



## Assessing the Treatment of Torture: Balancing Quantifiable with Intangible Metrics

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*Activist, educator, and former priest Orlando P. Tizon was imprisoned and tortured for four years under the regime of President Ferdinand Marcos of the Philippines. In this chapter, Tizon provides an overview of the central mission of the Torture Abolition and Survivors Support Coalition International (TASSC) as a “community of healing,” as well as describes his own role within that community. As both a torture survivor and an intake coordinator for TASSC, Tizon negotiated the dual demands of professional support, measurable outcomes, and the perpetual need to secure funding for the organization on the one hand, with the survivors’ needs and desires on the other. The central aim of the chapter is to investigate how healing and recovery are evaluated by different stakeholders, and Tizon pursues this investigation through a consideration of what he terms an “institutional ethnography” of TASSC alongside interviews with the organization’s clients. He begins by situating TASSC within the field of torture treatment programs. Moving to the specific services TASSC offers, his institutional*

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A. S. Moore, E. Swanson (eds.), *Witnessing Torture*, Palgrave Studies  
in Life Writing, [https://doi.org/10.1007/978-3-319-74965-5\\_6](https://doi.org/10.1007/978-3-319-74965-5_6)

*ethnography focuses on “relations of ruling”<sup>1</sup> that arise from and condition survivors’ interaction with different facets of the institution.*

*Tizon starts his institutional history in the 1970s, when Amnesty International launched a program to address the needs of torture survivors in Chile and an international group of medical professionals began to study torture rehabilitation. Accompanying new research and treatment protocols and facilities were new international and domestic legal instruments: first, the Convention against Torture (1984) and then, in the United States, the Torture Victims Relief Act (TVRA, 1998), which, in addition to its legal effects, provided funding to survivor treatment institutions. In doing so, TVRA enhanced the demand for evidence-based, measurable outcomes of programs seeking support. These outcomes for an organization such as TASSC must include measures of medical, psychological, legal, and social assistance. As Tizon points out, the demands of accountability perhaps inevitably shifted authority over the success of programs from those who experienced them to those who evaluate them, in keeping with what Sally Engle Merry refers to in the title of her recent study as *The Seduction of Quantification* (2016). For most of TASSC’s clients, legal asylum and the legal and psychological protections it affords constitute their most pressing need, and survivors often learn about the other services of the organization only after their initial meetings.*

*In an earlier published essay exploring his own initial reluctance to participate in psychotherapy, “Dreams and Other Sketches from a Torture Survivor’s Notes,” Tizon explores the challenges survivors may face in seeking psychological assistance after torture and in navigating therapy sessions. He locates his own resistance to therapy in his desire to avoid reopening a traumatic past, to wanting to focus on other survivors, and to the sense that his survival had in part resulted from his inner strength. Thus, to seek help would be to acknowledge the vulnerability of that inner self. Reflecting on the successes and failures of his own therapy, Tizon provides a nuanced examination of the client–therapist relationship, which can spill over from the therapy session into everyday life, and can include the ways in which their power dynamic might inadvertently echo that of torture itself. Tizon insists on the necessity of a therapeutic process driven by survivor needs and desires in all their contradictions and complexities. Such an approach rec-*

<sup>1</sup>Dorothy E. Smith, “Relations of Ruling: A Feminist Inquiry,” *Studies in Cultures, Organizations, and Societies* vol. 2, no. 2 (1996).

*ognizes the sociality of the survivor and, in doing so, explicitly responds to the way torture works to isolate subjects from their larger social worlds. Just as torture never involves solely what Stephanie Athey has described as the “dyad of torturer and tortured,”<sup>2</sup> Tizon argues that therapy should similarly not be limited to therapist and client, but rather should involve a wide network of social relations, particularly among survivors, as well as attention to post-therapy phases of healing.*

*In his contribution to this volume, Tizon focuses more explicitly on how survivors engage with TASSC as members of a community. He bases his findings on thirteen extended interviews he conducted from 2000 to 2010, as well as on his experiences with TASSC up until his death in 2016. The interviews as qualitative evidence reveal—perhaps unexpectedly, given that clients most often came to TASSC specifically for professional help with their asylum applications—that what they count as most valuable in their connection with TASSC is the discovery of a community of survivors. That community, moreover, comprises more than camaraderie and understanding based on shared experience, although those are crucial sources of support. It also forms the foundation for survivors’ recognition of their own political subjectivity, as well as the possibility of controlling the direction and pace of their healing. Tizon concludes that “experience in TASSC sheds light on the importance of self-healing, the capacity of survivors to heal themselves, and the need to empower themselves for their recovery.” These unquantifiable outcomes demand a broad understanding of mental health that extends beyond a purely medical definition, and is firmly rooted in a community of mutual support led by survivors themselves.*

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## INTRODUCTION

I was imprisoned and tortured under the martial law regime of former President Marcos of the Philippines from September 1982 until April 1986. Three months after my release, I came to the United States to visit family members; after giving in to my family’s entreaties, I prolonged my

<sup>2</sup>Stephanie Athey, “The Torture Device: Debate and Archetype,” *Torture: Power, Democracy, and the Human Body*, edited by Shampa Biswas and Zahi Zalloua (Seattle and Walla Walla: Whitman College and University of Washington Press, 2011): 144.

stay and extended my tourist visa, eventually becoming a US resident. It took me years to decide to look for help after my experience of torture, and this was a step that I took entirely on my own, without any consultation with others. From that experience, I gathered strength and resources to take a job as Coordinator of Direct Service Programs at the Torture Abolition and Survivors Support Coalition International (TASSC), a non-profit organization for survivors of torture and political violence.

As coordinator, I was usually the first person in contact with the clients coming to the office. Survivors are typically first referred to TASSC by their lawyer, social worker, or staff from other organizations. Often they get to know the organization through their communities or through other survivors who have been to TASSC; sometimes they learn about the organization through its website. Most are asylum seekers whose main concern is to get their legal status and work permits in the United States.

The first step for survivors in the process of receiving assistance through the organization is to have an intake interview in order to determine whether they are survivors of torture and political violence, then to assess their priority needs, after which they are referred to different staff members or to other agencies. The various services are free of charge, with the exception of some lawyers, who might charge survivors at a reduced rate.

Clients are then assigned a case manager who helps them with the different services to which they are referred; very often they will need an immigration lawyer and a medical doctor. Some might need to see a psychotherapist, but the process is first explained by the case manager to show how it might assist them. It helps when it is explained that the physician and the therapist can provide documentation and expert witness to support an asylum application. TASSC also facilitates the process of gaining health insurance and support for employment and continuing education.

TASSC holds a monthly gathering of survivors to give them an opportunity to get to know each other, to socialize among themselves, and to be informed about different events in the community or the needs of the organization. It is during these meetings that new people introduce themselves to other survivors—often a very emotionally charged time for them and for everybody. They tell what country they come from, when they were arrested, and why; seldom do they give details of their imprisonment and torture, just the bare facts of why they had to leave their country. Sometimes, though, a few might give details of the political violence that they experienced.

Usually a brief lecture and discussion take place in the meeting; for instance, a lawyer might answer questions about the US asylum process, or a survivor might share some news about the situation in her home country. Survivors are always encouraged to come to the office to visit and to join the monthly gatherings as members of TASSC. Those who live in other states are referred to local treatment centers or other survivors living nearby, so that they can form a local community.

Survivors come to Washington, DC once a year to spend a few days in commemoration of Survivors' Week, which includes the June 26 United Nations (UN) International Day in Support of Torture Victims and Survivors. This week has become a general gathering of survivors from all over the United States and indeed the world. TASSC claims to be an alternative survivor treatment center by building what it calls "communities of healing." In its own words:

TASSC International uses the International Communities of Healing to focus specifically on the rehabilitation of survivors of torture by healing themselves through mutual support, recognition, and validation.

TASSC International Communities of Healing (ICOH) are spaces where survivors gather and work together to help each other heal. Community self-empowerment is an important part of overcoming the experience of torture. TASSC provides a forum to support that process through the International Communities of Healing.

In other words, TASSC relies upon the services of medical doctors, psychologists, and psychiatrists to support survivors, while also emphasizing the importance of processes of survivor self-empowerment in healing the trauma of torture. As Coordinator in this context, I had always to keep in mind the funding requirements of the non-profit organization by referring clients to treatment and rehabilitation services that used "evidence-based practices" and "measurement-based care."

Survivors mostly welcomed various social services such as housing, health insurance, lawyers, and physicians; however, being unfamiliar with mental health services, since most of them came from countries where these services had negative connotations culturally or were rarely available to the general public, they had a more difficult time understanding the services of a psychologist or psychiatrist. Many of them were suspicious of

psychotherapy and most did not like taking psychotropic drugs because of their side effects.

Because most of our clients were asylum seekers, my other priorities were to refer them to a lawyer and to prepare them for immigration officer interviews and court hearings. The main objective in this case was to provide evidence of torture and proof of what the US immigration system and asylum court required as a “well-founded fear of persecution” by reason of “race, religion, nationality, membership in a particular social group, or political opinion.”<sup>3</sup>

During my work in TASSC, I frequently found myself living in two worlds: in the non-profit organization with its funding requirements, and in the world of the survivors living their lives and working to persevere and to heal from the trauma of torture. The first comprised my identity as a coordinator working in a non-profit organization, ensuring that we were providing care with measurable outcomes; and the second meant being a witness for our clients in their day-to-day work of surviving in a strange, new society. I realized that my efforts to meet the funding requirements of the non-profit organization by providing measurement-based care were not exactly related to the everyday lives of survivors, including myself, seeking to endure and to heal from the trauma of torture.

For most survivors, what was important was to live in a place of safety, to gain legal status, and to be able to work so that they would not be dependent on others. For me as coordinator of services, I had to make sure that our clients received treatment and rehabilitation services that were using “evidenced-based practices,” and that eventually they acquired some form of legal status. I often found myself asking, because I was not sure: “How do I know that my clients are healing and recovering from their trauma as a result of such practices? Are these methods the best way for their recovery?” Complicating the issue was managing my own personal history of being a survivor of torture while simultaneously trying to be a detached observer and manager.

This was my problematic. The focus of my research, then, was to find out how survivors of torture understand their healing and recovery from torture trauma as part of their journey with TASSC, particularly in the face of official prescriptions of mental and physical health treatment, as well as

<sup>3</sup> Convention Relating to the Status of Refugees, New York, 28 July 1951. United Nations Treaty Series, vol. 189, p. 137. <http://www.unhcr.org/en-us/3b66c2aa10> (accessed March 22, 2017).

legal and social services, that are guided by measurement-based care and evidence-based practices. From their own point of view, how did survivors define their healing and recovery?

## METHODOLOGY

To answer the questions raised in my work with survivors, I have used a method of inquiry called institutional ethnography, which emphasizes and uses people's everyday experience as embodied actors and experts in what they do in their daily lives. It broadens the idea of work from its conventional meaning as "paid labor" to consider people's everyday lives also through the lens of work, or "what people do that requires some effort, that they mean to do, and that involves some required competence."<sup>4</sup> Such inquiry focuses on analyzing the actual doings and discourses of everyday life, especially the use of texts of all types, using these as data to disclose the relations that affect people and influence their daily lives. This method does not start from theory, but rather originates from the experiences of living human beings in space and time, drawing practical and theoretical conclusions from those experiences. As part of my research, then, I examined survivors' TASSC-related work, including keeping appointments with lawyers, meeting with therapists or counselors, looking for a job, or attending a meeting in the TASSC office. I asked them to recount their work of surviving in a new society after having undergone torture and other forms of politically motivated violence.

Another feature of institutional ethnography that sets it apart from other qualitative methods of research is that it does not aim to generalize from a representative sample of data or to describe a population sample by categories based on the data. Rather than aiming to generalize, it emphasizes that what people do in their everyday lives is coordinated by social relations, including by events that have occurred or are occurring in other places and times. Thus, actions that we take for granted every day, such as buying groceries, taking the bus to work, and so on, are part of social relations connected with others located elsewhere and other times. Social organizations are made up of these interconnections of everyday activities and various social relations and temporalities. Central to this coordination is the role of what Dorothy Smith calls texts, which may be written, oral,

<sup>4</sup>D. E. Smith, *Institutional Ethnography A: Sociology for People* (Lanham, MD: Alta Mira Press, 2006), 10.

visual, or other forms of language used to communicate and coordinate within specific social contexts. Texts make social relations replicable in many times and places, standardizing and coordinating courses of action. For instance, a nurse's report on a chart coordinates the different actions in a hospital designated for patient care and would be recognized by other nurses in other hospitals when they activate the text.<sup>5</sup>

By activating and engaging the text, the "reader" enters into power relations, or what Smith calls "relations of ruling," whereby those who dominate exercise their power over those in local situations. Thus, the nurse filling in the chart to report on a patient's condition links up to the hospital's administration and structures all the way to the highest levels, organized to coordinate the hospital's mission of health care. As organizations have become more complex in industrial societies, such coordination has become more significant for purposes of efficiency, cost-cutting, and better management of resources. The disadvantage, however, is that the client's needs often get lost or subordinated to the organization's in the process of this text-mediated coordination. The nurse creating the chart may not be conscious of this as she works to complete the hospital's requirements; however, institutional ethnography reveals these systems and allows the researcher to map the social relations they engender, as well as how people in the local situation are affected in their daily lives by such ruling relations.<sup>6</sup>

### EVIDENCE-BASED PRACTICE IN TORTURE TREATMENT AND REHABILITATION

Torture treatment and rehabilitation programs use the administrative language of "evidence-based practice" and "measurement-based care," both of which were adopted from the practice of the natural sciences, particularly medicine. Evidence-based medicine was first proposed in 1992, was then adopted in public health settings, and also was implemented in all programs of the National Consortium of Torture Treatment Programs (NCTTP). As its website proclaims, "Providing health, mental health, legal assistance, and/or other support services to victims of torture,

<sup>5</sup>Smith, 27.

<sup>6</sup>M. L. Campbell, "Institutional Ethnography and Experience as Data," in *Institutional Ethnography as Practice*, edited by D. E. Smith (Oxford, UK: Rowman & Littlefield, 2004), 36, 91–108.

NCTTP member centers conduct their programs with the highest professional standards. Research into treatment outcomes and evidence based practices is a strong value.”<sup>7</sup>

Compared with other organized efforts to treat and rehabilitate victims of disease or abuse, the field of torture trauma treatment and rehabilitation is fairly new, dating to the 1970s, and roughly contemporaneous with a surge of governmental and non-governmental interest in human rights and human rights violations, including torture. Indeed, torture was the focus of the first and most visible international human rights non-governmental organization (NGO), Amnesty International, founded in 1961 by British attorney Peter Benenson, who was appalled at the situation of “prisoners of conscience”—people detained and tortured for peaceful expression of their beliefs. The organization’s earliest campaigns brought attention not only to survivors, but also to their various health needs, even though not much was known about the physical or psychosocial effects of torture at that time. In 1974, a group of doctors in Denmark collaborated with health professionals in Chile, Sweden, and Greece to begin work on torture rehabilitation methods, and soon founded the International Rehabilitation Council for Torture Victims, which now maintains affiliations with more than 140 torture treatment centers in 70 countries.<sup>8</sup> Over time, in response to a clearly growing need, torture rehabilitation has become a global movement.

In 1998, the US Congress passed the Torture Victims Relief Act (TVRA), authorizing funding for medical, psychological, legal, and social services for survivors of torture in domestic and international centers, as well as research and training of service providers. The TVRA provides resources and support for the creation of more programs for torture rehabilitation. In the United States several organizations, including TASSC, joined together to form the NCTTP, which in turn became a funding body for member organizations. For the purposes of resource allocation, the TVRA set guidelines—based on the original language of the UN Convention against Torture—to define torture and, thereby, to identify survivors eligible for treatment.

<sup>7</sup>National Consortium of Torture Treatment Programs (<http://www.ncttp.org/aboutus.html>).

<sup>8</sup>“ICRT Marks 40 Years of Anti-Torture Treatment with a Special Event in Copenhagen,” World Without Torture Blog, 4 September 2014. <https://worldwithouttorture.org/tag/denmark-and-torture/> (accessed March 29, 2015).

This legislation uses the following definition of torture, given in section 2340(1) of title 18, United States Code:

- (1) “torture” means an act committed by a person acting under the color of law specifically intended to inflict severe physical or mental pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person within his custody or physical control;
- (2) “severe mental pain or suffering” means the prolonged mental harm caused by or resulting from:
  - (A) the intentional infliction or threatened infliction of severe physical pain or suffering;
  - (B) the administration or application, or threatened administration or application, of mind-altering substances or other procedures calculated to disrupt profoundly the senses or the personality;
  - (C) the threat of imminent death; or
  - (D) the threat that another person will imminently be subjected to death, severe physical pain or suffering, or the administration or application of mind-altering substances or other procedures calculated to disrupt profoundly the senses or personality.

As used in the TVRA, this definition also includes the use of rape and other forms of sexual violence by a person acting under the color of law, upon another person under his custody, or by physical control.

All services provided through the TVRA and via other funders require treatment outcomes and evidence-based practices in their programs in order to ensure that funds, including public funds, are accounted for and used for their intended purposes. While clearly this objective is crucial, one perhaps unintended consequence of the widespread implementation of such quantitative assessment measures is that it hands power to physicians and other service providers involved in rehabilitation, including judges and lawyers. This distribution of power may contribute to survivors’ sense of powerlessness and may not lend itself well to the complex and messy processes of healing—and of “measuring” that healing.

Legal services are an important component of the rehabilitation program for torture survivors, since acquiring legal status and a permit to

work are vital to their rehabilitation. Legal services also require evidence-based practices, but, unlike health services, the evidence required in this case inheres in the legal asylum process. Anyone seeking asylum in the United States must first meet with an immigration officer to explain why he or she is seeking asylum. The main evidence that the immigration law seeks is “credible fear of persecution or torture,” explained by immigration law in this way:

An individual will be found to have a credible fear of persecution if he or she establishes that there is a “significant possibility” that he or she could establish in a full hearing before an Immigration Judge that he or she has been persecuted or has a well-founded fear of persecution or harm on account of his or her race, religion, nationality, membership in a particular social group, or political opinion if returned to his or her country.<sup>9</sup>

In this case, the burden of proof is on the asylum seeker to provide evidence and convince the immigration officer that he or she is eligible for asylum or protection in the United States; the judge makes the final decision in a “defensive” asylum process. If the judge is convinced by the evidence, the court is obliged to grant protection according to the Convention against Torture, ratified by the United States in 1984. The evidence is mainly the survivor’s testimony, substantiated by expert witnesses and by available documentation, such as medical and mental health evidence of torture. The survivor’s lawyer supports the client throughout the process; such representation is crucial, given that the process can be intimidating and adversarial, in the presence of a judge and a government lawyer whose task is to rebut the survivor’s arguments. Most survivors originally contact TASSC because they are in need of help with their petitions for asylum.

“I was anxious about applying for asylum and I needed a lawyer,” Abner told me. The US asylum process is difficult to navigate, even for someone with a legal background. Most of our clients do not understand its requirements. Azeb, for instance, said that she needed some papers and she got upset when I was not able to provide them for her. Her anxiety was understandable: survivors know that being granted asylum ensures that they will not be deported. Sara explained: “My asylum was important, it has achieved something that I’ve been struggling [for] for so many

<sup>9</sup>“Credible Fear FAQ.” United States Citizenship and Immigration Services. <http://www.uscis.gov/faq-page/credible-fear-faq#t12831n40090> (accessed November 23, 2015).

years; I was not sure if the court would accept it, now here I am safe.” Survivors live with the constant fear of being deported, yet paradoxically there is an added source of fear, because meeting with service providers, and especially facing the judge in the full court, replicates the torture situation where they are placed before persons of authority who have all the power and claim to possess the truth.<sup>10</sup>

### INTERVIEWING SURVIVORS OF TORTURE

In order to get at this paradox of fearing service providers—lawyers, social workers, doctors, psychologists—while also needing to engage with them in order to work toward gaining legal status, starting a new life, and even healing from the wounds of torture, I conducted open-ended interviews of thirteen survivors of torture from six countries, eight women and five men. Most were from Africa, except for two from the Middle East and one from Central America. Most live in the Metro DC area, and at the time of the interviews held various legal statuses, from citizens to asylum applicants. I used English for the interviews, except for two cases when the survivors asked for an interpreter/translator to express ideas and feelings better. The interviews took an average of four hours and were conducted face to face or by telephone. The questions centered mainly on their experiences in and relations with TASSC. All names have been changed in order to protect identities.

In most instances, survivors of torture avoided talking about their treatment under the hands of their torturers or their experience in prison. Only one, Abraham, offered information about hearing soldiers torturing a man in a room above his cell, throwing the body inside the cell next to his, and leaving a bloody jacket hanging by the door to his cell. Abraham mentioned this incident after several hours of interviews, during which he told me about breaking down in tears when a staff member in the office asked him directly about his torture. He did not talk at all about what the torturers did to him.

Survivors spoke about *living in the dark, life at an end, keeping quiet and avoiding others, living as if there is a secret inside you, just living day by day*. They generally avoided talking about their torture or the institutions connected with it such as prison, or the guards, or how they managed to get out.

<sup>10</sup> See, for instance, Dianna Ortiz, *The Blindfold's Eye: My Journey from Torture to Truth* (New York: Orbis Books, 2002), 31–33.

*You feel like there is a secret inside you, you feel guilty,* murmured Elsa.

*I arrived in the US in 2010, so broken and lonely and scared. I did not want to talk to anyone, I just kept to myself, and just think and think, I felt so hopeless,* shared Lidija.

Initially, survivors were reluctant to speak of their experiences, and instead focused upon their current work and life situations. When I asked them what activities in TASSC proved most helpful to them, they described the following as the most important.

### *Meeting Other Survivors*

A common refrain was: *You're not alone! You think that you're the only victim.*

Most survivors remember the first time they came to TASSC. For instance, Helen remembers vividly how she was received and made welcome by a staff member and offered food. It was the first time that she had been treated this way in the United States, and when she recalled this greeting, she exclaimed: *I felt very wonderful.*

All the interviewees articulated that meeting other survivors during TASSC's annual June Survivors' Week and during the monthly gatherings of survivors in the office and other occasions was very important. Hearing the stories of other survivors was especially significant, as shown by their various reactions during the gatherings:

*I thought I was the only one.*

*You're not the only one, you're not alone.*

*Others suffered worse treatment than I.*

*Torture happens also in other places of the world, no matter your race.*

Sharing meals, ideas, advice, and experiences with others about surviving helped; they especially noted that their voices and opinions were being heard and responded to when they exchanged information about job opportunities, the asylum process, or classes to learn English.

*It was consoling, comforting to be with others.*

*I felt protected.*

*It felt like being with family, with brothers and sisters.*

*Same people, same feeling, that is a family, like being with family,* Sara emphasized.

Many mentioned working together, teaching each other how to sew and make bags, or instance, as important for relaxing and helping to forget the pain. Survivors shared that such gatherings were different from meeting a therapist individually: *Better than psychotherapy*, Kediri and Abner described the experience.

### *Sharing Stories*

Survivors remember the torturers' warnings:

*After torture you are told by your torturers not to say anything, not to tell others what happened, according to Rahel.  
You feel like there is a secret inside you, you feel guilty.  
You're not able to throw out the anger.*

But when they are able to speak out despite and against the torturer's threats, then it is a healing experience for them:

*When you get it out, you feel free, a sense of relief.  
Telling others what happened is like getting out of prison, Omer described it. As soon as you get it out, you feel free, like getting out of jail. I am out, the day I fled the country, the day I spoke in public.*

Juan cites the difference when speaking among survivors and other groups:

*When you speak before survivors, you feel solidarity, when you speak to other groups, you feel happy, hopeful in denouncing torture.*

### *Speaking in Public*

Speaking in public and meeting US citizens and leaders when TASSC members lobbied Congress on the June 26 UN Day against Torture were eye-opening experiences for the survivors. Denouncing torture publicly was especially significant, because it gave them hope and validated their position against their governments—and because usually it had been their acts of speaking out against government repression that had caused them to be detained and tortured. It was for many of them a chance to explain to others why they had been imprisoned and tortured, and thereby to justify themselves against the authorities who had tortured them—and who had often told them that no one would ever know of their torture.

Survivors had been most often arrested for taking a stand and speaking the truth; now it was their chance to make sure that others knew the truth. Sara explained:

*People are tortured because they don't want to do what they think is not right, to be a slave and to obey. You speak the truth and you go to prison. Now, here, you speak the truth and feel safe. I am satisfied that others will learn.*

Ahmed quoted his torturers telling him: *If you are right, why is the US supporting our government?* Because of these words, he looked for opportunities to talk to ordinary Americans and their leaders about what their support meant to the people in his country. Meeting individual Americans who were shocked at hearing their stories and who sympathized with them gave many survivors a sense of comfort. This was important to their healing, because it proved to them that not all Americans agreed with the support that the United States gave to a government that was responsible for imprisoning and torturing them.

### *Healing*

*After torture it's like life is finished, you can't do anything else. Now I can move on. Before I could not talk, I was quiet, kept things inside, Elsa remembers.*

Many survivors enjoy volunteering in the office with odd jobs. I have asked some of them to help interpret for new people just arriving whose English is inadequate. One volunteer described this work as her accountability for those who could not speak. Most want to actively do something to stop torture and work for human rights, to make a difference in the lives of others in the United States, and the opportunity to do so through TASSC contributes to their sense of empowerment and healing. Telling others about TASSC and sending them to the office is another common way to help others. Between 2000 and 2010, more than 50% of referrals to the office came from other survivors.

Years ago, a friend told Juan: *You will never forget what happened.* Twenty-eight years later, he could speak without feeling the same anxiety about his torture and the nightmares would not come with the same intensity: *Before, I would always cry when I spoke, and have nightmares afterwards.* Kedir agreed: *I was living from day to day. Now I can make plans. Before, I could not think of tomorrow. I was like someone with Alzheimer's.*

*Feeling better, feeling safe, and hope restored in myself* were other descriptions of survivors' ongoing healing. Other significant signs of healing for survivors included being able to make the decision to attend school, taking steps to apply for a better job, writing their memoir to share with others, and deciding to be open to entering a relationship.

Elias narrated how he was tortured by using electrodes on his genitals for a number of sessions, causing him to be impotent as a result. After many years during which he went to psychotherapy, used herbal medication, and participated in activities at TASSC with other survivors, he gradually regained his potency and decided to get married. He told me during the interview that he and his wife were looking forward to the birth of their baby.

Many survivors still go through ups and downs, but are better able to manage these incidents over time and with connection to survivor communities. Healing from torture trauma is a slow, ongoing process. It takes time and preparation before survivors are ready to speak openly about their torture, either by sharing experiences with other survivors or by speaking to the public.

The passages above are from survivors' own descriptions of how they are recovering from trauma. Their experience at TASSC sheds light on the importance of self-healing, the capacity of survivors to heal themselves in community with other survivors, and the need to empower themselves in order to begin their recovery. Through their work in TASSC communities of healing, they have shown the capacity of survivors to heal themselves through solidarity with others and by empowering themselves, and not solely by depending on therapists, doctors, and psychotropic medication. By listening to and supporting one another, and by speaking out about their torture and against their torturers, they are breaking the torturer's chains and restoring their connections with others, with a safe community, and ultimately, with life itself. Their experiences highlight their capacity to heal themselves with various health and legal providers as support persons, not protagonists, in that healing; their experiences also raise questions about the narrow view on evidence-based health care that emphasizes individual treatment to the neglect of the social and structural causes of and responses to trauma.

As psychologist Ignacio Martin-Baro writes about his experience in treating people caught in the civil war in El Salvador:

Psychosocial trauma [...] constitutes the concrete crystallization in individuals of aberrant and dehumanizing social relations, like those prevalent in the situation of civil war [...] Therefore, as psychologists, we cannot be satisfied with treating post-traumatic stress. This is necessary and especially urgent with children. However, the underlying problem is not a matter of individuals but of the traumatogenic social relations that are part of an oppressive system that has led to war. So it is of primary importance that treatment address itself to relationships between social groups which constitute the 'normal abnormality' that dehumanizes the weak and the powerful, the oppressor and the oppressed, soldier and victim, dominator and dominated alike.<sup>11</sup>

The point here is not to deny the uses and effectiveness of psychotherapy and other performance-based care of torture trauma; in fact, several of the survivors claimed it was of benefit. *Therapy helped. My healing started when I went to Coalition B (a torture treatment center)*, declared Sara. After ten years, Asmara still goes to psychotherapy and receives medication. Most are grateful for the help of their medical doctors, who treated their physical injuries, and for their lawyers, who walked them through the asylum process.

Still, survivors' experiences as shared in their own words can help providers to create expansive, multifaceted, qualitative and quantitative approaches to healing that include the survivor herself as an expert in her own care. This power of self-healing is supported by the work of Dr. Richard Mollica and his staff at the Harvard Program in Refugee Trauma, who found that survivors of political violence and refugees were willing to tell their stories, given a conducive environment; more importantly, they realized that the trauma story was the key to releasing the powers of survivors' own self-healing. Mollica adds: "Doctors often fail to see the patient's innate healing process because they are interested only in the healing generated by their own medical interventions. The patient's efforts become a sideshow to the enormous medical apparatus that the doctor brings to bear."<sup>12</sup> In the future, with the help of doctors, therapists, survivors, and refugees working together, the major role of self-healing will be recognized in the treatment and recovery of traumatized persons.

<sup>11</sup>I. Martin-Baro, "War and the Psychosocial Trauma of Salvadoran Children," transl. A. Wallace, in *Writings for a Liberation Psychology*, ed. A. Aron and S. Corne (Cambridge: Harvard University Press, 1994), 125, 135.

<sup>12</sup>Richard Mollica, *Healing Invisible Wounds* (New York: Harcourt, 2006), 10.

## CONCLUSION

I started this essay by describing the problematic that I faced while I was working at TASSC as coordinator of social services, providing services that met the funding requirements of evidence-based and measurement-based care. I realized that my efforts to provide those services were not exactly related to the day-to-day lives of survivors working to survive and heal from the trauma of torture, and I often felt as if we were living in two different worlds. I wanted to find out how survivors of torture lived their lives and were healing from their trauma while they were receiving services from the organization, and how, in turn, I might learn from them about how best to meet their needs and to help them thrive—even if those methods did not always adhere to standard quantitative assessment measures.

Using institutional ethnography to analyze survivors' interviews as data, I looked into their experiences and day-to-day lives of surviving and making a transition in a new society. My interviews and analysis showed that they were capable of healing themselves from trauma. This power of self-healing was unleashed by coming together with other survivors and friends, by listening and speaking, and by sharing a common experience. Their experience calls into question the power of health-care institutions emphasizing evidence-based care and the ongoing medicalization of mental health care today.