Corrective Political Experiences: Psychological Impacts of Public Testimony for Survivors of Torture

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Finding a path to recovering voice and confidence is important for healing from torture-related trauma. Participating in testimony may provide one such path. However, there are gaps in our understanding of how giving testimony impacts torture survivors engaging in public testimony in the U.S.—a context that may elicit feelings not only of safety but also of exposure. Accordingly, this study used a grounded theory methodology to develop a circumscribed model of the impact of testimony on survivors’ healing, drawing from experiences of 11 adult (7 men, 4 women) survivors. The resulting healing through testimony model illustrates how a survivor’s identity interacts with their context in the U.S. to shape how they step up to testimony opportunities, communicate their message, and digest their experiences. In turn, their identity evolves through corrective political (and personal) experiences. Ways in which survivors could be best supported by psychologists before, during, and after testimony are suggested.

Public Significance Statement
This study describes how some survivors of torture seeking asylum in the U.S. are impacted by giving public testimony about their traumatic experiences. It demonstrates how testimony, while sometimes painful to deliver, may contribute to healing by helping survivors to recover political agency and to feel witnessed as they communicate an important human rights message. Survivors of other forms of trauma may potentially have similar empowering experiences from speaking out in public.

Keywords: torture survivors, trauma, testimony, PTSD, political activism
The psychological impacts of torture can be severe, leading to posttraumatic stress and a broader loss of trust and interpersonal security (Herman, 2015). By disrupting an individual’s sense of self and sense of safety in the world in a previously unimaginable way, torture “often leaves people without a voice,” unable to adequately describe their experiences (Auerbach & Shiro-Gelrud, 2010, p. 431) or experience political and social agency (Gorman, 2001).

Finding a path to recovering voice—by naming and describing their trauma, and experiencing renewed power and confidence—may be an important part of the healing process for many torture survivors (Gorman, 2001; Weine, 2006). Testimony may provide a corrective experience through which political agency and identity can be recovered, the survivor can feel seen, and can heal (Herman, 2015). However, there are gaps in our understanding of how giving testimony in public (as opposed to in private settings, with a therapist) impacts survivors—both positively and negatively. Accordingly, this study sought to develop a model of the impacts of public testimony on healing, focusing on international torture survivors living in the U.S. This population is currently estimated to be around 1.3 million among refugees alone (likely considerably more if asylees are included), two-thirds of whom are estimated to be experiencing clinically significant levels of posttraumatic stress (Member Centers of the National Consortium of Torture Treatment Programs, 2018).

Testimony and Trauma Healing

Testimony generally involves a recounting of a personal (traumatic) experience for an audience or witness. It may involve a formal statement, written or spoken, and its purpose may be to effect a societal outcome or change (e.g., influencing home and foreign “donor” country laws and policies), to document history, or to communicate a personal perspective (Weine, 2006). Testimony may be a stand-alone process, or embedded within broader advocacy efforts intended to highlight human rights violations and ongoing injustices that inflict trauma.

Theoretically, giving testimony may be either beneficial or retraumatizing—or both—for trauma survivors. Past research has found different impacts associated with different contexts.

Potential Benefits

Within a safe therapeutic environment (i.e., not in public), recounting testimony is theorized to assist in desensitization or habituation, memory processing, and overcoming avoidance (Nickerson et al., 2011). In this way, it is similar to some forms of exposure therapy (e.g., see Foa & Meadows, 1997).

Looking across a broader range of settings, Herman (2015)’s triphasic, iterative model identifies testimony and truth-telling as having a restorative power in a second stage of trauma healing (after achieving safety and stability). Within this second stage, preparing and giving public testimony could provide an important mechanism for the development of philosophical perspective and experience of interpersonal validation (Auerbach & Shiro-Gelrud, 2010). The act of developing a testimony may create an opportunity for survivors to engage in a form of autobiography, and consequently to grow in consciousness and experience a sense of integration and identity renewal (Weine, 2006).

Public testimony also has political and cultural associations. From the perspective of liberation psychology (e.g., Martín-Baró, 1994), trauma is experienced within an inherently oppressive system, and engagement in public testimony and other social justice activities is thus the most effective, culturally appropriate way to address power imbalances and initiate healing. Providing testimony in public, where it has political power, can illuminate the political origins of trauma and show how survivors are not alone in their experiences but rather are part of a system that needs to be transformed (Herman, 2015). The sense that someone is listening, or will listen, to the testimony, is important. The function of the testimony becomes not only personal, but outward-reaching, attempting to teach and guide society (Mollica, 2006). Survivors of torture, in particular, may develop an enhanced moral knowledge from the violent betrayal of their faith in society (Weine, 2006), spurring a strong collective identity (Kira et al., 2006) and (for some) a desire for political activism.

Consistent with the benefits proposed in theory, research suggests that testimony given in therapy settings by survivors of torture is effective from a symptom-reduction perspective. For example, Cienfuegos and Monelli (1983) found that the majority of torture survivors who had given testimony during their psychotherapy in a human rights organization in Chile experienced a posttreatment reduction in anxiety and in acute symptoms of traumatic stress. A later study using six-session testimonial therapy with Bosnian refugee survivors in the U.S. found a significant posttreatment reduction in posttraumatic stress disorder (PTSD) symptoms immediately and at 2-month and 6-month follow-ups (Weine et al., 1998). In a randomized control trial with civil war survivors in Mozambique, Igreja et al. (2004) found that individuals given a one-session testimonial therapy treatment experienced a reduction in PTSD symptoms at 2- and 11-month follow-ups—although, interestingly, the control group also exhibited a similar effect. More recently, researchers in Sri Lanka (Puvimanasinghe & Price, 2016) found improved psycho-social functioning from a four-session testimonial therapy process. Similarly, meta-reviews of research on the efficacy of approaches to treating torture and trauma in refugees (e.g., Gwozdziewycz & Mehl-Madrona, 2013; Nickerson et al., 2011) have identified six prior studies on narrative exposure therapies with adults or older youth, all of which found improvements in PTSD symptoms posttreatment.

Fewer studies have identified benefits from giving testimony in public settings. Qualitative case studies have identified a sense of empowerment and increased social support among women trauma survivors who participated in testimony and advocacy in Palestine (Shalhoub-Kevorkian, 2005), and increased self-esteem, tranquility, self-efficacy, and a sense of recognition among women involved in the Truth and Reconciliation Commission and in advocacy organizations in Peru (Laplante, 2007).

Potential Risks and Individual Differences

Despite the proposed and documented benefits, there are potential risks of engaging in testimony (e.g., Stepakoff et al., 2015). The experience of giving verbal testimony, especially in an environment the survivor perceives as unsafe or invalidating, could lead to reactivation of traumatic stress. While speaking about traumatic memories, survivors may re-experience extreme fear, leading to a physiological defense cascade of freezing, experiencing a fight-or-flight response, or dissociating (Schauer & Elbert, 2010).

Noting these risks, Weine (2006) acknowledges that testimony is likely to fail as a therapeutic intervention for survivors who are in
unsafe environments and still struggling to achieve stability. Additionally, drawing from research with refugees and forced migrants, Kira et al. (2006) have proposed that experiences of anger and forgiveness are influential in moderating the healing process. In particular, their research on predictors of trauma symptomology suggested that it is protective for individuals who have suffered at the hands of their governments (as torture survivors have) to retain their anger at the government, particularly the head of government or dictator, but to forgive collaborators. Thus, the content and purpose of testimony may also be important. Specifically, if delivered in an attempt at forced absolution, testimony may be less beneficial than if aimed at justice and restoration.

Consistent with these theorized risks and variations, multiple studies suggest that retraumatization can occur when testimony is given in public. This research has focused on testimony given within the communities in which the trauma occurred, sometimes in the presence of perpetrators. For example, in critically reviewing transcripts, reports, and interviews from women who gave testimony in a rape trial conducted by International Criminal Tribunal for the Former Yugoslavia, Henry (2010) identified experiences of retraumatization and marginalization as well as empowerment. Similarly, in Sierra Leone, Stepakoff et al. (2015) found that many witnesses who gave testimony at the war-crimes tribunal reported painful experiences (e.g., emotional difficulty) as well as positive ones (e.g., breaking silence, being listened to). Brounéus (2008) reported that women testifying in village tribunals in Rwanda experienced fear for safety and security after giving testimony, and psychological ill health (e.g., feeling ill before, during, and after testimony, and strong re-experiencing of trauma while testifying). She also found that men and women who had been witnesses in the tribunals had a 20% higher risk of depression and 40% higher risk of PTSD than those who had not (Brounéus, 2010). Similarly, a large-scale cross-sectional study in South Africa found that individuals participating in the Truth and Reconciliation Commission had higher levels of psychological distress (Stein et al., 2008). In a randomized control trial in Sierra Leone, Cilliers et al. (2016) found that those participating in truth and reconciliation hearings showed an increase in anxiety, depression, and PTSD, despite increases in social trust and cohesion.

A constructivist grounded theory approach was chosen as a contextually rich, culturally appropriate means to addressing the research questions with this study’s focus population. This inductive method of inquiry is embedded in a relativist epistemological framework that rejects the notion of a single, knowable, and generalizable truth (Charmaz, 2006), and embraces a view of knowledge as coconstructed (e.g., by researchers and participants). It follows a systematic approach to develop an explanation of a process or phenomenon for a population, based on rich data gathered from that population. The iterative data collection and analysis process created space for participants to review, revise, and shape the development of the theory related to their experiences. This process aimed to be more culturally appropriate and therapeutically sensitive than taking a quantitative, single-time approach (which can feel retraumatizing and dehumanizing—especially for survivors of torture; Nguyen, 2011; Ortiz, 2001).

Method

Participants

A purposeful sampling approach was taken in identifying information-rich cases for this study. Participants were recruited from populations of survivors affiliated with service agencies in a large metro area in the Northeast U.S., which posted flyers in shared spaces and distributed recruitment information by email to approximately 150 individuals who agency staff understood to have participated in advocacy over the past year. All individuals who contacted the primary researcher to signal interest in the study met inclusion criteria (over the age of 18, survived torture in their home country, currently living in the U.S., had engaged in public testimony in the U.S., willing to participate voluntarily; adequate proficiency and comfort to complete interviews in English, and willing to be recorded and to share demographic information pertinent to the study’s objectives).

Participants comprised 11 adults (7 men, 4 women; M̅_{age} = 44, SD = 7.2) from Cameroon, Congo-Brazzaville, Ethiopia, Eritrea, and Sudan. All had been in the U.S. for at least a year (arriving between 2013 and 2018), and had claimed asylum on the basis of having been persecuted by government actors for their religious affiliation, social group identity, or perceived political beliefs; four had been granted asylum, and seven were still awaiting the outcome of their case. Four participants identified as being separated from their spouse and children, who were still in their home country; four were single; three had family members join them in the U.S. Participants reported having engaged in public testimony to raise awareness of torture and influence U.S. attitudes and policies in a variety of settings: in churches, synagogues, universities, high schools, and government offices (including in offices of representatives of the U.S. Congress, congressional hearings, government agencies, and public hearings in meetings of special committees), at human rights conferences, at community events, and in media interviews. They noted that most of these opportunities had been identified through the service agencies they were connected with, and that they had some support available (from advocacy-focused staff, or from mental health and social service professionals) to prepare and participate if needed.
Procedure

Procedures and materials for the study were reviewed and approved by the University of Maryland, College Park Institutional Review Board. Individuals expressing interest were screened via telephone to ensure they met the criteria for inclusion, and then invited to attend a 60–90-min, semistructured interview. Questions focused on how testimony had affected healing after torture, what other factors had impacted healing, and thoughts/feelings/experiences before, during, and after testimony. All participants were offered the opportunity to engage in a grounding exercise following their interviews and provided with lists of community resources (many of which they indicated they were already aware of). After initial data analysis, participants were invited to attend a 30–45 min follow-up interview, with similar format. Full informed consent was sought for all aspects of the research process. Interviews were audio-recorded and transcribed, and participants were offered $25 for participation in the first interview and $15 for participation in the follow-up.

Data Collection and Analysis

Data collection and analysis was undertaken iteratively until saturation was reached. The initial set of categories and theoretical structure from early stages of analysis informed the later stages of data collection and analysis.

Memo Writing

From the beginning of the study, the primary researcher, a counseling psychologist with experience working with forced migrant populations in the U.S. and internationally, followed Charmaz (2006)’s recommendation to engage in reflexivity by writing reflective memos about the research process. This helped in identifying assumptions brought into the research (e.g., that there would be both positive and negative experiences associated with giving public testimony, based on clinical experience and awareness of past research), and reactions and insights generated through data collection and discussions with expert advisers. It also assisted in identifying initial themes. These memos were referred to in the data analysis process and helped provide a check on the influences of subjectivity on the analysis process.

First Stage of Collection and Analysis

The primary researcher conducted, audio-recorded, and transcribed an initial set of three interviews, and analyzed them using NVivo qualitative analysis software (QSR International Pty Ltd, Version 12, 2018) guided by coding procedures outlined by Charmaz (2006). Initially, transcripts were coded to identify categories of information related to the process of engaging in testimony. This resulted in a relatively large number of category codes closely matched to small units of meaning within the transcripts, which were then condensed into broader categories and subcategories to form an initial structure to the data. In a second phase, more focused coding was undertaken to identify conceptual connections (in meaning, sequencing, and level of abstraction) between categories, and build a narrative or theoretical structure that integrated and refined the categories to explain the impact that giving testimony has on healing. The primary researcher consulted with expert advisors (a survivor of torture and experienced trauma-informed counselors, who were all trained in mental health and had worked extensively with survivors participating in advocacy) to review the developing concepts and theoretical structure, making refinements in line with their feedback.

With each subsequent group of four interviews, a similar process was followed, adding to and revising the theoretical structure in line with the data, using a constant comparison process to identify similarities and contrasts between new and existing pieces of data. This process resulted over time in some categories becoming less prominent and merging with others, and others becoming more clearly delineated and narrowed, to a point of apparent saturation.

Second Stage of Collection and Analysis

Five participants agreed to participate, four were unavailable, and two did not respond to an invitation for a follow-up interview. During the follow-up interviews, the researcher asked questions to clarify information provided in the initial interview, invited the participant to share any reflections from the first interview or new thoughts they may subsequently have had, and presented the initial theoretical model to seek participants’ comments or revisions (a “member check” process). Data were transcribed and coded in a similar approach to the first phase, further refining the theoretical structure to produce the final model.

Results

Drawing directly from the rich data collected during participant interviews, a grounded theory model of the role of testimony on torture survivors’ healing process was developed. This model has five major, interconnected themes, illustrated in Figure 1: identity, context, and three broad phases of the testimony process (stepping up to a new opportunity, focusing on communicating the message, and digesting the experience). As a central theme, an underlying political identity drives the way in which survivors approach testimony—but their experiences are also shaped by the context of living as asylum seekers in the U.S. Over time, identity subtly evolves and some elements of healing are experienced through the process of testimony.

Identity

The core theme in survivors’ experiences (long arrow in Figure 1) was their underlying life story and identity of being a professional with a strong sense of integrity—that is, being more than a survivor of torture. Participants talked about their education and training in their home countries, ability to influence and instruct (several had worked as teachers), and former relative socio-economic comfort. As one noted, “I was a well-to-do person in my country . . . high status . . . But I’m here to save my life.” Many also shared a background of political activism or advocacy (e.g., advocating for gender equality while teaching and in community meetings). One reflected “maybe all this originates from my educational background, I was a teacher back home . . . That might have built me up. I was used to sensitizing my own community.” Another suggested “if you used to speak [out] in your country, then here it will be easier for you . . .” but “if you’re shy, or in your country you were not involved in denouncing things or speaking, I think it
would be more difficult.” For some participants, past and ongoing engagement in testimony and advocacy was closely tied to their identities not only as helping or teaching professionals but also as people with marginalized identities. Several alluded to their physical disability as significant in this respect— for example, one stated:

> While I was a child I contracted polio . . . And after that I started to become strong, strong, strong . . . [I had to face] so many things . . . for example you don’t easily get jobs, even you might lose 20 or something jobs that exactly fit to your profession—nobody gives you attention. And [so] you become very strong.

Connected to—though not defining—their identity was the ongoing pain of torture. Participants had come to the U.S. for safety, but their trauma had followed them. As one explained “I don’t want to remember everything. Damp it, go ahead. That was my rule . . . But still, now and then things are coming . . . flashbacks, and affecting me, also my health.” Another explained that, periodically throughout his week:

> the trauma comes to your mind and . . . it doesn’t let you forget it . . . it keeps on haunting you . . . you came here to be safe but when you come here . . . Sometimes you don’t feel safe. Especially . . . I have fear of night. Because most of the time, back home, they used to torture us during night.

**Long Wait for Asylum**

Participants’ memories of torture, triggered by experiences of feeling unsafe in the U.S., are exacerbated by their reality as asylees: safety in the U.S. is tenuous until asylum is granted. Participants emphasized the (currently) prolonged wait to have an asylum interview as a source of ongoing trauma, or as a new trauma. One explained, “now I developed another new stress here with my asylum process . . . will this secure opportunity continue for me, or not? What if I am obliged to go back home? I will not survive.”

**Family Separation**

Closely connected to the wait for asylum, a major source of stress was separation from families. One participant emphasized how this felt almost unbearable: “if I had one stress in this America it’s that I left my family . . . That is one of the stresses that wanted to kill me.”

**Economic Challenges**

Difficulties with work were another important impediment to healing. The long wait for temporary work permits has direct impacts on survivors’ economic stability and opportunities. As one participant explained,

> the most difficult is the process of getting your work permit. It’s a long, long wait . . . you’re not working, you don’t have any financial support so it’s not easy to survive . . . you’re very scared . . . how will you live?

Additionally, participants said they faced difficulties as immigrants with international qualifications and work experience that is not recognized in the U.S., diminishing their earning power (and challenging the continuity of their professional identities).
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participant expressed his sense of discrimination and rejection in stating:

because I am from somewhere else, they don’t give me an opportunity 
... some of them tell me I’m overqualified. ... that doesn’t go to my 
pocket, doesn’t buy me bread [to hear] that I’m overqualified ... that 
makes me feel bad.”

Language and Cultural Differences

Finally, participants pointed to the challenge of being understood and accepted, and of feeling culturally comfortable, in the U.S. as another impediment to healing. They talked about feeling like outsiders (e.g., “To get accepted is not an easy thing ... some people here they have that idea that people who come from Africa ... [are] just naive and don’t have anything to give and just needed to be educated from the start”), struggling with local customs (e.g., “you have to mind the protocol and etiquette so much”); “in our culture it’s disrespectful to look at somebody in the eye”) and missing familiar social networks and food from home (e.g., [when] “you’re sick, there’s nobody to cook food for you. I don’t eat American food”). As one participant summarized:

Here in the U.S. you are in new culture, in a new society, so there is 
always cultural conflict ... it’s not easy to assimilate yourself with the 
culture.

A common experience for participants was feeling that their accent also set them apart for discrimination. One explained, “When I came here, I have different accent. So sometimes people don’t listen to what you say. So, you feel that you are not supposed to be here.”

Supports for Healing

Although many contextual factors posed an impediment to healing, participants did acknowledge some factors (e.g., “I met new people, I did yoga, and I participated in English classes. Everything that [helped] ... to avoid stress”) that had supported their healing. For many, religion and their relationships with friends or family were essential for feeling supported. One emphasized:

For many, religion and their relationships with friends or family 
that [helped]

Participants differed in how long it took them to feel ready to testify. Many noted that encouragement and support from others was important in their process of preparing—but even then, they felt nervous about what the experience would be like (e.g., “I was fighting, my heart was divided into two. Some part said go, go and speak out, you need freedom, you need to exercise your rights. And the other said no, your family, they are still there, no”). Several described how speaking to government representatives felt daunting (e.g., “Sometimes you become nervous because you go to a big place. This is America, you go to Congress, you fear that ... And you become a little bit nervous to meet some people.”)

Forming the Story. As they prepared to testify, participants began to formulate how to tell their story—crafting their messages with purpose for their intended audience (“depending on the public you don’t have the same message, or you don’t have the same way of delivering your information. So, you have to know who you’re going to talk to and how you’re going to say things.”) and being genuine (“I expressed what I had gone through, my feeling—it was coming from the heart ... you don’t need any special preparation, by the way, you are talking about yourself ... ”) while also needing to be brief (e.g., “I didn’t get time to explain everything ... only some experiences, short written ones because the time was very much limited”). One identified the need to “ ... send out the most touching, the most striking message within a short time. You’re not going to give a long lecture ... just 10 min, talk about yourself, talk about your country, and talk about your expectations.” Some participants also talked about self-censoring their stories, deciding what it felt safe and comfortable to reveal. As one shared,

I’m talking to people by filtering ... you struggle with yourself ... which one should I tell, which one do they need me to [share], which one is important?; and then: can it fire back against me so that people might use this against me? ... you debate with yourself every time you are ready to talk, you struggle.

Focusing on Communicating the Message

Delivering Truth. Once sharing their testimonies, participants saw themselves as doing more than narrating their personal experiences—often, they were also exposing greater patterns of torture and human rights abuses among governments that the U.S. may support. As one participant emphatically commented in regard to sharing his message to U.S. policy-makers,
Participants felt that U.S. influence could be harnessed for good, with one expressing belief that “if we address American leaders, they can make some influential decision in our country . . . They have power.” Accordingly, many also made recommendations for how their audience could respond with action.

This concentration on delivering an important message connected participants with something greater than themselves, allowing them to look beyond their own experience. As one participant explained, “I never concentrate on myself. I just find my country in front of me and I want to press as hard as I can without going away from the truth . . . you focus on your reason, on the purpose.” Another participant summarized this sense of greater message by explaining “our talk is not “me” kind of talk, we say “we”.”

Regulating Pain. While delivering this important message, however, survivors also needed to manage their pain and discomfort (e.g., “I had a great, bad feeling, sad feeling, and recalling the past made me cry . . . When you address this point to the public you have some pain”). Giving testimony could take them back to difficult memories in ways that could sometimes feel overwhelming, and that they struggled to control. One participant shared that “sometimes, you know, when I talk about it, sometimes still I feel that I am helpless . . . when you talk about yourself, the emotion is going on . . . you are speaking about it but you can’t control it. It is coming from the heart.” Another participant pushed herself through this pain, and justified it, by returning to think of her purpose, affirming “it doesn’t matter, it has to be done. . . . We got hurt without reason, why shouldn’t we get hurt with a good reason?” Several noted that they became better able to tolerate the challenge of sharing their feelings over time—for instance, one participant observed “I’m controlling my emotions better than at the beginning . . . since I [became] used to speak[ing].” At the same time, she felt that sometimes emotions were a necessary part of self-expression, suggesting that

Emotions will always come. But either you master them, or even if you want to cry, just let [yourself] cry, people understand . . . you don’t prevent yourself from going to testify just because you’re afraid of crying when you’re testifying . . . it’s just a process of healing too . . . it’s normal . . . Because we’re human beings.

Watching Witnesses. As they thought of their messages and felt the corresponding emotions that arose as they shared their personal stories, survivors were also involved in an interpersonal process with witnesses in the room (e.g., “They listen rapturously, you feel them . . . they are trying to reach out to you, to comfort you . . . it’s a human communication”). For several, hearing other survivors testifying helped them feel that they were not alone (e.g., “each time that I listen to them . . . I just feel that in another part of the world other people suffer almost what we go through”) and were supported. As one explained, “to be among people who really had a bad experience like yours, or maybe worse, it makes it a lot easier as well. We are healing each other along the road.”

Participants also noted how attentive their audience appeared and the extent to which their testimony seemed to be being taken seriously (e.g., “Who is interested? Whether he’s interested, you know, you can feel it . . . ”). They described feeling encouraged and uplifted by what they saw as evidence of interest in what they shared. One participant observed “they gave us attention and they were following our speaking, our speech . . . with active, attentive listening, with concern, and also they were also asking for further information,” while another explained “I feel good because . . . they gave me their ears, they listened to me . . . I made sure that they were following me from their eye contact, that everybody was interested, and everybody was listening . . . I liked it.” Another participant pointed out that this experience of being heard was particularly important “Because where you are coming from they don’t listen to people . . . So when you have people that listen it’s part of problem solving . . . you feel like, whew, you [are] safe.” However, survivors were also acutely aware of how their audience’s response could be constrained by political priorities, allegiances, and needs. One noted that, when testifying

In church or non-governmental organizations, they feel more than compassion, they feel empathy. They really want to help . . . They want first of all to be human. But in Congress, politics for them is first . . . what is the interest of the U.S. government, of the U.S. like just as a country . . . I can feel that difference too.

Digesting the Testimony Experience

Relief. Participants described a range of heightened mental activity and emotions following their testimony. Most participants described feeling relief—even if only fleeting—after being able to share the burden of the stories they carried. One evocatively described the story of her torture as being “like a poison—you get it out from yourself” when testifying.

Fear and Pain. At the same time, many participants, primed by past experience with the dangerous conditions that existed in their home countries and contributed to their torture, found themselves assessing the risk of backlash from their testimony and considering who may discover that they had spoken out—as one participant explained, “you don’t know when it [will] bite back and affect your life.”

They also described pain, depression, and irritation occurring, especially in the evening and 2 or 3 days after they had spoken, when they would find themselves having flashbacks or going over their experiences again. One participant said that although she believed testimony could be “painful for good . . . the more you talk about, the more you’re healing,” she also felt that

You don’t have only hope and healing, but you also have some resentment, because you remembered everything [that] happened to you, so you just want like justice to be done . . . you have your wounds inside, and when you go to testify it’s just like you’re waking them up. . . you need a certain time to manage everything.

Sense of Accomplishment. Over time, survivors reflected on the impact that they felt their testimony had. Some held a sense of having been listened to and having made a difference. One said that she felt she had been able to give her audience “aha” points, seeing them come to a new realization as a result of her testimony. This feeling of being heard provided some with a feeling of ongoing motivation—feeding back into their hope and sense of necessity for engaging in testimony, such as for the participant who stated “I see an impact, you know it’s changing the lives of people . . . I can make a difference. . . . so that gives, you know, a big incentive.”
This was especially the case for survivors who saw changes in U.S. foreign policy (sanctions or resolutions condemning human rights abuses) connected to issues they had been speaking out about. One survivor felt that the government who had tortured him “are shamed now. That’s a big healing . . . ” In contrast, another who sensed that the U.S. government had little incentive or power to influence change in her home country was wary, asking herself “was it really useful for me to go and explain to what’s happening in my country, since they cannot do anything?” Still, she saw the experience as being of value to her future identity, explaining that “I don’t lose hope that I day I will go back home and all this experience can serve me to teach other people, to train them how to do the advocacy, and why to do it.”

New Hope and Empowerment. Often connected with their perception of having made some external impact, many survivors experienced positive internal changes resulting from their testimony. Some gained hope for the future, such as a participant who explained “Whenever I give a testimony, I have hope. It’s like something has left me negatively . . . It gave me life. I think that there is light in the tunnel—it’s coming, it’s not yet there—and it makes my body feel lighter.” Some also noticed a re-emerging sense of trust in others and increasing ability to share more of themselves. For example, one participant reflected:

Before the testimony I had a lot of things I’d never talked to anybody [about] . . . [but] now from time to time I can talk about those events . . . When you’ve been tortured in your country you think that everybody’s like that. Even when you come here, you’re scared, you don’t trust anybody. So, it’s like a process . . . I think the testimony helped me to restart trusting people.

Accomplished and Capable. For many, this increased connection came with a sense of personal capability—of feeling seen, valued, recognized, and more confident in themselves. As one participant described it, “I got attention and I am being treated as a human being.” Others focused on feelings of accomplishment and moral righteousness, for example stating “You just have the feeling that you did what you should have done . . . so you just have a weight off afterwards” and “my spirit is happy because I feel like I have shot my government . . . I think it’s a physical, a spiritual medication. It’s a therapy that we all need.”

Healing

This model provides a framework for understanding how testimony can impact the process of healing for those survivors of torture who are motivated to be politically active, suggesting areas of variation. As one participant emphasized, “everybody has his process of healing, you don’t heal the same way. So, some people go up and down, some people go down and then they come up and then they stay there . . . So it differs.” Notably, although some participants explicitly named feeling “healed” when digesting their experiences, healing does not emerge as an endpoint or destination in the model, or as a binary state (healed versus not healed). Rather, it is embedded in the overall process of living through testimony.

Discussion

The model developed in this study, while likely limited to individuals more comfortable with political visibility, suggests that international survivors of torture may be impacted by giving public testimony in the U.S. through an active, iterative healing process (rather than seeing healing as an endpoint). This broadly aligns with and provides support for the multifaceted, multiphased theories of trauma healing articulated by Herman (2015), Silove (2005), Auerbach and Shiro-Gelrud (2010), and Mollica (2014). It adds new insights by exploring testimony in an understudied context and illustrating how an underlying political identity can shape engagement in and experience of testimony as a healing factor. It also suggests areas of variation in the way survivors may benefit or suffer adverse effects from giving testimony in accordance with how congruent testimony is with their identities (e.g., level of past experience in advocating in public), how their personal and socio-political contexts impact their readiness to step up (e.g., whether they are still waiting for asylum, or their balance of compulsion to speak out against fear of doing so), and how their experiences in the testimony setting (e.g., their degree of emotional activation, or how responsive the audience to the testimony is) facilitate posttraumatic desensitization, trust-building, and personal growth.

Role of Individual and Shared Identities in Driving Testimony—And Evolving Through It

Survivor identity is central to the model. The primary identities participants brought into their testimony experiences were social status and ability to influence others, moral integrity, and lived experience of marginalization. This suggests that testimony may be particularly helpful as one means for survivors to express a sense of strong moral duty to protect others, seek justice, and change repressive policies. Similar observations have been made of Holocaust survivors who publicly shared their trauma experiences and saw their testimony as “as a moral duty, a means of survival, a mode of resistance, and a strategy of prevention” (Givoni, 2011, p. 159).

Public testimony may also be most appealing—and healing—for survivors who have lost status, political purpose, and professional standing through their torture and forced migration experiences, and are seeking to reaffirm these core parts of themselves. Clinical research and experience indicate that survivors can benefit through connecting to deeper, relational aspects of their identity such as “altruism, work, and spirituality [which] enhance neurobiological processes that promote health and reduce the negative consequences of stress [and] . . . help the individual recover psychologically” (Mollica, 2014, p. 6). This may include (re)connection to activist identities. Additionally, those who have endured significant marginalization throughout their lives (such as the participants in this study who identified as having disabilities) may carry their existing strengths in advocating for the rights of themselves and others into a new environment.

Identity is also proposed to change in the healing through testimony model through processes of being rehumanized (and reaffirmed as political agents), reclaiming confidence and self-esteem, and adding new experiences and self-conceptions (e.g., of self as having influence). Mollica (2006) observed similar evolutions of identity through the sharing of personal testimonies. Although survivors in this study were not always certain of the U.S.’s ability to influence their home countries, the experience of
being heard, especially in politically influential settings, may have been corrective relative to past contexts where voicelessness and repression prevailed. The digested sense of having done something meaningful that supports a greater collective (e.g., by potentially influencing U.S. foreign policy and stand against human rights abuses) may have helped to “correct” a wound of political erasure and deidentification.

Culturally, the framing of testimony as benefiting a collective, rather than only the self, may feel more congruent for individuals who (like participants in this study) come from more collectivist, interdependent cultures (Kurman, 2003). It may also feel particularly congruent for survivors of torture because their pain was inflicted directly as a result of the collectives (ethnic, religious, political, sexual orientation, etc.) to which they are seen to belong (Kira et al., 2012). Future research may usefully investigate whether there are differences in testimony experiences for survivors of trauma experiencing persecution at different levels of self-hood (e.g., concealable vs. visible stigmatized identities, chosen vs. immutable identities, etc.).

Importance of Socio-Cultural-Political Context

The healing through testimony model identifies the important containing and moderating roles of survivors’ contexts in the U.S., consistent with more culturally inclusive trauma models (e.g., Bryant-Davis, 2019). The subthemes of context identified in the healing through testimony model reflect broad processes of acculturation and of searching for (and hopefully finding) a sense of safety and new opportunity.

Although ongoing instability in some survivors’ home countries increased their sense of worry, many participants shared how they developed a sense of safety from retribution (sometimes re-evaluated as they digested their experiences), which has been theorized as an important precondition for benefiting from testimony therapies (Van der Veer, 1992; Weine, 2006). Retribution can be a significant risk of public testimony and a cause of more negative experiences (Brounéus, 2008, 2010; Laplante, 2007). Survivors also appeared to regain a sense of psychological safety by receiving community services and learning techniques such as controlled breathing and mindfulness to help their self-regulation—interventions that have been shown to help alleviate symptoms of traumatic stress (Agger et al., 2012).

However, migrants of color, such as the participants in this study, also experience ongoing systemic and interpersonal racism as racial minorities in the U.S. For example, participants reported experiencing microaggressions in daily life, which have been shown to contribute to chronic trauma and psychological distress (Carter, 2007). Additionally, the racialization of immigration into the U.S. contributes to policies and practices that implicitly characterize migrants as risky and undeserving (Douglas et al., 2015)—such as the lengthy wait for a work permit and asylum status, which many participants highlighted as a source of stress. A longer period of waiting in the U.S. has been associated with greater levels of PTSD (particularly in the absence of social services) and reduced quality of life (Song et al., 2015). Conversely, for participants who had their asylum granted, the stresses of being in immigration “limbo” had abated and other concerns were more salient.

Exposure and Emotional Self-Regulation as Facilitating Factors

While sharing their testimonies, survivors engage in an ongoing process of regulating their pain and discomfort. Participants in this study reported feeling overwhelmed at times, but tried to focus on their message. They indicated that the challenges of testimony decreased with time and repetition. Some reported learning to tolerate crying in public, and not letting this get in the way of their testimony. These experiences may lend support to theories of trauma treatment that emphasize desensitization or habituation, memory processing, and overcoming avoidance (Brounéus, 2008; Nickerson et al., 2011; Puvimanasinghe & Price, 2016). In line with Van der Veer (1992)’s suggestion that testimony is likely to work best for individuals who have good emotional coping skills, it appeared that participants who returned to testifying were able to adequately regulate their understandable emotional activation. The coping capacity of these individuals may have been enhanced by psychological services (e.g., learning meditation, breathing and other emotion-regulation techniques from a trained provider).

Another important element of survivors’ emotional experience, captured in their processes of digesting testimony, is a feeling of relief after having completed their testimony. Similar experiences of relief and pride (Agger et al., 2012) and feelings of relieving calm and tranquility (Laplante, 2007) have been reported in past research.

Notably, however, participants in this study did not emphasize overall changes in their levels of distress or symptoms of PTSD, such as intrusion and hyperarousal (which have been focused on as outcomes in many studies of narrative exposure and testimonial therapy), as a result of giving testimony. In fact, many highlighted a recurrence of painful memories, and of conflicting emotions—such as relief accompanied by resentment—in the immediate aftermath of their testimony. These experiences are similar to those observed among individuals giving testimony in truth and reconciliation hearings (Cilliers et al., 2016), and highlight the ways in which the healing through testimony process is not one of simple symptom remission.

Posttraumatic Growth Through (Re-)Developing Interpersonal Trust

While devoting some energy toward emotional self-regulation as they experience testimony, survivors also engage in a process of looking outwardly, evaluating the witnesses to their testimony. Participants indicated how profound this interpersonal experience could be as they described ways in which they felt themselves reaching their audience on both emotional and cognitive levels (both moving and educating them), and were themselves buoyed up by feeling heard and understood. The importance of this sense of trusting, empathic relationship with the listener has been emphasized by other scholars (Luebben, 2003; Mollica, 2006) and linked to increases in self-esteem (Luebben, 2003). The rebalancing of power and silence enabled by such a relationship may be an important, culturally congruent, healing factor.

When digesting their experiences, an important interpersonal change that participants noted was of feeling more empowered and willing to share their stories with others, in more intimate social settings, after testimony. This stands in contrast with prevailing notions about the appropriate sequencing of trauma disclosures—in
which smaller groups are seen as safer, and as a first step to greater empowerment for speaking out more widely (Mollica, 2006; Shalhub-Kevorkian, 2005)—and suggests individual and cultural variations in which spaces feel easier to share in, and in where inspiration and empowerment is drawn from. For instance, in studies of undocumented Latinx youth activism, Ellis (2019) identified that individuals do not necessarily need to overcome fear and shame before becoming politically active and publicly vocal, and that in fact their interpersonal fears may decline after being active in a political community.

Limitations

Findings from this study may be limited by selection biases in the study sample, the challenges of cross-culturally translating experiences, and research process factors that may have contributed to potential incompleteness in the data. Notably, only approximately 10% of those notified about the study volunteered to participate. Although participants were broadly representative of asylee torture survivors in the U.S. in terms of countries of origin and general demographics (Member Centers of the National Consortium of Torture Treatment Programs, 2015), they may have had more positive views about their testimony experiences, and felt more comfortable speaking about testimony, than those who did not participate. Additionally, the primary researcher in this study was an outsider to the cultures and experiences of the participants. Although consultation with the expert advisers and member checks with participants were used as a way to ensure data was being interpreted as reliably as possible, the healing through testimony model may be limited by cultural blind-spots and disconnects in the spaces between participants and primary researcher. Finally, although care was taken to develop a semi-structured interview protocol that could gather data about all parts of survivors’ testimony processes, relatively little emphasis was placed on where participants perceived themselves to be in their individual healing journey. Having more in-depth information on participants’ changes in symptoms and self-views over time could have assisted in situating the testimony model more specifically in an overall trauma healing process.

Implications

The healing through testimony model proposes mechanisms of trauma recovery for a culturally specific, relatively understudied, population. These mechanisms and processes warrant further investigation, and are open to adaptation for other participant populations. The results from this study also contribute to a growing literature documenting potential benefits from engaging in activism and advocacy for survivors of many forms of trauma. For example, in a recent clinical review of modalities of survivor activism in the United Kingdom, Sadiq-Tang (2018) documented ways in which survivors engaging in activism began to feel more control of their own narratives, and saw speaking out as part of their “rehabilitation.” In ethnographic studies of undocumented Latinx youth, Ellis (2019) identified ways in which youth used their public testimonios and other forms of activism to help change dominant conceptions of their status, create new and more empowered self-narratives, and develop collective hope for a more positive future. In a large-scale participatory action research survey-based study with lesbian, gay, bisexual, transgender, queer, and gender nonconforming youth in the U.S., Frost et al. (2019) found that although minority stress was directly linked to poorer health outcomes, participating in activism played a mediating, protective role. Several studies of survivors of incest, sexual abuse, and sexual assault have identified ways in which political activism and awareness-raising—including through the #MeToo movement—have supported trauma healing by increasing empowerment and self-esteem (e.g., Herman, 2015; Oppenheimer, 1998; Strauss Swanson & Szymanski, 2020). Future research could usefully continue to investigate impacts of other forms of activism on healing from trauma, as well as broader impacts for restoring human rights, providing restorative and social justice, and offering accountability for crimes against humanity.

In terms of practice, results from this study suggest ways psychologists can more actively support survivors who are engaging in each step of the testimony process. Participants varied in the time it took them to feel ready to testify—in part because of differing levels of emotional (in)stability, but in part also because they were working out what a testimony experience might involve. In light of similar observations from truth and reconciliation hearings in South Africa, Allan (2000) proposes that participants be prescreened to determine “readiness.” However, this study suggests that participants may also have their own process of self-assessing readiness, which is important to respect. Psychologists could further support survivors who are considering testimony opportunities by addressing their concerns and gaps in knowledge about the process, and by openly discussing potential risks and benefits. Survivors’ hopes and fears should be honored and explored, with support and information—including from other survivors—offered as appropriate. Sharing the model of healing derived in this study, and the vivid experiences of survivors who have been journeying through it, may be one means of helping survivors make informed choices. In addition, it could be beneficial to explore the deeper meanings of speaking out for bolstering survivors’ political and moral identities. As recommended by Sadiq-Tang (2018), psychologists should ensure that survivors are able to control their own narratives and pursue their own goals, and are neither coerced into nor prevented from engaging in advocacy or testimony.

After deciding to testify, suffering may be reduced if survivors’ difficult experiences are normalized, they know to expect them in advance, and they are equipped to engage in positive coping strategies such as self-soothing and reaching out for social support. Noting that professional help may not always be accessible or even appropriate, Allan suggests that people should also “preferably be encouraged and assisted to use the traditional methods of helping that exist within their culture and tradition” (2000, p. 200). During testimony experiences, psychologists (or other social service professionals) could be on hand to provide moral support as needed. Afterward, they could facilitate spaces for shared digesting of the testimony experience among participants as an important aid to healing, helping to validate (and mitigate) distress while building a sense of hope and healing.

Finally, as the results from this study illuminate, current policies around asylum in the U.S. contribute to ongoing psychological harm for survivors of torture who are uncertain of their ongoing legal status, limited in their work opportunities, and separated from loved...
ones. Psychologists should support the mental health and well-being of survivors and other immigrants by advocating for policy shifts that would reduce difficulties in adjusting to, and finding legal and economic stability in, the U.S.

Conclusion

In tracing ways in which survivors engaging in testimony traverse both personal/psychological and public/political journeys, the grounded theory model of healing through testimony points to both corrective emotional and corrective political experiences. Conceptually, this reflects the “double movement” that Das (2007) proposes is required for containing the harm of trauma: both justice at the “macrolevel of the political system” and opportunities to resume normal life at the “microlevels of community and family” are necessary (Das, 2007, p. 218).

This model addresses gaps in prior literature by providing an insight into the beneficial but also potentially painful impacts for survivors of torture giving testimony in an understudied context: a public space in the U.S. In doing so, it points to ways in which psychologists (and other practitioners) could better support testimony as one path to trauma healing for those survivors most likely to benefit from it, and provides a framework for future research.

Perhaps most significantly, the survivors who participated in this study provide a model of courageous activism: despite being tortured for their beliefs and identities, they continue to stand up to oppression by sharing their truths and challenging society to rise to respond. Their stories illuminate the horrors of torture—which psychologists should remember that our profession has been publicly identified as having inflicted (Hoffman et al., 2015), and against which constant vigilance is required (Pope, 2018)—and the potential of the human spirit to rise and reclaim a political voice.

References


O’Connor, B., Byimana, P., Patel, and Kivlighan

Note: The American Psychological Association placed the so-called “Hoffman Report” under review in 2016.