In: Expressive Therapies (N. Mazza, Editor) (pp. 443-442)

New York: Routledge, 2017

106

THE HEALING POWER OF SYMBOLIZATION IN THE AFTERMATH OF MASSIVE WAR ATROCITIES

Examples from Liberian and Sierra Leonean survivors

Shanee Stepakoff

Summary

In the aftermath of war atrocities, symbolization—a process whereby an experience or emotion that has been unexpressed is given form—can provide survivors with a sense of relief and solace and can attenuate isolation by permitting traumatic experiences to be shared with and acknowledged by others. This article focuses on creative methods of symbolization used in a trauma counseling program for Liberian and Sierra Leonean refugees in the refugee camps of Guinea. The program, developed by the Center for Victims of Torture, integrated contemporary expressive therapy techniques with indigenous healing practices (e.g., songs, cultural stories, drama, drawing, dance/ movement, letter-writing, rituals). A case example of the treatment of a war-traumatized Liberian boy is presented. The psychological harm of war atrocities is exacerbated by silence. Conversely, as victims find ways of giving form to their experiences—verbally, nonverbally, or via a combination of the two psychological and social repair become possible.

Symbolization refers to a process of representing an experience or emotion that has been previously unformulated. In this process, something that has been internal and therefore potentially overwhelming is given symbolic form. Words are the most common medium, and for most people, the opportunity to accurately and precisely represent an experience or emotion in words helps

to reduce anxiety and distress. This idea is captured in the axiom, "What is mentionable is manageable, what is not mentionable is not manageable."

Words, however, are not the only vehicle, and there are many other forms by which experiences can be represented. These include paintings, sculpture, photos, dance, and music. It can be particularly beneficial to move back and forth between verbal and nonverbal means of symbolization, for example, engaging in a nonverbal process such as movement or art-making and then pausing to reflect on it using words (i.e., to talk or write about it).

In the aftermath of massive war atrocities, symbolization can serve a variety of psychological functions. First, there is an inherent sense of relief and solace in giving form to one's internal experience. It is ameliorative to find a way of accurately representing or expressing one's experience, even if this is done in solitude. Many people experience a sense of transformation just in the act of bringing forth what has been purely internal (e.g., painting, poem-writing).

Furthermore, symbolization opens up the possibility of being understood by another. According to Judith Herman (1992), isolation is one of the core components of trauma. As long as an experience remains solely internal, it is difficult for anyone to understand it. By contrast, channeling the experience into language, drama, dance, art, music, or any artistic medium allows it to become shareable. And when the symbol is beheld by another person, when another person is able to acknowledge and appreciate one's experience, healing is deepened.

I presented my ideas about this phenomenon, which were informed by my clinical work with survivors of war atrocities in multiple settings, at the First International Conference on Expression in the Service of Humanity: Creative Approaches to Dealing with Conflict in Groups. That presentation, however, was very brief, and several members of the audience requested a more in-depth exploration. Thus, in this article, I present specific examples of the healing power of symbolization derived from my work with Liberian and Sierra Leonean victims of large-scale, massive human rights violations. Although these examples are from a program designed for refugees in West Africa, the psychotherapeutic principles and methods are directly relevant for other populations affected by ethnopolitical trauma and can be readily adapted and applied in the Palestinian–Israeli context that is the focus of this special edition.

Historical background

Liberia, the oldest republic in Africa, was founded by freed American slaves in 1847 and enjoyed relative peace and stability until 1980, when, in the aftermath of riots that had been precipitated by a proposed increase in the price of rice, an army sergeant named Samuel Doe staged a military coup. Doe publicly executed the president and his aides, suspended the constitution,

and assumed full powers. Forces led by Charles Taylor launched an uprising against the Doe government in 1989. In 1990, rebels from a splinter group murdered President Doe and the country descended into a chaotic civil war, with several attempted cease-fires followed by re-escalations. Between 1989 and 1996, hundreds of thousands of Liberians fled across the border to seek refuge in Guinea. In the second half of 1996, a measure of stability appeared to have been reestablished and large numbers of refugees were repatriated, and the following year Charles Taylor was elected president. War erupted again in 1999 when anti-Taylor forces invaded Liberia; Taylor's forces then launched a massive offensive against these rebels. In 2002, more than 50,000 Liberians and Sierra Leoneans fled the escalating violence to seek refuge in neighboring countries. In June 2003, Taylor was indicted by the UN-backed Special Court for Sierra Leone for war crimes committed on Sierra Leonean territory; two months later, as anti-Taylor rebels closed in on Monrovia, Taylor was forced into exile and peace was restored. A national election was held in 2005, which was won by Ellen Johnson Sirleaf, making Liberia the first country in Africa to elect a woman head of state. In March 2006, Taylor was brought to Sierra Leone to stand trial in the Special Court. He was later transferred to The Hague, Netherlands.

The Liberian war spread across the border into Sierra Leone in 1991, when the Revolutionary United Front, led by Foday Sankoh and supported by Charles Taylor, launched an uprising against the president. This precipitated a civil war that lasted more than a decade, during which there were three military coups, a failed peace agreement, and a rebel invasion of the capital (Freetown) in which more than 5,000 people were killed. Largely as a result of UN intervention, a peace agreement was signed between the rebels and the government, and by January 2002, the war was finally over. A presidential election was held in May 2002, which was widely considered free and fair. The Special Court was launched later that year and issued its first set of indictments in early 2003. By the end of that year, most Sierra Leoneans who had fled to neighboring countries for refuge during the war were repatriated.

The wars in Liberia and Sierra Leone were notorious for their extreme brutality. More than 300,000 civilians were killed (250,000 in Liberia, 50,000 in Sierra Leone), including an estimated 50,000 children (from both countries). As both countries are relatively small (Liberia's population is 3.6 million, Sierra Leone's is 5.3 million), vast segments of the citizenry were affected. Mass terrorization of entire villages and towns was routine. Common practices included summary execution, systematic rape and enslavement of women, and abduction and use of children as soldiers. Thousands were maimed and more than 2 million civilians were displaced. Documented atrocities included intentional hacking off of limbs, carving of initials of rebel factions into victims' skin, and ritualistic sacrifices of pregnant women and young girls. Numerous people have reported that they were forced to cut, cook, eat, and serve human flesh and internal organs, including that of their own relatives. Countless

numbers of children and teenagers were forced to watch the torture, rape, and brutal murder of their parents and siblings. In many cases, family members—including children—were forced to rape, murder, and mutilate each other. During these acts, victims were forbidden to show any emotion or, in many cases, were commanded to laugh. In some instances, people who shed tears in response to these atrocities were punished by being permanently blinded. In regions where attacks occurred, large portions of the population had to hide in the dense forest for long periods without food or water and had to walk for many miles to seek refuge, often falling into ambushes along the way. Large numbers were beaten, robbed, extorted, humiliated, and raped when attempting to cross national borders into refuge.

Innovative efforts at psychosocial repair

In recent years, the international community, postconflict governments, and nongovernmental organizations (NGOs) have undertaken a variety of initiatives to begin to repair the massive psychological and social damage that resulted from these large-scale atrocities. In this article, I examine one of these initiatives: a mental health treatment and training program, located in the refugee camps of Guinea, operated by an NGO called the Center for Victims of Torture (CVT), which was founded in Minneapolis, Minnesota, in 1985 as the first torture-treatment center in the United States. The origins and development of CVT's work in West Africa and the unique challenges of designing mental health services in a refugee camp setting have been discussed in two previous publications (Hubbard & Pearson, 2004; Stepakoff et al., 2006). In this article, I focus specifically on CVT's utilization of creative methods of symbolization.

A torture treatment program in the refugee camps of Guinea

From 1999 to 2005, CVT provided services to thousands of traumatized refugees from Sierra Leone and Liberia who were living in refugee camps in the remote forest region of Guinea (Hubbard & Pearson, 2004). In addition, after peace was established in Sierra Leone and Liberia (in 2001 and 2005, respectively), CVT launched programs in those countries to provide mental health services to those who were returning from refuge and those who had remained in their countries of origin throughout the years of war. At the end of March 2005, CVT-Guinea closed. The CVT programs in Sierra Leone and Liberia continue to provide services to thousands of survivors; these services are modeled on the program developed in the refugee camps of Guinea.

CVT's treatment model was described in a previous article (Hubbard & Pearson, 2004) and was presented in detail in a later article (Stepakoff et al., 2006). Briefly stated, the model included a combination of (a) training of refugee paraprofessional counselors, (b) clinical services, (c) social activities,

(d) training of community leaders and other service providers, and (e) community awareness campaigns. The clinical services were the core component and mainly consisted of relationship-based supportive group psychotherapy, though individual and family therapy were also offered. The theoretical foundations included elements of psychodynamic, relational/interpersonal, cognitive-behavioral, narrative, and expressive/humanistic psychotherapies. A key idea was that there are psychological benefits to representing intense affect-laden experiences in words or other symbolic forms (e.g., drawings, drama, songs).

I was employed as a psychologist and trainer in CVT-Guinea for a year, from April 2004 through March 2005. During that period, as a result of the successful Sierra Leonean repatriation, nearly all of CVT's clients in Guinea were Liberian. Subsequently, I provided training and consultation for CVT's trauma counselors in Liberia and Sierra Leone. A full exploration of CVT's treatment interventions is beyond the scope of this article. Rather, I focus here on the ways that the creative arts served as a vehicle by which clients could symbolically represent experiences that had seemed to them both shameful and inexpressible.

A variety of arts-based approaches were used in CVT's counseling sessions and in CVT's community awareness campaigns. Modalities included drama, drawing, cultural stories, songs, dance/movement, expressive writing, and rituals. The specific approach was tailored to the background and needs of the clients. For example, the vast majority of women had never been to school and did not know how to hold a pencil. Therefore, it was not possible to use drawings or writing with them. Thus, with women's groups, approaches that

contrast, most of the children were attending the refugee schools. Therefore, the children usually relished the opportunity to participate in activities that involved drawing and writing.

relied on songs, movement, drama, and oral storytelling were preferred. By

In addition, because CVT endeavored to build capacity among its paraprofessional counselors, it seemed important to choose methods that could be replicated after CVT's departure from the camps and upon the clients' repatriation. Therefore, we tried to avoid approaches that relied on expensive or scarce materials such as paint, crayons, and special paper. Instead, for visual art activities, we usually used colored pencils and plain white paper. Furthermore, we attempted to utilize methods that were maximally consonant with West African cultural norms. In particular, singing, folktales, proverbs, drumming, and rituals were familiar and comfortable methods for most of the clients we served.

Among the refugees, songs were among the most common and valued expressive approaches. A program-wide review of the rich variety of songs used by clients and counselors in CVT-Guinea, which I facilitated in 2004, revealed the following psychological and social functions of songs used in the program: welcome newcomers; express grief and sorrow; convey messages

about acceptable and unacceptable behavior; renew energy; help people get to know each other (e.g., learn names); transition from one part of a session into the next; bring about calmness and relaxation; foster an attitude of faith, hope, and persistence; encourage peace and reconciliation; inform about important historical events; and say goodbye (e.g., at the end of a group cycle).

Group counseling sessions almost always began and ended with a song. Most of the time, the songs would be initiated by the clients. Typically, one client would begin singing the song, and the others would quickly catch on and join in. There is a strong tradition of call-and-response songs among Liberians, so the most common situation was one in which a client would initiate the call portion of a song, and the other clients would sing the response. At times, songs were initiated by the counselors, generally with a particular therapeutic objective in mind; clients seemed to enjoy and appreciate the opportunity to learn a new song and sing it with fellow group members during the session.

Cultural stories served as another method of symbolization used in CVT-Guinea. Sometimes the stories were offered by clients as a way of conveying essential truths about their experiences and feelings. On other occasions, stories were offered by counselors to express particular ideas or explore major themes. In a training session I facilitated with counselors in 2004, we identified the following as the most common story themes: the need to maintain confidentiality (and the dangers of violating confidentiality); the importance of hope, faith, or courage; victory over evil or outsmarting oppressors; heroes or role models who embody positive attributes; the value of peacemaking, forgiveness, and reconciliation; the experience of renewal following loss; the benefits of making and keeping friends; the ability to persist and survive in the face of adversity; and communal beliefs about moral versus immoral behavior.

Therapeuticmethods derived from dance or movement therapy, psychodrama, biblio/poetry therapy, art therapy, and other expressive approaches (e.g., ritual) were very effective with the Liberian and Sierra Leonean refugees. A number of expressive techniques used in CVT-Guinea are described in detail in an earlier article (Stepakoff et al., 2006). Below, a case vignette is provided to highlight the utilization of both pictorial and verbal self-expression in the treatment of a boy who had witnessed his father's beheading.

Case example: writing and drawing as tools for countering a Liberian boy's traumatic memory of his father's murder

Jason was an 11-year-old boy who had been referred to CVT for symptoms of posttraumatic stress disorder and declining grades in school. A series of individual, parent—child, and group psychotherapy sessions revealed a history of severe psychological trauma.

Jason's mother, Tammy, had been living in Monrovia (Liberia) with her husband, Donald, and their three children when the 1991 war erupted, causing the family to flee to a rural area. Along the way, they passed a young infant on the ground alongside his mother's dead body. Jason's father was overcome with compassion for the infant and insisted that they rescue and adopt him. They named the adopted infant Andrew. The family lived in peace for a couple of years, during which Jason was born, and then, in 1993, the war came to their village, and they fled across the border to Guinea. Tammy and her husband and their five children lived in refuge in Guinea until 1998, when the United Nations mistakenly declared that it was safe to return to Liberia and urged all Liberian refugees to repatriate. A year later, when Jason was 7 years old, rebels attacked their village. Tammy and her husband and children tried to escape but were captured. Without any precipitant, in an act of wanton cruelty, the rebels ordered Tammy, Andrew (who was then age 9), and Jason to stand aside and watch as they killed Donald and the other three children (ages 15, 12, and 9). The children were slaughtered with knives, whereas their father was beheaded. Jason also was forced to witness his mother being brutally beaten.

Following this, Tammy and her two surviving children (Jason and Andrew) attempted to flee but fell into an ambush, in which they witnessed several murders and were again captured and forced to labor for their captors for several weeks. During these weeks, Tammy was raped twice. Eventually, Tammy and her sons were permitted to cross into Guinea, where they assumed they would be safe, but then in 2000 the town where they were in refuge was attacked in a cross-border raid. After witnessing several murders, the family managed to escape, passing dozens of dead bodies along the way, and found refuge in a camp that was further from the border and therefore less vulnerable to rebel incursions.

Although Jason had clearly been subjected to multiple traumatic experiences, the one with which he was most preoccupied was his father's beheading. He frequently had nightmares about it and made drawings of it that were extremely graphic. At the bottom of the drawings, he would write the words *my father*, as if trying to cognitively process the reality of what had occurred.

Jason reportedly had had a very close, loving, and tender relationship with his father. It appeared, however, that the extremely violent manner in which his father had been killed largely overshadowed the positive, consoling images of the years preceding the death. It was as though Jason were focusing so intently on his father's death that it was difficult for him to retain the memory of his father's life. Although the reasons for Jason's repetitive traumatic memories were understandable, it seemed important to enhance his ability to revivity and reconnect with a nurturing internal representation of his father. The goal was to counterbalance the horrific image of the beheading with positive images of being cared for and loved.

Jason's counselor was a talented young man who was himself a Liberian refugee and who coincidentally bore an uncanny resemblance to Jason's father. Jason was placed in a 10-session counseling group for children who were approximately the same age as he and who had undergone similar experiences. He was also provided with several sessions of family therapy, in which his mother and sole surviving brother participated. Concurrently, his mother was provided with individual and parent counseling.

During the group sessions, Jason's counselor observed that he had both an interest in and a talent for drawing. When the group ended, Jason's counselor, working under my supervision, individually met with Jason on a weekly basis. Counselor and client decided to work together to create a memory book about Jason's father that would focus on positive memories. During each session, Jason was invited to draw a picture of a positive experience he had shared with his father. After drawing, he would then describe the positive memory while his counselor wrote down his words. To enrich Jason's own memories, Jason's mother also shared some stories about her husband, which Jason was able to portray in his drawings because of his imaginative and artistic capabilities. Among the drawings that Jason made were ones of walking to the market alongside his father, he and his father playing in a meadow, eating dinner with his parents, and his father putting him to bed. Gradually, Jason also began to include some drawings of other positive aspects of his life, for example, a recent occasion on which his mother had given him some new clothes. At times, Jason also included drawings of some of the traumatic experiences that he and his family had undergone.

Jason's counselor used primarily a client-directed approach in which, at the start of each session, Jason was encouraged to draw whatever he most wished to draw and then to tell his counselor about what he had drawn. At the same time, whenever the opportunity arose, the counselor attempted to reinforce Jason's efforts to recall a variety of positive images of his father. This required sensitivity and sophistication to ensure that the counselor would not convey a message that he was unwilling to help Jason bear and acknowledge the reality of his profound grief and loss. Thus, there had to be a delicate balance between helping Jason "hold" the full extent of his pain and longing and helping him reconnect with, and make space for (internally), pleasant and comforting experiences with his father.

In addition to serving as a means by which Jason could counterbalance his trauma-related images, the memory book also served as a means by which Jason was able to gain a greater sense of narrative coherence about the violent events that had shaped his life. By placing the pages in a temporal sequence and by talking about his recollections with his counselor, it became possible for Jason to place the events in a story-like structure, which helped him to feel less confused and overwhelmed. At the same time, the counselor was both explicitly and implicitly conveying that it was all right to talk about the violence he had witnessed and to give form to his memories via drawings and

words. Eventually, the pages were fastened together in between a title page and an end page, as if to symbolically integrate and contain his painful and complicated history. Jason and his counselor shared the book with Jason's mother, thereby helping her to better understand the internal experience of her son.

Conclusions: implications for psychological and social repair

More than 2,500 years ago, the Greek dramatist Aeschylus remarked, "In war, truth is the first casualty." Indeed, it is precisely in the context of the deception, erasure, and denial that typify torture and war that opportunities for expressing the truth about one's experiences are so important—important for individual and family healing and also for repairing the larger social fabric in which individuals and families are embedded. Silence is one of the most psychologically and socially destructive aspects of ethnopolitical trauma.

To quote another ancient source, the gospel of St. Thomas, "If you bring forth what is inside you, what you bring forth will save you. If you do not bring forth what is inside you, what you do not bring forth will destroy you." The psychological harm caused by massive war atrocities is exacerbated by prohibitions against symbolic representation, regardless of whether these prohibitions are self-imposed ("I couldn't possibly reveal this") or imposed by the victim's family, community, or government (i.e., "Don't you dare talk about this"; "If you ever mention this, you'll be ostracized/ejected/killed"). Conversely, as victims find ways of representing or symbolizing their experiences—verbally, nonverbally, or via a mixture of the two—psychological and social repair become possible, even when the experiences are horrific and extreme. If we can find ways to bring forth what is inside us, what we bring forth will save us.

Author's note

I would like to thank my colleagues from the Center for Victims of Torture's (CVT) Guinea program, whose insights have immeasurably enriched my thinking, in particular my team members Erika Falk, Maki Katoh, Jean-Baptiste Mikulu, Potiphar Nkhoma, and Yuvenalis Omagwa. CVT's director of research, Jon Hubbard, and West Africa desk officer Edie Lewison have likewise been sources of knowledge and support. Appreciation also goes to the entire staff at CVT headquarters in Minneapolis; the national staff in Guinea, Sierra Leone, and Liberia; and all previous clinicians in CVT's West Africa programs. Special acknowledgement is owed to the refugee trainees, clients, and camp dwellers who generously and courageously shared their stories.

References

Herman, J. (1992). *Trauma and recovery*. New York: Basic Books. Hubbard, J., & Pearson, N. (2004). A psychosocial program to address community violence experienced by refugees from Sierra Leone. In K. Miller & L. Rasco (Eds.),

INTEGRATED ARTS THERAPIES - PRACTICE

The mental health of refugees: Ecological approaches to facilitating healing and adaptation (pp. 1–30). Mahwah, NJ: Lawrence Erlbaum.

Stepakoff, S., Hubbard, J., Katoh, M., Falk, E., Mikulu, J. B., Nkhoma, P., et al. (2006). Trauma healing in refugee camps in Guinea: A psychosocial program for Liberian and Sierra Leonean survivors of torture and war. *American Psychologist*, 61, 921–932.