case of one of the PHC doctors molesting women patients. When a young widowed community health worker (government employee) refused to follow the "dignified silence" routine, other women followed suit. The doctor threatened to dismiss her. He further threatened that he would disclose the names of women who had approached him for abortions. (Though legal, abortion in India is still not a socially acceptable fact). The village leaders took an

ambivalent position because "if this doctor leaves, who will come to work here? Probably a more useless doctor". This village PHC was considered to be a punishment PHC because of its location in a remote, drought prone, poor village.

Similarly our increasing dialogue with 'dalits' (a segment in our caste ridden and communal minded society which has been deprived for several generations) and Muslim youths raised the hackles of higher castes, rich leaders in the villages. Despite all this, we were not the ones to really face their wrath. Our education, our urban upbringing, our contacts with the world outside, our confidence in demanding attention and barging in through closed doors set us apart from the community workers. They were, in fact, the ones who faced the brunt of raw anger from the community. They had too many responsibilities. Not only were they the backbone of our collective battles, but they also fought their personal battles in their homes, neighborhoods and communities. They were taunted, commented upon, labeled as "not fit for close association". The more they moved up on the centre stage, the more they were thrust back socially.

It gave us satisfaction to be able to defy blatantly at least some of the unjust traditional norms in society. My articulate colleague called it an "emotional high". I discovered my hidden potentials and thrived on the fighting spirit of the people, especially women, and my colleagues. After three years of high activity on the project, research became secondary to "doing what needed to be done." But it meant taking on things before I really understood them fully.

** Roopashri Sinha is a research officer of Center for Enquiry into Health and Allied Themes (CEHAT), 519 Prabhu Darshan, S.S. Nagar, Amboli Andheri West, Bombay 400058, India*

TORTURE:

The most effective instrument of power against democracy

by Inge Genefke, M.D. Sc.h.c*

Our organization, THE INTERNATIONAL REHABILITATION COUNCIL FOR TORTURE VICTIMS (IRCT), started its professional, medical, psychological work against torture, including research and documentation, more than 20 years ago. We have observed and proved the tragic physical and - worst of all - psychological after-effects torture has on the health of the torture victims: depression, anxiety, nightmares, feeling of changed personality, shame, guilt, isolation, impaired memory and

**Our research
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PST File Photo

Dr. Inge Genefke talks about the drastic implications and effects of torture against democracy in a society

concentration, headache, sexual problems, fatigue.

These more than 20 years of work have given us an in-depth knowledge about torture methods, the effects of torture, short-term and long-term, how to diagnose victims of torture and, very important, how to rehabilitate the victims.

Our research has *proved* that the torturers who work for governments try to break down the victim's identity, and we know that they can succeed in their horrid

task if they want to.

Our research has *proved* that torture methods are the same all over the world - with some exceptions which can be attributed to cultural differences - because the *aim* of the torture is the same.

Our research has *proved* that the torture is used as an instrument of power against people working for better and more *democratic* conditions in their own country. People like student leaders, union leaders, honest politicians, journalists, leaders of

ethnic minorities, human rights fighters etc. are taken in, exposed to the most horrible physical and psychological torture methods, then many of them are sent back to their communities. Formerly strong women or men have changed - they are not feeling strong anymore. Their families suffer. Others in the society do not dare to show the same courage and be exposed to similar torture. That is how dictatorships, without any moral authority can stay in power for years, power over a population in a country that lives in a desert of anxiety without hope of democracy.

Our research has *revealed* that torture is used in 1/3 of the countries in the world today *because* governments want to stay in power, and therefore we refer to torture as an *instrument of power*.

The people in power have of course always known all these. The *new* thing is that we, who want to help the victims, also know it. We are now as clever as the torturers - they cannot fool us any more.

I want to underline that our organization works unpolitically; our conclusions and analyses are based on many years of research carried out by health professionals. This is our big strength.

Many health professionals from all over the world who work on the rehabilitation of torture survivors have joined forces in "The International Rehabilitation Council for Torture Victims" (IRCT) -- a global network with headquarters in Copenhagen.

Many of these courageous health professionals, who help victims of government-sanctioned torture, are in great danger of becoming victims themselves -- in

fact many of them are already victims of torture.

They need *financial aid* urgently. They need *protection* desperately.

What can you do? You can in fact do a lot.

Firstly, you have the "United Nations Voluntary Fund for Victims of Torture." This year it has received 1.2 million USD, *shameful* compared to the need. This year, *only 23 countries* have contributed to the Fund so far. The help needed is not just help with money. It also shows the donors' *disgust* for the dictatorships where

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government-sanctioned torture is practised. The money would be a moral support and thereby *protection* to the many courageous people who work against torture. It would be a support for the *democratization* process. *Financial help shows your interest, will and commitment* - or the opposite.

Today the Fund appears as a *shameful symbol* of the *bad will* of many rich governments, and others, to fight and work against torture.

Secondly, you have the *United Nations Convention Against Torture*. Only 102 countries have *ratified this convention*. Furthermore,

implementation is lacking and you know it.

I would like to draw special attention to two Articles:

In *Article 10* it is mentioned that education and information regarding the prohibition against torture should be fully included in the training of law enforcement personnel, civil or military, medical personnel, and public officials. *Very few* of the ratifying countries have systematized this education.

In *Article 14* it is mentioned that the States Parties of the Convention shall ensure in its legal system that the victim of an act of torture obtains redress and rehabilitation -- the three famous M's. *Moral, medical and money rehabilitation.*

It is not difficult to implement these two articles of the Convention because today, we have *sufficient* knowledge and educational programs, educational materials etc., *and sufficient* knowledge about rehabilitation programs. *It is not difficult to implement this.* But very few countries have done so.

Again you would also hereby show *disgust* towards the regimes who are using government sanctioned torture. There are *sufficient words* (i.e., conventions, declarations etc.) - what is *lacking* is *action*.

Why not follow the words of the famous French philosopher Albert Camus, who said "Turn words into moral actions - then you will become a human being"?

**Inge Genefke, M.D. DM Sc.h.c.*

Secretary General, International Rehabilitation Council for Torture Victims (IRCT).

Delivered at the 53rd Session of the UN Commission on Human Rights (10 March to 18 April 1997) in Geneva

26 June

New UN International Day in Support of Torture Victims

At long last, a special day has been given in memory of and support to the many torture victims and survivors in the world. On 12 December 1997, the day of 26 June was officially proclaimed "United Nations International Day in Support of Torture Victims" by the UN General Assembly through the adoption of Resolution No. 52/149, as proposed by the Danish Government.

The date of 26 June was chosen by coincidence. As you will recall, the Convention Against Torture became effective on that same day in 1987 when Denmark ratified the Convention as the 20th country. Now, 11 years later, the

international community has finally realized the necessity to put special and continuing focus on the problem of torture.

We must all seize this unique opportunity to mark the day of 26 June and bring it to the attention of the world's public. It is the vision and goal of IRCT Copenhagen to let this day emerge as a concerted international effort to create awareness of the scourge of torture and ventually become a special day of high symbolic value to all torture victims and survivors and their families, friends, and supporters.

To achieve this objective, we need to unite our efforts and join

hands across the world. We urge all of you to start preparing events to take place on 26 June 1998 now. Cooperate with other organizations in your city. Let everyone become aware that torture is not forgotten, that the victims, survivors and their families have defenders who are willing to put extraordinary focus on their cause and the atrocities committed against them. Let us rouse so much attention that 26 June will remain in people's minds as the Torture Victim's Day and let everybody know that we are still fighting together. And we will repeat our efforts next year and the following year and the year after that, until torture is eradicated from this earth!

Dr. Eyad Rajab El Sarraj Wins the Martin Ennals Award for Human Rights Defenders of 1998

Dr. Eyad Rajab El Sarraj has been awarded the 1998 Martin Ennals Award for Human Rights Defenders (MEA) for his outstanding and courageous achievements in human rights in Palestine, announced Mr. Adama Dieng (President of the Martin Ennals Foundation) at a human rights conference in Tunis.

Dr. Sarraj is the founder and Director of the Gaza Community Mental Health Programme (GCMHP) which provides support for those affected by the Intifada and the organized violence of the Israeli occupation. The GCMHP also contributes to public awareness and empowerment, in addition to therapy for individuals and groups.

As co-founder and Commissioner General of the Palestinian Independent Commission for Citizen's Rights, (which acts on complaints from Palestinian citizens) he has played

"By issuing such a prestigious award, a message is sent to all regimes and brutal forces that the world will not submit, and that human rights activists can never be silenced."

Dr. Eyad Rajab El Sarraj

an active role in furthering democracy in Palestine. His open criticism of the Palestinian National Authorities has placed him in great danger and has resulted in his arrest on three occasions, most recently in June 1996, where he has experienced violence, torture, prolonged solitary confinement, and lack of access to an attorney. Dr. Sarraj also participates in prevention of torture worldwide as a member of International Rehabilitation Centre for Torture Victims, and the Coordinating Committee of the Campaign Against Torture in Middle East and North Africa.

Palestine in the last ten years. He stated: "Stories of abuse of women, trauma among children, political leadership and mass psychology are some of the themes that I will include in the book."

The MEA was created in 1992 to honour Martin Ennals, a life-long campaigner for human rights, who died in 1991. The award aims to encourage human rights defenders, particularly those working in hostile conditions. He helped build Amnesty International, HURIDOCS, International Alert, SOS Torture Defence for Children International, and Article XIX. Other NGOs co-operate in the Martin Ennals Foundation, such as the International Commission of Jurists and the International Federation of Human Rights.

*For more information, please contact:
Martin Ennals Foundation
c/o HURIDOCS
2 rue Jean-Jaquet
CH-1201 Geneve, Switzerland*

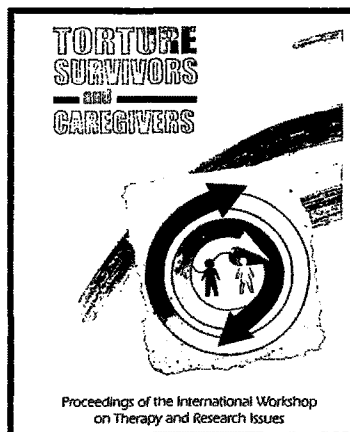
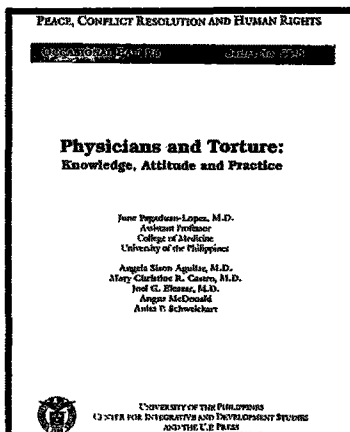
PHYSICIANS AND TORTURE: KNOWLEDGE, ATTITUDE AND PRACTICE

by June Pagaduan Lopez, M.D.,
Angela Sison Aguilar, M.D., Mary
Christine Castro, M.D., Joel G.
Eleazar, M.D., Angus McDonald, Anita
P. Schweickart

To my knowledge, this study is the
first serious attempt at analyzing not
only the attitudes but also the role and
responsibility of the Filipino medical doctors in dealing with patients subjected
to torture based on data derived from practicing doctors themselves. Thus far,
scant attention has been given to this subject perhaps because when human
rights violation occur, the most visible are the outright perpetrators (often
persons in uniform), while the persons in white, the physicians, remain quietly
in the background. This study demonstrates that in fact, doctors do not play
such an inobtrusive role in the matter of torture. For this reason alone, this
study merits our special consideration. (from the Foreword by Maria Serena
Diokno, Ph.D., Convenor, UP CIDS Peace, Conflict Resolution and Human
Rights Program)

December 1995, 43 pp.
ISBN 971-8797-84-x.

Price \$10.00 (postage included)



TORTURE SURVIVORS AND CAREGIVERS

Proceedings of the International
Workshop on Therapy and
Research issues

organized by
June Pagaduan Lopez, M.D.
Elizabeth Protacio-Marcelino, Ph.D.

edited by
Luis V. Teodoro
Paulynn P. Sicam

Torture Survivors and Caregivers provides a rare glimpse of the complex
theoretical, conceptual and emotional issues facing not just the torture victims
but also the lay workers, psychiatrists and psychologists who have cared for
them and the researchers who have studied their problem. The book shares
the vivid recollections of the tortured and the way they have grappled with pain,
guilt toward loved ones and forgiveness. It also reveals the common humanity
which binds professionals from all over the world who have been chosen to
devote their lives to understanding and preventing torture. (from the Foreword
by Maria Cynthia Rose Barzon-Bautista, Ph.D., Executive Director, Center for
Integrative and Development Studies)

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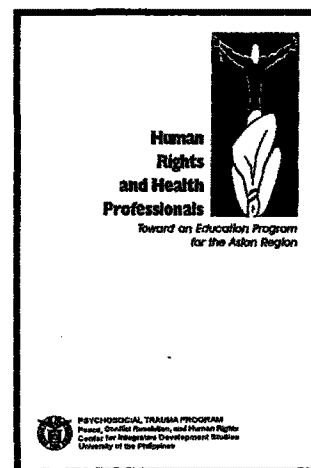
HUMAN RIGHTS AND HEALTH PROFESSIONALS: TOWARD AN EDUCATION PROGRAM FOR THE ASIAN REGION

by the UP-CIDS Psychosocial
Trauma Program

This publication contains the
proceedings of the international
seminar on Medical Ethics, Torture,
and Rehabilitation held on October
2-5, 1996 in Bangkok, Thailand. The report documents a holistic training
seminar for health professionals engaged in human rights work and the care of
torture victims. In the workshops, the participants shared personal and country
experiences; identified problems and assessed the needs particularly of women,
children and indigenous peoples who are most vulnerable; and defined research
and ethical concerns.

March 1997, 311 pp.

Price:
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2. MOTHERHOOD AND CHILDHOOD ARE ENTITLED TO SPECIAL CARE AND ASSISTANCE. ALL CHILDREN, WHETHER BORN IN OR OUT OF WEDLOCK, SHALL ENJOY THE SAME SOCIAL PROTECTION.

