

# MUTUAL EMPOWERMENT IN THE TREATMENT OF TORTURE AND OTHER WAR TRAUMA SURVIVORS: A PERSONAL REFLECTION

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*ABSTRACT* Practitioners from developed countries who travel to developing nations to teach theories and methods of treatment would do well to consider that the most important aspects of their work have to do more with the relationships they form than with the information they dispense. We all have much to learn from each other. Mutual empowerment benefits all. Consequently, as much effort should be made to arrange time for relationship as for formal instruction. The expectations of those teaching and those taught, however, will have to be acknowledged for true mutual empowerment to take place.

**Key words:** torture, treatment, mutual empowerment, trauma, relationship

## THE CHALLENGE

Perhaps the most important question about our work with torture and war trauma survivors is this: exactly what are we accomplishing? Beside the need to justify our efforts to funding agencies we are always well advised to evaluate their significance. In this essay I shall suggest that the most important and lasting results have to do less with instruction and training than with interactions among people from different cultures. In other words, our most significant contribution to the prevention and relief of trauma is the formation of an international community that can see beyond locally held assumptions about peoples and

nations that dissolve into simplistic thinking about complex problems. The key to achieving this goal is mutual empowerment.

## BACKGROUND

In 1986, I joined a group of practitioners in Chicago who were interested in treating the 20,000 or so immigrants who had been tortured before arriving. Soon after establishing the Marjorie Kovler Center for the Treatment of Survivors of Torture, we shared our research at a conference in Costa Rica organized by the International Society for Health and Human Rights. Several practitioners from war zones asked why we treated only those fortunate enough to make

it to Chicago. How about those who could not leave their home countries? Would we be willing to come to where the torture was occurring?

Consequently, in 1991 I arrived in Gaza to work with practitioners at the Gaza Community Mental Health Programme. Since then, I have returned six times. The seventh was to have been in February of 2004, but the Israeli authorities denied me entry when I arrived at the Erez Checkpoint.

One can only wonder what the Israeli authorities were concerned about. Perhaps it is the same as what worries the authorities in other countries where I have collaborated with colleagues (Sri Lanka, Zimbabwe, India, the Philippines, South Africa), for over the years the relationships I have formed with colleagues in other nations have proven far more significant than the knowledge I have imparted. Our informal discussions during social interactions have led not only to unique treatment protocols and diagnoses, but also to profound understandings of one another: our beliefs, practices, hopes, and fears. We have generated a solidarity that no political, economic, or social upheavals can destroy. We have become colleagues, collaborators, and friends.

Could it be that the interactions most upsetting to authorities in war zones are those that solidify friendships among natives and foreigners? It certainly seems to be the case. Most governments allow – however reluctantly and problematically – humanitarian organizations to aid people in war zones. On the one hand, to refuse certainly opens the government to the condemnation of the international community. On the other, allowing humanitarian agencies in accentuates both the desperation of those in need and their bondage of those to the whims of the dominant power.

However, to allow people to intermingle freely – to eat, talk, confer, sing and dance with one another – creates the risk of raising their spirits. Helping the poor and down-trodden is one thing. Forming dedicated relationships that reach across political, economic, social, and cultural boundaries is quite another. The former cultivates dependence; the latter, independence.

## THE LANDSCAPE

That I usually travel alone and without organizational sponsorship when I work with colleagues in war zones leads to some interesting situations. For example, in 1998 I presented a one-day workshop for practitioners in Sri Lanka. Survivors Associated, a local Sri Lankan NGO, had arranged the event. As I had requested, they specified that participation was to be limited to 10 psychologists who were fluent in English.

When we arrived, there were 85 people present. Ten were social workers, 55 were pre-school teachers, 10 were elderly people who thought I was providing a free medical clinic, and the rest were people of various persuasions. Perhaps four were fluent in English.

Obviously, my planned presentation would not work. Everything I said had to be translated from English to Sinhalese, while every question or comment from the group had to be translated from Sinhalese to English. This applied not simply to words but to concepts (many of which were quite complex) as well. Any rhythm I might have utilized to provide a smoothly developing narrative faded away into discontinuity. Sometimes, as I waited for each sentence to be translated (more than one sentence at a time confused the translators), I would lose the gist of my argument. Occasionally, I forgot what I had said altogether.

How likely would I have been to encounter a similar situation had I been presenting at a university, hospital, or NGO? Travelling independently seemed to be an exercise in futility. I became frustrated and forlorn. How could I possibly fulfil my commitment to conduct a coherent workshop?

Soon, however, things began to develop in a decidedly useful manner. As the translators and practitioners increasingly interrupted my narrative to clarify what I was saying, I had to elaborate in ways that deepened and expanded each point. Whatever cachet I had as an expert quickly dissolved into a discussion among colleagues. We soon developed a very healthy give and take. Never mind that during the questioning one elderly lady asked if I was the avatar and during the break an earnest young man pleaded with me to ask my cousin, President Clinton, to issue him working papers.

The challenges to my organization convinced me that more was to be gained by discussion than by lecture. That night, after the workshop, several of us gathered for dinner and continued our mutual exploration of the most effective means to treat the particular varieties of trauma that were experienced in that area. Everyone had at least one useful idea. Collaboration became synergy. The empowerment that learning generates became mutual.

### **INITIAL EXPECTATIONS**

Most of us begin our work intending to apply cutting-edge techniques to the relief of the sequelae of trauma. Usually, we export domestic theories and practices to areas where torture or war are occurring. Those to whom we bring our ideas consistently expect that we shall teach them something new and practical that works in our home countries and in theirs. It's as if

they hope we'll bring state-of-the-art medical kits containing miracle cures for everything they face that has proven resistant to treatment.

The temptation to provide what is expected – or, at least, a reasonable facsimile – is practically irresistible. After all, why would we spend the time and money to come to their country, where they expend time and money to host us, if we didn't have something to give them that they do not already have? The answer has less to do with what we bring than with what is already there that may not be recognized. For reasons that we shall examine shortly, people in war zones may need reassurance more than training.

In many ways, we are like the wizard in *The Wizard of Oz*. We may realize that we resemble more the man behind the curtain than the Great and Mighty Wizard, but the people we are visiting usually do not. Consequently, letting the truth emerge must leave us with sufficient influence to instil in our colleagues confidence in their own judgement. We are, after all, the experts. Activating our colleagues' respect for their own expertise is far more important than convincing them of ours.

In short, the goal of bringing our ideas and practices to practitioners in other countries should be collaboration rather than indoctrination. The problem is, many of us travel to other lands under the auspices of – if not funded by – organizations that essentially view us as proselytizers who can spread the word about the wonders of whatever ideology they embrace. Then, whether eye movement desensitization and processing (EMDR), cognitive behavioural psychology, pharmacology, critical incident reduction, or one of the myriad approaches to trauma, the expectation is that we shall train people primarily, if not exclusively, in a particular approach.

That's not all bad. Why not train practitioners to supplement their skills with new methods? While no technique is sufficient unto itself, is that any reason not to teach it? Don't we all want to expand our techniques, improve our skills, or at least learn something new? Unfortunately, when we travel to another culture to teach a particular method of treatment, we cannot avoid giving the impression that such a method is superior to others.

### **STUMBLING BLOCKS**

Presuming to educate practitioners in other countries creates at least two problems. The first involves a kind of psychological natural selection. The second derives from the expectations of the people being taught.

'Psychological natural selection' refers to our conscious choice of a particular theory or method from among the many possibilities that exist. Obviously, we must believe that what we are teaching is not already known and is superior to what is known, or we'd be teaching something else. We select what we teach.

In fact, what we teach may not be better than any other technique. It may be worse. But, we choose it because it conforms to what we expect. It sounds good to us, we like the results we get when we use it, and we can articulate it to others. Whether or not results are transferable to other practitioners in other cultures who are treating other patient populations is open to debate.

Those whom we teach usually assume that the level of effort involved is a measure of the level of importance of the subject. In other words, if we are willing to go the lengths necessary to teach, what we are teaching must be particularly valuable. Unlike university students who quickly discern that professors specialize in areas of research that happen to interest them but may be of no higher value than any other

areas of knowledge, practitioners who seek further training often do so because what they know is not sufficiently effective. Psychotherapy is a complex process, the results of which are subtle and incremental. Who wouldn't crave more effective methods?

Thus, the second problem is that those we teach often have an inherent bias in favour of the new. Add to this that many of the areas where torture and other war trauma are occurring are only recently emerging from colonial status, and the stage is set for visiting practitioners to be cast in the role of the Great and Powerful Oz. Unfortunately, demythologizing this view is not always met with acceptance. Pointing out that we are really no more than the people behind the curtain generates anything from disbelief to hostility. We don't always take kindly to having inflated views punctured.

### **PROJECTION AND PROJECTIVE IDENTIFICATION**

Much of the foregoing is a product of projection and projective identification. When we travel to other cultures to teach, we often lapse into identifying with projections of expertise and authority. Likewise, those whom we teach respond to our projections onto them of the student identity. Teachers project the need to learn onto students while students project expertise onto the teacher.

In the world of torture and war-related trauma, however, we are all colleagues. We have much to learn from one another. We have much to teach one another. If we cannot depart from the roles of teacher and student, we can never build the kind of relationships that are at the heart of reversing the sequelae of torture and other war-related trauma.

Some of the difficulty may originate in formal teaching programmes set up by

institutions. The advantages of working in a formal, institutional setting are obvious. Arrangements for facilities, housing, meals, and selection of students are all taken care of. Furthermore, a positive reception for what we are teaching is virtually guaranteed, for an institution's cooperation usually hinges on its openness to what we are presenting. Its selection of an invited audience also assures an interest in what we have to say.

Disadvantages, however, are intertwined with the advantages. Having it all set up for us before we arrive locks us into schedules, audiences, and subject matters that may not always coincide with what we have to offer. Worse, however, is the very same guaranteed reception that at first seems so attractive: 'preaching to the choir' comes to mind. Even more insidious may be the authority invested in us by the audience, which can lead to an unquestioning acceptance of what we have to say. The kind of collaboration and mutual problem solving that reinforces practitioners' awareness of their own creativity, competence and expertise can easily be stifled by a too-eager willingness to treat the visiting practitioner as an expert above dispute.

### **COLONIAL MENTALITY**

Much has to do with that which has been described as 'colonial mentality'. The colonial equation goes something like 'Give us all you have and we'll give you all you need.' That is, the colonial power provides infrastructure (roads, hospitals, schools, ports, factories, and so on), government (courts, police, decision-making, currency, economic development, and so on), even religion (missionaries). In return, the colony provides natural and human resources, for free or for minimal compensation.

When the cost of maintaining the colony

exceeds the value of its resources, the colonial power usually pulls out. Once the euphoria over independence abates, the newly developing country faces a crumbling infrastructure, a populace inexperienced in governing, and heterochthonous cultural and religious practices. Feelings of abandonment and the anger they engender can quickly possess the populace. Those who attempt to carry on the business of governing are either completely unfamiliar with its nuances, or were previously employed by the colonial power. The former often govern inadequately, while the latter find themselves rendered impotent by people's anger at the departed colonialists.

Sooner or later, nostalgia arises for the good old days under the parental authority and caretaking of the colonial power. The fantasy that expertise is confined to the developed world dies hard. When practitioners from developed countries arrive to share their theories and practices, they find a populace primed to invest them with extraordinary power. Practitioners from developed countries often share a colonial mentality by viewing those whom they teach as unsophisticated and under-educated. Consequently, essential to any training is the cultivation of practitioners' confidence in both themselves and the indigenous practices of their country.

Curiously, that occurs primarily in the spaces beyond our formal instruction. While we must provide the best material and presentation that we can, the most essential education may occur during those times when we are not presenting. Meals, leisure activities, and informal socializing provide opportunities to collaborate and brainstorm. During such activities, we can demonstrate that we do not have all the answers, that those we teach have as much to teach us as we do, and that together we can create new theories and practices superior to any

already known. Thusly does mutual empowerment flourish.

The most important work that practitioners from developed and developing countries accomplish together is less a function of formal instruction than of informal relationship. The common, ordinary, and routine activities of life are where the greatest potentials for transformation exist. Eating, for example, can be a congenial event where we celebrate our lives and work together. It is a time of letting down and letting go, of relaxed conversation about theories, practices, politics, international relations, philosophy, ideals, even entertainments.

Perhaps those who brutalize others sense that the kind of relaxed relatedness that occurs around mealtimes is the most subversive activity imaginable. As was noted previously, where conflict rages those in authority are often far more willing to allow practitioners to work to relieve the sequelae of trauma than to simply relate to those perceived to be the enemy. Professional work may be less threatening to authorities than is authentic relationship among ordinary people because professional work is directed at people whose injuries render them harmless. Practitioners who enjoy one another's company, however, may become sympathetic to one another's points of view. Autocrats have little use for empowerment unless it is their own.

Finally, those of us who are engaged in the business of healing trauma inevitably seek to eliminate the conditions that cause it in the first place. Could the phrase 'an ounce of prevention is worth a pound of cure' ever be truer than in dealing with the sequelae of trauma? Often, when we visit conflict areas, we wonder how we might contribute to the elimination of those conditions that foster trauma.

Engaging one another in relationship is usually our best bet. It tends to accompany our work anyway. But, how often do we place socializing on a par with – if not above – the professional work we do in the war zones of the world? In our hearts we may. But it rarely appears in our justification to the funders. Yet, in the long run, the kind of mutual empowerment that socializing generates may actually provide the greatest return on the funders' investments.

## CONCLUSION

Torture and other war-related traumas impair or destroy survivors' capacities for relationship. Those who are tortured are often too hypervigilant to engage in any form of intimacy. Likewise, when those who have been tortured are returned to their communities (whether alive or dead), they serve as warnings of the consequences of connecting with those whom the dominant power opposes.

Those who torture clearly fear relationship above everything else. The abilities to connect, enjoy, debate, and brainstorm with one another are the greatest threats to their ideological calcification. People's ability to form communities must be stopped at all costs.

Consequently, a major task in the prevention and treatment of torture is revitalizing survivors' appetites for relationship. When we travel to cultures that have been brutalized by torture and war, our ability to form relationships is the most powerful tool we have. As mutual empowerment is generated only through relationship, we must first transcend the projections that confine us to formal roles. That happens most easily at those times and in those places beyond formal instruction.

Funders are unlikely to approve requests for socializing with colleagues in other cultures. Formal presentations of specifiable

skills and theories will most likely always be more appealing. Nevertheless, we would do well to see beyond the language of our own grant proposals. However important teaching may be, the relationships we build with our colleagues are where the most

important work takes place. They are certainly among the most enjoyable aspects of our work.

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