

The Tree of Life: a community approach to empowering and healing survivors of torture in Zimbabwe

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Abstract

The article explores the effectiveness of the use of an empowerment workshop, called the Tree of Life, in the treatment of torture survivors. The approach is based on a survivor-to-survivor model of assistance.

The Tree of Life is a group-based approach to the healing and empowerment of survivors of organized violence and torture. It is facilitated by survivors themselves who have been trained and supervised in the methodology. It uses the metaphor of the tree to provide a framework for understanding the trauma experience, and, through a series of inter-related processes, leads the survivor into an appreciation of his or her strengths and the support of the community in surviving.

Research into the effectiveness of the method is carried out using pre and post measures in a psychiatric screening instrument measuring depression and anxiety. Participants were also asked for feedback in a structured self-report upon completion of the workshop. In addition, an exit interview was conducted after follow-up, three months after the first workshop session.

A total of 73 persons attended the workshops, and detailed follow up data was only available for 33. 36% showed significant clinical improvement, and the sample as a whole showed significant changes in their psychological state. More

complete information was available for a smaller sample (19), which showed 39% having significant improvement.

On follow-up, 44% were still experiencing difficulties, with most (72%) experiencing economic difficulties. On the positive side, 56% reported coping better, only 9% reported health problems, and most were still connected to the group with which they participated in the process. All felt that the process had helped them find new things, and had changed the way that they felt about their torture.

The Tree of Life appears to be a useful, cost-effective, non-professional method of assisting torture survivors.

Keywords: torture survivors, group psychotherapy, para-professional, SRQ-20, Zimbabwe

Introduction and background

Torture in Zimbabwe since 2000

Torture has been documented across the last three decades of Zimbabwe's history.¹ One study, of a province that experienced severe human rights violations in the Liberation War of the 1970s, showed that one adult in 10 over the age of 30 years reported torture and was suffering from a clinically significant psychological disorder as a consequence.² High rates of torture and consequent psychological disorder were found in a study of former guerilla soldiers from the same period.³

Even higher rates of torture and its se-

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quelaes were found in studies of the Gukurahundi period of the 1980s in Matabeleland.⁴ Here it was found that more than 80% of the sample reported torture, and the prevalence rate for consequent psychological disorder was 50% of all adults over 18 years.

Subsequently, there was a long period – from 1987 to 1998 – where there was little or no gross human rights violations reported. However, organized violence, torture, and intimidation were seen during the periods leading up to important political events such as elections. There is a strong correlation between reports on the patterns of violence in Zimbabwe that records of torture and other forms of organized violence and the lead up to elections. In June 2000, parliamentary elections were held and the period leading to the elections was marred by physical violence and political intimidation by the government sponsored war veterans against anyone who was perceived to be the opposition. Despite these drawbacks the MDC won nearly half the seats in parliament.⁵ Since the 2002 Presidential election, there has been no appreciable improvement

in the human rights climate during elections.⁶

During the period from July 2001 to August 2008, the Human Rights Forum reported 4,765 allegations of torture. The Forum also recorded, during this period, over 39,000 violations. There has been a steady increase in violations from 2006, with it being apparent that 2008 may well be the worst year for human rights violations, and possibly torture as well, since 2000.

These figures are a clear under-estimation of the incidence and prevalence of torture by an unknown order of magnitude, and an accurate assessment of the likely need can only come from a community-based study. Thus, it is difficult to posit the need for rehabilitation services for the survivors of torture as well. But what does seem evident is that there are likely to be very large numbers of survivors both requiring medical and, particularly, psychological assistance.⁷

Psychological assistance to torture survivors

The treatment and management of torture

Table 1. Numbers of human rights violations reported to the Human Rights Forum, July 2001 to October 2007.

	2001	2002	2003	2004	2005	2006	2007	2008
Abduction	116	223	52	62	18	11	19	117
Arrest & detention	670	274	627	389	1286	2611	2766	430
Assault	0	86	388	401	530	486	865	1723
Attempted murder	0	2	10	10	1	3	0	8
Death threats	0	12	80	35	9	7	7	47
Disappearance	0	28	4	0	0	0	0	0
Displacement	0	11	208	189	609	55	0	627
Freedoms	12	39	809	760	1036	1866	3500	2161
Murder	34	61	10	3	4	2	3	107
Political discrimination	194	388	450	514	476	288	980	2379
Property violation	356	807	153	132	61	55	16	381
Rape	0	7	6	3	4	1	0	6
School closure	0	45	1	0	0	0	0	26
Torture	903	1172	497	389	136	366	603	699
Total	2285	3155	3295	2887	4170	5751	8759	8711
Monthly average:	381	263	275	241	348	479	730	1089

survivors can be said to be in its infancy in many respects. Although there is an enormous literature on the field, and the field has grown considerably since its beginnings in the 1970s, there is little in the way of evidence-based treatment methods for the psychological disorders that almost invariably follows torture. Furthermore, most research on psychological treatment is generated in treatment centres in countries playing host to refugees, with markedly fewer studies in the countries of origin of the refugees.⁸

In the advent of very large numbers of victims, as is the probable case in Zimbabwe, there is a need to find cost-effective methods of providing psychological assistance to the victims, and this is an area that has been given considerable thought. Perhaps the simplest way to think about Zimbabwe currently is to use the term “complex emergency”. Although the term is derived mainly to describe situations following war or civil war, its utility is that it can also be used to describe a wider variety of situations. As used by Mollica et al,⁹ following the World Health Organization,¹⁰ the term can be defined as follows:

A complex emergency is a social catastrophe marked by the destruction of the affected population's political, economic, sociocultural, and health care infrastructures.

There are a small number of studies indicating that psycho-social interventions may be effective in complex emergencies. A study of Cambodian refugees showed that opportunities for economically productive activities could reduce psychiatric morbidity in camp residents.¹¹ A study in Bosnia-Herzegovina and Croatia showed higher rankings for group meetings and shared activities than for individual therapeutic provision.¹² A case-control study showed a reduction in

intrusive memories and higher self-ratings of wellbeing in traumatized mothers in Bosnia who participated in weekly group meetings compared with those who received a basic package of medical care.¹³

In Zimbabwe, there have been attempts to test brief interventions suitable for the community setting, and at least one study has suggested that brief interventions may be efficacious for the psychological treatment of torture survivors.¹⁴ However, in the situation of a complex emergency, it is doubtful that approaches based on individual treatment would be cost-effective, a conclusion also reached by Mollica and others. Thus, it was decided to attempt to implement a group-based treatment approach that has been previously used and examine its efficacy. Similar approaches have been used in Namibia with some success.¹⁵

Healing and empowerment of torture survivors

The Tree of Life was originally developed as an approach for assisting unemployed youth. It was adapted to the needs of Zimbabwean political violence victims living in exile in South Africa in 2002.¹⁶ This process was introduced to victims in Zimbabwe in 2004 as an attempt to address the psycho-social difficulties faced by survivors in Zimbabwe, most of whom still live under threat, and many of whom are internally displaced.

The Tree of Life is a healing and empowerment workshop that combines the concepts of story telling, healing of the spirit, reconnecting with the body and re-establishing a sense of self-esteem and community. This process was developed from traditional ways of dealing with difficult issues in communities, notably amongst the Native Americans, and shares common features with many similar circle processes.¹⁷ It is usually carried out over a period of two to three days with a group living and sharing meals together.

During the course of the workshops, it was discovered that the victims are more at ease when they are all from the same community rather than a group of strangers; this allowed them to gain the trust and respect sooner rather than later. The participants themselves stated that it is easier to maintain confidentiality if they are familiar with each other. At the beginning of the workshop the participants were asked to keep everything that is said in the circles confidential. Security reasons were also given for having the group coming from one area, as they said that it was easier to identify an impostor or informer amongst them, which it is not a trivial concern. This emphasizes how the culture of fear that has been perpetuated by the Zimbabwe government has caused mistrust and fear between people.

The process was facilitated by two trained facilitators whose duties were to hold the circles making sure that all the workshop agreements were being respected. *A talking stone* is always used in the circles. This ensures that the person holding the stone is the only person who could talk and everyone else is obliged to listen until the person had put down the stone in the centre of the circle. This has been shown to be crucial to creating a framework for both open, respectful listening and confidence in talking.

At the beginning of the process, both primary and secondary victims were participants at the workshops, but it was later decided that the programme should concentrate on primary victims due to the high numbers of such victims.

Working with nature

The workshops preferably take place in a rural setting, where participants live together in community, and can spend time outdoors in nature, both as a group and on their own. As the name, the Tree of Life,

suggests, the participants are reminded of the healing properties of nature, the trees, grass, water and mountains. The relationship with nature is felt to be critical as the assumption is that most people have an instinctive response to its healing powers.^a Through being in nature, people reconnect with their fundamental abilities for connectedness and inter-dependency. This social aspect has a particularly powerful cultural and spiritual relevance to all Zimbabweans, and is also held by many traditional cultures around the world.

The tree is also used as a device for the telling of stories, and participants communicate their lives through drawings of a tree, with the soil (culture), roots (family), trunk (early development), branches (later development), leaves (important people), fruits (high points), and bugs (disappointments/trauma), providing the frame for this communication.

Body work

At the beginning of each day of the workshop, there is a session on body work. This consists of simple exercises using breathing, balancing, and relaxation as a means of reconnecting with the body and releasing tension. The process of being violated – through torture, intimidation, beatings, and rape – has the frequent effect on the “victim” of becoming disconnected from their bodies. The participants find these exercises very useful and they become more holistically aware of their bodies, not just the aches and pains resulting from the abuses they suffered.

Story telling

The telling of individual stories takes place in a circle which offers a step-by-step process of building on trust and respect. It allows participants to share the accounts of their experiences and listen to one another

in an atmosphere of openness, understanding and forgiveness. The concept of using the circle was welcomed, as it was similar to the traditional method of talking about problems within a family or a community. This is known as *dare* in the local language, Shona.^b

The first circle is an introductory one, giving the participants and the facilitators a chance to get to know each other and the process. Before getting to the trauma circle, the participants have an opportunity to talk about themselves, their background, their family history, their hopes and dreams, and where they are today. This is the initial step-by-step building of trust and respect before launching into sensitive stories of abuse and trauma. This “community witnessing”, particularly for individuals who have been through traumatic experiences, helps re-frame their perspective from that of “isolated victim” to members of a caring community. These are the first steps towards healing and empowerment.

The most important circle is the trauma circle, where the participants talk about the political violations they suffered, and are encouraged to be as open as possible for the process to be most effective. This circle is usually the longest one as interruptions are not permitted; this is in a bid to ensure that each person feels that they have been given a chance to talk. Some break down and are given the space to recompose themselves.

Even with all this preparation, not all participants were ready to talk about their trauma. Some feared that their stories, especially of rape and sexual abuse, would become public knowledge, and they were not prepared to talk about it in the circle. In most cases, this was usually because their own close family members did not know of the abuses. The women especially had not told their partners because of the stigma as-

sociated with rape. It is compounded by the HIV/AIDS stigma resulting in most women being reluctant to report the incident and to be tested, and, therefore, they do not seek medical attention immediately after the assault. In most cases where the assault involves married women, they do not talk about it for two main reasons: women fear their husbands will divorce them, and/or that they will be blamed for the attack, particularly where the women are activists.

The participants who had suffered sexual violence were nonetheless prompted to talk, and some of them eventually agreed to talk to the facilitators on a one-on-one session outside the circle. This is still considered therapeutic, as the aim of the tree of life is to give a person an opportunity to talk about the trauma they have undergone.

The story telling is hard, not just for the participants, but for the facilitators as well, and they run the risks of vicarious trauma. Thus, de-briefing sessions were held for all facilitators with a person experienced in the running of the Tree of Life (BR), who offered this service as a volunteer.

Empowerment

The workshop ends with the group gathering the “gifts” that they have found in themselves, and re-framing themselves and their community in a new way – as a group of people with power, and not as isolated and damaged individuals. There is also a short session dealing with the value of circles, “open systems”, as opposed to hierarchies, with the aim of reinforcing the power of groups. This always evokes considerable comment amongst the participants. Finally, the workshops always ends. With a spiritual ceremony during which the participants burn symbols of their abuse and celebrate the finding of their gifts, and their healing and empowerment.

What is the process of healing and empowerment?

The effect of torture, intimidation and fear, isolates and separates people, making them feel alone with their problems. One of the most important aspects of healing is breaking these patterns of isolation and rebuilding a sense of belonging. Thus, in the Tree of Life workshop, participants go through a process of reclaiming:

- *Reclaiming personal power*
Telling personal stories and having them witnessed
- *Reclaiming the body*
Bodywork – breathing, stretching, relaxing, dancing etc
- *Reclaiming connections between nature and oneself*
Expanding the view of oneself – connecting with the natural system in which one lives
- *Reclaiming the connection to the community*
Viewing oneself as part of a larger system – as individual trees in a diverse and interconnected forest community

This metaphoric framework has been seen to have considerable salience for the survivors, and it has been frequently observed that the participants begin to use the frame in their everyday lives. Certainly the diversity of the forest has strong evocations for the tolerance of diversity needed in democracy. This is a very important aspect of the reasons for the participants becoming activists.

The study

Study design

With the anecdotal evidence of the Tree of Life process providing both healing and empowerment for the victims, it was then decided to assess the process in a pre and post design. All participants were assessed prior

to attending the workshop, and were then re-assessed on follow-up, usually about three months after the workshop. Additionally, the workshops themselves were evaluated by the participants, using a standard questionnaire, incorporating both quantitative and qualitative items.

Selection of participants

As indicated above, all potential candidates for the workshops were given an initial assessment by one of the trained facilitators. There were two sets of criteria for being selected:

- Positive history of the experience of organized violence and torture;
- Positive score on the Self-Reporting Questionnaire (SRQ-20).

The former was gained from an interview with the prospective candidate. This was not complex since the potential candidates were being chosen from amongst the activists known to the facilitators. Since there was appreciable risk in contacting known activists, the facilitators used their local networks or networks known to persons who themselves were well-known to the facilitators.

The Self-Reporting Questionnaire (SRQ-20) is a widely used psychiatric screening instrument.¹⁸ The instrument has been widely used in Zimbabwe, both in general mental health settings as well as with survivors of organized violence and torture, and has been shown to have both validity and reliability.¹⁹ The instrument has been previously translated into Shona, and was administered in the form of an interview.

Those who did not have a history of organized violence and torture, or who did not score above the cutting score on the SRQ-20 (score in excess of seven out of 20) were mostly excluded from the workshop. One

individual with a score of less than 7/20 was included in order to make up the numbers, but this individual nonetheless had a clear history of organized violence and torture.^c No individual was excluded due to disability, and all individuals that showed serious physical disability or psychiatric disorder were referred subsequently to a rehabilitation centre that specializes in trauma disorders.

110 individuals were assessed initially, but only 74 finally attended a workshop. Seven workshops were held overall. It was intended that pre and post workshop SRQ-20 scores would be collected in order to provide a measure of the success of the workshop. Unfortunately, due to the extreme mobility of the participants, many were in hiding or were subsequently forced to move, complete follow-up was only possible for 33 participants. The post workshop test with the SRQ-20 was intended to be carried out two months after the workshop. However, difficulties in the follow-up meant that some were assessed later than this, and, as indicated above, was not possible for some. The timing of the follow-up was set at two months, rather than at the end of the workshop, in order to assess possible changes more accurately, and to avoid any kind of halo effect from the workshop.

Participants

These workshops were mainly conducted with victims from Mashonaland West, one of the areas that experienced terrible violence between 2000 and 2003. The participants were either opposition supporters, opposition office bearers, or had family members who are office bearers of the opposition. This was the reason why they were targeted. The attacks were allegedly carried out by either state officials – the police, central intelligence officers, army, or by state-sponsored proxy groups – war veterans, youth militia,

and Zanu PF party supporters. There were many instances of severe beatings, falanga, sexual abuse (of both men and women), rape, arson, and property destruction.

The groups were all mixed by gender – X males and Y females.

The facilitators

The three facilitators were previously trained in the methodology and were all experienced. All were survivors themselves, and had participated in the first Tree of Life workshops run in Zimbabwe during 2004. They ran the workshop in pairs, with the two male facilitators alternating with the one female facilitator, so that there was always a gender balance. The facilitators were supervised by the person who originated the Tree of Life process [BR], and met after each workshop to both de-brief and assess the workshop.

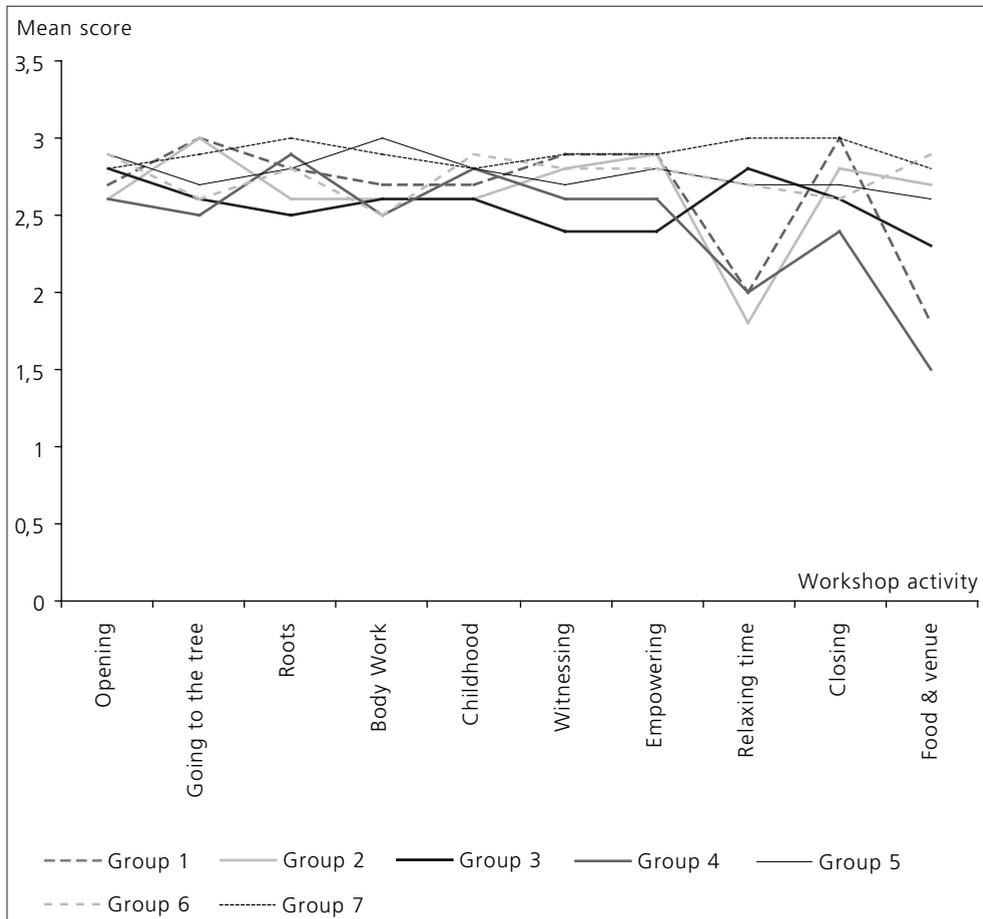
Results

Two sets of data were available for evaluating the success of the Tree of Life workshops. The first set was the data derived from the evaluations made by the participants after each workshop. A feedback questionnaire was given to each participant at the end of the workshop, which was completed anonymously. The questionnaire was comprised of both structured and open-ended questions, and this was entered on a purpose-built data base. The open-ended questions were then assessed independently by two assessors using a simple coding system (“positive response” or “negative response”⁹ and inter-rater reliability was calculated. This gave an inter-rater reliability on the open-ended questions of 96%, which was highly satisfactory.

Evaluation of the workshop process

A total of 73 persons attended seven work-

Figure 1. Evaluation scores for workshops.



shops over the project period. As can be seen from Appendix 1 and the table below, their evaluations of the workshop were highly positive. For each phase of the workshop process, participants were asked to rate that phase on a three-point scale (1=poor; 2=fair; 3=good).

As can be seen from Figure 1, the mean group rankings for each part of the workshop process were highly consistent, with the exception of *relaxing time* and *food & venue* where there was some marked variance.

However, it is noteworthy that all groups on all items reported mean scores were all in the range *fair* to *good*. This can only be interpreted to mean that the participants found the work useful at the least. This conclusion is bolstered by the findings reported in Table 2.

As can be seen, all groups produced overall rankings for all aspects of the workshops very close to a *good* rating.^d

In addition, the participants were asked a number of open-ended questions as follows:

Table 2. Mean group ratings for the group processes

	Workshop Phase						
	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7
Overall Average:	2.9	2.6	2.6	2.4	2.8	2.6	2.9

Table 3. Ratings and inter-rater agreement for open-ended questions.

	What did you learn about yourself in this workshop?		What did you like about this workshop?		What did you not like about this workshop?							
Positive ratings	16	94%	16	94%	17	100%	16	94%	8	47%	10	59%
Inter-rater agreement	17 100%		17 100%		15 88%							

- What did you learn about yourself in this workshop?
- What did you like about this workshop?
- What did you not like about this workshop?
- Is there anything you would appraise or anything else you would like to say?

Two raters read all the answers to these questions separately, classified the responses as either positive or negative, and then the agreements between the raters were calculated (total number of agreements divided by the number of agreements plus the number of disagreements \times 100). This gave an overall inter-rater reliability of 96%, which is highly acceptable.

As can be seen from Table 3, there was a strong trend for all questions to give positive answers, even for the question about what was not liked by the participants, where nearly half still gave positive responses.

Thus, it can be concluded overall that the workshop process was felt to be of value by all participants, at least at the end of the workshop. There were some complaints, but these were mostly about the quality of the food at one of the venues used. However, enjoying a workshop is not the same as the

workshop having some longer term impact, which was assessed on follow-up through the repeat of the initial assessment.

Improvement due to the workshop

A total of 110 individuals were initially assessed for their suitability for the workshops, but only 73 were finally selected. As indicated above, the rationale for selection was whether the candidate was a primary victim of torture, and hence those rejected were largely secondary victims. The follow-up sample had significantly higher SRQ-20 scores than the selected sample.^e

Follow-up was only possible for 33 individuals, since this is a highly mobile population under significant threat and forced to move frequently. As can be seen from the table below, there was a decided mean shift downwards in the SRQ-20 scores for the follow-up group.

The difference in the pre and post-SRQ scores was statistically significant, indicating a real improvement in the psychological state of the participants. Additionally, 36% showed a drop in the post-scores below the threshold for “caseness”, which indicates a return to psychological health.

More complete data was available for 19

Table 4. *Changes in psychological status due to the Tree of Life.*

	Total sample (Pre-SRQ20) (n=110)	Workshop Participants (Pre-SRQ20) (n=73)	Follow-up Sample (Pre-SRQ20) (n=33)	Follow-up Sample (Post-SRQ20) (n=33)
Mean	10.77	10.85	12.55	8.36*
Standard deviation	3.63	3.82	3.00	4.60

*) $p=0.005$

of the 33 follow-up cases. This involved the completion of a follow-up evaluation questionnaire, in which a number of open-ended questions were asked.^f Again, for this smaller subset of the follow-up group the difference in the pre and post SRQ scores was statistically significant, with 39% improving below the threshold for “caseness”.^g However, this was a group still living in adversity, and, as can be seen from Table 5, nearly half were still experiencing difficulties in life, with economic problems unsurprisingly being the major difficulty reported.

However, the quantitative changes were the most interesting, as can be seen from Table 6.

Everyone felt that the Tree of Life process had helped them, had helped them find something new about themselves, and had changed how they felt about their previous experience of organized violence and torture. The kinds of comments are summarized in Appendix 2. For example, participants stated that “I can leave the past behind”, “I can forgive and look to the future”, and “I have

lost fear and have a positive attitude”. It was also gratifying to see that the oft-reported consequence of social isolation had been remedied in the majority of cases, and that the one aim of the tree of Life, to create mutual support groups, was achieved.

Clearly the feedback from participants indicates that they have benefited in many ways from the workshop. Their comments record feeling courageous and more focused in their lives, that they have been relieved by telling their stories, and many recorded being able to forgive their perpetrators. They have understood that an effect of trauma is a forced sense of isolation, and have found themselves being able to connect and communicate with their communities and families. The fact that they have kept meeting

Table 6. *Positive changes noted on follow-up interview.*

Change noted	Number
Do you think that the Tree of Life workshop helped you in any way?	18 100%
Did you learn anything new from the workshop: What was that?	18 100%
Has anything changed in the way that you feel about the bad things that happened to you?	18 100%
Do you meet others from your Tree of Life group?	17 94%
Meet often	13 72%
Meet occasionally	4 22%

Table 5. *Responses on follow-up interview.*

Change noted	Number
Coping better	10 56%
Experiencing difficulties	8 44%
No difficulties	4 22%
Economic difficulties	13 72%
Health problems	1 6%

with their fellow participants indicates that they have put this into practice.

These findings would have been strengthened by an independent assessment of the social bonding that took place, but this was both difficult and risky to undertake. Clearly this would be a priority when the political situation allows more open follow-up and meetings within the community, but this was not possible here.

The act of witnessing stories in a contained circle which has agreements of equality, respect, and security, has an empowering effect on the participants. Because of the simplicity of the process, it can be translated into every sort of community issue where the intention is to heal and empower in the aftermath of trauma. Recent workshops carried out in Mabvuku with community leaders had the same efficacious effect of increasing trust and co-operation and a deeper sense of empowerment in groups working with the effects of HIV/AIDS on orphans, widows and youth groups.

Conclusions

On the basis of these results, it seems fair to conclude that the Tree of Life offers both effective healing and empowerment for victims of torture in Zimbabwe. The findings are similar to those found in the Namibian setting²⁰, but it should be pointed out that this Zimbabwean work has taken place in what can only be described as a seriously destabilized situation, effectively similar to a low-intensity conflict or a complex emergency. This work took place in a setting in which there remained appreciable risks for all the victims.

The participants rated the workshop process as efficacious, and this was supported by the follow-up that demonstrated a significant decline in psychological dysfunction. 36% of the sample improved below the

threshold for psychological disorder, a score less than seven on the SRQ-20. However, it is fair to comment that this was not a case-control or waiting-list design, and more comprehensive empirical testing should use one of these designs before it can be conclusively asserted that the Tree of Life is beneficial. Nevertheless, these are impressive preliminary results, and certainly indicate that the Tree of Life is deserving of more attention as a method of assisting victims of torture.

As regards the approach itself, it commends itself to ordinary survivors, is easy to implement, and can make use of survivors themselves as facilitators, which is important in the current Zimbabwean setting where the health services are in disarray and mental health professionals are extremely scarce. The approach was culturally acceptable and followed traditional methods of dealing with psycho-social problems. The participants gave high rating to the sessions dealing *with witnessing the trauma and empowerment*.

Whilst the process of re-engaging with one's trauma is undoubtedly distressing, this study did not suggest that it was unduly so or noxious in any way. It should be pointed out here that, as Mollica and others have suggested in respect to mental health services in complex emergencies, care for the caregivers is an important aspect of any system that is put in place.²¹ This was observed here: the Tree of Life team met regularly to process the work and their own response to it, both in the immediate aftermath of the workshops and subsequently. Here the team used the same methodology of the circle to process their feelings and understandings about the effects of the work under the guidance of two supervisors who were highly familiar with the methodology, but who did not participate in the actual workshops with the survivors.

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Notes

- a. It has become apparent in later workshops that the emphasis on having the workshop in a natural setting is not necessary, and that the process can still be effective in less conducive settings. However, there still are good reasons for trying to hold the workshop in a natural setting.

- b. Although the traditional dare is strongly slanted towards men having greater importance than women, women's opinions are always sought at the dare. The Tree of Life process is more sensitive to gender differences and ensures equality of the sexes.
- c. Scores of seven or more are strongly suggestive of psychological disorder, whilst scores of ten or more have been shown to indicate the need for the assistance of a mental health professional. All scores in excess of seven indicate increasing severity of psychological disorder, and most need mental health care.
- d. For the full results on the ratings, see Appendix 1.
- e. On a test of means (t test), the difference was highly significant ($p=0.005$).
- f. For the full answers to these questions, see Appendix 2.
- g. On a test of means (t test), the difference was even more significant ($p=0.0001$).

Appendix 1

Mean ratings of workshop sessions.

Workshop	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7
Opening	2.7	2.6	2.8	2.6	2.9	2.9	2.8
Going to the tree	3	3	2.6	2.5	2.7	2.6	2.9
Roots	2.8	2.6	2.5	2.9	2.8	2.8	3
Body work	2.7	2.6	2.6	2.5	3	2.5	2.9
Childhood	2.7	2.6	2.6	2.8	2.8	2.9	2.8
Witnessing	2.9	2.8	2.4	2.6	2.7	2.8	2.9
Empowering	2.9	2.9	2.4	2.6	2.8	2.8	2.9
Relaxing time	2	1.8	2.8	2	2.7	2.7	3
Closing	3	2.8	2.6	2.4	2.7	2.6	3
Venue & food	1.8	2.7	2.3	1.5	2.6	2.9	2.8
Mean	2.9	2.6	2.6	2.4	2.8	2.6	2.9

Appendix 2

Responses to follow-up evaluation interview.

How did the Tree of Life workshop help you?

- It helped settle my mind/alleviate my trauma/lifted my burden/relieved my nightmares.
- I understood the power of circles and people working together.
- I understood how to bring my gifts into my life.
- I have regained my power/courage/hope.
- I have learned to forgive.
- It helped to focus my mind.
- I have learned to speak out about what happened to me.
- It helped to know the value of sharing ideas/listening/community.
- I have learned the power of love/God.
- I have changed from a victim to a survivor.
- I have felt counselled/listened to.

Did you learn anything new for the workshop? What was that?

- I have understood that power must be shared/ power of circle/I feel part of society.
- I have learned about sharing with others/to communicate.
- I have learned about the comparison with life of trees.
- I now have the courage to speak/to be open /the importance of listening.
- I have learned about togetherness/that sharing overcomes.
- I am no longer alone/isolated.
- I know others suffered as I did.
- I now have the courage to help others/ take a role in community.
- I have learned about self esteem/the gift of love.
- I have learned to face difficulties and not give up.
- I have learned that I can forgive.

Has anything changed in the way that you feel about the bad things that happened to you?

- I can communicate/ am not alone/ am not an outcast.
- I fit into my community.
- I can leave the past behind.
- I can forgive and look to the future.
- I have lost fear and have a positive attitude.
- I am confident.
- I know people care.
- I am free from fear.
- I can communicate with family.
- It helped to know trauma happened to others.