Toward a Model of Family
and Political Victimization:
Implications for Treatment and Recovery

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Never send to know for whom the bell tolls. It tolls for three.
- John Donne

POLITICAL VIOLENCE, in any of its ugly guises, has a devastating and long-lasting effect on its victims. This effect derives, in my view, from the concurrence of two factors: (1) the physical and emotional violence is perpetrated by the very agencies of society (such as the police and the armed forces) entrusted with the care and protection of individuals, with maintaining order in their world, with enforcing stability and predictability; and (2) a context or a discourse that destroys or mystifies meanings so that recognition of that shift from protection to violence is blurred.

But a description that highlights the *transformation of a relationship of protection into one of terror and violence in a mystifying context* is not unique to political violence. On the contrary, this set of traits is shared by political violence, family violence, and victimization by a violent crime. Just as we expect that our institutions will serve a protective function, in our family microcosm we reasonably expect that our parents, spouses, and offspring will protect us against harm. If violence occurs in the context of family, it typically takes place with a mystifying semantic envelope. In fact, the distinction between political and nonpolitical violence seems to be blurring even further as more and more functions that in previous centuries were the exclusive purview of the family, such as education and health care, have been progressively delegated to the state. It is therefore possible to apply many of the same assumptions about protection and trust betrayed to a discussion about victims of an absolutist state as well as about victims of physical and/or sexual abuse in a family context.

Stretching these considerations further, we ordinarily assume that we can rely on an implicit social contract with other human beings in terms of "live and let live"; any violence - a gang rape in an alley, a mugging in the street - betrays that expectation. In fact, we expect the world in which we live - both social and natural - to evolve in an orderly and predictable fashion, with random events playing only a minor role. Any catastrophic event - an earthquake or a fire in which we may be a casualty - betrays our expectation of order. Even such events, however, may be enveloped in a mystifying, responsibility-

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shifting, semantic context: "Why on earth are you still living in that earthquake-prone area?" "How come you didn't check the batteries in your smoke detector?" "You should know better than to drive during Memorial Day weekend!"

Not surprisingly, then, this discussion about the effects of violence includes examples from a variety of contexts, both political and familial, both collective and individual, in which a violent and frequently mystifying betrayal of expectations occurs.

A Definition of Violence

In the recent literature on post-traumatic stress disorders (PTSD) and, more specifically, in the *Diagnostic and Statistical Manual of Mental Disorders,* 3rd ed. (DSM-III-R), a traumatic event (including violence) is defined as an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone, e.g., serious threat to one's life or physical integrity; serious threat or harm to one's children, spouse, or other close relatives and friends; sudden destruction of one's home or community; or seeing another person who has recently been, or is being, seriously injured or killed as the result of an accident or physical violence. (American Psychiatric Association, 1987, p. 250)

When applied to interpersonal violence, this definition - which relies on common sense notions of :outside the range of usual human experiences" and "markedly distressing to almost anyone" -needs to be qualified. What seems to account for the sinister quality and devastating traumatic effects of interpersonal violence is a shift in the roles of the source from protective to violent agent or agency, and in a context that mystifies or denies the victim any interpersonal clues by which he or she can assign meanings or attribute intentions, and which strips the victim of the ability to assent or dissent. The effects of violence acquire a devastating quality when the violence is relabeled ("This isn't violence, it is education"), its effect (e.g., the pain) is denied ("It doesn't hurt you as much as you say"), its moral corollary is defined ("I'm doing it for your own good"; "I do it because you deserve it"), the agent's role is mystified ("I do it because I love you"), or the causal agency is misdirected ("You make me do it")[2].

This view of the effects of violence implies a context in which some members of a micro- or macrosocial system have the power of deciding and enacting for all members

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[2]   Let us review the elements detailed thus far; (1) a repetitive exposure to two contradictory meanings at two logical levels, one defined by the effects of the actual act - such as the pain from a beating - and a second one defined by the participants-in-context - such as an affirmation or implication of the benevolent intent of the victimizer; (2) a third injunction at still another logical level denying the contradiction as well as forbidding clarifications - such as the threat of if a complaint is raised; and (3) all of the above taking place in a situation or relationship in which escape is perceived as impossible. We have here all the elements specified for that existential trap known as the "double bind" (Bateson et al. 1956).

of the system what is going to be validated as "real"; by these means, the other is denied or invalidated as a social subject and is treated as a social object (Pakman 1991). In summary, then, violence becomes traumatic when the victim does not have the ability to consent or dissent, which, in turn, is linked with the universal experience of helplessness and hopelessness and hopelessness engendered by victimization.

Scarry (1985) suggests that one should discriminate between "domination" (generally called "emotional violence") and "physical violence" because only the latter includes the body as source of pain. While I concur with the notion that social conventions and the accepted boundaries of the self are *maximally* violated when the body of the victim is appropriated as legitimate area of violent displays by the victimizer, in this article I do not highlight. Scarry's dichotomy because, in my view, all emotional violence has a somatic (mainly autonomic) correlate that generates a broad "gray zone" in which the body may be actively involved even when it is not physically assaulted.

Collective Victims and Individual Victims

Violence can be exerted on an individual (a child is seduced or forced by a family member or a stranger into sexual acts; a woman is slapped by her husband; an adult is tortured), on a group (a minority is segregated and discriminated against by the state or by a social club; the members of a political group are rounded up and detained by the police), or on a whole nation (governed by a dictatorship, controlled by an occupation army). Although the two latter categories (groups, nations) are abstractions, they are nevertheless composed of individuals. I therefore discuss the effects of violence upon the individual - even when the violence may be the result of that individual being a member of a collective unit that is the overall target of the violence.

Two Core Variables

Two variables are highlighted in this discussion: the perceived consequences of the threat and its isolated or repetitive nature.

The *perceived consequences of the threat*, in the sense of "attributed meaning," can comprise the whole gamut of the human experience. Violence can be exerted in the form of a *mild coercion* with a low level of perceived threat to physical or emotional integrity, such as a veiled hint of losing face ("Smoking is not allowed here"), or losing privileges if not acquiescing ("if you don't eat properly, you'll have to leave the table"). At the other end of the spectrum, a threat can reach a perceived level of *extreme violence* including physical or emotional harm or imminent threat to life, such as a knife at the throat during rape; a political kidnapping in the middle of the night; or, for a small child, being locked in a closet or dark basement.

In terms of the *frequency of the threat,* an act of violence can occur (1) in an *isolated* fashion, catastrophically, unpredictably, and abruptly; or (2) in a *repetitive,* predictable, and insidious manner. Examples of the former are an unprecedented decree outlawing the possession of books critical of the government; the first beating of a wife by a husband; a sexual assault while walking in a park; a kidnapping. Examples of

the latter are the reiterated hint to a child of falling from favor if he or she does not acquiesce to sexual caresses; the insidious effect of living in a country with a powerful repressive apparatus; the endless cycle of beating and forgiveness in a batterer/battered couple; the terrifying, repetitive torture aimed at extracting a confession or at emotionally destroying the victim in order "to set an example" to others, that is, as a method of controlling subversion in the population; or the progressive "thought reform" of cult members by their charismatic leader.

Summarizing, the above description identifies two mutually independent variables; (1) the *consequences attributed to the threat,* that is, the perceived potential risk for the self in terms of threat of harm or possible annihilation; and (2) *its isolated or repetitive nature,* that is, the time span in which the coercion has developed. The intersection of these two variables define a two-dimensional field of intensity/frequency of violence, is shown in Figure 1.

The Effects of Violence

Let us examine some of the effects of acts of violence characterized by different ratios of these variables (see Fig. 1): The upper left quadrant depicts the overall effect of the *unprecedented* (i.e. novel for the person-in-context) demand or request, accompanied by mild threat of negative sequences if the person does not acquiesce. Some examples would be: a male employer positions himself vis-à-vis a female employee at an interpersonal distance that is inappropriately close for that relationship in that culture; a policeman armed with a submachine gun asks you, one person in a crowded airport, to move on; an official communiqué by the secretary of state recommends that all public employees affiliate themselves with the government party in order "to assure loyalty" - with veiled hints that they otherwise may not be promoted. the effect of these destabilizing, disquieting situations, which are in start contrast with the individual's expectable, everyday experience, is one of *cognitive dissonance:* "What's going on here?" "This is odd!" "This is unacceptable." Sometimes, "I'd better do it."

The midrange in the left quadrants portrays isolated threats that are more intense, such as a menacing-looking gang entering an otherwise empty subway care in which you are traveling or a decree authorizing phone tapping on "undesirable elements contrary to the regime." Its effect is one of triggering a psychophysiological reaction of alarm and alertness in which the individual shows a heightened defense-or-attack stance, anticipating the worst scenario, assuming a defensive or offensive position, taking precautions, escaping from the scene or confronting the threat, that is, mobilizing *fight-or-flight* resources.

The lower left quadrant represents the effect of experiences involving a high level of perceived threat to life, occurring as an intense, unpredicted episode in which flight or

fleeing is precluded, such as being the victim of a gang rape or being tortured.[3] The immediate reaction to such experience is characterized by the collapse of all previously useful, interpersonal coping styles, in a process that is known as "*flooding*": the individual undergoes an altered state of consciousness and/or disorientation in time, space, and identity, and/or depersonalization and distancing from his or her own reality.[4] This reaction, ultimately, can be considered an adaptive mode of managing the highly threatening situation. However, it has the dramatic drawback of being frequently the prelude to a cluster of persistent symptoms, namely, *post-traumatic stress disorders* (intrusive and vivid reexperiencing of the trauma, hypervigilance, emotional distancing, avoidance behaviors, nightmares, numbness, anhedonia, irritability, etc.) and sometimes, *dissociative disorders* (chronic depersonalization, multiple personality, psychogenic fugues, and psychogenic amnesia).

These highly pervasive, long-term effects of being exposed to an out-of-the-ordinary, extremely threatening, violent situation in which available fight-or-flight skills are useless deserve special emphasis. To be able to retain a continuous image of self while accounting for change, human beings need time-and-space continuity, need to be able to predict context, to retain order, to provide causality for events, to organize coherent narratives. In this delicate balance between deterministic assumptions and random events there is only a certain range of "allowable variation" - how much can take place without stepping outside of the boundaries of an acceptable or manageable reality without destroying the ability to organize one's story. The eruption and unfathomable experience of an extreme act of violence occurs outside the parameters of what is predictable or what makes sense; one cannot foresee or provide a sensible context for the terror of a rape, the carnage of a battle, the scenario in which one is the object of ruthless torture. Under those conditions, individuals lose their capacity to account for reality: Violence "destroys the world" of the victims (Scarry 1985). Thus, the "flooding."

But the clash between our need to make sense and the inability to organize reasonably the actual experience in a situation of extreme violence frequently leads to a subsequent relentless effort by the victim to achieve some degree of control over those events by means of "rewriting" or "editing" the history of the traumatic events. The ultimate effect is akin to a self- or others-induced cognitive distortion of reality. The unfortunate consequence of this adaptive effort at making (creating) sense is that it orients victims toward believing that they are responsible for being victims, that maybe they could have done something to prevent the violence to which they are subjected. Thus the victims construct and privilege an alternative story in which they had some control over events, at

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[3]   I am differentiating these events from those in which a level of bargaining is being posed ("Your purse or your life?"), because the victims' perceptions of nonviolent options may make the terrifying events less traumatic.

[4]   This reaction may not differ much from the reaction of "freezing," described by ethologists as characteristic of animals exposed to extreme perceived danger - a cornered rabbit being stalked by a predator - whereby all defensive fight-or-flight modes are replaced by (trembling) immobility.

the expense of blaming themselves for their own victimization. This process is dramatically enhanced when the victimizer organizes, in turn, a discourse blaming the victim for his/her violence ("You were looking for it!" "That'll teach you for being dressed so provocatively!" "You should have known better than oppose your regime!"), injecting fear ("Nobody will believe you if you tell this!" "I'll return, and things will be worse") or shame ("You liked this, didn't you?"), and other mystifying, recontextualizing statements.

It should also be noted that this self-blaming revision and rewriting of the events by the victim is accompanied by endless ruminations and revisitation of the events, which transforms incidents that were isolated into a reiterated experience for the victim, which then moves them "to the right" in the diagram. An interesting cultural variation on the reversal of blame can be found in adherents of the Buddhist religion who may simultaneously blame and exonerate themselves for their own suffering on the basis of their belief in "karma": "We pay in this life for wrongs we did in our past lives."

Let us explore now the overall results of a repetitive experience of coercion entailing a low level of experienced life threat (upper right quadrant, Fig. 1). To fully document this process would entail an exhaustive review of many of the habitual practices of socialization in our species, or at least in most cultures. In fact, it could be argued that this category accurately depicts a large part of what currently constitutes the *average socialization process.*

More intense and persistent threats or coercion, midway in the right quadrants of the diagram, include punitive, rigid family or educational settings; gang or cult memberships; oppressive relationships; and dictatorships. The most frequent effect of those settings, when persistent over time, is one of *cognitive distortion for adaptive purposes.* Applied to specific contexts of intent, this effect has been known as "brainwashing" or "thought reform": The values of the oppressor are progressively and uncritically incorporated by the victim; alternative views and evidence contradicting those beliefs are unnoticed or denied, and reflexive, critical thinking is self-censored. Individuals, thereafter, continue their lives with new conceptual and perceptual restrictions, without considering alternatives.[5]

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[5]   A dramatic illustration that brings together education, coercion, and torture can be found in the Schreber case, made famous by Freud and, later, many other authors. Judge Schreber, son of a famous German pedagogue in the mid-1800s, was declared insane at age 42 and eventually died in a psychiatric asylum. During his hospitalization, he wrote his autobiographical "Memories of my Nervous Disease," which was used by Freud (1911/1953) to develop his theories on paranoia in "Psycho-analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)." Schatzman (1971), in turn, eloquently discusses the relationship between Schreber's delusions and his father's sadistic pedagogic methods, which included the daily use of movement-restricting contraptions on his son in order to "dominate his character": The restrictive effects of those devices - such as a metal neck-holder to assure the "correct" posture with which he should carry his head - were later internalized and reproduced in all their detail in the delusions of Judge Schreber - such as "there are forces pushing and pulling up my head."

The effect of collective coercion should be highlighted because it can affect large numbers of people in an insidious and malignant way. In countries ruled by totalitarian regimes, the daily brainwashing of the population living under a repressive regime and exposed to a constant barrage of injunctions by the government-controlled media, indicating the "correct" way of thinking and conveying life threats for "incorrect" thinking, affects not only the way people think but also what they actually perceive. To deny and/or distort sensorial input, despite the moral and behavioral consequences, is preferable to incurring the risks attached to "incorrect" thoughts: Shunning or banishing what one perceives becomes the only alternative to a threatened escalation of violence. In fact, whole populations can go on living their lives selectively suppressing evidence - for instance, of genocide ("It's not happening") -or transforming it into a normal component of living ("That's the way life is"). It should be highlighted that ideologically committed people are less susceptible to cognitive shifts than those who are uninvolved; in turn, those who are confused and in search for some kind of guidance or order are the most susceptible. Not surprisingly, cults recruit prospective members mainly among adolescents without a network and/or in search of friendship or spiritual guidance.

This category allows us to isolate in its pure form the context of "brainwashing." In this category of violence fit also some long-lasting incestuous relations, as well as most cases of therapist-patient sexual involvement during therapy. But it is important to underline that a component of cognitive distortion, which is one of the key effects of all reiterated violence, can be also found in victims of isolated, intense violence. This occurs through the repetitions entailed in the ruminating process of "rewriting" one's experiences for adaptive purposes.

Moving to the bottom of the right-hand quadrant, when the experience of terror is extreme and reiterated (months in a death camp or a torture center, daily physical abuse), the dominant effect is one of *psychic numbing,* that is, detachment, anhedonia, disconnection with one's own feelings and submission to the victimizers. Life is experienced as both future-less and past-less. This effect, however, may alternate with intense intrusive recalls. According to van der Kolk (1987), the most characteristic response to intense psychological trauma is an alternation between periods in which the event is reexperienced - intrusive recall, distressing dreams, flashbacks, and dissociative reactions (series B of DSM-III-R diagnostic criteria for PTSD) - and periods that are dominated by avoidance and denial - numbing, avoidance, amnesia, regression, anhedonia, detachment, restricted range of affect, and sense of foreshortened future (series C of PTSD diagnostic criteria). Most victims of extreme violence, acute or reiterated, show this kind of oscillation. In my experience, however, the reaction to a *single exposure* to intense violence (bottom left quadrant of Fig.1) tends to be characterized by a clear dominance of "intrusive recalls." In victims of *repetitive* exposure to intense violence (bottom right quadrant), "avoidance" reactions tend to prevail, at least until the subjects are involved in a process of rehabilitation or therapy.

A special mention should be made of the process of *identification with the aggressor.* Such identification may have survival value for the subject's self-image, but it is at the expense of perpetuating the violence. This can be noted in the high frequency of

self-deprecatory descriptions offered by battered women - mimicking that of their mates - as an argument to justify their being the object of beatings. This peculiar allegiance of many victims to their aggressors was apparent during a bank robbery in Stockholm in 1973. The thieves, when surrounded by the police, took a group of hostages whom they used to negotiate the terms of their surrender. This negotiation lasted six days, during which a strong bond was established between hostages and captors, including an idealization and justification of the victimization that persisted far beyond the moment of liberation, one of the victims eventually marrying one of the thieves. This process is now known as the "Stockholm syndrome" and, in fact, is favored during the process of negotiation with kidnappers in order to increase the probabilities for survival of the hostages.

Finally, in acute but even more so in chronic exposure to intense violence, another process that takes place within the victim is *dissociation,* in which parts of the self are kept inaccessible to the experience of terror and violence. This extraordinary resource for the preservation of the individual's identity and self-esteem in the midst of extreme threat may, in the long run, reappear as crippling, long-lasting, dissociative disorders.

CONCURRENT FACTORS

As with any formalism, the two-axis model fails to do justice to the inherent complexity of the human experience as it relates to violence. In fact, in addition to degrees of intensity and persistence, there are several other concurrent factors that modify, for better or worse, the short- and long-term effects of violence on the victim. These include the following:

1. *Situation parameters.* This category includes *sociality,* that is, communication and bonding with fellow victims, both in political and in family violence (for example, several children being victimized at the same time); *ignominy,* that is, degradation as an aspect of the violence; *helplessness,* that is, whether a political victimization was perpetrated by people belonging to other cultural or ethnic groups (which may increase resiliency and resistance on the part of the victim) or by the victim's own group of reference (which increases the harmful effects of the experience).

2. *The personal threshold of physiological (neuroendocrine) arousal.* The reactivity to the unexpected varies dramatically from person to person, to the point that the same event or stimulus that generates in one person an intense and persistent alarm reaction may be experienced by another person as time.

3. *Stylistic (psychological) characteristics.* These include the coping ability of the victim, for example, hardiness in adversity; ability to concentrate under pressure, and resilience because of prior exposure to risk; and capacity to dissociate or to sustain confrontations. Needless to say, the age at the time of victimization - and therefore, the different age-appropriate coping modalities - plays a decisive role in the long-term fate of the experience.

4. *Family and network characteristics.* These include the breadth and depth of network resources as well as the degree and quality of access by the victim to family or friends with whom she/he feels safe and able to share the crisis or the experience. An

early and thorough grieving in a safe, containing environment, for instance, may have an important protective effect against PTSD.[6]

5. *The degree of dissonance and of unpredictability of the event.* The higher the dissonance, the more intense the effect. This explains the unusually intense disorganizing effects of violence that is chaotic and random, as in the case of spousal violence, when substance abuse is involved, or in the kind of torture that is intended to destroy the personality of the victim. In contrast, a reiterated process such as the cycle of "punishment and redemption" that is frequently seen in batterer-battered couple leads to a "numbing" effect. It has also been observed that, in terms of its psychological effect, any torture can be more devastating for a random victim than for a militant.

CONSIDERATIONS FOR THERAPY

The individual effects of each situation of violence are unique; each one presents distinct traits and is affected by specific circumstances. Nonetheless, any therapeutic approach to victims of violence, both isolated and repetitive, both individual and collective, requires confronting the enduring effects of such experiences, namely, "flooding" and blockage, followed by intrusive thoughts and a rewriting of the story; "numbing"; and submission to and identification with the aggressor. All of these are displayed against a background tapestry of cognitive distortions.

The model I have proposed allows us to map the therapeutic pathways that need to be traversed to undo the effects of violence upon individuals and collectives. Any effort to free individuals from the persistent, restrictive, or symptomatic effects of reiterated experiences of violence requires a *reactualization* of the *isolated* experiences (a movement toward the left in the diagram) in order to demystify, unmask, and make explicit the levels of contradiction in the story that surrounds and anchors them. That is, the therapeutic process aims at neutralizing the cognitive distortion that necessarily accompanies and perpetuates the effects of any reiterated violence, while constructing with the victims an alternative history of the events that will free them from the destructive effects of mystifying semantics.

Let us explore this argument further by revisiting the right quadrants of the diagram, from top to bottom. Some people come to therapy with the broad request "change me," that is, "undo the effects of my having been socialized in a certain way." If the therapist chooses to accept the charge, she/he will define the therapeutic task as one of de-familiarizing the subject, denouncing assumptions and restrictions, that is, generating, perhaps *regenerating,* cognitive dissonance (egodystonic) for what was until then consonant (ego-syntonic).

In turn, when we undertake the complex task of freeing an individual or a community from brainwashing, or more broadly speaking, cognitive distortions, it is crucial that we facilitate the production of alternative stories that favor discrimination and a

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[6] For a discussion of some effects of political violence *on the family*, see Sluzki 1990; and for the discussion of a particularly attractive family-oriented approach to the treatment of Vietnam Veterans, see Rosenheck and Thomson, 1986.

reaction of fight-or-flight around the issues, meanings, and stories that were previously incorporated and accepted uncritically.

Finally, with respect to victims of long-term violence, such as battered women, people who suffered repeated torture, and victims of violence denied or repressed for a long time such as adults with a past history of child abuse, those who work with these patients know full well the agonizing struggle, the double process that is necessary. We ask these patients, on the one hand, to shed the numbness, which almost unavoidably leads to their reliving the terror, the shame, and the rage; and, on the other hand, to abandon their submission to the self-blaming stories through a critical revision of the cognitive distortions and of the very scenarios designed by the very perpetrators that the violence implied. The therapeutic process becomes, for victims of violence in process of recovery (and for their therapists), an exhausting but necessary struggle in which the traumatic experience of violence can then be recontextualized and rehistoried so that their mistrust, shame, and self-blame may be shed; and their self-esteem, their indignation, and their dignity may be recovered.

Clinical evidence indicates that, when dealing with "fresh," recent victimization, it is a grave disservice to the victim if the clinician favors a sealing-off of memories - stories, images, and emotions - and recommends that the victim not dwell on them. In fact, this will enhance the likelihood of PTSD symptoms. However, there are occasions when patients present with symptoms or complaints of whatever nature - phobias, psychosomatic complaints, relational problems - and one may surmise, on the basis of background information or "clinical intuition" that the presenting problem may be tied to extreme, perhaps old, episodes of abuse such as incest or rape. One is then confronted with an intriguing dilemma: how to weight the risks and benefits of (1) reawakening memories of abuse or, sometimes, the affect attached to those memories - with their potential of triggering "flooding" of flashbacks; versus (2) sealing-off or decathexization of those memories - with their potential for perpetuating numbness or their expression in other symptoms. Ultimately, is a practice that favors the unsealing of memories and a guided reexamination of traumatic events/emotions necessarily conducive to an incorporation of (transformed) memories into an integrated version of the self? Will the magic of rehistorying, or even of therapy in general, be powerful enough to transform exhumed stories of unredeemable humiliation, tainted shame, and unrequited submission, so that such stories may be incorporated into the larger "narrative of identity, inscribed in space and time" (Wood 1992, p.4)?

Many specialists seem to favor a careful unsealing (draining the abscess, however purulent), based on their assumption that painful memories can be transformed through therapy, can become less disruptive and dominant, and, eventually, can be absorbed into an integrated self. Other therapists, however, favor "sealing off" of old traumatic memories, helping people to gain mastery over the tendency of those memories/affects to reappear. This latter approach resonates with Langer's (1991) eloquent view that there are memories that simply cannot join and will not fit with an integrated version of the self - stories that will remain forever fragmented, incapable of moral-saving transformation, and a permanent source of pain and alienation.

Perhaps the controversy over whether to seal or unseal memories should not be resolved at the *level of available models of therapy* but, rather, at the *level of practice*. Models, after all, tend to be closed, self-sustaining, and, essentially, unverifiable. It is the patients or victims who can orient *us* with regard to the most useful approach, as well as with the timing and rhythm of the entire therapeutic process. In fact, empowering the patient/victim to guide *us* through that process can be an extremely enriching component of any rehabilitative endeavor: It offers them the experience of respectful participation in a constructive, authoring process that is the exact opposite of the destructive scenario of the interpersonal or political violence.

To be a member of the human family requires that we cherish a daily practice of rescuing our autonomy of mind, and that we zealously keep our capacity to choose. At the very edge of that struggle to preserve our personal autonomy lies an ethic of social responsibility, tied to the awareness that, as Gregory Bateson (1979) pointed out, our mind is a collective attribute, that our self unavoidably includes the other. Therefore, in each act of violence that takes place, each of us suffers. This realization contains a core of optimism as it points out that it is within us to do something about it: It empowers us to act.

> No [one] is an island, entire of it itself....
> Any...death diminishes me because I am involved in mankind....
> - John Donne

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