Rethinking torture trauma

In search of indigenous coping strategies
Presentation by

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Presentation outline

• Definition(s), concepts, paradigms
• Existing research
• Alternative approaches
  – Indigenous healing strategies
  – Religion and spirituality
  – Human rights frameworks
  – Truth and reconciliation approaches
  – Participatory action research
  – Psycho-social programs
DEFINITION(S)
CONCEPTS
PARADIGMS
Torture Experience

- World-shattering and world-shaping experience
- Questions ultimate meaning and purpose
- Questions values:
  - ‘good vs. evil’
  - ‘God and wo/man’
- Questions reality
Torture as Affliction
(Weil 1951)

• Not mere “suffering”
• Physical pain
• Social degradation
• Humiliation
• Distress of soul
What’s in the name?

Victims
- Legal frameworks
- Immigration relief
- Financial resources

Survivors
- Self-identity
- Dissidents
- Therapeutic context
Suffering: To endure pain, anguish, sorrow, distress, anxiety

- (…) a universal aspect of human experience in which individuals and groups have to undergo or bear certain burdens, troubles, and serious wounds to the body and the spirit.

(Kleinman, 1995: 101)
Biomedical Model

- Wars, ethnic cleansing, civil strife, disasters constitute mental health emergencies
- Prominence of trauma discourse
- Medicalization of human suffering
- PTSD as a ‘hidden epidemic’
Medicalization of Suffering

• Expansion of the meaning of medical diagnosis and medical care
• Misery that is a result of political calamity is transformed into victimhood and psychopathology
• Suffering is delegitimized as moral commentary and political performance
• May diminish the capacity of human beings to deal with anxiety, suffering and death
• Secular (humanist) empirical base
Trauma Stories

- Become the currency that ensures new status of torture survivors and facilitates access to resources.
- Are used by health professionals to rewrite social experiences in medical terms.
PTSD
As an example of the transformation of moral into medical meanings of suffering

Photographer Martha Rial
RESEARCH CONTEXT
Existing research

• Lack of short- and long-term impact assessments
• Most studies focus on torture victims resettled in North America or Europe
• Absence of studies of affected populations in their original location or in the region
  – Review of 135 studies on PTSD epidemiology
  – Only 8 studies (6%) conducted in developing countries
Vulnerability v. Resilience

- Focus on the trauma of an individual → overestimation of psychiatric disabilities
- Focus on individuals seeking services → may have more severe problems
- Focus on asylum seekers → may be motivated to over report psychiatric symptoms
- Focus on pathology (5%-20%)
- Lack of studies on those able to function well (80%)
IN SEARCH OF ALTERNATIVE APPROACHES
• Indigenous healing strategies
• Role of religion and spirituality in coping with trauma
• Human rights frameworks
• Truth and reconciliation approaches
• Participatory action research
• Psycho-social programs
INDIGENOUS HEALING STRATEGIES
Traditional healers

• Importance and availability
  – Sri Lanka
    • population of 19.5 ml
    • 33 psychiatrists and 3 psychologists

• Use of mediums and oracles in Jaffna

• Folk healing among the Putumayo in Colombia

• “Killing fields of Uganda”
  – Therapeutic role
  – Link with the past
  – Sense of continuity

• Purification rituals
  – Sweat lodges

• Cultural bereavement

• Amani Trust -- Zimbabwe
  – Appease the aggrieved spirits
  – Reburial
Religion and suffering

- Religions offer a rationale for suffering
- Provide a setting where suffering can become a dignified performance
- Suffering as a burden of past *karma*
- Backlash from the original sin
- Opportunity for a closer association with the Savior on the Cross
- God-willed destiny
- In some societies healing and religion are inseparable, and medical mores are tied to ritual and theology (Fabrega 1990)
- Clinical evidence establishes positive relationship between religious beliefs and health (Larson et al. 1998)
- ‘Beliefs in God, saints, faith-healing, and life after death are indeed explicitly recommended by spiritual leaders for the lifting of the hopes and the relief of despair and suffering’ (Pepitone 1994: 148).
Spirituality and Religion as Coping Resources

• Finding meaning
• Experiencing purpose
• Solving problems
  – Guidance
  – Self-control
  – Reality-confirmation
• Making things ‘sufferable’
Women and religion
Women and religion

- Women are often denied both the knowledge and the practical skills required to initiate rituals.
- Most religions have treated women’s body, in its gender-specific sexual functions, as impure and polluted and thus to be distanced from sacred spaces and rites dominated by males.
- In many denominations, women are officially barred from ordination and men run the spiritual and administrative affairs of the congregations.
Women in formal and informal religious spheres

- Religion both promotes and lowers status of women compared to men
- Organized religions discriminate against women
  - theologically
  - institutionally, especially in opportunities for formal leadership
- Women use religion and religious institutions to:
  - argue for equality
  - use them as social and physical spaces in which to network with other women
  - built feminist consciousness
  - to assert informal power in the practice of unofficial, domestic religion
Abuelas de Plaza de Mayo
Tiananmen Mothers
Khulumani
(Zulu for “speaking out”)
Ethnography
Participatory research

• Cultural competence. What is it?
• Ethnography
  – emic versus etic
  – Ethnography in clinical practice
  – Narratives of suffering
  – Explanatory model
• Participatory research
Psycho-social interventions

- Latest trend
- Confusion over the meaning
- Under-theorized
- Focus on vulnerability
- Life-long and multi-generational consequences of torture
- Benefits assumed but not backed up by empirical research
Most Essential Need

An appreciation of the legal, physical, intellectual, spiritual, and emotional implications of being a torture survivor