

The Continuing Ordeal: Long Term Needs of Survivors of Torture

by [Dr Raul Berdichevsky](#)

Victims of torture are faced with the immediate task of coping with the physical and psychological pain and suffering associated with what was done to them during the torture process. They must attempt to come to grips with a burden of guilt and shame they feel for having survived their experiences when others did not. They must also overcome shock and numbness produced by emerging from torture to an "upside-down" world, where life is no longer guided by basic human values. In addition, survivors who are forced to relocate away from their homeland face the complex process of exile, in which they must adapt to a new culture and society.

But for all survivors, the ordeal does not end there. It will take years to find and put together the missing pieces of their broken biographies, weaving a new conducting line for their lives and being able to pass this on to their children. It will take a long time to assimilate and grieve the massive and different types of losses they have experienced. It will also take time to collect both internal and external resources in order to counterattack personal vulnerabilities and external challenges.

As part of this process, some survivors will become ill and their physical or psychological condition will necessitate professional evaluation, care and rehabilitation. Ill or not, all survivors will need to be understood as unique human beings and their experiences put in proper context, free of biases and assumptions by those who assist them in their journey back to life.

Identification Issues

The first question people ask themselves is: was this person tortured? As service providers listen to survivors' accounts of their experiences, they may find themselves reacting with disbelief and questioning what they have heard: could this story really be true, given that the survivor is recounting such extreme experiences and details either in a flat, emotionless and distant way, or with excessive drama. In fact, listening to survivors' stories and empathizing with the pain that was inflicted on that person means coming to the shocking awareness of what human beings are capable of doing under certain conditions. In a few, a simple word, torture is "way too much": too much punishment, too much pain, too much neglect.

In the process of trying to help a survivor of torture, service providers may find themselves judging when to consider the experiences they hear about as "too much" and apply the concept of torture. Appropriate labeling is crucial because it enables appropriate interventions to be considered and validates the experience of the survivor in question. For example, denying the holocaust is not only a historical distortion but also represents an attempt to continue to dehumanize and deny its victims the basic right to assert their story. Believing that what you are hearing is certainly "too much" for anybody to go through will have profound implications for all concerned, establishing the cornerstone for effective evaluation of short term and long term needs.

Debunking the Myth of Heroes and Psychopaths

Interacting with survivors of torture elicits certain defensive mechanisms against painful awareness of the immense suffering involved. One way of defending oneself is to simplify the entire process and perceive torture as a situation in which two single, special individuals interact in an isolated torture chamber. The torturer is perceived as an evil psychopath, acting out unspeakable impulses. The victim is perceived as larger than life, a hero, who is hunted and then subjected to torture as a result of the special position he has within his "cause" and the unique information he possesses.

Such assumptions are inherently misguided and represent a decontextualized, distorted and mythical view of the torture process. In general terms, torture is not a single, special event involving extraordinary individuals. Torture is usually a depersonalized, state-sponsored policy of systematically subjecting all kinds of people to extreme forms of degradation and suffering in order to terrorize and maintain control of the population at large. The public "knows" that torture is taking place, although people feel powerless to do anything about it. The two "actors" within the torture chamber are generally neither psychopaths, nor particularly heroic human beings. They could very well be "ordinary" people who find themselves in what appear to observers as extremely bizarre circumstances, outside of "normal" human experience. Realizing this reality is important so that service providers who come in contact with survivors of torture can try to understand their experiences from the unique point of view of the individuals involved, without making assumptions.

How Do You Grieve The Loss Of The Self?

The word "broken" is used by torturers to describe the state to which torture is intended to reduce its victims, but the same word is also used by survivors to describe how torture has affected them, particularly the long term effects of this "biographical fracture" of the individual. Survivors of torture will always see the experience of torture as a reference point. Life will be described as "before" or "after I was tortured". The individual's biography will be perceived as broken at that very point. Statements such as "I am no longer what I used to be or "I can't seem to find myself any longer" are commonly heard, even years after torture took place.

What is missing is a sense of purpose and direction, an inner and reassuring base of trust and confidence in a defined identity or sense of self. Only a slow, gradual process of healing and restitution, usually lasting for years, will result in re-establishing the survivor's lifeline.

Grieving "normal" losses such as the death of a loved one is generally viewed as a sequential, staged process, part of a collective experience which resolves spontaneously after a reasonable period of time. In fact, the process may be much more complex, whereby some things are resolved, while others stagnate for a while.

As compared to "normal" losses, the massive or extreme losses associated with torture mean that the individual could experience an "abnormal" process of resolution. Victims are deeply affected and may be unable to find a socially-acceptable way of dealing with the trauma. As a result,

variations or distortions of the normal process of grieving can take place and the usual self-limited trend towards spontaneous resolution should not necessarily be expected.

What Factors Influence Recovery?

Given that torture is an "extreme" situation; all those who have lived through it are susceptible to experiencing short and long term effects. However, there are factors that will increase vulnerability to the possibility of long term effects or alternatively, produce greater resilience. These factors include individual characteristics such as age, gender, personality, psychiatric history, educational background, employment, political affiliation, social network and so on. Other factors are related to the process of torture itself: the type, degree, and circumstances under which torture took place. Also of crucial importance is the political, socio-cultural and economic environment in which torture took place, as well as characteristics of the new host community in which exiled survivors have resettled. For example, are refugees accepted, are there possibilities for reinserting themselves into local society, are survivors treated humanely, to what extent does persecution still exist, and so on? Only a thorough evaluation of these factors will enable community members interested in the welfare of survivors of torture to identify what is needed to help facilitate the process of reintegration into society.

When Does The Hurt Become A Wound?

As a result of a combination of factors outlined above, some survivors of torture become ill and exhibit psychiatric conditions. How do we know when grief for the massive and unexpected losses caused by torture has become an illness? It will last too long, the intensity will be more than what might be expected, or it will be accompanied by other symptoms (low spirits, insomnia, inability to adapt and function, irritability, flashbacks, constant preoccupation). If the survivor has been offered empathetic, non-judgmental understanding, permitting "ventilation" of a testimonial character, and symptoms still persist after a reasonable time, then she/he should be referred to a professional for evaluation. Common diagnoses are post traumatic stress disorder (PTSD), depression, and adjustment disorder. However, other disorders, not specifically related to torture, are commonly aggravated in those who have experienced torture.

For survivors who become ill, a positive response to therapy or counselling may involve a long and laborious process. It is imperative that those who offer professional services become knowledgeable and sensitive to the special needs of survivors of torture within the therapeutic process. It should be noted that not being from the same culture as the person who has been tortured does not preclude being able to "understand" what that person has gone through. However, being able to communicate with ease in a common language, although not necessarily in the survivor's native language, and if at all possible, without an interpreter, is very important.

When Do "Good Things" Begin?

Successful resolution of the after effects caused by having been tortured involves acknowledgment of the specific and unique aspects of each survivor, as a person, and his or her experiences. This means carefully evaluating all the factors already mentioned, regardless of how much time has elapsed since the torture took place. Resolution also depends on the availability of

a network of assistance, characterized by service providers who are sensitive to and knowledgeable about survivors' needs. Some survivors will require minimal assistance from outside sources. For many others, substantial efforts will be required at different points in time over what could be many years, to enable them to reintegrate fully into society.

Survivors who are parents may believe that "good things could start again" with their children, since the next generation is often perceived as a logical source of reward and accomplishment. Some may feel they can reclaim what was taken away from them or what they have lost through the successes of their children. Such children, burdened with undue expectations and pressures, are at risk for long term psychological difficulties.

How Do I Help?

The following suggestions focus on elements which should be considered in order to provide effective long term care to survivors of torture:

Things to do:

1. Inform yourself and become knowledgeable about general issues connected with torture: state policies in refugee-producing countries, how populations are terrorized, how human being are dehumanized, making it possible for torturers to do their job, and so on.
2. Inform yourself and become knowledgeable about the specific realities in particular countries; for example, is there religious persecution, political dictatorship, racial discrimination and so on?
3. Validate the survivor's story and allow for testimonial ventilation, regardless of the time elapsed since the torture took place.
4. Assess individual characteristics of the survivor you are dealing with. Understand the person and put the torture experience within the context of this individual. Allow for the person to air their concerns and difficulties, also taking into consideration characteristics of the unique situation in which she/he is now living.
5. Identify possible symptoms of illness or disorder and refer the survivor to appropriate professionals. Extend the evaluation to the survivor's spouse, children and other family members.

Things to avoid:

1. Be careful about making assumptions or applying personal biases. Be ready to examine your assumptions and biases about seeing the survivor as a heroic person and torture as a "special" event. Be aware that your first line of defence may be to simplify things so that you won't be disturbed or frightened by the discovery that phenomenon associated with torture are the norm rather than the exception.
2. Don't feel that because the survivor appears to be functioning well and not having any special problems that she/he has fully recovered. In fact, the reintegration process can wax and wane. The fluctuating nature of the process allows for the survivor to achieve adaptation and ability functioning in some areas, while at the same time, leaving other areas untouched.

3. Don't rush things, or jump to conclusions and don't offer more help than what is strictly necessary. Be available through empathetic understanding and in time, your availability will be greatly appreciated.
4. Don't consider the basic needs of a person who has been tortured as being different to the basic needs of any individual. However, do identify the special needs which arise out of the extreme situation survivors have lived through, as well as needs connected with being exiled as a refugee to another, unfamiliar country.