Testimony and Psychotherapy:
A Comment on Buss and Agger:
The Testimony Method

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THE USE OF TESTIMONY AS A PSYCHOTHERAPEUTIC TOOL IN THE TREATMENT OF TRAUMATISED REFUGEES IN DENMARK

Buss and Agger describe the use of the testimony method in the psychotherapy of torture survivors. This involves the client recounting her experiences from shortly prior to arrest, through detention and torture to release and exile. Buss and Agger apply the concept of "reframing" to give the trauma meaning within the framework of the client's political commitment and ideological consciousness and advocate respect for, rather than challenge to, the client's "resistance" in therapy. They emphasise that the meaning the client attributes to her experience is something that is not inherent in the experience, but is constructed through the process of therapy.

We at the Medical Foundation for the Care of Victims of Torture would fully endorse the overall position and approach of this contribution. Our own work also involves a similarly holistic approach: an approach to the whole person which not only integrates the presumed duality of body and mind, but also (and in many ways even more importantly) integrates the personal and the social: seeing the whole person in her total social context. I would like to comment on five aspects of Buss and Aggers work.

1. Reframing

The concept of "Reframing" described by Buss and Agger, is a technique common in family therapy and was originally described by the Palo Alto group (Watzlawick et al 1974). In the family therapy field it is often used as a technique for promoting an alternative and more pragmatically useful view of a problematic situation. As such its application is sometimes underpinned by a philosophical (epistemological) position which understands meaning as socially and subjectively constructed, rather than as inherently given in any particular act or situation. There is a dialectical relationship between meaning and experience in which each is constantly defined and redefined by the other: the nature of our experience is defined by the meaning we give it, and the meanings we create arise from our experience. Oppressive regimes invariably deny this dialectic, insisting that the meaning constructed by their ideology is the only one possible. This is vividly illustrated in the persecution of creative writers whose subjective imaginations constantly threaten to undermine the activities of totalitarian ideologies, be they political or religious. Scientific certainties can also be oppressive; thus the reduction of the experience of torture and its aftermath to the medical category of an illness, such as "traumatic stress", to which relatively simple and certain treatment procedures can be applied, entails the risk of negating the dialectic of experience and meaning and violating the subjectivity of the person who becomes defined as "patient". Kordon et al have dealt at length with this problem in their work with relatives of the "disappeared" in Argentina.
2. Client's Resistance

Buss and Agger describe how they give proper respect to the client's "resistance", regarding it as "the client's best way of looking after themselves right now". But I would prefer to abandon the concept of resistance altogether and speak, as many psychotherapists now do, of the "coherence" or "integrity" of the client's personality or meaning system. The difference between the meaning the subject gives to her experience and the one we as therapists offer can be regarded as an interpersonal difference or dialectic, not as a resistance by the client to the supposed "truth" of our perceptions. This is more than a reframing of resistance. It is a re-understanding of the relationship between therapist and client. The idea of treatment of a sick patient by a healthy therapist is replaced by the idea of a co-construction of a new reality which is a synthesis of the dialectic between therapist and client.

3. Testimony and its Context

The giving of meaning to a particular experience involves placing that experience in a context of some sort. Buss and Agger emphasise the context of "political ideology and struggle" which is undoubtedly a context of major importance to many political refugees. However, many refugees seen at the Medical Foundation have not been politically active, but have simply been bystanders. Even for political activists there are other relevant contexts such as the person's individual history, their social network of family and friends, religious beliefs and cultural values. Much of my own work involves discussion of these areas of clients' lives, including their political beliefs, which I believe provide an important context in which to locate the experience of torture, flight, exile and resettlement in an often inhospitable host society. Although I have not used the testimony method, I had expected that the testimony would begin earlier in the client's history and incorporate more aspects of her life so as to provide a lot of background within which to locate the trauma. Thus the trauma would become understood in the context of her whole life, rather than being the principal feature of that life. Testimonies taken by my colleagues at the Medical Foundation begin at birth and continue to the present. I was therefore surprised that Buss and Agger's clients usually begin their testimony at a time only shortly before their arrest and torture. (They refer to giving some personal background prior to the testimony, but it is not clear how much detail is involved nor how it is related to the testimony.) But perhaps the difference is in the way the testimony is given material substance by being written down, read through aloud and finally taken into the possession of the client. Through this process the client can actively reclaim her subjectivity from the torturers' attempt to make her into an object. In this act it may not be necessary to give material substance to all of the client's life, but only to that part of it in which her integrity has been violated and which she needs to reclaim and reintegrate within the larger meaning of her life. It would be interesting to know Buss and Agger's view about this.

4. Testimony and Immigration

In view of the above it can be seen how damaging certain processes of immigration control can be when applied to tortured refugees. Having escaped from arrest, interrogation and torture, they arrive in a new country to be arrested again and interrogated under threat of being returned to the source of the original horror. Subsequently they may be granted only exceptional leave to stay in the country, with its
annual ordeal of renewal or, in some cases, refusal. Thus many of our clients are again rendered helpless by powerful institutions and again have the experience of being made into objects as potential tools of domestic or foreign policy.

It is often in this situation that we and perhaps other agencies in this field of work have to take a testimony from a client. But I suspect it is sometimes a different sort of testimony from what Buss and Agger describe. Instead of it being a psychotherapeutic process freely and actively undertaken by the client as a means of reasserting her integrity, subjectivity and selfhood, ours is often a necessarily undertaken rearguard action to defend the client's precarious physical safety. Its potential as an assertive act against oppression is often, though not always, lost in its defensive necessity and the lack of choice involved. It may therefore be valuable to distinguish different ways in which survivors’ experience can be recounted.

It seems that some survivors have at least two ways of talking about their traumatic experiences. One is to give a relatively dispassionate account of facts, dates, events, places etc. The other is to tell their story with its full emotional charge, the story of their experience. In Buss and Agger's work, the therapist intervenes to encourage the expression of the emotional content of the story being told. This is part of the therapeutic experience. However when a testimony has to be given in the less freely chosen circumstances outlined above, and when the client may not feel ready to tell her story, but must do so of necessity, there may be a case for encouraging or at least accepting the dispassionate recounting of facts. In this way the client's emotional life might be protected from intrusion until such a time as she chooses it. However I am presenting this as a hypothesis for further exploration and it is vital to bear in mind that this dispassionate account may well be more possible in theory than in practice. There will still be many things that torture survivors cannot recount without enormous emotional pain and distress, and other things that they simply cannot recount at all. The recognition of this fact by those responsible for the bureaucratic establishment of the facts of the case would go a good way towards humanising our official procedures for dealing with political refugees.

5. Testimony and Social Relationships

My final point concerns the location of the individual within her social milieu. State organised violence assaults not only the individual person, but the connections and relationships between people. Our work at the Medical Foundation includes work with groups and families in which these connections and relationships and the individual's sense of identity as a social being, a member of a community, can be restored. Buss and Agger comment on the significance of the interpreter - a fellow countryman before whom the testimony is given. They see this as providing a way of reconnecting the survivor with her own community in exile and re-establishing her identity as a member of that community. The value of this suggests the possibility of testimonies being done in groups, either groups of survivors coming from different situations and countries or in groups of family and/or friends who have survived in the same situation. In this way a more direct process of connection and reintegration might be facilitated.
References

1. Buss & Agger. The Testimony Method: The Use of Therapy as a Psychotherapeutic Tool in the Treatment of Traumatised Refugees in Denmark.
