

Reflections on healing and recovery from the legacies of trauma and violence

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Abstract

The author describes her experience working in the Philippines and the logic behind a survivors' group in her native land to reflect on life experiences and what both torture and the healing process meant from a lifelong perspective.

Introduction

On the occasion of the 30th anniversary of Torture Journal, I will discuss lessons learned in the course of my engagement in psychosocial rehabilitation projects in the war-torn communities of East Timor and Southern Philippines. Several conclusions stand out and resonate with me as a healer, a caregiver and an advocate:

The early years of the torture rehabilitation movement in the Philippines and the immediate post-conflict era in East Timor saw this tendency to see torture sequelae as physical and mental health problems that must be treated. The Philippine Action Against Torture (PACT), established by the Medical Action Group, set up a clinic for torture survivors, provided medical and physiotherapeutic interventions for individual torture survivors, investigated allegations of Torture and visited detention places to render medical and psychiatric assistance to detainees. In East Timor, international NGOs competed for scarce funds to establish similar clinics in the country's

capital, Dili. The staff of these clinics were even given short term training in Australia to familiarize them with the treatment programs used in rehabilitation centres. Australian psychiatrists were funded to see torture survivors in these Dili clinics once a month. These days, funders also look at torture rehabilitation as projects intended to identify victims and their needs as individuals, not communities. Thus, proposals required counting the prevalence of clinical symptoms and much less a social investigation of the more vast impact of the violence on the community. This led to frustrating struggles to secure funding for community-based programs. We evolved in our firm conviction that while individual healing was necessary, it could not occur without social and community healing. The 1980s definition of Torture became a hindrance as well. Community torture became a more common systematic form of Torture after the Convention Against Torture (CAT) was ratified. The CAT was primarily based on the Greek and Latin American experience of State torture which targeted individuals to terrorize the population. The community-wide extent of the psychosocial impact of Torture had not received as much attention as the need to assist individual survivors back into their everyday lives. Thus, recognition for the importance of community-based interventions was far from sufficient. Such lack of recognition was the reason for our

failure to receive funding assistance for a research project to study the impact of massive abduction of male community members by the Indonesian militia, dropping off their dead bodies back onto their village that was come to be called the “Widows Village”. The reason that was given to us was that the incidents did not fit the CAT definition of Torture.

Fortunately, our persistence with such a notion produced results. The IRCT managed to run a project for five years in Suai, a Timorese district. Suai is about 2 hours away from the capital, Dili. It suffered mass murder by the Indonesian militia, where more than 500 members of the community were killed on one occasion while attending church. We were able to document the torture experience of the community and provide community interventions such as group psychosocial processing of survivors or the creation of modules for the training of mothers and teachers on the management of trauma in children. One prominent feature of the research project was the continuing debriefing of our young interviewers, who were not only survivors of the same trauma but were also bound to be retraumatized by the research process. We were able to apply this same framework and methodology in the war-torn community of PIkit, Mindanao in the Southern Philippines, with the support of DANIDA and the Danish Embassy in Manila.

Under the most brutal results of war, displacement, massacres and torture, the need to address the traumatic human sequelae remains in the hearts and minds of surviving individuals and their communities. Individuals confronted with brutality and degradation can have incredible strength and resiliency. Thus, they must be actively engaged in the “rehabilitation” process not only as beneficiaries of services but as knowledgeable, dedicated but unfortunately, disempowered members of their community. As humanitar-

ian aid embarks on the challenge of psychosocial rehabilitation, it is essential to realize that there is more to it than altruistic concern. As we saw in East Timor, the scramble for funds, territories of operation, even occupation of the remaining scarce undamaged buildings for offices demonstrated that humanitarian aid is also an industry which in many instances brings into play economic and political variables that can impede and even obstruct, the provision of effective rehabilitation services. Decisions regarding priorities and fund disbursement are coloured by these variables leading to prioritization of, for instance, computers or motorcycles for the organisation over psychosocial services. Then, there is the temporary nature of humanitarian aid regarding the long-term consequences of psychosocial trauma. We must anticipate donor fatigue, new catastrophes, the disappearance of CNN, changing national and global politics. The priority of building an indigenous infrastructure to empower the people to meet their needs is of most critical importance.

I would also like to highlight the different means and varying degrees to which post-conflict countries could embark on the process of “remembering”. Alfred McCoy’s¹ profound analysis of the Philippine experience looked at “the extent to which impunity was practised by those who assumed power after a dictatorship such as the Marcos Dictatorship. Torture and

1 McCoy, Alfred. *Dark Legacy: Human Rights Under the Marcos Regime*. September 1999 <http://www.hartford-hwp.com/archives/54a/062.html>
Memory, Truth Telling and the Pursuit of Justice—A conference on The Legacies of the Marcos Dictatorship https://www.researchgate.net/publication/311984856_Dark_Legacy_Human_Rights_under_the_Marcos_Regime

its terror, designed to inculcate mass compliance through fear, left a lasting legacy for the post-Marcos Philippines—a politicized military and a traumatized polity. Since there was no investigation of past human rights abuses, torture and salvaging have continued inside the PNP. The Philippine experience teaches us that torture has a transactional dynamic—just as the torture victim is made powerless, so the torturer is empowered. More than any other nation, the Philippines provides an example of extreme impunity.”

“Remembering and truth-telling”, according to Mc Coy, “is a discourse in power. It is not a one shot or a series of hearings to get the people’s narratives. Hence, it is a process that requires empowerment. He posits that “there is a dialectical relationship between the legacy of violence and its traumatic consequences and the degree to which “forgetting” becomes the social and cultural norm in dealing with its traumatic consequences. The “dialogic value of memory” must not only be in the context of history-making but must also be in the context of healing”.

The importance of remembering and truth-telling is what I experienced in Cambodia. Acceptance and karma were dominating elements in the belief system of the predominantly Buddhist population, which did not see the value of remembrance and truth-telling. Other elements are the need to reestablish a sense of safety and connection, the first stages to trauma healing according to Judith Herman. Neither have been substantially felt by the survivors. IRCT training professionals on psychotherapy, which was obviously a western concept, failed to encourage survivors to talk about their stories. The concept of “cultural sensitivity” was too often given only lip service because it was politically correct.

McCoy’s observations lead me to wonder what might be the determining factors that influence these tendencies. Louis Bickford cites the relative strength of the human rights movement as a factor. Suppose we look at the Latin American experience and compare this to the Philippine experience. In that case, we might conclude that the process of “remembering” in Latin America was substantially more organized, tenacious and aggressive than what we observed in Asian countries like the Philippines and Cambodia.

These observations are consistent with the conclusion that the task of remembering and retelling one’s story requires empowerment/re-empowerment of both survivors and witnesses. Therefore, the entire process is both a means and an end unto itself. A social context that affirms and protects the victims and provides victims and witnesses opportunities for joining a joint alliance against perpetrators is undoubtedly an imperative. Hence, it is not difficult to see that there is indeed a dialectical relationship between the legacy of violence, its continuing traumatic effects and the extent to which survivors are empowered to remember and retell their stories. We can also see that this process must be documentary in nature. It must occur in healing and recovery and must be conducted most ethically and therapeutically.

However, we still need to ask ourselves this question. How true to this goal of empowering at all cost has the rehabilitation movement been? To what extent has the current “professionalization” as opposed to the activism of the 80s and “politicization” of anti-torture work not moved efforts away from the “medical model” or worse that impunity and lack of justice become worse hindrances to healing?