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Abstract

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Witnessing Injustice: Therapeutic responsibilities

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SUMMARY: This article examines working therapeutically with victims of social and political violence who are navigating the asylum system in the UK. How stories are witnessed by therapists can be a matter of life and death.

KEY WORDS: Trauma, social and political violence, asylum system

A witness: someone who saw or heard something and gives evidence about it, to testify to, to furnish proof of, to affirm the authenticity of, to sign something to show it is genuine, to take the stand.

The way we treat the most vulnerable in our midst is a true gauge of our values as a nation and a people. The public rightly expects fair and humane treatment of asylum seekers, befitting of a civilised society. There is considerable distance to travel until the reality of how we treat people seeking sanctuary matches that aspiration.¹

In this article I explore the responsibilities involved in working therapeutically as a clinical psychologist with victims of social and political violence and oppression, who are navigating the asylum system in the UK. This work involves hearing stories of human rights violations from survivors of political violence, gender violence and war. These stories are told therapeutically in clinical settings and are also told to immigration officials and lawyers as part of the determination of asylum status in legal settings. Within the asylum process these stories come to determine whether someone is 'successful' or 'failed', whether they are given

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sanctuary or deported and in some circumstances whether or not they are safe from further human rights violations. How these stories are heard and responded to, how they are *witnessed* can be a matter of life and death.

Therapists also hear stories of how asylum seekers are treated in the UK, their asylum determining country. Sometimes these stories describe new examples of harsh or inhumane treatment from the host country. The hope would be that those who need asylum would be granted it² and the procedures would be humane and dignified. However this is not always so.

Asylum seekers can be denied an adequate voice in processing their individual claims through, for example, poor interpreting services, a lack of gender sensitivity, inadequate legal assistance, a lack of opportunities to fully tell their story, and a lack of understanding on the part of immigration authorities of the effects of trauma or sexual violence. The asylum system can evoke or even repeat conditions of trauma experienced by people in their countries of origin, such as unnecessarily adversarial practices of interrogation, or detaining people not a risk to society. Dominant discourses prioritise the 'protection' needs of UK borders rather than the protection needs of asylum seekers and these discourses affect the procedures of the asylum system. So-called 'pull factors' are to be reduced to discourage asylum seekers coming to the U.K. so the system is purposely harsh. However those working in the field understand that it is the 'push' factors rather than any 'pull factors' that are the most relevant in forcing people to flee their countries and seek asylum in the UK.

This article discusses what should be the therapeutic responsibilities placed on those who witness stories of human rights abuses.

'Bearing witness'

Witnessing stories of the worst human rights abuses can be very distressing and can affect those hearing the testimony. 'Bearing witness' implies a weight jointly borne and a responsibility to reflect on the experience of witnessing. Possible effects on the therapist can include vicarious traumatisation, burn out. The therapist's responsibilities are for self-care, reflection and supervision; to be ready to hear and to be able to respond helpfully to what is said.

Hearing stories of human rights abuses can also lead to a sense of upset or outrage at what someone has had to suffer. In working with asylum seekers it can be particularly problematic if the UK asylum processes themselves contribute to the traumas suffered by clients. The therapist may then feel that their role involves having to help people to *ad-just* to *un-just* circumstances. This could for example involve helping parents and children to cope with the experience of having been in detention, or helping someone prepare for deportation in a situation where their safety may still be in question. The therapy may involve helping a young person

cope with the effects of their credibility being questioned through damagingly adversarial interviewing, or helping them cope with an asylum process that lasts several years.

Private and public witnessing

Do therapists have any responsibility when privately witnessing injustice to act as public witnesses to injustice? Witnessing has connotations of vouching for the genuineness of something, bearing witness to a truth that otherwise might not be told or might be forgotten. This is an important issue for those working with asylum seekers where genuineness is contested, credibility is repeatedly questioned and where people are designated 'illegal' or 'failed'. The therapist or psychologist has a potentially crucial role as they may be private witnesses to stories that are not always being told in the public domain. These stories could be detailed accounts of the reasons someone had to seek asylum in the first place. They may be stories of unjust treatment received in the UK.

Professional role dilemmas

Differing professional discourses about the psychologist's role may affect responses to witnessing stories of injustice. Is the area for legitimate intervention primarily the individual (and perhaps couple or family) or can we respond to the context that promotes or exacerbates distress? How is the psychologist or therapist to position themselves? Within the history of psychology as a scientific discipline there has been an emphasis on the need for objectivity and neutrality. However, practitioners working within social constructionist and post-modern theoretical perspectives emphasise notions of power and position. From this perspective no position is neutral and attempts at neutrality mask assumptions or allow power imbalances to go unquestioned. Critical psychology³ has challenged psychology to work towards emancipation and social justice. Does who your employer is also provide dilemmas in this area? If the state is your employer does that make it harder to criticise the practices of another government department? These are real dilemmas.

Therapist responsibilities

Drawing on the privileged experience of having worked for many years with asylum seekers and refugees in the Compass team in Glasgow and building on work from social constructionist and narrative therapy approaches to therapy, I want to suggest five therapist responsibilities to witnessing injustice. These could be described as five witnessing practices: ethical witness, hopeful witness, communal witness, public witness, and restorative witness.

1. Ethical Witness: towards a practice of just relationships

Those who are witnessing injustice need firstly to have opportunities to engage in ethical discussion to inform their responses. The British Psychological Society Code of Ethics and Conduct 2009 argues that thinking about ethics should pervade all professional activity.

Witnessing injustice can lead to upset or shame on the part of the therapist. For ethical thinking to take place there needs to be an ethical context to discussions of therapist distress or discomfort. Sometimes therapists distressed by what they witnessed are described as 'over-involved' or 'inexperienced'. These explanations are clearly possible and need careful reflection. However there has also to be the possibility that distress on the part of the therapist may be related to shame or upset because they are witnessing values being violated which they themselves hold as precious. It is therefore also possible that the distress needs to be *honoured and acted upon* rather than *reduced* (through greater experience in distancing practices such as distraction, stress management, increased pleasure after work etc.).

Raimond Gaita in discussing notions of responsibility within Australian society for the wrongs committed against First People, discusses shame as an 'awakened sense of the reality of the other ... through the shock of wrongdoing to the other'⁴ and suggests it is vital if it there is to be meaningful restorative action.

Sue Mann⁵ exploring the therapeutic distress that can accompany working with women who were subjected to child sexual abuse asks a series of helpful questions such as: who else might be most likely to share this sense of distress/outrage? How could we come together to take some form of action? How can the ideas and understandings gained in the conversations of therapy inform organisational responses, policy, legislative responses, and education of other therapists? Instead of undermining the distress or seeing it as a sign of therapist incompetence or vulnerability, the therapist values that are absent but implicit in the distress can be honoured and ways can be found to respond.

Often ethical discussion about therapeutic dilemmas is subsumed within a discussion of 'boundaries'. A hugely significant area, the concept of boundaries aims to protect clients from unhelpful intrusion, sexual advances, and dual relationships. However in this discourse the ethical danger is always characterised as inappropriate over-involvement; the possibilities for inappropriate under-involvement are less often discussed. Workers describing their work with asylum seekers repeatedly 'confess' to overstepping boundaries through for example having 'whip rounds' for a destitute client who cannot safely return to their own country, or because they are trying to find an organisation who could help a deported client. Perhaps instead of these being examples of guiltily breached boundaries they could be seen as examples of practices which honour the human rights of clients? Human rights law, enshrined in UK law, determines a set of

principles for all public bodies to operate within. These are often summarised by the acronym 'FREDA' fairness, respect, equality, dignity and autonomy. If a discussion of boundaries is our only ethical paradigm then our ethical choices and our ethical decision making may be impoverished.

How witnesses respond to stories of injustice is a therapeutic question, a 'clinical' question but also an ethical question. What we ask and what we don't ask, what we are prepared to hear and what we do not hear, how we respond and how we do not respond, are ethical issues and human rights issues.

2. Hopeful Witness: attending to stories of injustice but also to stories of resistance

One of the key considerations for all witnessing work is how to make sure that the telling of stories of trauma or torture is not re-traumatising. Services need to be characterised by the opposite of trauma and violence and be places of safety, respect, care, collaboration and dignity. The person may have previously been silenced, excluded or humiliated and their communication within the context of a safe, supportive and acknowledging relationship may start to shift what was traumatic.

It is also important to hear not just the history of violence and oppression but the 'parallel history of prudent, creative and determined resistance'.⁶ Alan Wade describes resistance as any '*mental or behavioural act through which a person attempts to expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with or oppose any form of violence or oppression (including any type of disrespect) or the conditions that make such acts possible*'. Although those being violent to others suppress overt resistance and escape, acts of resistance can be the smallest of thoughts or disguised acts that signal that someone did not want what was happening, that they were standing against it. These acts can form the basis for other action when it becomes possible. Honouring resistance can challenge the pathologising of victims, it can challenge notions of guilt and self blame and restore people's respect for what they did, respect for their creativity, imagination and skill in the face of violence or oppression.

To be a hopeful witness also involves honouring what people have done to cope with and survive what they have been through, what values they have still held on to despite everything. The Tree of Life methodology⁷ provides an opportunity to describe and honour these stories.⁸ In Compass, the yearly user conference during Refugee week also provides an opportunity for a variety of health and social care agencies and politicians to hear and learn from users stories and to celebrate survival and recovery.

Other hopeful practices of witnessing are 'outsider witness' practices in narrative therapy. Informed by the work of anthropologist Barbara Myerhoff

on definitional ceremonies,⁹ witnesses can contribute to authenticating and acknowledging what people value. In outsider witness practices¹⁰, those witnessing reflect on where the act of witnessing has taken them. In other words, the telling is not 'in vain' because of how it creates ripples of resonance for the hearers and links people's stories around common themes.

3. Communal Witness: finding social contexts for therapeutic work

Witnessing demands a social context not just an individual context. Perhaps in the context of working with survivors of human rights abuses good 'individual therapy' also has to be good 'psycho-social therapy'. The need for safety, the important first stage in a phase-based approach¹¹ to therapy for people who have experienced complex trauma and human rights violations, is not just a therapeutic endeavour, but also a socio-political endeavour for those seeking sanctuary. It depends on finding good lawyers with enough time and funding to hear people's experiences, it depends on psychologists working closely with lawyers to support the giving of testimony and to contribute understanding when experiences of trauma or other difficulties impede the giving of testimony, it depends on a welcome and a lack of racism from host communities, it depends on humane asylum procedures which do not replicate conditions of interrogation or deport people to unsafe situations.

Safety is also about finding people that are worthy of trust again to provide social support. It means rediscovering reasons for living for those who are suicidal. It means discovering gentle routines for those who have been forced to leave everything and are prevented from working in the UK. Individual therapy needs a safe and supportive communal context, with psychologists taking initiatives to find and support these contexts for people whose lives need to be rebuilt from scratch.

Remembering, stage 2 in a phase-based model, may also need to be a social endeavour as well as an individual endeavour. The overwhelming nature of trauma often interferes with memory processes for the primary witness. The trauma can be experienced as an ever present reality through constant intrusions in the present. Individual therapy can help to re-contextualise experiences in time and place so that trauma becomes integrated into autobiographical memory and is no longer experienced as a terrifying present. In the case of human rights violations though it may also be helpful or healing if there is a social memory as well as an individual memory for what has happened. In 'Testimony therapy'¹² a document is made which both integrates the violations into the narrative of the survivor's life, but also looks for appropriate ways to make the survivor's story known to others so it is not forgotten. This method was first used in Chile with survivors of Pinochet's dictatorship and the use of a written record documenting human rights

violations has been adopted in Narrative Exposure Therapy¹³. This record can then be used by the individual in whatever way they wish which may include giving it to a human rights charity.

Its explicit aims are to move the trauma story outside of the narrowing prisms of individual psychopathology and the psychotherapeutic dyad and to reframe the survivor's story in the social and historical context where the etiologic factor of state-sponsored violence originally took place. For the survivor, this may be a necessary factor that permits the 'entry into meaning', whereby the stories that one tells can address painful and shameful memories and take a strong step in the direction of reconstruction for the self, identity, and sense of connectedness, in relation to the collectives to which one belongs.¹⁴

Stage three of Herman's phase-based complex trauma therapy model is about re-integration and reconnection. For those granted asylum the therapeutic work can be about finding connections with values and purposes that were significant to people prior to their traumatic experiences or with values and hopes that sustained them.

For those threatened with deportation the therapeutic work is caught within a context of dreadful uncertainty. The therapy is sometimes overshadowed by the threat of violence and abuse that the person may be at risk of on return, by a possible lack of confidence in the system that has deemed it safe for the person to return and by a fear about the safety and humanity of the methods for detention and deportation. What does reconnection mean in this context? When is private distress on behalf of the client and the therapist a public matter?

4. Public Witness: when private distress is a public matter

McCarthy writes: 'It is crucial that the private issues of clients need to be entered into the public arena if social change is to occur. This publication does not refer to the specific details of confidential material but of the themes and trends ... the private and the public cannot be separated when one works with the poor; otherwise we are in danger of creating yet another arena for their silencing and further oppression'¹⁵

Waldegrave¹⁶ describes therapists as one of 'the professional groups that are the most informed 'experts' on the collective levels of hurt, sadness and pain in modern countries. Those who live in deep pain are, of course, the primary 'experts' in the sadness and hurt they and their communities experience, but the professionals working directly with families are the helpers who continually witness that pain week after week'. He argues that therapists 'carry a substantial responsibility to identify, quantify and describe the severity and causes of it. This

is ethically essential if they are committed to honouring their client group. They have a responsibility to publish and publicise the causes and outcomes of people's pain in order that they may be addressed in the public debate and so impact on policy'.

For torture and human rights survivors the issues of silencing, discrediting and exclusion are highly pressing concerns. Those seeking asylum may have experienced silencing in their countries of origin through torture, violence, rape and exclusion and then face silencing in the UK through inappropriate discrediting of or insufficient attention to their stories or through unfair detention and removal.

Vikki Reynolds describes how 'torture dis-members, dis-connects and removes people from their sites of belonging'. Witnessing work then has to be situated within communities of concern. She describes how the witness has ethical responsibility to respond to the social contexts that make possible and support attacks on human dignity. To do less is to 'risk accommodating the person to oppressive contexts and to tacitly participate in a continuation of torture for political and capital gain'.¹⁷

If we are witnessing injustices in the way our clients are treated then it is important to consider how professional bodies such as the British Psychological Society can most effectively take on highlighting practices that are inhumane. The Australian Psychological Association in a position paper on the psychological wellbeing of asylum seekers and refugees (2011) provides recommendations that encourage and support psychologists to engage with issues impacting on asylum seekers and refugees, including advocacy for change where policies and practices cause harm to mental health and wellbeing.

We also need as a profession to think about how research can be targeted to highlight the effects of oppressive practices. (See for example the important pilot study looking at the effects on children of being held in immigration detention.¹⁸)

5. Restorative Witness: making reparation for the harm done

When working with survivors of human rights abuses it can be helpful to think about therapy as restoring what has been harmed. If someone has experienced human rights abuses within their society including public humiliation, degradation and exclusion and they come to the UK for asylum, what does it mean to restore what has been lost? What does it mean to offer practices of respect, dignity and public acknowledgment in the UK? If in the UK asylum seekers undergo further inhumane or unjust practices which lead to further psychological suffering, how do we as a society highlight, respond and make recompense?

Speaking the unspeakable

Therapists are in a privileged position as witnesses to their client's testimonies of human rights abuses. By acting as secondary witnesses we are helping someone to be the primary witness of what has happened to them, to locate their experiences within an autobiographical narrative of their lives and to see their response and resistance as well as the trauma they have been subject to. As a witness we are hearing what might have been unspoken and speaking of the unspeakable. We are considering what other witnesses are needed to create a community of safety, support, respect and acknowledgement and how as public witnesses we can contribute to the authentication of what harm has been done and what needs to be restored.

The responsibilities placed on witnesses are to listen properly, to respond ethically by recognising the humanity of the teller, acknowledging the justice of the claim and helping to find communal forms of acknowledgement and redress.

As testimony, the traumatic story can thus be reintegrated and perhaps also given new meaning: the private shame can be transformed to political dignity. It can therefore become a source of new knowledge about the methods of the dictatorship and at the same time heal the wounds inflicted by these methods.¹⁹

Endnotes

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