Refugees and Western Sensibilities:
Whither Reconciliation?

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The River Mapocho drops from the Andes and runs through the city of Santiago de Chile. It was into the Mapocho that the military junta which seized control of Chile in 1972 cast the bodies of many of their opponents whom they had tortured to death. The river was literally a Rubicon: it publicized the fearful consequences of resistance to the new regime and marked the transformation of Chile from one of the longest traditions of democracy in Latin America to dictatorship. In 1991, during what seemed at that time the fragile beginnings of a return to democracy, a health and human rights conference was held in the city. Among the delegates were many Chilean health professionals returning to their homeland for the first time in nearly two decades and the conference resonated with the painful and poignant history of Chile during the years of dictatorship. During those years when freedom of expression was driven underground one of the outlets which developed was mural painting, and I was forcefully moved by the symbolism of one of those murals. It portrayed the Mapocho during the dead of night, a body being cast into the river from a bridge by the military and, in the foreground, the body in a posture of crucifixion lying in a cross of blood, being lifted by friends from the river.

My work as family therapist at the Medical Foundation for the Care of Victims of Torture brings me into contact with the remnants of families from all over the world who have escaped from such conflict and atrocity into exile. Typically, therapeutic work involves enabling families to work through the impact of the incredibly dangerous and unpredictable life events associated with gross abuse of human rights and the massive emotional and material losses associated with atrocity and the dislocations of exile. This work forces me to wrestle with themes of healing and reconciliation thrown up by both my own and this essay is an attempt to fashion a coherent response to the interpretation of psychological and spiritual dimensions which confront me in this work with survivors of gross human rights violations.

Thus my thoughts often return to that particular ‘deposition from the cross’ painted by an anonymous mural artist. It is rooted in a particular moment of history, and brings vividly into view the suffering of those who were tortured and executed in Santiago de Chile. The figures, bowed over, reach their hands into the bloody river, lifting and bearing the weight of their friend. The loss and sorrow and suffering are palpable. The river leading upstream to the matchstick-like figures of soldiers in the midst of the sleeping city indicates the source of responsibility for this death. The power of the portrayal is that it simultaneously reveals both the incarnate and the transcendent. The figure is both Christlike and actually Christ. We are drawn as witnesses to this scene, called upon to know and to try to understand.
Existentially, spiritual reconciliation requires a recognition of the frailty of our own efforts towards redemption. Perhaps also, both spiritually and psychologically, we need to understand that, as Simone Weil wrote, “The extreme affliction which overtakes human beings does not create misery, it merely reveals it”\(^4\). This accords with Augustine's mystical pessimism about the human condition, described by Robert Gorman writing about Athanasian and Augustinian responses to exile. Gorman's Augustine understands that we are all exiles, living in a realm marked by sin, corruption and torments. Our progress in this world is measured by both the interior development of a Christian conscience and our attitude towards others. Thus it is our duty to live in consonance with the demands of the state and to reflect in our own lives the ministry of love and concern for others that Jesus manifested.\(^5\)

Augustine's analogy of the walled city with a clearly policed boundary may seem harder to maintain today. We are all aware of the ease of travel for westerners and the economic interdependence of modern international relations. However, while the walls of the city may not be literally intact, the boundary of the state is vigorously maintained against asylum-seekers.\(^6\). In Britain visa controls are rapidly enacted against states with outbreaks of war or civil strife. This makes it enormously difficult for people fleeing human rights violations to get to Britain. Thus, over the past ten years visa controls have been imposed against Sri-Lanka, Turkey, Uganda, former Yugoslavia and most recently Sierra Leone and the Ivory Coast.\(^7\) Furthermore, while we are at home (and by that I mean here in Western Europe and the United States), we preserve our distance from the horror of refugees' experiences by staying within the social zone at the centre of society. Thus, to extend the analogy taken from Augustine to the conditions of modern living, we need to recognize that life lived on the margin throws light on the values at the centre, because the huddled masses at the margin are the counterpart of the boundary of the state.\(^8\) In the case of asylum-seekers who are admitted to Britain, the margin is marked not only by stringent immigration controls, which as we have seen make it difficult to find entry, but also by legislative boundaries that mean fewer rights, poorer housing and greater economic deprivation. This marginalisation is compounded by the ideational boundaries of individuals and families who are living, for instance, with the experience of Bosnia or Rwanda seared into their internal worlds and relationships, experience which they are rarely able to communicate to those not in their own marginal position. The boundary therefore protects us from knowing and perhaps finally from reconciliation. It also means that we can discount events that threaten our world order or that outrage our world-view. If we choose, they can be dismissed as lying outside the scope of our moral concern as the actions of savagery unconnected with our real humanity or with Christianity and spirituality as we understand it.

But this is a shallow refuge, if we take seriously one of the notions central to our Hügel's understanding of spirituality, that it is more God who must hold us than we who must hold Him.\(^9\). In the holding of God we must acknowledge that he holds all simultaneously and without distinction. Does this mean that we are held without atonement? On the contrary, it implies that atonement is working through in the holding. This mystery returns us to the incarnation and the crucifixion in the sense of Colossians 1:15-20.
because God wanted all fullness
to be found in him
and through him
to reconcile all things to him,
everything in heaven
and everything on earth

The most daunting aspect of reconciliation for Christians must be in facing the evil within, both personally and institutionally. In few places other than in Rwanda have the destructive force of military ambition been more apparent. At the time of the genocide, so unbelievable was the savagery and scale of the destruction of human life, that commentators found themselves groping for explanations that drew on notions of a palpable evil that was demonic in its proportion. Perhaps only in Africa could a western cleric have observed, by way of explanation for the Christian involvement in the slaughter, that Christianity in Rwanda must have been no more than skin deep. We are now aware that members of the hierarchy in both the Anglican and Catholic Churches did too little to avert the slaughter of innocents and even colluded with the agents of genocide. But far from having a skin-deep Christianity, many ordinary Christians, priests and nuns sacrificed themselves to save Tutsi lives. Even so, in order to understand the process of healing, a reconciliation in both spiritual and psychological dimensions, we must wrestle with Christians, ingrained aversion to recognising that Christians may be involved in ‘demonic evil’.

We have to acknowledge the presence of Kittel in the Christian canon of theological writers: his thesis was an argument for erecting the boundary of the state on racist lines. References continue to be made to his research into ancient Judaism predating Die Juderzfrage. The presence of Christians in acts of genocide in Rwanda and Bosnia has also to be faced. The overwhelming frequency of these examples of solidarity with evil means we cannot easily excuse these instances as the acts of merely skin-deep Christians. They are part of the body of Christ. Whither then reconciliation? Can they be reconciled within and by the body of Christians? Or, as the Jewish tradition asserts, is reconciliation, and therefore atonement and forgiveness, a deeply individual thing in which we are existentially responsible for each and every act of sin and individually responsible for atonement? It seems that both positions have to be held simultaneously. If the body of Christ is to be upheld and the sense of redemption in Colossians 1:15-20 maintained, we require both individual and corporate recognition of sin and forgiveness. The corporate being cannot forgive on behalf of the individual but neither can the individual be expelled from the earthly city of Christianity peremptorily. Likewise we are called upon to attend to the earthly margins, not because of some merely social concern but because it is through our sinfulness that there are the persecuted who live on the margin, there are those in the ghetto, the poor, the weak, the hungry and those who mourn.

For some survivors of torture their disposition and experiences mean that the labyrinthine form of their despair is not easily accessible. Systemic family psychotherapy has been developed to create the possibility of a meeting between, in the sense conveyed by Buber in I and thou: an existential meeting in which there is the possibility of inclusion of the complete persons, meaning their damaged as well as their whole aspects, in the therapeutic encounter. In my experience of refugees who have been damaged by torture and atrocity, the inaccessible
parts of the self often come to light in their symbolic relations with their fragmented social and cultural worlds. There is a need for healing rituals which enable them to link, by way of collective symbolic action, to cultural meaning systems.\textsuperscript{13} This brings their culture into play in a way that revivifies them and substantiates their right to participate in their belief systems not just at the margin of society, but at the centre. Thus, there is often an exploration of the labyrinth of the patients’ inner World that has been damaged by torture which frees them, and at the same time they can bring into action their ability to make relations with others and to participate in more collective rites of healing.\textsuperscript{14}

Resolving the consequences of conflict, atrocity and exile is not the sole preserve of mental health professionals. As Ignacio Martin-Baro understood, healing the trauma of conflict involves making use of a blend of concepts which comprise both the social and the psychological domains. Furthermore, such a notion of psycho-social therapeutic work also embraces an understanding of the way in which conflict and trauma are interlinked by social and political forces.\textsuperscript{15} According to this analysis, war is fought to enable powerful elites to defend their interests or enlarge their ambitions. This enables us to understand why it is the poor, the young, the old, the peacemakers, the undefended and innocent who are inevitably the victims of such conflicts. It also makes sense of our knowledge that people who can rationalize in an existentially meaningful way the reasons for being caught up in atrocity are more likely to withstand the psychological impact of traumatic events.\textsuperscript{16} It is also because people who have such an understanding are able to defend themselves psychologically and to uphold the values and morale of their communities that they are specifically targeted by regimes whose aims are to subjugate populations, and to destroy the social worlds and existential fabric of their opponents’ lives.

In the end, it is to the persecuted that we must turn to understand more fully in human terms the reality of reconciliation. These are the life stories of some of my patients. To appreciate the deeply spiritual character of African people we begin with Elizabeth.\textsuperscript{17} Married off by her family at the age of fifteen to her older sister’s widower, who was at the time a doctor and who then a little later, in retirement, became a locally prominent politician. Elizabeth was marked by a life which reflected the realities of many African women. A prominent theme was that in relation to men she had little choice. She was therefore fatalistic about what befell her where men were concerned, while defending her attachment to her children with fierce determination. Her husband’s career in politics followed the internecine vagaries of politics in their country. He was imprisoned on many occasions and on each occasion that soldiers came to their house to arrest him Elizabeth was raped, often repeatedly, sometimes while her husband hid in the roof-space of the house. On one occasion she was raped while five months pregnant and then slashed deeply across the abdomen. Her fourth child, born after that rape, she named “Peace”. Not long after the birth of her fifth child her husband was arrested for the last time. After months Elizabeth was able to visit him in the political prison and torture centre where he was held. He was an emaciated wreck, his toes severed by torture. Nevertheless he told Elizabeth to hope for his freedom and also urged her to fulfil her plans, long since laid, to travel to Britain to buy cloth for the small local cloth-making business which she ran. No sooner was she in Britain, with her children in the care of her parents, than she learned that her husband had been executed and his body thrown at the gates of their compound. Separated from her children because it was too dangerous to return,
Elizabeth was in despair. Recollecting these events she wrote a prose poem, a psalm of despair: “The morning star is gone. Where are you, my God?” She fell ill after several months in Britain and was diagnosed with HIV. At that time Elizabeth faced the deepest moments of doubt about the validity of her faith, fear that she would never see her children again and a real sense of abandonment by God.

When Elizabeth first came to see me she said she hated men so much that she had to pretend that I was a woman. After all, she also thought with equal self hatred, why should a man care for me? But Elizabeth had such life, such faith, such hope, so much vigour. Even in the labyrinth of torture's consequences her attitude was one of reaching out to others and waiting before God. Elizabeth was an inspiration as a member of a group for African women deeply bereaved by similar circumstances. The women met over a period of weeks to cook an African meal and share life stories with each other. Elizabeth rarely revealed the depth of her pain, but revivified others with the warmth of her commitment to life. She later worked tirelessly for a healthcare project in the African community, promoting awareness of HIV. She wrestled with her conscience and the value of her social standing and took the risk of talking with young people in African churches about the necessity for responsible sex and the use of condoms. Finally, her children joined her and they have had years together, latterly gathered at Elizabeth's bedside as she has fallen into bouts of serious illness. She asks of God time to bring up her children, and yet in the past months she has also done everything to ensure that they are cared for should she die.

Severe torture, sustained deprivation and massive grief rupture the protective psychic shield. The threat to the integrity of life is so vivid that fragmentation of the inner world is the only available protective response. Memories of events that are too horrific to comprehend are split off and revisit the victim in the form of nightmares and flashbacks. For some, the damage penetrates the depths of the psyche: whole areas of consciousness manifest themselves only by way of absence, in emotional withdrawal, coldness, inexplicable moods, anger or inability to sustain relationships. How vast the scale of healing which is needed before these people could use the opening line of St Ignatius' prayer: “Take, O Lord, and receive my whole liberty, my memory, my understanding and my own will...”. The need to be healed before being able to surrender all to the love of God reveals the enormity of evil which has ruptured the spirit and maimed the memory and will.

The African theologian, Anne Nasimiyu-Wasike, relates a series of Christological responses which mirror African women's experience. The first of these is the holistic nature of being, the harmony and beauty of nature in the form of the lily in Matthew 6:28-29. Nasimiyu-Wasike understands this as particularly teaching the providence of God in the face of the harsh realities of nature in Africa. Again the theme reminds us of Colossians 1:15-20. This leads her to reflect that the pre-eminent christological theme for African women is Christ as healer:

Jesus inaugurated the restoration of individuals and societies to wholeness and he invited the disciples to participate in this re-establishment. As Christians and as women who have seen the liberating power of Christ we have two functions to fulfil: first of all to witness to God's love and care for the universe; and second to give testimony to the continued human responsibility of creating a new world.18

I have little doubt that Elizabeth participated in the fullness of that vision. Bearing within her the HIV virus, the increasingly manifest and potently destructive result of torture, she reconciled herself by a daily struggle to understand and accept the destructive potential of the disease within her and by reaching out to others: to men, sick friends whom she nursed on
their death beds; young men with whom, despite the taboos of her cultural group, she shared the message about HIV.

Thus it seems that atonement calls for acts of solidarity in forgiveness: it is not achieved alone within the presence of God in which one seeks reconciliation, but also and equally it is lived out in active participation with others, supported by a vision of a world of better human relationships that transcends the particular difficulties of the past and present.

As a therapist I also have to acknowledge my own wounded and damaged self. Somehow, in the work with survivors of torture, I find reflected the damage caused to me by life and the damage caused to others by me: aspects of myself I would prefer to reject or marginalise. At times, because of the pain of my own wounds, I may be tempted to reject those who seek help. There are sometimes months of work when staying with the agony of patients' lives is difficult to bear, or when like a dark night nothing can be seen to be happening, or the threads in the labyrinth are so tenuous that they cannot be grasped. The advice of von Hügel comes to me: when one has the sense of being on the mountainside when the mist has come down, the right response is to sit and wait in the cold darkness. Sometimes the work is so bleak, so terrifying, that I feel the need to be held by Another, by a grace and power greater than anything I can ever really contemplate.

The African theologian John M. Walligo relates that at the root of African suffering is rejection. His Christology is one that breaks out of the marginalisation of rejection into the centre of life. One of the imprisoning aspects of torture is shame: “Why should this happen to me?” The corollary is that one must be guilty to suffer so intensely. For Walligo the shame is not endured passively, as though the suffering were the son of ore's sins, in the sense of the disciples' question to Jesus about the man born blind in the Gospel of John (9: 1-3). Rather, there is a leap, like Christ, into the centre of life, a breaking out of the bonds of hell, a resurrection with Christ.

These insights do not have an exclusively Christian nature. I also sit week by week with Muslim patients who equally share in the need for reconciliation. Among them is my impressive Bosnian patient who has witnessed the demolition of his local mosque, the oldest on the continent of Europe, and who was incarcerated in a Serbian concentration camp where his gentle and wise disposition in faith sustained him and many of his fellows. Or there is the Shia couple, of whom the wife was driven for days across the desert through minefields by soldiers. She witnessed the exhausted mother of twins who, unable to carry both of them any further, had to decide which child to lay down beside the track to die. The husband explained to me, “We Shia must be in this world like ants walking across glass, we must make no noise”. I encourage them too to participate in rites of healing. On the anniversary of executions in their family, I suggest to a couple that they bring the halvah into the Medical Foundation to share in solidarity with the suffering of others. Halvah is the confection of honey and sesame seeds which it is traditional to bake and offer to others with a blessing. Islam is an autochthonous faith which has fewer rites that can be transposed and used out of place. Necessarily, both Islam and Christianity need to adapt rituals so as to enable refugees to be reconciled and be brought into the centre of living.

My therapeutic work with refugees of such spiritual vitality has led me to search for priests and imams who will participate in the process of healing. The authority of the therapist has limits. Thinking specifically of the Christian Church, as a therapist I cannot offer a rite of healing which sacramentals the healing of the relationship between a person and God as, for instance, for a man who was unable to bury a friend properly in the melee of human rights violations; for a wife who feels that rape has compromised her marriage vows; for a couple
whose family members die in their homeland, meaning that they cannot participate at first hand in the funeral rites of their loved ones. In so far as the Church represents the body of Christ which comprehends both the margin and the centre of society, the task of reconciliation seems to demand that we call the wounded, the guilty and the lost to be resurrected, to be at the centre of the Church with Christ. In this understanding we see that Christianity is not skin deep; that we struggle equally with good and evil toward the light, or otherwise: that atonement is the bringing of sin to the throne of God's judgement. not its exile to the margins: that reconciliation is finally an act that we have responsibility for in solidarity with all creation.

References


2. The Medical Foundation for Victims of Torture, 96 Grafton Road, London. NW5 3EJ, was founded in 1986 by human rights activists, physicians and therapists who worked together in the Amnesty International Medical Group. It offers psycho-social help and medical consultation to anyone who has been a victim of organised violence. It promotes a holistic and contextual approach to recovery from trauma. Individuals and families are seen from many countries where human rights violations are committed.

3. This should not be read to imply that all individuals or families who have been subjected to human rights violations require therapeutic help. People have their own rhythms of recovery and ways of coming to terms with violence and atrocity. Social and cultural context and the political acknowledgement of human rights abuse are very important in this process. Therapy can help when the social context of recovery is insufficient and when individuals for families get ‘stuck’ in the process of personal recovery.


6. Technically in British law asylum-seekers are people in the process of seeking asylum and refugees are those who have been granted asylum by the immigration authorities. However, the term refugee or exile are often used interchangeably to denote people who have fled persecution whatever their legal status in the UK. In international law, a refugee is any person who for reasons of persecution has fled their homeland and crossed an international boundary.


17. Names and identifying material of all the patients described in this article have been changed in order to protect their anonymity.


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