



# **A Research Note on the Effectiveness of the Tree of Life**

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## Background

The ***Tree of Life*** is a group-based approach to the healing and empowerment of survivors of organized violence and torture<sup>1</sup>. It is facilitated by survivors themselves who have been trained and supervised in the methodology. It uses the metaphor of the tree to provide a framework for understanding the trauma experience, and, through a series of inter-related processes, leads the survivor into an appreciation of his or her strengths and the support of the community in surviving.

This approach has been described in detail in a research paper which will be published shortly. This study described the approach used in the Tree of Life, and provided data on the follow-up of 73 persons assisted by the ***Tree of Life***<sup>2</sup>.

As stated above, a total of 73 persons attended the workshops, but detailed follow up data was only available for 33. Of these, 36% showed significant clinical improvement, and the sample as a whole showed significant changes in their psychological state. More complete information was available for a smaller sample [19], which showed 39% having significant improvement.

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

As was concluded in the previous study, the tree of life appears to be a useful, cost-effective, non-professional method of assisting torture survivors. This short note provides further data on the efficacy of the approach

## Methods

Research into the effectiveness of the method is carried out through pre- and post measures using a psychiatric screening instrument, the Self-Reporting Questionnaire [SRQ-20], which mostly measures depression and anxiety<sup>3</sup>. Participants were also asked for feedback in a structured self-report upon completion of the workshop. In addition, an exit interview was conducted after follow-up, three months after the first workshop session. Here we report only on the data derived from the SRQ-20. For both samples and all cases, the follow-up came three months after the person had attended a tree of life workshop, whether by ABA or the ***Tree of Life***.

According to the literature on the SRQ-20, probable psychological disorder is indicated by scores of 7 or more, and frank psychiatric disorder is indicated by scores of 10 or more.

## The samples

Two sets of data were available for analysis. 44 cases were provided by the Alternative Business Association [ABA], a partner of the ***Tree of Life***, whose facilitators had been trained and supervised by the ***Tree of Life*** staff. 58 cases came from the ***Tree of Life's*** own clients, drawn mostly from

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<sup>1</sup> It is necessary to distinguish the Tree of Life organisation from the healing process of the tree of life. Hence, in the text the organisation is displayed in bold and italics, ***Tree of Life***, whilst the healing process is displayed in lower case only, "tree of life".

<sup>2</sup> See Reeler, A., Chitsike, K., Maisva, F., & Reeler, B (2008), *The Tree of Life. Empowering and healing the survivors of torture. Torture* [in press].

<sup>3</sup> The SRQ-20 is a widely used screening instrument and has been used in many African countries. Here see Reeler, A.P.(1991), *Psychological disorders in primary care and the development of clinical services: An African perspective*, THE PSYCHOLOGIST, 4, 349-353. It has also been extensively used in Zimbabwe. Here see Reeler, A.P., Williams,H., & Todd,C.,H.,(1993), *Psychopathology in Primary Care patients: A four-year study in rural and urban settings*, CENTRAL AFRICAN JOURNAL OF MEDICINE, 39, 1-8.

Epworth [51] and Whitcliff [7], two peri-urban informal settlements. The **Tree of Life** data was more extensive than the ABA data, giving details on the violations experienced by the clients.

The **Tree of Life** sample was slightly more female than male [30 v 28]. The sample was mostly composed of mature adults [mean age: 39 years; s.dev: 13.9 years], reporting an average of 2.2 [s.dev: 1.2] human rights violations each. The violations were serious as can be seen from Table 1 below.

**Table 1**

<b>Violation</b>	<b>Number [%]</b>
Arson	1 [1.7%]
Beating	32 [55%]
Death of family member	7 [12.1%]
Destruction of home/property	27 [46.6%]
Unlawful Detention	11 [18.9%]
Abduction/kidnapping	6 [10.3%]
Rape	3 [5.2%]
Torture	3 [5.2%]
Other [threats, intimidation, etc]	35 [60.3%]

Torture and rape were only reported by 3 persons, but beatings [55%], destruction of property [46%], and other violations [60%] were commonly reported. This is a profile seen in many human rights reports, and especially those from 2008<sup>4</sup>.

## Results

### (i) All follow-up cases [ABA & Tree of Life]

When both samples were combined, the finding was that 71% showed significant improvement. However, for the group with probable psychological disorder [scores of 7 or more], the improvement, whilst statistically significant, was only 51%, but, for the whole sample that was severe [10 or more], the improvement was still 50%.

**Table 2**

	<b>Pre-test</b>	<b>Post-test</b>	<b>Improvement No[%]</b>
<b>Total sample [n=102]</b>	9.29 [3.36]	5.14 [2.83]	72 [71%]*
<b>Score [7 or more] [n=81]</b>	10.46 [2.71]	5.72 [2.76]	41 [51%]*
<b>Score [10 or more] [n=44]</b>	12.5[1.93]	6.41[2.96]	22 [50%]*

\*t-test:  $p=0.000001$

### (ii) Alternative Business Association [ABA]

As indicated above, ABA managed to follow up 44 cases, which was 46% of the total population attending the tree of life workshops run by ABA. This was not bad considering the organization serves mainly the displaced population affected by Operation Murambatsvina which is relatively mobile. Thus, the participants are drawn from throughout Harare, as opposed to being drawn from a single community as is the case with the **Tree of Life** involvement in Epworth and Whitecliff.

<sup>4</sup> See Zimbabwe Human Rights NGO Forum (2008), *If you can't join them, beat them! Post-election violence in Zimbabwe*. An alert of the Zimbabwe Human Rights NGO Forum & the Research and Advocacy Unit. 5 May 2008. HARARE: ZIMBABWE HUMAN RIGHTS NGO FORUM; Zimbabwe Human Rights NGO Forum (2008), *Damned Lies? Post Election Violence in Zimbabwe*. Report produced by the Research & Advocacy Unit. August 2008. HARARE: ZIMBABWE HUMAN RIGHTS NGO FORUM; Solidarity Peace Trust (2008), *Desperately Seeking Sanity: What Prospects for a New Beginning in Zimbabwe?* 29 July 2008. DURBAN: SOLIDARITY PEACE TRUST; Solidarity Peace Trust (2008), *Punishing Dissent, Silencing Citizens: The Zimbabwe Elections 2008*. 21 May 2008. JOHANNESBURG: SOLIDARITY PEACE TRUST; CSV (2009), *Subliminal Terror? Human rights violations and torture in Zimbabwe during 2008*. Report prepared for the Centre of Violence and Reconciliation by Tony Reeler. June 2009. JOHANNESBURG: CSV.

28 [64%] were in the range indicating probable psychological disorders and 7 [15%] of the cases were in the psychiatric range.

**Table 3**

	Pre-test	Post-test	Improvement No[%]
<b>Total sample</b> [n=44]	7.8 [2.84]	4.43[2.89]	33 [75%]*
<b>Score [7 or more]</b> [n=28]	9.43 [2.18]	5.36 [2.95]	16 [57%]*
<b>Score [10 or more]</b> [n=11]	11.73 [1.42]	5.18 [2.95]	7 [64%]*

\*t-test:  $p=0.000001$

As can be seen from Table 2 above, the overall improvement rate for the whole sample was high [75%], but this is obviously due to the presence of a large number of persons with non-clinically significant scores. Thus, when the mild cases were removed, the improvement rate dropped to 57% only. However, there is the paradoxical finding that the number of those persons with severe disorders [10 or more] that improved was markedly greater than the group that included those with milder disorders [7 or more]. Nonetheless, statistical analysis indicated significant change for all the three groupings.

### **(iii) Tree of Life clients**

A similar picture was obtained for the *Tree of Life* clients, who, as was seen above, can be accurately described as victims of organised violence and torture. The highest improvement rate was obtained, as was the case for the ABA clients, for the whole sample, which again was probably due to the presence of clients with non-clinically significant scores. However, this was a very small sample, less than 10%, and thus the improvement of 65% was instructive. The interesting finding was that, for the clinically severe group [10 or more], the improvement was markedly less for the *Tree of Life* clients than for the ABA clients.

**Table 4**

	Pre-test	Post-test	Improvement No[%]
<b>Total sample</b> [n=58]	10.43 [3.29]	5.67 [2.68]	39 [67%]*
<b>Score [7 or more]</b> [n=53]	11 [2.82]	5.91 [2.66]	34 [65%]*
<b>Score [10 or more]</b> [n=44]	12.76 [2.02]	6.82 [2.79]	15 [46%]*

\*t-test:  $p=0.000001$

As was the case for the ABA group, statistical analysis showed significant change for all three groupings.

Finally, a contrast was made between men and women in the sample, but no differences were found between the two groups, apart from the finding, in the that men were more likely to improve overall than women, which seems to be implicating a vulnerability factor in the case of women<sup>5</sup>.

## **Discussion**

In general, the findings are that, for both sets of data, there was strong statistically significant change in all clients in the direction of improvement following attendance at a tree of life workshop, which was evident three months later. When the mild cases [score less than 7] were removed, there was still a significant improvement found. All the rates of improvement were higher than those found

<sup>5</sup> Odds ratio: 1.65, 95% confidence interval.

in the previous study, which showed improvement in only 36% of cases; that is, only 36% showed a drop in scores below 7 on the SRQ-20.

The results show high rates of clear improvement for all persons attending tree of life workshops; that is, 71% overall show a drop in their SRQ-20 scores, but, when those with scores less than 7 are excluded, then the effect is not as great, but still greater than that found in the previous study – 51% as opposed to 36%. This difference may be explained by the nature of the two populations, for the previous report was based on activists dispersed amongst a number of different communities, and still mostly under threat and having been affected by Operation Murambatsvina as well. The more recent groups are composed of people that are relatively more settled, especially those from Epworth and Whitecliff.

The differences between the ABA and the ***Tree of Life*** data require some brief comment. As indicated above, the two groups have somewhat different populations that they serve. The ***Tree of Life*** data derives from the programmes in two geographical communities, and are part of a sustained relationship with these communities. To some extent ABA's data comes from community-based participants, but ABA is not involved with these communities in the same manner as the ***Tree of Life***; that is, the tree of life workshops are not part of a community intervention as is the case with the ***Tree of Life***.

Furthermore, as can be seen from the tables above, the ABA group was composed of a larger number of mild cases than the ***Tree of Life*** group, 36% as opposed to 9%. In addition, the ABA group had a smaller number of severe cases – scores of 10 or more – than the ***Tree of Life*** group, 25% as opposed to 56%. Thus, at least in terms of the measures taken, there are some marked differences between the two groups, and may very well reflect very different populations with very different trauma experiences. As was seen above, the ***Tree of Life*** group is composed quite clearly of persons that have experienced one form of organised violence or another, with all persons reporting at least one type of violations and some as many as five. Thus, the ***Tree of Life*** data is probably more reliable for understanding the effects of the tree of life process on victims of organised violence and torture.

The lower rates of improvement for the more severe cases are a cause of concern. Even though all the severe cases showed significant improvement (the scores on the SRQ-20 declined significantly), this was not below the threshold (scores of less than 7) for over half the cases. This speaks to the need for a referral system for tree of life processes and the need for careful follow-up of these cases as well as a second-level care system, where there is need for the availability of mental health professionals<sup>6</sup>. Ideally, this should be as close to the community as possible, and probably at the level of the primary care clinic.

## Conclusions

This brief note, based on surveillance data rather than scientific study, demonstrates the efficacy of the tree of life process for victims of trauma and organised violence and torture. The report extends the findings of the earlier report, and suggests that the process, when embedded in a geographical community – as opposed to a community of affiliated persons – can be more effective. This report did not provide some of the additional anecdotal data that supports this, but observation of the two communities with which the ***Tree of Life*** is engaged show many other signs of psycho-social recovery: increased engagement with collective activities [sports, income-generating projects, etc], as well as taking responsibility for extending tree of life processes to the wider local community.

The finding, of apparent greater vulnerability in women, requires more careful investigation. As many studies have noted, there is insufficient attention given to the consequences of organised violence and torture on women, and the understanding that women may be often counted amongst the primary victims of organised violence and torture – as was indicated here and in other reports from

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<sup>6</sup> See Reeler, A P (2008), *Dealing with the "Complex Emergency" in Zimbabwe: Thoughts on Psycho-social support to the community*. HARARE: RESEARCH & Advocacy UNIT; RAU (2009), *Thoughts on national healing*. HARARE: RESEARCH & ADVOCACY UNIT.

Zimbabwe – but also that women (and children) are likely to be the vast majority of the secondary victims.

It is also important to note that for the more severely-affected individuals, who did show improvement, there is need for careful follow-up and the establishment of a referral system to mental health professionals. The system to be established should follow the principles advocated by experts in dealing with “complex emergencies”<sup>7</sup>.

It is also evident that these findings suggest the need for more detailed scientific investigation of the tree of life process. Such research should not only concentrate on better outcome evaluations, but also on the psychological mechanisms at work in the intervention. The research is predicated on the findings of this and the previous report: such strong indications of marked improvement from a brief intervention with victims of organised violence and torture deserve closer scientific attention.

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<sup>7</sup> See Mollica, R F, Lopes Cardozo, B, Osofsky, H J, Raphael, B, Ager, A, & Salama, P (2004), *Mental health in complex emergencies*, LANCET, 364: 2058–67.