

Torture and spirituality:

Engaging the sacred in treatment

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Abstract

Torture by its very nature creates distress in part related to the intentionality of the trauma inflicted. Consequently, it is necessary for clinicians to address many of the existential concerns that arise in the course of treatment. Often in clinical training, issues of spirituality are deferred to spiritual caregivers. It is important when working with torture survivors to consider the myriad of ways in which the spiritual dimension is interfaced with. For some, efforts to address physical and emotional symptoms may fall short of that which is necessary for full recovery. Torture affects individuals on multiple domains simultaneously. Many survivors speak about the damage that has been inflicted to their souls. Furthermore, survivors may come from cultures where religion is a way of life and cannot be separated from one's daily life experiences. Helping people connect to communities of faith can be critical to not only decreasing the isolation that survivors may have, but also potentially helping in the process of restoring one's capacity to trust again. As clinicians, our own life views can impact on the work we do. It becomes important to take a personal inventory as to how we ourselves answer the question why such cruelty exists.

key words: torture, trauma, spirituality

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Introduction

Central to the practice of torture is the intention of cruelty and destruction.

It is perhaps best summarized by the Berber proverb: "Whoever wants to hurt never misses his target".¹ Torture has many goals: to get information, to destroy the individual, to destroy the family, to terrorize communities, and in more recent times, ethnic cleansing.² As with any traumatic event, our assumptions about the world as a benevolent and meaningful place and the self as worthy are challenged.³ In countries where state-sponsored terrorism exists, the involvement of government further complicates the betrayal experienced by survivors and their families.

Torture influences four realms of human existence: the spiritual, emotional, social, and physical.⁴ Hopelessness, alienation, and shattered trust in God, society, and oneself can arise out of the direct confrontation with evil. Furthermore, survivors may suffer from guilt and shame for surviving, for being a silent witness, or for being identified as one to be tortured.⁵ The Istanbul Protocol was developed by human rights advocates and the United Nations in order to develop standards for the assessment of individuals claiming torture.⁶ As summarized by the Istanbul Protocol, torture can result in multiple psychological responses:

- Posttraumatic Stress Disorder
- Somatic complaints such as pain and headache
- Depressive Disorders
- Substance Abuse
- Neuropsychological Impairment
- Bipolar Disorder
- Psychosis
- Enduring Personality Change
- Generalized Anxiety Disorder
- Panic Disorder
- Acute Stress Disorder
- Somatoform Disorders
- Phobias⁶

Torture can take many forms. Sham executions, sexual assault, prolonged arbitrary detention, disappearance of a loved one, threats against family members, and witnessing the torture of others are common approaches that have particularly noxious effects.⁷ Further, one cannot easily escape the social consequences of torture on communities and families.² Survivors of trauma and torture are often rapidly thrust from the circumstances of their lives into facing the fundamental, existential questions of life, particularly questions such as “How can someone intentionally hurt another person?” and “How can God allow such evil to occur?”.

We are reminded by the Istanbul Protocol to closely consider cultural issues relevant in treating diverse populations. What might be viewed as acceptable in one culture may not be viewed as acceptable in another. Cultures vary as to which behavioral and psychological reactions to torture are of concern. Moreover, Western cultures are known for medicalization of psychological symptoms. In non-Western cultures mental suffering may not be viewed as a disorder.⁶ Further, religious beliefs may influence the presentation and understanding of torture and related traumatic events⁶. In this article,

the interface of torture and spirituality is explored in an effort to illustrate its particular relevance to recovery from this form of traumatic experience.

Trauma and spirituality

Through spirituality and meaning making, trauma survivors can transform isolation and alienation by connecting to themselves, to others, and to communities.⁸ Clinical work informs us of the importance of hope, defined by Post as “a subjective sense of having a meaningful future despite obstacles”.⁹ Torture can challenge spiritual constructs as its point of impact is upon the essence of human dignity. According to Frankl,¹⁰ how one bears their suffering can be a genuine inner achievement: “It is this spiritual freedom which cannot be taken away that makes life meaningful and purposeful.” Given the many polarities of human response and experience, identifying culturally appropriate ways for assessing the spiritual resources of the affected individual or group includes using innovative and alternative strategies¹¹. Faith can both be increased and decreased in response to torture.⁵ Developmental age at the onset of the traumatic experience, the use of religion or spirituality as a part of the actual abuse, and the role of religion in the family of the survivor are important considerations influencing the outcome of trauma for the individual.⁸ One needs to also keep in mind where someone was in their faith journey at the time that they were exposed to torture.

Guidelines for therapists

Calhoun and Tedeschi¹² present important information on the assessment of torture on religious beliefs. They recommend an assessment of how spiritual beliefs have been shaken, shattered and modified in the wake of trauma. Specifically, one can ask:

“To what extent do you see yourself as a spiritual/religious person?”

“To what extent have you been thinking about spiritual or religious issues?”

Questions such as these open the possibility for dialogue on the role of religion in recovery from torture exposure. An alternative approach to spiritual inquiry has been suggested by Arandarajah and Hight¹³ contained in their “Hope questions for spiritual assessment in medical interviews”. They suggest that one ask questions regarding patients’/clients’:

H – sources of hope

O – organized religion

P – personal spirituality practices

E – effects on medical care and end of life issues

Depending on the individual, different responses may be appropriate.

Yet a third approach to spiritual assessment is put forth by Puchalski¹⁴ which goes by the acronym FICA:

F – faith or beliefs

What is your faith or belief?

Do you consider yourself spiritual or religious?

What things do you believe in that give meaning to your life?

I – importance or influence

Is it important in your life?

What influence does it have on how you take care of yourself?

How have your beliefs influenced your behavior during this illness?

What role do your beliefs play in regaining your health?

C – community

Are you part of a spiritual or religious community?

Is this support to you and how?

Is there a person or group of people you really love or who are really important to you?

A – address

How would you like me, your health care provider to address these issues in your health care?

Thought must be given to what approach is more appropriate given the particular circumstances, and cultural context.

For clinicians, Calhoun and Tedeschi¹² further recommend the importance of identifying one’s own spiritual, religious, and existential perspectives as they may bias our work with clients by interfering with their possibility for posttraumatic growth. They advise that clinicians monitor closely their own responses as clients’ talk enters the spiritual realm. Introspection can be attained by writing an autobiographical summary of one’s own spiritual and existential history, giving consideration to difficulties and existential/spiritual issues that may have been central.¹² It can be very important to learn to listen for and respond to meaning making, spiritual, and religious material from clients, keeping in mind responses to practices that are different from our own backgrounds.⁸

The American Psychiatric Association clearly states that psychiatrists should not impose “their own religious, antireligious, or ideologic systems of beliefs on their patients, nor should they substitute such beliefs or ritual for accepted diagnostic concepts or therapeutic practice.” At the same time, the Committee on Religion and Psychiatry encourage clinicians:

A. “To obtain information on the religious or ideologic orientation and beliefs of their patients so that they may properly attend to them in the course of treatment.

B. If an unexpected conflict arises in relation to such beliefs, it should be handled with a concern for the patient's vulnerability to the attitudes of the psychiatrist. Empathy for the patient's sensibilities and particular beliefs is essential.

C. Interpretations that concern a patient's beliefs should be made in the context of empathic respect for their value and meaning to the patient"¹⁵.

Koenig and Pritchett¹⁶ remind us that there is room for religious interventions in psychotherapy. They can include the validation of healthy forms of religious coping, providing religious scriptures for reading and consideration, and the challenging of maladaptive cognitions. They can also include using a patient's religious worldview to alter distorted cognitions and referral to religious leaders. Koenig and Pritchett further note that by addressing spiritual needs in treatment, one can have a better understanding of patients' psychological conflict. Interventions can be more congruent with someone's worldview. One can identify healthy religious resources that can bring comfort, and recognize psychological roadblocks to using spiritual resources. All of these, Koenig and Pritchett remind us, can result in the strengthening of the therapeutic relationship.¹⁶

Mediating role of religion

Religious coping may mediate positive health outcomes by encouraging health related behaviors, improving social support, and providing hope.¹⁷ Pergament and Brant indicate that religious coping is more important than religious orientation. They identify helpful forms of coping as spiritual support and collaborative religious coping (perceptions of support, partnership with God, and guidance from God), congregational support, and reframing negative events as the

will of God. Associated with poorer mental health status and mood, harmful forms of religious coping include discontent with the congregation and with God and the view that negative events are a punishment from God.¹⁸

When examining factors that protect against the development of PTSD among political activists tortured in Turkey, a strong commitment to a cause, prior knowledge/expectation of torture, immunization to traumatic stress, and social supports were identified as important.¹⁹ In other empirical studies Buddhist spirituality was found to be protective against the adverse effects of torture. For example, when symptoms of 35 Tibetan nuns and lay people arrested and tortured in Tibet were compared with 35 controls not arrested or tortured, resilience seemed fostered by political commitment, social support in exile, prior knowledge and preparedness for confinement and torture, and Buddhist spirituality.²⁰ The following cases illustrate the centrality of spiritual issues to different aspects of patient/client presentation.

Case one – a source of persecution

He was a fighter during the war, and was viewed by many as a strong leader. He always fought against what he viewed was the occupation of his country. Whenever he had an opportunity, he encouraged others to join him in trying to eradicate the oppressor, which ruled his country. Due to the religious leanings of the ruling party, which was in opposition to his own, he reports multiple beatings at checkpoints, as well as imprisonments during which time he was tortured. He continuously prayed to a particular saint entrusting him with his life – living in fear.

Case two – a source of protection

She did not involve herself with politics. Her

husband worked for the government during the day, and she thinks spoke with the rebels at night. One night the soldiers came and killed her husband in front of the family, raped her and her daughter. They took her children and placed her in jail. There she was visited by a priest who advocated that she be allowed to get medical care. Once she was released to his care, he helped her to escape and be placed in safe hiding.

Case three – an excuse for persecution

She worked for women's rights in her country. Her sister died from complications related to female genital mutilation. She entered university and worked on behalf of women, talking about the ills of FGM, and the need for equal pay and opportunities for women in the workplace. She was arrested for being outspoken on behalf of human rights for women. After being tortured by women police, she was told that she needed to wash, cover her head, and be a "good Muslim" She replied that she was a better Muslim as she would never hurt anyone like they did. To no avail, she was not allowed to get medical attention. She was told that she must change.

Case four – a source of comfort

She was involved in educating, and ultimately organizing women who were illiterate. She used the opportunity to talk to them about democracy as she taught them skills. While speaking to a large group, she was arrested, and placed in jail. There she was beaten, and to her surprise raped. She prayed and prayed for strength and hope. Without God having been present during her torture, she does not think she would have survived.

Case five – a source of hope

More than fifteen members of his family

were executed – many religious scholars. His father was tortured. Several years later, he was also. While imprisoned for some time, he speaks of the spiritual connection among his fellow prisoners ... an awareness that there was something more important, bigger than any of them. This unspoken connection helped him and his fellow prisoners to survive. Each day, they did not know if it would be their last. Today, his unspoken connection to other torture survivors gives him strength and his life purpose.

Case six – a source of anger

She was a gifted university student with much promise who held deeply onto her democratic ideals. She attended democratic political meetings. One day, she and her husband participated in a demonstration. They were both picked up, and threatened. After a period of non-involvement, she returned to her political activism. She started to prepare for national elections in her geographical area. She was picked up by the police, detained, tortured, and raped. She was able to escape. She was enraged with God that her life was destroyed, and that so many things were taken from her. It was impossible to pray.

Case seven – a source of pain

He was a priest who was actively teaching children about human rights. They used to meet each week. It was an opportunity for him to talk about issues of social justice, and the role of the church. As the children watched, he was arrested from his church. He and another family member were placed in prison. His brother died from his injuries. He was repeatedly tortured, and raped. He can't go near a church anymore, or hear religious music as it is a trigger for severe flashbacks, much tearfulness, and shame.

Case eight – a source of inspiration

Mr. A was interrogated about books related to the Dalai Lama and his possession of Tibetan flags, books, and cassettes. Chinese authorities wanted to confiscate them. Over a period of one week, he was tortured. After his release, he ultimately fled the country under very dangerous circumstances through the Himalayas. When he presented initially for an asylum evaluation, he identified his problem as a spiritual one. It was not about trauma or specifically torture, but rather about compassion. He was challenged by the effort to see the torturer as someone he could care about. He practiced trying to have the same feelings toward the torturer as someone who he loved deeply, and a neutral person. This was an effort to have greater empathy toward the torturer himself. He began to look at the background of the torturer and the impact of poverty on his life. To him, his understanding of the problem was not in the context of trauma. It was a purely spiritual problem. Namely, could he have enough discipline to relate to his torturer with full equanimity.

Case nine – a source of social support

She was a student leader, and very active in elections. She not only participated in demonstrations, but also solicited supporters, attended rallies, and passed out posters and flyers. At one of these demonstrations, officials rammed the crowd with a car causing multiple injuries. People were outright beaten. Army men pushed her onto the ground. A fellow student was killed in her dorm room at the university. They came to her house, but she escaped. She then began to get threatening phone calls. After arriving in the United States, she felt alone. It was not until she went to the mosque, that she found the support she needed to survive in this new and strange environment.

A therapist's perspective

Treating torture survivors requires that a therapist be keenly aware of the spiritual dimensions of the work. Part of this lies in the fact that torture, itself, brings one face to face with the extremes of human cruelty. In its intentionality, lies its power. As a treater, one needs to not only reflect on the dark side of human existence, but to serve as a beacon of hope that is transformative. It is the basic distrust of humanity itself that can result from torture. When it is sanctioned or allowed by a society, it moves beyond the realm of the dyadic relationship. It becomes related to the atmosphere of mistrust that is intentionally bred into the society.

The work sometimes allows for the unspeakable to be spoken, often for the first time. Creating safety, as in all psychotherapy, is tantamount. The role of therapist, however, moves beyond the traditional role, to encompass a more holistic view of the individual. By addressing clients' basic needs (food, shelter, and basic health care), the foundational stones of trust begin to be laid down. One often moves quickly beyond immediate needs to the familiarity of country conditions and their politics, cultural beliefs around health, community, and family, and often the role of faith. By opening the door to the spiritual, as in the view of many of the world's people, one's humanity is allowed to touch another: "obunto" – a South African word which means the essence of humanity.²¹

For some however, God died with them in a darkened cell. It becomes important to look at the ways in which their faith may have changed, as it too is a loss. Sometimes it requires looking at the circumstances under which someone was taken, or ways in which the divine may have been involved or absent. It may be necessary for someone to redefine how they acquire meaning inde-

pendent of a spiritual framework. It is necessary to accept how sometimes distance from God and time are needed to have a larger picture. Sometimes the antipathy for God originates in the belief that they were punished. Here, looking at who God is to the person, and his/her role in the universe, can be helpful. Sometimes religion is left behind, and other forms of activism or creative expression may become therapeutic. Here, more than ever, nonjudgmental treatment interwoven with kindness can be instrumental in someone's recovery.

The therapist must confront his or her own existential beliefs surrounding good and evil. It is only through self-reflection yielding the awareness that man, including oneself, is capable of all, that one is enabled to carry the pain and rage for the client, as well as the hope. Being actively present for the client is essential for healing. The more that one is able to engage the client in terms of their own view of healing and the sacred, the more the language of recovery is given form. One view of this work is that it is like entering into the sacred ... the place where recovery begins. By bearing witness, the therapist gives voice to the voiceless. This transaction diminishes the shame that can result from being tortured thereby resulting in that internal shift which allows empowerment to take hold.

Summary

Posttraumatic growth can exist in spiritual terms by increasing one's sense of purpose and the meaning in one's life, thereby strengthening freely chosen spiritual commitments¹². Albert Schweitzer spoke about the "community of the suffering".²² For many people throughout the world, spirituality is the source of recovery from adversity. It is important not to ignore spiritual issues, because for many these are the terms of sur-

vival. By recognizing the depths of despair in the most existential of terms, we also give validation to the depth of understanding of human existence that can only come about through personal suffering. For some torture and trauma survivors, spiritual understanding is the only possible pathway to recovery. Trauma by its very nature is isolating. For some, connecting with communities of faith can be the first step in restoring trust in humanity and alleviating the painful situation of isolation. In this diverse world, human experience and healing are described in a vast variety of ways. To fully "treat" survivors of trauma, and specifically the devastation secondary to war trauma and torture, it is necessary to reflect on our own understanding of causality with the implicit recognition that insight, wisdom, and psychological adjustment comes in many forms and from many different paths.

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