CHAPTER 7

The Little Red Cabinet of Tears: The Impact upon Treatment Providers of Bearing Witness to Torture

Judy B. Okawa

Dr. Judy B. Okawa, a licensed clinical psychologist, founded the Program for Survivors of Torture and Severe Trauma (PSTT) in northern Virginia (an area with a high concentration of refugees, asylum seekers, and immigrants, including many torture survivors) in 1998. In addition to her clinical work, she has served as an expert witness in survivors' asylum cases, testifying to survivors' psychological harm and situating it within the cultural contexts in which it took place. In this chapter, she recounts her initial feelings of inadequacy in addressing the needs of survivors, and then charts the complex personal and professional development that shifted her approach to and understanding of her work. In this way, Okawa shows how ethical, professional care can be conceptualized as a form of witnessing, including self-witnessing, through which therapists learn how to lessen the burden past torture exerts on survivors' present lives.

For Okawa, the process of learning to bear witness began with the anguish of hearing about intense suffering and of recognizing both human and state capacities to torture. In order to maintain care for her clients

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(and avoid shifting the focus to her own vicarious traumatization), she cultivated support networks with other therapists, drew upon survivors' continued religious faith to resolve her own crisis of belief, and developed protective layers to shield her emotions while still being present for the survivor through a process she calls "cloaking." These strategies underscore the work of therapy as itself socially situated, and the relationship between survivors and their health-care workers as a process of dynamic exchange that shapes them both.

Okawa's work as an expert witness in political asylum cases involves a different form of witnessing. Here her task is to certify whether torture took place or not, and if it did, to place the torture in its social context, which often demands an ethnographic approach to explaining socio-cultural customs to a judge.

These two different forms of witnessing—that which the therapist performs in listening to survivors' stories, and that as an expert witness who translates torture into legally and culturally legible testimony—dismantle any simple binary oppositions between victim and therapist, suffering and health, and pain and the wider medical, legal, and cultural worlds in which it circulates.

* * *

I remember well the first account of torture that was related to me.[1] *An anguished young woman, slight in stature, described being hung by her wrists from the ceiling of a jail cell in Saddam Hussein's Iraq and beaten with a bat so that she swung back and forth, slamming into other prisoners. She described the stench of urine, feces, sweat, and fear in the cell, and brought alive in our therapy room the sounds of people moaning, people screaming, people begging for mercy.*

Although I had had much experience working with people who had suffered many different forms of trauma, including incest, sexual abuse, domestic violence, combat-related trauma, and traumatic experiences as refugees, I was undone by this and her further accounts of torture. I didn't know what to do with the expression on my face. How should I respond? I felt that I had no tools to help this young woman, that nothing I could

[1] All cases described are composites, representing forms of torture experienced by countless survivors.

possibly say or do would be adequate to help her heal from the emotional and physical pain she was suffering. Previously not very religious, I found myself putting my head on my desk before her appointments and asking God to please give me words that would help ease her pain. The horror caused by the images of her torture and the enormity of her suffering gave me intense feelings of being deskilled. At that point in my work I had not yet learned the healing power of simply bearing witness to what she had experienced, a critical first step in "walking" with her through her memories.[2] Nor had I enough familiarity with the types of torture she had experienced, which I came to learn were endured by far too many others, to keep me from being overwhelmed by them and to enable me to hold them in the room for this survivor, in whose life they still had a powerful presence.

Shocked by the ineptitude I felt in the face of torture accounts, I decided that perhaps most therapists would have similar reactions. In Washington, DC, there was a clear need for therapists with experience dealing with torture, because of the large population of refugees there from all over the world. I was a psychologist and Clinical Director at the Center for Multicultural Human Services (CMHS) in Falls Church, Virginia, a multicultural mental health center that provided a broad range of services to refugees and immigrants in many languages. CMHS was participating in a training grant that also included psychologists from the Marjorie Kovler Center in Chicago and the Center for Victims of Torture in Minneapolis. After lengthy discussions with these caring, skilled psychologists who worked full time with survivors of torture, I decided to start a torture treatment program within CMHS. With the support of CMHS Director Dr. Dennis Hunt, we applied for funding, and the Program for Survivors of Torture and Severe Trauma (PSTT) was born in 1998.[3]

This chapter is a personal account of my journey as a clinical psychologist, as I learned how to bear witness to the accounts of torture experienced by the survivors with whom I worked, and thus how to be

[2] Sister Dianna Ortiz uses the apt term "walking with survivors" to describe the process of the therapist accompanying the survivor on the path toward healing from torture (personal communication). For a powerful personal account of torture and its impact, see her book *The Blindfold's Eyes: My Journey from Torture to Truth.*

[3] PSTT is now within Northern Virginia Family Services in Falls Church, VA.

more effective in helping them heal from their trauma. It is with much trepidation and some shame that I dare to write of my own experiences of pain from exposure to stories of torture. How dare I speak of symptoms of vicarious trauma and secondary traumatic stress when my clients suffered from far more devastating symptoms of post-traumatic stress? Yet one of the purposes of this book is to invite survivors to write from an analytical point of view rather than their usual first-person testimonial voice, and for people who have not suffered torture but are working in the field to write from a personal point of view, to share some of the vulnerability of the "I" voice. Thus, I offer this personal account.

The difficulty I feel in baring my soul gives me an inkling of how painful it must have been for the survivors who have had to do so with me. My heartfelt thanks go to the many survivors of torture who endured great anguish to put into words for me the experiences they had hoped would never have to be exposed to the light of day. They inspired me with their endurance, their faith, and their courage to keep moving forward to find a new life.

The goal of this chapter is to describe the developmental process I went through as I moved from being traumatized by my survivor clients' torture accounts to becoming an effective therapist and expert witness. During the initial stage, which can aptly be entitled *Coming Undone*, I learned a great deal about different types of torture and post-traumatic symptoms, my own and my clients'.

The middle stage, *Learning to Hold the Trauma*, involved a long process of learning and growth, with many challenges to my belief systems and perspectives. Over time I learned how to hold the trauma so that the survivor could tolerate the excruciating process of describing what they had endured. This was quite critical, because if I could not tolerate hearing the story, the survivor could not speak of it. The therapist must provide a safe environment in which the torture is robbed of its overwhelming symptomatic power over the life of the survivor. During this period, I also developed protection against secondary trauma symptoms.

The final stage was one of *Transformation and Resilience*. I found it was possible to learn from my own symptoms of secondary trauma, to transform some of them and make use of them. Indeed, the work itself was transformational. Working with survivors can have deep meaning for the clinician as well as for the client. I found the journey of working with survivors of torture to be profoundly inspirational, one that has blessed me

with vicarious resilience after initial vicarious trauma.[4,5,6,7] My hope is that others who work with survivors of torture, whether they be mental health professionals, physicians, judges, attorneys and paralegals, case workers, human rights activists, or interpreters, can have a similar journey, and that they not feel disheartened if they are at the point of feeling "undone." There are many rewards ahead.

Coming Undone

The trauma therapist's process of development involves a journey deep inside with social, emotional, and spiritual consequences, as well as challenges to their worldview.[8] In her seminal work *Trauma and Recovery*, Judith Herman points out that "trauma is contagious" and that the therapist "empathically shares the patient's experience of helplessness."[9] In the earliest days of hearing my clients' stories of their torture, I truly was undone by them. Everything about torture was new to me, and hearing accounts of torture was extremely shocking. I hurt deeply for the survivors who were coming to me for help. When I tried to talk about this to my supervisor, who did not work with torture survivors, he suggested that perhaps I should not work with them because it was too painful for me. This response felt silencing. J. David Kinzie, who also worked with torture survivors, reported that by sharing complicated feelings about working with trauma victims, "one runs the risk that such openness may be misinterpreted as professional

[4] Pilar Hernández, David Gangsei, and David Engstrom (2007, p. 237) describe vicarious resilience as therapist resilience that develops as a result of exposure to the resilience of their trauma clients. It is "a unique and positive effect that transforms therapists in response to client trauma survivors' own resilience." In "Vicarious Resilience: A New Concept in Work with Those Who Survive Trauma," *Family Process* 46, no. 2 (2007): 229–41.

[5] David Engstrom, Pilar Hernández, and David Gangsei, "Vicarious Resilience: A Qualitative Investigation into Its Description," *Traumatology* 14, no. 3 (2008): 13–21.

[6] Pilar Hernández, David Engstrom, and David Gangsei, "Exploring the Impact of Trauma on Therapists: Vicarious Resilience and Related Concepts in Training," *Journal of Systemic Therapies* 29, no. 1 (2010): 67–83.

[7] M. Pack, "Vicarious Resilience: A Multilayered Model of Stress and Trauma," *Affilia: Journal of Women and Social Work* 29, no. 1 (2010): 18–29.

[8] Laurie Anne Pearlman and Karen W. Saakvitne, *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors* (New York: W. W. Norton, 1995).

[9] Judith Lewis Herman, *Trauma and Recovery: The Aftermath of Violence – from Domestic Abuse to Political Terror* (New York: Basic Books, 1992), 140.

incompetence or personal weakness. This makes it tempting to hide the thoughts."[10,11] I was determined to continue this work, but I now felt that my supervisor might not really understand the issues I was dealing with. The truth was that learning what torturers did was painful for *anyone*. It just took time for me to learn to hold the trauma effectively. The torture itself traumatized me. Danieli, who works with Holocaust survivors, calls this "event countertransference."[12]

I remember reading everything I could to learn how to assist survivors in dealing with the post-traumatic symptoms they suffered on nearly a daily basis. In particular, books published by the International Rehabilitation Council for Torture Victims (IRCT) and the Rehabilitation and Research Centre for Torture Victims in Denmark were difficult to read, because not only was the content traumatizing, but there were pictures of torture, many drawn by survivors, depicting their experiences.[13] *I used to cover all the pictures with my hands, trying to skim the words in the text without absorbing them fully, because the images they conjured up were so abhorrent. I was trying to titrate my dose of torture content.*

I started developing symptoms of some of the hazards well known to clinicians who work with trauma: vicarious traumatization and secondary traumatic stress. Vicarious traumatization (VT) refers to a "transformation in the inner experiences of the therapist that come as a result of empathic engagement with clients' trauma material."[14] According to Pearlman and Mac Ian, VT is an occupational hazard for therapists who work with

[10] J. David Kinzie, "Countertransference in the Treatment of Southeast Asian Refugees," in *Countertransference in the Treatment of PTSD*, ed. John P. Wilson and Jacob D. Lindy (New York: Guilford Press, 1994), 253.

[11] Maria Blacque-Belair (2002, 201) spoke of a similar problem working as a relief worker. *See* "Being Knowledgeable Can Help Enormously," in *Sharing the Front Line and the Back Hills: International Protectors and Providers: Peacekeepers, Humanitarian Aid Workers and the Media in the Midst of Crisis*, ed. Yael Danieli (Amityville, NY: Baywood Publishing Company, Inc., 2002).

[12] Yael Danieli (1994, 373) differentiates between countertransference that is the therapist's reaction to the client's trauma stories (event countertransference) and reactions to the client's behaviors or characteristics (personal countertransference). *See* "Countertransference, Trauma, and Training," in *Countertransference in the Treatment of PTSD*, ed. John P. Wilson and Jacob D. Lindy (New York: Guilford Press, 1994).

[13] Peter Vesti, Finn Somnier, and Marianne Kastrup, *Psychotherapy with Torture Survivors: A Report of Practice from the Rehabilitation and Research Centre for Torture Victims (RCT)* (Copenhagen, Denmark: Copenhagen IRCT, 1992).

[14] Pearlman and Saakvitne, *Trauma and the Therapist*, 31.

trauma survivors and is a normal—rather than a pathological—response to being exposed to trauma material.[15] VT is a gradual process of change in the therapist that affects therapists' relationships with others, their worldview, spirituality, self-capacities, ego resources, aspects of identity, and central psychological needs.[16] A person who suffers from vicarious trauma may suffer from a decreased ability to trust, altered sense of safety, decreased self-esteem, and a loss of control.

Figley developed the theory of compassion fatigue to describe the convergence of secondary traumatic stress and burnout in caregivers who are repeatedly exposed to the trauma of others.[17] Secondary traumatic stress (STS) is also thought to be a normal, universal response to exposure to a client's traumatic experiences, and is not considered to be pathological.[18] STS is primarily symptom based and includes symptoms of post-traumatic stress disorder, such as the re-experiencing of trauma, recurrent dreams similar to the client's trauma, intrusive thoughts of therapy sessions, suddenly recalling a frightening experience, flashbacks connected to a client's trauma, avoidance or numbing feelings, and persistent arousal symptoms.[19] Therapists are not alone in developing these symptoms, as other professionals such as immigration attorneys[20] and immigration judges[21] have been found to suffer them as well.

I developed a number of these symptoms in the beginning of my work.[22] I went through feelings of devastation, feeling completely deskilled, traumatized, overwhelmed, and isolated. I developed a strong

[15] Laurie Anne Pearlman and Paula S. Mac Ian, "Vicarious Traumatization: An Empirical Study of the Effects of Trauma Work on Trauma Therapists," *Professional Psychology: Research and Practice* 26, no. 6 (1995): 558.

[16] Anat Ben-Porat and Haya Itzhaky, "Implications of Treating Family Violence for the Therapist: Secondary Traumatization, Vicarious Traumatization, and Growth," *Journal of Family Violence* 24, no. 7 (2009): 507.

[17] Charles R. Figley, *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* (New York: Brunner/Mazel, 1995), 124. Compassion fatigue is "the natural, predictable, treatable, and preventable consequences of [caregiving]."

[18] Charles R. Figley, *Treating Compassion Fatigue* (New York: Brunner-Routledge, 2002).

[19] Debora Arnold et al., "Vicarious Posttraumatic Growth in Psychotherapy," *Journal of Humanistic Psychology* 45, no. 2 (2005): 242.

[20] Lin Piwowarczyk et al., "Secondary Trauma in Asylum Lawyers," *Bender's Immigration Bulletin* 14, no. 5 (2009): 263–69.

[21] S. L. Lustig et al., *Bender's Immigration Bulletin* 13 (2008): 22–35.

[22] I take comfort that I'm not alone in having developed these symptoms. Arnold et al. (2005, 248) report that 100% of the trauma therapists in their sample reported having nega-

startle response so that whenever anyone came through my door or spoke to me when my back was turned, I would jump. Strong feelings of sadness and anger plagued me that human beings could torture people in such merciless ways. Descriptions of torture frequently ran through my mind and thoughts of torture began to burst out of me at unexpected times.

I remember going to California and meeting my daughter's boyfriend for the first time. We went out to breakfast in a little diner that had miniature jukeboxes at each table. We each put in a quarter for our favorite songs, and I chose "It's a Wonderful World" by Louis Armstrong, a song I've always loved. When Louis began to sing the verse "It's a Wonderful World" during our fun, light-hearted conversation, I suddenly said, "Do you know what? It is NOT a wonderful world. Do you know what they do to political prisoners in Ethiopian prisons???" I started listing off the forms of torture used by Ethiopian torturers. Suddenly I became aware that my daughter and her boyfriend were looking at me with their mouths open, their eyes sad and full of dismay.

I could no longer tolerate seeing violence on television or in movies and had to walk out if torture scenes appeared on screen, because I now knew the reality of torture. (This will never change for me.[23]) The world no longer felt safe. I had nightmares of being tortured and of my family members being hurt. I worried about my clients often.

With my early cases, I had not yet developed any protection against the shock of hearing what happened as a consequence of someone's torture. One situation in particular affected me strongly:

> *The survivor wept as she said that her brother-in-law was imprisoned and tortured over a period of two years. When he was released, he was "a changed man." He flew into rages and sometimes he did to his fifteen-year-old son, her nephew, what had been done to him in prison. Sobbing, she told me that as a result, her nephew had hung himself. I was stunned. I myself had a fifteen-year-old son. Suddenly what flashed through my mind was an image of my husband being imprisoned, tortured, released, and then torturing our son, who subsequently committed suicide. I felt completely devastated after this session. I felt as if a bomb had gone off in my head.*

tive responses to trauma work, whether intrusive thoughts and images (90%), emotional (71%), or physical (33%).

[23] This reminds me of a quote by E. Neuffer, who in speaking of the intensity of her wartime experiences said, "I left Bosnia as a reporter three years ago. What I didn't realize then is that Bosnia […] will never leave me" (quoted in Danieli, *Sharing the Front Line*, 2002, 286).

It was very clear to me in those early days that I had to develop a stronger ability to "hold" the torture accounts I was hearing if I was to be of any help to survivors. As Kinzie writes, calmness and acceptance upon hearing the trauma story are critical qualities for a therapist working with torture survivors.[24] My capacity for empathy was truly my Achilles' heel.[25] Survivors are exquisitely sensitive to the reactions of others at hearing about their torture. A survivor once told me with certitude, pointing to her forehead, that anyone walking down the street could read on her face that she had been raped during her torture. Survivors are attuned to the listener's facial responses and fearful of any sign that the listener might perhaps find them disgusting or repulsive because of what they have endured, or that the listener might not believe them or might not be able to tolerate hearing the truth of their torture experiences. If I were too vulnerable to the story of the torture, the survivor would not be able to tell me about it. How could my survivor clients heal if I could not hear their stories without feeling overwhelmed by what they had endured? There was little possibility for a successful therapy unless I could deal with the torture.[26]

Once I became tearful along with one of my clients when she described the torture she had endured in a jail cell in Cameroon. When she returned the following week, she informed me that she could no longer talk to me about what had happened to her: "Because it bothers you," she said. From that point on, I exerted great efforts to suppress all tears in clients' sessions, no matter how painful the material was. This was to have long-lasting consequences for me that would only be resolved two years later.

Learning to Hold the Trauma

Pearlman and Saakvitne say that trauma survivors will teach the therapist what the therapist needs to know to help them.[27] Certainly exposure to the severity of their trauma challenged me in many ways. The more familiar I became with

[24] J. David Kinzie, "Cross-Cultural Treatment of PTSD," *Treating Psychological Trauma and PTSD* (New York: Guilford, 2001), 270.

[25] S. Megan Berthold (2011) points out that it is paradoxical that a therapist's greatest strength, the ability to empathize and create a strong therapeutic relationship with a client, is also the quality that makes him or her the most vulnerable to developing secondary traumatic stress or vicarious trauma symptoms. *See Vicarious Trauma and Resilience* (NetCE, 2017).

[26] Anna B. Baranowsky, "The Silencing Response in Clinical Practice: On the Road to Dialogue," in *Treating Compassion Fatigue*, ed. Charles R. Figley (New York: Brunner-Routledge, 2002): 158.

[27] Pearlman and Saakvitne, *Trauma and the Therapist*, 403.

types of torture over time, the better able I was to hold them for the survivor so we could work on ameliorating the symptoms they caused. The road was rocky in the beginning, but became more even as I learned from my symptoms and grew more experienced. There are some ways in which I experienced an echo of the survivors' post-traumatic symptoms, such as intrusive images of torture.[28]

Early one Saturday morning I was lying in bed, thinking about the enjoyable things I was going to do that day, like going for a run, doing the laundry, and going shopping for a new dress. Suddenly, in the shadows on my ceiling, I saw the image of a naked man hung by his wrists from the ceiling with electric wires hanging from his genitals.

This image was one of the pictures from the IRCT book that I had tried to cover up at the outset of my work with survivors. It had come back to haunt me after a year of work with survivors whose lives were still plagued by their torture. I came to consider this image in my ceiling as a gift. It taught me what it was like to experience a post-traumatic stress symptom called an "intrusive image"; that is, a trauma image that suddenly intrudes into your mind when you're thinking of something unrelated to a traumatic event. I had turned a corner in my reactions to survivors' trauma stories. They no longer traumatized me as much as they taught me.

Facing the reality of torture had significant social and spiritual consequences as well as challenges to my perspectives and beliefs. This was fully consistent with the theory of vicarious traumatization.[29]

Social Consequences

In the beginning, my social life was affected. I began to pull away from others. I didn't have the energy to go out with friends and was too exhausted to talk on the phone. I needed time to heal during the weekends from the trauma content I was exposed to during the week. Working with survivors to process the impact of torture involves very intimate issues and is intense compared with the work of most people I came across outside of work. I began to feel out of place at social events. It was hard to

[28] J. Eric Gentry, Anna B. Baranowsky, and Kathleen Dunning (2002, 124) comment that "symptoms of compassion fatigue can mimic, to a lesser degree, those of the traumatized people we are working with." *See* "The Accelerated Recovery Program (ARP) for Compassion Fatigue" in *Treating Compassion Fatigue*, ed. Charles R. Figley (New York: Brunner-Routledge, 2002).

[29] Pearlman and Saakvitne, *Trauma and the Therapist* (1995).

go to places where I was asked about my occupation. People did not know what to say when I told them what I did. The most common reaction was a discomfited facial expression, followed by a change of subject. Topics discussed at parties began to seem trivial and senseless. How could people complain about mundane issues like irritation with a neighbor when torturers in the Houses of Ghosts in the Sudan were burning prisoners with iron plates and pulling out their fingernails?

At work, I was told that other therapists who did not work with survivors didn't really want to hear about torture because it was too painful. This "silencing response"[30] from fellow therapists and the discomfort of friends and people in the community made me feel quite isolated and lonely at times. When PSTT obtained a large grant from the Office of Refugee Resettlement in 2000, we were able to provide a broad range of services to many more survivors of torture, and more staff members started working with them. We instituted weekly two-hour clinical team meetings for our staff, which turned out to be a powerful means of reducing the isolation and other symptoms of secondary trauma elicited by exposure to torture accounts.[31,32] In addition, PSTT therapists had an "open door" policy with each other to counteract isolation, in case any one of us needed a place to just sit or perhaps do some work in the sand tray after a difficult day. (See my example of sand tray work near the end of this chapter.) I took seriously Herman's statement advocating that trauma therapists have a support system: "It cannot be reiterated too often: No one can face trauma alone."[33]

Another gift of the ORR grant was the creation of the National Consortium of Torture Treatment Programs (NCTTP), which brought together representatives of programs from across the country a couple of times a year. For those of us who were directors of centers or programs, this network of colleagues provided us a place where we felt heard, understood on the deepest level, and supported, and where we could learn, have fun, and be joyful in spite of the trauma to which we were constantly

[30] Baranowsky (2002) describes the silencing response as a coping mechanism used by a therapist to end discomfort and pain caused by exposure to trauma content in sessions by shutting it down or minimizing it (156).

[31] Danieli (1994) endorsed the use of a support group to address countertransference reactions, encourage mutual support, and enhance self-care (381).

[32] Kinzie (1994) described the power of a strong supportive network of therapists to reduce the sense of loneliness and isolation generated by exposure to torture accounts (261).

[33] Herman, *Trauma and Recovery*, 153.

exposed. It was wonderful! It provided me with friends around the country to contact for questions or to commiserate with when necessary. It gave us all colleagues to create presentations with, which allowed us to learn from each other and teach to others. Our meetings were always times of learning, growth, camaraderie, and great fun—perfect ways to fight secondary trauma.

When ORR came to our center for a site visit and we told them that we had *fun* at the NCTTP institutes, they seemed to see that as a negative. However, the NCTTP institutes were an essential component of programmatic self-care: they provided us with critical information and support, and helped us return reinforced and wiser to our centers to provide renewed strength to our staffs, and to continue our growth and our fight against secondary traumatic stress.

Changed Worldview

My worldview changed as a result of my work with torture survivors, and many of my beliefs were sharply challenged by increasing exposure to torture. At the deepest level, knowledge of the cruelty of torturers affected my basic belief that people were inherently good and trustworthy. To learn that torturers could repeatedly force their victims' heads in barrels of urine, feces, and bloody water until they nearly drowned, or that they could shoot a mother in the face for refusing to have sex with her teenage son, destroyed my belief that people were basically good. I now saw the capacity for evil in others. One day when I saw a man angrily reprimanding a little boy outside my gym, the thought immediately went through my mind that he was abusing that boy at home. What was shocking to me was how certain I was of this thought. Was this a case of distorted perspective because of my work?

Another belief that was challenged by working with torture was that my own government had basically good intentions toward people and did not torture. I had told survivor after survivor that they were safe in the United States because we did not torture people here. And then the Abu Ghraib photographs hit the press, showing the exact same forms of humiliation, subjugation, and terroristic forms of torture to which many of my survivors had been subjected. My government lied about not using torture, saying that waterboarding (a terrifying form of torture that brings a victim repeatedly to the point of asphyxiation) is only "an enhanced interrogation

technique."[34] I firmly recommend that Donald Rumsfeld and John Yoo, who I understand advocated for these "enhanced interrogation techniques," try them and then give a considered opinion on whether they are torture or not. I am enraged about my country's duplicitous use of this euphemism for torture.

I came to recognize that this shift in perspective reflected what survivors had learned about the world. I could use my changed perspective to understand their world, their altered ability to trust. But I too had lost my innocence.

Altered Sense of Safety

Now I knew with certainty that there was evil in the world. As a result, my sense of safety at home and elsewhere in the world was greatly affected. I was more afraid in my community than I had been before, and I worried about the lives of my husband and children, particularly when my children traveled on their own. "They torture people there," I told them about country after country that they traveled through. I couldn't relax until they were safely home. Reading the newspaper and watching television news increased my conviction that the world was not safe and that people were not to be trusted. Human beings did unspeakable things to other human beings.

Challenged Spiritual Beliefs

My spiritual beliefs were also affected. I began to pray every night for the people who were being tortured everywhere, in all the places my clients had been tortured, in prison cells, jail cells, caves, and clandestine sites like the Houses of Ghosts in Sudan. Some nights I would be afraid to pray because it meant I'd have to think about all the people being tortured right that very moment with no one to help them. Even now that I'm retired, I'm sometimes afraid of my prayers. Some trauma responses die hard.

I wondered how God could allow these terrible things to happen so often, in so many places, in so many countries around the world. (Although I was originally raised Christian, I came to believe in God as

[34] Judy B. Okawa and Ronda Bresnick Hauss, "The Trauma of Politically Motivated Torture," in *Trauma Psychology: Issues in Violence, Disaster, Health, and Illness*, ed. Elizabeth K. Carll (Westport, CT: Praeger Publishers, 2007).

a universal divine force not affiliated with a particular religion.) Where was God when a young Sudanese was forced to watch a man's decapitation as part of his torture? I became very angry with God. In fact, I began to doubt what I had been taught about God, basic beliefs about God being loving, omnipotent, omnipresent.

This spiritual crisis so troubled me that I went to a class in a seminary entitled "What Is Evil?" taught by a Harvard-educated priest. I had hopes that he would listen to my dilemma about where God was when torturers were torturing people just short of death. However, he met each of my questions both during and after class with a brief, rather dismissive comment, changed the subject, and returned to talk about the Book of Job. He did not seem to want to face real evil in the present-day world. I felt embarrassed and silenced and, pondering it later, told myself I was encountering another of my survivor clients' experiences.

It was through many sessions with my survivor clients that this spiritual crisis began to resolve itself. One after another, survivors told me that the way they coped with post-traumatic symptoms, such as nightmares or sleeplessness, was by reading the Bible or the Qur'an. Then one day, when a survivor told me a painful account of the torture she had endured, I asked if it had affected her faith. She shook her head no and reflected quietly that she thought that God had "just been busy right then" and couldn't be with her that particular day. Her faith had an enormous impact on me. I was to hear similar remarks on a number of occasions from others who did not lose faith in their God, despite having endured days, weeks, or months of excruciating and what I thought would have been soul-murdering torture. In fact, the most common remark I heard was that "God saved me." So, hearing about torture *caused* my spiritual crisis, but working with survivors *healed* it.

The Process of Strengthening Myself to Bear Witness to Torture

Over time I became able to hear about many forms of torture without being undone by them, and my symptoms of secondary trauma gradually resolved. The strengthening process occurred so gradually that I'm not sure exactly how it happened. Bit by bit, I seemed to develop a transparent cloak that helped me focus on my survivor clients' pain and kept me from being distracted by the horror of their torture. With each blow of a torture

account that struck, I learned to be able to accept the next, similar account, and it fit around me as if it were a soft, transparent layer of protective cloth. As I learned how the torturers inflicted their pain and how the survivor survived it, I was able to hold more of the story, as if wrapped in another layer, until some new and horrifying event came to light that knocked me to my knees again. Then the process began again, and I became familiar with that type of torture so I could hold it for the next person, and so on until I was able to be strong for many people.

These transparent layers of protection did not make me hard or insensitive in any way to the pain my survivor clients suffered. Rather, they enabled me to be fully present for the survivor without being distracted by my own shock over the details of the torture itself.

The more I was capable of holding the torture story in the room, the more I was able to help the survivor weather the powerful emotions that accompanied the memories.[35] It takes courage and significant risk for the survivor to put into words the deeply personal, humiliating things that were done to him in the darkness of the torture cell. As the therapy work deepens and this communication takes place, the connection between the survivor and the therapist becomes profound. I felt that I was entering sacred ground when a survivor opened himself to tell me the details of his torture, which cost him emotionally.[36] I felt deeply honored to be allowed to bear witness to my survivor clients' accounts of such personal travails, told with such dignity.[37]

Strengthening through Learning

Another way I strengthened myself against secondary trauma was by mastering a great deal of information about torture and its sequelae. As a psychologist, I worked with survivors in two different capacities. In one capacity, I worked as a therapist on the issues my clients chose to

[35] Danieli (1994), speaks of the need for the therapist to be able to feel the "full life cycle" of the client's emotion—the beginning, middle, and end—without resorting to a defensive countertransference reaction. The therapist has to identify his or her "personal level of comfort … to hear *anything*" (385).

[36] Pearlman and Saakvitne (1995) describe the process of participating in the transformation of a person's despair as a "life-altering spiritual experience" for the therapist (403).

[37] Kinzie (1994) also describes the sense of honor that the clinician develops in the therapeutic relationship with the survivor of torture as "a profound sense of having the privilege of hearing such extremely private stories" (255).

bring to sessions, addressing the trauma at the pace dictated by the clients. In the other capacity, I was hired by the survivor's attorney to perform a psychological evaluation and prepare an affidavit to submit to immigration court with the survivor's application for political asylum, and also to testify as an expert witness about the contents of my report. I met with each survivor for a total of approximately eight to ten hours, during which time I performed a detailed clinical interview about the experiences that led her to seek asylum in the United States, and administered symptom checklists to assess if and how she might have been affected by the torture she had described.

These psychological evaluations were the source of great learning for me. I learned about the politics in the countries that were resulting in the flight of torture victims to the United States and which political parties were persecuting which other parties. I learned about tribes and tribal languages, which languages my clients spoke and how to pronounce them. I learned about geography, where their countries were located, what their capitals were, and where their universities were (because often the survivors were university students). I learned a great deal about female genital mutilation, because many of my clients had suffered it. I learned about the adversities suffered by women, how little power they had in many countries, and how they were blamed when they were raped.

I also learned some unexpected things related to my cases. I had several voudou cases for which I had to read everything I could in order to testify effectively in court. In one instance, I read a book by an anthropologist about secret societies in French-speaking Africa whose members believe in an ancient tradition that if you drink the blood of a person, you take on their power. Sometimes a case hinges on a psychologist explaining quite unfamiliar customs to a judge who would have no way of understanding them otherwise.

The more I learned, it seemed, the easier it was for my survivor clients to tell their stories. When I gained greater familiarity and comfort with this material, I could provide greater structure to the evaluation sessions, which seemed to help the survivors. I structured the sessions by giving clear information before the evaluation about what we were going to do, and also information afterwards on what the survivor could expect. It seemed to help the survivor when I was familiar with politics and the major cities and regions in her country. Also, I found that having a long session for the survivor to be able to tell her entire story ended up being helpful for her. Survivors told me afterward that it was a relief to know that

they could survive the telling of the entire trauma history. Interestingly, many people told me that it was my eyes that helped them through it. I suppose my eyes showed that I had finally become strong enough for us to hold the torture together, to give it space in the room to be mourned, to be respected, to be judged, to be cared for, to begin to be healed.

There was also significant advantage derived from working in a community with a good interpreter. Fabri calls this the "therapeutic triad."[38] I had the good fortune to work often with an outstanding French interpreter, Brigitte Regnier, who, in addition to having sensitive interpretation skills, enhanced the healing environment because of her compassion and expertise working in the therapeutic setting with survivors of torture. Having both the therapist and the interpreter bearing witness to the survivor's story seemed to bring more energy to the room and more strength to the survivor.

After a session that was particularly difficult for one of my French-speaking clients, I taught her and our interpreter a yoga pose called the Warrior Goddess. As the three of us stood together posed in a tight circle, Warrior Goddesses all, we could feel the torture banished from the room by the force of our unity, the strength of our fight together against her trauma. I can still draw back to my mind today the power of that moment.

Transformation and Resilience

My journey from symptoms of secondary trauma to resilience was marked by a number of lessons on how to transform a perceived weakness into a strength.[39] A colleague taught me this lesson on a day I couldn't type certain words about torture.

A survivor described being led into a small cell that contained only a platform on which there was a candle, a match, and scissors. She described how her torturers cut off her underwear with the scissors, burned her vagina with the candle, and then raped her with it. This image haunted me for months. When the affidavit for her asylum claim was due, I was sitting at my dining room table trying to type up the psychological evaluation with the description of the torture she endured. I could not bear to type the words about the rape with the burning candle. I simply could not make my fingers form those words or stand for my eyes to see them.

[38] Mary Fabri et al., "Caring for Torture Survivors: The Marjorie Kovler Center," in *The New Humanitarians: Inspiration, Innovations, and Blueprints for Visionaries*, ed. Chris E. Stout (Westport, CT: Praeger Publishers, 2008), 170.

[39] Engstrom, Hernandez, and Gangsei (2008, 17) call this "reframing."

At that moment, a colleague of mine who also worked with survivors happened to call. I told her my dilemma about these particular words. I could hear her struggle to think of what to say that would help. Suddenly she suggested, "What if you think of it as hammering a shield?" In an instant, these words completely transformed the act for me. I hammered out that shield with all the power I could muster.

I personally experienced the transformation of a symptom that had been plaguing me for about two years, a symptom that I wasn't fully aware was one of secondary trauma. The change of this symptom took place as a result of a single experience during sand tray work. By way of background, PSTT had a sand tray room with shelves containing a large collection of objects representing human figures, spiritual figures, animals, plant life, minerals, dwelling places, furniture, modes of transportation, and miscellaneous objects. The person is to choose whichever objects strike him and bring them to the sand tray, which is a wooden box approximately twenty inches by thirty inches by three inches deep and full of sand. The bottom is painted blue. Ruth Amman aptly describes the sand tray as a "soul garden" where a person's "inner and outer life can develop and reveal itself."[40] I often turned to the sand tray as a way to work through emotions or "stuck" places in my work.

The Little Red Cabinet of Tears

I mentioned earlier that I had stopped having any tears in sessions due to a survivor saying to me that she couldn't tell me about her painful experiences because "it bothered [me]." For a number of months, I was strongly aware of blocking painful emotions and tears as they came up when I heard distressing stories of torture. After a while, I no longer felt aware of that blocking feeling. However, I began to have water coming out of my eyes at odd times. I wasn't crying—I did not have the emotions associated with crying. There was just water dripping out of my eyes. In fact, after a while, the water started to come out of only my right *eye.*

I thought this was quite peculiar, and I didn't know what to make of it. It would happen at unusual times—when I was very happy, when I was excited, when I was feeling sentimental. Water would come out of my right eye. I definitely did not feel like I was crying. Then one day I was working with a teenage child soldier who had suffered the most severe trauma imaginable. When I

[40] Barbara Labovitz Boik and E. Anna Goodwin, *Sandplay Therapy: A Step-by-Step Manual for Psychotherapists of Diverse Orientations* (New York: W. W. Norton, 2000), 3.

asked him about depressive symptoms, he insisted that he has never, ever cried. When I looked at him in some disbelief, given the tragedy he had described, he paused and said, "Water comes out of my eyes, but I never cry." This was exactly what was happening to me! Maybe I was really crying and didn't know it.

Shortly after this session with the child soldier, our center brought Dr. Gisela De Domenico, a well-known sand play therapist from the San Francisco area, to provide staff training on sand play. I had attended two of Gisela's previous training sessions and when she asked for a volunteer to be a training subject, I stepped up. I had brought something from my own collection that I wanted to use, although I had no idea that I was going to do a tray with Gisela. It was a little red Chinese cabinet that had doors that opened out, revealing more doors that opened out, revealing still more doors that opened out, and so on. I plopped that little cabinet in the corner in the sand and said, "That's where all the tears are," and then I started to weep. I wept and wept and wept.

As I wept, I created mounds in the sand where I laid out torture scene after torture scene. This is where they hung him from the wall and tortured him with electric wires. This is where they cut off the hand of the prisoner next to him. This is where they forced her to have sex with another prisoner. This is where they burned her breasts after making her give her baby to the woman next to her to hold. And I wept and wept. I dug sand off the bottom of the tray so I could put more victims in the blue water of the bottom, because people are tortured in water too, after all.

Finally, I sat up abruptly and said that all the tears in the little red cabinet were out. It suddenly occurred to me that I could dig a moat through the sand and weave it throughout the tray so that it connected all the victims, who were barely surviving. At that point, I felt completely convinced that the tears were flowing throughout the moat, irrigating all the lands, bringing healing water to everyone in need. This was a transformational experience. It was a black and white experience. Before, I had felt a deep sadness. After I realized that there could be a moat of healing tears and that therefore all the victims were going to survive, I felt healed and strong. I never experienced water coming out of my eyes again.

It is difficult to describe how powerful that single experience in the sand tray was. It completely eradicated a symptom and transformed a feeling. I don't think I will ever forget it. As additional evidence of the power of this non-traditional therapeutic approach, two of my survivor clients who have published books had only one or two sessions each using the sand tray, but they both described these sessions prominently in their books.

Conclusion

Jennie Goldenberg, who studied interviewers of Holocaust survivors, asked where "those stark and savage images" go when the interviewers take them into themselves and how the images changed them.[41] This is certainly a relevant question for me. Indeed, in the initial stage of bearing witness to torture stories, those "stark and savage images" did make me "come undone" to some extent. I experienced symptoms of secondary traumatic stress and vicarious traumatization, which diminished greatly over time and were no longer overwhelming.[42]

During this period of time I was propelled into learning a massive amount of information about torture and its impact on people, survivors, and caregivers alike. I'm now convinced that I needed to go through the "trial by fire" of secondary traumatic stress and vicarious trauma in order to be able to strengthen myself and to learn from my clients. The work was immensely challenging. I felt deeply committed to continuing it, and my experiences with survivors convinced me that the therapeutic process had value. I had a strong sense that the work was meaningful, even when I was struggling to learn how to handle it. I have felt very fortunate to have had work that gave my life a clear sense of purpose. It has always felt like a calling to me.

Accompanying survivors on their path toward healing transformed me in many ways, and my life has been greatly enriched by walking with survivors on their journeys. My experiences are very similar to those spoken of in the literature on vicarious post-traumatic growth and vicarious resilience.

I will always be in awe of the remarkable resilience shown by survivors who are initially so devastated by the traumatic circumstances that forced them to flee their countries, and yet not only manage to survive but often to thrive. Every day in my office there was ample evidence of Stamm's statement that "the human spirit, while clearly breakable, is remarkably resilient."[43] Through our work together I, too, learned how to cope with adversity. I learned to "reframe" things in my own life, to look at the positive side of things, just as

[41] Jennie Goldenberg, "The Impact on the Interviewer of Holocaust Survivor Narratives: Vicarious Traumatization or Transformation?" *Traumatology* 8, no. 4 (2002), 216.

[42] Katie A. Splevins et al., "Vicarious Posttraumatic Growth among Interpreters," *Qualitative Health Research* 20, no. 12 (2010), 1710.

[43] Quoted in S. Collins and A. Long, "Working with the Psychological Effects of Trauma: Consequences for Mental Health-Care Workers – a Literature Review," *Journal of Psychiatric and Mental Health Nursing* 10(4) (2003): 422.

I was encouraging my survivor clients to do in therapy.[44] My own problems seemed so tiny in comparison to what survivors had been through. This work puts everything in perspective.

Survivors have given me a deep sensitivity for the suffering of others. They taught me a far deeper understanding of people from other cultures and of the ways in which politics can lead to torture. Pearlman and Saakvitne comment, "A significant reward of doing trauma therapy has been our increased sense of connection with people who suffer everywhere, across time and across cultures."[45] Indeed, I am now aware of torture all over the globe. When there are riots and arrests in Nepal or Indonesia, I pay attention because I know that we will soon be seeing these folks in our US treatment centers.

I feel great gratitude for my good fortune to have been born in a country where we have free speech and the right to criticize the president as loudly as we wish without fear of being arrested, where we have more than one political party, where there are plenty of books and desks in the university, where police cannot raid our universities and arrest students wholesale, where I can walk down the street without being arrested, where people are not routinely tortured in jail.

The injustice of torture was so loud that it mobilized me to speak up. Since beginning to work with survivors, I have become more active politically and socially, participating in protests, marches, testifying on Capitol Hill about torture, speaking out on torture and issues of victimization through the media, and actively training mental health professionals, attorneys, teachers, human rights activists, physicians, and other community professionals on the impact of torture. Both my country (under President George W. Bush) and my professional association of psychologists have grossly disappointed me by not standing up against torture. Once you know about the reality of torture, it is no longer possible to remain silent about it.

I feel so fortunate to have been invited into the hearts of the survivors who shared their stories, their pain, and the retrieving of their lives with me. In the process, they taught me how to live, how to walk through fire, and how to come out on the other side. These are lessons I will not forget.

[44] Engstrom, Hernandez, and Gangsei (2008).
[45] Pearlman and Saakvitne (1995), 405.