Accumulated evidence that torture and other related human rights violation produces health-related consequences that requires health professional assistance, has been the point of departure for the development of a global association of rehabilitation centres specialised in rehabilitation of torture survivors. The work field of torture is therefore a work field with an applied clinical practice rooted in a health professional paradigm recognising, though, the importance and influence of the socio-political and legal dimension of torture as a trauma and in service provision.

In spite of a long history of rehabilitation of torture survivors, very few questions within service provision are answered. The implications of this shortcoming of knowledge are: 1) the effectiveness information on rehabilitation of torture survivors is not available, and 2) that no clear and scientifically valid recommendations on the organisation and functioning of rehabilitation services, and the intervention they offer in different socio-cultural contexts can be put forward.

Given the uniqueness of torture as a trauma, the complexity of the health-related consequences with numerous contributing and modifying factors and the diversity of provided rehabilitation services to torture survivors, outcome research in this area is complex. The scientific approach implicates a series of methodological challenges and the use of combined research methodologies applied in several steps in order to ensure validity of the results.

Research qualified of producing such knowledge will demand a shift from the traditional discipline-centred mode of knowledge production towards a broader conception of knowledge production, where knowledge is generated in the context of application and addresses problems identified through continual dialogue between actors from a variety of settings.

The present article is a presentation of a long-term research strategy – The Impact Assessment Study – based on a global multi-centre study design and comprising 5 phases. The strategy has been developed with the aim of conducting a systematic »mapping« of the work field of torture, and the clinical practice applied in multidisciplinary rehabilitation of torture survivors. The main objective of the overall study is to assess if, how and to what extend rehabilitation at specialised centres provided in different socio-cultural contexts improves the well-being of torture survivors, and based on the achieved knowledge to establish empirically founded »best practice guidelines« for the future clinical work.

Point of departure in the article will be an introduction to some of the theoretical considerations behind the research strategy, focusing on outcome assessment from a health professional perspective – what are we to measure? – and the nature of the existing knowledge-base within rehabilitation of torture survivors – the scientific state of the art.

Part II: An exploratory study of outcome of torture rehabilitation at specialised centres from the clients’ and health paraprofessionals’ perspective.

The work field of torture is a work field with an applied practice, which involves several parties with different positions and perspectives, different goals and means, and different opinions about standards and desired changes.

Knowledge production as well as dissemination and implementation of knowledge should therefore not be driven by an isolated »research practice« seeking to transfer
knowledge to the field of practice. It is the field of practice that defines and outlines the character and relevance of problems to be prioritised by research.

All these aspects are pivotal in action/practice research, which aims at creating knowledge and build competencies allowing for the participants themselves to develop their own practice.

To conduct action/practice research within the work field of torture is a demanding and complex assignment, the task being to »portrait« the applied practice through description, analysis, and conceptualisation.

Practice portrait is one possible method – an instrument – by means of which, a given practice can be analysed when conducting action/practice research. It is also to be seen as a method – a framework for reflections about specific condition- and meaning constructions existing within the practice under study.

The present article is a presentation of the first phase of the Impact Assessment Study – an exploratory study – conducted in collaboration with 4 centres specialised in rehabilitation of torture victims and representing the Asian region, the Central and Eastern European region, the Sub-Saharan region, and the Latin American region.

The objective of the study was to explicate and assess relevant aspects of the practice – problem areas – to be elucidated applying practice portrait as a method in the analysis and at the same time to describe – based on a phenomenological and ethnographic approach – the outcome of torture rehabilitation as provided in different socio-cultural contexts seen from the clients’ and the health professionals’ perspective.

Significant findings in the study were:

The objective of rehabilitation – the problem identification and problem understanding – depends on the professional background and the composition of the staff at centres, as well as the socio-cultural context the individual centres are placed in.

A broad spectrum of theories, methods and treatment approaches are applied, and that no one explicit procedure/method/practise is used to elucidate, uncover and define the multitude of clinical problems presented by the clients.

Across centres the interviewed clients expressed a through-going satisfaction with the support, treatment and rehabilitation they were provided. This satisfaction was placed in different dimensions – the psychological, the physical, and/or the social dimension – but represented in general an achievement of self-efficacy. »Empowerment« – especially in relation to the clients’ daily living and future perspectives - does for that reason emerge, as an overall outcome of rehabilitation.

The interviewed health professionals’ possibilities and limitations are formulated in relation to a complex work field. A work field, where many of the physical and psychological problems presented by the clients are perceived to be chronic, and where the health related problems often disperse in the social context – a dimension where most of the health professionals feel limited in providing a sufficient assistance.

Inger Agger: Challenges in psychosocial interventions in the aftermath of war and political violence.

The political significance of mental health interventions in situations where there is – or has been – armed conflict constitutes a challenge to professional integrity and neutrality of mental health professionals. A case example from Kosovo illustrates how the trauma concept was introduced by the international community and used as an individualising explanatory mechanism: the trauma discourse flourished after the NATO bombings in 1999 and the invasion of international organisations that followed. American-sponsored scientific investigations found that almost half of the population showed signs of psychiatric illness. The trauma discourse distracted the attention from the social and political root problems in Kosovo. The emphasis of the new humanitarian discourse on victim-hood is now widely questioned, and there has been a change of paradigm
towards more emphasis on a resilience-oriented Rights Approach exemplified by the Testimony Method. However, an example from Croatia illustrates how in some contexts of ethno-political conflict a suffering-based approach is the best option for mental health professionals who try to avoid political manipulation. The cultural challenge of mental health work in non-Western contexts is discussed, including the political significance of a community-based approach to counteract the devastation of war.

**Stine Amris: Chronic Pain in Survivors of Torture – Psyche or Soma?**

Persistent pain related to the musculo-skeletal system is the most frequent reported physical complaint in survivors of torture. In spite of a long-standing tradition of multidisciplinary rehabilitation, however, there is no consensus on how chronic pain and pain-related disability are best addressed within this clinical practice. Are pain problems in torture survivors to be viewed as a somatic problem and intensively investigated and managed as such, or assumed to be the presentation/concomitant of psychological disturbance such as depression, anxiety, posttraumatic stress disorder, or other trauma-related problem?

The current paper is intended as an overview of chronic pain in torture survivors viewed from the perspectives offered by the interactive and multivariate theoretical models of pain. According to these models pain should be viewed not as the result of either solely physical or solely psychological causes, but rather as a set of bio-physiological, psychosocial and behavioural factors contributing to the total experience of pain.

Consequently, appropriate assessment of chronic pain requires assessment of more than just the direct components of pain. Given the complexity inherent in the construct of subjective pain, there is a need to obtain a diversity of assessment information that must then be integrated to understand the individuals’ pain and to contribute to treatment decision-making. Overemphasising the importance of psychological aspects, however, may result in insufficient somatic pain diagnoses and reduced treatment efficacy.

Basic knowledge of the physiology of pain is therefore a prerequisite when assessing, diagnosing, and managing individuals suffering from chronic pain conditions. A brief introduction to the physiology of pain has therefore been enclosed in this paper, focusing on chronic, persistent pain and the pain signalling system under abnormal conditions. Possible pain generating mechanisms in chronic post-torture pain are highlighted and how to use clinical information and an understanding of pain classification to identify these mechanisms.

Clinically, a failure to appreciate the intricacies of the relation and co-occurrence of trauma-related problems and chronic pain carries a risk of poor clinical decision-making, selection for treatment, and design of therapeutic intervention. It is advocated that chronic post-torture pain should be viewed from the perspectives offered by the interactive and multivariate models of pain and stress, and that knowledge-based clinical guidelines for the assessment and interdisciplinary management emphasising biomedical, behavioural, and cognitive aspects of chronic pain and pain-associated disability in torture survivors should be developed based on these models.

**Peter Berliner & Ana-Maria Torres: Organized violence against inmates in prisons. An analysis of Testimonies.**

In the article two testimonies from a massacre in a penitentiary in Honduras are analysed through a narrative and a discourse analytic method. These analyses show how the survivor (the victim) is positioned as not-dead but still not fully alive and without the power to act with a sense of agency in the social and practical context without support from an alternative discourse, which offers an alternative narrative of the victim as a participant in the community. The position of the victim is constructed
through a story of being exposed to chaotic violence. In this situation every choice leads to more killing and torture. The perpetrators describe the victims as dangerous and depraved, which is used to justify the executions. In this positions the victims cannot refer to justice, because justice is already defined by the perpetrators and the only way of survival is to be seen and protected by others with power. In this position the victim is positioned without any power to change the situation – and an response aiming at changing this must begin by offering the victim/survivor another position in the social context.

Henrik Rønso: Decentering Struggle: Traumatizing Central Americans
This essay demonstrates the ways in which Central American subjects during the last three decades have been centered by changing discourses on violence. From violence entextualized as intrinsic to the eschatological history of the people, to the violence as an autonomous process, that creates entire populations of traumatized. Within this entextualizing trauma is seen as the normal reaction to violence and the ability of social groups and individuals to act has been silenced while agency is transferred to the entities of psycho-social support: The psycho-social interventions combine individualizing and totalizing techniques through which entire populations are placed at the margins of society, living lives in which their emotional state is monitored by humanitarian agencies and interventions designed according to registered levels of well-being and the prevalence of psychological trauma in the general population. By entextualizing violence as an autonomous process, which generates trauma that trough feed-back effects may reproduce themselves over several generations, we have arrived at a theoretical model of life at the margins, which is ill equipped to explain the ways in which violence, everyday life and the exercise of power are articulated in post-colonial societies in Latin America, Africa and Asia.

Jan Ole Haagensen: Praxis, Power and Development – Aspects of Psychosocial Intervention in Post-Conflict Societies
The article argues for a development co-operation approach to psycho-social interventions in postconflicts societies exploiting experiences gained in development research and practice. This means emphasis on context and culture on the one hand and a genuine co-operation with local partner organisations on the other hand. This is the only viable path to reach a sustainable success. When we deal with an issue like torture, we deal with power and politics and there are no swift and easy technical solutions other than power and politics. Thus, in a development co-operation perspective, psycho-social intervention can not be seen in isolation but has to be seen in a broader political context. Various approaches to psycho-social intervention and development co-operation share a common meta-theoretical framework that takes the resources of those people we would like to assist at the point of departure. They are potential agents for change. In other words, it is all about active subjects whether individuals or groups that contain resources and potentials for exploiting the political space to make the power relations less asymmetrical and eradicate non-acceptable social practices such as torture.

Peter Berliner, Lone Jacobsen, Pernille Ianev, Naima Mikkelsen: Solution focussed methods in psychotherapy with survivors of torture
This article describes the purpose and nature of torture and looks at how this strategy is used by totalitarian regimes to punish and/or destroy fellow human beings, as a means of suppression. The torture causes the victim severe trauma and destroys his/her basic trust and ability to function normally in life. Torture is quite prevalent world wide and refugees arrive to their host countries severely traumatized calling for treatment of their symptoms that present as a variety of symptoms of depression, PTSD or enduring
personality change after catastrophic experience. Treatment at RCT focuses on rehabilitating victims so that they can function better in life and several methods can be used for this purpose. The therapist helps the client find solutions and new possibilities in her/his current life in the community.

More specifically this article describes two methods that are used at RCT: the cognitive and narrative method. Cognitive therapy works in detail with the thoughts and beliefs of the client in an attempt to change those that are destructive and is an effective treatment for depression. Narrative therapy is a method that focuses on the positive qualities that the client has and his/her resources rather than dwelling on symptoms.

Ane-Grethe Madsen: Counselling and support – capacity-building in post-conflict areas

The article portrays reflections on concerning counselling and support to people who have been subjected to grave traumatic experiences in their home countries, e.g. civil war, ethnic cleansing, torture and other human rights violations.

Strategies concerning the acute phase are mentioned in this article in order to point out the importance of focusing on the mental needs already at this point. However, the primary focus is on the post conflict period. The article includes passages to elucidate strategies from the literature and a passage which is the starting point for after-reflections of capacity-building within the health care system in Kosovo. The article also points out the problem of using the approaches that are specially connected to western approaches and the risk connected with this in order to appear culturally insensitive. In this connection empowerment, bottom-up and participatory approach are involved as well as critical experiences with capacity-building and the lack of understanding of local coping strategies in Kosovo.

The article finishes with general and specific recommendations based on own Master studies in International Health (MIH) and lessons learned with psychosocial capacity-building in Kosovo.

Peter Berliner & Malin Wiking: Psychoeducation for traumatised asylum-seekers. From mental schemata to joint action

This article describes psycho-educational programmes for traumatised asylum-seekers at Danish Red Cross Centres in Denmark. Through observations, interviews and evaluation reports the programmes were studied and it is shown that their process and outcome are better understood within a theoretical framework of community psychology than within a cognitive psychology framework. Professionals’ and participants’ co-construction of alternative stories potent for creating changes cannot be implemented in the daily life of the participants without including the context and social network outside the intervention-context. The outcome was most valued where it did link the participants to the community (in the centre and outside) in a practical way by building social networks or providing practical skills. To be able to have more influence on the daily life in the camp was considered highly important to the participants as a positive gain from the best of the programs.

Lise Worm: Dokumentation of torture

Torture, ill-treatment and other violations of human rights are practiced in more than half of the world’s countries (Amnesty International – Annual Report 2003) and this demonstrates the need for continuing the work against torture.

In order to fight torture it is important to document that torture has taken place. Effective documentation is therefore essential in holding perpetrators accountable for their actions. Documentation can also be used to pressure governments, authorities or other perpetrators into acknowledging the problem of torture and thus to prevent future
torture. Finally, documentation can be a support for torture victims as it proves what they have experienced and thus uncovers their need for rehabilitation.

The Danish Medical Group of Amnesty International carries out this kind of documentation. The doctors of AI use their medical education in their reports, where they describe the torture methods as well as the physical and psychological after-effects of torture. The report is based on an interview and a medical examination of the torture victim. This work is based on the Istanbul Protocol (1999). It contains international guidelines for the examination, investigation and documentation of alleged cases of torture and ill-treatment and for reporting findings to the relevant authorities. Several organizations work on the implementation of the Istanbul Protocol in as many countries as possible to increase the awareness of documentation of torture and examination of torture victims, thereby making an important contribution to the prevention of torture.

*René Rasmussen: Overcoding and psychotherapy in cognitive capitalism*

Globalisation is not just an economic and geographic phenomenon, but mainly directed towards the post-modern, cognitive material: brain and body. It is not merely imposed on the subject, but operates directly on it, also in the clinic by way of for ex. cognitive therapy and schematism. The article encircles, how this is done and how humans become more and more isolated. Finally, it points at Lacanian psychoanalysis as an alternative to the globalisation of the post-modern clinic.

*Tatiana Jessen: Migration, globalisation and mental health*

Migration is treated as a worldwide phenomenon associated to societal upheavals causing significant changes at the social, economical and cultural level. In the aftermath of such commotions people driven by courage and confidence on their resources migrate from their countries to reach on foreign grounds their migration goal: to start a new life. An exposition about globalisation and a description of its consequences attempts to understand the relationship between ethnic minorities’ actual living conditions and their impact on their mental health. A family narrative weaved by two migrant stories encompassing three generations is added to sharpen the focus on migrant flows and to build a bridge between colonization and globalisation.

Predominant considerations that link globalisation to migration are examined from a sociological, social psychological and individual point of view. Emphasis lies on cultural changes affecting people’s views and its consequences for the population.

A review of general psychological, interpersonal and individual aspects serves the purpose to explore how tendencies derived from globalisation linked to migration can shape intercultural practices as well as interpersonal patterns. Negative factors appear to block ethnic minorities’ well being and their efforts to reach migration goals. From a clinical psychological perspective these factors appear to have a pathogenic character diminishing, debilitating and overwhelming ethnic minorities’ psychological resources, thus compromising their mental health.

*Bodil Pedersen: Perspectives on Sexual Assaults.*

A major part of research into the theme of sexual assault and its aftermath has been done within the tradition of Post Traumatic Stress Disorder. This type of research points to some of the problems women might experience following such an assault. But it is also a limitation of this tradition, that it does not encompass the very varied perspectives of the concerned on the psychosocial aspects of their conduct of daily life following an assault. Psychological research thus risks marginalizing the knowledge of the concerned instead of letting it inform theory and practice.

In connection with research done at a Center for Sexual Assault the article explores possibilities and limitations in using therapy-research as a method to overcome these
problems. Can the personal perspectives of the concerned be represented? Can therapy-research thus enrich a theoretical and practical psychological approach which may also inform other practices in the field of sexual assault.

One necessary condition is a theoretical conceptualization of connections between daily life and the personal psychosocial meanings of an assault.

Peter Lauritsen, Peter Elsass, Stinne Højer Mathiasen: Globalization, scale making and oscillating existence: A study of Internet use in Ayacucho, Peru.

Globalization is often discussed narrowly as a dichotomous relationship between ‘the local’ and ‘the global’. Within the frame of Science-Technology-Society studies this relationship is re-formulated into a focus on the social and material processes through which ‘localities’ and ‘globalities’ come into being. During several stays of fieldwork in Ayacucho, Peru we have studied how users of Internet engage in activities through which scales, ranging from ‘the local’ to ‘the global’, are constructed. Using such scales, Peruvian Internet users are capable of creating distance to localized history and fellow citizens. Their ‘globalized identity’ is, however, unstable; the users oscillate between ‘the local’ and ‘the global’.

Jens Berthelsen: Spirituality – A new platform for global psychology.

We are moving from dualism and the mechanical thinking of the industrial society towards a communication society with a more holistic and dynamic perception of our surroundings and ourselves. The young generation lives in ‘virtual reality.’ They develop skills and competencies through reflections and personal dilemmas. Their personality structures are changing. The grand theories which were built on the previous generation’s beliefs and realities do not seem useful to the new generation.

Professionals have to work with their own dilemmas to change the either-or perception to an more comprehensive perception, where fiction is not opposed to reality.

Professionals need to find to find a new base for transcultural communication with a deeper respect for human integrity. We need to base the connection between people on a collectively common human level. And common for nearly all human beings is that they relate their stronger emotions (dreams, hopes, fears, destiny) to often powerful spiritual conceptions.

Professionals have to work with their own dilemmas to change the either-or perception to an more comprehensive perception, where fiction is not opposed to reality.

A year ago I started investigating the possibilities of expanding professional awareness (i.e. intuition, empathy) through alternative therapists approaches. In the paper I present my research on accommodative personal development in dilemma situations and an investigation of metapsychology. I have myself consulted clairvoyants, and healers and studied the theoretical foundation of spiritual actions in an attempt to expand our professional competencies in order to obtain special access to uncovered channels to human resources. I discovered that you expand your perception and possibility using subconscious communications if you are willing to accept and identify yourself with incomprehensible but meaningful human beliefs.