

# Treatment of survivors of torture: Spiritual domain

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“Storytelling reveals meaning without committing the error of defining it.”

*Hannah Arendt*

Significant human experiences seem to include the need to explore, talk about, and continually shape what gives us meaning in life through those experiences. This can be done in religious ways, formalized with worship, rituals and scripture that honour our personal experiences. But it is also done in less formalized ways, in stories we tell about the joy and pain of living and dying.

A careful review of best, promising and emerging practices involving spiritual approaches for torture survivors demonstrates a variety of support benefits and the need for further research. While the literature does not reflect approaches that meet the criteria for best practices, there are important promising and emerging approaches that merit attention. A consistent theme in the literature is the limitations of clinical language. Spiritual approaches are rarely described by average people as

“techniques” to address psychological issues. The healing value of telling a trauma story remains challenging to quantify into narrow outcomes. When a trauma story is told involving an experience of torture, pain is often ushered back into life, even if it may allow for admitting the need for support. In a review of the current literature on spirituality’s incorporation into interventions for survivors of torture, the following promising and emerging practices are highlighted: personal narratives and storytelling, community and social support networks, activism and advocacy. The following patient-centered practices strengthen a sense of belonging, identity and common values among survivors of torture by complementing spirituality with health to further realize their human potential.

## **Personal Narrative and Storytelling**

When skilled care providers consider incorporation of spirituality into their practice of treating torture victims, the evidence affirms client-centered spiritual support. Despite lack of education and training in the area of spirituality and health, practitioners overwhelmingly see the importance of this area and studies of clients clearly reflect their desire to have this dimension of their lives considered in health.<sup>1</sup> The work here calls for careful spiritual assessment,

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something that is very difficult to do in a meaningful way. To be ‘patient-centered’ is to appreciate that we must honour their story. Stories can be filled with details that, in time, may invite focused interventions and spiritually relevant support. For a webinar reviewing approach to this topic with torture victims see endnote.<sup>2</sup> Assessment can be done in a formal or informal way. A good listener of a story can make a great assessment using personal narrative stories as well as religious activities like Bible stories, sermons, confessions, testimonials.

Larimore’s work emphatically reinforces practices incorporating spirituality that is patient-centered. He notes that words and definitions may get in the way. Faith, spirituality and religion are often dissected in a western preoccupation to define and differentiate ideas. It is hard to listen to people as “whole” beings if we keep dividing the human experience. Sometimes we get to know symptoms (or diagnoses) before we know the person. It’s tempting to treat the symptom. This may be a mistake from a client-centered approach. A story is good for its own sake. If a practitioner is open to being taught by clients/patients, they may hear what it is in a person’s story that is spiritually important and healing as well as symptoms that need treatment. Larimore’s research would call practitioners to learn about the dominant religious and spiritual traditions of the people served, as well as listen to unique expressions from clients as they share their stories. A good assessment might appreciate the small meaningful details of a trauma story, including what the person believes in, what they may no longer believe in, and where they might find hope. Storytelling emphasizes the patient centered approach with the practitioner in the role of listener, allowing the incorporation of spirituality into therapy without necessarily

providing answers. Although there are substantial positive outcomes, this is currently considered an “emerging practice” as there is only qualitative descriptions lacking empirical evidence at this time.

### **Community Support**

In communities where Buddhist associations (or Temple communities) have served refugee populations who experienced torture there is clear evidence of good outcomes from offering material, psychological, social and spiritual support.<sup>3</sup> What emerges in the literature, however, is how the participants in such studies speak in holistic ways about their needs. The religious community is seen as caring for the whole person: food and clothing, as well as religious encouragement and listening are spoken of together. Buddhist teachings, rituals, festivals, and structured activities intended to offer meditative options for persons seeking help are all woven together.

For skilled care providers, the compelling lesson includes working in teams, where possible, to understand a religious framing of care. For example, in settings where a large Buddhist community is being served it would be advisable to have a leader from that community describe how people seek help, how they talk about their needs, and what facilitates their care. In some instances our Western assumptions may be misinformed. In one study that focused primarily on Buddhist religious leaders, it was clear that the word “meditation” was not usually expressed by participants in conversations with investigators. Political and spiritual coping were predominant themes used to describe spiritual benefits.<sup>4</sup> A deeper reading of these outcomes might actually speak to the most common theme in all of the literature: the meaning found in survivors’ advocating for, talking about,

and seeking belonging. This is sometimes found in one's religion, homeland, or values within a community. In this sense, a person can experience enhanced coping when the care provider hears that the "cause" they fight for is seen as core to who they are. Reminders of a sacred site, their home, or a ritual can stir resilience, touch the soul, and help a survivor cope with great pain. Community support as cited in the literature as an intervention increases belonging and purpose amongst clients, however the descriptions are anecdotal and are therefore an emerging practice. Table 1.

### Social Support Network

The practices enhancing a sense of belonging in the literature include social and spiritual support, advocacy, and what might be called 'sanctuary.' In issues of legal status in the United States, the approach of appreciating the need for belonging is even more evident. A temporary legal status punctuates this point. In a study on liminal legality, Menjivar notes, "legal nonexistence can mean erasure of rights and personhood."<sup>5</sup> If a person flees their country of origin due to violence, but is treated as an economic immigrant, political protection might not be

**Table 1.** *Treatment of Torture Survivors: Spiritual Domain*

Article	Type of Service
<i>Personal Narrative and Storytelling</i>	
1 Canda ER. Buddhism as a support system for southeast Asian refugees. <i>Soc Work</i> 1992;37(1);61-7.	Promising
2 Menjivar C. Liminal legality: Salvadoran and Guatemalan immigrants' lives in the United States. <i>AJS</i> 2006;111(4):999-1037.	Promising
<i>Community and Social Support</i>	
3 Elsass P, Phuntsok K. Tibetans' coping mechanisms following torture: an interview study of Tibetan torture survivors' use of coping mechanisms and how these were supported by western counseling. <i>Traumatology</i> 2008;15(1):3-10.	Promising
4 Koop II. Refugees in church asylum: intervention between political conflict and individual suffering. <i>Peace and Conflict: J Peace Psychol</i> 2009;11(3):355-65.	Emerging
5 Larimore W, Parker M, Crowther M. Should clinicians incorporate positive spirituality into their practices? What does the evidence say? <i>Ann Behav Med</i> 2002;24(1):69-73.	Emerging
6 Snajdr E. Gender, power, and the performance of justice: Muslim women's responses to domestic violence in Kazakhstan. <i>Am Ethnol</i> 2005;32(2):294-311.	Emerging
<i>Activism and Advocacy</i>	
7 McKinney MM. Community psychiatry and religion. In: Huguélet P, Koenig HG, editors. <i>Religion and spirituality in psychiatry</i> . New York: Cambridge University Press; 2009. p. 215-231.	Promising
<i>Other</i>	
8 Piwowarczyk L. Torture and Spirituality: Engaging the sacred in treatment. <i>Torture</i> 2005;15(1):1-8.	Emerging

awarded. Without a visa, deportation means traveling through hostile countries and possible torture. In these critical situations, linkage with religious organizations shows life-saving advantages. Many religious-based organizations fill an important gap in government protection, offering legal help, social services and a spiritual 'home' where people can feel they are welcomed. Koop notes a deep sense of this holistic support in European refugees seeking asylum.<sup>6</sup> Interventions Koop observed included relaxation, framing a political meaning for suffering, creating a home country cultural atmosphere, and processing trauma. Structures that invited persons seeking help to find roles in the church (for example, assisting with a church garden) deepened the identity of the person to a 'home' community. Discussions that "frame" the meaning of suffering, making connections to personal deep values and having those values affirmed may reduce the symptoms of distress. Here too, Koop noted, "displaced refugees cannot be carried within a framework of a rigid 'school' approach to psychotherapy."

To be clear, practices gleaned from the literature include very hands-on guidance for clients who feel isolated but need a safe place to talk and possibly even to live. While some communities have religious "councils" or ministerial associations, a list itself will not likely help. Care providers would do well to offer their expertise to speak to local places of worship on occasion regarding a topic of interest by the community, then assess those groups for meeting social support needs of clients. In the same way, advocacy seems to work best when the community connection is a person, rather than a general agency name and number. While there is strong evidence that the safe haven provided by church support of-

fers identity and belonging to vulnerable populations in limbo, the intervention lacks quantitative results and is classified as an emerging practice.

### **Activism and Advocacy**

One of the most interesting emerging practices involves activism, advocacy, mediation, assessment, and support in the frame of a "grassroots" approach truly born from a religious self-styled community aiming to serve women responding to domestic violence. The leader of this effort said it well to a group of dignitaries at a Kazakhstan conference, "Do not forget God in our pursuit to solve the problems of our society."<sup>7</sup> Communities, like individuals, have stories that need to be told. This may be one of the most important and basic needs traditionally met by religion. The locus of this approach lies less in clinical centers or government agencies, and more in the agency of women in a community. In this case, Muslim women joined by common values of their faith and shaped by common experience (a kind of self-assessment) felt their wounds called for the healing application of cultural and religious responses. The study is not clear about why this group sought to revitalize their connection to Islam. What is clear is that it led quickly to their desire to bring their traditions alive, teaching women "what they could do, who they could be."

The help that naturally grew out of this self-styled, religiously informed community was "informal and practical." As previously mentioned, one might consider many religious activities involve telling and listening to stories: personal stories, Bible stories, sermons, confessions, testimonials. All give sacred value to story telling and all need a caring listener. Although activism and advocacy fortify common values and give individuals a collective agency, these

approaches as cited in the literature are unable to demonstrate more than anecdotal information. Activism and advocacy are community interventions that are “emerging practices” for consideration.

### Summary

The literature rarely cited sample size and leaned heavily on qualitative methodology. In many cases there was an apology for small or non-quantified samples. If the qualitative outcomes fairly indicate the effectiveness of faith-based approaches there is a need for substantial research on the nature of the care offered (interventions). While all of the merited studies, by definition, had to be evidence-based practices, a theme of collaborative approaches invites more community-based research. For example, torture centers that partner with a pastoral counseling center might find a viable cohort to evaluate clinically sound, spiritually relevant approaches to care.<sup>8</sup>

In light of evidence-based practices, spiritual approaches recommended for torture survivors might include: collaborating with religiously based organizations familiar with the population served, identifying the social services within religious communities (possibly create a directory), learn from clients as well as religious traditions and/or healing practices utilized locally, and discover which religious groups are best positioned to provide legal advocacy and support in the community. A simple survey seeking to discover what services are available might be used through local religious associations, or given to individual clergy you meet. The survey, to be effective, might list the commonly asked for services heard from clients. From a more individual perspective, it is beneficial to listen to the stories that highlight what gives hope and emotional support. Equally important is

what has been lost (home, belonging, identity, common culture). Consider pastoral counseling collaboration through clinical<sup>9</sup> as well as traditional, informal groups like the ones noted above.

After several stories are shared, when trust is built and a safe place is experienced – then, maybe those things that mean the most to the torture survivor can be revealed – a place of worship, a prayer, a meal, a sanctuary, a savior, a sacred scripture, a new home, or maybe a friend he or she can trust. Piwowarczyk states, “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.”<sup>10</sup> These may be surprisingly important components found in a story that can lead to healing resources and outcomes.

### Learning Points

To care for people who have experienced torture, it is good to first consider how most people ordinarily seek help: we try to find someone we trust to talk to, who won’t so much ‘practice’ on us, as they will help us feel safe to tell our story, and identify what spiritual resources (maybe correlated to symptoms) can help us.

Invite clients to identify a “spiritual home” in their community and learn more about it. Discover how their spiritual orientation frames the experience of torture and healing.

Consider the art of collaboration: practical resources offered through religious agencies, pastoral counselors, elders from the community... virtually any psychologically-sound, spiritually-relevant resource that expands the fabric of care for the person. With permission, allow the community of care to broaden as needed.

## Highly recommended readings

- Frankl V. *Man's search for meaning*. New York: Pocket Books. 1985.
- Miller W. *Integrating spirituality into treatment: Resources for practitioners*. Washington, DC: American Psychological Association. 1999.
- Moore T. *Care of the soul – A guide for cultivating death and sacredness in everyday life*. New York, NY: HarperPerennial. 1994.
- Piwowarczyk L. *Torture and Spirituality: Engaging the sacred in treatment*. *Torture* 2005;15(1):1-8.

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2. McKinney MM. Conducting a spiritual assessment and integrating spirituality in clinical practice. Spirituality series part two. <http://heal-torture.hutman.net/webinars?id=33#> (17 June 2009).
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4. Elsass P, Phuntsok K. Tibetans' coping mechanisms following torture: an interview study of Tibetan torture survivors' use of coping mechanisms and how these were supported by western counseling. *Traumatology* 2008;15(1):3-10.
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9. American Association of Pastoral Counselors. [www.aapc.org](http://www.aapc.org).
10. Piwowarczyk L. *Torture and spirituality: engaging the sacred in treatment*. *Torture* 2005;15(1):1-8.