

VOICES IN SOLIDARITY

Six Friends Reaching
for Healing Across
the World

2011



The International Center for Ethics, Justice and Public Life
Brandeis University

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Introduction

Mitra Shavarini

We shall listen, not lecture;
learn, not threaten.

– Theodore C. “Ted” Sorensen

Each year, the Sorensen Fellowship, sponsored by the Ethics Center, enables six committed and mature Brandeis students to *change the world*. In essence, the Center calls them to act upon Ted Sorensen’s guiding wisdom of public service.

Herein is a compilation that speaks to these students’ multi-pronged academic and experiential experiences as Sorensen Fellows. Through these essays, this year’s Fellows share their summer experiences with us. Unpacking their oftentimes-difficult journeys, their narratives capture a sense of idealism, hope and determination, not to mention pragmatism and frustration. Ultimately, it is a collection that leaves us with admiration and respect for the students who have written them.

It is my pleasure to introduce this year’s Sorensen Fellows:

Calliope Desenberg ’12, from Sarasota, Florida, is a social justice, social policy major with a minor in women and gender studies. Calliope worked at *Centro de Estudios para la Paz* (CEPPA - Center for Peace Studies) in San Jose, Costa Rica. She facilitated workshops for prisoners, at-risk youth, educators and survivors of domestic violence. Her essay brings to the fore Costa Rica’s contemporaneous polemic: how to reconcile their ubiquitous peace image with an on-ground reality that is mired in violence and fear. In describing

the workshops she led, Calliope leaves readers to grapple with an overarching dilemma: Will the peace workshops that she facilitated have a lasting impact against the tide of violence consuming Costa Rica? Are the workshops hope or a band-aid? And if the latter, where would Costa Ricans be without them?

Jessye Kass ’13, from Concord, Massachusetts, is a double major in anthropology and African and Afro-American studies. She also has a minor in social policy. As a Sorensen Fellow Jessye worked for the Attukwei Art Foundation in Accra, Ghana. The organization brings art projects to students living in underprivileged areas, specifically those who have been victims of sex slavery or child labor. As Jessye’s essay demonstrates, it’s often not easy to articulate one’s deep-seated passion. It’s also not easy to work with a vulnerable population and then have to share their stories. Such a burden was Jessye’s – to tell us how she used art to heal the sexually abused girls with whom she worked in Ghana. Her narrative reveals that it certainly requires maturity to do her work, but it also demands a strong-willed heart.

Sarah Michael ’12, from Keller, Texas, is a health: science, society and policy major. Sarah spent her summer at Children’s Association for Maximum Potential (CAMP), a summer program for individuals

with special needs. CAMP brings together two populations: people with and those without disabilities. In this merger, CAMP facilitates empathy, compassion and communication between these two groups. Sarah's narrative features the portraits of four individuals at CAMP. Her narrative leaves us with a profound lesson: look beyond an individual's disability and understand all that makes them (and us) unique.

Shani Rosenbaum '12, from Seattle, Washington, majors in Near Eastern and Judaic studies with a minor in creative writing. Shani interned at Hotline for Migrant Workers in Tel Aviv, Israel. This non-profit organization promotes the rights of migrant workers and refugees and strives to eliminate human trafficking in Israel. Shani's essay – a blend of vignettes – highlights how today's influx of African asylum seekers are challenging Israel's social fabric. Interestingly, the themes her essay touches upon are indeed the very same issues other nations – including our own—are struggling to balance.

Piyawat "Paul" Sukijthamapan '13, originally from central Thailand, now a resident of Arlington, Massachusetts, double majors in biology and health: science, society and policy. Paul was a medical intern with the Bairo Pite Clinic in East Timor, which provides free healthcare to that nation's impoverished rural population. Paul, who is more at ease using a stethoscope to care for patients than a pen to write an introspective narrative, offers us an eloquent piece about his experience at the Bairo Pite Clinic. His essay tells us about the non-medical, but nevertheless imperative features of Bairo Pite's healthcare: moral principle, compassion and persistence.

Sarah Van Buren '13, originally from Tokyo, Japan, but currently recognizing Falls Church, Virginia as home is a double major in biochemistry and international and global studies. Sarah's internship took her to Wildflower Home in Chiang Mai,

Thailand. Wildflower Home serves not only as a shelter but also a clinic and school for women who have been victims of sexual abuse and the sex trade. Sarah's essay looks at five programs the Home offers its young female clientele. We learn how the women Sarah met are able to leave behind their abusive backgrounds and venture onto a road of recovery through the efforts of these programs.

The Sorensen Fellows are vetted through a competitive application process. Once selected, the Fellows are required to take a spring semester course that intellectually prepares them for their summer field project. In addition to this course, the Fellows participate in a spring semester workshop that introduces them to the social science research method of "portraiture."

Then comes summer and they depart to the far corners of the globe to make a difference. They stay in close communication with the Center and with each other, sharing stories, probing questions, engaging in one another's experiences: back and forths that forge a community.

Once back on campus in the fall, the students participate in my writing seminar. This class challenges them to turn one's experience into a written piece. The writing they are required to do is rigorous and demanding. Not only do they have to grapple with shaping their own thoughts, they also have to help shape and edit the writing of their peers. In and out of the classroom, the students have offered each other abiding criticism and support. After all, it takes a village to tell one's story.

Without a doubt, this book is a communal effort.

This community would not exist without the following Ethics Center staff: Barbara Strauss, senior department coordinator; David Weinstein, communications specialist; Marci McPhee, associate director; and Dan Terris, director of the International Center for Ethics, Justice and Public Life. Barbara, David, Marci and Dan: thank you all for being part of a community that has made this publication possible.

Mitra K. Shavarini teaches in Peace, Conflict and Coexistence Studies and Women's And Gender Studies at Brandeis.

Sorensen Fellowship Program

The Ethics Center's Sorensen Fellowship program honors Theodore C. "Ted" Sorensen (1928-2010) for his lifelong commitment to public service and for his 10 years as founding chair of the Center's International Advisory Board. Ted Sorensen was policy advisor, legal counsel, and speechwriter to President John F. Kennedy. He practiced international law for four decades, and was a widely published author on the presidency and foreign affairs. The Sorensen Fellowship seeks to engage Brandeis undergraduates with constructive social change on the international stage, an appropriate tribute to Ted Sorensen.



Photo: Mike Lovett

Planting Seeds of Peace: Teaching Nonviolence in Costa Rican Schools

Calliope Desenberg '12



With a metallic click the cold black gate locks behind me. Now that I'm removed from San José's city streets by tall cement walls, my breathing slows and I remind myself to relax. My iron-tight grip begins to loosen, allowing newsprint sheets and other supplies for my nonviolence workshops to peek out of my bag. Stepping forward into the San Juan Elementary¹ entryway, a colorful hand-painted sign greets me: "Children for Peace."² Blue and white flowers and hearts adorn its corners. This sign's warmth and positive message should be a comfort, but it does little to slow my racing heart. Emblematic of Costa Rica's peaceful ideals, the sign's message clashes with a national reality of violence and fear manifested in the barbed wire-topped gate behind me.

One of Costa Rica's signature characteristics has been its identity as a peaceful nation. Known as the "Switzerland of Central America," the country prides itself on its long history of democracy and peace.³ Having disbanded its military in 1949, scholars and politicians have cited Costa Rica as a successful example of the possibilities for peace for much of the last half-century.⁴ As neighboring Guatemala, Nicaragua, and El Salvador faced violent conflicts and large-scale civil war peaking in the 1980s, Costa Rica held on to this identity, declaring itself a neutral peacekeeper in the region.⁵

In recent years, however, Costa Ricans have begun to question the validity of this facet of their country's national identity. Increases in violence and crime within the country over the last 20 years have accompanied a skyrocketing social perception of insecurity, danger and violence.⁶ This fear has transformed the streets of San José through the construction of cement walls and the protective barring of all visible windows. Fear of violence has become tangible, and the once-idealized peaceful image of the country has become removed from reality. Most Costa Rican media coverage of crime and violence in the country, for instance, reflects the view that peace has come to an end. According to some scholars, this media image has helped produce the same disillusionment with peace among

much of the population, leading to, among many societal changes, increased support for tougher zero-tolerance laws to reduce crime.⁷

Historically, much of the world has cited Costa Rica as a beacon of peace.⁸ Today, Costa Rica's struggle with violence threatens to eliminate its national identity of peacefulness entirely. With Costa Rica serving as an example for the world, the disappearance of peace as possibility here could threaten peace work worldwide. Some organizations within the country, however, have taken on the challenge of dealing with this schism between peacefulness and violence as they continue to working towards peace.

This past summer, I interned at one such organization, the San José-based *Centro de Estudios para la Paz* (Center for Peace Studies – CEPPA). CEPPA's work entails providing workshops on nonviolent conflict resolution to a variety of groups, such as schools. Helping facilitate these workshops, I observed how they address contemporary themes of violence while maintaining Costa Rica's ideals. In this paper I will first explore CEPPA's creation within Costa Rican history and as the brainchild of my summer supervisor, Celina Garcia. Looking at three different workshops, I will then analyze how CEPPA's work fosters mindfulness, communication,

and community as a means of violence prevention. Perhaps by identifying how programs like CEPPA's function, we can find new ways of reconciling the peaceful ideal with the growing fear and reality of violence embodied in the city's barbed wire-topped walls.

CEPPA: Reconciling Idealized Peace and Modern Violence

Warm light pours in large windows wrapping around the side of the restaurant. On the other side of the glass, green-covered hills roll out into mountains, obscured by stretches of low-lying clouds. Inside, the smell of sizzling chicken and spicy black beans emanates from the kitchen. Across the table from me, Celina pores over her menu deciding between the many variations of the typical Costa Rican lunch or "casado," to find the healthiest option that strikes her fancy today. Celina and I have stopped for a bite at "The Viewpoint" restaurant on the way to a town four hours north of San José. There, we have plans to facilitate a week of workshops on nonviolent conflict resolution for secondary school students and teachers. Noticing my inability to tear my eyes from the mesmerizing view,

"All these walls and barbed wire you see in the city is something new. When I was a child we didn't have any of it," Celina tells me. San José now has the highest number of private security guards per 100,000 inhabitants in Central America.

Celina chuckles, "I know – I never get used to it either. It is just too beautiful. But if you want to live long enough to appreciate it when you're my age, you'll need sustenance first."⁹ She gestures at my menu, reminding me more of my grandmother than my internship supervisor and the founder and executive director of the Center for Peace Studies (CEPPA).

Given Costa Rica's history, the creation of a center devoted to peace studies seems natural. Since its independence, the country has had a deep connection to democracy, neutrality and peace that remains distinct from its neighboring countries in Central America. In Costa Rica, land distribution was far more equitable than in other nearby countries, leading to smaller wealth disparities and the birth of a middle class.¹⁰ Costa Rica's political system developed with relative stability. At the same time, many nearby countries experienced waves of political turmoil, punctuated by civil wars, authoritarian dictatorships, and military takeovers. By presidential decree in 1882, Costa Rica openly declared its right to remain "neutral and immune" from these other regional conflicts.¹¹ Following in the spirit of this declaration, a constitutional amendment officially abolished the country's army 60 years later.¹² When regional conflict came to a head in Guatemala, Nicaragua, and El Salvador during the 1980s, Costa Rica served as a mediator and leader in the Esquipulas summits and peace process.¹³ Many Costa Ricans have come to view peace as an integral part of the country's nature and identity. Coming from the United States, where military-related spending consumed 22 percent of the 2011 federal budget,¹⁴ the concept of a peace-focused country with no army intrigued me.

Marveling at the splendor outside our window, Celina and I sit in silence at our table. While the country's rolling hills are new to me, Celina grew up with them. A native Costa Rican, she also grew up with the impression of her own country and compatriots as naturally peaceful. Throughout much of the 20th century, the majority of Costa Rican citizens and politicians alike believed firmly in a national identity revolving around the nation's peaceful and democratic nature.¹⁵ When Celina moved to New York in the 1960s this remained the popular image of Costa Rica both internally and abroad. Upon her return to her home country in the late 1980s, things were beginning to change. Rising levels of crime and violence, and more importantly the escalation of fear connected to these increases, have meant many changes to the Costa Rican peaceful identity since Celina has been back.

"All these walls and barbed wire you see in the city is something new. When I was a child we didn't have any of it," Celina tells me.¹⁶ San José now has the highest number of private security guards per 100,000 inhabitants in Central America.¹⁷ These changes to the streets of San José reflect Costa Rica's newfound pervasive fear of violence. In 2004, a poll sampling around the country showed that 77.6 percent of respondents described Costa Rica as unsafe; 64.2 percent stated that houses needed fencing; and 59.9 percent declared that one should not leave one's home unguarded.¹⁸ In reality, crime rates in Costa Rica have not exploded over the last 20 years, but have generally increased at a continuous rate. Surveys show that more Costa Ricans (35 percent) view violence and crime as their country's primary concern than do the populations of nations with higher crime rates.¹⁹ Newspaper and TV coverage of violence has led much of the population to view goals of peace as

impossible, shifting focus instead towards stricter zero-tolerance laws to deter crime.²⁰

In 1988 Celina started CEPPA to address the growing fear of violence through workshops teaching conflict resolution skills. In an environment in which many Costa Ricans have lost faith in the value of peace for their country, CEPPA's mission of peace through prevention has become paramount.

I grew up in a household run by politically engaged, war-protesting parents. As a result, I have become skeptical of violence as a means of problem solving or peacekeeping. From my first reading of Thoreau's *Civil Disobedience* in high school, to studying nonviolent movements in college, my interest in conflict resolution outside of violence has only grown. I had come to Costa Rica curious about this country whose traditional values appeared to line up with my own. Facilitating workshops for CEPPA, I would take part in the fight to keep these now-threatened ideals alive.

Our waitress brings Celina her lunchtime cup of chamomile tea. Celina is a regular at The Viewpoint. She frequently travels this highway to reach the northern part of the country where many of her workshops take place.

CEPPA's workshops in nonviolent conflict resolution target at-risk youth, healthcare workers, and teachers. Celina picked up the workshop methodology now employed by CEPPA while volunteering with the Alternatives to Violence Project (AVP) and its sister program, Children's Creative Response to Conflict, in New York City in the early 1980s. In AVP, facilitators work with prisoners to teach nonviolence through communication, cooperation, problem solving, affirmation, mediation, and other conflict resolution skills. When

she started CEPPA, Celina was the sole workshop facilitator. CEPPA now has more than 30 facilitators, three full-time office employees, and the occasional unpaid worker. Celina still leads many of the workshops herself, and spends most of her time outside of the office doing things to further CEPPA's mission.

Waiting for our lunches, Celina asks me which part of the upcoming workshops I want to lead. Celina takes a very interactive approach as an internship supervisor, viewing it as part of her responsibility to train the next generation of peace workers. Part of the anti-war movement in the US in the 1960s and active in many organizations working for social change in New York, Celina has seen waves of activists rise and fall. Unlike many jaded by the difficulty of change, Celina has accepted that the kind of change she wants to see takes a long time to achieve. Celina believes in AVP methodology and changes she witnesses in individuals touched by the program. With their focus on mindfulness, communication, and community, CEPPA's workshops continue this fight for peace.

Once my steaming plate of rice, beans, and plantains finally arrives, Celina motions for me to start without waiting for her food to get there. "Eat up!" she insists. "We've got a long road ahead of us...."

Mindfulness in a Cacophonous World

Silence blankets Esperanza Elementary School. An hour before class officially starts, only a few children stroll around the school building's dirt yard. Slowly, teachers begin to arrive. Some head straight to their classrooms to prepare for the day, while others, assigned monitor duty, cluster in pairs around the schoolyard. The pace hastens at eight o'clock. Before long, children cover the yard; shouts, screams, and giggles from their rowdy play fill

Once my steaming plate of rice, beans, and plantains finally arrives, Celina motions for me to start without waiting for her food to get there. "Eat up!" she insists. "We've got a long road ahead of us...."

my ears. Teachers monitoring the yard mostly ignore the bedlam around them, intervening only when the play gets too rough. Two little boys topple to the ground, wrestling over a shiny new action figure.

I watch uneasily as none of the teachers makes any move to stop them. "Shouldn't they be doing something?" I ask Noelia, my co-facilitator. "Don't worry about it, they're just playing. Besides, the teachers know what they're doing," she reassures me. I glance back over my shoulder as we make our way to a first-grade classroom, still uneasy about the children's rough interaction.

Inside the mayhem continues. It takes the classroom teacher, Maria, several minutes to quiet her students enough to introduce Noelia and me. I scan the group. At five and six years old, these kids buzz with so much energy that many have a hard time simply sitting still. All the kids wear the same white button-down shirt and navy blue pants uniform. Some of the fidgeting children have well-starched collars and shiny shoes, while others sport wrinkled pants and tattered sneakers. One boy with a particularly wrinkled shirt and disheveled hair rolls around on the floor. My own American public school experience lends understanding: these are socioeconomic differences that uniforms simply cannot hide.

Noelia and I invite the students to take a minute to start the workshop by greeting one another. In workshops with adults, this usually takes the traditional Costa Rican form of handshakes and cheek kisses. A few kids laugh as they shake hands, finding the formality silly. Others wave shyly to one another. The boy who had been rolling on the floor moves from handshakes to shoulder punches and our activity disintegrates. Maria tries to restore order from her desk, shouting “Carlos! Stop that!”

The room is silent. Carlos remains seated with his eyes shut after most of the other kids have opened their eyes. I ask the kids to describe the places they imagined and how they felt being there. A little boy describes the colors of butterflies he pictured in a field near his house. “I was at the beach!” a small girl with black pigtails smiles, “It was relaxing.” Carlos finally opens his eyes but says nothing.

In private, Maria explains that Carlos is one of her biggest problem students. Most of the issues come from his home life. A difficult night at home, a morning without breakfast – these all factor into children coming to school with a high level of stress before the day has even begun. Parental unemployment,

household financial worries, and other family problems can all affect stress levels in the home. Regardless of where it comes from, stress has a direct impact on children’s health and happiness.²¹ Beyond kids’ own well-being, research also shows that stress during childhood and adolescence can play a large part in the development of criminal behavior.²² None of us can eliminate the children’s stressful home situations. Through the workshop’s mindfulness activities, however, we hope to teach the children new ways to deal with this stress.

According to AVP methodology, every workshop begins with breathing exercises and meditation. Today, Noelia leads the students in a series of deep breathing techniques, inhaling slowly through the nose and exhaling from the mouth. Ever the class clown, Carlos pretends to pass out from hyperventilating.

“Close your eyes, listen to my words, and focus on your breathing,” I tell the children as I begin a guided meditation. Mindfulness as practiced in these activities has a very strategic goal in the workshop itself. As AVP workbooks explain, breathing exercises help people physically relax while meditation helps them bring their full awareness to the present in the workshop.²³ No matter what state students arrive in, taking a moment to breathe and clear their minds allows them to relax and start from a fresh place.

I instruct the kids to focus on different parts of their breath. I motion for distracted kids with wandering eyes to shut them and concentrate. Many of them continue to fidget, but almost all of them eventually comply. Across from me in the circle, Carlos gets bored of poking the boys next to him and closes his eyes. I have the children visualize a place where they feel comfortable and relaxed. Eyes shut, some of the children smile to themselves.

I describe my own favorite spot by a river at home. My shoulder muscles loosen, just as they did my first time meditating, during my freshman year at Brandeis University. Feeling meditation’s powerful relaxing effect on my own body that day, I soon became a frequent meditator. Most of the students here today have never meditated before, so I keep the practice short. I have the students return to their breath before counting to ten and having them open their eyes.

The room is silent. Carlos remains seated with his eyes shut after most of the other kids have opened their eyes. I ask the kids to describe the places they imagined and how they felt being there. A little boy describes the colors of butterflies he pictured in a field near his house. “I was at the beach!” a small girl with black pigtails smiles, “It was relaxing.” Carlos finally opens his eyes but says nothing.

Beyond the calm Carlos and his classmates experience today, these mindfulness activities play a part in CEPPA’s work to reduce violence in Costa Rica at large. Studies show that regular meditation practice can have long-term benefits like reduction of stress and increased reported levels of happiness, self-confidence, and general effectiveness.²⁴ Perhaps this explains why studies within prisons show a correlation between meditation and decreased violence during incarceration, and lowered rates of criminal relapse after release.²⁵ Given the connection between stress and criminal behavior, teaching children how to manage stress through meditation can perhaps affect crime and violence in Costa Rica at large as these children grow into adults.

This workshop, like most others CEPPA performs, is a one-time occurrence. Carlos and the rest of his classmates may never meditate again, and they may not reap the

long-term benefits that so many studies find correlate with regular meditation. This large unknown, while frustrating for me and CEPPA's other facilitators, is a reality of our work. As Celina says, however, "We are planting a seed. We cannot know for sure if it will grow, but it certainly won't if never planted."

Tearing Down Walls: Communication as Connection

Crammed into a tiny classroom, 26 students between the ages of 13 and 15 sprawl out over chairs and floor space. Chatter and laughter fill the air. Juan, a 22-year-old Costa Rican coworker at CEPPA, works with me as I try to get the attention of the students here in Soledad Secondary School. Looking around the room, I immediately recognize distinct cliques, just as obvious as they had been in my own high school in Florida, three years long gone and thousands of miles away from the present. I don't know their names, don't speak their native language perfectly, and still have a lot to learn about Costa Rica, and yet the whole scene is eerily familiar. In a back corner, boys with gel-spiked hair snicker. Towards the front, girls giggle over a text message. Some students scattered around the room work on other assignments. Although all physically corralled into the same tiny space, invisible social walls separate them. A microcosm of society at large, these classroom divisions reflect the human tendency to separate ourselves into monolithic groups of "us" and "them."

For the "Cooperative Machine" activity, groups of students collaborate to create the theoretical machine of their choice and then act it out in front of the class. I had separated the students into groups, but they disregard my designations and end up working with their friends. These self-selected groups work well collaboratively, but their reinforced separation prevents

some of this activity's intended social consequences. Research in schools demonstrates that the presence of entrenched cliques, while normal, can exacerbate students' alienation from one another. This social disconnection makes empathy more difficult, increasing the likelihood of bullying and other forms of violence.²⁶ Activities like the "Cooperative Machine" intentionally force students to interact with others outside their friend groups. These interactions have the potential to decrease alienation by creating new connections.

After students finish presenting their machines, I invite them to share their thoughts and feelings on anything that came up during the exercise. According to the Alternatives to Violence Program around which CEPPA's workshops are based, this space allows participants to discuss how the skills practiced could be implemented in their lives and serves as an open space for reflection and sharing.²⁷ This space usually serves as another potential place for connection between students. Today, however, the students just laugh uncomfortably and grudgingly give one-word responses expressing their thoughts.

Having volunteered with AVP in a Boston prison the semester before coming to Costa Rica, I am already aware of how the communication component of these workshops is supposed to work. Behind the barbed wire-topped walls of the penitentiary, I met and worked with men deemed unfit, unsafe, and undeserving to be part of mainstream society. Muscular men with short hair sat in the traditional AVP circle, getting rid of the typical hierarchical set-up typical of many workshops in order to signify the equality of all participants and facilitators. In the circle, they began to open up more and more in the discussion after each activity. Men I had been taught to fear, loathe, and

look down upon began telling stories of their past, along with their hopes and fears for the future. Even though the concrete walls and bars containing them marked them as subhuman pariahs of society, I began to see past my own prejudices to our common humanity. At the same time, the men began to connect with one another as they let their guard down through discussion.

Today, behind the school's spiked black gate, this process of sharing does not begin until the last activity, called "Concentric Circles." For this communication-focused activity, each student is matched up with a partner and prompted to speak on a topic while the partner silently listens without interruption.

Although all physically corralled
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separate them.

"What is your favorite hobby? What do you enjoy about it?" I prompt. Paired up at random, many students remain silent at first, unsure of how to interact with the people in front of them. With each question, however, their answers get longer as they start to warm up to one another. After a few rounds the partners move from just listening to listening and then paraphrasing back what they hear at the end. Questions move into more personal territory, probing students' memories, goals, regrets and dreams. I have to shout to be heard over the students' discussions and story-telling to wrap up the workshop.

On the surface, this activity practices active listening and basic communication skills. Its results, however, go much deeper. Speakers receive the gift of being completely and totally listened to. They are being understood. Physically and emotionally, listeners accompany their partners, sharing whatever feelings and ideas arise. At least temporarily tearing down the invisible walls between them through empathy, this connection makes the “other” familiar.²⁸

Their lack of engagement with each other and the material makes the workshop feel like a failure.

In society at large, this process of “othering” frequently occurs around lines of race, gender, class, and nationality. Since it often plays a dangerous role in perpetuating violence and hatred, the connection built through these communication activities serves an even more important purpose in the societal fight for peace in Costa Rica. These conversations between students, while not the ultimate destroyers of social walls, are an important step in bringing them down.

Building Community

Our third workshop targets teachers.

A small circle of 20 chairs sits in the middle of an expansive gymnasium. Cold air streams in a continuous flow from a large, wall-mounted air conditioning system, transforming this cavernous room into a massive icebox. Exhausted from a full day of work, teachers of Harmonia

Secondary School slowly make their way in and slouch into seats around the circle. The principal, having just informed them of this mandatory nonviolent conflict resolution workshop, does not appear to have the attention of his teachers. Several impatiently check their cell phones while others sit with their arms crossed over their chests. Sweat freezes on my back, a chilling reminder of my afternoon of workshops in this school’s barely ventilated classrooms. Juan and I grab seats at one end of the circle and begin our third workshop of the day.

CEPPA’s primary goal with teachers is that they pass on what they learn to their students. In other words, CEPPA’s philosophy remains intact. During the “Cooperative Machine,” the teachers spend minimal time interacting with each other coming up with their machines. The air conditioner’s loud whirr creates a roaring silence in the space left for discussion. With a few pointed glares from the principal, a few teachers throw out comments about the ideas of cooperation and collaboration behind this activity. Another teacher mentions how it could be put to use in his English classroom. Their responses demonstrate an understanding of the activity’s purpose, but their lack of engagement with each other and the material makes the workshop feel like a failure. If the teachers hold the material and one another at arm’s length, how will they ever get anything out of it? I had come to Costa Rica to explore and further nonviolence as a viable means of conflict resolution. I had not come to force educators to sit through a workshop they had no interest in.

Reaching our first “Light ‘n’ Lively,” things begin to change. Called “*Alegres*” or “cheerful things” in Spanish, each “Light ‘n’ Lively” separates activities and discussions to keep people focused and

allow for movement, physical contact, and silliness. For kids, these games are a chance to put their energy into something that is not fidgeting, and the activity keeps them keyed in to what is going on in the workshop. For adolescents and adults, *Alegres* help with focus and can have deeper results as well. As AVP materials explain, this type of play allows people to let their emotional barriers down and furthers trust, as well as a sense of community, within the group.²⁹ According to studies of youth violence, social isolation appears as a common environmental factor predictive of violence and other anti-social behavior.³⁰ “Light ‘n’ Livelys” make participants more comfortable with one another to help them build connections. These games foster community in a way that can potentially diminish isolation and prevent violence.

For our first “Light ‘n’ Lively,” Juan and I lead the group in a game of “A Big Wind Blows.” Juan starts the game, removing his chair from the circle and standing in the middle. Running his fingers through his short brown hair, Juan says “A big wind blows for everyone with brown hair.” In a flurry, everyone in the circle with brown hair (all but two of the teachers) stands up to find a new seat. One chair short, the last teacher standing in the center becomes the new statement maker.

The teachers take a few rounds before they start to really get into the game. But once they become involved, an intensity that was entirely lacking for most of the first half of the workshop warms up the room. Elbows come out and feet move faster as teachers gain a spring in their step, eager to avoid getting stuck in the middle. A small teacher in red heels skids into the remaining chair, almost knocking over a gym teacher twice her size. The whole group bursts into laughter, which echoes off the walls, finally filling the

space with noise over the whirr of the air conditioner. The game continues and questions become more creative and personal, related to people's families and past experiences. As people change chairs, stories start to come out and they begin to share with one another. This feeling of connection carries onward through the rest of our workshop. When we get to "Concentric Circles," the connection fostered in "A Big Wind Blows" and the following "Light 'n' Livelys" has already established a sense of openness and comfort. Teachers' voices fill the room as their stories push out the last of the cold emptiness from earlier.

At the end of our workshop, a man stands up and clears his throat and turns to his fellow teachers:

You know, I had been expecting this to be just another boring meeting with a speaker. But it really was something else. We all know each other here. Everyday we say hello as we head to our classes, ask each other how we're doing. But how often do we get to laugh together like we did here? And how often do we actually talk and actually listen? We spend more of our time at school and preparing for school than practically anything else, and yet here we are each day, and we barely know one another. But today, today I feel like I really got to know some of you. And I just hope we can perhaps have something like this more often, because we truly need it. For our students and ourselves.

As this man's words show, the creation of community can play an extremely important role in human well-being. With social isolation connected to violence, community building becomes an important factor in nonviolent work. Helping people

let their guard down during the activities and "Light 'n' Livelys," CEPPA's workshops combat the negative effects of social isolation by helping create new space for community and connection.

Conclusion

The day of workshops at San Juan Elementary draws to a close. I circle the room collecting the last of the students' evaluations. A few of the last students stop me to shake my hand and ask when I will be coming back again. Outside the classroom, students giggle and talk as they playfully make their way towards the gate and out to the street. Their laughter bounces off the tall cement walls that still frame their reality.

Costa Rica's modern history reveals that its peaceful identity does not reflect contemporary reality. With the growth of both crime and the social perception of it, Costa Rica has had to reconcile increased violence with a national story that denies its existence. This growing disconnect must be acknowledged in order to shape a safer future. Most media sources and much of the public have shifted towards the view that peace no longer has a place in Costa Rica. Still, CEPPA's workshops present a model whereby peace can help in the fight against Costa Rica's tide of violence.

Shuffling the students' evaluations, I sneak a peek at a few. Barely legible scrawls declare "It was a lot of fun!" and "I liked the games." Aside from these remarks, I have no way to measure the workshop's results or to know my work's ultimate impact. I remind myself of Celina's seed analogy. While I will never know for sure if the seed I planted here today will grow, only in planting it does it have a chance.

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Students might not have walked away with a mastery of nonviolent conflict resolution, but the workshop still represents a new direction for this country, one in which fear and violence are dealt with directly. Since many of CEPPA's workshops are one-time occurrences, these children likely will not reap all the possible benefits of meditation, new communication skills, and community-building activities. Moving forward, more work must be done to determine how a larger initiative related to these factors could be implemented on a more consistent basis than just temporary workshops. At the same time, other factors related to crime and violence like poverty and growing economic disparities need to be addressed by the government in order for other peace measures to be effective. Perhaps only then will CEPPA's seed planting bear fruit.

Notes

1. All names of schools and people referenced from author's experience have been given pseudonyms.
2. Originally in Spanish. Unless otherwise noted, all dialogue, signs, etc. referenced here have been translated from their Spanish original to English by the author.
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4. William Furlong, "Costa Rica: Caught between Two Worlds," *Journal of Interamerican Studies and World Affairs* 29.2 (1987): 119-54.
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8. University for Peace. "Brief History of Costa Rica". San José, CR, 2011. UPEACE. October 3rd 2011. <<http://www.upeace.org/admissions/about.cfm>>.
9. Unless otherwise noted, all quotes and dialogue come from the author's daily journal, kept throughout the summer.
10. Steven Palmer and Iván Molina, "Democratic Enigma," *The Costa Rica Reader: History, Culture, Politics*. Eds. Kirk, Robin and Orin Starn (Durham, NC: Duke University Press, 2004) 139-42.
11. Furlong 142.
12. Huhn "A History of Nonviolence" 794.
13. Oliver 150.
14. Todd Harrison. *Analysis of the FY 2011 Defense Budget*. Center for Strategic and Budgetary Assessments, 2011.
15. Much political rhetoric in Costa Rica during the 20th century has focused on these aspects of the country's identity. For instance, in a 1986 speech, then-President Oscar Arias referred to the country's national heritage in terms of "our love of freedom, the willing realization of democratic policies and manners, our love of peace, a sensation of brotherliness, and many other things that unite us and distinguish us from all other nations." For more on themes of peace in Costa Rican political rhetoric, see Huhn "A History of Nonviolence."
16. Celina Garcia, personal interview, July 8, 2011.
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18. José M. Rico, "(In)Seguridad Ciudadana En Costa Rica: Balance De La Situación," *Programa de las Naciones Unidas para el desarrollo* (San José: United Nations Development Program, 2006).
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Trauma and Healing Through Art: Revealing the Power of Solidarity

Jessye Kass '13



Harsh pencil strokes, broken crayons, dark colors: anger seemed to burn through the page. Adjoa¹ scribbled angrily as I walked by her table.

Entangled limbs and a face underneath her drawn black scrawled lines covered a portrait that spoke of her life. I gently placed my hand on her shoulder; Adjoa jumped. She looked up and offered her picture to me.

I did not want to ask but I knew I had to.

“Adjoa, do you want to tell me about your picture?” I asked, crouching on my knees so as not to leer down at her. In that moment, time froze. I patiently waited. “Kofi,”² she said pointedly, placing her finger on the center of her paper.

My stomach lurched. I did not want to press her for details. I wanted to run. I suspected rape, and though I had worked with rape victims before,³ they had not been 12-year-old Ghanaian girls. In Ghana, I had no resources to provide for her.

Adjoa handed me her journal. It read:

“I do not like it. It pains me. My mother says be quiet. It is quite sad nights for me. I do not like Kofi, inside of me.”⁴

Adjoa’s drawing demonstrated a dark side of Ghanaian culture. Rape and sexual abuse of adolescent girls is prevalent in Ghanaian society today. Among a group of surveyed Ghanaian girls aged 11 to 21, 25 percent reported that they had been raped at least once.⁵ These statistics of abuse in Ghana do not match my hometown, the wealthy, quaint suburb of Concord, Massachusetts, with its manicured lawns and golden retriever dogs. Were I faced with similar issues at home, there would be resources available: crisis centers, support groups, hotlines. But in Ghana, how could

I give a voice to Adjoa and all other girls who faced a similar pain?

This summer, I returned to Ghana for a third time.⁶ I worked to co-found a non-governmental organization (NGO) in Accra dedicated to providing therapeutic art programs to children living in poverty and to victims of abuse. Working with a Ghanaian friend, Serge, we took our joint passion for art and public service to develop the nascent organization: Attukwei Art Foundation (AAF).⁷ Our mission is to use artistic methods of teaching to educate children in Ghana how to find cathartic means of expressing themselves through art. Our educational and social approaches are fostered by the belief that every child should experience art. Working as an art therapist this summer, I spent a significant amount of time working with sexually abused young women. While I was familiar with Ghana, I was admittedly not yet accustomed to working specifically with victims of rape.

In Ghana there is a severe lack of support for victims of rape. With a population of 24 million there are only two psychiatric hospitals and not a single rape crisis center.⁸ There are no governmental appropriations for therapy for survivors to heal. Ghana’s government has done very little to address the rising rate of sexual abuse within its borders. With up to 60 percent of the population in Ghana living on less than two US dollars a day,⁹

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the government has decided to focus on decreasing poverty, rather than increasing support services. This dearth of services has prompted various international NGOs, such as Attukwei Art Foundation, to address a dire need among young girls seeking asylum from their abusers. Without these advocacy relief efforts, the cycle of rape will continue to perpetuate, keeping Ghana, and its female population specifically, in a continuous state of destitution.

To address issues of rape and abuse that I encountered this past summer, I applied art therapy, an effective method to promote healing among victims of abuse.¹⁰ Through my work, I was able to identify signs of amelioration from the children who told their stories through art. This paper presents three portraits of alleviation that elucidate connections between art therapy and the healing of sexually abused Ghanaian girls with whom I worked. There is Christabell, age 14, who exemplifies why safe space and alliances are valuable in healing; Pearl, age 10, who illustrates the significance of solidarity in recovery; and Adjoa, age 12, who demonstrates the importance of breaking the silence.

Their stories will reveal how art therapy may be used, sometimes in groups, sometimes individually, to address the needs of survivors of rape in Ghana. Art may not have the ability to change the prevalence of rape in Ghanaian society. But as the stories of these three Ghanaian girls will show, it has the potential to disrupt the destructive cycle of silence within a corrupt system of violence.

Art as Therapy: Approaching Healing with Group and Individual Art Methods

As art therapy has advanced, its theories and practices have evolved and expanded internationally. Two key approaches to effective therapeutic art have emerged as a result of this process. The first is finding a realm of comfort. Research has shown that a crucial aspect of yielding effective results in a therapeutic art approach is the creation of a safe place.¹¹ This space is one in which each participant can begin to unpack his or her own traumas. For children in particular, studies have suggested a strong correlation with success when they are enabled to first establish a zone of safety, one in which they feel comfortable enough to explore their experiences artistically and verbally.¹²

The second art therapy approach that has yielded successful results is a group art therapy model. Group-based art therapy, as opposed to individual treatment, can facilitate healing through alliances amongst people who have experienced similar traumas.¹³ In particular, several recent in-depth analyses have shown the effectiveness of group art therapy with youth victims of sexual abuse.¹⁴ Art therapy appears to help with the “immediate discharge of tension and simultaneously minimize anxiety levels.”¹⁵ Art therapy paired with group therapy then provides a place for collective identity through tension reduction and an ability to find support.

This leads to a greater understanding and strengthening of a community feel within an art therapy-based approach.

Art therapy is a young therapeutic discipline. The term and method first arose in the 1940s, beginning mostly in English-speaking and European countries.¹⁶ In the United Kingdom, artist Adrian Hill is acknowledged as the first person to use the term ‘art therapy’ in describing therapeutic applications of creating art.¹⁷ Hill, who discovered the therapeutic benefits of drawing and painting while recovering from tuberculosis, felt that the value of art therapy lay in “completely engrossing the mind (as well as the fingers)...[and in] releasing the creative energy of the frequently inhibited patient.”¹⁸ This act then enabled the patient to “build up a strong defense against [his or her] misfortunes.”¹⁹ Hill’s vision soon prompted a proliferation of art therapy associations internationally, as psychologists and artists began to unpack his definition. The American Art Therapy Association describes art therapy as the therapeutic use of making art, with professional guidance, by people who have experienced or are experiencing illness, trauma or other challenges.²⁰ Through the process of creating art and reflecting on the products and processes of the art made, people can then increase internal awareness of themselves and other people. With this awareness comes an opportunity to cope with symptoms of stress and traumatic experiences, enhance cognitive abilities and “enjoy the life-affirming pleasures of making art.”²¹

More than “life-affirming pleasures,” art therapy approaches have been recorded to change the body’s physiology from one adversely affected by stress to one of deep relaxation.²² Creating art can cause a person’s brain wave pattern to change and can positively affect their autonomic nervous system, hormonal balance

and brain neurotransmitters.²³ Both the physiological shift and a development of coping skills that can occur from art therapy methods can lead to an effective process of healing.

As art therapy has grown as a form of therapeutic intervention, national interest and organizations have developed across many Western countries.²⁴ For example, the American Art Therapy Association has developed a database of more than 5,000 people interested in and dedicated to the cause of art therapy.²⁵ In the United Kingdom, there is a British Association of Art Therapists, which developed in the early 1960s, quickly following Adrian Hill's definition of art therapy.²⁶

Although most registered art therapy organizations are in Europe, Canada and the United States, in the past 15 years there has been a push for art therapy in South Africa as well. The Art Therapy Centre of Johannesburg works with victims of the apartheid regime through various artistic workshops.²⁷ Attukwei Art Foundation is one of very few nascent organizations within Ghana that aims to use artistically creative methods for healing.²⁸

While in Ghana I developed different models of art therapy to unpack the emotional associations my students made to their art. I practiced both individual and group art therapy workshops, depending on the needs identified within a particular school. The artwork that my students produced often represented something deeply personal or traumatic in their own life experiences. At one school, I chose an individual therapy method, because the student exhibited signs of distress when interacting with peers, whereas at another school, I chose a group art therapy method, hoping to foster community support. Being a temporary figure in their lives, my goal with a group art method was to show each girl that they had each other

for support, even after I was gone. Even when I chose to establish an individual art therapy model, I still aimed to cultivate supportive bonds in order for the girls to understand they were not alone.

Defiance to Art Therapy: Christabell's Struggle

"What are you? Why you here?" Christabell threw her colored pencil across the empty classroom in frustration, addressing her question to me. It was almost four in the afternoon. With dark circles under her eyes and a shaking hand, Christabell appeared exhausted. She had large rips in her faded blue school uniform. She angrily crumpled up her abstract picture depicting a local marketplace with a dark rectangular figure in the corner of the page. The figure had two chalk-drawn white eyes that could easily be smudged off. Christabell was nine when she was raped on her way home from Kaneshie market, a bustling marketplace in Accra. She is now 14, the oldest in a class of 10 and 11-year-olds.

Upon first meeting Christabell I thought she was a young-looking assistant teacher. Her long scrawny limbs and full-chested body showed she was not the same age as her classmates.

Christabell was often picked on or teased by her peers. In response, she fought back physically. I wondered if it was because her larger size was the only advantage she had over her younger classmates. I never had to stay back a grade, but I have been teased because of my size. Investing myself in my studies in order to excel above my classmates, my belief was that this was the only way to "get back at" those who picked on me. I speculated that Christabell experienced a similar alienation from her peers, but instead of studying harder, she challenged other students with her size.

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Due to Christabell exhibiting impetuous behavioral problems in the classroom, her head teacher gave me permission to work with her in art workshops. However, he would not let me work with Christabell during school hours. He explained this was because her English and math were significantly behind her peers, in a classroom she was already deemed too old for. Christabell's teacher's hope, in allowing her permission to work with me after school, was that it would improve her violent tendencies towards younger students in his classroom.

"Why you here?" Christabell demanded again, challenging me to explain what I aimed to accomplish through art. Between Christabell's broken English and my limited Ga,²⁹ explaining the process seemed nearly impossible.

It was a sweltering mid-June day in my second week at Christabell's school. I realized that not only was I struggling to articulate to Christabell what art therapy was – the purpose of it and why I was there – but perhaps I was even trying to convince myself of its power.

Her palm made sharp contact
with my face. It took me
a moment to realize that
Christabell had slapped me.
“Do you want to tell me why you
hit me?” My calm words were
met with the squinting, puzzled
eyes of Christabell, who seemed
to disbelieve that I would
not hit her back.

While facing my toughest hurdles in high school, battling abusive relationships and body image, I found writing to be incredibly cathartic. The act of writing my story on paper, or locating it outside myself through photography and drawing, offered me validation in experiences that overwhelmed me. Now, I envisioned my students, and Christabell, finding affirmation the same way.

Denying therapeutic intervention in first attempts at art therapy is common when working with children and adolescents because they often feel overwhelmed and unsafe.³⁰ Based on her reaction to my art therapy approach, I suspected Christabell was feeling uncomfortable. This most likely caused her to try to defy an art therapy approach to healing, in order to avoid unpacking her experience. However, art therapy work with children and adolescents has proven to yield effective results. Research shows that “youth often find non-verbal expression the only outlet to their intense feelings of fear, isolation, sadness, anger and loss.”³¹ Since creating art does not require verbal expression of emotion,

art therapy offers a unique approach to digesting one’s own trauma. My goal, then, was to establish a rapport with Christabell in which she felt comfortable enough to explore her inner trauma through artistic expression.

Establishing DisComfort

“I like even math better ’dan you,”
Christabell mutters to me.

Today was Christabell’s first time working with me after school. She had already, within a few minutes of our work, questioned my purpose with art therapy in Ghana. After she had thrown her pencil across the room and chucked her picture in the trashcan, my first response was to give up. Christabell’s physical actions portrayed a level of discomfort with me and her artistic depictions of her story. If Christabell did not want to continue working with her trauma through art, pushing her did not seem right. However, knowing that my goal was to allow Christabell space for healing, I carried on with the session.

Christabell watched me with sullen eyes as I took her picture out of the trash and flattened it, placing it on the wobbly plastic desk.

“I’m here to help you tell your story, Christabell,” I responded to her poignant questions about my purpose here, hoping to put her mind at ease. “What happened to you is real and deserves to be heard, if only by me.” She rolled her big brown eyes. I handed her another colored pencil, pleading with her to take another shot at expressing her emotions through an artistic form. I asked her to draw a location where she felt comfortable and safe. Often in art therapy work, when a patient becomes agitated, hyper-reactive or frustrated, the therapist in the situation will ask the patient to draw a safe place and envision him or herself there.³²

“Is not important,” Christabell tells me, taking the pencil and beginning to draw her safe place. “We girls go through this all time here.” She waves her hand in the air, as if dismissing the seriousness of her trauma. I was desperate to find a way to convey to Christabell that her story was important, that I cared, and beyond that, she might find relief in being able to talk about, or visually express, her story.

Christabell created a painting filled with deep blue clouds, red stars and a brown box in the center, with a padlock and chains around the box. About her safe space, she wrote:

*“My space of safe is a place no one is. It is where I can go out late at night, go to the market and no one will hurt me. My space of safe is a place inside me that does not exist...”*³³

Even though Christabell had struggled with me at first, this painting and her description of her safe space were markers in her healing. Although it did not show that she felt safe, she was at least expressing herself, suggesting a higher level of comfort than previously. Her quote seemed to suggest that Christabell held deep anger about the trauma she had endured, and consequently felt nowhere was safe. This is a common theme among sexually abused girls, both feeling anger and feeling unsafe.³⁴

One of the crucial aspects of art therapy in practice is the creation of a place in which participants feel comfortable enough to tell their stories. Research has shown the effectiveness of establishing a “safe space where traumatic feelings can be processed...[Because] sometimes the verbal skill is lacking to describe traumatic experiences and by creating art, the person can feel more confident.”³⁵ Similarly, I found that establishing a sheltered zone in which my students could

artistically unpack their experiences was crucial. With this “safe space” established, my students, particularly Christabell, were then willing to revisit their dark personal histories.

Establishing Comfort

Her palm made sharp contact with my face. It took me a moment to realize that Christabell had slapped me.

“Do you want to tell me why you hit me?” My calm words were met with the squinting, puzzled eyes of Christabell, who seemed to disbelieve that I would not hit her back.

It had been a week since my first therapeutic art attempt with her. During that first workshop, when Christabell had questioned my position working with her, she had expressed discomfort and appeared to feel unsafe within our therapeutic art exercises.

Christabell shrugged in response and went back to creating balls out of cheap knock-off Play-Doh. For the rest of the week, she continued to test my boundaries with physical violence. In return, her violent tendencies towards her peers, who would fight back, decreased. Although I was glad that Christabell had decreased the violence in her classroom, my goal was not to be a substitute target for her aggression. However, through my insistence that her story was important, my willingness to listen, and my refusal to fight back, Christabell eventually stopped fighting me – both physically and in her defiance to an art therapy approach.

“Christabell, what is wrong?” She was hunched over her desk, crying. We had now worked together three times, for over an hour at a time, over a period of two weeks. I felt I was establishing a rapport with her.

“Is just I didn’t think I feel good near you. But now I even like you,” Christabell confided in me, wiping her tears on her sleeve.

A safe space can take a long time to create. Art therapists often practice a balance between art-making processes, varying in intensity, because it allows time for reflection and assists in furthering a rapport with the art therapist.³⁶ For Christabell, it took a while before she felt safe with me. Once she did, she still struggled, but she appeared to believe more in the process of creating art. During the school day, Christabell would ask me what project we would be working on in the afternoon. She actively sought out projects and seemed more engaged in the process. My approach with Christabell was to switch between dealing with her trauma through art, and doing lighter artistic activities, in order to give her a balance that aimed to not overwhelm her.

Christabell’s Healing: Revealing How Silent Alliances Can Heal

“You no understand my Ghana!” Christabell spat at me. It was my fifth session working with her. Christabell’s clenched fists, arched back and fidgeting feet caused me to believe she was again emotionally overwhelmed. She appeared to be regressing from the past two weeks in which she had positively reacted to exploring her experiences through art. I wondered if it was my white skin that made Christabell feel I did not understand, or whether it was simply frustration from being asked to unpack her inner trauma.

Christabell pressed her marker roughly against her paper, breaking off the tip. Biting her lip and stomping her foot up and down, she continued to scribble.

It was a particularly cold day, by Ghanaian standards. It had been raining all morning.

I found myself shivering in the 75-degree weather that was like a Boston winter for Ghanaians. For this particular session, Christabell’s assignment was to draw an image of herself. Human Figure Drawing (HFD) is an assessment tool in art therapy that was proposed by Elizabeth Koppitz, a prominent 20th century psychoanalyst, in 1968.³⁷ Since then the cogency of this test has been validated internationally as a measure of self-esteem, depression, anxiety and sexual trauma.³⁸ Analysis of Koppitz’s HFDs has led to developing an understanding of emotional indicators as objective signs reflecting children’s worries or anxieties.³⁹

Christabell’s picture portrayed arrows sticking out of her head, heart, arm and legs. A trail of red crayon was spurting out from her drawn vagina.

By creating this picture, Christabell was drawing deeper connections to traumatic images that may have haunted her mind. Although alarmed by Christabell’s self-portrait, I was relieved that she was finally using art as a way to tell her story. The painful portrayal of arrows sticking out of the body can be suggestive of feeling trapped in compartmentalized pain.⁴⁰ Choosing red in her depiction of her genitals suggests blood and a sense of insecurity in her body.⁴¹ By including

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Solidarity. For Christabell, it took finding solace in someone else's experience that led her to both understand her own pain and understand that she was not alone. I had desperately wanted this for her, and for every girl I worked with this summer who had been hurt.

her vagina in the picture at all, research suggests that this could mean the participant was a victim of sexual abuse.⁴² As I already knew Christabell had been assaulted, this picture did not suggest anything new to me. However, it was an important step in Christabell's healing because it showed that she was able to pictorially confront her sexual trauma, a crucial piece of amelioration through art therapy.⁴³

Unfortunately, after drawing this painful self-portrait, Christabell became visibly distraught, shivering and shaking her leg.

"You in American, don't understand!" Christabell barked before leaving that session, taking her picture and again chucking it in the trashcan. My desire was to understand. After getting out of an abusive relationship in high school, I struggled to heal. My social studies teacher, Ms. Glazer, showed me she cared and wanted to help. She demonstrated that she cared by confirming that I could speak to her, and others, about my experience. As Ms. Glazer had with me, my goal was to show Christabell that I cared, that I understood.

Though this was my third time in Ghana, I felt I would never have a truly insider's perspective of Ghanaian culture. Despite my determination to show Christabell my desire to understand her culture, my mind drew a blank. Instead, I decided to attempt to show her how young girls in the United States had parallel experiences to her own.

A week after Christabell's self-portrait, I showed her a series of pictures that several sexually abused girls in the United States had made in their own art therapy sessions.⁴⁴ The pictures these American girls had drawn revealed images of blood, pain and violence similar to Christabell's own work.

One of the American girls had depicted herself with five heads, each one with a different, but sad, facial expression. There were tears on most of the faces. One head had no face at all, just a small gray oval and a tear. Red watercolor covered the background of the picture. Christabell took interest in this picture in particular. My knowledge of these American girls' stories was limited to reading that they too had been sexually abused. I shared this information with Christabell. Clenching her hands around this picture, Christabell held a puzzled look on her face. She seemed to contemplate what I said, but did not respond to me.

A few days later, during an English lesson in Christabell's academic classroom, she came up to me while I was grading homework assignments. She snatched the notebook out of my hands and squeezed my arm.

"Akua."⁴⁵ Christabell looked at me, releasing her hand from my arm. "Someday, I go to America and tell that girl, we can cry and be no face together."

Solidarity. For Christabell, it took finding solace in someone else's experience that led her to both understand her own pain and understand that she was not alone. I had desperately wanted this for her, and for every girl I worked with this summer who had been hurt. In the end, Christabell was able to subtly show that she did at least accept that she shared an experience with someone else who had been sexually abused. This indicated that her original denial had decreased. Finding alliance in a picture drawn 3,000 miles away from her own country allowed her to relieve anger and feel comforted that she was not going through this alone. Finally, communicating through art had functioned as a healing mechanism for Christabell.

Bringing Group Art Therapy to Ghana: Pearl's House of Fear

"Good morning girls!" I exclaimed, writing the day's agenda on the chalkboard. "Today, we will be drawing three different things. A house, a tree and a person." My selected group of 10 pre-teen and teenage students diligently wrote down the assignment in their small blue notebooks.⁴⁶ Pearl, a 10-year-old student, held up her stapled blue notebook to show us her picture of a house. It was Pearl's first day in my group. I had not read her journals before. Pearl was in a different class than the one I taught. Her head teacher had suggested that she be in my group art therapy sessions because she had been abnormally quiet and had isolated herself from friends. As isolation and withdrawal from normal social interactions are common themes in survivors of sexual abuse,⁴⁷ her teacher suspected an abusive situation and wanted Pearl to work with me.

My logic for our exercise in today's assignment was based on a technique developed by psychologist John Buck.⁴⁸ Using Buck's model, I asked my students to draw a house, a tree and a person

on three separate pieces of paper. The House-Tree-Person (H-T-P) assignment is a common assessment tool in art therapy.⁴⁹ Buck believed that artistic creativity represented a stream of personality characteristics that flowed into artwork.⁵⁰ He argued that through drawings, people unconsciously identified their innermost difficulties by artistically representing their internal self-image and surrounding forms of importance. This H-T-P assignment is followed by a series of leading questions aimed at getting the participant to discuss the picture in greater detail. The discussion is meant to unearth some of the inner feelings the participant has towards his or her life experiences.⁵¹

Buck's model was produced primarily to help children develop step-by-step skills to discuss and move beyond their traumas. Art therapy with children is uniquely suited to promote crisis intervention using cognitive and problem-solving tools. The use of image-based interventions "provides an opportunity for traumatized children to express what they may not yet be able to verbalize."⁵² Through putting their emotions down on paper first, this process allows children to verbalize after an artistic depiction, granting them internal time to process.

The questions I used to verbally explore my student's drawings were slightly adapted from Buck's model. These questions are meant to identify a person's internal state of comfort.⁵³ With regard to the house picture, questions are geared towards understanding how safe the participant feels outside the home, within the home and within his or her self.⁵⁴

I closed the rickety door of our classroom and reminded my students that this was a place in which they did not need to worry about staying silent. After creating a safe space – both physically and verbally – we began our discussions of their drawings.

On a chalkboard I wrote:

*Who lives here?
Are they happy?
What goes on inside?
What is it like at night?
Do people visit here?
Is it safe?
What are the people's favorite places in the house?*

At first glance, it looked as though Pearl's picture of a house was a blank page with a big black circle. When looking closer I identified soft pencil strokes that lightly outlined a small house and more. Inside the lines of the thinly stenciled house were two small stick figure girls, identified by their skirts, standing in the left-hand corner. Behind the two small girls was a taller man, with a completely darkened face: one large black circle. Many of the girls in this group had used color in their drawings, but Pearl had only used pencil.

Using pencil when bolder colors are available can suggest insecurity and a sense of fragility.⁵⁵ The assignment had not asked for people to be drawn into the picture, yet Pearl chose to do so. In other similar projects, the inclusion of people in the house can portray a sense of feeling claustrophobic or overly focused on what occurs in the home.⁵⁶

"Two sisters live here. Is paining them, but they are happy." Pearl glanced from the floor to the chalkboard to try and answer all of my pointed questions. Each girl in the group was looking at Pearl.

In adopting a form of Buck's questions about Pearl's house picture, my hope was to learn about Pearl's story. Art therapy, in practice, usually involves this process of creating art, "followed by a verbal exploration of the image that was created."⁵⁷ Discussing the emotional connections that one makes to the art

piece itself and the experience of making has been shown to be beneficial.⁵⁸

"During [the day sun]⁵⁹ it's okay, but during night...The Man comes." Pearl shifted uncomfortably in her chair. I was intently focused on her soft-whispered words, such that I forgot to breathe. I felt dizzy. Pearl was quiet for a few minutes before she began again. In my nervousness, my concern became whether I was qualified to be performing art therapy.

"Is paining them," Pearl repeated. "Their favorite place in the house is when The Man is not there." Our classroom suddenly became silent. Pearl closed her eyes and clenched her fists. As with Adjoa, I assumed rape. My own experience working with rape victims in the United States had been limited to deskwork and answering the phone on occasion. Although considering myself well read on the subject of trauma victims,⁶⁰ I felt shaky in the moments following Pearl's description of "The Man." No longer behind

"During [the day sun] it's okay, but during night...The Man comes." Pearl shifted uncomfortably in her chair. I was intently focused on her soft-whispered words, such that I forgot to breathe. I felt dizzy. Pearl was quiet for a few minutes before she began again. In my nervousness, my concern became whether I was qualified to be performing art therapy.

a desk in Massachusetts, I was in Ghana, alone, attempting to analyze both Pearl's artwork and her explanation of her art.

I had suspected rape because of voice intonations Pearl used to describe "The Man." They were softer and squeakier, suggesting she was uncomfortable. Looking at the darkened black circle she had drawn instead of a face caused me to believe she was afraid of him. Often dark colors in a picture, or a lack of details in a face, represent fear or anger.⁶¹

At age 10, with limited English, Pearl was unable to fully verbally articulate to me what was going on in her home with "The Man." Yet through her pictures she was able to visually represent her story. Pearl exhibited signs of amelioration rather quickly. She responded well to the other children in the group. Beginning with her first session, she did not fight the process of verbally and artistically exploring her trauma. Pearl was quiet, but was interactive.

Group Art Therapy as Healing

Pearl, whose teacher had described her as withdrawn and self-isolated over the past few months, was shy in group art sessions and did not speak unless someone spoke to her. During that first session, where Pearl described "The Man," she connected to Naivasha, a 12-year-old girl in the

Pearl, who did not react much in group, placed her hand over Naivasha's when she was talking and whispered something to her that was inaudible to me. Naivasha smiled.

group. Naivasha's picture of a house also depicted two girls. Each with a lightly sketched grown man inside her stomach. In a verbal exploration of Naivasha's artwork in session, she told us that she still could feel the pain inside her, even though her uncle had died. Pearl, who did not react much in group, placed her hand over Naivasha's when she was talking and whispered something to her that was inaudible to me. Naivasha smiled.

Cultivating friendships within a group art therapy approach is a common positive externality.⁶² As examined, art therapy with a group of people, rather than one-on-one sessions, offers an alternative and nuanced approach. In a group art therapy study done in South Africa in 2003, one of the assessment tools used measured the participant's post-group ability to connect to other paintings, stories and girls in the group.⁶³ By Pearl placing her hand over Naivasha's, she seemed to be communicating a form of alliance.

Sexually abused children often exhibit an inherent distrust of authority figures, along with isolating and defensive behavior.⁶⁴ Therefore, a group model can allow sexually abused children, who may not be able to verbalize their trauma, an opportunity to comprehend that they are not alone in their experiences. The realization that these children are not alone in their experiences can be a positive source of relief and can decrease symptoms of isolation.⁶⁵

During recess the following day, Pearl, who usually sat alone in a corner of the courtyard, played tag with Naivasha and Naivasha's other friends. It appeared that Pearl found collective identity in Naivasha's story, after they had both shared visually in group. To this effect, Pearl began to interact with more girls as the groups continued.

Group art therapy allows one to form a collective identity with someone who has experienced similar trauma. Pearl's friendship with Naivasha demonstrates her understanding of solidarity. Just as Christabell found unity in an American girl's drawing of herself, Pearl found strength in developing a friendship with Naivasha. While Pearl's development could be attributed to a general adjustment over time, group art therapy models have proven effective in studies with victims of sexual abuse.⁶⁶ According to the research done on group art therapy methods, Pearl's new social connections exhibited a positive sign of healing.⁶⁷

Revealing the Power of Sharing Space

During my final session at Pearl's school I had the children fill out a basic evaluation form. Some drew pictures, or answered "no" to non-yes-or-no questions. Pearl asked if she could be excused for a moment. She returned with an assistant teacher from her regular classroom.⁶⁸ Auntie Mabel explained to me that Pearl wished to speak her answers aloud in her native language. Auntie Mabel would then translate from Twi⁶⁹ and write her answers for me in English.

*"The Man still comes at night sometimes, but I told my sister there were others like us and she cried. But I think she was happy to know we aren't 'kore' [alone]."*⁷⁰

My hope had been for Pearl to see that she was not solitary in her experiences. Without access to formal measures of detecting a decrease in trauma symptoms, it was hard to assess Pearl's clinical recovery. But her words indicated that she was able to visually and emotionally understand that she was not alone, and she shared that knowledge with someone else who was suffering. Pearl appeared to comprehend that sharing this knowledge could bring her and her sister relief. That was more than I had hoped for.

“Not So Alone”

I only worked at Adjoa’s school on Mondays. My role at her school was not one of formal group sessions as with Pearl’s school. It was not a structure of individual art therapy workshops, as with Christabell. At Adjoa’s school, I taught general art and memoir writing classes to a group of 65.

I only knew about Adjoa’s story because of her detailed journal entries, and vivid drawings depicting her rape with entangled limbs and black scribbled lines. Adjoa never drew the image depicting her own sexual assault again, nor did she ever write about it in her journals. Three weeks after the original drawing and journal entry she made, she whispered to me in a crowded courtyard of laughing school children.

“Mrs. Akua?” As she tugged on my dress, I leaned in to listen. “Wanted you to know that telling you made me feel a bit better inside my heart and not so alone.” She then flashed me a huge grin and ran off to play Ghanaian hopscotch with her playmates.

Finding relief in sharing one’s personal trauma can often produce cathartic benefits. For Adjoa, this came in the form of both a written and visual account of the sexual abuse she encountered. In many cases of sexual abuse, an artistic depiction of a traumatic event can help the child unpack the experience.⁷¹ This is done in a supportive environment with an art therapist, which then allows the child to not feel as isolated.⁷² Adjoa’s declaration demonstrated to me that she understood she no longer had to hide her experiences, and that she felt relief in knowing someone else cared about her story.

A Bigger Picture

What Adjoa did not know was that by confiding this to me, I too felt “not so alone.” Not so alone, in my attempt to employ art therapy to remove the veil of silence present in this facet of Ghanaian culture. Throughout my summer internship I struggled with feeling inadequately prepared for the work that I performed. Yet, through these girl’s stories, and their fleeting affirmations that the art therapy work was helping them in some form, my faith in art therapy was renewed.

Adjoa, Christabell and Pearl were only three of the hundreds of students I worked with this summer. Yet their stories represent those of dozens who developed skills to verbalize their personal histories through art therapy and who found strength in hearing their peers’ experiences. These journeys of healing strengthened my belief in the power of art therapy to ameliorate residual trauma in survivors of sexual abuse.

By facilitating individual and group art therapy, I found that the most important lesson I could teach these girls was that they were not alone. There were others in their classrooms, their neighborhoods, and their towns who had experienced traumas similar to their own. All three girls shared an important story and learned a valuable lesson through friendship and in breaking the silence. Christabell developed a sense of solidarity through understanding that Ghanaian girls were not alone in their experiences of rape and suffering. Pearl recovered a sense of community and value in speaking about her experiences. She found relief in sharing her newfound knowledge about the existence of other victims, and in developing more social relationships after she felt less alone in her experiences. Lastly, Adjoa discovered that speaking up and telling her story made her feel

Everyone, both within Ghana and on a global level, could benefit from the creation of more space allowed for healing and sharing stories. Everyone has a story to tell, but not everyone has a place in which they feel safe to adequately verbalize or artistically express their story. One painting at a time, I hope to change that.

comforted and no longer isolated in her experience.

I am not a licensed art therapist and did not expect to fully “heal” my students. I did, however, believe in the power of art therapy. My skill set did not allow me to pull these girls from the depths of poverty in Ghana to a life free of rape and abuse, nor was anyone asking me to do so. However, their stories provided me insight into why Attukwei Art Foundation should move forward. Even if we, as an organization, can only assist one person in feeling less isolated in his or her experiences, we have still helped. Going forward, we now have a foundation of insight into how art therapy can truly heal.

On a global level, there is little room for processing and validating our own stories. Within Ghana the space for healing from trauma shrinks further with its severe lack of mental health facilities or enough functional NGOs to make a difference in traumatized victims’ lives. As illustrated by

the portraits I have presented, everyone, both within Ghana and on a global level, could benefit from the creation of more space allowed for healing and sharing stories. Everyone has a story to tell, but not everyone has a place in which they feel safe to adequately verbalize or artistically express their story. One painting at a time, I hope to change that.

Notes

1. Pseudonyms are used in this essay to protect the anonymity of my students.
2. A common male name in Ghana – meaning Friday-born. (Name has been changed to ensure safety).
3. In high school I worked for Domestic Violence Services Network, a non-profit organization in my hometown of Concord, Mass., that covered the surrounding Middlesex voting district.
4. Unless otherwise noted, all quotes from students or journal entry quotes were recorded in my personal journal within 24 hours of its occurrence. I wrote in a daily journal from May 25th until August 4th during the summer of 2011. All quotes from this essay have been recorded in my personal journal.
5. Evam Kofi Glover. et al., “Sexual Health Experiences of Adolescents in Three Ghanaian Towns.” *International Family Planning Perspectives*, 29. (2003): 2-40.
6. I had previously spent six months in Ghana in 2009 and six weeks in the summer of 2010. This past summer in 2011 was my third trip.
7. Accra is the capital of Ghana and by “small NGO” I mean a start-up non-governmental organization with four staff members and no full-time paid staff.
8. “Profile on Ghana – Mental Health.” World Health Organization. 2011. November 9th 2011. <http://www.who.int/mental_health/policy/country/ghana/en/>
9. “Ghana Profile.” Global Distribution of Poverty. 2010. November 3rd 2011. <<http://sedac.ciesin.columbia.edu/povmap/>>
10. I worked with over 700 students this summer. Many suffered the effects of poverty; some were not enrolled in school. This paper will focus on the victims of sexual abuse.

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12. E. A. Breat and R. Ostroff. “Imagery and PTSD: An overview.” *American Journal of Psychiatry*, (1985). 142, 417-424.
13. Kadar Nath Dwivedi. *Group Work with Children and Adolescents: A Handbook*. London: Jessica Kingsley Publishers. (1993).
14. Natascha Pfeifer. “Group Art Therapy with Sexually Abused Girls.” *South African Journal of Psychology*, (2003). 1(40), 63-73.
15. Dwivedi 4.
16. David Edwards. “Art Therapy.” London, England: SAGE Publications, Ltd. (2004). 2-5
17. Edwards 2.
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20. American Art Therapy Association [Fact Sheet]. (2011). November 13th, 2011. <http://www.americanarttherapyassociation.org/aata-aboutus.html>
21. American Art Therapy Association [Fact Sheet] (2011). N.p.
22. Alex Grey. “How Art Heals: Mind-Body Physiology.” *Art As Healing*. 2010. Retrieved from <http://www.artashealing.org/ahfw3.html>
23. Grey (2010). N.p.
24. “National Proliferation.” *National Coalition of Creative Arts Therapies Associations*. (March 2009). November 11th, 2011. <http://www.nccata.org/>
25. American Art Therapy Association [Fact Sheet]. (2011). N.p.
26. The British Association of Art Therapists. (2011). November 13th, 2011. <http://www.baat.org/aboutbaat.html>

27. Naomi Safran-Hon. "The Art Therapy Centre: A Portrait." *Alone with Five Others: Dispatches from a Changing World*, (December 2006). 50-62.
28. There are two other small NGOs in Ghana that deal with the creative arts.
29. One of 16 (main) tribal languages in Ghana, and the most common language spoken in the Accra area where I worked.
30. Troubled Teens Info. "Troubled Teens and Art Therapy." (2010). November 11th, 2011
http://www.troubledteensinfo.com/Advice_for_Parents/Parenting_Strategies_for_defiant_teens/Troubled_Teenagers_and_Art_Therapy/
31. American Art Therapy Association [Success Stories]. (2011). N.p. November 5th, 2011.
<http://www.americanarttherapyassociation.org/upload/toolkittrauma/traumatoolkit.pdf>
32. American Art Therapy Association [Success Stories] (2011). N.p.
33. This had been originally written in Ga and was translated to English for me by a teacher at Christabell's school.
34. Breat, et al 417.
35. Breat, et al 418.
36. Breat, et al 423.
37. Pfeifer 65.
38. Elizabeth Koppitz. *Psychological evaluation of children's human figure drawings*. New York: Grune and Stratton. (1968). N.p.
39. Koppitz. (1968). N.p.
40. Alberto Vélez van Meerbeke, et al. "Validation Study of Human Figure Drawing Test in a Colombian School Children Population." *The Spanish Journal of Psychology*, (2011). 14, 464-477.
41. Vélez van Meerbeke, et al 465.
42. Vélez van Meerbeke, et al 473.
43. American Art Therapy Association [Success Stories] (2011).
44. Anonymous, 10 yr. old girl [Human Figure Drawing with Sexually Abused Girls] [Watercolor painting]. (2007). Retrieved from: Google Image. November 20th, 2011.
45. Akua is my Ghanaian name, meaning Wednesday-born.
46. I selected eight girls who had written about particularly traumatic events in their journals and I suspected they could benefit from some art therapy work. Staff members at the school suggested the two others to me.
47. Pfeifer 66.
48. Richard Niolon. "House Tree Person Experiment." *Chicago School of Professional Psychology*. (2003). N.p .
49. Niolon (2003) N.p.
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54. Niolon (2003) N.p.
55. Cathy A. Malchiodi and Eliana Gil. *Breaking the Silence: Art Therapy with Children from Violent Homes* (2nd ed.). New York: Brunner-Routledge. (1997).
56. Malchiodi, et al, 44.
57. Nalini Iype. Art Therapy Solutions. [FAQ]. (2009). N.p. November 6th, 2011
<http://www.arttherapysolutions.com/faq.html>
58. Iype. (2009). N.p.
59. In my journals I recorded Pearl as actually saying, "during *mma ache ewia*" – "mma ache ewia" translates to "the day sun" in Twi. Twi is the second most common language spoken in Accra, after Ga. Pearl was the only student who spoke Twi in this group study.
60. I have completed several 12-25 page research papers on survivors of sexual abuse, as well as having worked for Domestic Violence Services Network.
61. Niolon (2003) N.p.
62. Pfeifer 70.
63. Pfeifer 70.
64. Beverley Killian and Jonathan Brakarsh. "Therapeutic approaches to sexually abused children" In L. Richter, A. Dawes, & C. Higson-Smith (Eds), *Sexual abuse of young children in Southern Africa* Cape Town: HSRC Press. (2004). p. 367-394.
65. Jennifer J. Freyd. "Memory and dimensions of trauma: Terror may be "all-too well remembered" and betrayal buried." J.R. Conte (Ed.), *Critical issues in child sexual abuse: Historical, legal and psychological perspectives*. Thousand Oaks, CA: SAGE. (2002). N.p.
66. Pfeifer 71.
67. Pfeifer 70.
68. These four sessions were performed after regular school hours at Pearl's school, however, most teachers had not left for the day.
69. Twi is another common language in Ghana.
70. Auntie Mabel wrote "kore" on my evaluation form, which is the Twi word for alone. Additionally, this was *not* something recorded in my daily journals, but is in a folder of evaluation forms that I collected before my departure from Ghana this summer.
71. Malchiodi, et al 45.
72. Malchiodi, et al 66.

Rethinking Disability: Value in Human Difference

Sarah Michael '12



A drooping neckline illuminated a shimmering, pink rose hanging beneath her neck. Her long, light brown hair had been pulled back into an elegant fishtail braid. She stepped in front of me, draped in an ankle-length dress. Lacy had found me amongst dozens of sweaty, laughing dancers at a weekly dance held at Children's Association for Maximum Potential (CAMP) summer camp for individuals with special needs. Blaring music echoed in our ears as I brought Lacy into our small dance circle. At first, she gave me a puzzled look, but then, unexpectedly, she pulled me into a firm ballroom dance hold and began to challenge my perception of music. Moving my clunky, dirt-covered sandals to her beat, I remembered Lacy is deaf. The dance brought Lacy and me closer. For a brief moment, our different worlds were one.

CAMP provides opportunities that ultimately bring together two populations. By spending a week with one another, people without disabilities and people with disabilities learn to communicate with and understand one another.

Today, almost 20 percent of Americans live with a form of disability¹. This population continues to change as cures are found, and accidents and disease produce disability.² These individuals, however, aren't always seen out-and-about – not in movie theaters, nor in a park taking a stroll. Even as children, they are hidden away in special education classrooms. This segregation between people with disabilities and people without has had adverse effects.³ For instance, a 1991 public opinion poll revealed that the number one discomfort for individuals without disabilities was feeling embarrassed or awkward when talking with people with disabilities; many people without disabilities did not know how to interact.⁴

During summer 2011, I interned at CAMP. My goal was to understand how, despite our human differences, a culture of understanding could be replicated in schools, workplaces, and public areas. Experiences of people with disabilities are universal. Campers may have more visible forms of disability, but everyone, at some point, can grapple with disability. For instance, before I arrived at CAMP I

had been struggling with the unexpected passing of my own father a few months prior. CAMP provided a place for my disability to be acknowledged without being treated differently. I learned to accept my disability.

Through portraits of four individuals, like Lacy, I explore CAMP's unique culture. My perceived notions of "restrictions" of people with disabilities changed upon meeting Jim, a 38-year-old man with an intellectual disability. Don, a 26-year-old man with cerebral palsy,⁵ revealed faults in medicalizing disability. By forming a friendship with Hyde, an eight-year-old boy with Down syndrome,⁶ I learned how CAMP allows campers and counselors alike to reach their maximum potential. Sally, a 21-year-old woman with cerebral palsy, challenged me to find a different way to communicate. These four portraits provide a positive perspective on disability and speak to how a culture of understanding can be created by merging two different populations.

Children's Association for Maximum Potential (CAMP)

Stars at CAMP are like no other. They shine bright, beckoning campers to Texas Hill Country⁷ for a weeklong adventure. CAMP's first camper, back in 1979, was Matt, a young boy with a dream to ride a horse. Matt had been denied entrance into

many summer camps due to his severe kidney problems. His doctor along with several other physicians⁸ decided that no child should be excluded because of disability. That summer Matt rode a horse for the first time.⁹ CAMP's philosophy of acceptance regardless of disability still continues 33 years later.

This summer, CAMP beckoned approximately 835 campers throughout nine, five-day overnight camping sessions.¹⁰ Campers range in age from five to 42; they are divided into "tribes"¹¹ based on age group and gender. Volunteer medical personnel work in an equipped infirmary to ensure each camper remains healthy. Counselors, mostly college and high school students, form a one-to-one ratio with campers on most weeks.¹² Counselors undergo training, which involves information about direct care of individuals with disabilities and dignified, enthusiastic interactions with campers. Together, counselors and campers participate in recreational activities during the day.¹³ Then, each evening, they partake in a night activity. Weeks start off with a campfire and end with a dance. During the course of seven days, a unique friendship forms between camper and counselor.

Misperceptions of Limitations

Thin streams of sunlight peered through covered windows into our cabin. Sterilizing, cold air swept into our cabin, making our hairs stand on end. The cabin quickly filled with bustling campers as they shuffled in with large suitcases and greeted their eager counselors. Jim, one of my campers for the week, rolled his suitcase to a bed, and began to unpack. His hair, lined with gray streaks, didn't quite match his young, fervent smile. Turning away from me, Jim pulled a brief¹⁴ out of his suitcase. Glancing around our cabin to make sure he was not detected, he rapidly

transferred his brief to a backpack. Jim is not like the majority of Americans, who learn to use a toilet by age three.¹⁵ He is seemingly limited in that aspect. However, this limitation does not necessarily deem him entirely "unsuccessful" in all aspects of his life. "Unsuccessful" is often a term associated with people with disabilities.¹⁶ This prejudice can restrict more than the disability itself.

After transferring the brief to his backpack, Jim pulled a large, rolled-up poster from his suitcase. His dark eyes lit up as he quickly unrolled it. He held it up for everyone in our cabin to see. "Look what I made for our cabin!" The poster contained intricate, well-drawn images of traditional CAMP activities. "Pawnee," his tribe for the week, had been spelled out in large, bubble letters across the top. His perceived disability had not limited his artistic talent.

The Americans with Disabilities Act (ADA) ensures equal opportunities for individuals like Jim.¹⁷ Theoretically, Jim, a 38-year-old man with an intellectual disability, has access to the same educational and employment opportunities as his mainstream¹⁸ counterparts. However, he may not always be given these opportunities. According to the Surgeon General, negative stigma still remains one of the largest obstacles for people with disabilities, leading to discrimination.¹⁹ Society tends to underestimate their capabilities.²⁰ For instance, special education teachers may choose to teach dishwashing, rather than academics.²¹ Some students may not be able to grasp certain academic concepts, but by deeming their entire class incapable, teachers may withhold other individuals with disabilities from opportunities for growth. Changing attitude and perception can help ensure individuals like Jim have opportunities to maximize their talents.

Discrimination can also present in providing unwanted help for individuals like Jim.²² Our perception is that people with disabilities are at a disadvantage relative to others; we attempt to rectify this by providing extra help. As a result, they cannot explore their capabilities. For instance, Jim may have required more time to learn drawing

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techniques, but if others had stepped in, he wouldn't have realized his artistic ability. This perpetuates the stigma that individuals with disabilities are incapable and unsuccessful.²³ After my father passed away, I struggled to overcome restrictions others had placed on me. Losing my father had given me a limitation: I had become withdrawn and less spirited. People around me attempted to rectify my situation by showering me with gifts and removing my responsibilities. Coping required support, but I did not want to become a pitiful, helpless child. Accepting my disability would mean reinventing it as part of my identity. If I wasn't given the opportunity to explore my identity independently, I would not have gained the skills to cope. As with Jim, I needed room to learn.

Outside CAMP's walls, Jim lives in a group home and works at a local hamburger joint. His hobbies include competing in a dance team and practicing sign language. His life seems to be just as busy as my own life of studies and extracurricular activities. With only a difference: as a college student at a prestigious university, I am not questioned

As a college student at a prestigious university, I am not questioned about whether I am capable of particular tasks. I am not hindered, but rather, given opportunities to pursue greater prospects. CAMP recognizes this capability in its campers and allows individuals like Jim to excel by providing activities and support through volunteers.

about whether I am capable of particular tasks. I am not hindered, but rather, given opportunities to pursue greater prospects. CAMP recognizes this capability in its campers and allows individuals like Jim to excel by providing activities and support through volunteers. And by seeing these individuals shoot a bull's-eye, show off their dance moves, or belt out a song, volunteers, who may have thought otherwise, realize each camper has his or her own talents. A particular disability does not mean a limitation of the self.

Jim's poster remained hanging in our Pawnee cabin throughout the week. As he packed his suitcase to head home,

he rolled up something different to put back into his suitcase. During our awards ceremony, he had received a green certificate titling him an "all star" of CAMP. While Jim did have an intellectual disability, he had shown off his stellar swimming skills in the deep end of the pool, shot several arrows into a distant target, and made friends with almost everyone at CAMP that week. He was a success at CAMP.

Great Expectations

He ran past me and bolted towards a pen containing goats. "Hyde, don't run! We walk at CAMP! Hyde! Hyde!" I ran after him, exasperated. Sharp rocks flew into my dirt-caked sandals as I sped past staring campers. I struggled to catch my breath in the static Texan heat, as droplets of sweat began to border my dark, shaggy hair. Smells of goat manure and hay slowly filled my lungs. Since meeting Hyde, an eight-year-old boy with Down syndrome, the afternoon before, I had been frustratedly chasing after him, telling him to stop climbing atop structures, and blocking his attempts to take his fellow campers' toys. I finally caught up with Hyde; he had immediately run to the trees, half-stripped of their leaves, to gather food for the goats.

Hyde's parents had "forewarned" me about Hyde's behavior.²⁴ "He'll probably have this place torn down by Tuesday. He doesn't listen. It's a pain."²⁵ I stared at his parents, unsure how to reply. As a counselor at CAMP, I wanted to believe that every individual – camper or volunteer – could reach his or her personal best. For Hyde, I wanted to help him exceed the expectations his parents had set out for him.

I had not always felt this way about individuals with disabilities. I started working with individuals with disabilities during my first year at Brandeis. I joined the Big Siblings Program and was paired

with a young girl with autism.²⁶ I had low expectations, taking her inability to speak and keep eye contact as permanent. During my two hour visits each week²⁷ I began to see her respond to book reading and pictures. Her mother and I encouraged her to ask for what she wanted using a picture booklet, and I would identify images she pointed out in her books. Today, she can sign a few words, respond to her picture schedule, and say select words such as "bye-bye." I hoped to see Hyde change over our week together as she had.

Individuals with disabilities often have low expectations set for them. When Walter E. Fernald began his school for the "feeble-minded," he had decided that a great number of his students had no potential; they would never be "self-sufficient."²⁸ His purpose in creating such a school was not to create a community where individuals with disabilities could thrive, but rather to remove these individuals who would produce "degenerate children" and "perpetuate social problems."²⁹ But many of those placed in his school did have potential. Two psychologists, Skeels and Dye, placed individuals like Hyde into wards where they could receive constant and committed attention from caregivers. These caregivers pushed their students to exceed expectations, and eventually their residents learned how walk, talk, and play games; moreover, each child showed an increase in IQ, with "gains ranging as high as fifty-eight points."³⁰

Our prejudices and assumptions about what individuals with disabilities are able to accomplish can oftentimes hinder an individual from reaching his or her maximum potential. Like Skeels and Dye, CAMP doesn't place a limit on what campers can accomplish. Rather, it fosters an environment in which campers can explore and learn through various activities. To accomplish this, they train volunteers to respect each camper's

autonomy and encourage volunteers to be persistent in positive interactions with their campers through a “campers come first” policy.³¹ Using this policy, I worked through my week with Hyde.

“Hyde, are you ready to go feed the goats? They’re ready for their breakfast!” We began making our way to the goats after breakfast for one of the last times. This time, we walked beside each other. In my pocket, I carried a crumpled piece of paper with 20 large stars drawn with a brown crayon. Each star signified Hyde’s effort at good behavior. Prior to our star-reward system, I had tried taking away toys and enforcing time-outs. He didn’t respond well to either. As a coordinator for an after-school program for elementary-aged children, I decided a different, more positive approach could be more motivating for Hyde. He received a star for saying please, saying thank you, walking, and waiting patiently. Through this system, not only did Hyde clearly understand my expectations of him, he knew I believed he could meet those expectations. As we approached the goats’ pen, I handed him his crumpled star-recorder to turn in for his special prize, a horse ride on a secret trail.

Decreasing my expectations for this individual with special needs could be considered a form of “modern racism.”³² This lowering of expectations for a minority group, while it may seem to be “understanding,” limits individuals in that group and sends a message that they are inferior to their counterparts who are able to meet higher expectations.³³ And Hyde seemed to enjoy meeting my challenges for him, which allowed our connection to grow stronger over the course of one week. Turning to me, he stated, “I want you to ride with me,” and reached for a white helmet to place on my head.

At the end of our week together, Hyde and I greeted his parents immediately before

the awards ceremony. “So how was your week?” His parents asked grudgingly, seeming to expect a negative answer. Smiling, I gave a recap of our exciting days together.

Humanizing Don

“Should we try the fruit punch?” I asked. Don, a 26-year-old man with cerebral palsy, peered at me through tiny slits, trying to keep the harsh sun rays out. His lanky arms swung alongside his wheelchair. Glistening skin stretched over his bony knees, while braces enveloped his legs.³⁴ His upper body was stiff, straightened by a steel Harrington rod.³⁵ A sweat-stained T-shirt stretched over his broad shoulders, covering a slender torso. After spending a morning outside, campers and counselors were guzzling drinks down as quickly as possible. Don threw his head back, opening his mouth in a wide grin. Remnants of grape juice from breakfast still hugged his top teeth. Using a straw I placed a few fruit punch drops onto his tongue. “How is it today?” I asked. Don moved his tongue up and down, grinning once more.

Don was happy to take a break from his usual gastric feeding tube. A bout of pneumonia a year prior had left him eating and drinking by this method. An illness that had also brought on an onset of seizures deteriorated his ability to control his mouth movements. Understanding his speech had become difficult. Despite his medical challenges, Don enjoyed his time at CAMP. A few times a day, Don and I would try a new drink, oftentimes blended juices and occasionally, melted ice cream. Like an expert wine taster, Don savored each new flavor that came into his mouth.

His mother had told me about Don’s excitement for coming to CAMP. Tired of hospitals and doctors, he looked forward to having fun, again.³⁶ I had been working at CAMP for several summers but what Don’s

mom said made me wary of the challenge I was about to undertake. My job was to give every camper I met a wonderful camp experience. But to Don, CAMP needed to become a place where life would be more than “eating, pooping, and sleeping.”³⁷ CAMP needed to be a place where we would focus on his personality rather than his medical condition.

Traditional clinical psychology (used as a paradigm for disability) often characterizes disability as biological or physical.³⁸ Therefore, for individuals like Don, his experience has been reduced to repairing his physiological needs. But the psychological model doesn’t take into account Don’s broader social needs. This focus on disability, rather than “the individual,” stigmatizes those with disability; they are seen as “nonpersons, incapable of the same feelings, goals, and role responsibilities” as those without disabilities.³⁹

America conducted mass polio vaccination campaigns using this paradigm until 1979, when polio transmission stopped.⁴⁰ During one campaign, a girl, similar to

Don threw his head back, opening his mouth in a wide grin. Remnants of grape juice from breakfast still hugged his top teeth. Using a straw I placed a few fruit punch drops onto his tongue. “How is it today?” I asked. Don moved his tongue up and down, grinning once more.

Don, grinned as a photographer took her picture for a March of Dimes ad in St. Louis. Dressed in pink and frills, she received a kiss from the mayor and even appeared in a telethon, where she dropped her crutches for a few seconds before she fell to the floor. The much-anticipated advertisement finally came out. There were two pictures: one of a boy and a girl skipping hand in hand, and the other of the girl on her crutches. A caption under the picture of the boy and girl read "THIS" in

My medical training lacks a basic element: to recognize these individuals as humans with needs similar to yours and mine. Until I began to form friendships with individuals like Don, I did not realize this element was missing.

large bold letters; under the girl's picture the caption read "NOT THIS."⁴¹ The girl had become her disability; there wasn't a possibility she could be the girl skipping hand in hand with a boy. Likewise, those trained under the traditional clinical model may disregard Don's desire to experience taste, only seeing his disability.

A pre-medical student, I continue to train under a traditional clinical model. In my classes, I learn about maladies, including cerebral palsy and its effect on the human body. When I first began training, I was focused on rectifying physical maladies. I only saw disability. I saw no legs. I saw a wheelchair. I saw a "retard." I didn't see that individuals with disabilities enjoyed participating in sports, attending functions, and finding love. My medical training lacks a basic element: to recognize these individuals as humans with needs similar

to yours and mine. Until I began to form friendships with individuals like Don, I did not realize this element was missing.

Barriers of the clinical model continue to be broken at CAMP using a new emerging paradigm in which focus is placed on the individual and his or her surrounding society.⁴² This focus is achieved by bringing together those with disability and those without disability, not for a medical purpose, but for pursuit of new adventures and excitement. CAMP provides experiences apart from our "struggles and strangeness."⁴³

Don's tongue had become bright red, matching the fruit punch I held in a cup. We began brainstorming great-sounding juice blends for our next meal, as another counselor set up a movie projector. After he finished, we moved to a yellow mat placed on the ground. I sat behind Don, holding him up, so that we could begin watching the Disney film *Aladdin*. We relaxed into our positions. Don grinned as his legs stretched to fill the yellow mat, and we began to laugh as Genie worked his magic in the song "Friend like Me." We were no longer a college student and a man with cerebral palsy. We were two people, having a good laugh together at a movie.

Fostering Communication

Drizzle slowly pooled onto a towel on Sally's cotton shirt. Her face was half-hidden beneath short, auburn curls as her chin rested directly on her chest. Her deeply tanned skin and deep brown eyes, matching my own, contrasted her bright, plaid shorts and purple shirt. Her hands sat on her lap. Sally, a 21-year-old woman with cerebral palsy, was unable to speak and barely able to move. Around us, children with a variety of special needs and their counselors chattered, serving themselves southwest chicken and potatoes. Smells of the spiced chicken gently tickled my nostrils, teasing my

hungry taste buds. But food would have to wait for now.

I began setting up Sally's gastric feeding tube, filling it with water and connecting it to an entryway on her abdomen. I opened a can of formula and started pouring the thick, beige liquid into the tube peeking out from under her shirt. The formula slowly flowed through as Sally, turning her head from left to right, scrunched up her face in displeasure. Her arms, tense and straight down, flapped in brief episodes as she continued to eat.

My sore arm tensed as I held the tube up. "Sally, I heard you went to SeaWorld this summer!" I said, hoping to connect during our first meal together. No response. I lowered my head, discouraged. Her chin still rested on her chest, and her eyes remained on her lap. Would I be talking to myself for the entire week? How would I know what she needed, when she needed to be changed and when she was uncomfortable? And most importantly, how would I learn about Sally? With all my other campers, I had discovered their personalities, and I had shown them mine. With Sally, I wasn't sure she understood me.

But we were at CAMP. Its diligent pursuit of happiness, focus on silliness, and philosophy of understanding somehow allows each camper-counselor relationship to grow strong throughout the course of only one week. And by teaching dignity to all volunteers and allowing these individuals to partake in activities they wouldn't do elsewhere, CAMP fosters communication between two populations that oftentimes do not communicate at all.

The question of separation or integration has always been a dilemma for minority groups like individuals with disabilities. While separation allows individuals like Sally to thrive at her own pace through venues like special education classes, it simultaneously separates her from

mainstream society, marginalizing her. However, complete integration poses an issue of providing equal opportunities for individuals with disabilities. Some individuals may thrive only with individualized or specialized learning and care, and may not reach their fullest potential in mainstream society.⁴⁴ CAMP attempts to solve this dilemma by providing an integrated setting, with individualized care. Individualized attention allows each counselor to learn how to communicate and connect with his or her campers to form friendships.

I continued to feed Sally through her feeding tube, continued speaking to her and hoping that a funny or memory-eliciting phrase would pique her interest. Upon mentioning the end-of-the-week dance, she slowly brought her head up and peered at me through large eyes.

The Pawnee women, the oldest tribe at CAMP at ages 21 to 23, were preparing for their end-of-the-week prom. Sally elegantly wore a floor-length dark purple dress. Tiny beads shimmered down the diagonal lining of her dress, flowing from large flowers at the top. Light pink eye shadow graced her eyelids, and a touch of red glowed on her cheeks. A diamond bow brought a few of her curls into a delicate “updo.” A potpourri of flowery shampoos and conditioners gradually filled our cabin. Excitedly chattering about men they would dance with that night, Sally and I joined her friends in the line in front of the door.

We approached the outdoor pavilion, where prom would be held that night. The sun, bright pink in the distance, had begun to disappear into the trees. Little white lights from the disco ball floated over the floor, frolicking with a multi-colored light show at the front of the pavilion. Pawnee men had crowded in, sporting their fancy suits and colorful ties. Sweat and body

odor slowly replaced the air as campers and counselors twisted their bodies and swung their arms. Loudspeakers pounded with the latest hits, overpowering the excited voices of campers. My black tutu swished around, adding much-needed formality to my look, which featured feet strapped into brown, dirty sandals and my sweaty, untamed hair. I grabbed the sides of Sally’s wheelchair, driving her backward and ending with a spin. Although Sally had raised her head a few times during the week, she had yet to lift her head during prom. Her chin rested squarely on her chest, and her face, glimmering with makeup, remained hidden.

I had hoped that before the end of the night I would see Sally’s face. A slow, melodic country song faded away, as a loud beat begun playing on the speakers. We started dancing crazily to the new upbeat song, thrashing our heads and bodies from side to side. CAMP wasn’t the place for discomfort. It was a place for fun, unhindered by human difference. Sally, picking up her head at her own pace, looked up at our unskilled dance moves. A smile slowly worked its way across her face, twinkling in the dim light. In that moment we spoke the same language.

Conclusion

Lacy changed my perception with a dance without music. Likewise, my campers taught me new lessons through their unique stories. While people may have disabilities, they are first and foremost people with desires and goals, people with talents, people who communicate – perhaps in a different manner, and people who can meet high expectations. Don, Jim, Sally, and Hyde shaped my perception of culture at CAMP. They challenged my preconceived notions and gave me insight into the value in human difference. More importantly, we became friends.

The Disability Rights Movement⁴⁵ continues to grow as policies are created to accommodate participation restrictions.⁴⁶ Policies have been created to subdue discrimination in the workplace, and special education classes work towards providing people with disabilities equal opportunities in education. However, many people are still reluctant to interact with people with disabilities, fearing the unfamiliar.⁴⁷ This isolation makes people with disabilities a minority group that often is overlooked and stigmatized.⁴⁸

By integrating people with disabilities and those without in a fun manner, CAMP allows campers to become mainstream. However, this positive environment largely remains within the gates of CAMP. CAMP does not constitute the entire world. In our fast-paced American culture, people are oftentimes not willing to take time to learn about another person, and many don’t approach interactions with people with disabilities with a willingness to understand. Still, by dispelling common preconceived notions about people with disabilities among new counselors and staff each summer, CAMP culture can gradually be pushed to high schools, colleges, and workplaces. Organizations like CAMP have the potential to humanize and empower individuals with disabilities outside of CAMP. Perhaps through caring for and interacting with individuals with disabilities we, too, gain a sense of humanity.

Sally, picking up her head at her own pace, looked up at our unskilled dance moves. A smile slowly worked its way across her face, twinkling in the dim light. In that moment we spoke the same language.

Notes

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33. Batts, 7-8
34. Don's braces helped to prevent his club foot from worsening. Don's Mother, Informal Interview, 17 July. 2011.
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Giving Voice

Shani Rosenbaum '12



This is Shapira Park,” says the cab driver. “Where exactly should I drop you off?”¹

I peer out the window toward a dimly lit park, annoyed at the speed of my own heartbeat. I hardly ever venture this far south in Tel Aviv at night; I've been told these neighborhoods are unsafe, laden with drugs and crime. As a young woman growing up in the United States, I was taught to steer clear of dark parks. But the coworker who invited me tonight didn't mention safety concerns. I can see the Central Bus Station just a few blocks away, and feel foreign and foolish for having splurged on a cab.

“*Nu?*” says the driver, employing a classic Israeli expression of impatience.

I scan the park again and find what I am looking for: a small circle of people sit on the grass, spaces between them punctuated by white paper lanterns. I pay the driver and emerge from the cab with a step reflecting more confidence than I feel. I've been asked to help translate for a meeting aimed at increasing openness and understanding between this neighborhood's Israeli residents and some more recent inhabitants: African asylum seekers who, with neither resources nor work, have made Shapira Park their home.

The phenomenon of African asylum seekers seeking refuge in Israel is a fairly recent one, dating back less than a decade. Previously, these Africans fleeing persecution or poverty² in their homelands – most of them from Sudan and Eritrea – had sought refuge in Cairo. In the wake of a violently-suppressed protest in Cairo in 2005, thousands of asylum seekers began crossing the porous Egyptian-Israeli border.³ Since that time, a steady flow of African asylum seekers – several thousand per year⁴ – have made their way to Israel.

The arrival of these asylum seekers has created a stir of controversy among Israeli citizens and politicians.⁵ In some ways, the concerns raised in the public discourse echo those of any modern nation facing an influx of immigrants. Rhetoric reflecting

concerns for employment, distribution of resources, and changes in the socio-cultural landscape abound in newspaper editorials, statements of politicians, and lay demonstrations.⁶ Israel's identity as a Jewish democratic state adds another layer of complexity to issues of migration.

Interning this summer with the Hotline for Migrant Workers, in Tel Aviv, heightened my awareness of the challenges the influx of African asylum seekers poses to Israel and its citizens, the policy vacuum that has resulted from these challenges, and how this vacuum is affecting Israel's most vulnerable populations. My time at Hotline also exposed me to a range of voices of different populations with often opposing concerns when it came to the issue of asylum seekers.

Ultimately, my daily work struggling to communicate with asylum seekers showed me the pressing need for organizations like Hotline to give voice to these voiceless people. My contact with asylum seekers, set against a background of voices opposing their presence, helped me come to terms with a definition of justice that allows for advocates to focus primarily upon the needs of a single struggling population.

I will explore here some of the voices I encountered during my time in Tel Aviv, and how each shaped my understanding of the interplay of advocacy and social

change. Scenes in this paper will shift from the Hotline office, where I was exposed primarily to asylum seekers' individual needs, to Tel Aviv's parks and streets, where I encountered asylum seekers within the broader context of urban Israeli life. A neighborhood meeting at Shapira Park brought to my attention the impact African asylum seekers have had upon some of Israel's already marginalized populations. Navigating the jungle of Israeli bureaucracy for Hotline's clients gave me insight into a policy vacuum resulting from opposing voices competing for priority in Israel's policy toward migrants. Interactions with coworkers helped me understand both the challenge asylum seekers pose to Israel's complex Jewish identity, and the difficulty of advocating for a single population while considering the needs of an entire nation.

The challenges presented by this multiplicity of voices bring up questions that speak to the core of social justice in a

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democratic society. Whose voice belongs in a complex political conversation with ramifications for many populations? How do we access the voices of marginalized populations, such as those of the asylum seekers Hotline serves? And does focusing upon the needs and rights of a single struggling group mean sacrificing a larger-scale focus on addressing the needs of a whole society?

Neighbors

I cross the sparse grass of Shapira Park and approach the circle of neighbors, searching for a familiar face. Participants seem to span from my own age bracket – early 20s – to people approaching middle age. Orit,⁷ my coworker from Hotline who organized the event, catches my eye and beckons me with a warm grin.

“Would you go see if they need help understanding?” Orit asks me in Hebrew. She points toward two straight-backed, dark-skinned men sitting across the circle. Meanwhile, a squat, white-skinned woman who looks to be in her 30s introduces herself and speaks in impassioned Hebrew.

“My name is Moriya,” she says. “I live just a few blocks from here.” Her gaze shifts along the circle from citizens to asylum seekers. “We are sorry,” she intones, placing her hand emphatically on her heart, “that you are suffering. But you need to understand that this is our *home*. Our children play in this park. To have people sleeping here, using the grass as a toilet...”

One of the men in front of me speaks up in English. “My name is Jacob,” he begins. “I am from Sudan.” He turns toward Moriya. “I understand your concern for your home, but you need to understand that being here – that sleeping in the park is not our choice. We have no work, we have no homes.”

I inhale sharply, touched by Jacob's comment. My connection to asylum seekers in Hotline's office has been largely through paperwork: visas and work permits. Hearing this Sudanese man speak to his Israeli neighbors in the park where he spends most nights has brought a level of gravity to the technical, bureaucratic business of my everyday work at Hotline. He has managed to connect my faxes and files to the concrete, human reality of poverty and homelessness among asylum seekers in Israel.

At the same time, hearing Jacob's neighbors' complaints has also complicated my concern for asylum seekers. Here are voices I have not encountered in Hotline's office at all: Israelis dealing with the addition of asylum seekers to their already-struggling neighborhoods. Back in the office, I will discover that the voices of these neighbors are buried within a vacuum of policy. Caught between conflicting voices and interests, the Israeli government has created a bureaucratic disaster for asylum seekers.

This is Not a Work Permit

Sunday morning, 9 a.m.: the bustle and noise at the Hotline for Migrant Workers feels hardly less chaotic than the smoggy Tel Aviv street two floors below. Staff and volunteers greet each other in Hebrew and English over the cacophony of phone conversations in French, Arabic and Tigrinya. Clients sit on a square couch against one wall of the office, clutching visas and court orders. They wait to meet with caseworkers, mostly volunteers like me, who welcome them to their desks in between answering phone calls coming to the crisis hotline in a continuous stream.

Four tall African men approach my desk. They are accompanied by a wave of body odor I have grown accustomed to in my work with Hotline clients.

“How I can help you?” I ask with a smile.

“We need that paper. The one that let us work.”

Employment problems are among the most common cases I have seen in my several weeks working in Hotline’s Crisis Intervention Center. One of the most pressing problems for many asylum seekers in Israel right now is lack of work and, as a result, homelessness.⁸ People with recognized asylum status in Israel – migrants from Sudan, Eritrea, and the Ivory Coast, plus a handful of individuals from other countries – receive a visa known as “conditional release.” They are released from detention centers (where thousands of migrants are held after illegally crossing the border into Israel),⁹ and guaranteed they will not be deported back to their home countries. But though asylum seekers are allowed to physically stay in Israel, making a living proves more difficult. Finding work is a challenge, especially in light of a single line of text gracing the bottom of every conditional release visa: *This permit is not a work permit.*

The Israeli government, stuck in a tug-of-war between conflicting interests when it comes to asylum seekers, has taken little official action, allowing a “policy vacuum” to emerge. Temporary regulations officially take into account one party’s concerns by refusing work visas to asylum seekers. But unofficial agreements not to enforce such regulations¹⁰ seem intended to address competing humanitarian concerns. This compromise creates a bizarre bureaucratic middle ground, which leaves subsistence here challenging, but not impossible, for asylum seekers.

“Where are you from?” I ask one of the clients hovering over my desk.

“Sudan,” he says. “My friend...he says you give him paper here. And he give to employer, and he can work.”

“An information packet, you mean?” The man stares at me blankly. I grab a stack of papers from behind my desk, a series of instructions for employers on how to legally hire asylum seekers. “Show this to your employers,” I tell the clients. “It explains here that they can hire you, no problem.”

“So this is a work permit?” asks another of the clients.

Is it? Israel’s government does not grant work permits to most African asylum seekers.¹¹ Why not, I wonder, when the government allows Hotline volunteers like me to inform employers “unofficially” that they may legally hire these men? Government officials seem pulled in one direction by voices like Hotline’s, which cite humanitarian concerns, and in another by voices¹² desiring to stem the flow of illegal migration. The result, currently, is not a comprehensive policy, but a series of bureaucratic roadblocks that asylum seekers can only circumnavigate with Hotline’s help. How might concrete policies more effectively take into account these conflicting voices?

The four asylum seekers thank me and leave Hotline’s office, each equipped with a fresh photocopy of our employer information packet. To where, I wonder, are they returning? I think back to my meeting at Shapira Park, hope these men will spend this sweltering day somewhere cooler, somewhere they can call a home.

“Not Our Responsibility”

Whose responsibility are the asylum seekers? From my desk at Hotline’s office, I often find both government officials and humanitarian aid workers expertly shift

It seems those affected most by asylum seekers’ presence – those who live in the neighborhoods where the asylum seekers have congregated – may not be the same as those making political decisions.

responsibility away from themselves when I reach out for assistance for my clients. Leaving the office for Tel Aviv’s streets gives me a different sense of who has borne the brunt of responsibility toward asylum seekers since their arrival. It seems those affected most by asylum seekers’ presence – those who live in the neighborhoods where the asylum seekers have congregated – may not be the same as those making political decisions.

At the Shapira neighborhood meeting, a young Israeli woman raises her hand. “We know you refugees are not the enemy,” she says. “We have a common enemy, and that is the municipality.” I see heads nod around the circle. “Our neighborhood has been neglected by the local government for years.”

My coworker Orit, a petite woman with an infectious smile, speaks up in a sweet yet commanding tone. “Let’s talk a little about approaching the municipality,” she suggests. “People have brought up a number of concerns – more lighting in the park, maybe building restrooms here. Is there a consensus on bringing these requests to the municipality?”

Moriya, the squat, energetic woman in her 30s, breaks in again. “Listen, I’m sorry,” she begins, in a tone that doesn’t strike me as entirely apologetic. “But the neighborhood *is* neglected, and personally I can’t see where we would want those funds pulled from. My daughter’s school

Is it fair of us, I wonder, to be pushing only one side of such a complex web of social problems?

needs funds. I’d rather see the money go there than into bathrooms in the park.” She looks at Jacob, waits for the translator before continuing. “I’m sorry,” she says again, shaking her head, “but it is not our fault the government has dumped you here. It is not my fault you don’t have work visas. We have our own problems. This is not our responsibility.”

I find this comment harsh, but refreshingly honest. Since arriving in Tel Aviv about a month ago, I have encountered a range of opinions among Israeli friends when it comes to what should be done about the asylum seekers. Many express compassion initially, but often that compassion is muted by concerns about distribution of resources, especially among struggling populations.

This neighborhood meeting has created space for two marginalized populations – the asylum seekers and the Israelis who encounter them closest to home – to voice their concerns and needs. By the end of the meeting, the group has come up with a few small, concrete points of shared concern with which to approach the municipality. But their voices have also struck some dissonant chords; when it

comes to distribution of resources, it may be that the needs of these two groups are at odds.

Having spent several weeks in an office assisting migrant workers and asylum seekers, I feel grateful that Hotline also seems to want to facilitate such dialogue. But I know, too, that tomorrow both Orit and I will return to the Hotline office and continue advocating for asylum seekers, pushing for their right to stay and work in Israel. Considering the needs of the asylum seekers’ neighbors is neither a clause in Hotline’s mission nor part of its overall agenda. Is it fair of us, I wonder, to be pushing only one side of such a complex web of social problems?

“We Mustn’t Spoil the View”

In the weeks that follow, I eavesdrop on my coworkers’ conversations about the Israeli public discourse regarding asylum seekers. Since the staff and volunteers at Hotline invest so much in advocating for refugee rights, I expect they will express support for left-wing activism supporting asylum seekers, and disgust for right-wing anti-refugee demonstrations. But one volunteer’s response to right-wing rhetoric surprises me:

“They have a point,” she says. “The people advocating for these refugees – the upper-class liberals – don’t live in south Tel Aviv. We come here to work, we go home. Our neighborhoods, our schools, they aren’t changing; but the people who live here, they feel the change.”

The feeling of having these asylum seekers “dumped” on their doorstep is not unique to the residents of the Shapira neighborhood. In the absence of any consistent policy toward absorption of asylum seekers or formal recognition of their asylum status, restrictive regulations have confined them to very specific

locations, mostly development towns or neighborhoods with populations that already struggle with economic disadvantage.¹³ One Israeli leader spoke frankly about the regulations restricting refugees to low-income zones:

... Let’s throw them over to the distant periphery ... In central Israel, between Hadera and Gedera, we mustn’t spoil the view, so we’re going to send all of them to the periphery, which is already weak and will now also be ugly.¹⁴

The frustration of peripheral communities has also been leveraged by right-wing politicians to launch campaigns aimed at pressuring the government to deport asylum seekers and crack down on border control. This summer, in one such campaign, a member of Knesset¹⁵ partnered with a right-wing activist to bring a busload of African asylum seekers to a pool in affluent north Tel Aviv. Their goal, according to the member of Knesset’s website, was to “make liberal Israelis in upper class neighborhoods aware of what it is like to have African infiltrators living near their home.”¹⁶

What kinds of change are Israeli citizens afraid of? Partly, the concerns are economic and aesthetic: the addition of an impoverished population with little to no employment opportunities presents a public nuisance at worst, a drain on public funds within an already-struggling community at best. Some public figures cite growing crime rates as an additional concern, though the nature of this threat is highly contested.¹⁷ Some estimates claim the crime rate among the asylum seeker population in Tel Aviv is much higher than the rate among the rest of the city’s population; another estimate assumes the polar opposite, that the crime rate among the asylum seeker community is drastically lower than that of Tel Aviv citizens.¹⁸

Fears about resources and crime aside, the influx of asylum seekers also poses a concern of a slightly different nature: changes in the political and cultural landscape of the country. The particular nature of Israel's socio-political makeup brings an additional layer of concern to the table: the maintenance of Israel's identity as a Jewish state.

The Jewish Question

My most enlightening conversations this summer about Israel's Jewish identity have taken place with Hotline's National Service volunteer,¹⁹ Aviyah. These conversations, set against my other coworkers' relative silence regarding Israel's Jewish identity, have taught me a great deal about the ways the state's Jewish identity poses a unique challenge to asylum issues.

On one relatively quiet morning at Hotline, Aviyah pushes away from the piles of paper at her desk and turns her swivel chair toward me as she pulls back her wild black curls. Her eyes catch the sun's sparkle, two mischievous pools of light set against creamy olive skin.

"Shani, I have a question," she says, fidgeting with the sweater draped loosely over her shoulders. Aviyah sometimes expresses discomfort at having her shoulders exposed, though she claims to have ditched more conservative religious dress years ago. "Do you think, say, if I went to the U.S., that people there would know that I was Jewish? I mean..." She circles a hand in front of her petite, dark face. "Could they tell I'm Jewish," she continues, "just by looking at me?"

Jewish identity is complex and multifaceted. Whether Judaism itself is a religion, nation, ethnicity or culture is a continual conversation among Jewish thinkers and scholars.²⁰ Translating this identity dilemma to a national scale is

bound, therefore, to yield a tangle of mind-bending questions. Does a "Jewish state" mean a state guided by certain principles and values derived from Jewish tradition? Does it mean a secular state inhabited by majority Jewish citizens? If the latter, who is considered Jewish? And what happens to the state's Jewish identity when a flock of non-Jewish African asylum seekers is added to the mix?

Pushing aside this mess of questions for now, I focus on Aviyah's question of personal identity. Would people in the U.S. recognize her as Jewish? "Do you mean," I say, mirroring her gesture toward my own European-Jewish pale skin and dark curly hair, "because you don't look like me?"

Aviyah is descended from Yemenite Jews; my grandparents were Eastern European Jews. Though our ancestors share a core of religious tradition and text, there is great variation between our cultures. To complicate matters, I consider myself an "observant" Jew; I strive to live my life according to Jewish religious law. Aviyah comes from a religious family, but chooses to live as a "secular" Jew, not restricted by religious obligations. And while I was born and raised an American Jew, Aviyah was born and raised Israeli – a citizen of the Jewish state. With all of these ways to be or express the Jewish identity of an individual, defining the Jewish identity of an entire state is a daunting task.

However one might choose to address these questions, the advent of a large population of migrants – who claim no Jewish roots or connection, but nonetheless appeal for political protection – poses a great challenge to Israel's Jewish identity. The dearth of conversation surrounding this issue surprised and confused me when I first arrived at Hotline. But I am beginning to see this silence as another facet of the

greater questions of advocacy and social justice I have been grappling with since my arrival in Tel Aviv.

The Big Picture and the Little Guy

After a long afternoon in the office, I walk with Itay, a Hotline volunteer, toward Tel Aviv's Central Bus Station. Itay's pace is calm and fluid – he has just returned from a Buddhism-infused backpacking trip to South Asia. Still, his lanky stature requires me to step in double-time to keep up with his long-legged stride.

Removed from our frenetic routine of addressing desperate clients, I take advantage of our walk to get Itay's insight into my most recent questions about Hotline's work. "I feel like the question of Israel's identity should be more of a concern at Hotline," I tell him. "It seems almost fundamental to the policy vacuum, and to so many of the concerns about asylum seekers in Israel. Why is it that nobody in our office talks about it?"

The State of Israel – whose foundation came, in part, in the wake of the Nazi Holocaust – seeks to serve as a homeland for all Jews. Its immigration priorities thus

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"Could they tell I'm Jewish," she continues, "just by looking at me?"

Israel's Jewish identity, then, poses a dual challenge: the implied imperative to protect the rights of immigrants and refugees in light of the Jewish historical experience, pitted against the necessity of maintaining a Jewish majority so that Israel maintains its identity as the Jewish homeland.

remain focused on absorbing Jewish people. Citizenship policies must always take into account "demographic issues" – that is, maintain a Jewish majority within the country so that the democratically governing body will always prioritize the protection of the Jewish people in their homeland.

Israel's Jewish identity, then, poses a dual challenge: the implied imperative to protect the rights of immigrants and refugees in light of the Jewish historical experience, pitted against the necessity of maintaining a Jewish majority so that Israel maintains its identity as the Jewish homeland. Protecting the demographic and prioritizing Jewish immigration necessarily places non-Jewish immigrants at a disadvantage, if not as an outright unwanted population.

I assumed, upon my arrival at Hotline, that the staff here would be deeply engaged in this difficult debate, would at the very least be pushing the side of Israel's responsibility toward the non-Jewish migrants and refugees that Hotline serves. Yet in the weeks since I've been here, conversation about the "Jewish problem"

– in Hotline's literature or among the office staff – has been rare. I hope Itay, who has volunteered here for years, might be able to explain this strange silence.

Itay strokes his straw-colored mustache thoughtfully. "You're right," he says. "The Jewish identity of the state is important to the big-picture question of how Israel addresses asylum seekers. But Hotline can't be concerned with the big picture."

Itay's response disturbs me. "What do you mean they can't be concerned with the big picture?" How can Hotline staff not be involved in trying to reach a balanced understanding of the implications of their advocacy? How could promoting any policy be ethical without weighing its broad social outcomes first?

We turn a corner; I see Tel Aviv's Central Bus Station looming over the small, crowded shops on this southern city street. To our left, adjacent to the bus station, is Levinsky Park, a sunny green expanse dotted with tiny trees. African men in sweat-soaked, tattered T-shirts mill about the park. They sit or stand alone or in small clusters, and seem for the most part to simply stare into space. Some lie on the grass, asleep and baking in the hazy July heat.

"Hotline is focused on promoting the rights of the 'little guy,'" Itay says. "If they were to focus on the big picture, they wouldn't be able to advocate for their clients. You can't do both at the same time."

Itay's casual comment jars me; he has touched upon the core of my struggle this summer. Choosing whose voice has a place in a complex political conversation comes down to a single fundamental question: is it possible to think deeply about an abstract large-scale situation while acting out of deep concern for an individual who is suffering from one facet of that situation?

Itay's answer is no – and if his explanation of our coworkers' silence on the large-scale political implications of accepting asylum seekers is correct, then most of Hotline's staff seems to agree. They have chosen the little guy over the big picture, promoting the rights of the individual over seeking to address the needs of multiple struggling populations.

The very nature of working with a disempowered group seems to require taking that group's "side," and setting aside more sweeping considerations of the impact of promoting their rights. What if, as Itay suggests, it is impossible to give both the individual and the greater society equal weight? What if any kind of social change requires we prioritize one or the other?

The Voiceless

"MOUSSA, I CAN'T HEAR YOU."

At the office the following morning, Aviyah stands over a desk piled high with paperwork, pressing a phone receiver to her ear. Her free hand is shoved against the phoneless ear, as if to catch whatever sound is coming through the receiver before it escapes out the window into the Tel Aviv heat.

"MOUSSA..."

I make my way over to my own desk, scan my checklist of tasks for the day.

1. *Call Sinait – has she found a lawyer?*
2. *Call Ministry of Interior – what happened when Sadiki came in to register? Do they have a translator there?*
3. *Call Kalilo – received copy of his court protocols – first remember why I requested them???*

I reach for the phone on my desk; my hand hovers over the receiver. Which call to make first? Speaking Hebrew with impatient public officials feels daunting this early in the morning. My American upbringing with its emphasis on politeness makes me balk at the shouting matches I've found to be standard in my few weeks speaking with Israeli bureaucrats. Maybe I should start with English calls. I close my eyes, trying to recall the conversations I had with the Eritrean Sinai in our office last week. What language were we speaking? English? Or was her boyfriend translating her Tigrinya into Hebrew?

The phone on my desk rings.

"MOUSSA, I WILL CALL YOU BACK," Aviyah screams a few feet from my desk.

I take a deep breath, pick up my phone. "Hotline – *shalom*," I say, trying to assume Aviyah's authoritative Hebrew tone.

"Yes, hello," says a male voice speaking in fragmented Hebrew. "I need help. My friend – my friend is missing. I am afraid – maybe they send him back. His visa –"

"NO, MOUSSA. I WILL CALL YOU!" Aviyah's phone is no longer glued to her ear; she is simply holding the mouthpiece about an inch from her face and screaming into it.

Struggles with communication have been the salient frustration I have encountered in my time at Hotline. Equally daunting is a maze of bureaucracy I spend my days helping asylum seekers navigate, so that they can stay and work in Israel without fear of detainment or deportation. I have been learning Hebrew since my childhood, and understand and speak nearly fluently, but even I have found the culture of assertiveness here difficult to adjust to. I can only imagine the difficulty my clients – many of whom share no common

language with Israeli bureaucrats – would face without Hotline volunteers and staff working tirelessly to advocate for them.

If these challenges are not great enough, sometimes it takes enormous effort not only to traverse language barriers, but noise barriers between Hotline staff and clients.

"This guy calls me six times a day from Givon prison."²¹ Aviyah sighs, drops her phone in its cradle. "There's so much bloody noise there I can't hear a word he's saying."

I turn back to my own call. "Forgive me," I say. "Is English better? Hebrew?"

"French," says the man. I tell him to call back tomorrow, praying one of our French-speaking volunteers will be in.

Asylum seekers face enormous challenges merely communicating with even those Israelis striving to help them. To advocate for themselves on the policy level would be impossible without native Israelis – who have language, cultural know-how, and voting power – giving voice to asylum seekers' concerns and needs.

As I approach the end of my two months at Hotline, I find my focus shifting away from the broader questions of how asylum seekers' presence affects the general population, as I become more attuned to how truly voiceless this particular population is. If Itay is right, and concern for both greater society and the "little guy" are impossible to hold in absolutely equal measures, then I have begun to feel Hotline's priorities are in the right place. If Hotline and other organizations weren't bringing the plight of asylum seekers into the public eye, if Hotline wasn't devoting resources and energy to get detained asylum seekers released, the public discourse in Israel would be severely

imbalanced, devoid of voices from one of its most vulnerable populations.

Conclusion: Of Justice and Compassion

Toward what population, and toward whose needs, can resources be devoted most fairly? Why should Hotline spend its energy promoting asylum seekers' voices above the voices of others?

This question can be framed as a trade-off between justice and compassion. From a viewpoint of compassion, it is difficult to speak in theory about a hierarchy of societal needs when you have seen the men sleeping in Levinsky Park, or people imprisoned after fleeing their homes. From a strict justice point of view, taking pity on a single person distracts from questions of the broader consequences of addressing that individual's needs. This is a fundamental question of social justice. Who is best equipped to assess in what direction society should move? Is it the "objective," removed party with a more global perspective, or the "subjective" party with direct contact with the humanity of the issue? Who should be involved in shaping Israel's policy toward asylum seekers: detached academics or politicians, or people like Hotline staff, who have daily contact with the plight of these people?

Toward what population, and toward whose needs, can resources be devoted most fairly? Why should Hotline spend its energy promoting asylum seekers' voices above the voices of others?

I have discovered I am comfortable with organizations like Hotline taking the compassion route, as long as they function within a greater framework of justice in which multiple voices still flourish. Someone must advocate for voiceless populations like asylum seekers. If Hotline didn't choose the little guy over the big picture in this situation, the needs of asylum seekers might not factor into policy-level decisions at all. Understanding the challenges asylum seekers pose on a national scale, and then making the tough choice to proceed in advocating for their rights, is a legitimate and admirable approach to positive social change.

In an ideal world, these tough choices to "take sides" would take place within the context of meaningful dialogue among academics, citizens and politicians. Such dialogue would provide a framework for the multiplicity of opposing voices to be woven together. The result would be not a policy vacuum resulting from a political wrestling match, but a tapestry of views and positions interacting to yield positive steps toward addressing the needs of all concerned parties. I am left wondering how such meaningful dialogue can be fostered within an Israeli socio-political scene that often feels more like a shouting match than a conversation. But small-scale forums for dialogue, like the meeting I observed at Shapira Park, seem a good start. In the meantime, I feel privileged to have spent time in an organization that works so tirelessly to give voice to the voiceless.

Notes

1. All dialogue was recorded in writing in my daily journal within 24 hours of occurrence.
2. Whether the majority of the asylum seekers are flocking to Israel due to persecution, or in search of economic opportunity, is a matter fierce debate among Israeli leaders. See Yacobi, Haim. "African Refugees' Influx in Israel from a Socio-Political Perspective." CARIM Research Reports, Robert Schuman Center for Advanced Studies, San Domenico di Fiesole (FI): European University Institute 4 (2009): 11-12
3. Ibid. 2-3
4. Afeef, Karin Fathimath. "A promised land for refugees? Asylum and migration in Israel." New Issues in Refugee Research, 183 (2009): 8.
5. See, for example: Wurgaft, Nurit. "We have slandered." Haaretz Online Edition. 10 July 2011. 6 Nov 2011. <http://www.haaretz.com/weekend/week-s-end/we-have-slandered-1.388697>
6. Yacobi, Haim. "Let Me Go to the City." Journal of Refugee Studies, Vol. 24 (Issue 1), Oxford University Press (2010): 61-63; see also ben Yacov, David. "Operation 'Welcome Sudanese' Begins in TA." Arutz Sheva. 7/21/2011. <http://www.israelnationalnews.com/News/News.aspx/145949#.TsPfrz0f6so>
7. All names in this paper have been changed to honor the confidentiality of Hotline's staff and clients.
8. See Afeef 16.
9. Yacobi, "Let Me Go to the City," p. 11. See also "Policy Paper: The Detention of Asylum Seekers and Refugees." Refugees Rights Forum. The Hotline for Migrant Workers, 2009. Accessed November 16, 2011 from http://www.hotline.org.il/english/pdf/Detention_paper_021809_Eng.pdf.
10. Afeef 10
11. See Friedman, Ron. "Court: Drop Employment Prohibition from Sudanese Visa." The Jerusalem Post. 17 February 2011. 16 Nov 2011. See <http://www.jpost.com/NationalNews/Article.aspx?id=208594>
12. See Wurgaft 10 July 2011. See also Dickman, Orna. "Incitement and Racism Against Asylum Seekers in Israel." The Hotline for Migrant Workers: 6 Sept 2010.
13. Afeef 13
14. Wurgaft, Nurit 10 July 2011.
15. Israel's parliament
16. <http://michaelbenari.com/>
17. Dickman, Orna. "Incitement and Racism Against Asylum Seekers in Israel." The Hotline for Migrant Workers. 2010. 16 Nov 2011. http://www.hotline.org.il/english/pdf/092310_Incitement.pdf
18. Wurgaft 10 July 2011. See also Dickman 6 Sept 2010.
19. At the age of 18, all young Israelis are required by law to perform two to three years of army service or government-approved "national service," which usually involves full-time volunteering in a struggling community or an NGO.
20. See, e.g.: Seltzer, Robert M. Jewish People, Jewish Thought. New York: MacMillan Publishers, 1991: 616-618.
21. Most detained asylum seekers in Israel are held in one of two detention facilities: Givon, in the northern city of Ramle; and Ketziot, in Israel's south.

A Cure for Poverty: A Profile of Community-Based Healthcare

Piyawat “Paul” Sukijthamapan ’13



Stop! Let's carry her out of here," I shout at my American friends pushing a wheelchair carrying Aurea, a 16-year-old pregnant Timorese woman. Aurea has just been admitted to the general ward of Bairo Pite Clinic for abdominal pain. She has been experiencing increasingly severe pain in the past hour. We need to get her to the maternity ward as quickly as possible. We place her in a rusty black wheelchair and navigate through the clinic's gravel parking lot. She presses her fist into her abdomen and squints her eyes, screaming with agony. Suddenly she loses consciousness, her body slumps, and her head collapses. I quickly grasp her shoulder and stabilize her head as my friends rush the chair forward.

Blocked by a sewage gutter laying across the ground, I realize we cannot go any further. I yell at my two friends, also college summer volunteers, that we need to carry her the rest of the way.

It is just another day at the busy Bairo Pite Clinic in East Timor. Aurea was one of more than 500 patients waiting that morning for a free medical consultation by the clinic's founding director, Dr. Dan Murphy. Situated in Dili, the capital of East Timor, Bairo Pite Clinic serves a community where more than 41 percent of the population lives below the national poverty line of 88 cents a day.¹ Facing challenges of limited resources and staff shortages, the clinic has difficulty caring for all its patients. The clinic therefore turns to volunteers from around the world to address some of these needs. As a pre-medical student from the United States, a country that spends over \$2.3 trillion yearly² in healthcare, I came to Bairo Pite Clinic to gain a new perspective on healthcare in a developing country. Particularly, I wanted to know how a rural healthcare clinic with a monthly budget of merely \$25,000³ can manage to provide healthcare effectively for East Timor's underprivileged population.

As I walk among the Timorese patients in stained shirts and muddied sandals, I recall my own experiences growing up in rural Thailand. I remember wheeling crates full of home-grown mangoes to sell at a

local market in northern Thailand when I was 10 years old. I remember helping my grandfather distribute donated medicine to fellow farmers after a Buddhist service. These instances help me understand the living conditions of patients at the clinic and allow me to see how a small act can have a significant impact in a community.

My passion to become a physician and make healthcare accessible to underprivileged populations of all nationalities is rooted in these experiences. It is the desire to see that connection that brought me to East Timor, where I dedicated my summer to volunteering at Bairo Pite Clinic.

This internship has taught me invaluable lessons. Through my encounter with various people at the clinic, I learned about the clinic's structure and witnessed the uniqueness of the community it serves. From working with Timorese volunteers to helping Antonio, a rehabilitating stroke patient, I learned about the practice of community-based healthcare. By helping Dr. Dan care for Mary, a patient with tuberculosis, I identified the challenges and importance of a physician's moral code. After spending time with Augusto, a patient diagnosed with schizophrenia, I learned the value of compassion in health treatment. Finally, by helping a Timorese volunteer search for Lola, a patient with heart disease, I witnessed the importance of persistence. Through interactions

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with these people, I came to identify three core attributes that make Bairo Pite Clinic successful in delivering high-quality healthcare to its underprivileged community: a strong sense of moral duty, a sturdy emphasis on treating patients with compassion, and an unyielding persistence to care for its community.

Bairo Pite Clinic

An old man swings open the large red gate of the clinic. “Bon dia,” he greets me as he empties an old paint bucket containing used gloves and gauze into a trash dumpster by the clinic entrance. *Good morning.* On a graveled open space behind the main gate is a small child, no more than five years old, pedaling a rusty blue bike. The tires of the bike sway left and right as his sister pushes him forward, laughing. Behind the kids, underneath a mango tree a vendor is setting up a table of fried bananas, crackers, water and juice. Across from the snack stand is the main clinic building, a one-story, high-ceiling structure with chipped sky-blue paint. A stainless steel rooftop extends out beyond the front of the building, providing shade for the wooden benches beneath.

Crowding the wooden benches are Timorese patients from all districts of East Timor. A young mother hums songs as she breastfeeds her infant. A grandmother wearing a traditional Timorese skirt sits

quietly chewing a fruit called betel nut. Standing by the front door is a young man I recognize from a nearby Indonesian restaurant. Adjacent to the main waiting area is another line of patients seeking emergency care. I can still hear their voices from far away. A woman screams in pain from a cooking oil burn on her thighs. A child cries as blood runs down from a cut on his forehead. Everywhere I look there is chaos. In every direction there are sick people in desperate need of help, all here to see Dr. Dan.

Dr. Daniel Murphy, or simply “Dr. Dan” to his patients, is a 68-year-old white, American physician from a small farming community in Iowa. He came to East Timor in 1998 when political riots and military crackdowns wracked the country under Indonesian rule.⁴ A Timorese guerilla resistance had fought against the government for freedom since 1975.⁵ The intensity of the conflict escalated, resulting in more than 18,600 people killed in the violence and more than 143,700 additional deaths due to hunger and illness.⁶ Dr. Dan volunteered at a church clinic tending to the wounds of the Timorese victims. Several months later Dr. Dan was blacklisted and expelled by the Indonesian government for supporting the Timorese effort.⁷ In August 1999, an overwhelming majority of Timorese citizens voted for independence. In response, Indonesian militias commenced a scorched-earth campaign, destroying the majority of the country’s infrastructure, killing over 1,400 Timorese and displacing more than 300,000 people.⁸ Troubled by a strong sense of unfinished obligation, Dr. Dan searched for every opportunity to go back to East Timor.⁹ He could not rest knowing that hundreds and thousands of Timorese were being murdered and separated from their families. Finally, Dr. Dan managed to go back to East Timor with the assistance of the United Nations military. In a context in which medical supplies were looted,

equipment damaged, and the majority of healthcare staff had fled the country, Dr. Dan established Bairo Pite Clinic.

Although Dr. Dan is the sole primary care physician in the clinic, he is assisted by a team of Timorese nurses and staff. A nurse in the clinic is paid US \$160 a month,¹⁰ and works on a rotation basis, with one nurse caring for about 40 inpatients at any given time, day and night. Along with paid staff, the clinic has about 20 young unpaid Timorese volunteers who help with a range of clinic operations as they experience the practice of medicine for their community. Every day these local volunteers rotate through various departments of the clinic. They learn to fill prescriptions at the pharmacy, help Dr. Dan assess patients in his office, monitor patients with a nurse, change wound dressings at the emergency room, and care for patients in isolated villages with a mobile clinic team.

By teaching volunteers about various medical cases and assigning tangible tasks for them to complete, Bairo Pite Clinic inspires these young Timorese students to take part in community-based healthcare. Putting Timorese volunteers and staff at the core of the clinic operation, Bairo Pite Clinic empowers the local Timorese people to provide healthcare for their own community.

Community-Based Healthcare in Practice

As I walk into the general ward with Maria, one of the clinic’s volunteers, I see a middle-aged man, Antonio, lying down and staring at a wall in the corner of the room. His left arm and leg are paralyzed by a right hemisphere stroke. I do not have any medical expertise to treat patients, nor do I have the language or cultural knowledge to communicate with the Timorese people. What can I effectively do for Antonio?

“Bon dia,” I greet Antonio and his wife, who is sitting on a red plastic chair at the end of the bed, forcing a smile at me as she wipes away her tears. Antonio shifts his gaze away from me to hide his eyes from mine. The dampness of his cheeks expresses his frustration and sadness about his inability to move. Maria explains that just a few months before, Antonio was the head of his household, a proud Timorese man who brought in the income to support his family. Now, he can only sleep on a bed in a clinic, feeling helpless and disabled.

I slowly help him sit up straight. I place his right hand on his chest, look into his eyes and tell him that it is important to take care of his heart too. After Maria finishes translating, Antonio nods his head slightly but avoids my eye contact. I realize that Antonio needs emotional support and positive encouragement. I lift his lifeless left arm up in the air shouting “up” out loud and do the same for the downward motion. Antonio looks at me with disbelief as I keep yelling “up” and “down” with each movement. Maria and Antonio’s wife join in the shout. Kids stop chasing their cousins as they shift their attention to an entertaining show by a foreigner. Other patients on the surrounding beds and their family members turn to stare and chuckle at our exaggerated movements. By the end of the first set of 10 Antonio starts to smile and giggle in embarrassment. The silence of the general ward is now overtaken with the echoes of our silly voices and laughter.

A few days after our first encounter, Antonio seems more active. He lifts his left arm up with his right showing me that he can do it himself. I simply watch him and count out the numbers in Tetum, the native Timorese language. For more intensive physical therapy, the clinic manager refers Antonio to one of the clinic’s partner facilities nearby, a physical rehabilitation

facility called ASSERT. The clinic manager, Bertha, a 31-year-old Timorese woman, hands me a US five dollar bill¹¹ and instructs me to grab a taxi and take Antonio to ASSERT. Antonio’s left arm swings around my shoulder and his other arm rests on another man, the husband of another patient who volunteered to help. We place Antonio in the backseat of the taxi with his wife and the other man. Maria and I squeeze in the front seat.

Four weeks later, we receive a phone call from ASSERT informing us that Antonio is ready to be discharged. Concerned that Antonio may have a hard time with his mobility and doing daily chores at home, Dr. Dan sends me along with Mateus, a 33-year-old Timorese clinic ambulance driver, to survey Antonio’s house just a mile away from Bairo Pite Clinic.

As we walk through a mini jungle, Antonio’s wife points out the banana trees, the variety of vegetables in her garden, and the chickens she keeps in front of their home. Her young grandchildren play a marbles game on the dirt ground in front of the small wooden house, wearing only T-shirts. Walking through a handmade brown curtain over the front door, I see piles of clothes that neighbors had commissioned Antonio’s wife to wash for US\$90 a month. To the right is a small room where the sunlight from a two-foot window shines on a straw rug on the ground where Antonio sleeps. The bathroom is a small structure built behind the house connected by stone path. I walk through the house checking for bumps, and looking for places Antonio can grab onto to support himself. With everything in a single level and plenty of things to grab onto, I conclude that it should be safe for Antonio to come back.

Back at Bairo Pite Clinic, Antonio brushes my hands away as I offer to help him to the truck. He is determined to walk by himself.

Using a tree branch as a walking stick, Antonio slowly propels his body and drags his left leg forward. A group of Timorese visitors who gather around the truck cheer as Antonio steps in and seats himself in the back. Impressed by his strong will, I give Antonio a wide smile and a thumbs up before closing the door. Mateus helps me throw a bed frame and mattress on top of the roof of the car. Bertha instructs me to give the bed set to Antonio. With Antonio and his wife, and their belongings secured in the back, we make our way towards their house.

Mateus and I carry the mattress through the grass surrounding their home and assemble the bed in Antonio’s room. Antonio walks in slowly, looking around the house that he has missed for over a month. He sits down on the new mattress and gives us a smile. “Thank you,” he says as his eyes become teary. I give him a Timorese handshake¹² before we depart.

It is crucial for a doctor to have a clear set of moral principles to guide his decisions.

“You’re affected by your emotions!” Dr. Dan scolds me one day.

Curious about an unusually wide smile on Mateus’s face, I ask him why is he so happy. “I like to help people,” he says. Lifted by his answer, I promise to buy him a bottle of Red Bull, his favorite energy drink, when we get back to the clinic.

My experience with Antonio has taught me that an effective community-based healthcare approach is holistic healthcare

provided in solidarity with the patients. At Bairo Pite Clinic, patients are not only treated for their bodily conditions while they are in the facility – attention is given to improving and supporting patients’ living situation in their homes. The clinic is therefore a place where even young volunteers and untrained individuals can make a significant difference in the communities they serve. This is part and parcel of Bairo Pite Clinic’s mission to not only provide effective medical treatment, but also to unite the Timorese communities in their own healthcare.

Moral Code

Ostensibly, the moral duty of a doctor is to do what is best for all patients. This is a code of ethics known as beneficence. Beneficence is a part of the Declaration of Professional Responsibility, a social contract that healthcare providers take as an oath before entering medical practice.¹³ However, there are instances where the moral code of beneficence is not so black

and white. It is crucial for a doctor to have a clear set of moral principles to guide his decisions.

“You’re affected by your emotions!” Dr. Dan scolds me one day.

I am standing inside his office, looking down at the floor. Leaning against a medicine cabinet, my crossed arms holding Mary’s chart against my chest, I take a deep breath and listen to Dr. Dan’s words. I have come into his office to ask him to reconsider his medical decision regarding one of our patients, despite knowing full well that he will not change his mind.

The patient in question is Mary, an 80-year-old woman who was admitted to the clinic for tuberculosis treatment. Although Mary receives antibiotics on a daily basis, I notice that she is not doing well today. I visit her in the tuberculosis ward, an open room with 10 beds that has only two loose ceiling fans to control cross-infections. In her yellow, sleeveless shirt and red Timorese trousers, she lays on her side with her hands hugging her knees, staring blankly at the peeling blue paint on the wall. On top of a table at the end of her bed sit a piece of bread, a bowl of rice soup, some vegetables, and a cup of milk left over from yesterday.

I tell Dr. Dan that Mary insists that she won’t eat until she can go home. From my experience with Antonio, I learned that understanding emotion is crucial to providing effective patient care. In Mary’s case, I believe that sending her back home to her children and grandchildren will give her the emotional support needed to improve her health. This idea is quickly turned down as Dr. Dan challenges my naïve understanding.

“If I let her go home she will die,” Dr. Dan tells me.

Dr. Dan sees more than 500 patients daily, and by the time I came to volunteer at the clinic, he had seen well over a million Timorese people. His experience has taught him that when he lets patients like Mary go home, they usually do not survive. With limited medical knowledge, I have little weight on my side of the argument. I bite my tongue and listen to what he has to say.

Dr. Dan explains that Mary’s ailment is easily treatable with antibiotics. From a medical perspective, it is for her best benefit to stay in the clinic, take anti-tuberculosis drugs, eat well, and wait for the cataract replacement that she also needs. In contrast, from Mary’s point of view, going home is her best medicine. The dilemma perplexes me. What action will serve the best interests of Mary?

As I walk out of his office, I try to understand Dr. Dan’s standpoint. Still believing that what Mary needs most right now is emotional support instead of medical interventions, I question his concern for his patients’ feelings.

Walking towards the tuberculosis ward, I recall the morning rounds when Dr. Dan visited Mary for the first time. She was sitting up with her head down. The corners of her mouth were drooping, displaying sadness and despair. Dr. Dan approached her slowly and sat down right next to her on the bed. He greeted her, tapping a patient chart gently on her shoulder. He said something to her in Tetum, which I did not understand, but it made Mary giggle and smile. He held her right hand and rubbed her shoulder before turning to the medical volunteers who followed him.

I still remember him saying, “I’m trying to put a little humor in her life. If you can’t laugh, what’s left?”

From a medical perspective, it is for her best benefit to stay in the clinic, take anti-tuberculosis drugs, eat well, and wait for the cataract replacement that she also needs. In contrast, from Mary’s point of view, going home is her best medicine. The dilemma perplexes me. What action will serve the best interests of Mary?

I can imagine that making the decision against Mary's will was not easy for Dr. Dan either. It must sadden him to see the suffering that she is going through when he only wants to make her better.

Despite the painful experience, Dr. Dan must hold true to his decision in order to save Mary's life. Such a difficult moral obligation is nothing new for Dr. Dan. It is a familiar thorny path he follows to uphold his medical ethic of beneficence.

In 1999 when East Timor was in ruins, with Indonesian tanks razing the streets, Dr. Dan worked underneath the roof of Bairo Pite Clinic saving the lives of the victims of the atrocity. Gunshots were constantly fired, houses were burned, body after body was dumped into rivers; and military helicopters flew overhead.^{14,15,16} Despite the danger surrounding his work, Dr. Dan remained in East Timor to help the Timorese people.

As I sit down on a wooden bench overlooking the tuberculosis ward, with Mary's chart on my lap and a green stethoscope curled around my neck, I think about Dr. Dan's words again.

"It's not that we think we can do everything perfect for everybody, but no one else is doing it, so we have to try to address whatever problems come our way," Dr. Dan explains.

Dr. Dan prescribes Mary medication to improve her appetite. Over the course of a few weeks, Mary starts to eat more and take antibiotics, and gradually her health improves. On her last day at the clinic before going back home I see her sitting up on her bed cheerfully eating bananas. The success of Mary's treatment demonstrates the importance of a physician's moral code.

Beneficence, the ethical value of taking action in the best interests of patients, is not simply defined as following the wishes of patients. It is complicated by a disparity between patients' and physicians' understanding of health, as well as injustices in the political and economic systems. Healthcare providers possess great responsibility to use their knowledge and authority to advocate for the rights of their vulnerable patients. The ethic of beneficence is a core principle of the community-based model of Bairo Pite Clinic. As Dr. Dan puts it, when needs arise, community-based healthcare does "Whatever is best for the patient. That is the bottom line."

Compassion

"Right here!" a kid yells at me in Tetum, hoping that I will pass him the soccer ball I have in my possession. Exhausted and covered in dust, I pant uncontrollably as I walk the ball slowly towards the center of the field. I am helping Bairo Pite Clinic by playing soccer with a patient.

Guarding my opponent's net is Augusto, a 24-year-old Timorese man. Augusto may be my patient from the clinic, but he is also my friend. Ignoring small children who barely reach my shoulders in height, I advance the ball forward and wind up for a shot. "Umph!" My left foot slips on the fine dust, my center of gravity shifts, and I collapse on the ground making a glorious thud.

Agusto rushes towards me and bursts out laughing. Although it is shameful to slip on a soccer ball in front of the little kids, I am secretly pleased that I can get Agusto to laugh.

Just two weeks ago, a clinic ambulance responded to an emergency call from a village in the country's southern mountains. After a six hour ambulance ride, Augusto was brought to Bairo Pite

Clinic. Metal chains that weighed no less than 10 kilograms (22 pounds) tied his limbs together. For the past two months, Augusto had been chained inside a room to prevent him from scaring his neighbors with bizarre behaviors: staring inappropriately, talking incomprehensibly to himself, and shouting irrationally at other people.

Not knowing what to do to stop his "craziness," Augusto's family sought help from the clinic. Dr. Dan admitted him to an isolation room to avoid further humiliation from bystanders. Augusto sat on the edge of a bed with his head down, not making eye contact, not speaking a word, and not cooperating. Dr. Dan asked the family to get rid of the chains, but the family hesitated. Seeing Augusto in shackles takes me back to my childhood.

"It's not that we think we can do everything perfect for everybody, but no one else is doing it, so we have to try to address whatever problems come our way,"

Dr. Dan explains.

"Be careful, he is crazy and dangerous," my grandmother warns me of my great uncle, who lives in a separate room where we store the sandalwood we sell for a living. Her warnings only make me, a curious eight-year-old in rural northern Thailand, more inquisitive. I tiptoe through the damp and dark storage area. My eyes lock on a small room lit by a ray of sun that passes through a broken, two-foot window at the end of the hallway. I get closer before I suddenly need to halt.

A giant man swings the door open. My heart beats faster as I realize this must be the “dangerous great uncle” I’ve been warned about. Terrified, I inhale sharply and keep still. Sweat drips down my body as I stare at the monster that I am sure is going to take my life. To my surprise, he turns right and walks towards a table set up by the broken window. He paces back and forth between the table and the door to his room, continuing the pattern like a song on repeat. He mumbles something I cannot hear and stares around aimlessly. Unsure what to think, I slowly move my feet backward and retreat from the danger I believe I’ve just been introduced to. Seeing Augusto today, I realize that my great uncle struggled with the same illness.

Green stethoscope around my neck, I nervously enter Augusto’s room. I observe Augusto’s lifeless form: thin, dark and depressed. He does not respond to me. His eyes are filled with sadness as he looks down to the chain attaching him to the bed.

“I want you to give him special attention, be compassionate, try to bring him back to human life,” Dr. Dan assigns me. I stand frozen in front of the patient Dr. Dan just diagnosed with schizophrenia. I struggle to collect myself. Burdened by the memories of my uncle, I wonder how I can possibly help Augusto.

Like many patients with schizophrenia, Augusto has symptoms of psychosis: loss

of touch with reality, disorganized speech and behavior, and inability to socialize normally with other individuals in society. Surveys of mental illnesses indicate that “insane persons are viewed as more dangerous, insecure, unpredictable, bad, tense and foolish.”¹⁷ As a result of his illness, Augusto has been subjected to much undeserved scrutiny and derision. Schizophrenia and other mental disorders account for five of the 10 leading causes of disability worldwide.¹⁸ Having no prior experience with schizophrenic patients, I feel that I am not well equipped to help Augusto. Still, if no one does anything for him, Augusto will become just another statistic.

Green stethoscope around my neck, I nervously enter Augusto’s room. I observe Augusto’s lifeless form: thin, dark and depressed. He does not respond to me. His eyes are filled with sadness as he looks down to the chain attaching him to the bed. Feeling shocked and hopeless, I retreat from the room and seek Dr. Dan for help.

Dr. Dan’s prescription for Augusto? Spend time with him and treat him with compassion. Still confused by the implications of compassion, I look for another resource for help.

A leading physician who advocates for universal access to healthcare and justice for the poor, Dr. Paul Farmer, underlines the importance of compassion and persistence in his work: “By treating patients with dignity, compassion, and great competence, [healthcare providers] promote human rights on a daily basis.”¹⁹ Dr. Paul Farmer operates clinics to provide free medical services in many low-income countries including Haiti, Rwanda and Burundi. He observes that healthcare providers in his clinics do not only alleviate suffering through professionalism, but more importantly, they support basic rights

for their patients through compassion and persistence. I also incorporate these two values in my care for Augusto.

Over the course of the following weeks, I flip through books with him. It does not work. Augusto sits like a frozen statue facing the wall of the room. I try again and again. Then I begin to question the effectiveness of my actions. One day a few weeks later, I learn from Augusto’s parents that he likes to play soccer. This gives me a sliver of hope. I tell myself, perhaps Augusto will be able to connect with others through a game of soccer.

As we walk on a dusty road along an unfinished canal, Augusto begins to talk. He says that he has six siblings, he likes to dance, and he likes to eat chicken. Perhaps one of the most remarkable moments occurs when we reach the presidential palace.

“I want to shake hands with the president and ask him for help,” Augusto says. Usually, a patient with schizophrenia loses contact with reality, unable to distinguish between imagination and real life.²⁰ Augusto breaks himself away from that description. He is now able to connect his humorous thoughts with real social interactions.

After Augusto finishes laughing at me for falling down, we step off the soccer field, leaving the kids to continue with their game. As we walk shoulder-to-shoulder towards his parents, they smile. Dr. Dan also asked me to plan an “exit strategy” for Augusto. Towards this goal, I sit down on a sidewalk with Augusto and his family to have a conversation. Augusto jokes about how he is best friends with Cristiano Ronaldo, a world-class soccer player, and how East Timor (the size of Connecticut) is 10 times bigger than America. Within a month of treatment with an antipsychotic drug and interactions with clinic volunteers, Augusto’s ability to socialize and relate with

others is much enhanced. With the help of a Timorese friend, I tell Augusto's parents to make sure he takes the medication regularly and to be supportive of him and treat him with compassion like we do at the clinic. His parents nod their heads saying that they are ready to take their son back home. Our attention now turns to Augusto, who is entertaining us with an East Timorese *kizomba*²¹ dance. Augusto is discharged a few days later to live with his family on their farm. To this day he continues to play soccer with his friends.

Augusto is just one of the millions of people with mental illnesses whose brilliance, skills and talents have been buried under the public's misguided view.²² Stigmas stemming from public ignorance prevent these individuals from attaining their highest potential.²³ Mental illness cannot be cured by professionalism or metal chains. Rather, individuals with mental illnesses can be guided toward recovery through compassion. Bairo Pite Clinic emphasizes friendly interactions as a personalized treatment grounded in dignity and understanding. Studies in other developing countries also indicate that schizophrenic patients tend to have better long-term outcomes when they have greater social interactions.²⁴ Compassion is a quality of a community-based healthcare that allows Bairo Pite Clinic to provide effective treatments based on the needs of each patient. Sometimes a soccer ball can be more powerful than a stethoscope.

Persistence

"Excuse me; do you know where Lola Tilman lives?" Natalia asks a young woman sitting on the balcony of a house. On a late Friday afternoon, Natalia, a 22-year-old Timorese volunteer at the Bairo Pite Clinic, and I are out searching for a patient in Becora village, several miles away from the capital Dili. The young woman shakes her head; she doesn't

know Lola. We close the wooden fence behind us and continue to make our way down a narrow path dotted with holes and puddles. Hopping from one stone to another while dodging trees, we search for other people who may know Lola. I try to remember her face from the first time we met.

"Paul, come to my office. I want you to see something," Dr. Dan calls me on the phone. I drop my reading on tuberculosis and rush to Dr. Dan's office with a pen and a composition notebook. From a dimly-lit patient waiting area, I open his brown wooden door. In the small bright room, Dr. Dan's tall, robust figure stands over a 20-year-old Timorese woman, who sits on an examination bed. Clutching a black stethoscope, Dr. Dan asks her to lie down. I stand right next to him while he places his stethoscope on the lower left side of her chest.

"Rumbling murmur." Dr. Dan hands me his stethoscope while explaining the sound I am about to hear. The loud distinct rushing sound is clearly not normal. Lola's heart valve (the mitral valve, which separates the left atrium and the left ventricle) is thickened, and cannot open fully: mitral stenosis. As her heart pumps, some of the blood flows backward causing the heart to work harder to pump blood to the body. Lola is a victim of rheumatic heart disease (RHD), a condition that is regarded as a "neglected disease of poverty."²⁵ RHD is caused by multiple episodes of untreated strep throat.²⁶ Over time an immune reaction to the bacterial infection causes damage to the heart valves, thus leading to the heart disease.²⁷ Children and young people living in conditions of poverty, poor sanitation, and overcrowding are at high risk of getting strep throat. Being left untreated, they ultimately develop RHD. RHD was once highly prevalent in the United States and other industrialized countries, but has now been

Sometimes a soccer ball
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practically eliminated with an increase in household income and improved access to healthcare.²⁸ Lola is one among the 15.6 million people²⁹ living in underprivileged conditions struggling with RHD.

Dr. Dan places his palm on Lola's chest to locate the lower left chamber of her heart.

"High heave followed by electrical pulses." Dr. Dan explains that the condition is so advanced that the abnormal heart activity can be detected by touch. In East Timor, there is no echocardiogram or cardiac catheterization to diagnose heart disease.³⁰ Proper diagnosis relies on the clinical competence and creativity of the doctor to create an alternative to medical technology that is readily available in resource-rich countries.³¹ Lola needs a non-surgical procedure to widen her mitral valve using a balloon catheter. Balloon valvotomy is a relatively quick procedure that is common in high-income countries.³² However this procedure requires a specialized cardiac team, which East Timor does not have.³³ I feel the electrical pulses of Lola's overworked heart, excited by the new physiology lesson but saddened by Lola's future outlook.

"Dr. Noel Bayley is coming with his cardiac team in a few weeks," Dr. Dan announces. My nerves dance with joy, as I realize that Lola will have a second chance at life. Dr. Bayley is a leading cardiologist from Warrnambool, Australia. After volunteering at Bairo Pite Clinic several years ago, Dr. Bayley used his personal money to help a number of young Timorese patients with heart conditions receive surgery in Australia. Supported by his patients

and many healthcare professionals, he created the East Timor Hearts Fund to provide lifesaving heart surgery for young Timorese people.³⁴ I walk Lola out of Dr. Dan's office; my frown is replaced by a hopeful smile. I write down her contact information, and give Lola a note with the date to come back.

"This will save her life, we must find her," Natalia says. Dr. Bayley and a team of cardiologists are at Bairo Pite Clinic with an echocardiogram to screen for patients with cardiac conditions. In the crowd of over 30 patients waiting to be seen, Lola

Healthcare providers must do whatever it takes to help their patients become healthy. Persistence of healthcare providers is crucial to the success of healthcare. In other words, we must find Lola.

is missing. With compassion and the spirit of beneficence, Dr. Dan sends us to bring Lola to the clinic. Finding Lola is easier said than done, as East Timor does not have a formal address system. We only know that Lola Tilman lives in Becora village. Despite the great difficulty of the search, for the good of our patient, we must persist.

Up a hill with low-rise wooden houses on either side, we ask everyone we encounter. No one knows where Lola lives. We keep hiking, avoiding puddles and chickens obstructing the path. Mud collects underneath our shoes and sweat streams down our foreheads.

The hike reminds me of the story of Dr. Paul Farmer. From mountains to mountains, Dr. Paul Farmer walked for several hours each trip, bringing tuberculosis medicine to his patients. He wanted to ensure that his patients' cure was not interrupted. He says, "The objective is to inculcate in the doctors and nurses the spirit to dedicate themselves to the patients, and especially to having an outcome-oriented view of [diseases]."³⁵ In short, healthcare providers must do whatever it takes to help their patients become healthy. Persistence of healthcare providers is crucial to the success of healthcare. In other words, we must find Lola.

We walk past an abandoned school – a leftover mound of debris from the Indonesian scorched-earth campaign. Behind the school is an old basketball court without hoops. Grass shoots penetrate the cracks in its concrete surface. A group of teenagers shout as they try to score a goal with their dirt-covered soccer ball. As we walk past the field, we cover our noses to protect ourselves from smoke that rises from a large empty canal ahead. At the bottom of the canal there is burning trash from food, papers, cardboard and other household waste. We ask for Lola along the way, but no one seems to know where she lives.

It is now six o'clock, a few hours into the hike, the sun is setting and yet we still have not found Lola. We are both exhausted and frustrated. Our mission seems bound for failure. We decide to search one last neighborhood before we have to deliver the sad news to Dr. Dan. We walk past an open space between houses where Timorese adults are playing volleyball, with Indonesian music on at full blast. We ask family after family for Lola but to no avail. It is dark and we have to go back. We walk out of the neighborhood and sadly head towards the clinic.

Natalia receives a phone call; it is a friend from the clinic. Lola was just seen by Dr. Bayley! She must have left her house before we could find her. Relieved by the news, we rejoice in knowing that our mission is not a failure after all.

Dr. Bayley's team assesses Lola's heart with an echocardiogram to confirm the disease. She was prescribed medicine to prevent further damage and now awaits an operation in Australia.

I walk into Dr. Dan's office to deliver the news he already knows. Still sitting on his chair with a stream of patients constantly coming in and out of the room, Dr. Dan glances at me with a warm smile. With persistence, Bairo Pite Clinic is able to provide needed medical care for Lola and the underprivileged communities. With wellness of the patients as the end goal, Bairo Pite Clinic marches on with muddy shoes, striving for one great miracle after another.

Conclusion

Under the moonlight at Pantai Kelapa beach on the shore of Dili, I share my last few moments in East Timor with friends, Timorese volunteers from Bairo Pite Clinic. The noise of the water hitting the shore is covered by the sound of a guitar and our voices singing together. The presence of my friends gives me comfort. The breeze and the smell of mildly salty ocean water soothes my senses. On my left arm is a green wristband imprinted with a picture of two hands in firm grip and the word "Friendship." As a remembrance of our companionship the guys wear these green wristbands while the girls wear pink ones printed with the word "Forever." Dancing to songs and posing for the camera, we fill the night with joy and laughter. I cannot think of a better way to end my summer experience.

Reluctantly, I say goodbye and give everyone one last hug. These fellow Timorese volunteers are more than just a group of young healthcare providers. They make up a community of friends, brothers and sisters who believe in the value of strong moral principle, compassion, and persistence. In this setting, I observe that such a community is the force that allows Bairo Pite Clinic to adapt to its resource-poor setting by creating its own solutions to provide effective healthcare for the Timorese population. As illustrated by the stories of Antonio, Mary, Augusto, and Lola, community-based healthcare treats patients with dignity, and advocates for patients' rights with determination. Bairo Pite Clinic's community-based model is a valuable example we can learn from.

Nigel Crisp, former director of England's National Health Service – the world's largest national healthcare system – asserts that there are many valuable lessons richer countries can learn from poorer ones.³⁶ Facing resource challenges, poorer countries have to learn to engage patients and communities in their own care, prioritize prevention and intervention, deploy new technologies, and manage the burden of increasing costs.

Having experienced this struggle firsthand, I came back to the United States with a new perspective of the effectiveness of a community-based healthcare system. With much lower community engagement in healthcare, higher reliance on physicians, and the overly inflated costs of advanced procedures,³⁷ this country that spends over \$2.3 trillion on healthcare annually can significantly benefit from the community-based model of Bairo Pite Clinic.

Perhaps the most valuable lesson I learned from this profile of community-based healthcare is that poverty cannot be solved by any individual or authority alone. Despite having limited resources,

Perhaps the most valuable lesson I learned from this profile of community-based healthcare is that poverty cannot be solved by any individual or authority alone.

Bairo Pite Clinic is able to provide effective medical services through the collective effort of the community as a whole. Bairo Pite Clinic represents an example of how people, even with few economic and material resources, can take ownership of their own health and create healthcare that permeates their impoverished conditions.

Community engagement is Bairo Pite Clinic's cure for poverty.

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From Severed Roots: Journeys of Abuse to Empowerment at Thailand's Wildflower Home

Sarah Van Buren '13



Suddenly, I saw a small, fragile body on the ultrasound monitor. I blinked, and then my eyes filled with tears.¹ Mai's² small frame faces a circle of mothers and two social workers, her soft-spoken words washing over the hour-long Morning Circle – a safe space at Wildflower Home for victims of domestic abuse to share their stories.

"My baby may have come from a place of hate, but my baby didn't know anything. I knew. It was my decision, not anyone else's. I decided not to have an abortion." Mai says, smiling, her arms filled with parting gifts.

"I'm ready to start my own new journey. Just me and my baby."³

Wildflower Home stands as one of 5,357 global organizations that serve as shelters for female victims of domestic abuse.⁴ Many of these shelters institute empowerment programs to guide young women through stages of healing, from acknowledging the abuse that they've endured to building a future that no longer dwells on the past.⁵ These programs reflect specific cultural nuances that may have perpetuated domestic abuse in these women's lives.⁶ In other words, these programs seek to bring victims through a positive journey, from reticence to speaking out.⁷ By being able to break a silence maintained in the face of domestic violence, rape, sexual abuse, incest or molestation, these victims enter a healing process.⁸

I spent my summer working in one such organization: Wildflower Home, a non-profit shelter in northern Thailand for mothers-in-crisis and victims of domestic abuse. Bringing with me an interest in health education, I arrived at the Home with a purpose to teach a women's

health education course, conveying empowerment by stressing the importance of prioritization of one's health. Health access is just one of the undermined aspects of a female's status in Southeast Asia. Wildflower Home is located in a focal point of Southeast Asia, a region of the world where 60 to 70 percent of women have reported experiencing some form of domestic abuse in their lifetimes.⁹ Finding itself in the heart of a culture that makes room for gender-based violence,¹⁰ Wildflower Home stands as a unique beacon for voiceless victims of domestic abuse in Southeast Asia.

In this paper, I will present four of Wildflower Home's empowerment programs, each holding a specific intent in challenging domestic abuse in Southeast Asia. First, there is an organic farming program, teaching women the value of community support. The second is community-building through an hour of television, which serves as a space for women to separate their identities from a community that ostracized them, as they adopt a new identity through a community of mothers. The third highlights an educational course on disciplining children without abuse – this method of empowerment seeks to end the transgenerational nature of familial abuse in Southeast Asia. Art therapy is the fourth program, in which the Home helps each mother explore her individuality beyond the abuse she was forced to endure.

In each of these four programs there is a young woman's story to be told, showing the powerful effects that these programs have. These are observations of growth: a young pregnant girl arrives at Wildflower Home from a background of abuse and learns to become a strong, empowered woman who carries the weight of two people on her back.

Planting the Seeds of a Community

I never thought I would love the smell of pig shit. But over my time working in the farms at Wildflower Home, it was the smell that lingered most in my mind. A scent that starts off misleadingly sweet then turns to a nasty sourness once it invades your nostrils. To me, it's thick with nostalgia. As I think back to the use of organic gardening as a means of empowerment for women at Wildflower Home, this is the most real sense that I can grasp onto.

“So, if I understand you correctly, we're supposed to get the piglets from *that* bamboo-enclosed hole in the ground to *that* bamboo-enclosed hole in the ground?” I asked, trying to suspend for a moment the flowing rivers of sweat from my brow.

The framework that the organic farming and livestock project utilizes is a common element observed in empowerment programs in other shelters for victims of domestic abuse.¹¹ The commonality

observed is the measurement of success of a community in tangible markers.¹² This approach provides a means of demonstrating accomplishment and in doing so highlights the capabilities of a woman within the context of a group, further shifting the focus away from the abuse she has suffered. In the case of Wildflower Home, an organization that works with a demographic in which 85 percent of mothers had come from farming communities,¹³ utilizing organic farming and raising livestock as marks of achievement is a natural fit. Many of the women arrived at Wildflower Home equipped with skills in farming and agricultural work. In introducing an organic element, this program was able to teach sustainable development, allowing women to cultivate and receive Mother Earth's abundant gifts without harming or polluting the environment.¹⁴

Each day, I was involved in organic gardening in some capacity, a tangible reminder of the strength of community-based development. Yet this moment with Pa-Ailani, Wildflower Home's head gardener, in the pigpen was a vibrant one for me; it demonstrated the success of the organic farming program as a method of teaching the value of the parts of a community in the holistic sense of the Wildflower Home.

“So, if I understand you correctly, we're supposed to get the piglets from *that* bamboo-enclosed hole in the ground to *that* bamboo-enclosed hole in the ground?” I asked, trying to suspend for a moment the flowing rivers of sweat from my brow.

“Yup. Well, at least that's what my two semesters of Thai understands,” responded Anna, an American volunteer at Wildflower Home. Pa-Ailani had been funneling messages to me through Anna, who studied some Thai in college in the United States. Now Pa-Ailani's

instructions, according to Anna's rendition, were to transfer a dozen piglets from a dirty pen to a newly-prepared clean pen. Neither Anna nor I had ever lived on a farm before, let alone handled livestock. The two of us watched in dismay as Pa-Ailani and Mai See, a Hmong mother, worked ankle-deep in pig filth. Before either of us had time to overcome our culture shock, one of the piglets wriggled into the pen where two adult pigs – its parents – were resting.

There was a dark, unintentional symbolism in the organization of these pigpens. Early in their lives, the piglets had lived in the same pen as their parents, suckling at their mother's teat and learning how to walk unstably around the pen. But within several weeks, the father pig had begun to harass his piglets, nipping at them in more than a playful way. It wasn't until the father pig had mauled one of the piglets to death that Pa-Ailani decided to transfer the piglets into the separate pen. The adult pigs, seeing this attempted intrusion, began to attack the piglet violently. The father pig had shredded one of the piglet's ears off, and blood had started to trickle heavily from the wound. The piglet emitted a shrill squeal as it cowered in a corner of the pen.

“Mai See! What will happen to that pig? Anna, ask her what'll happen to that pig!” I demanded as the shrieks got louder. I had never been in an environment where there was such urgency, such a definite line between life and death. Mai See shrugged and Anna turned to me.

“She thinks that it'll die.”

Tension was building to a deadly fever pitch, and I slowly backed away from the situation. I was not accustomed to things like this, and I mumbled something along those lines to Anna. The smell was getting to my head, so overwhelming a stench that

it burned as I inhaled. *They're just going to let that poor thing die! Well, I don't want to see it get hurt anymore; I'll just walk away from this,* I justified to myself and I turned to leave.

Pa-Ailani grabbed a piece of bamboo from the ground and called out to Mai See.

Mai See gave an exasperated sigh, but straightened her posture when Pa-Ailani threw her a stern look. In a sudden jerk, Pa-Ailani jumped into the adult pig's pen carrying the bamboo stick.

"Yahhhhhh!" she howled at the adult pigs, which in turn clambered together in a huddle near the pen. Mai See snuck in behind Pa-Ailani, tossing the shrieking creature into the safety of a neighboring pen. Pa-Ailani gave one more chilling look to the adult pigs and hopped over the fence. Wild noises that had just moments ago sliced the hot, sticky air now hung in a dull silence, punctuated only by the pungent scent of pigs.

Pa-Ailani turned to Mai See and spoke in brittle bursts. Anna translated what she could as we watched the muscles in Mai See's face crinkle into a tight ball. She wore shame in a red flush on her cheeks. Pa-Ailani spoke about the wrongs of disposing of resources, no matter how insignificant they might seem.

"The importance of each pig, of each chicken, of every grain of rice is not one by one. It's in the way that they all come together – we need each thing in order to feed ourselves and live." *Each component has importance. Each component has value in the bigger picture.* Through a dense fog of a smell of pigs, I could see that Mai See understood for the first time.

Organic gardening and raising livestock is the largest empowerment program that the Wildflower Home currently implements. The primary goal of this program is to

reinforce the notion that a functioning community is composed of unique parts; each individual has a vital role to fulfill in order for a group of people to succeed. While this may seem a simple lesson at first glance, it is a difficult theory for many of the mothers to grapple with. Many mothers at Wildflower Home had been sent there by family members, boyfriends or other trusted figures in their lives once their pregnancies had begun to develop. Faced with an inconvenient shame that had surfaced within the fabric of a society,¹⁵ these women had been ejected from their past lives on the basis that their being was no longer essential to the success of their community.

Individuality in Art Works

"I am a sunflower." Mai's¹⁶ chin jutted out as her tongue emphasized the rising and falling tones in the Thai word for sunflower, *dòk taan dtà-wa*.

Mai stood strong, her posture unyielding, as she held her painting of a golden sunflower out for everyone to examine. Mai's small frame faced a circle of mothers, two social workers – and me. I was trying in vain to keep up with the circles of Thai dialogue pooling around me.

Today's session centered on having the mothers draw a flower they felt best described them. Giggling at how childish the assignment seemed, the young mothers drew their flowers on mulberry paper, dabbing lightly at the pots of primary colors laid out in the middle of the table.

Art therapy is a distinct approach to redefining an individual's identity – an integral component to the healing process for people affected by domestic abuse.¹⁷ For many victims, cycles of abuse have caused personhood to denature into a sense of self tied to their perpetrators.

It becomes difficult, at times impossible, to reconfigure their past selves prior to their abuse.¹⁸ In this sense, the goal of art therapy is not to recreate the self of the past but rather to create an identity that has grown from abuse: the identity of a survivor.¹⁹

This idea is strongly conveyed in an analysis of art therapy conducted by Richard Hycner, a psychotherapist critiquing methods of healing after trauma; the first step in healing is in accepting where you are, even if where you are is not where you want to be.²⁰ Wildflower Home utilizes art therapy as a means of addressing this level of healing; to provide the mothers a way to address how abuse affected them and from this root, to begin establishing a new form of personhood.

When the paintings were complete, the social workers asked those who felt ready to talk about their drawings with the group. An often-timid Mai was the first to raise her hand to present her drawing.

"A sunflower – very beautiful, Mai," a social worker offered, seeing that Mai had sealed her lips in assertive conclusion. "Sunflowers are a wonderful example, because they are bold and stand so proudly in front of the sun..."

"No!" Mai exclaimed, her words cutting thickly into a dense wall of heat, diffused from mid-afternoon in June. "That's not why I drew a sunflower." She took a deep breath in through her nose. "I am a sunflower that the sun doesn't care much about; a flower that the sun never really looked upon or tried to help make strong. The sun didn't shine on me when my husband hit me, or when he burned me with cigarettes and or when he made me feel sad. It didn't shine on me when my family left me here, alone. So now, I have to try my best to get the sun's attention."²¹

“I am a sunflower that the sun doesn’t care much about; a flower that the sun never really looked upon or tried to help make strong. The sun didn’t shine on me when my husband hit me, or when he burned me with cigarettes and or when he made me feel sad. It didn’t shine on me when my family left me here, alone. So now, I have to try my best to get the sun’s attention.”

I observed as Mai’s bold stance tested the limits of her new identity for the first time. Under the swollen June sun, she disdainfully spat out stories of her abuse-filled past. In doing so this young woman had begun to establish her grounding, not as a victim, but as a survivor of domestic abuse.²²

Watching Television With an Outsider

Whack! Nanda smacked a mosquito against her leg and a splatter of her blood stained her skin. She furiously rubbed her dirty palm on the bamboo floor and returned her focus back to her pocket-sized mirror covered with Minnie Mouse stickers. With great precision she plucked a stray hair from her upper brow, conducting a full inspection of her face with all of the self-absorption of a 13-year-old girl. Without raising her gaze Nanda barked orders in splintered Thai

at eight-year-old Trung, who continued to painstakingly adjust a television antenna to the precise frequency. Static on the television screen was sharply replaced by a drooling monster as the children’s favorite television show came into full view.

Seven o’clock on Friday night marked the beginning of two hours of television-induced escape. Wildflower Home, an institution whose income is dependent on daily organic gardening, reserved only two hours on Friday evenings for leisure. Nanda and I, both still new to Wildflower Home, were beginning to find our places in this weekly routine. An image came into full view as a soft glow from the television’s light washed over our faces.

One significant obstacle for women at Wildflower Home is overcoming the pain of having been ostracized by their communities. This similarity in the trials of healing that lay before women at Wildflower Home suggests a third means of empowerment: building a kind of new community through a sense of camaraderie between the mothers. The definition for this community at Wildflower Home is based in this unfortunate commonality amongst the women: the manner in which they arrive at the Home. A woman’s beginning at the Home is often marked by a parent, a family member, a tribe elder – someone she trusted at her young age – leaving her at the gates.²³ Unlike in Western communities, where women seek domestic abuse shelters of their own accord,²⁴ or are placed there by social workers, coming to Wildflower Home is not the woman’s choice.

I sat behind eight children, ages two to 15, trying with every inch of my college education to figure out what the heck was going on in this children’s show. A monster was engulfed in a puff of glitter and emerged as a pineapple. The children nodded their heads in comprehension.

I threw a glance at Nanda, her keenly plucked brow furrowed over her eyes. Neither Nanda nor I spoke any more than bare fragments of Thai, making even a basic children’s show difficult to understand. Nanda’s native tongue of Burmese was a distant cousin of a language to her new Thai surroundings. Nanda had immigrated to Thailand as a 12-year-old, one of the 75,000 children that are a part of the flow of human trafficking into Thailand annually.²⁵

The children all sat at a slight distance from me, a symbolic spacing indicating that their mothers placed an outsider status on my forehead. Being an American college student, my all-too-temporary status at the Home dissuaded my neighbors from developing strong relationships with me. An apparent “other,” my inability to integrate myself into this culture of mothers-in-crisis mirrored Nanda’s furrowed eyebrows pointed flashing images on the television screen. While watching a pineapple masterfully present a traditional Thai dance, Nanda and I were riding a bewildering and turbulent wave through the rises and falls of tones in Thai dialogue and cultural nuances. I extended to Nanda an exaggerated shrug, a signal to bridge our common confusion.

Don’t worry; I tried to convey, *I don’t know what’s going on either.* Nanda narrowed her eyes at my gesturing.

I smiled, and her face grew even tighter.

When the seven children laughed, there was a beat before Nanda’s laugh saturated the room.

When the other children gasped in shock, Nanda watched their horrified faces before covering her own mouth with her hands.

When a gecko landed on the television antenna, consuming the screen in a flood

of static, Nanda was the first to start dishing out orders; *Fix that! Good! Bad!*

She caught my eye as younger children acted on her vague declarations to readjust the antennas. The crease in her brow was no longer apparent and a gleaming smile sent me a message; *I am not the outsider you are.*

A community of mothers is a strong step towards empowerment. Yet the creation of an inclusive community unintentionally creates a population of outsiders. The women at Wildflower Home had grown closer in their common responsibilities as single, young mothers. Who was I, after all? A privileged young undergraduate from America *volunteering my time* at the Home. I certainly was not a young woman betrayed by her community and faced with a burden of unwanted motherhood. Perhaps it was because of this that I was not welcomed into their inner circle with open arms, an outsider with an expiration date of two months. I was not someone that deserved an immediate extension of friendship.

The little analog clock in the corner of the television screen marked eight. Mothers poured out of their bedrooms with their suckling infants, bustling into the bamboo hut where the television sat on a pedestal. Credits began to roll for the show about the pineapple that I ultimately failed to decipher, as more fidgeting with the television antennas revealed flashes of a high society mother-in-law clawing at her high-heeled daughter-in-law. Seven of the children were shooed out of the hut as the mothers watched in sinful glee a smoldering kiss between a strapping billionaire and his thin wife. Nanda and I were the only two left from the earlier group of children watching television. Now a romantic comedy aired that was reminiscent of late night dramatics in *telenovelas* I would watch with my

Nicaraguan friends back in the States. I could follow the none-too-complicated plot lines of adultery, murder and outrageous fashion in this show – themes universally appreciated by young women. Nanda's heavy brow was replaced by wide eyes at the sight of the kiss. "Ehhh, Nanda!" A mother snapped her fingers in front Nanda's unwavering fixation. "Your baby is awake."

Nanda was a 13-year-old mother. Placing these two descriptors – 13-year-old and mother – into one person was difficult for me to internalize. Placing myself back into a 13-year-old's body, I could not fathom the weight of carrying a child on me. I could not think of the struggle of being abandoned by my community. Though I was a foreigner, like Nanda, I was not the outsider she was. Here I was looking into a community of mothers, a world they had created for themselves, built on a foundation of a common betrayal.

I've held the passion of a thousand suns for years. Always, I've ... loved...

The program cut to commercial break.

The mothers and I shouted out in agony at the abrupt ending of the segment. Some of the mothers screamed obscenities at the television screen, while others again shooed away the seven children who so desperately wanted to be a part of the adults' television hour. Watching the commercials saturate the images of the last scene, Nanda let out a small sigh of awe as she nursed her baby. I leaned over and tested out some English.

"Do you like the television show?"

She narrowed her eyes again at me, testing the waters between us. She broke into a mischievous grin.

"Sometimes, I pretend he is my husband."

Though I was a foreigner, like Nanda, I was not the outsider she was. Here I was looking into a community of mothers, a world they had created for themselves, built on a foundation of a common betrayal.

She giggled and I laughed. Nanda jiggled her nursing infant on her lap, as she reexamined her face in her Minnie Mouse pocket mirror.

The end credits began to roll. *Tomorrow is Saturday*, I thought to myself. *I will have the whole afternoon and Sunday off. I can leave the Home and eat good food. I can talk to my friends and family on Skype. I can connect back to my former life.*

The mothers began to slowly file out of the bamboo hut, carrying their crying babies in their arms. They had to get to bed at a reasonable time in order to greet an early morning. Such is the life of a manual laborer. This pattern of work and childcare was old hat to them, and the chatter died down as they returned back to their own bedrooms. Nanda lingered, waiting until the last of the credits was finished. I sat and waited with her, watching to see if she might saying something further to me. But she didn't. Instead she sat patiently with her child, eyes glued to the screen, trying to decipher in the credits an answer to her two pulling identities: teenager and mother. Her quiet resolve showed she had grown towards accepting the latter, yet she remained unwilling to forsake even a second of what was left of her two hours of freedom.

Learning Motherhood

“Mama! Mama! I won’t eat it!”

Two-year-old Bao stood up from his worn plastic chair and he stamped his foot down on a dirt floor. Whirls of dust clattered through dense humidity as Bao’s pint-sized upheaval disrupted a humid frenzy. Sumalee, Bao’s mother, put down her spoon patiently and took a deep breath, a gulp of air that was half heat, half water. Sitting on the opposite side of an open pavilion, I could see deep wrinkles on Sumalee’s 19-year-old face. A patience worn thin.

How could I justify interfering in an interaction between mother and child? Sumalee was 19, the same age as I – how could I pretend that I could handle a situation with a child better than she could?

Lunchtime on weekends was always a struggle at Wildflower Home. In a group of 20 infants and children who all needed to be fed in a 30-minute time span, there was always at least one child who decided to cause a little more trouble than the rest. Today, it was little Bao.

“Bao, sit down. *Now.*” Sumalee’s lip curled. A spoonful of rice was gripped tightly in her hand.

“No, no, no, no, no!”

Loud chatter from conversations between other volunteers and mothers bubbled over in the pavilion; it seemed that no one

had yet noticed droplets of sweat forming on Sumalee’s brow or a shaking spoon nestled in her hand spilling grains of rice. Flies sat on Bao’s plate, simmering in a hot broth. I had one eye on my bowl of food, my other on Sumalee and Bao. Each falling grain of rice thudded onto my mind in a nagging thought, *I should interfere, take over feeding Bao for a bit, give Sumalee a minute to breathe, do something.*

“No, no, no, no...”

BANG.

A dull silence sat for a moment, followed by a child’s sharp squeal. A tin plate that had recently been filled with hot soup and rice clanged viciously on the floor, its contents flowing down Bao’s head. The spot on his temple where a metal plate had struck glowed a flush of crimson. Bao’s mouth was open in a vast gaping wail, an eternal cry that seemed to echo throughout his “terrible twos.” I swooped down onto Bao’s tiny frame and hoisted him onto my hip, brushing grains of rice from his hair.

“Sumalee, wait – ” a social worker called out.

Sumalee was already gone, running away from the open pavilion that contained a lingering shame of her motherhood.

Cycles of domestic violence are often transgenerational.²⁶ Fathers against sons, mothers-in-law against daughters-in-law, families against daughters. In Southeast Asia, abuse can run in circles around generations of families because there is cultural tolerance. All participants remain silent in the face of a bad situation, as their predecessors did and theirs before them. When victims become adults, they might make a proactive decision to end the perpetuation of abuse. But more often than not, those who were once victims

find themselves standing above their children, striking with the hands of their perpetrators.²⁷

Without formal intervention, generations’ abuses have the chance to ferment and multiply. The fourth empowerment program implemented at Wildflower Home speaks to this notion of perpetuating cycles of abuse. In teaching the importance and the means of disciplinary measures for children without abuse, the Home seeks to stop abuse at this generation of mothers.

I bounced Bao on my hip, gently rubbing the growing swell on his head from where his mother had struck him. I felt a burn in my face, shame in not having acted faster. *Why did I remain silent when I could see that something bad was about to happen?* I had been hesitant to act. After all, Sumalee was Bao’s mother, and I was an undergraduate volunteer scheduled to live at the Home for just two short months. How could I justify interfering in an interaction between mother and child? Sumalee was 19, the same age as I – how could I pretend that I could handle a situation with a child better than she could? But witnessing child abuse was something new to me, something so dark to me that my first instinct was to grab little Bao and take him away from his perpetrator. And I did just that, right before Sumalee’s eyes.

“You shouldn’t have done that!” one of the social workers snapped at me as she came back into the pavilion. She had been unable to pull Sumalee out of the garden where she was hiding, furiously weeding.

“What was I supposed to do?” My first hesitant step over a cordial boundary between my coworker and myself. “You wanted to do the same thing!” Tightened muscles in the social worker’s face unhinged. “I know, I know... when someone hits a kid... it’s hard for us Americans to sit and watch. But you shouldn’t have grabbed

him so fast, Sarah. She needs to deal with things like this herself. You took that time to think away from her.”

Wildflower Home teaches motherhood. It's a topic that is taught primarily through demonstrations, rather than in a classroom setting. As many of these mothers come from backgrounds of domestic abuse and violence, Wildflower Home places an emphasis on ending this cycle, utilizing both one-on-one and direct work with the social workers on Wildflower Home's campus. The mothers learn techniques of instructing their children without having to rely on the methods their parents had used on them.²⁸ For instance, how to use a “time-out” instead of a beating. How to use a warning system before instituting some kind of punishment. And how to step away from a difficult situation, allowing the community of mothers to step in to take care of the child for a little while. The social workers exhibit these appropriate, non-violent measures of discipline for the children, actions of love that they encourage the mothers to mimic. “A mother's strength,” the social workers would say, “is measured in her patience to teach her children.”²⁹

“Mama! Mama!” Bao shouted brightly and he wriggled rebelliously in my arms. I put him down on the ground gingerly, and he ran over to his mother. He hugged her legs and she gave him a worn smile. Sumalee is one of Wildflower Home's success stories. Sumalee recently began attending vocational school in Chiang Mai city, training to become a tour guide. She attends classes during the day and works the Wildflower Home's gardens in the evening. Sumalee hopes to someday earn enough money to buy an apartment off of Wildflower Home's campus, just for her and Bao.

Sumalee is by no means a perfect mother, and her angry youth lashes out at her

son on occasion. But as she took up a spoonful of rice to Bao's mouth, I saw a change from the scared 16-year-old whose ashamed parents had dropped her off at the gates of Wildflower Home. As Bao gleefully took in a mouthful of rice, Sumalee's face broke into a small, crooked smile – showing an element of pride that she now carried in her motherhood.

Conclusion

A path of healing is an undeniable struggle, one that defines the lives of women at Wildflower Home each day. With an image of women striving towards freedom from their demons of abuse, I came to the Home to empower women in both body and in mind. Like so many American college students, I am an idealist. Empowerment. Empathy. Education.³⁰ That became my mantra, something I packed in my suitcase when I set out for Wildflower Home. On the plane over from Boston to Thailand I had read *Half the Sky*, a collection of anecdotes gathered to inspire privileged youth to make a change in a world where women are not valued in their communities. I came equipped, intellectually and idealistically, to tackle domestic abuse in Thailand. But when I arrived at Chiang Mai in late May, my good intentions reflected off a kind of vibrancy within the community of mothers at Wildflower Home. What I witnessed during my experience was a community characterized by unrelenting resilience.

I cannot describe these women as battered, as ruined, as *victims*. The young women I met carried themselves proudly, not as women haunted by their pasts but women who have survived and grown beyond them. I learned that the methods of empowerment utilized at Wildflower Home manifest themselves in gentle, beautiful smiles, in the way the women greet one another, in their renewed vigor for their work, in their renewed commitment

I came equipped, intellectually and idealistically, to tackle domestic abuse in Thailand. But when I arrived at Chiang Mai in late May, my good intentions reflected off a kind of vibrancy within the community of mothers at Wildflower Home. What I witnessed during my experience was a community characterized by unrelenting resilience.

to family – both their own and that of Wildflower Home. Some days were easier than others; some days were very hard. But the eternal optimism of the mothers at Wildflower Home made it so I could never find a day where I did not smile at least once.

My internship is one of many steps that still need to be taken. Future research should focus on identifying more victims of abuse. NGOs like Wildflower Home serve as a safe space for women to shed the burden of a cultural stigma of shame and ultimately develop into strong, empowered mothers – but these women are only brought to Wildflower Home once they become pregnant, once they begin to show their community's shame. Countless women and girls remain victims without a voice, victims who do not visibly carry their shame through pregnancy but carry this burden nevertheless. These are the unheard stories that must emerge from this community. These are the silent voices that need to be given a chance to soar.

Notes

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