THE DYNAMICS OF SECONDARY TRAUMATISATION IN THERAPY WITH VICTIMS OF TORTURE

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Abstract

The paper focuses on challenges and burdens of psychotherapists working with torture victims. Torture is used worldwide and even on the rise. It can be found in almost all countries, even in democratic ones. Torture is an international problem and leaves no one untouched. Psychotherapists who work with torture victims run the risk of being secondarily traumatized. Currently, there is a lack of research on secondary traumatization in the field of torture. Based on an individual case analysis the dynamics of secondary traumatization in therapy with victims of torture are highlighted. For this purpose, a narrative interview was conducted with a psychotherapist who worked with torture victims. The interview was analysed with the content analysis according to Mayring.

The paper begins by reviewing the theoretical background and addresses the understanding of torture and secondary traumatization. It continues with a presentation of the current state of research and the method used for the study. Next, selected points of the dynamics of secondary traumatization in therapeutic work with victims of torture are presented. Finally, aspects of support resulting from the interview are highlighted.

Keywords: Secondary traumatization, traumatization, torture, psychotherapy, war.

1. Introduction

There is a common assumption in the Western world that torture no longer exists. But also nowadays, torture is widespread worldwide and even on the rise. Torture can be found in almost all countries, even in democratic ones. Amnesty International (2014) states, that in the period between 2009 and 2014, torture and other forms of ill-treatment were used in three-quarters of all countries. Consequently, it can be said that torture is an international problem. This paper is not intended to focus primarily on the group of torture victims, but on psychotherapists who work with them. Psychotherapists are confronted with stressful and challenging content in their work with victims of torture. This requires a high demand and so there is a danger of secondary traumatization. This paper focuses on the challenges and burdens of psychotherapists working with torture victims.

2. Torture

There is no general valid definition for the term torture. The definition referred to in most cases is the definition of the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. This definition was formulated in 1984 as the first binding definition under international law. Torture is defined in article 1 as:

> „any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions" (CAT, 1984, Art 1).

Torture characteristically targets the innermost part of a person. It is intended to break the personality of the tortured individual through physical and psychological violence and to destroy the victim's ability to resist (Le Breton, 2007). Torture aims to break the human being to the core, as Patel

(2019) also shows: "Torture destroys the core of humanness - it ruptures the capacity to trust and to form relational bonds with other human beings, alienating survivors from others" (p. 1551). This shows that torture leads to a profound change in the tortured person themselves. The torture victims are denied human status and deprived of any rights and dignity. They have no control over the situation, lose their subject status and are objectified (Altenhain et al., 2013; Le Breton, 2007). The victims of torture find themselves in a situation where they are at the mercy of others, which creates feelings of powerlessness and helplessness.

Torture always has an inherent power structure. It is used to demonstrate absolute power over the torture victim. Anyone who questions power is to be humiliated, degraded, and intimidated. Torture serves to suppress oppositional opinions (Lipps, 1989; Wicker, 1993). It leads to absolute powerlessness on the part of the torture victim. At the same time, torture must always be viewed against the background of the socio-political context. Torture as a means of power is intended to intimidate entire societies and prevent them from raising their contrary opinion against the ruling group. Torture is therefore not an attack on the individual per se but it is always aimed at a larger collective (Altenhain et al., 2013; Frey, 2001; Reemtsma, 1991).

It is distinctive of torture that it usually takes place in secret and without the knowledge of the public. The issue of torture is heavily tabooed. Nevertheless, it must be made visible specifically to a certain group so that torture can unfold its full power potential (Nowak, 2011; Reemtsma, 1991).

3. Secondary traumatization

Torture affects every person with great vehemence and leaves no one untouched. The victim has no control over the torture situation and has no means of action. Fischer and Riedesser (2009) describe that being defenceless in the situation is central to trauma. Traumatization shatters the persons' understanding of themselves and the world. This is particularly pronounced in the case of violence that has been deliberately and intentionally caused by human beings, so-called man-made disasters.

As well as the torture victims themselves, torture does not leave those who work with torture victims untouched either. Helpers run the risk of being secondarily traumatized by the occupational confrontation with traumatic contents. However, it is not necessary to be a direct witness of the original traumatic situation to become secondarily traumatized (Lemke, 2017).

It is important to distinguish between indirect and secondary traumatization. Indirect traumatization is defined in the DSM-V (APA, 2013) as "Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental" (APA, 2013, pp. 271). In contrast, secondary traumatization is always to be understood as occupational traumatization: "Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse)" (APA, 2013, pp. 271).

As with the concept of torture, there is no uniform, general valid understanding of secondary traumatization. There are a variety of concepts that attempt to define Secondary Traumatization. The most significant of these are the concepts of Vicarious Traumatization and Compassion Fatigue:

Compassion Fatigue means that individuals who work with traumatized people must pay a price for that work as a natural consequence. It can be described in one phrase: "There is a cost to caring" (Figley, 1995, p. 1). Figley initially referred to this cost as Secondary Traumatic Stress Disorder, but later exchanged this term for Compassion Fatigue. In more detail, Figley (1995) defines both terms synonymously as "natural consequent behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other - the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7). According to him, working with traumatized people leads to exhaustion. This exhaustion has a particularly strong effect on the empathy of the professional. In this concept, Figley is less concerned with describing the development of secondary traumatization, but rather focuses on the symptoms. His view is very pessimistic.

In contrast in Vicarious Traumatization, the genesis plays a more significant role than the consequences. Vicarious Traumatization refers to McCann's and Pearlman's (1990a) constructivist self-development theory, which states that humans form cognitive structures by which they interpret experiences. These cognitive structures are referred to as schemas. Schemas contain basic assumptions about the self and about the world and help people make sense of their experiences. The concept of Vicarious Traumatization states that working with trauma survivors can lead to a shattering in the psychotherapist's cognitive schemas. It is understood as a change in cognitive schemas due to exposure to traumatic content (Pearlman & Saakvitne, 1995).

4. Current state of research

The issue of torture has been studied only marginally in academia and is a marginal topic despite the frequency of its occurrence. Even as the scientific examination of trauma has increased, torture has remained little studied in the context of psychotraumatology. Beyond that, studies on secondary traumatization mostly refer to first-aid professions[1]. The complexity of secondary traumatization is not sufficiently addressed and not sufficiently discussed theoretically. Currently, there is a lack of research on secondary traumatization in the field of torture.

A scientific examination of this topic is considered to be very important. A healthy and appropriate approach to stress and burden in therapeutic work is important to be able to perform professional work. To achieve this, professionals have to be supported in the best possible way.

5. Methods

The empirical basis for the qualitative study is a single case analysis. A narrative interview was conducted with a psychotherapist who was on missions in many war and crisis zones and worked with victims of torture as part of this. The narrative interview was selected as the data collection method in order to achieve the greatest possible openness and depth in the conversation. The interview was analysed using the method of systematic content analysis according to Mayring.

6. Dynamics of secondary traumatization in therapeutic work with torture victims

Within the framework of the individual case analysis, specific aspects of the dynamics of secondary traumatization in therapeutic work with torture victims can be seen. Selected aspects are outlined in the following.

6.1. Disruption in language

The analysis of the individual case interview shows that professionals working with victims of torture often have a loss of ability to speak out about what they have experienced. This is originally characteristic of primary trauma. Primary traumatized individuals often cannot put into words what they have experienced. Pröbstl (2015) shows that just talking about torture is perceived as a danger. Language is often fragmented and is referred to as trauma language. Van der Merwe and Gobodo-Madikizela (2007) indicates that victims often exhibit changed language, such as aborted speech to speechlessness. Trauma is remembered in fragments and so the language is fragmented. This fragmented language is also evident within the interviewed psychotherapist, who sees it as an expression of his experience. He states that to this day he has not been able to put all the fragmentations together to a coherent whole.

The psychotherapist makes it clear that speaking is also perceived as very helpful in dealing with one's own experience. But this is only the case if the other person can bear and endure what they hear without agitation. If this prerequisite is not met, the interviewee prefers to withdraw and deal with the experience with himself. The difficulty of talking about the experience is also intensified by the taboo and speechlessness that are distinctive of the subject of torture.

6.2. Shattering assumptions about the fundamental view of oneself and the world

The individual case analysis shows that therapeutic work with torture victims leads to a long-lasting shattering in basic assumptions about the benevolence of people and the world. Original assumptions that the world is a just world and that all people are equal and treated equally are buried by constant confrontation with traumatic content. Likewise, one's basic assumptions about oneself are also shattered. The psychotherapist describes that he no longer felt connected to anything, which led to the experience of isolation. One's basic beliefs about being able to live in safety are also shattered. The shattering is perceived as stressful and leads to vulnerability.

This insight goes hand in hand with the concept of Shattered Assumption by Janoff-Bulman (1992). She states that everyone has basic assumptions about themselves and the world. Traumatic experiences can lead to a lasting disillusionment and shattering of these basic assumptions. Also, McCann and Pearlman (1990a) formulate this shattering in schemas in their concept of Vicarious Traumatization.

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[1]E.g. İlhan & Küpeli (2022), Kindermann et al. (2020), Greinacher et al. (2019)

6.3. Experience of fundamental isolation

The third point that is central to the work with victims of torture is the experience of fundamental isolation, because it is also central to the dynamics of torture. The interviewed psychotherapist speaks of an infinite isolation he feels when working with tortured victims. He indicates that it took him a while to realize that it is not his own, but that he shares the experience of isolation of the victims. Primary trauma victims often feel a great deal of isolation and disconnection. They are exposed to the torture situation und experience themselves as helpless and alone in the face of the threat (Becker, 2009). Psychotherapists working with torture victims are confronted with this feeling in therapy, and it does not leave them untouched either. Connections to themselves, as well as to the environment, feel cut off. The experience of isolation and disconnection of the sufferer becomes the experience of the therapist. The therapist then enables the affected person to symbolize what they have experienced.

7. Aspects of support

The interview partner also emphasized aspects which supported him in his work. Especially the last discussed point (6.3) showed that supervision or peer support is necessary as a level of reflection. The interviewed psychotherapist also describes an offer of supervision as indispensable. It helps to unload what has been experienced and not to have to carry it alone. He emphasized that supervision must be independent of the deployment organization so that anonymity and neutrality is guaranteed. The importance of supervision is in line with the results of previous studies (Canfield, 2005; Harrison & Westwood, 2009). Likewise, extensive self-awareness is also felt to be important to recognize countertransference reactions. This enables one to distinguish one's own emotions from those of the victim and to respond appropriately to those of the victim. Furthermore, the interview contact indicates that the knowledge that one is not alone with the burden is perceived as helpful. For this reason, peer support is recommended. Exposure to theoretical principles can also help the psychotherapist to not feel alone with the challenges and burdens. The interviewed psychotherapist also states that he knows through the theoretical background that secondary traumatization does not equate to incompetence and thus self-doubt can be avoided. Knowledge of secondary traumatization is seen as a protective factor. Another supportive factor in working with torture victims is to repeatedly take time off. This is especially important for missions abroad, where psychotherapists are constantly confronted with stress. The interview partner also sees self-care as an important basis for therapeutic work. A kind of counter-world is to be created. These are personal strategies, such as sports, listening to music or meditation, which can also help to express feelings.

8. Conclusion

The individual case analysis clearly shows that torture has a specific dynamic and consequently has a specific effect on secondary traumatization. In their work, psychotherapists are confronted with the traumatic experience of torture victims, which they are unable to process themselves. This results in great stress, which is also consequential after a mission. The interview partner points out that working with torture victims always leads to changes that cannot be avoided. Working with torture victims leads to a loss of trust in the world and the basic assumptions about oneself as well as about others are shattered for a long time. Constant work on one's own self and worldview is necessary. The experience of isolation and the difficulty in speaking about what has been experienced also remain. It is important to accept these changes to find an appropriate way of dealing with them.

The scientific discussion mostly focuses on primary traumatization. In contrast, the phenomenon of secondary traumatization is not sufficiently discussed theoretically. It would be desirable for the complexity of secondary traumatization to be more strongly incorporated into the theoretical discussion to provide profitable support for professionals, which in turn would have a positive impact on therapeutic work. Support such as supervision and peer support should be made available. Also, more attention should be paid to work with victims of torture to counteract the taboo surrounding the topic.

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