

**APPLICATIONS OF PEACEMAKING CIRCLES IN
MEETING THE MENTAL HEALTH NEEDS OF
TORTURE SURVIVORS**

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Chapter 1: Introduction

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment..
— *Universal Declaration of Human Rights*, Article 5 (1948)

Healing begins when there is no more silence about the atrocities done to [survivors]—when that silence is filled with the sounds of human connection and the recognition of human dignity across the abyss of suffering and loss.

— Mary Ann Dutton et al., *Violence against Women* (2003: 155)

To hold traumatic reality in consciousness requires a social context that affirms and protects the victim and that joins victim and witness in a common alliance. For the individual victim, this social context is created by relationships with friends, lovers, and family. For the larger society, the social context is created by political movements that give voice to the disempowered....In the absence of strong political movements for human rights, the active process of bearing witness inevitably gives way to the active process of forgetting. Repression, dissociation, and denial are phenomena of social as well as individual consciousness.

— Judith Herman, *Trauma and Recovery* (1997: 9)

When the *Universal Declaration of Human Rights* (UDHR) was written in 1948, it reflected a world reacting in horror to the atrocities committed during the Holocaust of World War II. Though the now-famous phrase “Never Again” has always been held to honor those lost in Nazi concentration camps and to promise that such genocide would be prevented from ever occurring again, “Never Again” applies to each of the thirty articles of this document. In the years since 1948, these articles have been elaborated in international human rights treaties dedicated to the various categories of abuses contained in the UDHR. Among these is the universal prohibition against torture, contained in the International Covenants on Civil and Political Rights and on Economic, Social and Cultural Rights, and always among the few non-derogable articles. The culmination of this overlapping consensus regarding the prohibition of torture and other cruel, inhuman or degrading treatment is the Convention against Torture, a document dedicated entirely to elaborating this prohibition and to emphasizing the incredible importance thereof. Torture is among the worst things one person can do to another. And the simple fact that we need international law prohibiting its use evidences that torture has always been viewed as an action of States, the very entities designed to protect us from such treatment. Yet despite all these laws prohibiting torture, it still occurs regularly on grand scale.

The qualities that define torture—fear, humiliation, psychological control, physical and/or emotional violence—are not used exclusively by States as states. Various forms of cruel treatment, from child or spousal abuse to sexual assault, may also qualify as torture. This is a

contentious position, elaborated in Chapter 3. Regardless, that I contend that these types of treatment are prohibited as is ill-treatment in detention, of the kind seen during authoritarian rule in 1980s Latin America or in Saddam Hussein's Iraq, indicates the many people who may be impacted should laws prohibiting torture and inhuman treatment be applied, respected and enforced. That they have not been universally applied, respected or enforced suggests an enormous number of individual human beings whose lives have been or will be shattered by the trauma that is torture.

Trauma is a complex psychological phenomenon. In those vulnerable to its effects, trauma may cause pervasive fear and helplessness, loss of trust in others and of self-reliance, and a rupture in time such that past traumatic experiences become the only thing available to survivors in a never-ending present. However, not every torture survivor will react in the same way or to the same degree. Natural resilience is an under-studied and very important aspect of the human psyche that may in fact prevent descent into the depths of the traumatic experience. There are many possible explanations for such resilience, including "being committed to finding meaningful purpose in life, the belief that one can influence one's surroundings and the outcome of events, and the belief that one can learn and grow from both positive and negative life experiences" (Bonanno 2004: 25).

These resilience characteristics—finding meaning in life, a sense of control, and the belief that every experience is a learning opportunity—were reiterated throughout my primary research, conducted in November and December, 2004, with Tibetan torture survivors living in exile in Dharamsala, India. I interviewed five survivors, four of whom share many demographic characteristics, and all of whom share many horrific experiences. Four interviewees were born in occupied Tibet, and all are between their mid-twenties and mid-thirties in age. All were detained for between four and six years, arrested for activities such as raising a Tibetan flag or shouting "Free Tibet." Three of these four were released in the past five years; two arrived in exile less than a year prior to my meeting with them. Of these four, three were men. The fifth torture survivor I interviewed is something of a pillar in her community; born in a free Tibet, she was detained early in Chinese efforts at occupation, and was in prison labor camps for 27 years. The Tibetan diaspora speaks highly of her, reflecting that she represents the strength and

determination for a just Tibet for which all Tibetans strive. Though all interviewees—including a sixth, who is not a torture survivor but a service provider for survivors—touched on Bonanno’s resilience characteristics to some degree, it was perhaps interviewee #4, the women who survived almost three decades of torture, who made explicit many of the connections that were only hinted at in other conversations. As such, my own research revealed three more concepts, further elucidated in Chapter 6, that complement Bonanno’s triad of resilience characteristics. These serve as meta-narratives throughout my work: religious faith, a sense of community, and commitment to a political ideology.

Religion gives life meaning and allows for meaning to be found in aversive events, counteracting the inevitable existential questions that trauma psychologist Judith Herman asserts are likely to arise in the face of atrocity inflicted upon one human by another. Mental health providers at Denver’s Rocky Mountain Survivors’ Center, the site of another portion of my primary field research also elaborated in Chapter 6, similarly spoke of the importance of religion. They stated that, because one of the primary impacts of trauma is the feeling of a loss of control, prayer and a personal relationship with one’s god may remove the locus of control from the torturer and place it instead in the hands of a higher power. Strong faith may be one factor in the decision to put oneself at risk, as indicated by a former Tibetan Buddhist nun, interviewee #3, who stated that it is easier for monastics than for laypeople to get involved in the Free Tibet movement; they are better able to cope, more accepting of suffering, and leave no dependents behind. Religious faith has strong correlations to a sense of community, another important factor in resilience according to trauma psychology and subjects of my research. A sense of community may influence the belief that one has control over life, since support from loved ones is often what makes us confident in our own personal power (though there are other characteristics that may account for this aspect of Bonanno’s resilience argument). Community while in detention helped interviewee #2 survive, and respondent #4 indicated that her leadership of Tibetans in exile has given other torture survivors a model on which to base storytelling and political work in their new society. Commitment to a political cause thus has important connections to a sense of community, as political advocacy is frequently undertaken en masse. Such an ideology means that everything that takes place may be used to further one’s cause; in the case of torture, a terrifying and horrible experience may help an individual develop what Herman calls a “survivor mission,” a type of

growth that results in a dedication to the growth of humanity as a whole (1997: 207). All five respondents to my interviews indicated their ongoing dedication to the political cause that initially resulted in their traumatization, reflecting that nothing will be complete until Tibet is a place of human rights and freedom. That a free Tibet is closely linked to social cohesion and religious faith, topics that will be discussed in detail below, suggests the interdependence of the three characteristics emphasized by Bonanno and my three meta-narratives in forging important resilience among torture survivors.

It is here that a discussion of the political role of torture becomes relevant. Those subjected to torture—whether at the hands of states or individuals acting in their private capacity—are frequently those most marginalized by society, those systemically disempowered and dehumanized by institutionalized socio-economic rivalry. In describing this situation, pervasive in nearly every country in the world to some degree, I employ the term elaborated by Paul Farmer, structural violence. Structural violence is the manifestation of systematized and often legalized oppression, a form of violence—both overt and covert—that frequently serves as the root cause of more direct interpersonal violence. Examples include the consistent placing of environmental waste dumps in low income neighborhoods, or a lack of adequate health care or educational opportunities for minority ethnic groups in developing countries. The more pervasive these situations become, the more competition there is for valuable resources, the more outrage may arise among impacted individuals.

Outraged, sick, impoverished individuals who feel they lack options are more likely to resort to violence and to be unprotected from others. One manifestation of this resulting direct violence may be torture, an act political in nature by its very definition and which reflects and perpetuates a cycle of violence at all levels of society. Torture, like other forms of physical, psychological and economic violence, may be prevented by a motivated and equality-minded police force, yet it continues. Perhaps this is because those being tortured simply do not seem to be as human as are those responsible for protecting them. Since torture itself furthers this process of dehumanization, it is likely that survivors of torture will lack the self-respect required to work for the total abolition of the practice. But this is where proper recovery comes into play, recovery that must

recognize and seek to impact the root causes of violence and structural imbalances that perpetuate and allow its continuation.

As my research in Dharamsala and secondary sources indicate, traumatic experiences such as torture will have varying effects on people depending on their individual resources and access to coping mechanisms during and after torture. However, most if not all people subjected to cruel and inhuman treatment will benefit from undergoing some degree of mental health care following their ordeals, a topic explored at greater length in Chapters 5, 6 and 7. Much as torture dehumanizes, disempowers, destroys trust and self-reliance, and creates an interminable and painful present dissociated from past or future relationships and experiences, post-trauma mental health care must reverse these patterns. As such, proper treatment for trauma such as torture (particularly according to the paradigm established by Judith Herman in her 1997 seminal work, *Trauma and Recovery*) must rehumanize through interpersonal connections, must create opportunities for empowerment through the provision of choices, must establish routines of self protection and promote an interpersonal dynamic among individuals willing and able to trust one another—first with small things like one’s pet’s name, and ultimately with big things, like the torture story itself—and finally must reduce the memory of torture to the level of other life experiences such that the past becomes a place of nostalgia and the future a place of hope.

Much as psychological processes of trauma are complex, so too are psychological processes for reversing these. In subsequent chapters I will expand on these issues. For now I wish to emphasize one point in particular: storytelling. Storytelling in itself addresses each of the trauma symptoms described above; it allows survivors the choice of whether and when to speak, establishes trust through normalized reactions to life experiences, gives survivors a glimpse of their ability to deal with the reality of what happened to them, allows for the integration of this story into the many others of the average life, and finally allows the survivor to revisit her own humanity and individuality. Storytelling may also tap the spiritual resources (and similarly demand a spiritual setting for the telling) discussed above, according to Judy Okawa, a psychotherapist at the Center for Traumatic Stress Studies in Washington, DC. She has said that “when someone is telling their story, it is sacred ground that you are walking in to” (2005). These are topics elucidated in Chapter 5.

Peacemaking Circles, a practice that falls within the paradigm of restorative justice, may respond to each of these aforementioned needs. In Chapter 4 I will explore the background and basis of restorative justice itself, and in Chapter 5 I will begin to apply the trauma psychology paradigm to that of Peacemaking Circles themselves. According to the National Association of Social Workers (NASW), a representative branch of mental health care that emphasizes socio-political context much as does structural violence itself, “Restorative Justice...incorporates some of social work’s core values as laid out in NASW’s Code of Ethics: service, social justice, dignity and worth of a person and importance of human relationships” (Fred 2005: 4). Peacemaking Circles may be used around the world and are perhaps particularly relevant to indigenous cultures; when formulated and conducted in conjunction with local leaders and with the input of local participants, Circles may “validate indigenous healing and beliefs, which tends to energize and mobilize local people who, ultimately, need to develop sustainable, culturally acceptable solutions to help themselves” (Green and Honwana 1999: 4). In subsequent chapters, important connections between mobilization of local communities and mental health will become clear.

This mobilization may ultimately connect again with the survivor mission referenced above. When a community is able to recognize the structural impacts on its victimization, the overlapping consensus of the prohibition of torture collides with an overlapping consensus about protection of torture’s victims, allowing for community empowerment in working toward full respect of these international norms. As such, I conclude this document in Chapter 8 by arguing that Peacemaking Circles, through their provision of mental health care and community solidarity, may in fact be an important contribution to the promotion of a culture of human rights, peace and democratization. As Chris Cunneen has written,

When the state has been the perpetrator of crime then...civil society will still play a fundamental role in identifying the crimes of the state and may well play a fundamental role in forcing the state to acknowledge and respond to its own wrong-doing. Yet when there have been large-scale abuses of human rights it is also the case that the state through the allocation of its own resources will play a pivotal role in the process of reparations for the harm which has been caused (2001: 83).

In conjunction with the understanding that states must care for their own citizens, that they in fact have the ethical duty to provide assistance—particularly when the need for care arises out of the State’s own behavior—and an understanding of the process and guidelines that make up Peacemaking Circles, it will become clear throughout this paper that Circles may in fact be an ideal response to the mental health needs of torture survivors around the world. Circles incorporate, address and recreate the meta-narratives established by respondents to my interviews in Dharamsala by establishing sacred space, activating spiritual resources, establishing interpersonal relationships and a sense of community solidarity, and emphasizing group strategizing for recovery and action. Circles have the potential to heal on an individual and societal level, and ultimately to create a socio-political movement that may, finally, result in the eradication of the very practice that caused their need in the first place.

Chapter 2: Methodology and Setting

Although restorative justice is based in very old traditional practices, its widespread use in the modern criminal justice system is a relatively recent phenomenon, as is described in further detail in Chapter 4. Restorative justice is increasingly a topic of serious research and its practice is now more common than even a decade earlier. However, sub-practices of restorative justice—particularly Peacemaking Circles, the topic of this paper—in mental health settings and research into applications thereof are apparently rare and quite limited. As such, the work contained herein is highly theoretical, combining a substantial literature review with limited primary research designed to assist in the proposal of applications of Peacemaking Circles to the mental health of torture survivors and other survivors of human rights violations.

Primary Research

Because the literature linking Peacemaking Circles to the mental health sequelae of trauma is severely limited, I elected to conduct limited primary field research in order to glean the opinions of those who would theoretically be the beneficiaries of such a program and of those who currently provide mental health services to survivors of torture and related human rights abuses. During a one-month period in late 2004, I conducted participant observation and key-informant interviews with Tibetan refugees and torture survivors in Dharamsala, India, the seat of the Tibetan Government in Exile and the destination of the thousands of Tibetans who flee their homeland each year. Upon returning to the US, I conducted a focus group with the mental health staff at Denver's Rocky Mountain Survivors' Center, an organization that assists refugees and asylum seekers with an emphasis on torture survivors, by providing mental health, legal, and acclimatization services.

Participant Observation and Key-Informant Interviews in Dharamsala

Although refugee status carries with it substantial potential for traumatization, making it difficult to separate reported trauma symptoms by cause when refugees are also torture survivors, the situation of Tibetans in Dharamsala is unique among the world's refugees; Dharamsala is the home of Tibetans' religious leader, His Holiness the Dalai Lama, as well as a semi-permanent community for nearly 10,000 resettled Tibetans, despite their belief that they will one day return

home. Dharamsala is a small (but growing) community in the Himalayan foothills of North India, in the state of Himachal Pradesh. When the Dalai Lama arrived in India in 1959, the local governor offered this hillside—an abandoned British outpost leftover from the colonial period—to the newly arriving refugee population. Today, Dharamsala resembles to some degree a displaced Tibet. Prayer flags fly from every rooftop and every mountain peak. Numerous monasteries scatter the landscape, and when things are quiet the deep tones of monks' chants resonate through town. The Dalai Lama's temple is there, and each morning masses of faithful Tibetans (as well as many Western pilgrims) can be seen heading down the hill that is Temple Road to circumambulate the prayer wheels surrounding the temple, a ritual known as the *kora*. Although Tibetans share Dharamsala with Kashmiris in exile from their own conflict, shops and street stalls are filled with Buddha statues, prayer wheels, traditional turquoise jewelry, and prayer flags; even Kashmiri shopkeepers have taken to selling Tibetan goods, as many tourists pass through Dharamsala each year hoping for a glimpse of the Dalai Lama or a boost in their quest for enlightenment. The unpaved, pock-marked streets of Dharamsala are crowded with people, rickshaws, dogs, cows, and the occasional monkey; it is a bustling place, and though it is infused with spirituality, the prevalence of political activism is perhaps even more apparent. I know of no other town of this size with as many non-governmental organizations (I am aware of nine); it seems that everyone in town is somehow involved with the Tibetan Freedom movement.

The sense of community in Dharamsala is strong, bolstered by political activism and a newfound cultural freedom that stands in marked contrast to tactics of cultural genocide long carried out by the government of the People's Republic of China, which has occupied Tibet since 1949. Those Tibetans who were tortured were almost universally highly active in the independence movement prior to arrest, and the majority remains politically committed to this day.¹ In combination, this

¹ This fact was made particularly clear on December 2, 2004, the day of the scheduled execution of Tulku Tenzin Delek, a Tibetan high lama accused and convicted by the Chinese of setting off a bomb in Chengdu, China. His execution had been stayed twice previously, and on this day the entire town—including Indians and Westerners—turned out to protest his execution, to call for dismissal of all charges, and to raise international awareness in conjunction with a hunger strike on Tulku Tenzin's behalf that had been ongoing in Dharamsala for several weeks in advance. On that day it was assumed that no one would work until after the time of the scheduled execution (2:00pm local time), and my colleagues at Gu-Chu-Sum were among the first in the long line of protesters. The execution was stayed and commuted to a life sentence, yet the international community remains unsatisfied because there is no evidence as to his guilt and he apparently did not receive a fair trial.

brief description of Dharamsala itself elucidates three themes that will remain constant throughout this paper: strong Buddhist faith, strong political commitment and strong community ties. Each of these factors has been determined statistically to provide protection in the form of increased resilience against severe trauma sequelae by several studies (Başoğlu et al 1994; Holtz 1998; Shrestha et al 1998).² My research reinforced these assertions, employing anthropological field methods that yielded descriptive qualitative data about the lived experiences and felt needs of torture survivors.

My work in Dharamsala was approved by the Institutional Review Board (IRB) at the University of Denver. That my topic of investigation involved traumatic experiences led to numerous challenges in acquiring approval to conduct this human subjects research. Most important among these was concern about retraumatizing my subjects by asking them to recount their experiences in detention. This consideration is a primary reason that my research included no diagnostic attempts. However, my previous experience with the Tibetan people, as a volunteer for and colleague to Tibetan refugees in Colorado and as a visitor to Tibet itself, as well as my understanding of the Buddhist faith, provided the IRB enough confidence in my cultural competency to approve my application.

Out of consideration of the risk of retraumatization, I took several steps to protect my subjects and to ensure their accurate understanding of the nature and purpose of my interviews. I collaborated with a colleague who is a Tibetan refugee to write an informed consent form that contained culturally appropriate language (the English-language version is attached as Appendix I). My colleague translated the consent form into the Tibetan language, assuring me that Tibetan monastics are almost universally literate and that many of the torture survivors to whom I would have access would be able to read and sign the form of their own accord. I was careful to assure confidentiality to all informants and to verbally reassert this guarantee at the outset of each

² Although many studies of psychological trauma of refugees and torture survivors have included rates of Post-Traumatic Stress Disorder (PTSD) in addition to anxiety and depression as their diagnostic criteria, it is widely held that Western diagnostic criteria, particularly those related to PTSD, are of questionable applicability cross culturally. Findings of both Başoğlu et al. (1994) and Shrestha et al. (1998) are consistent with those of Holtz (1998), particularly in that Buddhism, social support and political ideology are protective for anxiety and depression, but these studies included PTSD in their research, whereas Holtz chose to eliminate this diagnosis out of uncertainty as to its cultural appropriateness. Shrestha et al., in particular, concluded that Buddhism is also protective for PTSD.

interview, as there have been reports of retaliation against family members still in Tibet of those who have spoken publicly about their experiences from exile.

Additionally, I piloted my interview questions with Tibetan refugees and torture survivors, making modifications to better reflect Tibetan culture and, ultimately, having them translate these into Tibetan as well, as a safeguard against miscommunication with interpreters in Dharamsala. On my Tibetan colleague's suggestion, I began all interviews with a question designed to ascertain the name and location of the person to whom my informant felt closest, as mental health care is not the purview of a doctor so much as of community in Tibetan culture. Prior to departing for India, I spent a great deal of time studying physical manifestations of traumatization and working with mental health practitioners to develop a plan as to how I might recognize ill-effects of my questions on my interviewees, so that I would be able as well as possible to stop interviews if it appeared necessary, and recognize when I needed to seek out my informant's trusted confidant.

Two Tibetan colleagues, both of whom had lived in Dharamsala for several years prior to resettlement in the US, helped me to arrange the setting for participant observation and gathering of interviewees. I was placed as a human rights volunteer at Gu-Chu-Sum, the Tibetan Ex-Political Prisoners' Association, an organization that serves Tibetan prisoners of conscience in detention in Tibet by raising awareness and advocating on their behalf, while also providing housing, food, education, and job placement to released prisoners recently arrived in exile in Dharamsala. As such, I worked at Gu-Chu-Sum on a daily basis, providing ample opportunity for participant observation. Of the staff numbering around fifteen, only two were not torture survivors, one having fled Tibet when he was very young, the other having been born in exile. So, although my work interactions were largely with staff and not clients, I was still able to regularly observe torture survivors while also having the opportunity to understand programming and day-to-day operations.

Gu-Chu-Sum is a highly respected organization in and around Dharamsala. It is staffed by incredibly dedicated individuals and, though electricity is unreliable and internet access almost impossible, they manage to make great things happen. Behind the simple office building which

also houses rooms in which the staff resides, is a dormitory in which former political prisoners live and study Tibetan and English language and computer skills, as well as vocational skills such as tailoring. A small kitchen in the basement makes *thukpa* (Tibetan noodle soup) for daily lunches and dinners for all residents and staff of the organization, and someone is always serving butter tea, black tea traditionally complemented by a dash of yak butter but that, due to the absence of yak in India, is now made with butter from cow's milk. It is a friendly atmosphere tempered by the intense seriousness of the work.

Because I was in this environment every day, and because all clients served by Gu-Chu-Sum were tortured to some degree, I was able to employ the "snowball method" in selecting key informants, whereby my colleagues on staff recommended to me those they felt I should speak with in order to get a diverse range of ages, sexes, experiences, and periods since release from prison as this might affect levels of healing and/or willingness to speak with me. The staff person responsible for human rights work and for supervising me arranged each interview on my behalf, explaining to each subject in the Tibetan language the nature and purpose of my interview and informing her that I would ask for a description of her torture experiences; for two of the interviews this staff member also served as my interpreter.

Given the brief period of my stay in Dharamsala and the importance of establishing rapport with the staff and Gu-Chu-Sum in preparation for conducting interviews, I was only able to complete six interviews. With such a small sample size, the resulting data cannot reasonably be analyzed statistically, yet they provide important qualitative information regarding the experiences and felt needs of torture survivors. Each interview lasted between sixty and ninety minutes and most were conducted at Gu-Chu-Sum, a location that felt safe to the informants and in some cases was their home as well as their support system. Several interviews were arranged very quickly and therefore required the use of any bilingual staff member who was available at that time. Three separate interpreters assisted me over the course of the six interviews; one interview of the six, with a staff member of Gu-Chu-Sum, was conducted in English.

I began each interview by asking for the name of a person trusted by my informant so that, should signs of trauma arise, I could seek help for the individual by contacting the person she named at

the outset. Next, I asked each interviewee for a brief description of her day as experienced by a torture survivor working to reintegrate into society and life, followed by a description of the circumstances leading up to her arrest. After ascertaining the reason for detention, I requested details as to the location and length of detention, as certain prisons in Tibet are particularly known for given types of torture. I also asked how long each person had been in exile as a way to gauge how long she had been in the process of healing. Next, I inquired as to methods of torture experienced and the approximate frequency of each type of torture used. Finally, I moved into questions regarding health status, including those related to coping strategies during detention, and felt needs regarding the current healing process. A list of the questions from which I worked is attached as Appendix II. A table indicating important information about each of the six informants is attached as Appendix III.

Mental Health Providers in Denver, Colorado

Upon returning to the US, I wished to gain a better understanding of the perspective of western mental health practitioners, particularly as the staff of Gu-Chu-Sum seemed in agreement that western-style talk therapy was generally unnecessary and inappropriate for its clients, yet it is often westerners who establish and implement programming designed to assist torture survivors around the world. As such, I submitted an addendum to the IRB and contacted a colleague at the Rocky Mountain Survivors' Center (RMSC), an organization in Denver, Colorado, that serves refugees and asylum seekers by providing legal assistance and organizing clubs designed to help them integrate into their new society. Most clients at RMSC are of African origin and are not Buddhist, which yielded important information regarding the role of faith in healing since my prior information in this regard related almost exclusively to Buddhists. Many clients are also torture survivors. As such, RMSC has a dedicated—albeit small—clinical staff whose work is often guided by the traumatic experiences had by its clients. Although RMSC's clinicians were unwilling to grant me a focus group with their clients out of consideration for confidentiality and mental health status, they did grant me one hour with them to discuss ideas surrounding protective factors, group therapy as opposed to individual counseling, and theories of restorative justice as they apply to clinical settings. A list of the probes I employed during this group session is attached as Appendix IV.

There were three therapists and one social work student who volunteers with the clinical staff in the focus group. All signed informed consent forms. We sat in one of the therapists' offices at RMSC, and engaged in a lively discussion about my ideas and their experiences with torture survivors. For the most part, their responses to my trigger questions supported the assertion that Peacemaking Circles could be adapted for use in international field settings with torture survivors, though they did express some reservations about retraumatization, an issue to which anyone conducting Circles would need to remain attuned. In short, this focus group provided important confirmation of the work I had undertaken, and has bolstered many positions I take in this paper.

Literature Review

Because the majority of available literature on restorative justice explores its use as a diversionary mechanism in criminal justice systems around the world, I have drawn much of my information about Peacemaking Circles from sources describing the history and practice of restorative justice, and its impact upon the healing process of victims of crime. I have then applied these standards to those set out by the field of trauma psychology, drawing parallels between established psychological processes of traumatization and recommendations for healing thereof and the guidelines and benefits of restorative justice practices.

Within the literature on restorative justice, Peacemaking Circles, and reconciliation is one source that will be useful throughout this paper as the foundation for my arguments. *Peacemaking Circles: From Crime to Community* (Pranis, Stuart and Wedge 2003) is among the only available resources on peacemaking applications of restorative justice principles. In complement to Howard Zehr's *The Little Book of Restorative Justice* (2002), widely considered the premiere work on the subject and written by perhaps the most expert restorative justice scholar in the US, Pranis, Stuart and Wedge expand restorative justice basics in allowing for wide applications of related practices. While *Peacemaking Circles* retains the traditional perspective that these are appropriate in criminal justice settings, it addresses the healing contained therein and, together with trauma psychology, provides a cohesive picture of the potential of Circles to enhance the healing process for survivors of traumatic human rights abuses. Pranis, Stuart and Wedge establish that Circles are sacred space, highly customizable, and appropriate for use in nearly any setting and in a variety of cultures. In addition, *Peacemaking Circles* highlights indigenous

origins of this practice, makes recommendations as to its proper structure—including stakeholders, harms, needs and obligations—and emphasizes the significance of empowering Circle participants to enact their values and develop a sense of community solidarity around a given issue or experience of importance to all present.

Several authors, including Breton and Lehman (2001), Prison Fellowship International (2001), and Stahura (2001) establish indigenous origins of restorative justice, drawing connections to practices of New Zealand’s Maori ethnic group and North America’s First Nations communities. These sources are particularly useful in arguing that Peacemaking Circles may be appropriately incorporated into programming with a variety of cultures in a range of locations. Although these retain the criminal justice focus, they indicate the import of story-telling in healing, of representations of root causes of violence in Circles, and of the interdependence that is part of the spiritual outlook of many of the world’s societies. Green and Honwana (1999) bolster the emphasis on culturally-appropriate mechanisms for addressing mental health needs. Howley (2002) and Shearing (2001) provide case examples of restorative justice in use in Papua New Guinea and South Africa, respectively.

In furthering the aforementioned authors’ focus on indigenous origins and multi-cultural applicability of restorative practices, John Gehm (1998) echoes Pranis, Stuart and Wedge (2003) in drawing important parallels between the structure of Peacemaking Circles and the First Nations Medicine Wheel. The Medicine Wheel, a reflection of the Circle of Life and also called the Sacred Hoop, is a sacred teaching about the Universe for many indigenous North American communities, representing interconnection among all living things and the search for balance in the world around us. The use of the Medicine Wheel suggested by both Gehm and Pranis, Stuart and Wedge in Circle practices establishes the sanctity of restorative justice circles, highlighting their spiritual nature and the importance of activating personal values and beliefs to ensure that both oneself and the Circle are honored and respected.

Closely related to this emphasis on values is Chris Cunneen’s chapter “Reparations and Restorative Justice: Responding to Gross Violations of Human Rights” (2001). Cunneen focuses on the moral aspect of human rights and the relationship between restorative practices and states’

obligations to provide redress for human rights violations. This work establishes valuable links with that of Pranis, Stuart and Wedge (2003), providing fodder for the argument that Circles may serve as a healing mechanism given fundamental violations of personal values committed through torture, and suggests the import of Circle processes for states transitioning from gross violations of human rights to security and democracy. Similarly, Brandon Hamber's chapter "Does the Truth Heal? A Psychological Perspective on Political Strategies for Dealing with the Legacy of Political Violence" (2003) discusses the relationship between community-level healing and the cycle of violence, and the importance of addressing the context and root causes of human rights abuses in order to move a state toward respect for universal human dignity. John McDonald and David Moore continue this thread in "Community Conferencing as a Special Case of Conflict Transformation" (2001), in which they suggest that restorative justice functions as a catalyst for transition from a fragmented community of shamed and stigmatized individuals to a unity of compassion, connection, and self-respect, characteristics that allow a new vision of a future culture of democracy and human rights; George Pavlich ("The Force of Community" 2001) makes a similar argument. Likewise, Martha Minow ("Innovating Responses to the Past: Human Rights Institutions" 2003) emphasizes the importance of reestablishing lost values in order to set the stage for non-violence.

This emphasis on reestablishing lost values is fundamental to trauma psychology. The foundational source for my exploration thereof is Judith Herman's *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (1997). Written from a feminist perspective, this is widely considered the seminal work on trauma psychology, one of the first books to address the political context of violence and to collect historical explorations of trauma sequelae—from Freud to World War II to the rape victims' rights movement—in a comprehensive text describing types of trauma, their mental health and somatic outcomes, and the process of healing. Herman uses as her major case studies former combatants in armed conflict and survivors of rape, although she addresses a range of types of violence. Among the trauma theories Herman espouses is that associated with captivity, which she argues establishes a different dynamic between abuser and abused, leading to different and more complex mental health sequelae due to its chronic nature. Torture in detention would fall into this category.

Herman terms this complex post-traumatic stress disorder, though I prefer the diagnosis of extreme traumatization put forth by Hamber (2003).

The first part of Herman's work includes detailed explorations of the psychological symptoms of trauma while the second examines the recovery process. Among important points found in this portion of the text are the renegotiation of trust, control, empowerment, and human connections. Above all are the reevaluation of past values and the activation of new ones such that survivors may forgive themselves for past shameful experiences and reestablish their senses of self-worth. Herman describes the therapeutic relationship in a manner consistent with the role of the Circle Keeper as defined by Pranis, Stuart and Wedge (2003), and outlines a three-stage process for recovery: safety, remembrance and mourning, and reconnection, each of which may have a corresponding group therapy process. These recommendations for group therapy at each stage lend themselves well to applications of Peacemaking Circles. Appendix V to this document displays some of these parallels between group therapy and Circle process.

Judy Barsalou's "Training to Help Traumatized Populations" (2001), written for the United States Institutes for Peace, defines healing from trauma as "an ongoing social process" and establishes valuable connections with the communal nature of Peacemaking Circles and the role of the Circle Keeper as a change agent. This notion of change agents reflects a concern not only for the healing of individual survivors of trauma, but also for entire communities who have been exposed to or directly experienced violence. Several sources emphasize the potential for trauma properly addressed to have transformative power, such that emerging state structures may ultimately prove more respectful of human rights and individual dignity. Jennifer Atieno Fisher (2001) challenges the Western meta-narrative of good versus evil as obscuring an anti-harm approach to violence and masking the influence of contemporary power relations. Fisher emphasizes self-esteem and the validation of emotional experiences in honoring the humanity and safety of the marginalized, who are more likely to be victims of violence.

The recurrent theme that provision of adequate mental health care by use of a community-oriented model facilitated by external change agents is supported by Pham, Weinstein and Longman's study of traumatization in Rwanda and attitudes toward reconciliation in a post-

genocide state (2004). Significantly, Pham, Weinstein and Longman found that those informants who met diagnostic criteria for PTSD were less likely to support community-based efforts at justice, including ongoing *gacaca* trials, and were less likely to recognize interdependence among ethnic groups or within their communities as a whole. These findings support assertions that healing from trauma caused by state actions may be a prerequisite for democratization and a culture of human dignity in a newly forming state.

Finally, several sources speak to Herman's assertion of certain factors fundamental to proper healing and that may mitigate levels of psycho-social trauma following experiences such as torture. Başoğlu et al. (1994), Holtz (1998) and Shrestha et al. (1998) draw conclusions about factors protective against PTSD, anxiety and depression, the most common psychological diagnoses of trauma survivors. Among their conclusions are that Buddhist religion, social support, and commitment to a political ideology may reduce the incidence of these ailments. These findings are highly consistent with those I drew as a result of key informant interviews and focus groups conducted in preparation for this paper. They are also consistent with George Bonanno's "Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive after Extremely Aversive Events" (2004). Bonanno suggests that those in the mental health field regularly underestimate natural resilience and coping ability; the aforementioned protective factors are asserted by Herman and others to increase this natural resilience, perhaps making it more agreeable to incorporate non-clinicians in mental health programming in some situations with a lack of trained mental health professionals. Finally, Sheryl Fred (2005) argues that restorative justice is consistent with the values of social work, a mental health field that emphasizes context in much the same fashion as do restorative practices themselves. Fred's short article draws together the many perspectives highlighted in this chapter and others, which will be elucidated in further detail in subsequent sections.

Chapter 3: Operational Definitions

Torture

While the initial definition of torture pertinent to the modern human rights regime is laid out in article 5 of the *Universal Declaration of Human Rights* (UDHR), it is the United Nations *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (CAT), which entered into force on June 26, 1987, and to which 130 states were binding parties as of June 30, 2002, that provides the international legal basis for determining the parameters of actions that may be defined as torture (AI 2003: 59). Article 1 of CAT reads:

For the purposes of this Convention, the term “torture” means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.

This normative definition contains within it several phrases that result in a widely held black-and-white perspective on exactly what may constitute torture. The most important and commonly referenced are what may be called the “purpose” clause, and the identification of the torturer’s affiliation. The purpose clause, consisting of the central portion of the first sentence in the afore-cited passage, defines torture as an act designed to elicit information using a highly coercive approach; this sought-after information is related to the condition placed on the actor himself—that this person must be acting in “official capacity.” As such, torture is defined exclusively as a politically motivated coercive act of harm, one related above all to state sovereignty; acts not perpetrated on the basis of such motivation are deemed “abuse,” or other more innocuous terms. In fact, the choice of terminology may itself serve a political purpose, as in the recent prison “abuse” scandal at the Abu Ghraib prison in Iraq.

However, I contend that this application of the CAT definition is too narrow, excluding from consideration human behaviors that are equally abhorrent and equally political, albeit indirectly so under some circumstances. As human violence has become more widely known, as armed conflict has moved from the international to the internal arena, and as media, the small arms trade, and feminist theory have become increasingly accessible in the most remote corners of the world, so too has the international community begun to reevaluate its use of the term “torture.” I do not propose that the import of the word be lightened or that its use become casual. That “torture” describes the worst things one human being can do to another evidences the power of the word, the essential respect and forethought that must be given its use. But the numerous “abuses” that fall outside the narrow CAT definition do in fact deserve serious consideration and response, and in some instances do deserve to be defined as torture.

As such, for the purposes of this paper I will employ an expanded definition of torture, one that mirrors that used by Amnesty International and other international non-governmental organizations, and that represents an emerging international consensus. This definition incorporates acts historically considered to be on the non-state side of the public-private divide, including family and intimate partner violence—most notably domestic battery—and some instances of rape. These behaviors in fact intentionally inflict intimidation and “severe pain or suffering, whether physical or mental,” and are highly coercive. That they are manifestations of relations of power make them highly political. As such, I argue that they meet the definition of torture laid out in CAT.

The US-based National Coalition against Domestic Violence (NCADV) defines battery as a “pattern of behavior used to establish power and control over another person with whom an intimate relationship is or has been shared through fear and intimidation, often including the threat or use of violence. Battering happens when one person believes that they are entitled to control another.” Similarly, the UN *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW), which entered into force on September 3, 1981, focuses on discrimination based on sex; while CEDAW itself does not directly address sex-based violence (commonly called gender-based violence, a distinction to which I will return), the

CEDAW Committee's General Recommendation 19, adopted at its 11th session in 1992, specifically defines violence against women and girls as a form of discrimination. This violence "includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty." CEDAW thus incorporates the harm, coercion, and discriminatory aspects of the CAT definition of torture, and links these to the right to be free from torture and cruel or inhuman treatment or punishment.

The body of literature that regards application of the torture framework to incidents of rape is less substantial and has been slower to develop, particularly given the extreme stigma often applied to those victimized by this practice. The primary example of international perspectives viewing rape as more than private violence arose from ethnic cleansing in the Balkans and genocide in Rwanda, which took place in the early and mid 1990s. In response to these atrocities, the United Nations appointed an *ad hoc* tribunal to address war crimes in each location. In forming the International Criminal Tribunal for the Former Yugoslavia (ICTY), the UN Security Council acknowledged "massive, organized and systematic detention and rape of women" (Weissbrodt et al. 2001: 396). The ICTY subsequently acknowledged that, in the former Yugoslavia, rape was used as a method of ethnic cleansing under the belief that children bear the ethnicity of their fathers, lending weight to the position that rape may constitute a crime against humanity and a war crime as established by articles in the Geneva Conventions prohibiting torture and humiliating or degrading treatment. Likewise, the International Criminal Tribunal for Rwanda (ICTR) was granted the power to prosecute those committing violations of article 3 common to the Geneva Conventions, including "outrages upon personal dignity, in particular humiliating and degrading treatment, *rape*, enforced prostitution, and any form of indecent assault;" in its establishment and throughout its proceedings, the ICTR has recognized rape as a potential tool of genocide (Weissbrodt: 401) [emphasis added]. Finally, the *Rome Statute* of the newly formed International Criminal Court incorporated these precedent-setting legal positions by including "sexual violence in its definition of both the crimes against humanity and war crimes over which it has jurisdiction, in international and noninternational armed conflicts," also basing its position on the Geneva Conventions (Bouchet-Saulnier 2002: 316). Although these suggest indirect links between rape and torture, that torture may itself constitute a war crime and crime against humanity allows for at least a theoretical application of prohibitions of rape to the legal

framework of torture. That rape is a coercive and violent (physically and mentally) exertion of power reinforces this position.

The public-private divide, referenced earlier, is the most common argument for excluding acts of sex- or gender-based violence from the international normative definition of torture. This is reflective of the standard position that human rights abuses may be perpetrated only by states or state actors; individual acts of violence must therefore be addressed only by domestic criminal legislation and judicial systems. However, several documents of the United Nations challenge such a neat distinction.

First, the *International Covenant on Civil and Political Rights* (ICCPR), which has 154 States Parties, prohibits torture in article 7; the associated Human Rights Committee declared in General Comment 20, adopted at its 44th session in 1992, that states must enact legislation to preserve the rights outlined in this article, whether torture and inhuman treatment are “inflicted by people acting in their official capacity, outside their official capacity or in a private capacity.” Similarly, the 1993 United Nations *Declaration on the Elimination of Violence against Women* (DEVAW) instructs states to “exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons” (article 4(c)). According to Amnesty International, due diligence “describes the degree of effort which a state must undertake to implement rights in practice” (AIUSA 2004: 74). This standard is applied in determining whether or not states are meeting international obligations under human rights law; its inclusion in DEVAW indicates an understanding that violence against women—including domestic battery and intimate partner rape—is a violation of this body of law. In conjunction with the Human Rights Committee’s General Comment 20, it is reasonable to apply due diligence to the acts of those acting in both official and private capacity.

Further support for the position that sex- or gender-based violence may constitute a form of torture may be found in consideration of root causes of such acts. It is here that the distinction

between sex—which is biologically determined—and gender—a societal and cultural categorization that should be self-identified but is more often imposed externally—becomes important. Gender-stratified expectations generally hold that women are physically and mentally weaker than men, are best suited to housework and nurturing roles, and are by and large subordinate to men. As such, violence against women, a major aspect of inter-gender experiences, “is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women... violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men” (DEVAW preamble).

The social mechanisms referenced above may be represented by the pattern of police refusal to arrest partners accused of family violence or intimate partner rape, the fact that 33 US states still have exemptions from prosecuting marital rape, the frequency of women who kill their abusers receiving the death penalty, and the general reluctance even to report such criminal acts. That violence against women is widely recognized as a manifestation of societal inequities evidences its institutionalized nature, placing the burden of due diligence on the state and representing the inherently political nature of the problem. The affiliation requirement of the CAT definition of torture, then, arguably applies to individuals acting on the basis of systemic discrimination. It goes without saying that the harm clauses of the CAT definition are met by all forms of violence against women. As such, it is reasonable to assert that family and intimate partner violence may constitute torture under the international legal definition.

This is, however, a highly contentious position. Those international documents referenced above generally stop short of using the word torture in making their arguments. Sir Nigel Rodley, former Special Rapporteur on Torture and current member of the UN Human Rights Commission, has argued that violence against women does not meet the purpose burden and therefore does not constitute torture. On the other hand, Turner, Yuksel and Silove (2003), in a chapter written in a collaborative effort between the United Nations and the International Society for Traumatic Stress Studies, in several instances suggest an expanded definition of torture. For example, they write that “a woman who has been raped has survived an act of violent domination... and there will be

many similarities [with those who have experienced torture under the CAT definition] in the meaning of these events and in their effects” (185). Their conclusion in attempting to introduce the topic of torture to humanitarian practitioners is that “a broad definition of torture is to be preferred” (185). I believe that this “broad definition,” that employed by Amnesty International and suggested by international documents as described above, represents an emerging international consensus that is arising in large part due to increased advocacy for marginalized and violated women all over the world. In order to demonstrate the applicability of Peacemaking Circles to the mental health needs of those traumatized by torture, and in order to preserve consistency with my own beliefs about the global status of women, I will employ the definition of torture as outlined above.

Torture among Tibetans in Dharamsala

Despite the extreme secrecy of the government of the People’s Republic of China, it is commonly believed that Tibetans imprisoned in their homelands for political dissent—what the Chinese government terms “splittist” activities—are universally tortured to some degree. A range of techniques is employed, and these may vary by detention center and cause of arrest. They are also influenced to some degree by a prisoner’s behavior while in detention and by the behavior of those with whom she is detained, such that one may be punished for the behavior of others. It has also been reported that Tibetans employed as guards in Chinese prisons are likewise tortured, though perhaps less frequently and to a lesser degree than political prisoners. Even with challenges to determining statistically any design in the use of certain torture techniques, patterns do emerge.

Among the five Tibetan torture survivors I interviewed in Dharamsala, India, consistencies in their treatment were revealed. All four who were born in occupied Tibet were at some point held in the political prisoners’ unit of Drapchi Prison, one of the most notorious detention centers in the world. All four were initially arrested for activities such as hanging “Free Tibet” posters or shouting “Free Tibet” at pro-democracy rallies in Lhasa, Tibet’s capital city. Interviewees #2, #3, and #5 were all in prison at approximately the same time, during the mid to late 1990s, and their tenure at Drapchi Prison likely overlapped.

All four reported having been electrocuted by one or more objects. For example, interviewee #1 was tased and shocked with a cattle prod, reportedly every two days for the duration of his time in Drapchi. Respondent #2 indicated that his thumbs were wrapped with electrical wires and he was shocked repeatedly until he lost consciousness, only to be awakened and shocked again. Interviewee #3 reported being electrocuted on the head, and feels that this has caused irreversible brain damage that now prevents her from acquiring new skills and knowledge. Respondent #5 had electric prods inserted into his anus. Crescenzi et al. determined that 80% of Tibetan torture survivors surveyed in Dharamsala (n=76) were electrocuted at some point while in detention or at demonstrations prior to arrest (2002).

Similarly, all four interviewees were physically beaten, at least daily during their initial periods of detention and thereafter in response to acts of dissent (which may have been quite frequent given the level of political and religious commitment had by these individuals). According to Crescenzi et al., 92% of their cohort was physically abused during detention or at demonstrations in advance of arrest (2002). Three respondents to my research indicated that they were subjected to forced labor and forced exercise, usually in the early mornings before having eaten anything. Interviewees #2 and #3 reported having been forced to stand barefoot on blocks of ice during harsh Tibetan winters, and #3 indicated that she was made to do so while holding a piece of paper between her knees and under each armpit, providing guards further opportunity for abuse when she inevitably let one fall. Respondents #2 and #5 were burned with cigarettes, an event that occurred to 11% of Crescenzi's cohort. Respondent #5 was hog-tied and tied to a wooden board in the style of a crucifix; Crescenzi et al. found that 70% of their sample was similarly treated. Informants #1, #2 and #5 reported being tortured to the point of losing consciousness, reawakened, and tortured further.

In addition to these horrific techniques, others are apparently regularly employed that appear by contrast more mundane or are psychological in nature. For example, only informant #2 indicated that any care was taken in the preparation of the prisoners' food, as other prisoners' were responsible for this duty; the other informants all commented that they ate very little and interviewee #3 specifically stated that her food was unclean, filled with bugs and feces. Similarly,

respondents #2 and #3 indicated that they were denied access to toilets, though this was a minor inconvenience to which they adjusted. Such conditions of detention have repeatedly been determined to legally constitute torture (AI 2003). Informant #1 stated that he was denied access to doctors, though informant #5 was actually transferred to a prison ward in a nearby hospital after being nearly killed by torture arising from a massive prison uprising in which he took part. Respondents #1, #2 and #3 reported denial of access to family members, also illegal under international law governing the treatment of and communication with detainees. Respondent #2 elaborated on this issue, stating that only those with a citizenship card were allowed to visit the prison and that those with citizenship cards were not considered faithful to Tibet; respondent #3 also gave further detail on family visits, indicating that visitors were nominally allowed once a month for five minutes, were not allowed to bring food, and could give detainees small amounts of cash that was frequently confiscated after family members departed. In addition, interviewee #5 was interrogated naked, also reported by 49% of Crescenzi's research group (2002). Interviewee #3 was forced to shout pro-China slogans.

Interestingly, respondent #3, the sole young nun I interviewed, did not report having been raped, although other anecdotal reports of formerly detained nuns suggest that this is relatively common practice. High levels of stigma and shame associated with having been thus defiled could explain the withholding of such information, or perhaps this interviewee was relatively lucky. Crescenzi et al. reported that the level of stigma connected with reporting rape was a limitation to their study, particularly as only one of their 76 torture survivors indicated that she had been raped. Yet female detainees were more likely than their male counterparts to report that they had been kept naked, leading to the suspicion that "sexual assault may have occurred more often than reported" (Crescenzi et al. 2002: 373).

Interviewee #4 is not included in the aforementioned overview because her situation differs in a number of respects from those described above. She is of an older generation, among the first to be imprisoned when China occupied Tibet, and was in fact the only respondent born in a free Tibet. She was detained for substantially longer than were other interviewees, 27 years as compared to an average of around five years for the rest. Additionally, she was released 27 years

ago; of the other four interviewees, only one was released more than five years ago. This woman reports having been raped repeatedly, undergoing forced labor and starvation for nearly the entire duration of her detention, and witnessing the torture and murder of many others. Fifty-one per cent of those surveyed by Crescenzi et al. reported having witnessed the torture or murder of others, though in my research respondent #4 was the only one who mentioned this experience (2002). Her story, like those of the other four torture survivors I interviewed, resonates with such tales from around the world, and represents one of many thousands of traumatic experiences at the hands of states whose mandate is to protect and serve, not to harm.

Global Prevalence of Torture

Torture is one of the most horrific practices of humanity, yet it is also disturbingly common. It can include physical torture such as beatings, electrocution, falanga, burning, and rape; psychological torture such as forced participation in or witness of the torture of another, religiously-based actions as will be described in Chapter 6, or sensory deprivation; pharmacological torture; and forced disappearance and exile. According to my own operational definition as outlined in the preceding pages, torture may also include family and intimate partner violence. Though I do not emphasize it, an argument may be made that certain forms of modern slavery also constitute torture, as they contain the same patterns of captivity, exertion of power through alternating “the capricious granting of small indulgences” such as food or family visits with extreme violence, and dehumanization, and like violence against women are tacitly condoned by ineffective states (Herman 1997: 78).³

Over 150 governments around the world engage in torture traditionally defined; this represents two-thirds of all states, and this is only the number whose crimes have become known outside the network of survivors (TAASC). It would take sophisticated statistical regression models to determine an estimate of the number of people potentially impacted by the practice of torture

³ According to Kevin Bales, modern slavery includes forms of debt bondage, forced prostitution, and inherited ownership that maintains many similarities with the old slavery of the US American south. Essential differences between modern and old slavery include decreased cost of obtaining and maintaining slaves, increased disposability of individual slaves widely available due to increased wealth gaps, and markedly higher profit margins (Bales 2004).

under the CAT definition. Gender-based violence is an equally indeterminate category as little research into this area has been undertaken; as such, all available statistics generally include a sizeable prevalence range. Though nonspecific, these still give important insight into the numbers of people potentially implicated in this paper.

In terms of general intimate partner violence, defined by the World Health Organization as including physical, sexual and psychological coercion or abuse, international studies suggest that anywhere from 10% to 69% of women report being physically assaulted by an intimate partner, usually over extended periods of time; in at least one-third of these cases physical assault was accompanied by sexual. Forty to seventy percent of female murder victims worldwide are killed by current or former intimate male partners (WHO 2002). In addition, the WHO reports that at least one in five women is a survivor of rape or attempted rape, and that one in four will be sexually assaulted by an intimate partner during her lifetime (2002); Amnesty International prefers the statistic of one in three overall (AIUSA 2004: 3). In the US, sexual assault prevalence appears to be higher than the global average, although this could be a function of better established reporting and research methods: “it has been estimated that one in three [US American] women will be sexually assaulted in her lifetime” (AIUSA: 22). To give the force of hard numbers to this estimate, the Family Violence Prevention Fund suggests that 41,740 US women survived intimate partner sexual assault or rape in 2001 alone. Somewhere between 15% and 30% of girls report having been forced into their first sexual experience (Finger 2004: 2).

Though I would like to provide a hard number that would indicate the women who are impacted by intimate partner violence and sexual assault, there are numerous challenges to doing so. First, these are among the most underreported crimes in the world. For example, the figure of 41,740 intimate partner sexual assaults in one year as indicated by the Family Violence Prevention Fund extrapolates into something like 1% of the US population, implying that even the lowest of the WHO’s reported range is too high and indicating the lack of sufficient research into this topic and serious cohort issues in defining who falls into which category. Such cohort issues represent another major challenge to determining a hard number. For example, many women who are victimized by family members or partners will experience such assault repeatedly over the course

of their abusive relationships, yet the WHO statistics do not appear to differentiate individual incidents from multiple and repeated assaults, or women who were assaulted only once from women who have been assaulted at least once. Similarly, different cultures have different expectations of what constitutes sexual assault, making it difficult to arrive at conclusive prevalence rates using standardized definitions. However, considering that the Population Reference Bureau reports a 2005 global population of around 3.2 billion women, risk of sexual assault, rape and intimate partner violence abounds. Suffice it to say that this type of torture may have the potential to impact fully half of the world's population.

Finally, if we were to include modern slavery in our exploration of torture prevalence, we would be adding around twenty-seven million individuals of all ages and sexes working in wealthy countries from Europe and North America to impoverished states in Africa and Asia (Bales 2004: 8). All told, it is nearly impossible to account for the number of lives impacted by the various forms of torture, but the statistics cited above should at least provide evidence that torture remains an enormous global problem, producing every day more and more people in need of mental health care and reintegration into their societies.

Torture as a Matter of Overlapping Values Consensus

This chapter has established that torture in many forms is undeniably illegal under numerous international treaties and customary norms, even using the expanded definition outlined above. Although the sheer number of international documents outlawing torture in and of itself indicates the consensus surrounding this normative prohibition, the fact that these articles are universally non-derogable in times of conflict or national emergency further evidences the foundational importance of a universal prohibition against torture in the international human rights and humanitarian regimes. In the introduction to the section "Abuse and Torture" in *Trauma Interventions in War and Peace*, a collaborative effort between the United Nations, the International Society for Traumatic Stress Studies and other likeminded organizations, Odile Frank writes that "humankind has historically sought to overcome the reflex of cruelty. Protection of the vulnerable and innocent has been held up as virtuous by a range of moral philosophies for several thousand years" (2003: 73). In fact, the ethics of torture has been

discussed since the second century CE (Peters 1999). A prohibition of torture, an act perhaps most atrocious in its targeting of vulnerable women and children and of innocent and often marginalized members of society, is thus established as a historically moral as well as legal mandate. In looking at the prohibition of torture through the lens of good health as is accomplished through this paper, it is important to note that “the overall declaration of a human’s rights could be interpreted as a set of preconditions for good mental health throughout the world” (Baron, Jensen and de Jong 2003: 243). Taken together, legal, moral and health-related perspectives on torture suggest that its use is something that the entire world agrees—at least in theory—should be abandoned.

John Rawls delineated in *A Theory of Justice* that “the justice of a social scheme depends essentially on how fundamental rights and duties are assigned and on the economic opportunities and social conditions in the various sectors of society” (1999:7). A just society, then, is one that has largely eliminated structural violence, or at the least recognizes its impact and seeks to redress it through the provision of equitable opportunity. The goal of justice for Rawls is the welfare of the group; this is also true of restorative justice. “For this reason justice denies that the loss of freedom for some is made right by a greater good shared by others. It does not allow that the sacrifices imposed on a few are outweighed by the larger sum of advantages enjoyed by many” (Rawls: 3). In other words, it is unacceptable for a state seeking justice to allow that some citizens are victimized by violence while others benefit, or even maintain the status quo. Additionally, Rawls argues for an overlapping consensus, which assumes “public acceptance of the same principles of justice” (Rawls: 340). In light of the ample body of international law prohibiting torture and mandating domestic interventions for survivors’ wellbeing (discussed in this paper’s Conclusion), it is safe to assume that the needs of torture survivors and states’ responsibilities to protect them is a matter of international overlapping consensus. A focus on the rights and needs of torture survivors therefore becomes a matter of distributive justice, for as some of the most disadvantaged in society, they deserve extra resources and stronger protection.

Properly accounting for survivors’ needs in distributing justice is, as mentioned above, not simply a legal matter, but one that also entails a substantial degree of moral relevance. Robert Gorman in his description of refugee aid and development outlines a theory of obligation: “By

implication, the entities to whom an obligation is owed possess a legal and/or moral right or claim that can be asserted against the entities owing the obligation” (1993: 130). He goes on to suggest that the mere fact of having ratified an international document activates states’ obligations to protect their citizens; these legal obligations, though, enact only a duty regarding government “interrelations, rather than conferring on refugees a specific claim against a particular state for a particular level of aid” (Gorman: 131). In other words, ratification of international treaties that bind states to protect those determined by international overlapping consensus to be most vulnerable—refugees, children, torture survivors—is a limited duty, one open to maneuvering, politicking, and state discretion, and does not in and of itself invoke a right to assistance on the part of vulnerable peoples. Confusion about where obligation lies may be particularly relevant in relation to aiding refugees, since multiple states may be involved; when torture has clearly taken place at the hands of one state, though, states should, at least in theory, be less conflicted about their duty and obligation to provide assistance.

Regardless, international law refrains from spelling out exactly what states must give by way of assistance. However, while legal obligation may be ambiguous, “moral obligations to provide assistance can be deduced from basic principles of human rights” (Gorman 1993: 131). Gorman suggests that “needs ultimately comprise a basis for assertion of rights” (133). In other words, those vulnerable populations, torture survivors in the case of this application of a theory of obligation, must demonstrate that they have needs that must be met. Though the law does not explicitly equate needs and duties, ethics and morality do. It is here that the overlapping consensus comes into play, particularly with regard to torture survivors.

Torture as an overlapping consensus is supported by the facts that the prohibition thereof is found in numerous international legal documents; that it is always non-derogable; that the very act of torture shocks human sensibilities and destroys lives; and that the concept that violence begets more violence appears consistently to hold water. Additionally, various branches of psychology have asserted that survivors of chronic trauma such as torture in detention exhibit particularly complex mental and physical sequelae, suggesting in conjunction with structural and interpersonal violence that torture survivors may legitimately assert a need of and therefore a

right to assistance. According to Gorman, these assertions activate a state's duty and obligation on an ethical basis, and arguably on a legal one as well.

By combining a sense of obligation with the need to devote particular resources to the most vulnerable members of society, restorative practices offer many opportunities for justice. They address the structural violence invoked by theories of distributive justice, and the moral aspects of torture invoked by the theory of obligation, while allowing for states to exercise their legal responsibilities and ethical duties in light of the overlapping consensus and the body of international guidelines governing their role in healing and reintegrating torture survivors. In addition, theories relating proper trauma recovery to a break in the cycle of violence, elucidated in detail in Chapter 8, evoke state obligations—moral and legal—to create and support cultures of peace and human rights.

However, aside from providing the financial means and organizational requirements to support restorative justice-based outreach efforts, governments can remain relatively *laissez-faire* in their execution. This is because restorative justice, by its very nature, requires that local leaders facilitate healing and that local communities take responsibility for all stakeholders, both providing for and demanding the obligations discussed above on the community level. Restorative justice is, therefore, a fairly simple healing mechanism for states to support. This, combined with its effectiveness in addressing recommendations made by trauma psychologists, restorative justice practitioners, and civil society organizations worldwide, makes restorative justice an ideal response to post-torture trauma.

Victim and Survivor

Punishments or other forms of treatment may be considered inhuman when they become inconsistent with human dignity.

— Immanuel Kant cited in Edward Peters, *Torture* (1999: 186)

In much discourse about human rights and violence, the terms *victim* and *survivor* are used interchangeably. It is in fact perhaps more common that the former be chosen as it appears to emphasize the negative impacts of violations of human rights. *Victim*, however, is an

objectifying term, “present[ing] one particular aspect of a person’s experience as the whole of that person” (Pranis, Stuart and Wedge 2003: xi). According to Judith Herman, torture is a method “of establishing control over another person...[and is an] organized technique of disempowerment and disconnection. Methods of psychological control are designed to instill terror and helplessness and to destroy the victim’s sense of self in relation to others” (1997: 77). Torture aims to progressively eliminate the tortured person’s connections to her past experiences and relationships, values and beliefs, and sense of autonomy: “It is not primarily the victim’s information, but the victim, that torture needs to win” (Peters 1999: 164). Victimhood in fact makes violence morally defensible, and reliance on or commitment to victim status perpetuates the cycle that created victims in the first place (Smyth 2003). In short, torture is an entirely dehumanizing process, and it is the losses indicated above that ultimately result in psychological traumatization and that must be restored in order for the tortured person to heal and reintegrate into self and society. As such, I view the term *victim* as one which reproduces the dynamic between the tortured and the torturer. The term *survivor* reminds the reader that the tortured person is still alive, has natural resiliency and the potential to overcome her trauma, and that she remains a human being. It is a subjective term that honors the person herself. I therefore make the conscious semantic choice to employ the term *survivor* throughout this paper.⁴

⁴ There is one notable exception to my avoidance of using *victim* herein: Restorative justice traditionally makes the distinction between “victims” and “offenders” in defining roles and stakeholders. As such, there will be occasions in which it is impossible for me to avoid the use of *victim* out of consideration of clarity and consistency with restorative justice theory. Use of this term in no way condones or is intended to perpetuate the dehumanizing process that is violent crime and human rights abuses.

Chapter 4: Restorative Justice

Beyond the issues of shame and doubt, traumatized people struggle to arrive at a fair and reasonable assessment of their conduct, finding a balance between unrealistic guilt and denial of all moral responsibility. In coming to terms with issues of guilt, the survivor needs the help of others who are willing to recognize that a traumatic event has occurred, to suspend their preconceived judgments, and simply to bear witness to her tale.

— Judith Herman, *Trauma and Recovery* (1997: 68)

Torture survivors, like rape victims, ... must prove that the event actually occurred, that they are innocent of some yet unidentified wrongdoing, and that they are of deserving character. The legal system is experienced, not as an advocate for victims, but as an adversary. This experience complements the tactic of torturers of telling the victims, overtly or by inference, that no one will listen to them, believe them, or care about what happened to them.

— Sister Dianna Ortiz, *The Blindfold's Eyes* (2002: 151)

Violence has always been part and parcel to humanity itself. It is in the nature of humankind to react aggressively to humiliation and threats to personal livelihood and security. In the past few decades, though, the level of reported violence worldwide has markedly increased, suggesting greater numbers of individual crimes such as rape and murder and collective crimes (or crimes against humanity) such as ethnic cleansing and genocide. Along with the perceptible rise in these crimes, there has been an increase in civil conflict, particularly in the developing world as these states struggle to shed their colonial histories and find their way as secure and prosperous independent states.

In light of this apparently heightened level of violence, criminal justice systems have been faced with the realization that standard retributive forms of justice—the crime and punishment mentality of lawyers, courts and jails—do not reduce recidivism, and, according to leading psychologists such as James Gilligan (1997), can often lead to repeat offenses because the cycle of violence to which criminals have been exposed does not end once they are imprisoned. A parallel may be drawn to post-conflict societies whose governments do not yet recognize inherent human dignity and observe their human rights obligations, leaving citizens in states of violence not unlike those that perpetuated conflict in the first place. Additionally, retributive justice mechanisms do not provide healing for the survivors of crime in that they prevent the telling of stories, the search for meaning in negative experiences, and empowerment (Gehm 1998; Pranis, Stuart and Wedge 2003). Standard forms of retributive justice assume that “the state is the

victim,” as in *The People vs. John Doe*, such that healing of those truly affected is an institutionalized impossibility (Strang 2001: 72).⁵ As an alternative to this “age-old pretender: justice as punishment, violence, and revenge,” a growing number of countries have begun to look at restorative justice techniques as a supplement to—and often a replacement for—retributive mechanisms (Breton and Lehman 2001: 2). Their presence in systems of criminal justice, coupled with consistent relativity with regard to indigenous cultures, now allows for greater investigation into the use of restorative practices for the sole purpose of healing.

Peacemaking Circles, the subject of this paper, may, like its supra-framework restorative justice, be used in a number of capacities; it is the Circle approach, though, which seems to best lend itself to healing without the presence of an offender, a distinction that will be explicated below. However, because the literature on restorative justice describes a large body of approaches and less literature is devoted strictly to Circles, I will begin by examining the framework of restorative justice and will then provide an exploration more specific to Circles themselves.

An Introduction to Restorative Justice

Restorative justice programs began to emerge in the “developed world” in the 1970s, largely arising out of the traditional practices of indigenous communities; particular emphasis has been given to practices of the First Nation communities in Canada and to Maori techniques in New Zealand in laying the groundwork for adapting these practices to the industrialized world. Traditional formulations of practices now known as restorative justice have been used for everything from the passing on of oral histories to community decision-making and conflict resolution, but their adaptations are increasingly recognized as healing and as providing much-needed alternatives to retributive justice protocols. As a result, there are to date more than 500 restorative justice-based programs in Europe and over 300 in the United States (PFI 2001). Even the process of movements such as Alcoholics Anonymous retain elements of Circle process and are credited by Peacemaker Circle International with bringing Circles back to Western cultures.

⁵ Note that this assumption of State as Victim becomes a paradox with regard to human rights, which sees the State as the offender but also as the redresser of crimes. And, as pointed out by Chris Cunneen, the State also plays an important role in institutionalizing definitions that allow or lead to human rights abuses, such as the legal establishment of “black” or “colored” in apartheid South Africa (2001: 85). As such, the role of the State in both retributive and restorative justice is interesting, complex and potentially highly contradictory.

And, “starting in 1989...New Zealand has made restorative justice the hub of its entire juvenile justice system” (Zehr 2002: 4).

Because of their foundation in indigenous cultures, restorative practices are highly applicable to a range of societies, particularly so with those having traditionally emphasized community holism in their rituals and structures of power. Restorative practices are by nature customizable and responsible Circle processes in fact demand the participation of individual members of the Circle in formulating guidelines for practice, mobilizing “local knowledge to deal with crime problems of daunting dimensions” (Braithwaite and Strang 2001: 3). According to Howard Zehr, co-director of the graduate program in Conflict Transformation at Eastern Mennonite University, director of the first-ever victim-offender conferencing program in the US, and author of several books on the restorative justice, “all models are to some extent culture-bound” (2002: 10). As such, many authors have proposed their use cross-culturally.⁶ It is this aspect of restorative justice that initially drew me to an investigation of its applicability to the mental health needs of the world’s torture survivors, and that continues to bolster my assertion that such practices are, in fact, highly appropriate under the right circumstances.

In order to provide the best understanding of the culturally-appropriate nature of restorative justice and Peacemaking Circles, I offer an example from a community to which the practice is indigenous. The Hollow Water First Nation Community on Lake Winnipeg, Canada, describes its Holistic Circle Healing Program as follows:

Our tradition, our culture, speaks clearly about the concepts of judgment and punishment. They belong to the Creator. They are not ours. They are, therefore, not to be used in the way that we relate to each other. People who offend against another (victimizers) are to be viewed and related to as people who are out of balance—with themselves, their family, their community, and their Creator (Breton and Lehman 2001: 3).

Other indigenous people, like residents of Bougainville in Papua New Guinea, identify reconciliation as an integral part of their community traditions: “Reconciliation is a part of our culture and it has been there for thousands of years. In its simplest form, it is just a question of

⁶ See for example CVT 2005.

two people saying ‘I did you wrong and you did me wrong. I forgive you and you forgive me’” (Howley 2002: 102). Many cultures and ethnic groups retain a similar sense of wholeness and interdependence as a foundation to their spiritual beliefs: Tibetans, Mozambicans, and indigenous South Africans have all expressed analogous understandings of the universe and have incorporated various elements of restorative justice into their collective healing processes.⁷ The Western model of retribution has often invaded indigenous societies through colonization and modernization, and its presence has frequently served to undermine traditional methods of healing and reconciliation. The use of restorative justice is “a kind of legitimization and modernization of traditional practices,” one that can catalyze a resurrection of forgotten practices and one that amplifies respect for them, particularly when incorporated by members of Western society (Zehr, interview: 2004). In short, adaptation of traditional modes of conflict resolution and communal relations may empower traumatized communities, replicating the healing process espoused by trauma psychology while simultaneously reinforcing inherent resilience.

Restorative justice can be practically approached from a number of different angles, depending upon the root practice being used and upon the nature of the crime and the participants present for justice-making. Despite the apparent variety, there are core principles that, if not met, preclude a practice from falling under the restorative justice rubric. According to Zehr (interview: 2004), “five guiding questions provide the framework”: “(1) Who has been hurt? (2) What are their needs? (3) Whose obligations are these? (4) Who has a stake in this situation? (5) What is the appropriate process to involve stakeholders in an effort to put things right?” (Zehr 2002: 38). In the case of torture, a violent crime for which no offender is likely to be identified or invited to a restorative justice circle, the primary concerns are identification of stakeholders through recognition of the harms done to them; acknowledgement of their needs; and assignment of obligation to meet these needs and rectify harms.

⁷ Tibetans have used compassionate story telling as an integral aspect of healing in response to requests from their spiritual leader, His Holiness the Dalai Lama. Mozambicans have used restorative justice circles in conjunction with local ritual to reintegrate demobilized child soldiers, an approach implemented by a local NGO, Rebuilding Hope. South Africans have incorporated models of restorative justice in their renowned Truth and Reconciliation Commission.

Who Has Been Hurt? Victims, Offenders, and Stakeholders

The primary issue relevant to restorative justice is an identification of the offender(s) and victim(s). The definition thereof is not as straightforward as the United Statesian criminal justice system might suggest: “Most restorative justice advocates agree that crime has both a public dimension and a private dimension...a societal dimension, as well as a more local and personal dimension” (Zehr 2002: 12). That societal dimension is what Paul Farmer has termed structural violence, a condition in which violence redefined, including poverty, illness, and other forms of inequality of resources and opportunity, becomes institutionalized given societal power differentials. This perspective could, for example, explain why an uneducated and impoverished urban US American would turn to selling drugs as a result of his inability to find a job; it could also explain why a hungry African child might choose to join the army or why his family and community might allow him to do so. However, for both that urban US American and the African child soldier, his community has experienced many of the types of structural violence that he himself has experienced, making his loved ones less able to protect him and more likely to support his decision, and increasing the pain experienced by the community as a whole.

When one considers the effects of structural violence on entire communities and the cycle of violence into which members of these communities may easily slip, unable as they often are to guarantee their own survival, education, or empowerment, the need for healing becomes clear. When these conditions are coupled with the atrocities of war or internal violence of another kind, this need is further emphasized. Restorative justice has the potential to respond to this need. It provides occasion to use “conflicts as opportunities to strengthen communities by correcting imbalances and building understanding” (Breton and Lehman 2001: 3). It views each individual as “the whole expressed,” placing value on each life and recognizing the subjectivity of pain and trauma; it grants people the space to improve their lives, “instead of reducing the other to the fixed role of ‘evil enemy’ or ourselves to the role of ‘righteous one;’ it “goes to the roots of conflict and heals them” (Breton and Lehman: 1).

While structural violence does not necessarily include physical violence from the outset, the repeated trauma of suffering and marginalization can often lead to overt violence (Van Arsdale, lecture: 2004). Restorative justice looks at the broader picture. When restorative justice defines

the stakeholders, the victim and offender, it seeks family members of both sides, close friends, and the community as a whole, in order to establish “communities of care,” geographic and emotional connections based on societal and familial structures, less immediate relationships, and any other person who cares about the offense that has taken place (Zehr 2002: 27). Restorative justice thus identifies and addresses the victimization of the community and examines how systemic traumas may have led to the crime in question, whether that crime is petty vandalism or state-sponsored torture.

Where Does Obligation Lie?

Structural causes of crime may present a paradox in determining clearly the victims and offenders for the purposes of restorative justice, as one status may easily lead to the other. Zehr’s third framing question thus comes into play. The emphasis placed on obligation is twofold. First, in standard restorative justice the offender must acknowledge culpability, understand the harm she has caused, and attempt to make things right in a way that relates as directly as possible to the crime itself and that addresses the offender’s own needs; this of course is nearly impossible in the case of human rights violations in which the state is the perpetrator. In such cases, the role of the community in supporting the survivor, integrating offenders back into the community where possible, and ensuring the opportunity to make amends and address root causes of the violence in question, becomes even more important (Zehr 2002). While these obligations apply to any situation of restorative justice, they are clearly significantly more complex when stakeholders may view someone as both a victim and as an offender, as in the case of child soldiers or even in the case of rape survivors in communities in which this particular form of victimization retains severe stigma.

Equally complex may be situations in which there is no easily identifiable individual offender, or in which it is impossible to invite the offender to join the Circle, as is frequently the case when the victim is a torture survivor. From the perspective of healing though, the offender’s presence is likely unnecessary: “Genuine contrition in a perpetrator is a rare miracle. Fortunately, the survivor does not need to wait for it. Her healing depends on the discovery of restorative love in her own life; it does not require that this love be extended to the perpetrator” (Herman 1997: 190). As such, it is the community of care that is most important in Peacemaking Circles and other

restorative practices with healing intentions. The community of care, in fact, speaks to the traumatized person's need to reconnect with her own humanity and with that of others in her life; it also acknowledges the range of victimization in her village or country, and allows her to overcome the feeling that "[s]he was expendable to [her] own people," supplanting this with an understanding of others' subjective experiences that allows the "survivor [to remain] fully aware of her ordinariness, her weaknesses, and her limitations, as well as her connection and indebtedness to others" (Herman: 55, 204). The network of the obligated is extended to the entire community of care, and the fourth framing question—that of stakeholders' roles—thus becomes particularly vital in using restorative justice in post-conflict communities.

Whose Needs are These?

Tied closely to the need to address community victimization is the mandate to look at the needs of the survivor of violence, Zehr's second framing question. But because restorative justice focuses largely on structural violence, it is not only the victim who is perceived as having been hurt and therefore as having needs. The offender, too, is viewed as a victim, not least because criminals tend to face stigmatization in the eye of their communities, but also because, in theory, some past trauma or series thereof has led the offender to commit his/her crime. Psychological theories of violence again come into play: "James Gilligan has argued that all violence is an effort to achieve justice or to undo injustice" (Zehr 2002: 30-31). It therefore becomes important—at least in standard restorative practices wherein an offender may be identified—that the traumas experienced by the perpetrators of crime, but especially of violent crime, be acknowledged and addressed.

As mentioned above, this becomes one of the primary obligations of the community in any restorative practice. Zehr emphasized the vital relevance of trauma in describing his restorative justice work in the United States prison system:

When I work with prisoners, before I can get them to acknowledge the harm they have done, I usually find we have to talk about the harm that was done to them....You must help them go to a point where they realize this isn't an excuse for their behavior. Having their victimization acknowledged allows them to empathize with their victims....If we can begin to understand how trauma helps to create offenders, people can understand

how trauma creates victims *and* offenders” (Zehr, interview: 2004) [emphasis added].

Of course, this focus on the needs of offenders should never preclude attention to the victim’s needs, particularly in Circles without an offender present, as well as recognition of structural violence as it impacts the wider community. The complexity—and beauty—of restorative justice lies in its effort to create balance. The underlying goal of restorative justice is to put right whatever wrong(s) is at issue; a “vision of interconnectedness” is at the heart of this effort (Zehr 2002: 35). Offenders—including the state—are to be understood as out of balance with their traditions and their communities, as having lost that sense of connection, of having created (or having had imposed upon them) a “me/you” dichotomy that allows for violence against one’s fellows. It is in this respect that indigenous practices are appropriately tapped, for tribal communities tend to have as a central premise an understanding of community, connection, sacredness, and wholeness, an understanding that allows a broad perspective of harms, needs, and obligations. Reconciliation of the type incorporated into restorative justice is often an integral aspect of life in an indigenous community, and these practices have become the foundation for contemporary restorative justice efforts. However, despite the nominal importance of recognizing harms done to offenders that may have perpetuated the offense in question, it is vital to remember that in situations in which no offender may be invited to participate, Circles may be equally healing for individual survivors and for their communities.

Four Intentions of Circles

According to Peacemaker Circle International⁸ and restorative justice theorists and practitioners, there are four fundamental reminders or intentions that must be in place for a successful and respectful Circle: (1) Listen from the Heart; (2) Speak from the Heart; (3) Spontaneity of Speech; and (4) Leanness of Speech (Zimmerman and Coyle 1996: 28-37). These process agreements arose out of First Nation Circle models, but have been adapted for use in nearly any restorative practice. The four intentions together with other, more logistically-oriented process agreements, become the fundamental guidelines for Circle practice. Others will be negotiated later with the participants of each Circle.

⁸ See www.peacemakercircle.org.

The intention to listen from the heart is a reminder to remain compassionate and to hear words with one's entire being—mind, body and spirit. It is about connecting with one's heart, noticing judgments or rehearsal for what one might say next, and then letting go of these. This intention is designed to produce a level of intimacy that makes it safe for Circle participants to say exactly what they need to say.

The second intention, speaking from the heart, emphasizes the use of "I" statements, of honoring subjectivity, of what is alive within oneself. This intention may be particularly important in Circles whose participants are addressing traumatic life events and must have "compassion and respect for the traumatized, victim self" (Herman 1997: 204). Speaking from the heart retains the sense of whole-body speech initiated in listening from the heart, but allows the speaker to project this holism through her words.

Spontaneity of speech dictates that Circle participants should not rehearse what they will say when it comes time for them to speak. The idea is that if one is planning, one is not truly listening with the heart to the words of fellow Circle members. This is one of the most difficult aspects of Circles for many people, as there is high value placed on correct and eloquent words in many cultures. Spontaneity of speech allows truth to be shared and arises out of trust in oneself and in others. This trust is an important aspect of empowerment for those who have been disempowered by life experiences.

Finally, leanness of speech is largely an aspect of respect for other Circle participants and for the process as a whole. It suggests brevity of words but honors the necessity to complete thoughts. It asks participants to communicate the essence, and is assumed by Circle practitioners to occur naturally when one is really speaking from the heart.

Restorative Practices

There are three major formats in which restorative justice can occur, particularly in a modernized setting. Victim Offender Conferences (VOC) generally focus almost exclusively on the two main stakeholders with little involvement of the community, and restitution agreements are often the

desired outcome. Family Group Conferences (FGC) broaden the circle of participants to include those directly involved, emphasizing the offender, and may involve the presence of arresting officers or other members of the retributive justice system. FGCs are built on the traditional model of the Maori, and have been institutionalized as the primary form of justice for juvenile offenders in New Zealand. Traditionally, FGCs would result in a restitution and reparation plan, and intend to empower the offender and the victim to make changes. Finally, the Circle approach, also known as Peacemaking Circles, emerged from Canada's First Nation communities, and emphasizes community dialogue (Zehr 2002: 51). These will be the focus of the rest of this paper.

Within each of these models is the opportunity to choose emphasis, be it on healing from trauma or transitioning from prison or war back into the community. The opportunity to choose both the appropriate model and the appropriate focus makes restorative justice techniques applicable to nearly any conflict situation, from schools (where Peacemaking Circles are increasingly used), to life-sentence inmates, to the reintegration of child soldiers. The primary goal of all restorative justice practices should be the empowerment of those involved through the validation of their personal traumas and the acceptance of responsibility by the offender and/or by the larger community. Regardless of the approach taken, restorative justice offers a respectful environment in which victims and/or offenders—be they individuals or a community—can acknowledge their hurts and their intentions, seek to rejoin their society, and begin to heal. Restorative justice is at its heart a transformative process, “a creative, constructive, healing force among us” (Breton and Lehman 2001: 4).

Chapter 5: Peacemaking Circles

Each Circle is different, and no one can predict what will happen in any given gathering. On one hand, Circles have no fixed formula. On the other hand, definite factors—inner and outer, unseen and seen—help to create their unique dynamics. The more a group comes to know and use Circles, the less obvious some of these factors become. They get woven into a community’s way of being together, until they seem almost invisible—just second nature.

— Pranis, Stuart and Wedge, *Peacemaking Circles* (2003: 7)

The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience. Trauma isolates; the group re-creates a sense of belonging. Trauma shames and stigmatizes; the group bears witness and affirms. Trauma degrades the victim; the group exalts her. Trauma dehumanizes the victim; the group restores her humanity.

— Judith Herman, *Trauma and Recovery* (1997: 214)

Restorative justice and its related practices are simultaneously simple—in process and in philosophy—and highly complex—in outcome and in emotional commitment. Although each version of restorative practices may be customized toward a particular end, it is Peacemaking Circles that seem to have the most to offer people in need of healing. They do not assume a tangible outcome, such as a retributive sentence for a crime committed, nor do they clearly define the stakeholders who should be invited to participate. At their heart, Peacemaking Circles are a holistic and restorative community process, consisting of a group of stakeholders with much to gain and, hopefully, little to lose. Negative outcomes of participation in a Peacemaking Circle are most likely to arise if the holistic, restorative philosophy is abandoned and if guidelines of Circle practice are not observed. I will thus continue by providing an overview of what a Circle might actually look like. I will then explore its spiritual nature and process, and finally, in Chapter 7, will apply these to trauma psychology in order to best explore the pertinence of Peacemaking Circles to mental health needs and services.

What a Circle Looks Like: Basic Logistics

One of the foremost—and perhaps most obvious—aspects of Circle processes is the circle itself. Peacemaking Circles consist of a group of people literally sitting in a circle, in chairs or on the ground as is most comfortable and appropriate. The Circle accomplishes many things by virtue of its shape. It is symbolic of the Cycle of Life, of holism and of the interconnectedness of all

who share in it. It eliminates hierarchy and relations of power by virtue of both its shape and its process, providing a “radically democratic” forum in which each person’s voice is equally important and equally well heard (Pranis, Stuart and Wedge 2003: 56). Finally, Circles allow for every person to be seen, fostering accountability, respect and direct participation. These features of Circles buttress “the view that justice is a simple matter of innate human decency, rather than a complex matter for wise and learned people” (Sherman 2001: 48). In other words, anyone can participate in Circles; no special knowledge or experience is required. These factors together humanize and empower all participants, infusing values of equity and dignity into the process.

Circles frequently include some sort of centerpiece. This may be as simple as a fire, traditional to indigenous North Americans in their Council processes, also known as Councils of Elders. Fire is sacred to many cultures, and may be a natural object to fix the center of Circles around the world. Alternatives include an altar consisting of an object sacred to the participating culture, such as a small Buddha for Tibetans or Sri Lankans, or a collection of objects contributed by Circle participants, each representing the individual values and beliefs that make up the Circle as a whole. As with many other aspects of Circles, this centerpiece should be agreed upon by all participants and each should have the opportunity to contribute; this may be another important aspect of community ownership and commitment to the process.

Peacemaking Circles, like other forms of restorative justice, employ a talking piece to provide structure to the process and to ensure that every voice is heard. A talking piece may be any object, sacred or otherwise, deemed appropriate by the group as a whole. Talking pieces are passed around the Circle, usually clockwise, as each participant finishes speaking for that round, and signal to the next individual that it is her turn to speak. Talking pieces may be used as a “silence holder” when an individual needs to collect her thoughts or calm her emotions, or when she perceives that the Circle has become particularly intense and may be in need of respite. Silent moments may also remind each individual of the power of not speaking, and the talking piece gives each Circle member equal opportunity to choose whether or not she wishes her voice to be heard. According to mental health clinicians at the Rocky Mountain Survivors’ Center who participated in a focus group for this paper, the choice of whether to speak is highly empowering,

allowing the traumatized person to regain a sense of control and autonomy. Similarly, Judith Herman emphasizes the “importance of restoring choice to the victim” as a fundamental aspect of establishing safety and self-reliance (1997: 164). The issue of choice and empowerment in Circles is one to which I will return, as it is fundamental to the mental health outcomes of torture survivors. In short, allowing for silence is a simple thing that one person can do for another, but it can make all the difference in the world for someone who feels without options and utterly powerless.

Peacemaking Circles are facilitated—but not directed—by Circle Keepers. Keepers are “the caretakers and servants of the Circle....They don’t run the Circle but help participants do so. Their only power is what the Circle provides” (Pranis, Stuart and Wedge 2003: 82). It is generally preferable that there be two Keepers, one at the beginning and one at the middle of the Circle, particularly when members of the Circle are new to the process or are addressing emotionally charged issues. In cross-cultural or international field settings, at least one of the Keepers should be a local leader, such as a traditional healer, elder, or spiritual guru. This increases community ownership of the process as well as ensuring its sustainability long after outsiders’ mandates in the area have expired (Fairbank et al. 2003: 70).

As suggested above, Keepers are not mediators or therapists by design; they impose nothing on the Circle other than its agreed-upon guidelines, including honoring and respecting one another’s dignity, the four intentions described above, and additional guidelines mutually decided upon by the group of participants. Keepers, however, are (like therapists) non-neutral parties; according to Judith Herman, “when traumatic events are of human design, those who bear witness are caught in the conflict between victim and perpetrator. It is morally impossible to remain neutral in this conflict. The bystander is forced to take sides” (1997: 7).

Keepers may be likened to coaches, a metaphor used by Herman in her descriptions of the therapeutic relationship:

The therapist should make clear that the truth is a goal constantly to be striven for, and that while difficult to achieve at first, it will be attained more fully in the course of time. Patients are often very clear about the fundamental importance of a commitment to telling the truth. To facilitate therapy, one survivor advises therapists: “Make the truth known. Don’t participate in the cover-up. When they get that clear don’t let them sit down. It’s like being a good coach. Push them to run and then run their best time. It’s OK to relax at appropriate times but it’s always good to let people see what their potential is.” (1997: 148)

Much like the therapist in this scenario, the Circle Keeper must remain attuned to the guidelines of Circle practice, to the goals of the given Circle, and to the needs and experiences—as they have thus far been shared—of the Circle participants. The Keeper must keep a finger on the pulse of the Circle, to employ an apt cliché, stepping back and becoming no more than another participant when guidelines are being observed and needs met, but activating a leadership role when it becomes necessary to preserve the sanctity of the Circle and the dignity of its members.

Peacemaking Circles: A Consensus of Values and Reenactment of Self

[T]he final step in the psychological control of the victim is not completed until she has been forced to violate her own moral principles and to betray her basic human attachments. Psychologically, this is the most destructive of all coercive techniques, for the victim who has succumbed loathes herself. It is at this point...that she is truly “broken.”

— Judith Herman, *Trauma and Recovery* (1997: 83)

[T]he potential of restorative practices goes beyond resolving specific incidents of wrong-doing to providing a general social mechanism for the reinforcement of standards of appropriate behavior. Restorative practices demonstrate mutual accountability—the collective responsibility of citizens to care about and take care of one another.

— Wachtel and McCold, *Restorative Justice in Everyday Life* (2001: 114)

In conjunction with the dehumanization accomplished through torture, survivors often feel a profound sense of shame arising from their traumatic experiences (Herman 1997). This sense of shame is likely to be particularly strong for rape survivors and for those who were forced to participate in the marginalization or torture of others. Ultimately, shame arises “from the realization that [one’s] captors have usurped [one’s] inner life” (Herman 1997: 84). The inner life to which Herman refers encompasses a range of natural human processes, from self-respect and

dignity, to self-love and love of others, to trust in the world, other people, and one's god(s). Throughout the torture process, the torturer uses any number of techniques to slowly eradicate his victim's connection to others, faith in goodness and justice, belief that the world has meaning, and ultimately, her connection to herself. All of these losses combine with a legitimate fear for personal physical security to produce a total loss of safety and self-reliance, leading to the rupture of relationships with other people and the world as a whole. For most people, reaching this stage of traumatization results in an almost total dissociation from the values held dear prior to the traumatic experience.

Peacemaking Circles are value-focused venues, making them ideal for torture survivors who no longer feel connected to or able to observe the values upon which they based their pre-trauma lives. According to Pranis, Stuart and Wedge, Peacemaking Circles require "consensus agreements about values and guidelines [which] provide a baseline of safety" (2003: 32). The authors offer a set of ten values commonly incorporated into the Circle process: respect, honesty, trust, humility, sharing, inclusivity, empathy, courage, forgiveness and love. These are considered universal core values, although it is acknowledged that each individual may have different interpretations or applications thereof. In addition to these ten core values, considered to be an integral part of the Circle process, Circle participants are encouraged to add important values to guidelines for each Circle, recognizing that "the space of the Circle itself helps us learn how to act in more value-consistent ways" (Pranis, Stuart and Wedge: 46). In fact, part of the Circle Keeper's responsibility is to ensure that values are being observed and respected by all Circle participants, acting as a yardstick for appropriate social behavior as agreed upon by the culture that is the Circle. As such, Circles are a safe place to recognize those values lost to or challenged by the experience of torture, and to reassert those that remain important or to forge those newly arisen from traumatic events.

The ability to explore one's values and to have a space in which to continue this exploration in practice is fundamental to the healing process. Practitioners of Circles recognize this:

Though we may not be able to practice all our values fully, we nonetheless need them to guide us. We continually clarify our

values not to admonish ourselves for failing to act on them adequately, but to help us make choices that reflect how we most want to be (Pranis, Stuart and Wedge 2003: 46).

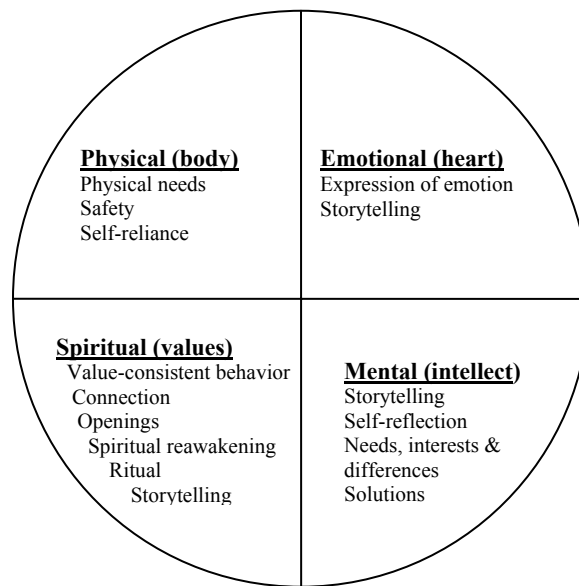
The guidelines established in Circles help participants to test their behaviors, assess how these align with values most important to them, and reconnect with their own humanity, history and ethics which may have been corrupted during and after torture. The very process of establishing guidelines and asserting important values provides much-needed power of choice and reconnection with self-reliance for torture survivors and other traumatized individuals. And mutually accepted values create safety for those in the Circle, another aspect of good mental health that is frequently destroyed by trauma. Taken together, these aspects of Circles allow participants a new vision of the future, one in which they have regained their humanity, have disengaged from immobilizing fear and distrust, and have remembered their worth and value systems. Circles help people to see and then realize their highest potential, as do good therapists according to the survivor cited by Herman and highlighted in the previous section of this paper, “Basic Logistics.” In short, the value-based component of Peacemaking Circles may provide hope to otherwise hopeless individuals. Each of the aforementioned links between consensus values and the mental health needs of torture survivors is supported by trauma psychology, and will be developed more fully in Chapter 7.

Circles as Sacred Space

Yet another strong parallel between trauma psychology, my own primary research into the felt needs of torture survivors, and the theory and practice of Peacemaking Circles lies in the sacredness of Circles properly structured and implemented. Original uses of circle processes involve an aspect of worship; they are an expression of spiritual tradition. This spiritual nature is carried over into healing Circles in a number of ways. First, Circle practitioners recommend that Circles be opened and closed with a ceremony. This may be anything, from a prayer, poem or story, to the lighting of a candle or a moment of silence. Circle participants are encouraged to contribute to and facilitate these ceremonies, increasing ownership of the Circle, empowerment of individuals, and cultural appropriateness of the process as a whole. Perhaps more important are links between Circle process and the Medicine Wheel, a spiritual framework native to indigenous

North Americans and commonly recognized as having been adapted to contemporary, cross-cultural Circles.

As described earlier, the very shape of Peacemaking Circles affirms a worldview that values second chances, new beginnings, interconnection, and unity. This unity is a manifestation of the quest for balance; its application to mediation and healing indicates an awareness that conflict, harm and ill mental health represent a “rupture in the community...both symbolically and materially” (Gehm 1998). This worldview is a reflection of the Medicine Wheel, also known as the Sacred Hoop, and indigenous to many First Nation peoples. The Medicine Wheel applies specific qualities to each of the four cardinal directions, recognizing that these are circular, with no distinct beginning or end, each stage directly influencing the next. Two important Circle theorists represent the Medicine Wheel in slightly different ways for the purposes of its application to restorative practice. In combination, the Medicine Wheel looks something like this:



**Medicine Wheel Application to Peacemaking Circles
Adapted from Pranis, Stuart and Wedge 2003 and Gehm 1998.**

Although the traditional, First Nations Medicine Wheel explicitly links each quality with its direction, this is less important for most types of Circle practice. The important thing is the qualities themselves, and the ways in which these lead from one to the next. The qualities are, in the order perhaps most supported by trauma psychology: physical, emotional, mental and spiritual. According to Judith Herman (1997), the first stage in any therapeutic process with torture survivors is designed to ensure safety so that the survivor may begin to care for herself and trust others enough to broach life stories—including that of trauma—and attempt renewed or new connections with others. Respondent #3 to my interviews in Dharamsala, who was released from prison most recently of all my respondents and had arrived in exile a mere eight months before our meeting, indicated that she gets more ill now than she used to. Although possible explanations for this phenomenon include a change in climate or chronic illnesses acquired in detention or in flight, that this informant was the most openly concerned with her ability to function suggests that her state of health may relate to her level of perceived safety and ability to care for herself. Despite her willingness to share her story with me, she was more uncomfortable during the process than were other interviewees. She may currently be somewhere between the physical and emotional quadrants of recovery.

As safety is increasingly assured, the trauma survivor becomes better able to share her fears, shame, and love, entering the emotional stage. Respondent #4 to my interviews in India told me that the high esteem in which she is held by her fellow Tibetan exiles is “not respect for me but identification with my suffering,” an emotional state in which one may become able to recognize one’s own fears and love through similarities with others’. This identification with her truth allows for other survivors to share their stories and ultimately to hope for a positive future for Tibet. The introspection and analysis of the mental stage allows for full attention to the speech of others and realization of important values and their role in thinking, reflecting, and feeling deeply. Mental health clinicians at the Rocky Mountain Survivors’ Center emphasized that witnessing others’ stories enables the telling of one’s own, the development of ownership, and the renewal of hope for a future that reflects an individual’s inner self. Finally, the spiritual stage allows Circle participants to open themselves to new possibilities, and to begin to enact their values in a safe space. Ultimately, they are able to trust themselves and others, love, and interact internally and

externally more deeply than was possible prior to the post-traumatic establishment of safety and human connection on a physical, emotional and spiritual level.

One of the most important connections between trauma therapy and Peacemaking Circles, storytelling, appears in three of the four quadrants, suggesting the significance of this activity to healing. Again, this will be developed more fully in Chapter 7. For now, suffice it to say that “sharing stories...reveals our common humanity” and yields increased self-awareness (Pranis, Stuart and Wedge 2003: 74). Because humanity and self-awareness are the very qualities lost to a torturer, any activity that promotes reconnection with these may serve the healing process.

Peacemaking Circles consist of multiple, time-limited rounds of passing the talking piece. These rounds may progress in purpose along the path recommended by trauma psychologists for group therapy processes. Pranis, Stuart and Wedge recommend the following cycle of Circle phases: (1) Opening; (2) Expressing needs and interests; (3) Exploring options; (4) Building a sense of unity; and (5) Closing. Each phase may consist of multiple goals, and may actually entail several complete revolutions of the talking piece.

The opening phase consists mostly of logistics. It begins with the opening ceremony and consensus on Circle guidelines and values. Next, many Circle Keepers will ask for a “weather report,” or a brief update on how each participant is feeling, or what she anticipates or hopes to get out of the Circle. Finally, this phase will often include storytelling; these stories are unlikely to be the stories of traumatic experiences and in fact probably should not be, but may be a funny incident that occurred that morning, an old memory, or an anticipated event. According to therapists at the Rocky Mountain Survivors’ Center, these anecdotes may set the context for the trauma story, particularly important if the survivor is not among members of her home society, who already understand why she was made to suffer.

According to Judith Schechtman, a Licensed Clinical Social Worker who specializes in the treatment of survivors of torture who have experienced ritual sadistic and childhood sexual abuse,

any story is trust building. As incidental stories are shared, traumatized individuals are able to test the waters, to attain a level of comfort with others in the Circle, and to increase their feelings of safety, all of which may later enable these individuals to describe their torture in an honest and unfettered fashion. Additionally, telling stories to others without receiving horrified or disturbed reactions normalizes one's experiences, decreasing the feeling of shame and otherness, and further enabling the potential for telling the true story down the road; Herman supports this assertion, writing that "until proven otherwise, [the survivor] assumes that the therapist cannot bear to hear the true story of the trauma," a dynamic reproduced within Circles absent a mental health professional (1997: 138). Likewise, being in a Circle that consists of others willing to trust and share their stories makes it easier for torture survivors to similarly trust. Storytelling in the first round of Peacemaking Circles sets the stage for people to be able to talk about themselves with connection to their emotions, losses, needs, and goals, but should not be attempted until some level of safety has been established (the physical quadrant of the Medicine Wheel). Although this may be a long and painful process, it is, as with nearly every other challenging life activity, best to start small and work up to the hardest part—in this case, telling the torture story.

The second phase of Circle process, expressing needs and interests, reflects the harms stage of the basic restorative justice paradigm. It is here that all participants "get on the same page" regarding the goals of the Circle; this may reflect the emotional or mental quadrants of the Medicine Wheel, or a combination of the two.

The third phase, exploring options, allows each individual to shift "the focus from what's gone wrong or what's hurting to what can be done to make things right, to promote healing, or to initiate positive change" (Pranis, Stuart and Wedge 2003: 143). This phase reflects the needs and obligations aspects of the restorative justice paradigm, and the mental quadrant of the Medicine Wheel. In an established, trusting Circle, this may be the phase in which torture stories come out, beginning the process of integrating the torture experience into one's life such that trauma no longer defines the self but becomes only one aspect of a unified whole. As indicated by the name given this phase, it is at this point that possibilities and potentialities are explored in safety: "exploring options helps break the sense of being stuck in either a painful experience or a self-

destructive way of life. Exploring options pushes back the walls that make change seem impossible” (Pranis, Stuart and Wedge: 143). It is here that one’s true potential may begin to feel like a plausible re-emergent reality.

Phase four, building a sense of unity, may be most appropriate for Circles designed to address conflict, yet it has an important role to play in healing Circles, as well. For an individual whose sense of human connection or a community whose cohesion has been ruptured by intense trauma, a sense of unity is fundamental. This may be a highly hopeful stage in the Circle experience, in which participants are finally comfortable enough with each other to share their dreams and support each other in attempts at their realization. This is the time for full recognition that new beginnings are possible, that humanity remains essentially good, and that human connections abound. It is here that the four aspects of the Medicine Wheel are finally integrated. Phase four is followed by a single closing round, in which participants share their experience of having been in the Circle, and then by a closing ceremony which “helps participants make the transition from the unique space that Circles create to their everyday worlds where the interpersonal norm isn’t generally as safe or open” (Pranis, Stuart and Wedge 2003: 46). This second ceremony complements the inherently ceremonial—and thus sacred—Circle itself, drawing sometimes unconscious connections to the individual spiritualities of each participant and to local societal norms. It also provides another opportunity for choice and ownership, and may further the goals of unity and solidarity among Circle participants.

The five phases described above thus reflect the cyclical Medicine Wheel, “a model of what human beings could become if they decided and acted to develop their full potential” (Pranis, Stuart and Wedge 2003: 76). They also closely parallel the felt needs of torture survivors, the subject of the next chapter, and guidelines established by trauma psychology, the subject of Chapter 7.

Chapter 6:

Spirituality, Politics and Community: Needs and Strategies of Torture Survivors

When we are feeling most alone, haunted by the memories of the past and with no hope, we sometimes reach the conclusion that the only way to escape from the web of this nightmare is through death. But we do have a choice: to participate in the torturer's ultimate goal, which is to destroy life, or to embrace life. Destroying our own lives would grant the torturers the satisfaction of knowing that their mission to destroy and silence us was accomplished. Our friend [a razor blade], who may represent the destruction of life, speaks to our conscience, reminding us that torture continues to exist.... Our friend reminds us that death is everywhere. We are resigned to dying. But before that, we must make known the ugly truth about torture. This unique friend of ours refuses to allow us to run away and hide, confronts us with raw experiences of pain, calls upon us to abolish torture in our world.

— Sister Dianna Ortiz, *The Blindfold's Eyes* (2002: 191)

My greatest achievement is my political imprisonment.

— Tibetan torture survivor, Dharamsala, India, 2004

Among the many amazing qualities of the Tibetan people stands one that demonstrates their unparalleled capacity for compassion, faith and hope in the face of brutal repression that has lasted for fifty years and shows no sign of ending: their dedication to a free Tibet, to be attained almost exclusively through nonviolent resistance. Although it is unfair and inaccurate to assert that all Tibetans seek independence—His Holiness the Dalai Lama has put forward a proposal known as the Middle Path, which demands not independence but autonomy, and those most dedicated to their spiritual leader almost universally follow suit—commitment to religious and cultural freedom is a pervasive norm among Tibetans in their homeland and in exile. Tibet was historically a theocracy; when the People's Republic of China occupied and annexed this territory beginning in 1949, Communist doctrine decrying religion in all forms prevailed, meaning that not only the religion but the very government of Tibet was outlawed and essentially destroyed. At that time, most Tibetans were devout Buddhists, practicing a sect specific to this vast Himalayan region known as the "Rooftop of the World"; today many Tibetans remain committed to their faith, although younger generations increasingly see benefit in working within the Chinese system, thereby necessarily distancing themselves from Buddhist practice to some small degree. However, because Chinese occupation of Tibet threatens not only political autonomy but religion and culture, as well, those who engage in the Free Tibet movement are frequently among the most devout of all Tibetans. In fact, it is believed that a sizeable percentage of Tibetan prisoners of

conscience in Chinese detention are monastics (monks or nuns), although specific numbers are very difficult to come by due to intense secrecy on the part of the ruling elite.

Additionally, it is believed by the vast majority of human rights advocates that Tibetan prisoners of conscience are universally tortured to some degree; such reports may only be corroborated by those lucky enough to be released from prison and to survive the treacherous month-long walk over the mountains and into the relative safety of Nepal, from which they will likely be transferred to Dharamsala, India, to await resettlement. It is estimated by the Tibet Information Network that between 2,500 and 3,000 Tibetans flee each year.

These asylum seekers carry with them remarkably consistent stories of their treatment in detention. Most Tibetan prisoners of conscience are held in Drapchi Prison, one of the most notorious in the world. Chinese guards apparently have favorite mechanisms of torture, including daily beatings, forced exercise and labor, electrocution (often by insertion of cattle prods into bodily orifices), and restraint such as “hog-tying,” suspension from the ceiling by the feet, or crucifix-style mounting to walls. Other techniques specifically target religious sensibilities by, for example, forcing monks or nuns to urinate or defecate on sacred objects such as *thangka* paintings, a form of psychological torture so severe that these seemingly small acts are often the most haunting of all experiences had by Tibetan prisoners of conscience. Chinese guards also make use of Tibet’s extreme climate, forcing prisoners to stand still in the mid-day, high altitude sun during the summer, or to stand barefoot on blocks of ice during the winter. Such activities are reportedly planned a day in advance for the amusement of guards, or are used as punishment for inability or unwillingness to perform other activities, such as forced exercise on an empty stomach or recitation of pro-China slogans, or for acts of dissent such as shouting “Free Tibet” or demanding food, water or health care. This list of atrocities is indicated by a variety of international human rights organizations, but perhaps more importantly, is described as the lived experiences of Tibetans in exile. Each of these forms of torture was included in stories told to me by Tibetans in Dharamsala in November and December, 2004. Their stories are upsetting and powerful, yet the very act of telling is perhaps more powerful, both for them and for me.

After the Dalai Lama fled Tibet in 1959 and was granted asylum by the Government of India, thousands of Tibetans began flowing over the Tibetan (Chinese) border with Nepal. The Dalai Lama established a much-revered routine of giving private audience to every single Tibetan who arrives in Dharamsala from her homeland; according to my research, each of these individuals is personally asked to tell her story to the world, to make the truth about Tibet known and to thereby undermine Chinese strategies of secrecy and intimidation and increase the likelihood that the powerful West would intervene on behalf of the Tibetan people. Although Western attempts at restoring human rights in Tibet have been minimal and without vigor or strong political will, the Tibetan people continue to tell their stories, believing that it is their duty to the Dalai Lama and to their people to do so.

Both the act of Tibetans telling their story and the stories themselves contain three themes, or meta-narratives, that have appeared throughout my discussion of Peacemaking Circles and will be further elucidated in connection to trauma psychology. These are: (1) Spirituality; (2) Political cause; and (3) Social or community support. I describe these meta-narratives as both a foundation and a product of storytelling because without these many fewer Tibetans would be emotionally able to share their torture stories, yet by telling they actually increase their connections to Buddha, their homeland, and other Tibetans. These themes are mutually reinforcing with the process and act of storytelling; the very fact that torture of Tibetans is so widely known (case in point: there are numerous English-language books describing such personal experiences) is itself indicative of a strength possessed by Tibetans that appears to be thus far absent in many communities of survivors around the world, for whom torture remains a shameful secret. It is telling in this regard that, although confidentiality was promised all my informants (there have been reports of Chinese police retaliating against family members of Tibetans in exile who spoke publicly about their torture) almost all of them asked me to use their names in my work. This personalization of a traumatic experience—connecting an individual's name to a dehumanizing story—denotes high levels of resilience on the part of Tibetans, and a heightened commitment to what is perceived by them to be a religious, political and social cause.

The meta-narratives of spirituality, political cause, and social support are not simply aspects of stories told or motivation for healing; they are fundamental components of natural resilience, or

coping mechanisms. George Bonanno defines resilience as “reflect[ing] the ability to maintain a stable equilibrium...[it] is typically discussed in terms of protective factors that foster the development of positive outcomes and healthy personality characteristics” among individuals who experience aversive or life-threatening events (2004: 20). Numerous studies have determined that the aforementioned circumstances—religion, politics and community—represent protective factors for torture survivors in terms of the development of post-traumatic sequelae in the form of anxiety, depression or Post-Traumatic Stress Disorder (PTSD).

Shrestha et al. (1998) studied 526 tortured Bhutanese refugees living in Nepal, examining correlations between torture and mental health outcomes; the results indicate that “torture survivors who were Buddhist were less likely to be depressed (OR, 0.5; 95% CI, 0.3-0.9) or anxious (OR, 0.7; 95% CI, 0.4-1.0)” (1998: 443). Similarly, the Buddhist informants appeared less likely to suffer from PTSD (OR, 0.5; 95% CI, 0.2-1.4), with an odds ratio similar to that for depression (Shrestha et al.: 446). In its comment section, the article states that “the traumatization of the torture survivors in this study appears low compared with other survivors of violence living in the West...long-term health status of torture survivors can be positively influenced by safety in a different country, availability of personal social support, availability of community mental health resources, and commitment to a political ideology;” it goes on to state that “religion provides a positive way of coping for both Buddhist and Hindu refugees” (Shrestha et al.: 447). A study of ill-treated Lebanese Prisoners of War (POWs) detained in Israeli prisons found that their religion, Shiite Islam, may also have served to protect them from severe distress owing to that faith’s particular emphasis on martyrdom (Saab et al. 2003: 1254).⁹ Evident in both Shrestha and Saab is the recurrence of those coping strategies emphasized by key informants interviewed in Dharamsala.

Further support for these connections to meta-narratives revealed by my research in Dharamsala may be found in Timothy Holtz’s work comparing psychological outcomes of Tibetan refugees with those of Tibetan refugees who are also torture survivors. He determined that “political

⁹ As indicated by these citations, it is not only Buddhists who are protected from traumatization by virtue of their religion. Because the key informants for this study were Tibetan Buddhists or mental health practitioners working largely with Africans who are animist, Christian or Muslim, I will extrapolate the importance of spirituality in assessing the potential impact of Peacemaking Circles on these individuals.

commitment, social support in exile, and prior knowledge of and preparedness for confinement and torture in the imprisoned cohort served to foster resilience against psychological sequelae. The contribution of Buddhist spirituality plays an active role in the development of protective coping mechanisms among Tibetan refugees” (Holtz 1998: 24).

Interestingly, another study of Tibetan refugees, which compared a tortured and nontortured cohort, found that “traditional [Buddhist coping] mechanisms tend to work especially well for coping with loss, death, and other events within the usual range of suffering. However, the traditional, cognitive forms of coping do not always seem to reach tortured refugees. Severe emotional arousal may cloud the access to the cognitive and spiritual coping system” (Crescenzi et al. 2002: 374). Despite this acknowledged challenge particular to tortured Tibetans, this investigation found a 20% prevalence rate of PTSD among those refugees who were in prison (and as we have seen, were likely to have been tortured whether or not they fully disclosed this information to the investigators). This prevalence rate is reportedly low compared with similarly victimized groups living in the West and is supported by self-reports of mental health status among my Tibetan interviewees, who indicated that in general they are not depressed. Additionally, the clinical staff at Rocky Mountain Survivors’ Center reported that it is their experience that those with a strong relationship with a god exhibit fewer symptoms of PTSD. But, as stated by Shrestha et al. (1998), 20% PTSD prevalence, although low for torture survivors in the West, “is similar to other studies of atrocities outside the West” (Crescenzi et al.: 374).

In fact, both Shrestha and Crescenzi compare their own findings to the same study, one that looked at torture survivors in Turkey. Başoğlu et al. (1994) studied 55 tortured political activists, 55 nontortured political activists, and 55 subjects without history of torture or activism. Among their findings were that “effective coping responses that help to avoid loss of control during torture may have reduced the traumatic effects;” that “strong social support may have provided protection from the helplessness effects of torture and subsequent stressors;” that these survivors “had a strong belief system and no difficulty in giving meaning to their ordeal;” and that there existed a “widely shared perception of torture as...the price to pay in the struggle for a better world” (Başoğlu et al.: 361-2). Saab et al., who reported less than 50% prevalence of distress among the released POWs (a larger rate than that reported for tortured refugees, but which is

indicated as being smaller than is frequently reported for POWs), provided a similar explanation: “A good number of the respondents were imprisoned as a consequence of a voluntary action (involvement in the resistance) over which they had control. They may have been aware of the consequences of their actions” (2003: 1254).

Judith Herman also emphasizes the importance of preparation for detention and torture, indicating that, “of all prisoners, [prisoners of conscience are] the most prepared to withstand the corrosive psychological effects of captivity. They have chosen a course in life with full knowledge of its dangers, they have a clear definition of their own principles, and they have strong faith in their allies” (1997: 81). In other words, they are best able to maintain their religious beliefs, fundamental value systems, and human connections. Herman also indicates that:

Political prisoners who are aware of the methods of coercive control devote particular attention to maintaining their sense of autonomy. One form of resistance is refusing to comply with petty demands or to accept rewards. The hunger strike is the ultimate expression of this resistance. Because the prisoner voluntarily subjects himself to greater deprivation than that willed by his captor, he affirms his sense of integrity and self-control (1997: 79).

Of the five torture survivors I interviewed, four explicitly mentioned acts of resistance during detention. Two, respondents #2 and #5, were in Drapchi Prison during a now-infamous uprising that took place in May 1998, and began when several prisoners shouted “Free Tibet” to visiting European delegates; one survivor, respondent #5, in fact indicated that he was one of the instigators of the uprising. These two survivors also stated that this uprising was the only time they thought they would be killed while in detention (China reported that ten prisoners were shot during the protests, although human rights groups have long believed this was a vast understatement), though they did not express any fear around this glimpse of mortality. Another survivor, respondent #1, told a story of passing a note to a visiting American official detailing the ill-treatment taking place in the prison; he was, like the other two respondents, severely beaten and put in solitary confinement for this act of resistance. Respondent #3 told me that she did not obey the guards as she felt that this would only pass the time; instead she never stopped resisting, even with the knowledge that she would be beaten yet again for her actions. Of course, the

greatest act of resistance to a torturer may be the very act of telling the story upon release. This, it is clear, is an area in which Tibetans excel, and which may be encouraged through the use of Peacemaking Circles. In these stories of resistance we see connections between political cause, religious belief, and even social networks; resisters nearly universally report being supported by fellow prisoners.

That these factors increase natural resiliency was further supported by interviewee #6, the Director of Programming for Gu-Chu-Sum, the Tibetan Ex-Political Prisoners' Association, who told me that "most young prisoners don't need counseling," that healing is aided by time and the "very big family of prisoners of conscience who take care of each other." These statements stress the importance of social support as both a protective and a healing factor. Implicitly, they also reinforce the idea that Buddhist religion is itself a protective factor. Several qualities inherent to Buddhism have led a variety of sources to make this assertion. One is the central Buddhist tenet that life is suffering, meaning that adverse experiences assist Buddhists in attaining enlightenment. Another is the concept of karma, or the law of cause and effect. The law of karma suggests that bad experiences in this lifetime are the result of poor behavior in a previous life; as such, torture in this lifetime may be "deserved." This belief, however, is not necessarily a reflection of poor self-esteem. Rather, karma—good or bad—is not perceived to be a source of honor or of shame for Buddhists, but is simply taken as a matter of fact. As a result of this belief, "people take [their torture] very lightly. People are still very happy" (respondent #6).¹⁰

Other statements, gathered from interviews with torture survivors, lend further credence to assertions that spirituality and commitment to a political cause are also both protective and healing. For example, when asked about levels of fear for physical safety while in detention (note that torture is intended to instill mortal fear), respondents #1 and #3 directly indicated that they were fully aware of the risks they were taking in working for a political cause informed by a spiritual one, and that they were willing to sacrifice their lives for the Tibetan people. In one

¹⁰ In addition, forms of meditation fundamental to Buddhist practice have been found to cause positive neuro-physiological changes such that people become happier and more resilient in their everyday lives (for a full discussion of the science behind this assertion, see the Dalai Lama and Daniel Goleman 2004). Because these beliefs in suffering, karma and meditation are inherent almost exclusively to Buddhism, it may in fact be more protective than other religions.

particularly powerful moment, informant #3, a young nun who was imprisoned for six years told me: “If my life couldn’t serve a purpose, at least my dead body might.”

Similarly, a representative response to the question “did you ever feel humiliated while in prison?” (a question designed to work within a Buddhist framework that denies the importance of material existence, yet highlights a fundamental aspect of the CAT definition of torture) was “I did nothing to feel bad about; I only worked on behalf of the Tibetan people.” All five of the torture survivors I interviewed indicated that they had never felt humiliation at all. Perhaps most telling were the responses to my query about how each torture survivor was able to survive the torture and not give up. Two of the tortured interviewees (#1 and #5) who had arrived in Dharamsala since 1992 told me that they survived because they thought of the Buddha’s teachings; the other two (interviewees #2 and #3) attributed their survival to remembering the cause of the Tibetan people. As I have already detailed, it is a great challenge to separate the religious cause from the political one in the case of Tibet, although it remains telling that two people chose to give one response, and two chose the other.

The fifth torture survivor (interviewee #4) I interviewed is a seventy-six year old woman who fled Tibet in 1987, having been in prison for twenty-seven years, and has been actively speaking out since. Her responses to my questions indicate a direct link between the Dalai Lama’s request that Tibetans tell their stories and the political and religious conditions of Tibet. She constantly returned to the theme of the *cause* of Tibet, telling me that her personal happiness is intimately connected to her homeland’s freedom, and that for all former prisoners of conscience, “happiness can only come with freedom; this is the only end to suffering.” These statements echo another particularly powerful one, given me by interviewee #2, who was released after six years in detention and arrived in exile mere months before I spoke with him. He told me that he feels no different now than before he was imprisoned; he still has no rights and no freedom: “What I stood for is still incomplete.”

The completion of the work that landed these people in prison remains their focus in exile. Again I return to the importance of the Dalai Lama asking Tibetans to tell their stories. Storytelling, as has been previously described, is an important element of the psychotherapeutic process with

traumatized individuals. It seems clear that many Tibetans in exile recognize this, and it is a sentiment that was repeated throughout my research. Interviewee #1 told me that sharing his story makes him feel that what he has done was right and gives him hope for Tibet. Interviewees #3 and #4 told me that telling their stories helps the cause of Tibet. Interviewee #2 indicated that generating optimism for the future of Tibet is the most fundamental aspect of his healing process. He also told me that, despite occasional feelings of sadness (apparently the word Tibetans use in describing what Westerners think of as depression), the day we met was a good day “because I can talk to you and share my feelings, and I know they will be put to good use.” This statement reiterates the connection between religion, political cause, and community. Interviewee #5 told me that the most healing activity he has undertaken is reading stories of “other heroes, like Braveheart; it makes my experience seem small.” Note the similarities between this activity and the hearing of others’ stories in preparation for telling one’s own.

The importance of storytelling was reiterated by the clinical staff at Denver’s Rocky Mountain Survivors’ Center, an organization that assists refugees and asylum seekers—particularly those who have survived torture—with legal, mental health, and other matters, and now serves primarily people of African origin. During our focus group, they informed me of a recent programmatic change, one that places new and greater emphasis on group therapy. They indicated that preliminary feedback appears to be quite positive, particularly since group work may be viewed as providing ownership and avoiding paternalistic approaches that are a common downfall of international programs designed to assist members of diverse cultures. As I have established, Peacemaking Circles similarly provide opportunities for ownership and create a level playing field, removing hierarchy and giving each person equal voice, power and opportunity.

There are other reasons for the positive reception of RMSC’s new group therapy model, according to my focus group participants. First, group therapy and activities establish a community of people who already understand the context of one’s experiences. While this may not be the case for Tibetans telling me, an outsider, their stories, it most certainly exists in Dharamsala at large and could be recreated in a Peacemaking Circle through proper selection of participants and establishing of guidelines. Next, the therapists emphasized the important power in being believed and not questioned when finally sharing an experience with others. They

indicated that it is imperative that the listener identify with the story, demonstrate some sympathy and share some of the pain; I offer that this statement may be interpreted as a version of the Buddhist doctrine of inter-being, similar to indigenous North American beliefs in unity and holism, and equivalent to finding god in the survivor herself. For many cultures, this approach to hearing a story may infuse a practice with the spirituality that could in fact further the healing process. Finally, the therapists stressed the importance of allowing people to choose whether and when to tell their stories, assuming people may take time to work up to a traumatic story after first sharing more mundane ones. They also warned that intake processes—those that attempt to establish a potential client’s mental health status and felt needs—may feel like an interrogation and may thus be highly triggering; as such, it is best to ease in to questioning and storytelling, allowing survivors to share on their own terms. As we have seen, this storytelling process is both a pattern in reality and in theory, and is strongly indicated by Judith Herman and other mental health practitioners who specialize in working with torture survivors.

Even Viet Nam veterans, whose trauma was widely unrecognized and therefore exacerbated upon returning from the war, found solace in storytelling in the form of “rap sessions” initiated by Robert J. Lifton and others; in 1979 the Veterans Administration followed the example of individual soldiers and opened “its own network of storefront vet centers. A year later, the American Psychiatric Association recognized PTSD as a legitimate medical diagnosis” (Frosch 2004: 21). Evidently, storytelling is a customary aspect of the healing process, and even the therapeutic profession had something to learn from certain behaviors of traumatized individuals. Trauma psychologists emphasize the importance of reconstructing the trauma story such that it loses some of its power and can be reintegrated into the survivor’s life: “the fundamental premise of the psychotherapeutic work is a belief in the restorative power of truth-telling,” whereby a trauma story is transformed into a “‘new story,’ which is ‘no longer about shame and humiliation’ but rather ‘about dignity and virtue.’ Through their storytelling, [survivors] ‘regain the world they have lost’” (Herman 1997: 181). I return to the comment of interviewee #2: “today is a good day because I get to tell you my story.”

In the next chapter, I will incorporate the use of Peacemaking Circles with recommendations for group therapy processes with trauma survivors, emphasizing storytelling among community members as a fundamental aspect of recovery from torture.

Limitations

There are several limitations to the data described in the previous section. First, I am not a mental health professional, which was one of the primary concerns of the IRB in reviewing my application for human subjects research in Dharamsala. While preparing related documents and planning for my departure for Dharamsala, I met with several professionals experienced in working with traumatized individuals and especially torture survivors. These reviewed my materials, advised me about questions to be asked, and helped me to formulate a plan for responding to signs of retraumatization among my interviewees. This activity was sufficient for the IRB to approve my research proposal.

Additionally, due to the short time spent in India, I was able to interview only six people, a sample size too small to be analyzed statistically. I knew prior to departure that my research would be qualitative in nature, and would yield important insight into the felt needs of torture survivors and into their beliefs regarding their own healing processes. This is information that is largely unavailable through other sources, and provided valuable support for this paper as a whole.

Because I arranged all interviews through the “snowball method,” whereby people known to me recommended others who would be appropriate for my research needs, and because these were often arranged quickly, I worked with whatever interpreter was available at the time. As such, I employed three interpreters for five interviews. In addition to limiting consistency, this situation may also have prevented my informants from feeling as safe as would have been ideal. That I structured my interview questions such that I had answer choices for my own use in note-taking and coding of data (choices that were not given to interviewees), subjective bias was mitigated. A related consideration is the decision not to tape record the interviews out of concern that such recordings (if confiscated) could be used—or could be perceived by informants to be used—in retaliating against those Tibetans who speak out. As such, reproduction of my results is not

possible. In other words, because there were no recordings of the interviews, another researcher would be unable to verify the interpretation I was given, or to undertake independently the task of coding the same data that I coded for comparison with my results, making it impossible to independently corroborate my findings. These data are, barring steps taken to mitigate this fact as previously described, limited by some level of subjectivity on the part of the interpreter and the researcher.

Finally, there may be cultural limitations to the questions I asked of which I was not sufficiently aware in advance or that remained unavoidable at the time of the interviews. An example is question number thirteen: there may be a cultural prohibition against admitting fear as it could be perceived as demonstrating a failure to achieve the equanimity demanded of Buddhist practitioners, the ultimate goal of meditation (see Dalai Lama and Goleman 2004). However, I believe that, even if the responses to this question were influenced by cultural norms, the negative responses to the question about feeling humiliated bolster statements denying the feeling of fear. I feel that similar mitigating factors hold for other questions, as well.

Chapter 7: Trauma Psychology as an Element of Peacemaking Circles

Persons and societies must, for their health, strike a balance between burying the gruesome past and burying themselves in the memory of it. They must remember in such a way that future access to the memory is personally and publicly possible, but so as to drain the memory of its power to continue to poison the present and the future....What poisons the inner life of persons also poisons the inner life of societies.

— Donald Shriver, *Where and When in Political Life Is Justice Served by Forgiveness?* (2003: 31)

Because traumatic life events invariably cause damage to relationships, people in the survivors' social world have the power to influence the eventual outcome of the trauma. A supportive response from other people may mitigate the impact of the event, while a hostile or negative response may compound the damage and aggravate the traumatic syndrome. In the aftermath of traumatic life events, survivors are highly vulnerable. Their sense of self has been shattered. That sense can be rebuilt only as it was built initially, in connection with others.

— Judith Herman, *Trauma and Recovery* (1997: 61)

Survivors of torture face a long and arduous healing process; for them, a return to a normal life may initially seem impossible. Survivors are haunted by memories of their experiences. They are unable to trust themselves and often find it unthinkable to care for their material needs, such as nourishing their bodies with food or to be able to deal with sleep constantly interrupted by nightmares. They are likewise frequently unable to trust others, since it was another human being who caused their suffering in the first place. In the worst cases—those in which natural resiliency was lacking or was compromised by total surrender to the torturer's goals—torture survivors may have entirely lost their very identities, replacing their pre-trauma selves with a victimized, objectified worldview. They have been dehumanized, and the torturer has succeeded.

This “usurp[ing of] inner life” may have many consequences (Herman 1997: 84). From the Western perspective, it likely leads to post-traumatic symptomatology, such as depression, anxiety, or Post-Traumatic Stress Disorder (PTSD). However, it is important to note “that the research shows that the majority of people do not develop PTSD or other major disorders even after traumatic exposure. They may experience various symptoms of distress, but most people are resilient and find ways to cope and avoid long-standing mental health consequences” (Baron, Jensen and de Jong 2003: 253). Although PTSD may be mitigated by those with sufficient inner resources and access to coping mechanisms such as religious faith, social support and commitment to the cause that resulted in their arrest—factors that must be present prior to

detention and be consciously maintained during and after imprisonment—it may also be a culturally inappropriate diagnosis. However, the lens of PTSD serves as a useful foundation for the exploration of trauma psychology and its relevance to use of Peacemaking Circles with torture survivors.

PTSD entails three specific categories of symptoms: Hyperarousal, intrusion and constriction. Hyperarousal is reflected by an enhanced startle reaction, irritability, insomnia, and pervasive irrational fear. Intrusion symptoms include nightmares and flashbacks, and avoidance of any possible triggers of the trauma, making resumption of normalcy very difficult. Constriction manifests as numbing, dissociation (perceived by the average person as “spacing out” or loss of time), and the inability to think, see, or feel beyond the immediate present. Hyperaroused individuals live life in constant expectation of danger, which can be one of the determinants of the loss of trust pervasive among traumatized individuals. Intrusive symptoms, which are reflective of the sense of helplessness created by the trauma itself, reproduce the dynamic of power wrested away, and manifest in ways that the traumatized individual can neither understand nor control. Constrictive symptoms interrupt an individual’s sense of control, making anticipation of and planning for the future impossible, and demolishing hope (Herman 1997). These symptoms are not mutually exclusive; they are, however, self-perpetuating, such that the more a person feels fear, powerlessness or hopelessness, the more the traumatic event usurps internal identity and humanity (Herman: 33-47).

According to Judith Herman and other trauma psychologists, these symptoms may arise from commonplace traumatic events, such as a car accident or the death of a loved one. When they are precipitated by an event such as torture as defined in Chapter 3, trauma symptomatology is likely to take on more intense and pervasive characteristics. Torture, like domestic violence, is a situation of prolonged captivity and repeated chronic terror, and as such it frequently takes a markedly deeper toll on the survivor. Herman suggests that PTSD is not a sufficient or accurate diagnosis for these individuals, and instead encourages a focus on the idea that, in chronic trauma under imprisonment (in jail or in the home in cases of intimate partner and family violence), the torturer may well be the only person with whom the survivor has had contact in years and she may have been imprisoned for so long as to have forgotten the feel of the sun on her face. This

means that the rupture of human connection, autonomy and hope is likely to be more complete than in survivors of isolated traumatic incidents. Brandon Hamber (2003) also recognizes this distinction, suggesting that instead of employing the PTSD framework in addressing the needs of torture survivors, clinicians and service providers should focus on that of extreme traumatization.

Extreme Traumatization: A Psycho-Social Ailment

Extreme traumatization is specific to instances of long-term, repeated trauma, most notably while in captivity such as an abusive relationship or a prison. It “is characterized by an individual and collective process occurring in a specific social context: namely, when authorities have the power to violate human rights regularly, causing successive and cumulative injuries” (Hamber 2003: 157). That extreme traumatization arises out of human rights abuses suggests another relevant degree of traumatization: that of structural violence. In extreme traumatization, it is impossible to extricate the traumatic event from the marginalizing socioeconomic and political conditions that enabled it. And, much as an individual traumatized by an isolated event will ask existential questions such as “Why me?” in effort to find meaning in the trauma, survivors of extreme traumatization will be even more haunted by such questions, and may find it impossible to see meaning in the event as human connections and faith in justice have been so severely compromised. It therefore becomes vitally important that torture survivors be aided in regaining internal and external trust and reformulating their identities. In the context of human rights violations, Herman’s assertion that one must reformulate one’s identity with others takes on new import, as the survivor’s entire network is likely to have been equally victimized by the same marginalizing forces that put the survivor at risk in the first place.

Given the importance of incorporating societal context into work with those suffering from extreme traumatization, group therapy—and particularly group work in the form of Peacemaking Circles—seems a sensible therapeutic approach. This provides opportunity to integrate, with the support of others, the traumatic experience with a cohesive self able to recall the past, live in the present, and imagine the future. Peacemaking Circles provide an appropriate environment for addressing the primary manifestations of the three categories of symptoms experienced by survivors of acute and chronic trauma. For example, fear and loss of trust inherent to hyperarousal symptoms can be addressed through the establishment of safety in the early phases

of Circles, wherein each participant helps to set guidelines, is given the opportunity to share small life stories, and listens as others are willing to trust. The powerlessness that defines intrusive symptoms is addressed by numerous opportunities to make choices throughout the Circle process, from agreeing on guidelines, to conducting an opening or closing ceremony, to choosing whether or not to speak with each revolution of the talking piece. Another aspect of ongoing opportunities for empowerment in Circles is that Circle participants should help decide who to invite to each Circle, combining an element of safety and trust building with the offer of choice. Finally, because Circles represent a place of consensus values, offering occasion to identify important values and then practice realizing them, they give survivors a glimpse of the world that is possible for them. Hope may no longer seem as dangerous, for within Circles, survivors begin to see that they remain the human being they were before captivity, that their capacity for trust and love and faith have not been destroyed but merely sidetracked, and that the past can be eventually relegated to the past, stories of trauma becoming just one of many life experiences.

Group Therapy for Extreme Traumatization

According to Judith Herman, the process of healing from chronic trauma entails three stages: safety, remembrance and mourning, and reconnection. She proposes that each of these may be accomplished through explicitly articulated group therapy session, each with its own structure and goals that make it “possible [for the survivor] to recognize a gradual shift from unpredictable danger to reliable safety, from dissociated trauma to acknowledged memory, and from stigmatized isolation to restored social connection” (Herman 1997: 155).

Safety

The recovery of safety is the initial step in a healing process that will ultimately allow the survivor to confront her most terrifying experiences. As such, she must first consent to therapeutic or Circle work, regardless of the setting or format. She must rediscover her ability to take care of a body that she may feel has been lost to the torturer, and to trust her own judgment, thereby building self-esteem. Group therapy in the safety stage should consist of people who have had similar experiences and are at comparable stages in healing; an example might be Alcoholics Anonymous (Herman 1997). Together, the group may explore trauma symptoms, and share “strategies for self-care and self-protection” (Herman: 220). Group members may share

day-to-day stories, reducing shame and increasing identification with others, but fairly strict guidelines designed to encourage safety should be established; groups and Circles for safety should be “highly cognitive and educational rather than exploratory” (Herman: 219-20). This stage of recovery mirrors closely the opening and closing phases of Peacemaking Circle practice as described by Pranis, Stuart and Wedge (2003) and the physical quadrant of the Medicine Wheel, elucidated in Chapter 5. Similarly, Herman reminds mental health practitioners that, in the safety stage, “power is vested in the shared body of group tradition rather than in the position of the leader, which rotates among peer volunteers,” a mandate that is remarkably similar to that of Circle Keepers (1997: 220).

Remembrance and Mourning

Once the essential responsibilities of self-care and self-protection are enacted and experienced, the survivor may move into remembrance and mourning, in which she reconstructs the trauma story by first describing life before torture in order to “restore a sense of continuity with the past” and incorporate the reactions and support of those around her (Herman 1997: 176). According to clinicians at the Rocky Mountain Survivors’ Center, because shame may prevent survivors from telling their torture stories, they must first have culturally-appropriate social support that may ultimately lead them to trust in self and others. As the survivor becomes better able to trust those in her group and herself, she will begin to connect her emotions to her memories, both those of life before trauma and those of the trauma itself, such that stories take on vivid imagery complete with smells, sounds, and associated feelings. This is the emotional quadrant of the Medicine Wheel and phase two of the Circle process. As the trauma story becomes accessible thanks to newfound feelings of safety, its reconstruction

also includes a systematic review of the meaning of the event, both to the [survivor] and to the important people in her life....The survivor is called upon to articulate the values and beliefs that she once held and that the trauma destroyed. She stands mute before the emptiness of evil, feeling the insufficiency of any known system of explanation. Survivors of atrocity of every age and every culture come to a point in their testimony where all questions are reduced to one, spoken more in bewilderment than in outrage: Why? The answer is beyond human understanding (Herman: 178).

Torture may feel arbitrary, contrary to the previously-understood world order, although this is perhaps less true of political prisoners who, as we have seen, have made choices that put them at risk and are therefore more likely to find meaning in their experiences. I am again reminded that interviewee #3 called her political imprisonment her greatest lifetime achievement. But most political prisoners will likely have been traumatized to some degree. For all torture survivors, storytelling represents an irreplaceable method of mending broken senses of belonging, making whole shattered belief systems, and ultimately unifying communities widely affected by gross violations of human rights such as torture. Such storytelling, focused on recognition of values and reassertion thereof, is an integral aspect of Circle practice.

According to Herman, a group consisting of other trauma survivors, especially a group that has together already established safety during the first stage of recovery, allows for the healing that comes both from sharing one's own story and from bearing witness to another's, especially since bearing witness normalizes one's own experiences in ways discussed in previous chapters and emphasized by mental health professionals at the Rocky Mountain Survivors' Center. In this way, the socio-political context of torture implicated in extreme traumatization is addressed as much as is the individual experience thereof. Much as Circle practitioners recommend that participants be advised of strict time limits for the completion of a given sitting, so too does Herman suggest that group therapy for remembrance and mourning have a set ending time such that survivors do not fear that, as when they were imprisoned, the experience may never end. Again, the therapist in these group sessions works like the Circle Keeper, demonstrating observance of agreed-upon values such as bearing witness without being overcome by emotion, and should share this responsibility with a fellow therapist or Keeper, especially given that it is natural to have strong reactions to trauma stories. Finally, groups for remembrance and Circles share a quality of community building, since exposure of deep emotions such as fear and grief are likely to foster supportive relationships that may be continued outside the Circle itself, carrying over into a burgeoning healed and unified community. Together, Circle participants and community members may, once the trauma story has been reconstructed and has become a part of life that may be left behind, mourn lost values, faith, relationships, and loved ones. These mourned losses closely reflect meta-narratives of religious belief, political ideology, and community. They may also help survivors of trauma recognize the true extent of the impact of structural violence on

their lives. Mourning allows for the final reintegration of one experience into the totality of life and self, removing its power and hold over individual identity. It is at this point in the recovery process that the individual human potential illuminated by Circles may begin to feel real and possible to survivors, and that work towards that potential may begin.

Reconnection

Once the trauma story has been reconstructed in a meaningful way and integrated into one's life story, the process of reconnection may begin. It is at this point that "a new self" may be developed and "the survivor reclaims her world" (Herman 1997: 196). The potential for individuals and for society exposed by earlier group therapy or Circles may now be actively made real, for power and self-reliance have been restored, and other people no longer seem mortally frightening. Even when trauma stems from an isolated incident, other people are integral to the evolution of a new self. This is even more reasonable for survivors of extreme traumatization with a socio-political context, for human rights abuses target and impact entire social groups.

Once survivors have regained trust in themselves, they are able to "examine aspects of [their] own personality or behavior" and "their own socialized assumptions that rendered them vulnerable to exploitation in the past, [and to] identify sources of continued social pressure that keep them confined in a victim role in the present" (Herman 1997: 199, 200). When this socio-political context—an element of structural violence—is recognized, the survivor may be empowered to make changes, knowing that her victimization is only one aspect of herself and does not make her an "other" in her wider community. Now the future begins to seem hopeful; she knows she will live to see another day, and she is empowered to influence her life and to choose each day for herself. Particularly for former prisoners of conscience but relevant to all survivors, this ideal day may involve a "survivor mission," new or renewed commitment to socio-political activism designed to eradicate the conditions that victimized them in the first place and make the world more just according to survivors' values and beliefs (Herman). This activism may in fact mirror the restoration of balance and justice undertaken by the survivor on an individual level during the recovery process.

Group therapy at this stage may be applied to the Circle paradigm as the mental and spiritual quadrants of the Medicine Wheel and phases three and four—exploring options and building a sense of unity—of Circle process. These groups should be heterogeneous. In traditional psychotherapy, this would imply a group of individuals who are all in therapy for different reasons and with different diagnoses (for example, depression, anxiety, and PTSD) but who are at comparable stages of recovery. However, within the context of Circles designed to address human rights violations, Hamber’s assertion, that extreme traumatization from events such as torture arises from the marginalization of entire groups of society, becomes very important. Indirect traumatization resulting from structural violence, inadequate protection mechanisms or intentional abuses on the part of states may yield social groups who are in whole or in part experiencing traumatic sequelae at varying levels. Although these individuals may not have had direct traumatic experiences—such as torture—as have others in the community, structural violence may have resulted in chronic illness, hunger or unemployment, and human rights abuses may have caused them to suffer while loved ones were disappeared or detained. They may not be diagnosed as having mental illnesses such as depression or PTSD but may still have a sufficient level of psycho-social need to indicate efforts at mental health recovery. Thus, situations of structural violence and human rights abuse may warrant inclusion of a wider range of stakeholders in group or Circle processes. These stakeholders in any given individual trauma may be numerous, ranging from loved ones and neighbors to community leaders; together, they make up the “community of care” emphasized by Zehr (2002:27). As such, for the purpose of utilizing Peacemaking Circles with torture survivors, those taking place at the reconnection stage of recovery may legitimately include indirect stakeholders who are not already in a recovery process comparable to that of the tortured individual herself, preserving the heterogeneity required by Herman of group therapy for reconnection. Community stakeholders, however, should not be invited to join Circles until after Circles addressing the first two stages of recovery have been successfully completed.

Circles and groups for reconnection are typically open-ended, allowing as much time as is needed to accomplish the difficult work of activating a new sense of self within the framework of a safe and powerful life. By involving indirect stakeholders in such Circles, survivors may be increasingly challenged to live the life they envision, and have the opportunity to practice

interpersonal conflict and mutual learning with others who have already committed to such a process by virtue of having joined the Circle at all. As Circle Keepers facilitate negotiation of the guidelines with all Circle participants, survivors may activate newly discovered self-reliance for the first time without fear of the others present. This stage of recovery has the greatest potential for community ownership of the process given that the community will finally be widely represented on a micro scale; this is important since reconnection groups have no set end date, meaning that Keepers external to the community itself may be able to turn the Circle over to locals, creating a sustainable intervention that no longer drains donors' funds or patience.

Circles and Trauma Psychology: Compatible Paradigms, New Lives

Throughout this paper and especially in this chapter, I have drawn important connections between the paradigms of Peacemaking Circles and trauma psychology, particularly that described by Judith Herman. “The underlying goal [of psychotherapeutic treatment] is to empower victims to participate in their own recovery efforts so as to regain both a sense of control over their lives and an orientation to the future” (Solomon 2003: 12). Circles meet this call for empowerment by enabling survivors to establish guidelines, direct who should be included, conduct ceremonies, choose whether and when to speak, and facilitate (or co-facilitate) the process themselves, all empowering acts. Where psychology works toward the reconstruction of post-trauma selves—selves constructed as they were in childhood prior to trauma—with the company and insight of others, Circles provide a group of individuals dedicated to assisting with this process by listening to stories and providing security. Psychologists who emphasize that “specific interventions designed for the specific problems of a particular population, using culturally appropriate methods that integrate natural healing styles and available resources, are expected to be the most useful” may easily be satisfied by Circles, whose origin lies in indigenous communities, whose process reflects many community processes already used by cultures around the world, whose guidelines are community directed and whose Keepers ideally include a local leader (Baron, Jensen and de Jong 2003: 254). I have already established in this paper the psychological understanding that spirituality and political ideology may both provide protection from extreme traumatization and aid in the healing process by giving meaning and purpose to life after torture; Circles' creation of a sacred space and activation of socio-political implications and resources

readily addresses this consideration. Perhaps most importantly, psychology's emphasis on the survivor's articulation of "the values and beliefs that she once held and that the trauma destroyed," and renegotiation and activation of new values, is a fundamental criterion for Circles, spaces created by and founded on consensus values (Herman 1997: 178). These allow for the ultimate goal of trauma psychology: the realization of one's true potential, and the ability to take this outside the group and into the world with the help of newly safe and trusted social networks, faith, and self-reliance.

Although it is important to note that forcing one to tell stories too soon may only strengthen the hold of trauma on the individual, and that Circle Keepers should have basic training in Psychological First Aid according to WHO standards, Peacemaking Circles have the potential to meet the mental health needs of torture survivors in locales that lack trained mental health professionals (as is often the case in underfunded refugee camps, for example) and that require a sustainable and cost-effective intervention such that society may return to normal health as quickly as possible.¹¹ As I will discuss in my Conclusion, Circles have the potential not only to heal individuals, but to extend this healing to entire societies. Peacemaking Circles are a viable resource for use in traumatized communities around the world, and are deserving of thorough research.

¹¹ For more information on Psychological First Aid, see Center for the Study of Traumatic Stress (<http://www.psych.org/disasterpsych/links/PsychologicalFirstAid.pdf>).

Chapter 8: Conclusion

Societies that do not recognize the dignity of the human person, or profess to recognize it and fail to do so in practice, or recognize it only in highly selective circumstances, become, not simply societies with torture, but societies in which the presence of torture transforms human dignity itself, and therefore all individual and social life. And a society which voluntarily or indifferently includes among its members both victims and torturers ultimately leaves no conceptual or practical room for anyone who insists upon being neither.
— Edward Peters, *Torture* (1999: 187)

Peacemaking Circles offer great potential in meeting the mental health needs of torture survivors and other traumatized individuals, ultimately by granting them their lost sense of dignity and reaffirming this dignity to their wider worlds. Circles are flexible and highly customizable, designed in large part by Circle participants themselves and therefore reflective of their culture and felt needs. They serve to empower individuals and local communities through the provision of choice, control, and safety. They fulfill many of the fundamental aspects of trauma psychology as indicated by Judith Herman and others such as mental health providers at Denver’s Rocky Mountain Survivors’ Center, including the establishment of self-reliance and trust, the telling of life and trauma stories, the bearing witness of others, and the reestablishment of important human connections. They are spaces based in a consensus of values, which allow traumatized individuals to recognize those values that are currently most important to them and to practice value-consistent behavior in a safe space before trying this out in wider society. They allow torture survivors to see their true potential and that of their societies and to strategize with trusted individuals about how to make this potential a reality, an aspect of recovery emphasized by Tibetan torture survivors I interviewed in Dharamsala, India. Finally, they manifest several factors known to have some protective value regarding the development of trauma symptomatology: Circles incorporate spirituality and are themselves sacred space, they instill a sense of much-needed social support by their very nature, and they allow for socio-political “survivor missions” to develop or be rededicated. Again, these resilience factors were an important aspect of my conversations with Tibetan torture survivors and were recognized by staff at the Rocky Mountain Survivors’ Center.

However, Circles may do more than provide healing on an individual level: they may also help heal entire societies. According to research by Pham, Weinstein and Longman (2004), who studied correlations between rates of trauma and personal accordance with various mechanisms of

justice and reconciliation among survivors of Rwanda's 1994 genocide, the extent of trauma symptoms may have a large impact on the future of states containing sizeable numbers of individuals suffering from extreme traumatization (trauma resulting from human rights violations such as torture). These findings are important. Pham, Weinstein and Longman defined reconciliation as a process "whereby individuals, social groups and institutions" develop a shared sense of community, establish a sense of interdependence across ethnic and social lines, accept and promote social justice, and commit to nonviolence (2004: 604). They likewise explored beliefs about three judicial processes underway in Rwanda, the International Criminal Tribunal for Rwanda, established by the United Nations in the wake of the atrocities, Rwandan national trials, and *gacaca* trials, those employing traditional modes of justice on a community level, and with local leaders at their helms. Attitudes toward reconciliation and toward the *gacaca* trials are arguably those most relevant to a discussion of restorative justice and Peacemaking Circles.

Although there are numerous variables in Pham, Weinstein and Longman's study, including ethnicity, number and severity of traumatic experiences, education level, and access to security, some patterns did emerge. For example, "increased exposure to traumatic events was associated with less support for *gacaca*, or desire to reconcile, as evidenced by a decreased support for interdependence" (Pham, Weinstein and Longman 2004: 611). Similarly, those "who met the symptom criteria for PTSD were less likely...to believe in community (OR, 0.76, 95% CI, 0.60-0.97) and less likely to support interdependence (OR, 0.71, 95% CI, 0.56-0.90) than those who did not meet the PTSD symptom criteria" (Pham, Weinstein and Longman: 608).

In other words, because "traumatic experiences also take a cultural and societal toll...social organizations and cultural groups may become distressed and disintegrate under the pressures of extreme and persistent exposure to traumatic experience....Individuals may revert to ethnicity, nationalism, tribalism, and fundamentalism to survive, and the community may be overtaken by an ethic of militarism and conflict" (Solomon 2003: 9). This disintegration impacts both the whole of a society and its individual members, and on wider levels is frequently the result of structural violence and states ignoring their human rights obligations. As I have established, entire communities may be traumatized by marginalization, activating their fight for survival on a personal and societal level. Healing of traumatic symptoms on an individual level may thus be a

safeguard against future devolution into community-level, interpersonal (also called horizontal) violence, which establishes a culture of violence that may ultimately enable states to further abuse their power and enact vertical violence, that “committed by the state against its citizens, and citizens’ violence against the state,” as a result (Hamber 2003: 166). Hamber links structural violence to horizontal violence, stating that horizontal violence “typically occurs in the latter phases of states committing extensive forms of vertical violence,” and highlights that “reconciliation at the community level remains vital to long-term stability and development” (166, 167). That Peacemaking Circles bolster a sense of interdependence and community while simultaneously providing for individual recovery is an added positive element in my argument for their usage. Peacemaking Circles may have an important role to play in arresting a culture of cyclical vertical-to-horizontal violence and establishing societies that respect the rule of law, observe human rights, and foster peaceful outcomes for generations to come.

Toward a Culture of Human Rights, Peace and Democratization

[T]he central purpose of government is to provide identity and recognition to each individual as an important member of society. In such a world, the legitimacy of government declines as citizens perceive disrespect by the agents of the state. Thus it may be that the antinomian ideals of restorative justice are just what government needs to maintain its legitimacy in the face of declining trust in hierarchical government....This theory predicts that the growth of restorative justice would lead to stronger institutions of both government and civil society.

— Lawrence Sherman, *Two Protestant Ethics* (2001: 37)

Failure to remember triumphs and accomplishments collectively is a loss to the human community. Failure to remember injustice and cruelty collectively is an ethical violation. It implies no responsibility and no commitment to prevent inhumanity in the future. And even worse, failures of collective memory stoke fires of resentment and revenge.

— Martha Minow, *Innovating Responses to the Past* (2003: 98)

Throughout the restorative justice literature is a recurrent theme regarding the links between state legitimacy, restoration of individuals and communities, and a culture of peace. These arguments appear to all be based, at least theoretically if not directly, on the area of psychology rooted in the study of violence itself, its causes, effects, and cyclical nature. Preeminent in this field is James Gilligan, former director of the Center for the Study of Violence at Harvard Medical School and medical director of the Bridgewater State Hospital for the criminally insane. In his book, *Violence: Reflections on a National Epidemic*, Gilligan makes a powerful argument that “*all violence is an attempt to achieve justice*, or what the violent person perceives as justice, for

himself or for whomever it is on whose behalf he is being violent. . . . Thus, *the attempt to achieve and maintain justice, or to undo or prevent injustice, is the one and only universal cause of violence*” (1997: 11-12) [emphasis in original].

Although Gilligan’s argument is too complex to address here, one point is particularly salient to the current discussion. According to Gilligan, violence is the ultimate expression of the dehumanized individual, “an attempt to replace shame with pride,” or to replace the paralyzing feeling of humiliation or stigmatization with the act of control and self-reliance that is taking matters into one’s own hands (1997: 111). Shame may arise from any number of sources: abuse, neglect, abandonment or, as is especially relevant to those suffering extreme traumatization at the hands of states or state actors, ongoing marginalization of or structural violence against one’s social group. This may take the form of extreme poverty and the inability to provide for one’s family, overt racism or ethnocentrism, or a serious lack of available infrastructure, all of which are situations that may cause a reduced sense of self-worth or shame on the individual or community levels, and which may cause people to fear for their lives. These are conditions that closely mirror those described by Judith Herman as arising in survivors of chronic trauma such as torture in detention. Structural violence is generally insidious and subtle, impacting communities and individuals who may lack conscious awareness of it and who, owing to the pattern of structural violence itself, almost certainly lack the education, resources or power to peacefully enact state-level changes to their benefit. They may therefore remain paralyzed in a state of marginalization, of overt and covert violence on the vertical and possibly horizontal levels. And, because “the unsuccessful peoples of the world have the longest memories of historic pain,” the cycle of violence in search of justice—even local-level interpersonal (horizontal) violence or the more passive form of violence that is ongoing socio-economic rivalry—must be broken among these groups (Shriver 2003: 25). Since these “unsuccessful” people may be defined as such, not out of any personal or collective failings inherent to their identities but out of structural violence that pits them against the powerful elite, their suffering and collective memories thereof are likely to continue until such time that their hurts are addressed, their needs met, their communities unified, and their states transformed into democratic observers of their human rights obligations.

For those victimized by human rights abuses and structural violence, “the experience of violence itself creates an emotional reality that undercuts the possibility of belief in its elimination” (Fisher 2001: 1). This is because this type of violence threatens existence on a most basic level, denying people the food, shelter and healthcare necessary for survival and mandated by international law, and activating a struggle that may be likened to that experienced by torture survivors who feared for their very lives. According to *Training to Help Traumatized Populations*, a special report written by Judy Barsalou for the United States Institute of Peace, such “shared traumas caused by a common enemy...increase the sense of large group identity or ‘we-ness,’ and the perception of larger distance between ‘us and them’” (2001). This us-them dichotomy may then result in a narrowly defined community such that “images of exclusion” may turn into rivalry delineated along the lines of social groups and, ultimately into totalitarianism (Pavlich 2001: 58). As such, Pavlich recommends that “our initial strategy might be to clear spaces within which to enunciate equitable patterns of human association, viable and rewarding patterns of collective solidarity” (64-5). Although language describing Peacemaking Circles throughout this paper has employed “community” rather than “solidarity,” I suggest that the terms are here essentially interchangeable; our intention in conducting Circles with traumatized populations is to lessen the sense of “us versus them,” by following exactly those recommendations made by Pavlich.

Tibetan torture survivors indicated a similar concept in our interviews, universally telling me that they have forgiven their torturers (and in fact some forgave while still in detention and facing torture on a daily basis, despite Judith Herman’s assertion that compassion for perpetrators is not a precondition to a survivor’s recovery), who were only doing duties demanded of them by a problematic system. For most Tibetans, whose religion has taught them forgiveness and compassion even for the most cruel among us, their survivor mission is one of politics and nonviolent struggle for systemic change, not one of personal grudges or vertical violence. These Tibetans have achieved a superior sense of solidarity with humankind, which is one of their characteristics that most fascinates and lures Westerners. As may be extrapolated from the example set by Tibetan torture survivors, once solidarity is achieved among those in the Circle, it may be extended outside the Circle itself to the wider community to which individual participants belong. And “when we experience safety in community, a prerequisite for healing, violence strikes a dissonant note and we become advocates for resisting it in all its forms” (Fisher: 1). Data

arising from the work of Pham, Weinstein and Longman (2004) support this assertion in that those most lacking safety—those with the greatest PTSD symptomatology—indicated the beliefs less likely to suggest avoidance of violence.

It is for this reason that trauma psychologists have recommended that the United Nations “include efforts to respond to the needs of victims” when working with survivors of mass violence and torture, for “failure to do this is likely to increase the risk of transgenerational transmission and the perpetuation of a cycle of violence” (Turner, Yuksel and Silove 2003: 207). Similarly, Brandon Hamber, author of the theory of extreme traumatization, reminds readers that “reconciliation at the community level remains vital to long-term stability and development; for it is within communities and at the local levels that future violence is likely to manifest itself...It is therefore very important indeed that steps are taken to deal with horizontal violence and rebuild the social fabric of communities” (2003: 167). Judith Herman likewise supports the assertion that violence impacts the entire social fabric:

When a crime has been committed, in the words of Hannah Arendt, ‘The wrongdoer is brought to justice because his act has disturbed and gravely endangered the community as a whole....It is the body politic itself that stands in need of being repaired, and it is the general public order that has been thrown out of gear and must be restored....It is, in other words, the law, not the plaintiff, that must prevail.’ (1997: 209-10).

In the case of extreme traumatization, the law that must prevail is that protecting citizens from structural and vertical violence and human rights abuses, for although any crime has potential to disrupt society’s fabric, it is societal crime that has the most potential to continue destroying community solidarity over the long term, increasing the likelihood of a devolution into ethnic rivalry and vertical violence. Herman goes on to state that, by speaking out in a public (or semi-public, as is the case with restorative justice) setting, “the survivor defies the perpetrator’s attempt to silence and isolate her, and she opens the possibility of finding new allies. When others bear witness to the testimony of a crime, others share the responsibility of restoring justice” (1997: 210). The finding of new allies was the primary reason for storytelling given me by Tibetan torture survivors; it is their belief that engaging the psycho-social support of others who recognize universal god-nature in all human beings will motivate these new allies to support them in their

survivor mission of a free Tibet. And since Herman argues that the perpetrator need not participate for survivor recovery to occur, restorative love on a personal and community level as demonstrated by Tibetans' faith in their allies should not only aid individual and societal healing, but should also ultimately help to eradicate conditions that enable extreme traumatization.

Bearing witness is inherent to Peacemaking Circles conducted for reconnection, the third stage of recovery from a traumatic experience, which activates community obligation to respond to violence and community recognition of the cycle thereof. It may also activate the state's obligation to meet the ethical right to assistance of those in need because of its very behavior. Supporting forgiveness and healing of those directly victimized may in fact assist those indirectly victimized in their own healing, the wider community of care, lessening the desire for retribution and potentially creating a socio-political survivor mission for these stakeholders that yields collective nonviolent work for social justice and ultimately a human rights culture. If human rights are observed and structural violence eliminated, power may be shared more equally and the existing ease of committing violence against one or another social group may be eliminated.

In the case of extreme traumatization, violence has been done against individuals who represent entire social groups marginalized by power-seeking elites who utilize structural violence to maintain their status. It would seem that human rights violations are substantially harder to commit in states in which various populations have relatively equal power, especially in the forms of due process and suffrage. As such, mobilizing marginalized social groups through the transformation of individual senses of victimization into collective senses of empowerment, would appear to be the first step. We must remember Margaret Mead's famous dictum: "Never doubt that a small group of committed citizens can change the world. In fact it is the only thing that ever has." When changes start on the community level and civil society is engaged, peaceful transformation can occur (witness, for example, the US Civil Rights Movement of the 1960s). But this is an impossibility when those on the community level remain traumatized at the hands of their governments, since as we have seen, trauma is likely to beget further violence and perpetuate the existing oppressive system. This is perhaps the ultimate manifestation of the future orientation and hope engendered and enabled by Peacemaking Circles, a topic I have discussed at length in previous sections of this document.

State Obligation and Peacemaking Circles

As we have seen, a prohibition of torture represents an international overlapping consensus, one from which states may never derogate and one which remains violated around the world on a daily basis. Having accepted their obligations to refrain from using and to prevent and punish torture, states similarly accept an obligation to provide redress for this violation. There is little literature that draws the connection between this obligation and restorative justice, but restorative practices also represent an emerging overlapping consensus. For example, in the 1985 *UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power*, the General Assembly calls upon its Member States to “implement social, health, including mental health, educational, economic and specific crime prevention policies to reduce victimization and encourage assistance to victims in distress” and to promote related community efforts (GA res. 40/34, Preamble article 4(b)). Furthermore, it suggests “informal mechanisms for the resolution of disputes, including mediation, arbitration, and customary justice or indigenous practices” (Part A. article 7).

In 1999, the Economic and Social Council (ECOSOC) of the United Nations adopted its resolution, “Development and implementation of mediation and restorative justice measures in criminal justice” (1999/26). Article 3 of this document “[e]mphasizes that mediation and restorative justice measures, where appropriate, can lead to satisfaction for victims as well as to the prevention of future illicit behaviour.” Finally, a 2002 ECOSOC Resolution, “Basic principles on the use of restorative justice programmes in criminal matters,” “encourages Member States to draw on the basic principles on the use of restorative justice programmes in criminal matters in the development and operation of restorative justice programmes” (article 2).

Additionally, it recognizes

that those initiatives often draw upon traditional and indigenous forms of justice which view crime as fundamentally harmful to people, emphasiz[es] that restorative justice is an evolving response to crime that respects the dignity and equality of each person, builds understanding, and promotes social harmony through healing of victims, offenders and communities, stress[es] that this approach enables those affected by crime to share openly their feelings and experiences, and aims at addressing their needs, [is] aware that this approach provides an opportunity for victims to obtain reparation, feel safer and seek closure...and

enables communities to understand the underlying causes of crime, to promote community well-being and to prevent crime (2002/12, Annex Preamble).

Moral standards, too, would suggest that states must respond to their most vulnerable citizens—those most likely to fall victim to the torturer—by providing education, empowerment, and the healing necessary for these to become healthy and productive citizens. While ideally this moral obligation would include rectifying structural violence by equitably distributing resources and observing legal and ethical obligations to provide assistance, it is perhaps sufficient (and in many cases more realistic) that states begin with a response to crises such as internal conflict and widespread use of torture by working with civil society to establish mechanisms of justice that function on a local level and meet the needs of communities in culturally appropriate and accessible ways. According to the United Nations, practitioners of restorative justice, and many mental health professionals, Peacemaking Circles may provide a cost-effective and sustainable mental health solution to traumatic violent crime perpetrated by the state itself, thereby preventing the cycle of violence that stems from vertical violence and results in the horizontal. While an absence of overt violence will not eliminate structural abuses, it may provide a climate in which such a hopeful vision may eventually be realized.

Recommendations

Given that the obligation to prevent and punish torture, and to provide healing and redress to its victims is an overlapping consensus of the international community, and given cited recommendations from the United Nations that forms of restorative justice be employed to this end, it is reasonable to assert recommendations for the application of Peacemaking Circles to meeting the mental health needs of torture survivors.

First, serious research must be undertaken into the real mental health outcomes of traumatized individuals treated using a Peacemaking approach as outlined in this paper. Much of this work is theoretical, established through academic connections between trauma psychology and restorative justice practice. While connections may seem apparent, they must be studied in praxis with a variety of cultures, in a variety of settings, and with the presence and oversight of trained mental

health professionals. This empirical work should begin with further research into resilience, coping strategies, and the felt needs of torture survivors, such as that I began with Tibetans in India. Researchers should remember that felt needs may reveal the impacts of structural violence in a manner more valuable and complete than is possible for an outsider looking in, and may ultimately be useful in reminding states of their ethical duty to protect their citizens. Data from this preliminary research must then be applied to investigations into the use of Peacemaking Circles, in search of ways in which Circles may activate or reproduce resiliency, and ways in which this may be extended from individual survivors to the wider community.

Secondly, states must begin to institutionalize adherence to United Nations recommendations regarding redress for victims of violence and abuse of power, recognizing their own roles in creating extreme traumatization through the violation of human rights law and systematizing of structural violence. States should work with civil society and community leaders to establish restorative practices consistent with cultural norms. These are inexpensive intervention options and, assuming they are culturally appropriate, highly self-sustaining. Research undertaken as part of the first recommendation should be made available to states and should ideally be supported by states themselves.

Finally, those working in settings in which Peacemaking Circles might be put to use—camps for refugees and internally displaced persons being among the first I would suggest—should be trained, if they have not already acquired this knowledge, in “psychological first aid” according to standards established by the WHO and implemented by organizations such as the Center for the Study of Traumatic Stress, and should begin to explore on-the-ground felt needs of torture survivors and their communities. I make this recommendation with the knowledge that mental health is among the last areas on which donors tend to focus, leaving highly traumatized and marginalized individuals with a shortage of important care. Peacemaking Circles may provide a response to this lack, given that Circle Keepers in fact need not be trained psychotherapists. As such, humanitarian workers with training in “psychological first aid” and an understanding of local culture and language make the ideal partner to a local leader, who together may serve as Circle Keepers. This is a process that may begin concurrently with formalized academic research as suggested in the first recommendation, above. Appendix V to this document provides support

for the assertion that Peacemaking Circles properly conceived and implemented may, without the presence of costly and scarce mental health professionals, provide a service vital to individuals and potentially to whole societies struggling to rise above structural violence.

The longer the mental health needs of torture survivors go unmet, the more likely it is that the cycle of violence will be perpetuated by communities suffering extreme traumatization and transgenerational transmission of feelings of shame, helplessness and despair. On the other hand, the sooner communities achieve recovery on an individual and societal level, the sooner will they be able to mobilize for effective institutional change, such that this paper might ultimately become entirely obsolete.

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Appendix I:

Informed Consent for Tibetan Interviewees

You are invited to participate in a study of the mental health effects of torture and your needs in healing from traumatic experiences. The study is being conducted under the auspices of the University of Denver in Colorado, USA, by Lisa Schechtman, a graduate student in International Human Rights. The results of the study will be used to learn more about the applications of peacemaking circles for healing the trauma of torture. The project is being supervised by Dr. Peter Van Arsdale, Graduate School of International Studies, University of Denver, Denver, CO 80208, pvanarsd@du.edu.

Participation is voluntary, and involves an interview that will take 60-90 minutes to complete. Participation will involve responding to a number of questions about your experiences in prison; the researcher will ask whether you were tortured and how, your feelings about it, and how you got through it.

You may choose not to answer any question at any time. You are free to withdraw from the study at any time. There will be no penalty if you do not answer a question or if you withdraw from the study. Because the questions involve traumatic experiences in your life, it is very important to stop answering questions if you feel overwhelmed by emotion or feel that you are no longer able to be mentally present.

All information gathered in the interview portion of this study will be treated as confidential, and only the researcher will have access to the information you provide. You will be identified on all paperwork by a code number only, never by name. Only the researcher will have the list that matches your name to your code number. Your name will never be used in any reports of this research.

The benefits of being involved in this study include the opportunity to help torture survivors around the world better heal from their experiences. You may also enjoy providing information about your own experiences. If you would like a copy of the results of the study, the researcher will be happy to provide one. You will receive no compensation for your participation in this project. Potential risks of being involved include the possibility that discussing your experiences of detention in Tibet may be upsetting to you. If this occurs, please tell the researcher that you are too upset to continue. There will be no penalty if you cannot continue. The researcher will then make certain that you receive the appropriate care.

If you have any concerns or complaints about how you were treated during the research sessions, please contact Dawn Nowak, Institutional Review Board for the Protection of Human Subjects, at dnowak@du.edu or 001.303.871.4052, or Dr. Maria Riva, Chair, Institutional Review Board for the Protection of Human Subjects, at 001.303.871.2484.

You may keep this page for your records.

Appendix II:

Questions Used in Interviews with Tibetan Torture Survivors

Who do you trust most in this community? _____

What is his/her relationship to you? _____

Where can I find this person today? _____

1. What has your day been like today, as a person trying to reintegrate into society after prison?

2. How long were you in prison? (total time if imprisoned more than once)
 - 0-6 months
 - 6 months-1 year
 - 1 year-3 years
 - 3 years-5 years
 - More than 5 years

3. What prison were you in?
 - Gutsa
 - Sitru
 - Trisam
 - Drapchi
 - Other (name)

4. How long ago were you released?
 - 0-6 months
 - 6 months-1 year
 - 1 year-3 years
 - 3 years-5 years
 - More than 5 years

5. How long ago did you arrive in Dharamsala?
 - 0-6 months
 - 6 months-1 year
 - 1 year-3 years
 - 3 years-5 years
 - More than 5 years

6. Can you describe your prison cell to me? What did it look and feel like?

7. Were you threatened with torture while in prison?
- Yes
 - No
8. Were you tortured while in prison?
- Yes
 - No
9. How often were you tortured?
- One time
 - One to three times
 - Once a week
 - Once a month
 - More frequently (estimated frequency)
10. What torture methods were used?
- Electrocutation
 - Physical beating
 - Insertion of objects into bodily orifices
 - Rape
 - Denial of food and/or water
 - Denial of access to toilets
 - Crowded prison cells
 - Denial of access to family members
 - Denial of access to doctors
 - Sleep deprivation
 - Being tied down
 - Being suspended from the ceiling
 - Being burned
 - Other (specific method)
11. How often did you experience each type of torture:
- One time
 - One to three times
 - Once a week
 - Once a month
 - More frequently (estimated frequency)
12. Did you feel humiliated while in prison?
- Never
 - Only during the first few days in prison
 - Only during the first month in prison
 - The entire duration of my imprisonment

13. Did you fear for your bodily (material) life while in prison?
- Never
 - Only during the first few days in prison
 - Only during the first month in prison
 - The entire duration of my imprisonment
14. How were you able to survive while being tortured?
- I thought it was due to bad karma
 - Suffering is the path to enlightenment
 - I thought of others who were also suffering
 - I remembered that I was suffering for the cause of my people
 - I thought of the Buddha's teachings
 - Other
15. What do you think is important for your own health now that you have been released from prison and are safe? (more than one response is acceptable)
- To speak with others who were also imprisoned
 - To continue working for the freedom of my people
 - To work for the release of others in prison in Tibet
 - To understand the motivation of the Chinese
 - To forgive those who hurt me
 - Other

Note: All choices indicated by boxes in the questions above were used solely to facilitate note-taking during interviews, since I opted not to record them out of consideration of confidentiality, and to assist in coding data that resulted from these interviews. These choices were not given to interview subjects and were in no way used to lead answers received during interviews. These questions were modified for one interview with a staff member of Gu-Chu-Sum, who was not a torture survivor.

APPENDIX III:

**Basic Demographic Data of Informants for Interviews Conducted in
Dharamsala, India in November and December, 2004**

Informant	Sex	Approximate Age	Duration of Detention	Time Since Release	Time Since Arrival in Exile
#1	M	35	4 years	12 years	12 years
#2	M	30	6 years	3 years	4 months
#3	F	25	6 years	3 years	8 months
#4	F	76	27 years	27 years	17 years
#5	M	30	5 years	5 years	4 years
#6*	M	45	N/A	N/A	35 years

* Director of Programming at Gu-Chu-Sum,
The Tibetan Ex-Political Prisoners' Association

Appendix IV:

Probes Employed in Focus Group with Mental Health Providers

1. What is the most important aspect of the healing process for the torture survivors served by RMSC? *(role of feelings of loss of control, loss of faith in oneself and in the goodness and justice of the world)*
2. How does telling the story of their experiences facilitate the healing process? *What aspects of this storytelling are most important?*
3. In my research, I have come across many indications that spirituality plays an important role in recovering from torture and in reintegrating into society. How do you feel about this? *Do you see this playing out in your work at RMSC?*
4. How beneficial do you feel it is for your clients to speak with each other about their experiences?
5. How important is it for them to speak with other members of their new community about their experiences? *How might this increase their sense of control, meaning, faith in general goodness?*
6. Would you consider asking your clients to form a group to discuss their experiences of torture and their feelings about it? *What would you most like them to discuss in such a group?*
7. Whose obligation do you believe it is to ensure that people who have been tortured are able to live a normal life afterward? *How much does this obligation play into the healing process (does it help torture survivors regain confidence in justice, goodness of others, control over their lives?)?*
8. Do you feel that your clients have found meaning in their experiences of torture, particularly in the context of their whole lives? *How important is this to the healing process? If it is important, what might help your clients find meaning?*

Appendix V:

Process Comparison—Medicine Wheel, Circle Phases, Stages of Healing & Group Therapy

Medicine Wheel	Circle Phases	Stages of Healing	Group Therapy
<p><i>Physical (body)</i> Physical needs Safety Self-reliance</p>	<p>1. <i>Opening</i> Ceremony Guidelines Weather report Sharing</p> <p>5. <i>Closing</i> Sharing Ceremony</p>	<p><i>Safety</i></p>	<p><i>Safety</i> Present-focused Homogeneous Self-care Open-ended Trust</p>
<p><i>Emotional (heart)</i> Expression of emotion Storytelling</p>	<p>2. <i>Expressing Needs & Interests</i></p>	<p><i>Remembrance & Mourning</i></p>	<p><i>Remembrance & Mourning</i> Past-focused Homogeneous Trauma Time-limited Storytelling</p>
<p><i>Mental (intellect)</i> Storytelling Self-reflection Needs, interests Differences Solutions</p>	<p>3. <i>Exploring Options</i></p>	<p><i>Reconnection</i></p>	<p><i>Reconnection</i> Future-oriented Heterogeneous Relationships Conflict tolerant Open-ended Unstructured</p>
<p><i>Spiritual (values)</i> Value-consistent behavior Connection Openings New beginnings Ritual Storytelling</p>	<p>4. <i>Building a Sense of Unity</i></p>		