



**COMING  
OUT OF THE  
SHADOWS**

# **One of the most profound losses experienced by survivors of torture and trauma can be a shattered reality.**

## **IDA KAPLAN writes about the different paths that can lead to a successful recovery.**

Recently a client, who had spent four years in a concentration camp, told me: “To be human and tell the truth, is to live”. He had already overcome disabling depressive and psychosomatic symptoms. From his words in that session I realised one thing: he had indeed learned to live again.

Clients of torture and trauma services come from over forty countries. They have all survived persecution and human rights violations. In most cases persecutory events are in fact systematic and planned acts of the human hand. Disappearances, for instance, are a good example of the intention of persecution; the terror created when family members “disappear” is designed to destroy the family, rather than the person who is detained or killed. Ultimately the aim is to permeate terror throughout the community in order to destroy resistance and opposition.

For refugee survivors of torture and trauma, the violence perpetrated against them and the threats to their safety always occur along with the loss of people they know and the loss of their homes. Such loss is not simply a by-product of violence but constitutes part of the violence. The torturer and the oppressor attempt to destroy the very future of their opponents by disrupting connections – to parents, family members, community, place and by disrupting the religious and cultural systems.

The targeting of women and children is becoming a more common means of destroying the community.

Survivors have also borne witness to boundless brutality and to the darkest side of human nature on a mass scale. This can destroy central values of human existence. Trust and the meaning of life are questioned. Even death can lose its meaning.

As Robert Lifton described it, the survivor is a witness to absurd death, to see people die as if they were worth nothing.<sup>1</sup>

Another way in which persecutory regimes oppress people is by inflicting shame and guilt on them. Survivors of concentration camps in Bosnia have spoken to us about atrocities where family members were forced to perpetrate sexual torture on one another. The aim, as in all torture, was to force people to betray their deepest and most sacred values. Shame and guilt are terrible legacies condemning people to isolation and exile from their communities and themselves. Rape, rightfully described as a weapon of war, is also used against communities because of the power it has to destroy families with shame.

The psychological and social reality of survivors and their communities is altered as a result of the violations described. Anxiety, post traumatic stress disorder and depression are common psychological problems amongst survivors of torture and trauma. But it is the enduring experience of fear, helplessness and loss of control that affect the everyday functioning. Core attachments to others are disrupted, the integrity of the self, family and their relationship to the community are fragmented, and previously held assumptions about humanity and the meaning of life can also be shattered.

The journey towards recovery is a difficult one. Fear thrives in the night; survivors continue to have no rest. They feel tainted by having been invaded by the darker side of human nature. Human touch has been contaminated by the torturer and survivors blame themselves because they believe they did not do enough to protect others.

However, by understanding what

has been destroyed by human rights violations and persecution, we are to gain an understanding of ways in which we can assist the process of recovery. Safety, control, and connections with others will need to be restored. Trust, meaning, and dignity will need to be rebuilt and reducing disabling symptoms will also be extremely important.

A secure environment with adequate provision and access to health, welfare, education and accommodation is central to the experience of safety, protection and control. Physical healing is clearly an essential part of the recovery process and making health accessible is a critical goal. People who have experienced torture often require accompanying to medical appointments or, at the very least, referral to a practitioner who understands the effects of torture. Counselling may be needed first to overcome fears of invasive procedures or fear of doctors, as often they have been part of the torture experience. A large part of the work of torture and trauma services is to train medical practitioners, dentists and teachers to be aware of the way in which fear may manifest itself in their professional contexts and how to accommodate and reduce anxiety in their patients and students.

Psychoeducation contributes greatly to restoring safety and a sense of control. Providing information about how trauma affects people serves to remove the stigma of psychological problems and reduce fears of going crazy. In the counselling context, information can mobilise the confrontation with fears. The torturer tells his victim that they will never regain normal reactions, that they will never be able to read a book and remember what is in the book, that they will never be able to have a normal sexual life again. By revealing

that the perpetrator aims to produce the very consequences that the survivor is suffering, the survivor's desire to confront anxiety and to overcome the torturer's promises, is enhanced. Self-blame for personal weakness is also reduced.

Restoring connections with people and overcoming grief and loss can be the most difficult goals to achieve, particularly when loss has been extensive. It is also difficult because the experience of loss continues in the new settlement environment. Many clients are in sheer agony over ongoing separation from close family members, many of whom remain in precarious circumstances in countries of origin.

On the other hand, awaiting the outcome of visa applications, with no certainty of success, torments people in ways that cannot be captured by the language of symptoms. Assisting clients with referrals, to migration agents and to services that provide emotional support, are the most important aims in such circumstances. That is why recovery from previous experiences of trauma and loss amongst temporary protection visa holders, who have no rights to family reunion, is very unlikely. The same applies to unaccompanied minors, our most difficult of cases.

In cases when the family is relatively intact in Australia, various opportunities for forging a new future need to be cultivated. Education, employment, housing and health services are, again, vital in the process. The importance of facilitating access to such services and systemic advocacy cannot be overstated.

Integration of loss is a long process and must be allowed for. It is often the case that much is achieved in reducing anxiety, only for depression or intense grief to become prominent and persistent again. It is therefore very important to listen to the client's view of reconnection.

I remember a Cambodian client who was referred to Foundation House. She had arrived 18 years earlier and there was little

sign of recovery from her traumatic experiences of gang rape and witnessing family members murdered in front of her. Her only expressed hope was to sponsor and support children in Cambodia, a goal for which she had received no previous assistance.

The restoration of meaning and purpose is closely related to the process of integrating the loss of the loved ones. Survivors find meaning by living for their children, by being active in political and community life, by helping others, and by bearing witness to their experiences through writing, giving testimony and participating in public education. The path toward restoring meaning is more evident where religious, spiritual and other forms of faith, such as the pursuit of human rights and justice, are strong.

The most recurrent theme underlying clients' persistent symptoms and lack of recovery is the belief that they have betrayed deeply held values. It is critical to discover those values and enable the individual to find their meaning of reparation.

I assisted one client who had watched a close friend slowly hacked to death while he hid. The cries of his friend had never left the client who had helplessly watched his friend die. The client was a man who had studied to become a doctor. What became conscious after the telling of this terrible event was his perceived betrayal of his oath to help others. Many of his symptoms had abated in the course of counselling, but his recovery really began when he decided to become active again and assist others in his community.

Restoring dignity and meaning and reducing shame and guilt can be achieved through counselling, but public acknowledgment of the violations which have been experienced, together with reparation and justice are also required. In countries like Argentina, immunity has been granted to perpetrators of torture through laws and presidential rulings. It has been observed that such impunity activates anguish and

symptoms in survivors. Immunity, as well as ignorance isolate the survivor who is perceived as someone who cannot share their history, and stimulates the feelings about having suffered for nothing. The silence about torture and other forms of persecution is deafening. War crimes tribunals, truth and reconciliation commissions and public education in human rights break the wall of silence and allow blame to be clearly assigned to the perpetrators.

It is important to emphasise that although there are many paths to recovery, certain conditions are required - safety, engagement and genuine responsiveness to needs. The type of responsiveness that builds trust, often has to be established through activities outside the counselling situation. Early identification of needs and facilitated access to services can achieve a great deal in this respect. The outreach approach in itself conveys a welcoming and hospitable environment to the survivor, a value strongly held by all communities where survivors come from.

But it is respect for human rights and awareness of needs that underpins all strategies. This is a civic and political responsibility as well as an individual and service responsibility. Striving to fulfil these conditions for all survivors of torture and trauma is essential. ■

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1. Robert Lifton, *From Hiroshima to the Nazi Doctors*, in *International Handbook of Traumatic Stress Syndromes*, edited by J.P. Wilson & B. Raphael, New York, Plenum Press, 1993.