

## **“And the Blood of the Children Was Like Children’s Blood”:**

### **Telling the Truth About Torture and War**

#### **Award Address**

#### **Presented by Shanee Stepakoff**

at the 114<sup>th</sup> Annual Convention of the American Psychological Association

New Orleans, Louisiana, August 2006

in connection with the American Psychological Association’s selection of the

Center for Victims of Torture-Guinea’s International Mental Health Team of 2004-05 for the

International Humanitarian Award

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*[Note: The **Introduction** and **Part I** of this Award Address, which contains a description of the origins of and services provided in the CVT-Guinea program, has been omitted here, to reduce the length of the document for posting on my website. I would be glad to provide it to interested readers on request. Much of the content of Part I was included in our article, published in American Psychologist in November 2006.]*

#### **Part II. The Role of Truth-Telling in Healing From Torture and War Trauma**

More than 2,500 years ago, the Greek dramatist Aeschylus remarked, “in war, truth is the first casualty.” This axiom applies equally well to situations of torture.

There is a widespread misconception that torture is an effective means of obtaining reliable information or confessions. The reality is that in most instances in which pain is deliberately inflicted, the victim will tell the torturer whatever s/he wants to hear, simply in order to relieve the pain. Contrary to popular views, and in contrast to what those who seek to defend the practice of torture maintain, the real aim of torture is usually *not* to elicit information or a confession.

Clinical work with survivors as well as first-hand accounts show clearly that in most settings where torture is practiced, it is systematically used to build a climate of terror and submission to those in power (or to those seeking to gain power). Torturers do not seek merely to inflict harm on the direct victims of their assaults. Rather, the goal is to propagate fear and mistrust throughout the wider community. Individuals or groups in power systematically seek to intimidate and harass activists---those who work for freedom, justice, or social, economic, or political change. The goal is to create a culture of apathy and fear, in which no one will dare to question or challenge the status quo.

Typically, as human rights violations persist and become more pervasive and extreme, state-imposed censorship is gradually and insidiously replaced by self-censorship. In this sense, torture is one of the most effective weapons against democracy. By repressing all opinions and perspectives that differ from the views of those in power, by psychologically intimidating entire populations, torture prevents public discourse and suppresses free speech.

These socio-political effects on the culture as a whole have their counterpart in the psychological effects on the individual. Commonly, during torture, the perpetrator tells the victim that nobody will ever know about, care about, or believe what he or she has undergone. Further, torturers have developed sophisticated methods of causing severe pain without leaving visible bodily traces. The lack of physical scars can lead to suspicions about the veracity of the person’s account of what occurred. Moreover, quite often, when victims do venture an attempt to explain what they have gone through, the listener – whether a stranger, relative, service-provider, colleague, or friend – indicates directly or indirectly that he or she would really rather not hear. Thus, the silencing of the truth of victims’ experiences, which is violently enforced by those in power, is frequently complemented by implicit or explicit demands by those in one’s own family and social circle, and enforced still further via self-censorship. The same applies to survivors of war atrocities.

Governments, politicians, and others in positions of power in regimes in which torture and war atrocities are practiced typically go to great lengths to lie about or conceal their activities and vehemently deny their culpability. Rather than saying *torture*, rather than saying *war crimes*, euphemistic terms are used and excuses and rationalizations are offered. To quote a lyric from a popular song by Tracey Chapman, “why are the missiles called ‘peacekeepers’ when they’re aimed to kill?”

It is precisely in this context of silencing, deception, and denial that opportunities for telling the truth can be so important---important for individual and family healing, but also important for the repair of the larger social fabric in which individuals and families are embedded. We would like to offer some insights from our work with Liberian refugees in Guinea that serve to illustrate the reparative functions of truth-telling in both contexts---that is, in the clinical setting, and in society at large.

In the treatment setting, we consistently sought to exemplify and promote the practice of candor in our clinical and supervisory work. For example, we attempted to acknowledge frankly but sensitively that trauma does change people, and to present a realistic view of recovery as a long-term, indeed a lifelong, process that requires sincere effort and commitment. Although we were honest about this, we also attempted to provide clients with reasons for hope and to affirm that no matter what they had experienced, they could go on to live productive, meaningful lives.

In addition to promoting the practice of candor among ourselves and by our trainees, we also sought to promote truth-telling in the counseling setting. For example, when teaching clients to engage in positive self-talk, we encouraged them to generate self-statements that were reality-based, such as: *I did the best I could under the circumstances; that was then and this is now; I still have a lot to live for.*

Also, we invited clients to share about the traumatic experiences they had undergone, and supported them in naming and exploring the emotions associated with these traumatic experiences. To paraphrase Fred Rogers, we felt that “anything that’s mentionable is manageable, and what is unmentionable, is unmanageable”. That is, the events tended to be less overwhelming if they could be represented in words or in some symbolic form (such as drawings, songs, folk-tales, or dramas), and if the accounts of these events could be borne and “held” by the therapist and other group members.

Clinicians recognize that one of the most psychologically destructive experiences for trauma survivors is to be disbelieved, to be forced to deny or obscure what one knows to be real, to be robbed of the opportunity to name one’s own experience in a manner that feels authentic. In spite of our team-members’ having all had extensive prior experience with trauma survivors prior to joining CVT-Guinea, we sometimes we had to exert considerable effort to believe some of the horrors described by the Liberian and Sierra Leonean clients---for example, young girls being used in ritualistic human sacrifices, and villagers being forced to cook, cut, and serve as food the bodies of their own close relatives. However, to be effective in our work, we had to open our minds, hearts, and spirits to the existence of these realities, because the experience of being heard and believed is a precondition for healing.

In the refugee camps of Guinea, we observed firsthand the enormous power of breaking silences regarding issues that are traditionally denied and erased. We learned how reparative it can be for women to be able to name, and talk about, rape and sexual slavery. For children who have felt alone and stigmatized because of the murder of their parents to discover that their peers have had similar experiences, and that these experiences can be talked about together. As therapists, we need to be able to support the mention, the naming, the representation of anything and everything that clients have gone through, and to be able to help clients find the means for telling us the truth of their experiences. And when they do, we need to bear witness with compassion and courage, and to do so not from a morally neutral position but rather from a principled standpoint that torture and abuses of power are always wrong.

In the treatment setting, family relationships were another area in which the promotion of truth-telling was psychologically reparative. Often, people who have undergone torture or atrocities do not attempt to discuss their traumatic experiences with family members. Family members, in turn, often have the mistaken belief that silence about war-related events is the best way of coping. Yet in many instances, a capacity for engaging in frank conversations with family members about the mental health consequences of torture and war were an important component of recovery. This was particularly salient in two areas: helping caretakers who had rescued and informally adopted infants and young children during the war to provide accurate information to these children regarding their biological origins and the circumstances of their rescue or adoption; and supporting family members in providing honest, accurate information to

children and teenagers about the death of a loved one, rather than using euphemistic and dishonest terms such as “she went on a trip” or “he went to work.”

As psychologists, we know that human beings from all cultures seek coherent narratives about important events in their lives. When tragedy strikes, children, adolescents, and adults have a psychological need for a story that makes sense, a story that takes place in a temporal context and that has elaboration and nuance. In the aftermath of trauma, silence and dishonesty are almost always among the most psychologically harmful behaviors, and confusion one of the most unbearable emotions.

As psychologists, we know the damage that occurs when people are forced to mislabel or deny the reality of their experiences, whether this mislabelling and denial occur in the context of the family or the wider society. Nowadays, as in the past, it is common to encounter myths about war, even a glorification and romanticizing of war. Those of us who work with bereaved survivors – with those who have lost mothers, fathers, brothers, sisters, husbands, wives, partners, and children in war know clearly that the result of war is rarely glorious or romantic but rather a profound and permanent sense of absence. To quote a line by poet Minnie Bruce Pratt, “the heart waits to embrace a particular loved shape.” Each person who is killed is irreplaceable and will be missed by his or her relatives for the rest of their lives. Perhaps it is not the victories or defeats on the battlefield, but rather this quietly and bravely borne, never-quite-ending sense of longing for a specific beloved person, that most truly and deeply expresses the essence of what war really is and does.

Beyond clinical treatment, the mission of CVT-Guinea also comprised efforts to bring about broader change within the refugee community and Liberian society at large, particularly through the promotion of a public accounting for war atrocities and torture. All of us on the CVT-Guinea team believed strongly in the importance, for individual survivors as well as for the larger society, of bearing witness, denouncing abuses, opposing impunity, and providing redress. Likewise, we tried to foster in the trainees an understanding of these principles, and skills for engaging in protest and advocacy. We aimed to build a cadre of trauma counselors who in addition to providing mental health care to survivors would also be able to serve as knowledgeable, outspoken defenders of human rights.

In CVT-Guinea, survivors initially told their stories in the context of a one-on-one psychosocial assessment, and later did so in the context of supportive group psychotherapy. Although these opportunities for sharing the truth of their experiences within the safe, confidential framework of the treatment setting were usually helpful and empowering, we found that often, an important component of recovery from torture and war atrocities was for survivors to have an opportunity to bear witness to their experiences in a *public* forum. In so doing, they could reclaim their right to freedom of expression, thereby countering the damaging silence that the torturers had sought to impose.

CVT’s weekly community events served as one vehicle for this process of regaining the capacity for speech. These events were designed to raise awareness and foster openings for discussion and action on issues that were traditionally ignored or denied, such as “rebel babies” (the community’s derogatory name for children born as a result of wartime rape). In the context of these facilitated public dialogues, survivors of torture and atrocities would often choose to share the truth of their own experiences.

CVT’s annual camp-wide commemorations of the United Nations International Day in Support of Victims of Torture served as another public forum in which survivors were able to represent their experiences. On June 26, 1987, the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – which unequivocally prohibits torture under any circumstance – came into force. In commemoration of this, June 26 is designated as a day to honor survivors and work toward the worldwide prevention of torture. On this occasion, some of the refugees with whom we worked used creative methods to portray their experiences of suffering and survival.

For example, some the refugees prepared a theater performance about the abuses of power that characterized the Liberian wars. In spite of our concerns that the performance might be re-traumatizing for the performers or the audience, the unflinching portrayal of reality was quite well-received. Members of the camp community appeared grateful and relieved that the performers were able to accurately represent experiences that had previously been viewed as unnamable and shameful.

Similarly, a group of Liberian teenagers participated in a poem-making activity, in which each person wrote one line that conveyed the essence of his or her personal experience of torture. These lines were then combined to form a “collaborative poem” which expressed core aspects of the experience of

torture. A teen girl and a teen boy from the group expressed a desire to read this poem aloud at a public assembly. The two readers, and their peers from the group, as well as the community members who heard the poem read aloud, seemed invigorated and inspired.

The “Story-Cloth and Liberian Time Line”, an approach that was developed at the Trauma Centre for Victims of Violence and Torture in Cape Town, South Africa which was later adapted to the refugee camp context by CVT-Guinea in 2004, served as another means by which survivors could express their truths in a collective, public manner. The refugees were invited to list key political events on a “timeline” of modern Liberian history. They were then given pieces of fabric and invited to recall a loved one who was tortured or killed, and to write the person’s name, as well as the date, place, and manner in which s/he was victimized, on the cloth. Next, with empathic facilitation, each participant was invited to tell his or her story and to place his or her loved one’s square on the timeline cloth. It was powerful for participants to view their seemingly individual traumatic experiences in a coherent historical/narrative framework. The realization that their tragedies were not only private but were part of the collective phenomenon of ethno-political persecution and war served to counter the sense of isolation and self-blame that perpetrators of human rights abuses seek to instill. The cloth provided a means for public remembrance of those who were killed and acknowledgement of those who survived.

Earlier in this talk, I promised that we would explain the meaning of our provocative title. That moment has now arrived. Our title is derived from a poem by the Chilean poet Pablo Neruda, called “I’m Explaining a Few Things”, which he wrote in response to the injuries perpetrated against civilians during the Spanish Civil War. Although Neruda was one of the world’s greatest masters of metaphor, and most of his poems are replete with subtle allusions and similes, he was unable to conceive of any analogy or metaphoric expression that would adequately describe the reality he had observed of blood flowing through the streets of Spain. And because there was no other thing to which he could compare it, he found that he simply needed to call it what it was.

Thus, in the poem, Neruda addresses the reader/listener, whom he imagines asking him why he doesn’t write a poem about “lilacs and poppy-petaled metaphysics and rain...and birds...and dreams and leaves and the great volcanoes of his native land” instead of writing about the war and its horrific destruction. In response to this imagined question, Neruda uses potent language and strong images to bear witness to the cruelty and carnage.

To quote:

*One morning all...was burning,  
one morning the bonfires  
leapt out of the earth  
devouring human beings  
and from then on fire,  
gunpowder from then on,  
and from then on blood.  
Bandits with planes...,  
bandits with finger-rings and duchesses,  
bandits with black friars spattering blessings  
came through the sky to kill children  
and the blood of the children ran through the streets  
without fuss, like children’s blood.*

Although most of us may lack the gift for expressing ourselves through poetry as Neruda did, all of us have a capacity to denounce atrocities by whatever means are available to us, and to use public forums to give voice to what we have heard and seen in our work with refugee survivors of torture and war. We who know so well the psychological damage caused by abuses of power must consider it part of our professional responsibility to use the knowledge we have gained from our clinical work to raise awareness of the realities, to challenge the myths, and to promote a culture of respect for human rights.

In the context of large-scale, state-sponsored violence, it is not sufficient to heal the individual psyche nor even the individual’s relationship to his or her family. Rather, the individual’s relationship to the

society as a whole must be repaired, and this cannot be achieved merely through rehabilitative services, but must include collective mechanisms for transitional justice and truth-telling. To prevent future violations, the conditions that contributed to the perpetration of atrocities must be systematically documented and analyzed, and a commitment to addressing these conditions must be fostered. The restoration of a realistic basis for faith in public institutions such as government and the judiciary, the development of a genuinely independent press and a wide array of civil society organizations, the creation or resurrection of a culture of free expression, are crucial components of the process of regaining a sense of safety and a capacity for trust and repairing the individual's relationship to the society in which he or she lives. In the aftermath of massive atrocities, full psychological healing cannot occur in the absence of this type of sociopolitical transformation centered on building or restoring a democratic culture in which human beings are genuinely valued and human rights are strenuously upheld.

A belief in the importance of truth-telling also means facing squarely the reality that the architects of torture may sometimes be our own compatriots or elected officials, or even, in some instances, perhaps, members of our profession. Under some circumstances, mental health professionals may be complicit in torture, or at least in the conditions which give rise to it, such as arbitrary, solitary, indefinite, or incommunicado confinement without charge, secret detention facilities, and abusive interrogation techniques. There have reportedly been cases in which behavioral scientists have misused their knowledge and skills to design more effective methods of breaking people's spirits and minds. As mental health professionals, we need to take a strong stand against all forms of collusion and complicity in torture, and to vigorously promote the idea that all human beings possess intrinsic worth and are deserving of dignity and respect. Ultimately, this is what it means to be an international humanitarian.