

# The effectiveness of empowerment workshops with torture survivors

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## Abstract

The article explores the effectiveness of the use of an empowerment workshop, called Free to Grow<sup>1</sup> (FTG), in the treatment of a group of torture survivors who had shown great reluctance to enter into psychotherapeutic interventions.

Research into the effectiveness of the method is carried out using a series of tests measuring changes in empowerment, depression, anxiety and multiple operational definitions of health. Participants were also asked for feedback in an unstructured self-report upon completion of the workshop. In addition, an exit interview was conducted after follow-up, five months after the first workshop session.

Certain trends could be detected in spite of the small numbers of participants (11) and incomplete questionnaires. According to most of the measures used, the intervention proved to have a positive sustained impact.

At the exit interview all of the participants acknowledged experiencing increased levels of introspection and self-awareness, as well as having undergone a degree of growth and positive change. This resulted in many of them becoming more able to enter more mainstream psychotherapeutic interventions to deal with remaining psychological and interpersonal problems.

*Key words:* torture survivors, psychotherapy, PTSD.

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## Introduction

The PEACE Centre in Namibia, a psychosocial healing centre for survivors of organized violence, offers a range of therapeutic interventions to its target groups of clients. These include torture survivors, ex-combatants, and refugees. It was noted that while many of the torture survivors familiar with the services offered by the Centre expressed a need for psychotherapeutic interventions to help them process their experiences and deal more effectively with its impact on their lives, most of them resisted entering into any therapeutic process.

It was decided to offer a self-empowerment programme, FTG<sup>1</sup>, to a group of torture survivors, all of whom were experiencing problems in various areas of their lives, and who were resistant to enter into any type of psychotherapeutic process.

FTG is a life-skills programme, designed in South Africa, which focuses on improving inner and interpersonal effectiveness. It aims at enabling participants to strengthen their self-esteem and act with more confidence, take responsibility for their growth and development, develop their potential, improve the quality of their relationships inside as well as outside the workplace, and experience personal empowerment, productivity and success.

Facilitators of the FTG programme had

noted its effectiveness in not only bringing about aimed changes within participants, but also in helping them to achieve a degree of introspection into the problem areas in their lives. This led them to be able to effect positive changes in these areas, similar to the effects of psychotherapy.

In order to assess whether the programme was effective with this group of participants, and whether it brought about the envisaged changes, it was decided to couple their participation in the programme with participation into a research project to evaluate its effectiveness.

Participants selected for this project were all Namibian torture survivors who had been detained while in exile, participating in the struggle for the independence of Namibia. The group had been incarcerated together in "dungeons" under the ground, over a number of years, and were repeatedly tortured during their period of detention. The length of detention and torture varied from participant to participant.

The majority of the eleven participants who were included in the final analysis of data were female (63.6%), and most of them (73%) were over 40 years of age. All of the participants had completed high school and 27% of them were graduates.<sup>2</sup>

### **The research process**

The FTG workshop is made up of a set of integrated modules focusing on personal and interpersonal empowerment. Issues such as self-esteem, locus of control, personal vision, and ownership are addressed in the personal empowerment modules, laying a foundation for proactive self-development. The interpersonal modules help participants identify and effectively address barriers in their communication and relationships. The training approach is holistic, encouraging participants to apply what they have learned to all areas

of their lives, both private and in the workplace.

The workshop was designed using adult and accelerated learning principles. A blend of metaphor and experiential learning techniques help participants, even those with an educational backlog, to understand and integrate the concepts.

The FTG workshop was offered to the group in the period of November to December 2001 on four separate days. A follow-up session was given in May 2002. The break between the successive sessions is seen to be beneficial, as the participants have the opportunity to apply the knowledge they gain each session.

All subjects participated in the FTG workshop on a voluntary basis, on the understanding that they would participate in all the sessions of the workshop and would complete a series of questionnaires. Four questionnaires were used: the Empowerment Questionnaire,<sup>3</sup> the Beck Depression Inventory,<sup>4-6</sup> the State-Trait Anxiety Inventory<sup>7</sup> and the Health Status Questionnaire (SF-36). The SF-36 consists of eight scales which represent multiple operational definitions of health as well as two summary measures, a Physical Components Score and a Mental Components Score.

The questionnaires were given to the participants at three measurement points:

- prior to the first FTG workshop session (pre-workshop)
- on completion of the workshop (post-workshop)
- A follow-up to the FTG workshop session was given five months after the end of the first workshop. The same series of tests was given to the participants prior to the start of this workshop.

In addition, participants were asked to give

feedback in an unstructured self-report at the post-workshop point, and an exit interview was carried out at follow-up.

The small number of total participants (11) together with the fact that two participants did not attend all the sessions of the workshop, hampers meaningful statistical analysis of the data. Thus, the following is a report of the most noticeable findings and an examination of trends that emerged.

## Results

### *Unstructured self-report*

Participants were asked to evaluate the effectiveness of the workshop upon completion, at the post-workshop measurement point. They were asked to comment on changes that had taken place in their home life or private environment that they could attribute to the effects of the FTG workshop process. All ten workshop participants reported a positive improvement in areas ranging from:

- improved communication and listening skills (“Improved communication and understanding with people.”)
- increased assertiveness and decreased aggression (“I have learned to be more assertive without hurting or subjecting the others to my way of doing things.”)
- improved social interactive skills, especially in the relationship and parenting area (“I could assess my relationship at home and identify my faults and also openly admit where I was wrong, even with the approach of my children.”)
- increased self-knowledge (“I have more knowledge and enlightenment how to handle my private environment.” “I have discovered myself.”)

### *Impowerment status of the group*

The standardised questionnaire employed in this study conceptualises empowerment on

three levels, namely the Micro-level, Interface level and Macro-level, based on the indicators or outcomes of empowerment.<sup>3,8</sup>

The group appears to have gained the most on the Macro-level that refers to, amongst others, their awareness of their rights and their ability to think critically and to become involved in action to bring about change. There was also an improvement reflected in their interpersonal skills such as problem solving and mutual support. This was the area that they were weakest in before the workshop. There was a slight decrease on the Micro-level, relating to, amongst other things, their self-confidence, self-esteem and their ability to cope. This, however, had changed at the follow-up test, after five months, where it was found that they improved on this level, indicating a growth in their positive feelings about themselves as they gained skills and applied them in their everyday lives. There was therefore a sustained, long-term impact on the participants’ empowerment on the Micro-level.<sup>2</sup>

### *Depression*

It was expected that this group of torture survivors would record higher levels of depression than the general population, as some of the symptoms of PTSD (diminished interest or participation in significant activities; feelings of detachment or estrangement from others; restricted range of affect (e.g., unable to have loving feelings); difficulty falling or staying asleep; difficulty concentrating) are similarly symptoms of depression. This expectation was supported as ten of the 11 participants showed a pre-test measure of depression on the Beck’s Depression Inventory<sup>4</sup> of at least 11, the level indicated as a cut-off score for the presence of depression by Gallagher et al.<sup>9</sup>

The one participant whose score was lower than 11 at pre-test did not complete

the BDI at follow-up, as well as one other participant. Of the remaining nine participants, five showed a decrease in scores over time at follow-up, compared with the pre-test measure, and three subjects showed an increase in scores at follow-up. At pre-test, four of the participants' scores fell in the severe or moderate/severe ranges of depression. At follow-up, eight of the nine participants recorded scores in the lower ranges of depression, ranging from the absence of depression to mild or moderate depression, and one participant scored in the severe range.

#### *Trait Anxiety*

This is a measure of anxiety as a personality trait, and should be stable over time unless a change in the trait has taken place within the person. A change is to be expected where the intervention has been successful in reducing the general, long-standing tendency to experience anxiety.

It was similarly expected that this group of torture survivors would record higher levels of trait anxiety than the general population, as some of the symptoms of PTSD are symptoms of anxiety (difficulty falling or staying asleep; irritability or outbursts of anger; difficulty concentrating; hyper vigilance; exaggerated startle response) and PTSD is in accordance with an anxiety disorder in DSM-IV.<sup>10</sup>

The results were in keeping with this expectation, with the majority of the group scoring above the average range of anxiety levels in the general population, that is above 44.08 for females and 44.01 for males,<sup>7</sup> at pre-test. At follow-up this level was reduced, indicating improved, lower levels of anxiety, with only four participants scoring above the standard deviation above the mean. However, five of the remaining participants' scores were still in the upper range of anxiety levels.

#### *The Health Status Questionnaire (SF-36)*

At pre-test, the group as a whole generally recorded levels indicating more physical and mental health problems and limitations than the general population.

Severe limitations are evident in the group's physical functioning. These results are not unexpected in a group of torture survivors. Physical torture produces a well-defined variety of physical symptoms that have been widely researched and documented. Most of the physical effects of torture resolve spontaneously, but a number of survivors continue to experience long-term or chronic symptoms, such as chronic pain, reduced mobility and chronic bronchitis. Torture survivors also often experience a negative or distorted body perception.

Similar severe limitations were recorded in the quality and quantity of the group's social interactions. Again, these results are not unusual in a group of torture survivors. As when survivors suffer psychological after-effects of torture, torture can be expected to impact on their social relationships as well. A cluster of symptoms commonly experienced include:

- avoiding activities, places or people that arouse recollections of the trauma
- markedly diminished interest or participation in significant activities
- feelings of detachment or estrangement from others
- restricted range of affect, such as the inability to experience loving feelings

Six of the participants showed an increase in their social functioning scores at follow-up, and two participants showed a decreased score.

While the results generally indicated physical problems and limitations, it appears that the majority of the group do not suffer

severe limitations to their work functions as a result of physical health problems. The group's work function does, however, appear to be severely limited as a result of emotional problems that they experience. The majority of the participants' scores are below the mean on at least one of the measuring points.

While the FTG intervention could be expected to have had some positive impact on the participants' emotional state, improving their work functioning as a result, six of the participants recorded a decreased score at follow-up, four had more than one standard deviation and one had more than two standard deviations. The large number and the degree of decreased scores recorded is unexpected.

The mental health of the group is generally slightly lower than that of the general population. The FTG intervention could be expected to have had the greatest positive impact on their mental health and emotional well-being scores. However, while follow-up scores greater than one standard deviation above the norm were recorded, indicating an above-average state of mental health for two participants, four participants recorded large decreases in mental health functioning following the FTG programme. The difference may be contributed to the fact that the FTG programme is aimed at increasing empowerment, including aspects such as feelings, attitudes and skills, beliefs, actions and interactions, while the Mental Health scale of the SF-36 records not only similar aspects such as behavioural and emotional control, but also aspects such as anxiety and depression.

The energy and vitality levels of the participants were also generally low, but here the intervention appears to have had some positive effect in increasing these levels. The majority of the group recorded an increase in their Energy/Vitality scores at follow-up,

two of which are increases of more than one standard deviation.

Bodily pain is a common physical consequence of torture, and while this is apparently the case for a few of the participants, it clearly does not apply to the whole group. In general, FTG appears to have had little positive impact on the group's subjective experience of bodily pain. Four of the participants recorded a decreased score at follow-up, and four participants scores were unchanged. As Bodily Pain regards a physical experience, it was not expected that FTG would impact on this measure.

The group had a generally low perception of their physical health status. It can be expected that the group would suffer some long-term physical consequences of torture and that these would impact negatively on their physical health status. The majority of the group recorded an increase in their scores at follow-up, one of these an increase of more than two standard deviation units, and two of more than one standard deviation unit. In general, there appears to have been some improvement on the group's subjective experience of general health from the time of the pre-test to the time of follow-up, although it was not expected that the intervention would impact on the group's general health.

The many uncompleted items resulted in much missing data from the Physical and the Mental Component scores, rendering it irrelevant to look at the degree of individual improvement or decrease in these measures. While it can be said that the group as a whole recorded generally low scores on these measures, it is not possible to make any meaningful conclusions about the impact of FTG on this aspect.

## Discussion

The FTG programme used in this interven-

tion is specifically aimed at increasing the levels of empowerment of the participants on the internal (Micro), interpersonal (Interface) and Macro levels. The intervention proved to have a positive, sustained impact on the levels of empowerment of this group of torture survivors, as three quarters recorded an average of 5.49% improved empowerment scores even five months after completion of the programme.<sup>2</sup>

An increase in levels of empowerment includes an increase of control over one's life as well as an improvement in relationships and interactions, and as such can be expected to have some positive impact on levels of anxiety and depression and the health status of participants. It is apparent that some positive change has been attained, but the fluctuation in scores can perhaps be explained by the fact that this intervention was not specifically aimed at affecting the levels of anxiety and depression or general health status of participants.

Where the aim of an intervention is to increase the levels of empowerment of such a group, the FTG intervention can be said to have a positive effect. Where the aim is to reduce psychological distress and limitations due to psychological problems and increase physical health and functioning, much variance was recorded on measures such as the work functions, emotional limitations, and mental health and emotional well-being. While FTG generally has had a positive effect, it appears that further interventions would be indicated.

Prior to participating in the FTG programme, this group of participants had shown much resistance to entering into psychotherapy. At the feedback interview all of the participants acknowledged experiencing increased levels of introspection and self-awareness, as well as having undergone a degree of growth and positive change. This re-

sulted in many of them becoming more able to enter more mainstream psychotherapeutic interventions to deal with remaining issues such as anxiety and depression symptoms.

The exit interview proved to provide an opportunity for many of the participants to address painful issues from the past, or to look at ways of dealing with problems and issues in the present, with the therapist. This illustrates a major move forward for these participants, all of whom had avoided engaging in a therapeutic process with the therapist until this time.

In addition to becoming more motivated to enter therapy, participants were able to illustrate ways in which concrete, positive changes have taken place in their lives, which they attribute directly to having participated in the FTG workshop:

- Many of the participants reported an improvement in their physical self-care. Many have found themselves able to limit previous excessive use of alcohol.
- All participants reported improved relationships in at least one sphere of their lives. One participant described a dramatic improvement in the relationship with an ex-spouse.
- All participants described a greater degree of introspection. One participant has begun writing an autobiography covering the period of exile, detention and torture, an activity she had been considering for many years.
- Two participants described letting go of their hatred and anger towards the political group to which their torturers belonged. They experienced this as liberating, allowing them to move forwards.
- Most of the participants reported feeling better equipped to deal with problems in their lives at present.

The majority of the participants requested a continuation of this process in some form, such as follow-up workshops, or continuing to complete the series of questionnaires on a semi-annual basis for a further one or two years, so that they can continue to monitor their areas of growth and problem areas.

It is not known to what degree the results were influenced by the group process that was developed amongst these participants during their mutual incarceration, and developed and maintained by them and their fellow former-detainees in the ensuing years.

Further research on FTG with the population of torture survivors is recommended, examining whether and how the changes recorded are sustained and whether this process continues further in the future. An additional recommendation is looking at the impact of FTG on reducing or overcoming the resistance of many torture survivors to psychotherapeutic interventions.

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