PART II

Witnessing Torture and Recovery: Survivors, Health Professionals, Institutions

In *Human Rights: A Political and Cultural Critique*, Makau Mutua analyzes an all too familiar "metaphor of human rights" that characterizes atrocity in terms of a savage perpetrator, passive and helpless victim, and agentic savior. Mutua argues that the Savage-Victim-Savior (SVS) metaphor is integral to normative human rights stories that secure western hegemonic ethnocentrism. Such ethnocentrism typically posits atrocity elsewhere and provides an alibi for humanitarian intervention as imperialism. The savior in these narratives, according to Mutua, functions as "redeemer, the good angel who protects, vindicates, civilizes, restrains, and safeguards,"[1] indicating that its functionality also depends upon a definition of the victim as passive and immature beneficiary of the savior's expertise and actions. It is easy to see how this metaphor could be transferred to the context of health and recovery, where health-care workers and therapists work with clients to treat the physical and mental damages that torture inflicts. The power imbalance that Mutua identifies is only exacerbated when health professionals dictate and narrate the terms of treatment from the safety of professional distance, and without reflecting on the personal dimensions of their work. The four chapters in this section productively dismantle the SVS metaphor and its rhetorical scaffolding in relation to torture treatment centers. In place of detached professionalism, the chapters reveal and analyze the interpersonal and more broadly social dynamics of recovery, as well as the processes of witnessing that are integral to it. Thus, these chapters respond to the implicit questions: What

[1] Makau Mutua, *Human Rights: A Political and Cultural Critique* (Philadelphia: Pennsylvania Studies in Human Rights, University of Pennsylvania Press, 2002), 11.

would it mean to consider health-care professionals and their clients and patients as witnesses to torture's predations? How might we understand communal witnessing as integral to individual recovery? To what extent can life writing open up these questions to better understand torture's hold on those who have suffered it, as opposed to shifting attention away from survivors to health-care practitioners? These questions are all the more compelling as we write at the end of 2017, when the US administration demands "waterboarding and worse," advocates the assassination not only of suspected terrorists but also of their families, assembles a cabinet of pro-torture, conspiracy-minded former military officers, and psychologist James Mitchell, one of the architects of the US torture program at Guantánamo Bay, publishes a book justifying his actions.

All of the chapters in this section emphasize a multimodal approach to healing and recovery that prioritizes the agency of survivors in their relationships with health professionals. Survivors' control over the recovery process may take many forms, including determination of the pace of the disclosure of their suffering and their treatment. In addition, regardless of their disciplinary training, the authors recognize that torture has impacts on psychological and physical health as well as social, political, and legal standing. If recovery and healing include rebuilding the trust between survivors and the world that torture destroys, then health professionals must learn to become active witnesses to survivors' testimony, symptoms, and desires, with a range of approaches for mitigating torture's lasting effects. It is through this process of the recognition of harm and of reciprocity of feeling that the bonds of humanity might begin to re-form.

We begin with Linda A. Piwowarczyk's examination of "The Role of Health Professionals in Torture Treatment." Understanding health professionals as witnesses as much as experts first requires acknowledgment that medical doctors, psychologists, and other health workers are often integral to torture itself (devising torture programs at the limits of what the body can withstand, monitoring victims during torture, etc.). This means that in order to be effective at treating torture survivors, health professionals require self-reflexivity and a willingness to understand how their professional expertise may have been used for harm. Rather than unilaterally determine what the patient needs, Piwowarczyk argues for health professionals to understand themselves as "accompaniers" to the patient's healing, who can use their professional training and personal self-reflection to testify to and advocate for the humanity of the survivor.

The following two chapters, by Orlando P. Tizon and Judy B. Okawa, focus more narrowly on the interpersonal relationships between survivors and their therapists, and the ways those relationships take place within larger social and institutional matrices. In "Assessing the Treatment of Torture: Balancing Quantifiable with Intangible Metrics," Tizon analyses the Torture Abolition and Survivors Support Coalition International (TASSC) from his perspective as both a survivor and an intake coordinator at the organization. Having this dual perspective allows him to understand the delicate balance between institutional and individual needs and goals. Rather than see these perspectives as necessarily oppositional, Tizon frames them both as integral to establishing "communities of healing." Just as torture takes place within a broad network of socio-political relationships, so must healing, a process that involves multiple actors, processes, and resources. Okawa's chapter, "The Little Red Cabinet of Tears: The Impact upon Treatment Providers of Bearing Witness to Torture," considers what Tizon's call for communities of healing might mean from the perspective of a psychologist working in a torture treatment center. Like Piwowarczyk, Okawa demonstrates how envisioning one's role as a health-care professional in terms of witnessing can give space to the forms of discomfort and vicarious traumatization that therapists may experience, without allowing that self-reflection to overtake the work itself or to displace the focus on the client. Complex witnessing does not, then, substitute the therapist's suffering for that of the survivor; rather, it constitutes a means of alleviating the burden survivors regularly bear of having been told repeatedly that no will believe them or care about their experience of torture.

This section concludes with "Beyond Institutional Betrayal: When the Professional Is Personal," Ellen Gerrity's forceful analysis of the troubling position staked out by the American Psychologists Association (APA) after Jane Mayer's 2005 exposé[2] detailing the role of psychologists James Mitchell and Bruce Jessen in designing US torture protocols for the war on terror. As an APA member (who has since withdrawn from the organization), clinician, and academic researcher on the psychological effects of torture, Gerrity witnessed how the APA betrayed its ethical principles that prohibit patient harm by protecting the organization's alliance with the Pentagon and refusing to denounce the torture program. In what is at

[2] Jane Mayer, "The Experiment," *The New Yorker*, July 11, 2005, http://www.newyorker.com/magazine/2005/07/11/the-experiment-3

once a personal and institutional examination, Gerrity identifies the choices and paths available both within and outside of the APA to psychologists who wish to resist and condemn torture. Her words resonate powerfully in our current historical moment.

Together these chapters illuminate the ways in which survivors and health-care workers hold multiple positions as individuals and members of institutions, each of which affords the opportunity to make individual choices, as well as to forge relationships against torture and to promote ethical engagement and some degree of restoration.