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**Working with the ‘Cancer of the Diseases’: Phenomenology of Being  
a Psychotherapist Working with Torture Survivors in Turkey**

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'Hastalıkların Kanseri' ile Çalışmak: Türkiye'de İşkence Görmüş Bireylerle Çalışan Bir  
Psikoterapist Olmanın Fenomenolojisi

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## **Abstract**

This study aims to deeply examine personal experiences of psychotherapists who work with torture survivors and how they are affected by their work. Introduction part includes a comprehensive literature about subject of torture and possible experiences of mental health professionals who work with torture. Researcher tried to understand how torture as a universal problem has experienced in Turkey and extensive effects of torture from the psychotherapists' point of view, which is the closest contact with survivors. In line with these objectives, in-depth interviews has made with ten psychotherapists who are currently working with torture survivors or who had been working in the past. As a result of Interpretative Phenomenological Analysis of the obtained qualitative data, 6 main themes emerged: Surrounded by Violence, Insecurity vs. Resilience, Working with the 'Cancer of the Diseases', Intertwining, Two Faces of Torture, and Keeping Oneself Going. The results are discussed in connection with the literature and some clinical implications are presented for mental health professionals and researchers.

## Özet

Bu çalışma işkence görmüş bireylerle psikoterapi çalışması yapan profesyonellerin bireysel deneyimlerini ve yaptıkları işten nasıl etkilendiklerini derinlemesine incelemeyi amaçlamaktadır. Giriş kısmında, işkence konusu geniş bir çerçevede ele alınmış, işkence ile çalışan ruh sağlığı uzmanlarının olası deneyimleri hakkında kapsamlı bir literatür anlatımına yer verilmiştir. Araştırmacı, işkence gibi evrensel bir sorunun Türkiye’de nasıl deneyimlendiğini ve geniş kapsamlı etkilerini, işkence görmüş bireylerle en yakın temasta bulunan psikoterapistler gözünden anlamlandırmaya çalışmaktadır. Bu amaçlar doğrultusunda, 10 psikoterapistle derinlemesine görüşmeler yapılmıştır. Elde edilen kalitatif datanın Yorumlayıcı Fenomenolojik Analizi sonucunda, 6 ana tema ortaya çıkmıştır: Şiddetle çevrili olmak, Güvensizlikten esnek dayanıklılığa, ‘Hastalıkların kanseri’ ile çalışmak, İç içe geçme, İşkencenin iki yüzü, ve Her şeye rağmen devam etmek. Sonuçlar literatürle bağlantılı olarak tartışılmış ve ruh sağlığı uzmanları ve araştırmacılar için öneriler sunulmuştur.

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## Table of Contents

1. Introduction.....	1
1.1. Torture.....	1
1.1.1. What is Torture.....	1
1.1.2. Aim of the Torture.....	3
1.1.3. Methods Used in Torture.....	4
1.1.4. Underlying Mechanism of Torture.....	5
1.1.5. What is the Effects of Torture.....	6
1.1.6. Torture in Turkey.....	8
1.2. Theoretical Concepts About Working With Trauma.....	10
1.2.1. Vicarious Traumatization.....	11
1.2.2. Countertransference.....	13
1.2.3. Burnout.....	15
1.2.4. Compassion Fatigue.....	16
1.2.5. Vicarious Post-traumatic Growth.....	20
1.2.6. Compassion Satisfaction.....	21
1.3. Psychotherapy of Torture.....	22
1.3.1. Mental Health Professionals Who Work with Torture.....	24
1.4. Objectives Of Current Study.....	26
2. Method.....	28

2.1.The Primary Investigator.....	28
2.2.Participants.....	28
2.3.Settings and Procedure.....	29
2.4.Data Analysis.....	30
2.5.Trustworthiness.....	31
3. Results.....	32
3.1.Surrounded by Violence.....	32
3.2.Insecurity vs. Resilience.....	36
3.3.Working with the ‘Cancer of the Diseases’.....	42
3.4.Intertwining.....	50
3.5.Two Faces of Torture.....	59
3.6.Keeping Oneself Going.....	63
3.7.Memories from Survivors.....	66
4. Discussion.....	72
4.1. Limitations of the Study.....	79
5. References.....	81
6. Appendices.....	91

## **List of Appendices**

Appendix A. Informed Consent Form.....	91
Appendix B. Table of Demographic Information.....	94
Appendix C. Demographic Questions Form.....	96
Appendix D. Interview Questions.....	99

## **1. Introduction**

Torture should be addressed a crucial research topic because of its prevalence, its wide range of effects and its brutal reality throughout the history. Including horrifying actions, there is no other animal in the world other than human species use torture. Introduction of this study has four parts. First one contains definition of torture, its aim, methods used in torture, underlying mechanism of torture, its effects to individuals and society, and torture in Turkey. Second one consists of theoretical concepts about working with trauma in general: vicarious traumatization, countertransference, burnout, compassion fatigue, vicarious post-traumatic growth, and compassion satisfaction. The third one focus on psychotherapy of torture and the fourth part include objectives of this study.

Since torture has various profound effects on individuals – both survivors and mental health professionals – it is determined that this study should be a qualitative one in order to understand those effects.

### **1.1. Torture**

#### **1.1.1. What is Torture**

There are two the most common definitions of torture. According to definition of United Nations Convention Against Torture, torture is “any act by which severe pain or suffering, whether physical or mental, is

intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity” (United Nations, 1985). However, instead of the UN's definition, today, due to its comprehensiveness definition of the Tokyo Declaration of the World Medical Association is often preferred. In World Medical Association’s Declaration of Tokyo, torture is defined “as the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason (Amnesty International, 1985, pp. 9-10).

Moreover, torture is strictly forbidden by *The 1949 Geneva Conventions* (Yingling & Ginnane, 1952) and by *International Covenant on Civil and Political Rights* (1966). In article 7 of International Covenant on Civil and Political Rights clearly states, “no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation”. Since Turkey signed both of them, respectively in 29 August 1961 and 15 August 2000, torture is legally prohibited in Turkey, too. However, both Turkey and some other

countries that are subjected to those agreements still continue to their torture practices. The current prevalence of torture is a crucial problem for the entire world. Accordingly, Amnesty International's data of 2014 demonstrates that in three quarters of world countries, 141 country including Turkey, torture and political violence of government officials is a serious problem (Amnesty International, 2014).

### **1.1.2. Aim of the Torture**

Sironi and Branche (2002) remark that regardless of the culture in which torture takes place, the main commonality between torturers and survivors is their silence about what has happened. Connected therewith, they give a strong statement that “the real aim of torture is not to make people talk but to make them keep quiet” (p.539). According to Ortiz (2001), torture or political violence is a violent act that targets not only the people who exposed to it, but also their families, the political group which they belong, and even the whole society. In addition, Sironi (1999, 2001) supports this idea by labeling torture as a kind of ‘deculturation’, which means torturers aim destroying the cultural identity (as cited in Sironi & Branche, 2002). In case of political violence, it is widely known that torturers assault the individuals’ attachment to their political group by torturing them. Torture is designed as violence together with the techniques of deculturation and most of the case torturers release individuals whom they tortured in order to spread out horror to his/her comrades (Sironi & Branche, 2002). Sironi and Branche (2002)

emphasize that the essential subjective of torture is to create a psychological demoralization and cultural alienation in person, so the effects of torture become constant in society. As Nathan (1994) underlies, this sustainability is accomplished via inserting an arrant ‘fragment of negativity’ in the survivor (as cited in Sironi & Branche, 2002).

### **1.1.3. Methods Used in Torture**

When it comes to methods using in torture, Sironi and Branche (2002) express that irrespective of where it takes place, methods seem similar. They listed some methods as follows: deprivation, giving pain, creating terror, breaching taboos and humiliation, and sophisticatedly contrived stage settings. Moreover, Jovic and Opacic (2004) mention three factors that are present in torture. First factor has a non-visible feature, which wounds the body of survivor: psychological ill treatment, being forced to watch the others being tortured, deprivation of basic life resources, or physical ill treatment. Second factor contains methods that have characteristic of leaving more physical injuries on the body with a sadistic feature, and requiring preparation for the perpetrator. Then, the last factor is sexual violence. On the other hand, Truth and Justice Commission for Diyarbakır Prison 1980-1984 (2012) has demonstrated a more comprehensive classification about torture methods in their preliminary report. According to this report, six classification are located: 1) manipulation of the basic physiological needs (breathing, nutrition, heating, rest, cleaning / hygiene, life / health safety, toilet needs), 2)

making physical pain, 3) humiliation, 4) attacking to the relational world, 5) militarism and the indoctrination, and as the most intimate and fragile areas of the self; 6) sexual assault.

Even though many researchers have discussed methods used in torture, dynamics of being a torturer are still protecting its closeness. On the other hand, Sironi and Branche (2002) analyze the idea of torturers are members a particular community. This community may be considered like a group of people sharing their performance of torture. They claim that torture is feasible only if torturers have some common beliefs. They exemplify those beliefs; torturers should support the idea of hierarchy among people, and they should believe that they belong to the superior stratum inborn, and lastly they should focus on a risk of extermination by the individuals whom they tortured.

#### **1.1.4. Underlying Mechanism of Torture**

Torture is a systematic act of violence and has particular dynamics and aims. Sironi and Branche (2002) define four underlying mechanism of torture: inversion, binary order, the breaking of cultural taboos, and redundancy. First of all, inversion is an intentional harm to the boundaries of the survivors' body. It aims to violate the boundary between inside and outside of the body. Forcing people to eat their own vomit, feces, and urine and burn them with cigarette are few examples of it. Those horrible acts make survivor to confuse what is inside and what is outside of the body. Secondly, Sironi and Branche (2002) clarify binary order as another

mechanism of torture. It means unpredictable time periods for survivors; periods between being tortured and kept on the cell, or periods between isolation and interrogation. These time periods shift recurrently and torturer intends survivors' losing perception of time. At the end, distortions on perception and cognitive fragmentation occur. Thirdly, torturers attempt to break the bond between survivors and their communities. By doing so, they work up breaking of cultural taboos. They compel individuals to do something strictly contrary to the basic rules of their communities as an assault on main codes of cultural meaning. For instance forcing a Buddhist to eat meat. Lastly, redundancy means torturers' expressions of the purpose behind their violent acts while they were torturing. Those verbalizations make torture to continue in survivors' minds even after the actual violence is over. For instance, most of the male survivors who have experienced sexual violence remember the quote of the torturer: 'you will not be a man any more'.

All those underlying mechanisms directly target individuals' mental health. Therefore, mental health professionals who work with torture survivors should always keep in mind those mechanisms in order to locate the content of the distress correctly.

#### **1.1.5. What is the Effects of Torture**

“The victims of torture have had access to things that are usually hidden, to the darker side of humanity” (Sironi & Branche, 2002, p.547).

There are significant numbers of research about psychological conditions of torture survivors in literature. The negative effects of torture on the psychology of survivors have clearly proven (Başoğlu, Paker, Özmen, Taşdemir, & Şahin, 1994; Gordon, 2001; Kira 2002; Steel et al., 2009). Based on their comprehensive meta-analysis from 181 different study including 82.000 torture survivors around the world, Steel et al. (2009) exhibit that besides 30% of torture survivors has post-traumatic stress disorder (PTSD), 31% have developed depression. Burnett and Peel's (2001) study about asylum seekers and refugees in Britain demonstrates that torture survivors have both physical (fractures and soft tissue injuries, head injuries and epilepsy, persistent hearing loss, soreness and watering of the eyes in bright light, and in case of sexual violence: sexual difficulties, and risk of HIV) and psychological (PTSD, symptoms of anxiety, depression, guilt, and shame) problems. In a recent study, de C Williams & Merwe (2013) clarify prevalent psychological effects of torture as high anxiety, depression, adjustment issues, outbursts, feeling of guilt and shame. On the other hand, they also point out diagnostic problems in psychology about the torture survivors. Although survivors have similar psychological problems like anxiety, depression, chronic pain, and severe immunocompromising stress, a pure diagnosis of PTSD is not applicable in every case (de C Williams & Merwe, 2013). There have been always some critics about PTSD diagnosis. For instance, since criteria of PTSD are coming from western society points of view, survivors from eastern cultures may not fit (de C Williams & Merwe,

2013). They have different cultural codes while interpreting what happened to them.

In addition, Summerfield (2001) claims that using psychiatric terms to explain psychological outcomes of torture have a crucial risk like depoliticisation of survivors' difficulties (as cited in de C Williams & Merwe, 2013). Torture has many dimension socio-politically, too. Hence, de C Williams and Merwe (2013) conclude that when a clinician contacts with the survivors, s/he should always keep in mind the political, ethnic, or religious meaning of the torture. The very unique meaning of torture in terms of physically, emotionally, and socially to a particular patient should be taken into consideration for proper help.

#### **1.1.6. Torture in Turkey**

Based on the report of International Rehabilitation Council for Torture Victims (IRCT, 2014), conservatively estimated number of torture victims in Turkey since 1980 military coup is more than one million. When indirectly affected people are considered like families and surroundings of victims, it can be thought that this number rises significantly. According to the data, individuals who were tortured are mostly political opponents (especially supporters of Kurdistan Workers' Party, PKK), mostly men between the ages of 16-35, civilians who live in Kurdish territory, Kurdish women between the ages of 12-30 with low socio-economic status (IRCT, 2014). According to this report, torturers are police officers, prison officials, and army members.

Torture is a visible fact and ongoing systematic problem in Turkey. In recent years, torture has increased with the attitude of the state. Gezi protests in 2013 and terrible blockade in Kurdish territories, which has started in 2015 and unfortunately still continues, are recent examples of the state terror. IRCT (2014) points out that one of the underlying reasons of constant presence of torture in Turkey is the culture of impunity. A horrific recent example of impunity is given by Amnesty International 2015/2016 report. Cemal Temizöz who was the former district Gendarmerie commander and seven other defendants were acquitted after a flawed trial. It is believed that all these persons are the responsible for disappearances and killings of 21 people in Cizre between 1993 and 1995 (Amnesty International, 2016). In accordance with, even in this year, after 79 days of blockade, delegations of Human Right Association (IHD) and Human Rights Foundation of Turkey (THIV) went to Cizre and made an examination. President of THIV and forensic expert professor Şebnem Korur Fincancı summarized the size of the hazard by stating that bone fragments belong to the children has been found in the basements and called this as a genocide attempt (Evrensel, 2016). Those examples clearly show that torture maintains its position as a major human rights problem in Turkey.

A further problem in Turkey about torture survivors is that there are not any public institutions that are responsible for treatment of survivors (IRCT, 2014). As a natural result of state's attitude, survivors do not feel safe even they use ordinary health services. Their treatment is

usually achieved by the efforts of civil society organizations. A crucial point highlighted in the report is the lack of respect to the treatment of torture survivors in Turkey (IRCT, 2014).

## **1.2. Theoretical Concepts About Working With Trauma**

There have been considerable amount of research about psychological effects of working with traumatized clients on mental health professionals. The terms mostly used to define adverse psychological effects on mental health professionals are secondary traumatic stress (Figley, 1983), vicarious trauma (McCann & Pearlman, 1990), and compassion fatigue (Figley, 1995). These three concepts share similar meanings: numerous personal and professional challenges of therapists originate from their intimate and emphatic closeness with their clients, which is really natural. Although in its main definition direct exposure to clients who have traumatic experiences is not a requirement (Stamm, 2010), burnout (Maslach, 1982) can also be the fourth concept, which is widely used to describe overburden of work place where therapists working with traumatized clients.

Bride, Robinson, Yegidis, and Figley (2003) claim that therapists who has exposed traumatic material via their clients' stories show similar post traumatic symptoms with the clients such as; intrusion, avoidance, and arousal. All clinicians have the risk of reacting extreme in one way or another in trauma treatment. While some of them show avoidance to the traumatic experience of the client, some try to scrutinize the issue and

force clients to disclose the traumatic experience before the establishment of trust. Pope and Garcia-Peltoniemi (1991) strongly recommend that therapists should observe themselves in terms of these two reactions both for the client's well being and for their own to abstain from secondary traumatization.

While there are many studies concentrate on adverse outcomes of working with traumatized clients (Baird & Jeckins, 2003; Bober & Regehr, 2005; Jenkins & Baird, 2002; Figley, 1983; Figley, 1995; McCann& Pearlman, 1990), some other research also demonstrate positive consequences of being trauma therapist (Arnold, Calhoun, Tedeschi, & Cann, 2005; Brockhouse, Msetfi, Cohen, & Joseph, 2011; Calhoun & Tedeschi, 2012; Craig & Sprans, 2010; Engstrom, Hernandez, & Gangsei, 2008; Stamm, 2002; Stamm, 2010; Tedeschi & Calhoun, 2004). At positive side of trauma work, the most prominent concepts are vicarious posttraumatic growth (Arnold et al., 2005) and compassion satisfaction (Stamm, 2002).

### **1.2.1. Vicarious Traumatization**

McCann and Pearlman (1990) states that vicarious traumatization is a process in which “persons who work with victims may experience profound psychological effects, effects that can be disruptive and painful for the helper and can persist for months or years after work with traumatized persons” (p. 133). When McCann and Pearlman (1990) have analyzed the literature about the traumatic stress, they have discovered

that literature is based on two basic characteristics of understanding the helpers' emotional condition. Those two are '*characteristics of the stressor*' and '*individuals' personal characteristics*' (McCann & Pearlman, 1990, p.135). While the idea of burnout is originating from the former characteristic, countertransference literature is based on the later characteristic (McCann & Pearlman, 1990). Therefore, they aim to integrate them and try to cover both in one terminology, vicarious traumatization. First of all, they address the reactions given to a traumatic event in terms of cognitive schemas that are cognitive representations of psychological needs. They claim that similar to the survivor, trauma can demolish all schemas of the therapist too. However, the specific way of influence from traumatic material is related to which schemas of the therapist are central or salient (McCann & Pearlman, 1990). Furthermore, the level of psychological impact changes accordingly with the distance between therapist's schemas and client's traumatic memory. If this distance is too much, the disruption cannot be managed easily. Hence, therapist's memory system also revises in a traumatic way and those intense impacts become permanent on the therapist, as well. To sum up, McCann and Pearlman (1990) portray vicarious traumatization with firstly; therapists' experiences of distressful images and feelings connected with their clients' traumatic experiences, secondly; involuntary engagement between clients' memories and therapists' memory systems, and thirdly; changing schemas of therapists about the world and self.

McCann and Pearlman (1990) differentiate vicarious traumatization from burnout, which implies psychological weight of working with burdensome clients. Burnout alone is not enough to explain impacts of trauma on the helper because trauma therapists do not necessarily have a heavy workload to influence from trauma. They are directly exposed to intensive horrifying stories of the clients and it is clearly independent from the workload.

### **1.2.2. Countertransference**

Countertransference is another concept related to the therapists' personal reactions to the clients or to the traumatic material itself. It is a psychoanalytical concept originally put forward by Freud in 1910 and many psychoanalysis theoreticians have contributed to in time. Hayes (2004) says that countertransference is briefly therapist's emotional or cognitive responses to the patient either consciously or unconsciously. In addition, he mentions that countertransference is a transtheoretical construct and he widens the limit of countertransference from psychoanalysis to all psychotherapeutic orientations. Since all therapists have unresolved conflicts because of their human nature, they all can have personal feelings and ideas about their patients. Those feelings and ideas are related with therapists' own histories. Dalenberg (2000) differentiates usual concept of countertransference from countertransference that develops in trauma treatment. He states that in the case of trauma, countertransference is not only therapist's feelings against the patient's

transference but also against the traumatic event itself. Moreover, Kanter (2007) harshly criticizes Charles Figley about his writings on compassion fatigue. He strongly emphasizes that countertransference is enough to clarify emotional impacts of traumatized patients on therapists. Besides he criticizes Figley in many perspectives, he believes that traumatic implications of trauma therapists can be explained via countertransference. He adds that countertransference does not need to originate only from therapist's past history; it can be related to the traumatic experiences of the clients, too.

On the contrary, Pearlmann and Saakvine (1995) identify countertransference as a temporary connection between a therapist and a patient in a limited time. Since secondary traumatic effects are believed to be permanent for therapists, they prefer using the concept of vicarious traumatization. Also, they continue that if a therapist develops vicarious traumatization, it becomes more difficult to be aware of her/his countertransference responses to the client. As it is seen, there has been a complicated debate among researchers in terms of conceptualization. To sum up, it can be concluded that countertransference is a different concept from vicarious trauma; it is connected to the therapeutic process and it should be analyzed in order to follow a healthy treatment process for clients. However, vicarious trauma, secondary trauma, or compassion fatigue is related with the therapists' own mental health and require therapists' self-care.

### **1.2.3. Burnout**

Another adverse consequence of therapists' work is potential risk for burnout. Maslach (1982) defines burnout as "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do 'people-work' of some kind" (p.3). She describes the specific criterion for burnout as follows; there should be a social interaction between two individuals having the roles of a supporter and a beneficiary. Therefore, it is expected that a therapist can easily experience risk for burnout because of the nature of the profession itself. Maslach (1982) asserts three stages of burnout process: emotional exhaustion, depersonalization, and reduced personal accomplishments. First, helpers who constantly face emotional demands of recipients start to feel overload and then become emotionally exhausted. They begin to lose their emotional resources and take distance from other people even from their beloved ones. Then, they experience depersonalization that is more about the interpersonal relationships. They assume human relationship is awful and so they behave in a negative way to the others. After a while, they start to perceive themselves useless and guilty about their disconnection with other people and their negative attitude to their clients. Finally, the sense of personal accomplishment becomes reduced (Maslach, 1982).

On the other hand, Salston and Figley (2003) specify that burnout does not arise from a single event; it is a process in which a professional has some difficulties in her/his physical, emotional, interpersonal,

professional, and behavioral wellbeing. Maslach (1981) differentiates burnout from compassion fatigue by stating that burnout is not just about the trauma work, it is related mostly organizational distress like excessive workload and strained work relationships. Moreover, Newell and MacNeil (2010) contribute organizational level of burnout with individual level and client level. According to them, at individual level, the main determinant is the personality of the helper and her/his coping styles with distressful life events. At client level, they discuss therapists' burnout in relation with the interaction between therapist and client and in relation with what kind of material client brings to the therapy. Furthermore, they accentuate initial indicators of burnout as such: failing to fulfill responsibilities of work, being late for work, often days off from work, and frequently feeling tired at work (Newell & MacNeil, 2010). If those indicators are taken into consideration as signs of burnout possibility by the authorized person, then institutional support can be activated for the helpers' well being.

#### **1.2.4. Compassion Fatigue**

Figley (1995b) simply defines the term *Secondary Traumatic Stress* (STS) as “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other- the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995b, p. 7). He has organized Secondary Traumatic Stress Disorder's (STS/STSD) criteria by adapting exact

symptoms of Post Traumatic Stress Disorder's (PTSD). However, he differentiates the requirement of direct exposure to trauma in PTSD with the secondarily exposing to the traumatic experience in STSD. He incorporates the table of PTSD symptoms in order to explain STSD but clarifies that traumatic event should be experienced by the '*traumatized person (TP-the client)*' rather than by '*self*' (the therapist) (Figley, 1995b, p. 8). All symptoms are straightly related to the survivor whom therapist working with.

Figley (1995a) describes countertransference basically as a reaction developed by the therapist depending on her/his past experiences in response to transference of the patient. According to him, there is a clear distinction between STS and countertransference.

Countertransference is considered as something negative for therapy process and must be realized then eliminated. However, STS is a natural response coming from caring to the other person in the room, and it should not be counted as a problem or no need to be related with personal history of the therapist (Figley, 1995a).

When it comes to burnout, Figley (1995a) notes that burnout develops gradually and contains emotional exhaustion. On the other hand, STS emerges suddenly with less caution and brings sense of helplessness and sense of isolation. He notes that rate of healing for STS is faster than the burnout (Figley, 1995a). According to Figley (2002), burnout is a condition in which therapist stands and also traumatic exposure is not a requirement.

Later, Figley (1995a) takes the definition of '*compassion*' from Webster's Encyclopedic Unabridged Dictionary of the English Language (1989) as "a feeling of deep sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove its cause" and has proposed to use the term Compassion Fatigue (CF) instead of STS (as cited in Figley, 1995a, p. 14). He believes that CF is a more humanitarian and favorable term than the other concepts that define therapists' reactions to the traumatized clients. Figley (2002) defines CF as "a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders persistent arousal (e.g. anxiety) associated with the patient" (p. 1435).

As another important contribution, Figley (1995a) tries to organize four components of vulnerability for the therapists in case of CF. First of all; there should certainly be an exposure to a traumatized client and therapist should have the empathic ability. Empathy is the connection between primary and secondary victimizations of the trauma (Figley, 1995a). It has a dual function for the therapist; either it helps therapist to intensely understand the client, build and maintain a therapeutic alliance in a repairing way or it makes easy to be traumatized due to traumatic material of the client (Figley, 2002). Secondly, traumatic events have a large variety of range; almost every therapist as an ordinary person has experienced at least one of them in their lives (Figley, 1995a). This makes everyone to open the negative effects of trauma. Thirdly, therapists'

unresolved traumas make them much more vulnerable to adverse effects and those traumas can be triggered easily by the material of the clients. Lastly, clients' trauma, which they were exposed in childhood, affects helpers more than the adult onset trauma; so mental health professionals who work with children or childhood trauma have more risk for secondary traumatization (Figley, 1995a).

Moreover, Compassion Stress and Fatigue Model (Figley, 2002) is an etiological model that has eleven components form a causation to foresee compassion fatigue in professionals. Four of the components; empathic ability, empathic concern, exposure to the client, and empathic response, create together the compassion stress. Compassion stress consists of the remnants of therapists' emotional effort using to alleviate the client's pain. Then, therapists may overcome the compassion stress by two ways (two components). One of them is the existence of the therapists' sense of achievement about therapeutic process. The other way is the disengagement from the clients' material, so requires a deliberate attention to self-care. If a therapist cannot benefit from those two components in order to eliminate compassion stress, stress may lead to compassion fatigue with the contribution of three other components; prolonged exposure, traumatic recollections, and life disruption. Hence, Figley (2002) recommends that therapists should avoid the excessive caseload but at the same time they should put more effort to handle traumatic residues of their work on them.

### 1.2.5. Vicarious Post-traumatic Growth

Tedeschi and Calhoun (2004) have introduced the term posttraumatic growth in order to explain positive changes in a person after a traumatic event. According to their observations, after experiencing traumatic events, some people have positive changes in their lives. These changes contain “appreciation of life, meaningful interpersonal relationships, sense of personal strength, changing priorities, and richer existential and spiritual life” as consequences of competing very challenging crises (Tedeschi & Calhoun, 2004, p.1). An important point is that posttraumatic growth is not something like recovering after trauma, it is a transformation that a person’s moving beyond the pre-traumatic mental health status.

In 2005, Arnold, Calhoun, Tedeschi, and Cann have made naturalistic interview with 21 psychotherapists to inquire positive effects of working with traumatized clients. Their primary focuses were first the criteria of vicarious traumatization –changes in memory systems and schemas- and second psychological growth on therapists. As a result, they come up with the term ‘*vicarious posttraumatic growth*’ (VPTG) as “the process of psychological growth following vicarious brushes with trauma” (Arnold et al., 2005, p.243). They have found that psychological growth of the therapists after trauma work is clearly similar to the hallmarks of posttraumatic growth in a patient; positive changes at self-perception, at interpersonal relationships, and at philosophy of life. Furthermore, Engstrom et al. (2008) have developed a similar concept named ‘*vicarious*

*resilience*' after they studied with the therapists who work with survivors of political violence. Vicarious resilience means direct or indirect constructive effects of client's resilience on therapist's life in terms of professional value and perception of life. They claim that there are certain favorable changes in therapists' perception of life after they work with a client who has been suffered a lot but feels stronger. Hence, clients' robust attitude impresses therapists as well and then therapists appreciate their profession more. To sum up, Engstrom et al. (2008) have concluded that therapists who develop vicarious resilience may have a less risk for burnout and compassion fatigue.

#### **1.2.6. Compassion Satisfaction**

Being a psychotherapist and providing care for other individuals requires compassion. Besides it is known that compassion may lead to fatigue in the psychotherapists, Stamm (2002) focuses on positive aspects of compassion. She clarifies that working with traumatized patients compassionately and making progress on treatment process provide helpers feeling of satisfaction. Therefore, she has produced the concept of compassion satisfaction in order to emphasize positive consequences of trauma work for trauma therapists. Furthermore, crucial attention should be paid to trauma trainings and supportive conditions of workplace to increase compassion satisfaction of trauma therapists (Radey & Figley, 2007). According to the Radey and Figley (2007), compassion satisfaction is closely related to the therapists' positive judgments about their work,

intellectual and social resources, and their awareness about self-care. Clinicians should give importance to self-care and should be connected with their colleagues in a positive manner in order to develop satisfaction.

### **1.3. Psychotherapy of Torture**

“There is no cure for being tortured...therapy is the development of the capacity to bear the past as history rather than being trapped in it and endlessly reliving it, individually and collectively” (Blackwell, 2005, p.320).

Fabri (2001) highlights the importance of collaboration between therapist and client in torture treatment and she believes that this collaboration provides a basis for therapist to reestablish the safety and empowers survivors. Ginzburg and Neria (2011), also state that when working with torture survivors, clinicians must put aside their neutral stance and should establish social bonds with them. More importantly, psychotherapists should always remember that torture has not just damaged inner world of the survivors, it makes them socially wounded, too.

Based on the findings of Vrana, Campbell, and Clay, (2013) recent qualitative research with the seventeen therapists who work in torture treatment centers in United States; PTSD, depression, anxiety disorders, cognitive disorders, and substance abuse are the most common diagnoses of torture survivors. In addition, they detect four main areas of difficulties during treatment: ‘*social/economic needs*’, ‘*access to medical care*’,

*'navigating the legal system'*, and *'existential difficulties'*. These are essential needs of survivors requires to focus on.

On the other hand, according to the results of Başoğlu et al.'s study (1994), political ex-prisoners who were subjected to severe torture have PTSD symptoms but no anxiety or depression in the long-term. Likewise, Başoğlu and Paker (1995) has reached similar conclusion that amount of exposure to torture is not anticipating with the psychological problems in political activists. Therefore, Başoğlu and Paker (1995) have interpreted that survivors' previous knowledge about what they will be exposed to provides them psychological preparedness to torture. Also, giving meaning to torture experience and strong social support afterwards are the protective factors against traumatic effects of torture.

Torture is undoubtedly an inhumane practice that results in both physical and psychological devastation. Vrana et al. (2013) have found the most useful psychotherapy approaches for torture survivors are psychoeducation, supportive therapy, cognitive behavioral therapy, and narrative therapy. However, in addition to psychotherapy approaches, which focus on emotional consequences of torture, Vargas, O'Rourke and Esfandiari (2004) underlie the importance of complementary therapies. They suggest that complementary therapies, which include psychotherapy, physiotherapy, and bodywork together, are more efficient than just one of them in case of torture survivors. Although most of the survivors have psychosomatic pain; due to the implementation of torture on their body, survivors have also actual physiological chronic pain on their bodies.

Thus, psychotherapist, client, and bodywork practitioner should work in cooperation like ‘*interactive triangle*’ in treatment of torture survivors (Vargas, O’Rourke, & Esfandiari, 2004).

### **1.3.1. Mental Health Professionals Who Work with Torture**

“The term “empathic attunement” indicates the capacity to resonate efficiently and accurately to another’s state of being; to match self – other understanding; to have knowledge of the internal psychological ego states of another who has suffered a trauma” (Ibneri, Salihi, and Pacolli, 2009, p.5).

Although there are many researches about trauma therapists, psychological conditions of therapists who provide help for specifically torture survivors have understudied. Holmqvist and Anderson (2003) have designed a study in order to investigate emotional reactions of the therapists who are working with tortured survivors in a refugee treatment center in Sweden. They have observed some emotional changes overtime in therapists. Then, they compared those therapists’ emotional responses with the other therapists’ working with non-traumatized client population. Those assessments have demonstrated that trauma therapists are feeling less objective, motherly, and enthusiastic but more anxious and embarrassed than the other therapists. In addition, it is appeared that feelings of apathy and boredom of trauma therapists raise overtime but anxiety and reservation decrease. They have concluded that for therapists

who work with torture survivors, one of the reasons of those alterations is their confrontation with the evil in torture.

According to the Birck's (2002) study about mental health professionals working in a torture treatment center in Berlin, psychotherapists have no significant burnout scores, but they have high scores on compassion fatigue and compassion satisfaction. Although years of experience in trauma work has found positively correlated with the burnout and fatigue, workload is only positively correlated with the burnout (Birk, 2002). As a conclusion, professional satisfaction may not avert secondary traumatization.

From another perspective, Deighton, Gurriss, and Traue (2007) examine therapists', who treat torture survivors, level of compassion fatigue, burnout, and distress in terms of working through the traumatic material and advocacy. Results demonstrate that therapists who advocated their work but not working through to the traumatic material have the highest level of compassion fatigue, burnout, and distress than who advocated and working through, and who neither advocated nor working through. With a deeper analysis, Deighton et al. (2007) explain their results via fear avoidance phenomenon. Collaboration between client and therapist on fear avoidance makes therapists more influenced from trauma.

As a result, psychotherapists should protect themselves personally and professionally against the mental weight of trauma (Ginzburg & Neria, 2011). Since the trauma is so deep and quite overwhelming, it is

difficult to maintain an emphatic stance during therapy with torture survivors (Iberni, Salihu, and Pacolli, 2009). In favor of protection, two essential points come to forefront for psychotherapists: significance of supervision and specific trainings on trauma area (Iberni, Salihu, and Pacolli, 2009).

#### **1.4. Objectives of current study**

Although there are several studies focus on positive and negative psychological affects of working with traumatized clients on psychotherapists in the world (Adams& Riggs, 2008; Birck, 2002; Devilly, Wright, and Varker, 2009; Elwood, Mott, Lohr, and Galovski, 2011; Jenkins& Baird, 2002) and in Turkey (Çolak, Şişmanlar, Karakaya, Etiler, and Biçer, 2012; Gülmez, 2013; Gürdil, 2014; Zara & İçöz, 2015), impacts of specifically working with torture survivors on psychotherapists' mental health is not studied enough in the World and also in Turkey.

Therefore, in this thesis, qualitative research is used to deeply understand the unique experiences of ten psychotherapists who had worked, or have been working with torture survivors. It is believed that this study can fill the gap a little bit in the current literature in terms of psychotherapists who work with torture survivors in Turkey. First goal of this study is to draw attention to extensive psychological effects of torture and make horrifying acts like torture more visible. Second goal is to exert psychotherapists' positive or negative experiences in a deep detailed way.

Moreover, the main objective of the study is at the end to contribute preventive activities in order to eliminate adverse psychological effects of torture on psychotherapists. Based on the results from the interviews have been made, to produce beneficial advices for psychotherapy trainees is an extended purpose.

## **2. Method**

### **2.1. The Primary Investigator (PI)**

I am a woman who is in Istanbul Bilgi University clinical psychology graduate program adult track. I have been working with trauma topic for four years. I am very interested in psychopolitics and concentrating on alienated groups who have been especially survivors of political violence.

Since suffering is always close to me and I am always surrounded by survivors of political violence, I am really curious about recovery of people who have had traumatic experiences. As I have been doing in my whole life, I wanted to listen to people who try to hear all those pains and try to endeavor easing the pain. I hope, with this study, survivors and helpers will be heard by society again and society will once again be faced with the '*banality of evil*' (Arendt, 1977). I truly believe that only this way communities will be healed and live in a peaceful environment.

### **2.2. Participants**

Criteria of participation to this study was being a psychotherapist who is currently seeing at least one torture survivor in therapy or, being a psychotherapist who has worked with at least three torture survivors during last ten years but not seeing anyone today, or being a

psychotherapist who has followed at least ten torture survivors in all her/his psychotherapy career.

Ten psychotherapists, five women and five men, were interviewed for the study. Six of them are still working with torture survivors; four of them have intensively worked with this population in the past. The youngest participant was 27 years old the oldest one was 65. More information about participants' education level, psychotherapy orientation, trauma education, trauma history, and torture history are listed in Appendix B.

### **2.3. Settings and Procedure**

The primary investigator (PI) reached all participants by using snowball method. Since the number of psychotherapists who focus on torture is not many in Turkey and my advisor is also one of the well-known torture researchers, snowball method was very useful. Following the İstanbul Bilgi University Ethics Committee's approval, the PI and the advisor announced the study and participation criteria in related email groups. Participants who were fulfilling the inclusion criteria contacted with the PI by sending email. After the date arranged mutually, PI visited therapists' work places for interviews. Since three of the participants live in distant cities, those interviews were made via skype.

First of all, PI interviewed with a friend of her as a pilot study, some unclear and repetitive questions revised and estimated time of the study were determined after that.

Before started, PI informed participants about content of the study and the procedure of the interview. An informed consent form was obtained from all participants, they made clear that they understood the study and signed consent form. For those who were interviewed via skype, gave verbal consent on record.

Procedure had two steps; demographic questions and in-depth interview with semi structured questions. Whole procedure lasted 1.5 hours as predicted.

#### **2.4. Data Analysis**

Interpretative Phenomenological Analysis (IPA: Smith & Osborn, 2003) is preferred to use on the analysis because IPA contributes to deep understanding of therapists' experiences. In respect of concerning one particular person's way of particular interpretation about any topic, IPA is very efficient (Larkin, Watts & Clifton, 2006). Since the aim of this study is to understand therapists' unique experiences about working with torture survivors, IPA was quite helpful.

Primary investigator took audio records during all interviews. While data collection was continuing, only PI transcribed each record right after the interview because of the confidentiality. Before coding started, the PI read each transcription again and again, and took notes about her associations. By benefitting MAXQDA Software program, PI coded each interview respectively and later themes were formed. In line with prominent findings, interpretations were argued with the second

reader of the thesis to determine main themes for inter-coder agreement. As a result, final thematic clusters were identified.

## **2.5. Trustworthiness**

The researchers practiced various technics to strengthen trustworthiness of the study. First of all, data was collected by two methods; audiotapes and field notes in order not to miss any information. Second, triangulated investigator was always part of the data analysis process from the beginning. At the end, ultimate results were concurred by both investigators. Third, a peer researcher examined the final themes whether they were engaged with the participants' experiences. Lastly, final themes were emailed to each participant and requested their validation (or not) about these themes as transmitting their viewpoint of psychotherapists' experiences when working with torture survivors (member checking). Only three of them answered back that themes are reflecting their experience.

### **3. Results**

Six themes appeared at the end of the analysis: Surrounded by Violence, Insecurity vs. Resilience, Working with the ‘Cancer of the Diseases’, Intertwining, Two Faces of Torture, and Keeping Oneself Going.

The work participants’ do has both professional and personal meanings for me. During the interviews, I have connected with each of them. Thus, for readers who want to follow specific experiences of one particular participant, instead of using participant numbers, I preferred code names based on my feelings about them. When I was Curious, they were: Sincerity, Colorful, Modesty, Integrity, Stamina, Tranquility, Harmony, Hope, Clarity, and Wisdom (order designed in order of interviews).

#### **3.1. Surrounded by Violence**

When psychotherapists mentioned the environment they worked in during 90s, they described torture as a limitless act of horror. They commented that they were surrounded by violence and psychotherapy itself was not independent from this violence. Almost all participants agreed that in the case of torture, there is an “ongoing trauma” (Stamina) for survivors. Even if a person subjected to torture once in her/his life,

psychological and environmental effects of torture may last for a long time, maybe a lifetime. Since the main motivation of the perpetrator is making victims nonfunctional, not only torture itself as a concrete experience but also the whole violent environment makes survivors miserable. Hence, as a consequence of violent climate, participants complained incompleteness of therapy process.

**Torture as a limitless act.** It is widely known that torture specifically a form of political violence contains universally systematic practices. However, in very dark times of Turkey, in 80s and 90s, as some participants draw attention, there was not any systematic border of torture. During interviews, two of the participants described those days as follows: “sometimes systematic torture has some particular rules but at that time there were not any limit in practice. Torturers were doing whatever they want to the victims and it had not a time limit, either.” (Tranquility) and “law enforcement officers were committing crimes without restriction to extort information. It was an environment in which every crime was okay for them. Seeing such flesh and blood, I was asking myself where is humanity?” (Wisdom)

**On-going Trauma.** While survivors were repeatedly experiencing torture during psychotherapy process, it could be assumed that healing would be harder. Participants explained how hard they strived to maintain psychotherapy process in a violent vortex. One of the participants stated:

It was the most chaotic environment that a psychologist may ever see; we were doing something to the air. Clients were talking about

horrible things happened to them by government and as a therapist, you were hardly trying to help them. And then, s/he was coming next week that a friend of her/his dead on the guerilla, or a friend had problems in prison, or even s/he himself/herself stuck in the middle of the violent practices of government on the street. Just great! Start all over again. There were times when I felt burnout. Basically, it was not such a sterile environment created by science. (Sincerity)

Another participant, who had the same point of view, expressed:

The most difficult thing for me was the endless trauma. We were doing something good, then all of a sudden something terrible was happening and we were going back to the square one in the treatment or s/he could not come to therapy any more. There were people taken into custody several times while therapy was going on, I mean, this repetition was not ending and it was really forceful. When traumatic events still existed outside, therapy was not able to work well. There were no allowance and no time to recovery. From professional aspect, establishing trust with those clients had taken a considerable amount of time but unfortunately all investment was going upside then. (Tranquility)

Similarly, a third participant commented:

Even though torture was in the past, there were many traumatic experiences currently taken place. Thus, it was a chronic condition. It was like something you did not know in which point you should

intervene, so you were being unspeakable. Current things were much more acute so you were speaking those, but you knew that torture had effects on her/his current situation or life, so it was complicated. (Harmony)

On the other hand, one of the participants brought a positive perspective. She said:

If we had actually worked with the emotions for a while, and then s/he was taken into custody, it was better. What I meant better is that s/he will remember things we covered in therapy and those will serve her/him during her/his stay. Sometimes when they came back, they were saying that ‘therein, I always remembered your particular word’. Hearing such a sentence was very satisfying, but it could not be an opportunity to hear from all of them. (Tranquility)

As a useful therapeutic technique for clients who surrounded by violence, one participant contributed, “in these compelling conditions, above all else, my whole focus is to increase inner resources of the clients. Everything is challenging in the external world, so the only things that keep clients alive are their inner sources, I think.” (Hope)

**Missing terminations.** Despite the fact that working in a violent climate is challenging for all psychotherapists, maintaining psychotherapy is still useful for clients. However, for therapists the most troublesome thing is missing terminations; as one said “my predominant feeling is incompleteness for most of the clients, even all of them.” (Harmony)

When a client has to quit therapy process because of the surrounding

conditions or sustained violent, they all have burdensome feelings. One participant explained missing terminations:

For instance, a client, whom we reached a positive therapeutic place in six months, taken into custody in another city and subjected to torture again. Such things happened and therapy was interrupted. From scratch, we returned to the beginning. Which was even worse, many of them did not come again. They were saying that ‘right now I do not need therapy; I need physical security in my life’. (Stamina)

After clients left therapy, all therapists have difficult emotions to deal with. One asserted, “Sometimes it was so sad. For example, I had a client who we made only two sessions had to flee. Nothing could be done for him but he left a heavy burden on me and just gone.” (Modesty) As a summary of all participants’ comments, one of them expressed, “there was not only psychological distress we have been fighting. We were working hard to minimize the environmental effects, too. We were aware of the fact that we have been flogging a dead horse.” (Sincerity)

### **3.2. Insecurity vs. Resilience**

When participants were asked about psychological conditions of clients, they all agreed that there are several conditions in a psychological line from insecurity to resilience. The very first feeling of the clients is insecurity and difficulty to trust, participants expressed. Moreover, one of the prominent issues for clients is making meaning about what they were subjected to; torture. Both psychotherapists and clients seemed to be busy

with a particular question: how a person can actually do those inhumane practices to another person? In time, through the psychotherapy, the story of trauma becomes integrated and there comes to recovery.

**Sense of Insecurity.** Besides all ‘not feeling safe’ issue of natural traumas, in case of torture, as a human made trauma, trust is a much bigger problem than everything. Further, as participants presented, almost all clients are survivors of political violence. Especially in Turkey, it is easy to understand that they literally have never lived in a safe environment because of their opposition to the government, and their political identities and activities. One participant gave an example, “My clients were condemned by political reasons. Naturally, they were asking me what was my relationship with the government.” (Hope) Then, she recommended:

First of all you have to establish a connection with the clients and this connection has to be a safe one. It is like you are here and you are a trustful person. Since there is a terrific disintegration on them and a ground in which the most primitive one had broken, an interaction should be indisputable that you have a humanitarian perspective and you care about her/him and you will never damage her/him. (Hope)

Another participant’s statements demonstrate the size of insecurity:

We were using code names; they had never disclosed their real names. I did not ask their addresses but when I did they did not share. I did not know where they were working. There was such

difference from other clients. Torture survivors were mentioning their family structure only limited way, so that they could not be found. They could not trust me. In their point of view, I could denounce them at any moment or police could take information from me in some sort of ways eventually. It was not a complete lack of trust but they were thinking if I forced to speak, I could share everything. Maybe they were right; those are realistic precautions. But anyway, their difficult times had been over, security was no longer an issue: their political activities had stayed 20 years ago. While we were in therapy, they had new jobs and lives. Therefore, I asked towards the end of therapy, ‘so many years had passed why you are hiding some information from me?’ And they answered, ‘it is a reflex like a habit’. That situation is quite unique for torture survivors, I think, not for the other client population. (Wisdom)

One participant described loss of safety, “what I see most is actually disappearance of trust to the others, to anybody else, and even to themselves. I can generalize it like a loss of trust to humanity.” (Modesty)

Another important subject related to trust is body, “their faith and trust on their body had been shaken. After torture, those people believe that nothing including my body is under my control. My body can make wrong to me at any moment, it can be derailed.” (Modesty)

When talking about trust, participants explained how clients acting selectively in choosing therapist and how they test the therapist at the

beginning of the therapy process. There are two level of building trust, one participant underlined:

They feel insecurity. They cannot go an ordinary place for psychotherapy and they cannot work with every therapist. Naturally, they prefer therapists who are in the same wavelength with them in terms of understanding their sensitivity and their experiences. If they do not know about the therapist before, they test for a long time during therapy process. However, if they come to you with a reference, it becomes like the first four or five steps have already been taken. Unlike from the other clients, there are two level of trust in therapy with torture survivors. First one is the regular trust level every client need. But the second one bases on the socio-political questioning whether the therapist is going to be on my side and to understand me. (Integrity)

Another participant also differentiated torture survivors from the other clients in terms of building trust:

We are constructing trust in all clients but there is something different in torture survivors; you have to pass some tests consciously or unconsciously. Your ethic rules and your political standing or sometimes your ideas about religion can be questioned and have a meaning to them. When you work in a roof of an institution, safety of the institution is also a matter of trust for them. (Clarity)

**Trying to make sense of it.** Torture as a traumatic experience destroys meaningful internal world of everyone who is exposed to it. For example, one participant explained, “I often encounter this question; why did he do this to me and why did it happen to me? You can see that their attribution of meaning to their lives, regardless of what that meaning is, is broken and damaged.” (Modesty) During interviews, most of the participants emphasized the importance of reconstruction of a meaningful world via giving torture a meaning. One participant mentioned:

A crucial step of the therapy process is clients’ interpretation of torture as an act of political violence has a wider purpose, which is simply independent from their actions. I witnessed that putting torture into their personal stories and creating a cohesive story is actually beneficial in itself. For me, recovery requires finding their own answers to torture and they eventually come to that point.

(Modesty)

Similarly, another participant stated, “making personal sense of this awful experience is valuable here. That particular person’s inner world is quite essential in understanding, I believe.” (Clarity)

Furthermore, some participants draw attention to political affiliation, too. In terms of making meaning to torture, they believe political affiliation makes easier for survivors to stand. One of the participants explained, “For some survivors, torture has a meaningful place in her/his life narrative. Of course it is still a horrible experience but finding this meaning is really helpful for understanding.” (Harmony)

Another participant also expressed, “clients who have political beliefs or who define world from a political point of view, regardless of the ideology they support, have more tools in their hand while interpreting. I believe that is beneficial in psychotherapy process.” (Modesty)

**Emergence of Strength.** Even though clients’ feeling of insecurity is familiar to psychotherapists in trauma work, healing capacity is another reality. Together with a healthy therapeutic process, when making meaning on traumatic experience accomplished, recovery becomes close. Healing capacity of clients is a prominent benefit of the therapy. During interviews, almost all participants highlighted their impression of clients’ healing capacity. For them, recovery is the award of their challenging work. One participant clarified:

There is a dual aspect of working with torture survivors. You are hearing horrific experiences but besides they have relatively more possibility to get close their previous functionality. There is an important intersection for a therapist; when you are an inexperienced and young therapist, you may question that how can a person who experienced this kind of hell recover. What can be done in the face of this much wounded? Then, you realize that those wounded people have strength, as well. When you realized that humans are flexible and have great capacity to heal, you begin to feel relief. You start to think that we are not desperate and not all burdens are in my shoulder. It reduces pessimism and even allows being in an optimistic place. There is something that can be

workable on and not everything is total dark. Most of the people, no matter how worse they are psychologically, have capacity to be positive, too. Therefore, working with torture survivors mean that working with the darkest and brightest sides of humanity. (Integrity)

About healing capacity one of the participants also commented, “when you give therapeutic relationship certain time and activate the internal resources, you can see how positive changes emerge. Since they have already survived despite torture, they have incredible inner capacity.” (Hope)

One of the participants called working with torture survivors like ‘work in brackets’ and explained, “In some cases, torture was experienced in adulthood. Majority of those people subjected to torture when they had normal functionality. Hence, when you work with this brackets well, it is relatively easy for them to return their previous lives.” (Integrity)

### **3.3. Working with the ‘Cancer of the Diseases’**

This theme includes the process of doing psychotherapy with torture survivors. All participants agreed that torture has difference from the other topics in psychotherapy in many ways. Some of the participants, particularly who were working in 90s, underlined the cost of making therapy for themselves. Moreover, they added that being in a psychotherapy process with torture survivors requires some special attention. All participants signified that therapy in case of torture is beyond classical psychotherapies. They also expressed their feelings of

inadequacy and guilt, and how difficult to contain torture stories. Besides all, participants accented experience of growth in them, too.

**Walking on the eggshells.**

*“For therapists working on torture, it is like working with the cancer of the diseases.”* (Stamina)

*“What we did was something like underground activity.”* (Colorful)

*“Every struggle has a cost, you need to accept this while you are working with torture.”* (Clarity)

It can be understood from the quotations above, psychotherapists struggle with different obstacles in torture than any other client populations. In case of torture, there are many threats and a cost for psychotherapists as well. For instance, one of them expressed, “torture treatment was not being done everywhere, so we were working in a civil society organizations. There you could be stamped easily by government and this stamp would not bring positive things to your life.” (Stamina) Another psychotherapist who is working with prisoners who had been tortured in the past stated:

Just because I am doing psychotherapy, I was really suffered from harassment. Once, a security guard who brings prisoners said to me, ‘the person you work with is a criminal, how can you help her/him. If I came to you, would you help me the same way? Whose side are you?’ There are many examples of threats similar to this.  
(Hope)

**Beyond Classical Psychotherapy.** Regardless of which psychotherapy approach they have, participants were in the same mind; working with torture survivors is beyond classical psychotherapy. It has so much difference from working with regular clients, they added. For instance one said:

Honestly, what psychology taught us in general was not working there. First, science of psychology isolates individuals from everything and then produces information for them. In fact, it ignores the culture, language, and so on. What I observed something beneficial was first of all speaking in Kurdish (in their native language) with survivors. Secondly, although we have someone to welcome clients, I was opening door to my client, we were chatting, and I was offering some tea. Of course, this process was working entirely Kurdish. Normally, psychology denies that kind of behavior. I experienced that all of these simple things was helping to reduce clients' resistance and causing to break prejudices a little bit. People were starting session with a little relief. During sessions, clients were also explaining how they felt in the right place thanks to my way of behave. I mean the trust that could only occur in a few sessions was built via this closeness. (Sincerity)

Other participants also approached in the same way to individualistic aspect of psychology by stating, "torture is not only a psychological phenomenon. We need to have a different perspective:

sociological, political and legal basis should be carried out. I do not believe that is something we can just work with individual-oriented psychological therapies there cannot be drinking water.” (Clarity)

One of the participants, added:

Classical psychotherapy rhetoric or arguments were bothering me because it focuses more on individuals. Different techniques were needed in torture like working with families of survivors, but at that time there was only classical psychotherapy in use and I could not do anything more even if I wanted to do. I was thinking that it was not enough. (Stamina)

When all participants criticized individualistic point of view, some of them highlighted the importance of humane contact with clients. One of them described, “other than structured techniques, some special more humane way of treatment should be applied, I believe. It is the case in which a specific experience of a special person you are with.” (Colorful)

Further, another participant commented on the same issue:

You need a special humanitarian attitude. For example, in psychoanalytical therapies there cannot be drinking water in the room. However, I think there should be with torture survivors. There is someone sitting in front of you who had already deprived of water in torture. You can easily be like torturers. The dynamic of torturer and survivor will exchange in the room between therapist and client, of course in terms of transference, what I meant is concrete physical conditions should not be similar. (Harmony)

Moreover, a participant who differentiated being in therapy with torture survivors than the other clients in terms of expended emotional energy said:

I realized that working with torture requires an emotional effort that is above other clients. An average time of session is fifty minutes for me. However, in torture, session time can get longer because I need to be sure that the person feels fine enough to end the session. As a psychotherapist who is working all kinds of trauma survivors, I can say that in case of torture, contents of the sessions are emotionally loaded much more than any trauma. (Hope)

**Feelings of Inadequacy and Guilt.** Although psychotherapists have several feelings like shame, unhappiness, loneliness, and so on, feelings of inadequacy and guilt were the most experienced and deep ones. All psychotherapists are doing great jobs by trying to heal psychologically someone who had been tortured. It can be imagined that as a therapist being in psychotherapy room with a really wounded person must be enormously hard. This strain encourages therapists to make internal evaluation. For instance, one of the participants mentioned, “there is always a feeling of inadequacy; like something is incomplete. You are always asking yourself that am I doing right, should I say something more or not during sessions. You always feel that what you did is not enough.” (Harmony).

Another participant explained his feeling of guilt:

Of course imagining what people had been through is painful. We, other individuals, are living very soft lives and that makes some kind of guilt. There are some feelings like unable to contribute, not doing enough for them, failure to fight with your highest capacity in case of inequality and injustice. Whatever you can do is not enough; people's lives had been ruined. So, this is not an easy work! But, you have to be engaged well with those kinds of feeling in order to help, I think. (Integrity)

Torturing targets individuals' physical and emotional world. Hence, techniques used in torture have mostly psychological aspects. It is widely known that developing various methods for torture needs a broad knowledge of psychology. Throughout the violent history, many psychologists have contributed to improve those methods, unfortunately. One of the participants admitted that he feels guilty on behalf of psychologists who have contributed to survivors' tremendous pain. He pointed out:

I was asking myself 'am I sharing this sin?' At that time, large amount of reaction occurred in me to the discipline, which I belong. The whole world knows that psychology has many positive contributions to torture methods, also in Turkey during military coup. I researched a lot and learned many things about this topic. Then, being a part of psychology major, regardless of what I do, became challenging for me. Of course there are also many positive

contributions in treatment, but all of these positive contributions were upside down for me. (Sincerity)

Another psychotherapist who also feels guilt had a different argument than the others. For him, failing to prevent torture was a source of guilt. He expressed:

I have been working with children who had cancer. Even when I saw those dying kids, I did not have a belief of life is unfair like I did with torture survivors. Cancer was also unfair for me; the child is five years old but dying. However, you are doing everything to turn it back and to fight with the disease. Although you cannot do anything more if disease is in last phase, there still are a lot of hospitals, doctors, medicines, and researches trying to do something. On the other side, I believe torture is something can be prevented. Torturers had not to behave in the way they had and survivors had not to be objected to torture. Torture is something like; a human makes horrible things to another human being. These are not fair and we had to prevent it. (Modesty)

### **Containment.**

*“Even though you heard stories you needed to scream out, you could not tell almost anyone. You have to keep everything to yourself and contain all of them.”* (Tranquility)

As in every psychotherapy process, therapists’ containment capacity is a crucial part of treatment with torture survivors. Torture is

such a cruel experience that not every psychotherapist wants to hear it. However, standing there with the survivors is an important building block for healing process. As one of the participants expressed, “what is necessary for therapists is talking about torture and containing stories of survivors. So, we did what we have to do together with clients.” (Colorful) Another one said, “the followings are above all technics: to be there, to listen carefully, to contain the whole painful story, and to share all with the client.” (Tranquility)

**Growth.** Besides clients have positive psychological changes during therapy, therapists also experience favorable alterations at the end. Therefore, it seems a reciprocal process. During interviews, all participants expressed how valuable for them working with torture survivors. They described the process so beneficial for both side of the chair. One of them explained his progress:

Working with torture survivors made me more visionary. It was resulted in lots of advantage, and beyond all limitation I became slightly creative. I became more flexible in terms of understanding and accepting the life. My political ideology turned to more humanitarian perspective and I appreciated for this. Lastly, I feel so much honored for this work. (Stamina)

Another participant summarized her way of transformation, “I can tell that my intuition really improved and my attunement capacity quite increased. Also, my ability to make quick decisions strengthened. Most importantly, it made me more mature and I earned

a deeper internal state.” (Colorful) A third participant shared; “enduring plenty of tough feelings improved my capacity to tolerate in general. Thus, it contributed me professionally, too.” (Harmony)

### **3.4.Intertwining**

Torture can undoubtedly be considered as a crime against humanity. Almost all researchers and practitioners believe that torture needs to be addressed by not only psychological but also psychosocial way. When humanity is under attack, every individual living in that society is a victim of this particular act. Therefore, countless experiences intertwine. All participants of this study emphasized this intertwining via exemplifying their unique experiences. They commented that throughout psychotherapy process they have realized some sharing. For instance, they underlined shared histories with their clients’, shared emotions, humanistic values, and solidarity, and at the end how they create something together with the clients.

**Shared History.** When torture assumed as a practice against political opponents of the government in order to repress them, each participant has some similarity with their clients. Almost all of them have political family backgrounds. Apart from political ideation, most of the participants have one or more relatives who had been tortured. Even, two of the participants had been subjected to torture at past. Hence, somehow, they all have touched the issue of torture throughout

their lives. In addition to the fact that two are actual survivors of torture, the other participants are also within the circle of influence of torture, maybe secondary survivors. Here those two actual survivors explained how their previous experiences affected them while working with torture survivors like themselves:

The most compelling subject for me was the statement of clients who had exactly the same experiences with me. In a way, that was obviously so hard for me. Sometimes, I was overly identifying with them. What I had been through were repeating constantly, while I was listening to them. I could not face before and I could not leave the past behind. It delayed me to deal with my traumatic experiences. However, on the other hand, it was something like mutual healing process. Not just I was helping them to overcome, they were also helping me a lot. Their courage paved the way me facing my own experience of torture. I know that it was something not in the psychological theories but I was simply rehabilitated thanks to them. (Sincerity)

In addition, the other participant explained his experience:

I had been also tortured at past. In one way, I was more flexible because clients' expressions seemed natural for me. The inside analogy of the therapist is more alive, when he has the same experience. So, it was more dynamic process for my psyche, too. However, if you can filter your own experience, this similarity becomes more beneficial for the therapeutic alliance, I

believe. Besides, it had taken two years for me to tell my psychotherapist that I tortured. I had a degree in medicine and I was trained as a therapist but still it was so hard. However, this time I was sitting in the opposite side of the chair and those people has a power of mentioning their experiences. I can frankly say that it gave me a lot of strength at the end. (Stamina)

According to some participants, working with torture and alleviating the pain of the survivors has an intergenerational mission. It means both a way of confrontation with their ancestors' reality and a corrective processing for painful experiences of their family origin. As one participant, whose father had been tortured when he was a teenager, commented "working with torture was like a revenge for me. I knew that there were dynamic extensions like saving myself, saving my father, and saving my family." (Stamina) Another participant explained his roots of working with torture:

Working with individuals, who are seen as 'the others' in society, was always in my agenda. It did have a personal meaning for me, I believe. First of all, my ancestors were also kind of refugee when they came to Turkey. Although I did not witness in person, when I was a child I heard their stories that they were exposed to plenty of humiliation. When it comes to torture, I think my desire to work with it coming from my father, too. My father belongs to left ideology and he had been tortured during military coup at 1980. I feel that this knowledge made me

more curious and perhaps I tried to be on his side. More importantly, my mother makes connection between some of my fathers' behaviors and his torture history. It was like I wanted to make torture has no effect on any one. I wished torture could not have any influence in someone, survivors and people around them. This desire of me emerged in my personal therapy and it is really an implicit intention I think. (Modesty)

Participants were mostly believing that they did not chose to work with torture survivors and it was simply coincides. Yet, when they focused on deeply to the questions of why they are working with torture, they discovered that something was familiar. For instance, one of them talked about her enlightenment:

When I looked back and asked myself what inspired me to work in this subject, my family background and the topic of trans generational trauma make more sense. It was something most probably for me to reveal my ancestors' history, to understand the sorrow of them, and to ameliorate them.

(Harmony)

### **Shared Emotions (Desperation, Shame, Anger, Loneliness).**

Torture creates huge amount of fractures in individuals' mental health. In psychotherapy process, therapists witness all profound vulnerabilities of clients. Staying there without emotions cannot be possible, so therapists' and clients' feelings necessarily engage. This

engagement is a natural component of the treatment and therapists should be aware of their shared emotions.

All participants stated they occasionally felt desperate for violence around the world and that desperation is similar to what clients experienced. One of them explained his desperation, “the most prominent feeling was desperation. When I remember those days I can even feel that desperation on my body now. It was not just because of the work, I was feeling despair about nothing will change in the world.” (Stamina) Likewise, participants honestly verbalized their feeling of shame, such as “sometimes I inevitably felt ashamed about my daily problems. I was saying myself ‘look what you worried about and what the person in front of you have been through’.” (Colorful)

Another participant who again shared his feeling of shame:

There were times; I was ashamed of my own life. I was looking at my life and saying myself; ‘wait a minute, you have never experienced those terrible things, you have everything you want in your life, but you are still complaining.’ There were times I realized that I was making myself unhappy for simple problems and I feel ashamed. (Modesty)

Psychotherapists’ shame has a different manner than the shame survivors feel but there has been a transition between their emotions. In addition, anger is another emotion psychotherapists and torture survivors shared together. For instance, one participant said, “they

were so much angry for all of the things they were exposed and I was angry, too. I was feeling rage to government, to therapy, and to the evil side of human.” (Stamina) Some other participants talked about their anger to the people who do not care about the issue of torture. A participant who is working with refugees mentioned, “Now, I can easily feel angry to the people who avoid meddling, live comfortably their lives but speaking bad about refugees. Seeing those people makes me more tired than before.” (Modesty)

Another participant shared her feeling of anger:

While I was working with torture survivors in an organization, I was working in a public hospital, too. I was often thinking that we were living in different worlds with my colleagues at the hospital. They were not hearing the stories I heard throughout their lives. Even if they have heard, they have chosen not to believe stories’ reality. I was feeling so angry.  
(Tranquility)

Another participant, who was angry about the survivors’ restricted access to treatment, shared, “they were living with the effects of torture too many years; some twenty years, some even more. Yet, they were recovering in a short period of therapy and begin to live in another world. This was pleasing but also infuriating.”  
(Wisdom)

As reported by participants, torture survivors were left alone with their traumatic experiences. Especially in the past, psychotherapists had been often sharing the same fate with the survivors: loneliness. For instance, one interpreted:

When there is a natural disaster, sufferers are more acceptable by every one. But torture survivors were very isolated and abandoned in their traumas. In addition, working with torture was considered dangerous for some mental health professionals too, because of survivors' political identities and ideologies. At that time, we were being stamped as a member of particular political organization just because we were doing this job. Even, some of our colleagues were fired from their formal jobs because of this stamp. Thus, to work with the issue of torture and survivors of torture was isolating for us. (Stamina)

A few participants draw attention to the internal conflicts among mental health professionals and construed those disagreements as effects of their job. They believe their work causes relational issues in the institution. One of them recommended, "there should be an education about how this job can cause internal conflicts with colleagues and professionals must not be left alone. They must be acknowledged that they should support each other." (Tranquility)

On the other hand, many psychotherapists explained their reason to work with torture due to survivors' loneliness. They claimed

that they could not be insensitive to this issue and they felt responsibility for survivors. One of the participants asserted:

Nobody was focusing the issue of torture in society. Also in professional level, torture was something very few people want to go into. Maybe sufferers seemed so overwhelming to them or they could be probably denying this much of pain. For various reasons, both professionals and society had left the field of torture and survivors alone. Whereas, torture is an issue that has many affects in today's life. Consequently, I felt I have to take some responsibility to reveal the pain of the past, to stand with the survivors, and to contribute their process of getting well.  
(Harmony)

**Shared Humanistic Values and Solidarity.** When participants exemplified their similarities with survivors, they emphasized defending the same humanitarian values too. They asserted how this sharing supported them and provided them personal growth. Maybe, psychotherapy with torture survivors is a way of struggle alongside with the shared humanistic values. As one participant pointed out:

I always felt sympathy to the humanitarian and conscientious values. Most of the survivors were actually helpful individuals who care anyone else before herself/himself. In the course of therapy, we had wonderful moments that I will remember all my

life. It created a feeling of solidarity at the level of sympathy in me. (Harmony)

Another participant commented, “We were coalescing around a desire of bringing humanity in a better place.” (Clarity) Two other participants had a similar perspective as they reported; “we had similar sociopolitical sensitivities like striving more equal and libertarian world” (Integrity) and “like I also wish, they were demanding a better world for all people” (Wisdom).

**Creating Together.** During interviews all participants implied that psychotherapy itself is a shared creation of therapist and client. Some mentioned how they generated a common language with clients, and some talked about how they draw a common path in order to arrive at the desired point. To sum up, they create a mutual learning process together.

What is more, there were some concrete creations of therapists that symbolize togetherness. For instance, one of the participants expressed that he wrote some passages originated from clients’ struggle (Stamina).

Another one also shared:

I am painting and it feels so good. In doing so, I sometimes discover something from the sessions with a certain client. It is like painting together. For example, right now I have a painting at my home and it is including one of my clients contributions. It

does not belong to him completely but his part is staying there.

(Modesty)

### **3.5. Two Faces of Torture**

While psychotherapists were mentioning torture, it had appeared that torture has a bilateral feature. First of all, most of the case torture is out there but invisible. If there is a family member who had been tortured, it is not an easy topic to speak. Every member of the family has unconscious knowledge of torture history, but still the voice of this history is not out loud. Secondly, in terms of psychotherapists' impressions, despite torture is an unacceptably evil act; the endurance of the survivors is astonishing. Thirdly, working with torture creates two-way alterations in therapists, as they presented.

**Out There But Invisible.** This inference emerged from both memories of participants who have traumatic history in family origins and expressions of one participant's clients who are relatives of the survivors. According to experience of a participant who is working with family members of survivors:

Although the knowledge of torture has never heard from parents directly, somehow they all have this knowledge. In a way, that particular family member who had been tortured has never verbalized it, but those children know what she/he had been through. There is a special bond had established between them. You can witness in therapy that those children have been struggling with

torture story since they were born. It is like there is a huge but invisible elephant in the room. They have an unconscious effort to search about torture and to hear it. Also, those clients are politically very active, I should say. It is like a mission loaded to their shoulders and they were unwittingly carrying it, like a baggage.

(Harmony)

**Immensity of Evil but Endurance Capacity.** In the end, working with torture means touching the most evil and the most resistant sides of humanity. In the beginning, without exception all participants mentioned their feeling of surprise about immensity of evil. One of the participants verbalized her astonishment like “somebody are giving their all energy to plan this evil, it sounds like a bad spell. The existence of such an evil part in human beings and this convenience made me more terrified.”

(Colorful) Similarly, another participant indicated, “as long as you adopt someone as an enemy, everything seems justifiable. Yet, to be able to torture is a humanitarian crisis in itself.” (Hope) A third participant commented, “Dark side of the humanity is always striking for me. Maybe after twenty years in this work, I will be still surprised by the evil because whenever I say it cannot be more, I encounter torture with something new added.” (Clarity) From a different point of view, a participant stated, “these are not something unfamiliar. The history of humanity is full of brutality. But I think it affects people because of seeing so close.”

(Wisdom)

Moreover, one of the participants explained how his perception of evil has changed after working with torture, “Before this work, if someone were asking what would be the worst thing that can be done to a human being, I would define a limit. Now, that limit was so extended, I realized even there is not a limit.” (Modesty)

On the other hand, a participant clarified why working with torture does not only have one side:

It means working with the lightest and darkest side of human beings. You are hearing unimaginably evil things that torturers did and these may affect you in many different ways. But at the same time, you can see how large the capacity of human in terms of withstanding, resisting, and improving itself. You are witnessing a wide range in a quite large axis of goodness and evil. It is staggering of course in both positive and negative manner. (Integrity)

Other participants also commented about individuals’ capacity of endurance. For instance, one said, “that person had experienced evil but remained alive. Thus, she/he is already a very strong person and has incredible potential. Sometimes I envy my clients; yes I can admit that I envy all of them.” (Modesty) Another one asserted, “Recognizing strong facet of human is genuinely admirable.” (Tranquility) Lastly, one concluded, “You cannot always have a chance to observe the strength of people in this close. Hence, working with torture is totally different experience. You are sharing a special moment together in a cocoon and that is so precious.” (Colorful)

**Change in Therapists in Two Ways.** During interviews, when participants reviewed their work, each of them underlined that they have been changed both positive and negative ways. It is like a change from a place they were naive but open to vulnerabilities to another place they have the knowledge of evil but more mature. One of them expressed:

I am a person who can trust everybody and I do not know anyone bad in my life. But what I saw here; there is no limit for evil and it made me traumatized, as well. My faith to human beings was shaken. However, that does not mean a negative perspective. I am more realistic right now and that may be a protective feature for me. Also, we are doing a huge humanitarian work here by helping survivors. Hence, my faith to humanity also restored on the other hand. (Modesty)

Other participants have also some similar thoughts such as “individuals who came to psychotherapy had destroyed lives, but following their development felt amazing and I was matured with them, as well.” (Tranquility) and “it was difficult to be secondarily exposed to so much evil but that made me more conscious. Seeing resources of people to survive brought me growth.” (Harmony) In addition, another participant shared, “even though meeting with the evil was so pessimistic, beholding recovery made me a more resistant person.” (Clarity)

### 3.6. Keeping Oneself Going

While participants referring to survivors' experiences, they began to question how they are coping with the evil stories they heard. Despite the fact that they are sitting as a psychotherapist in that room, one of them stated, "we are experiencing the same situation, too. It is like working in an earthquake zone in which you are one of the survivors of the same earthquake, as well. Psychotherapists should not ignore this fact."

(Tranquility) What keeps them going are: metaphorical meaning of torture: hope, sharing togetherness, and education, supervision, boundaries.

**Metaphorical Meaning of Torture: Hope.** Working with torture survivors allows therapists to make inferences for their professional and personal lives. Many participants highlighted feeling of hope. As one pointed out, "In a point reached such a difficult way, recovery was symbolizing a metaphorical meaning. If a situation where everything disintegrated and fall apart could be straightened up, then everything in life can be recovered. Thus, it was a valuable metaphor." (Wisdom) Another participant manifested, "I suppose, for me the most sustaining thing in this job is implementing hope to the people who had been exposed so much aggression and who were so frayed. That means a lot!" (Hope)

Moreover, a third participant stated:

Forgiveness is possible and a very important demonstration of the highest moral values. I have witnessed number of times during

therapy that some survivors were able to forgive their torturers. That was extraordinary for me. They had not been stuck, on the contrary, they had continued to their ways. This fact also showed me that we can be hopeful about humanity. (Integrity)

**Touching and Sharing.** Beyond professional support systems, all participants verbalized how sharing is so valuable for them. They gave lots of examples about sharing what they are passing through with their friends or colleagues informally. For instance, one participant described:

I truly believed that this work requires a team. Being a member of a supportive team consisted of colleagues is so protective. I feel very desperate and lonely time to time and the presence of the group that I belong gives me strength. I can share all my confusion and strain with them. To sum up, I owe them a lot to overcome this work. (Clarity)

Furthermore, other participants reflected similar comments such as; “in times we could not cope with stories and felt compelled, we were noticing each other and gathering to share our struggles” (Stamina) and “I was talking with my close friends without stint, it could be called a peer support and helped me a lot.” (Integrity)

**Education, Supervision, Boundaries.** During interviews, several support systems were revealed such as personal therapy, bodily exercises, art, and so on. Yet, the most prominent ones were education, supervision, and boundaries.

First of all, each participant stressed the importance of education, as one shared “trauma training was a savior for me in those days.” (Sincerity) Another two strongly recommended that education should contain “the knowledge of what is torture in its simplest form, and how it has been practiced in the World and in Turkey” (Tranquility) and “how practitioners can protect themselves and covering issues related to self-care” (Integrity).

Secondly, each and every participant referred to how crucial supervision is. According to participants, supervision provides them “reviewing therapists themselves and a more qualified therapy process” (Stamina), “properly seat the parameters of the therapists” (Wisdom), and a “systematic containment for therapists” (Hope). On the other hand, one of the participants clarified, “I preferred professional supervision outside the institution I already worked. Since you are continuously in the same structure, different roles with the same persons can create sub groups. I think I abstained from this risk by putting some distance.” (Hope)

Thirdly, for therapists strengthening boundaries is a relevant measure for self-protection. A participant stated how he learned his boundaries via working with torture, “I have met my ethical boundaries in this work and I started to realize both my emotional and bodily limits.” (Stamina) Another one said, “I am trying not to go beyond my limits, in terms of workload. When I do not want to take more cases and I want to take a break, I am asking for that and I am not ashamed.” (Clarity) A third participant drew attention, “When sociopolitical sensitivities are similar, the most

challenging thing is to keep the boundary between empathic stance and over identification. If this boundary is violated, both therapeutic distance can be lost and therapist may be influenced more negatively.” (Integrity)

### **3.7. Memories From Survivors**

All participants are sincerely working or have worked with torture and some stories of their clients continue to live in their minds. Hence, the PI decided to give place to these stories too because of feeling responsible to therapists and their clients. Below, there are answers of each participant to the question ‘are there any clients you are still carrying in your mind?’

**Sincerity:** There are three the most remaining cases on my mind. One of them, a man, has been arrested and put in a prison under the ground. He said he had never seen the sun for two years and everyday a person has been slapping him each cheek for fifty times. He was saying that ‘the slapping had become like eating or drinking’. For example, sometimes when they have not slapped yet, he has been surprised. The second one, a man, has kept in a cell for eight days and he has forced to listen Koran and the azan loudly in every moment of time, together with the physical violence. He had no sleep for eight days. Even if he has slept, he has been hearing the voice. Hence, he was saying that ‘now I hear azan five times a day, I am afraid to go crazy and kill the imam’. The third one, a woman, remained in custody for five days. Torturers have not touched to her but she has been exposed to screams of other women who were raped in the

next room. Rape could be real or theatrical, she did not know but after screams, torturers have been coming and saying 'you are the next'. She was saying 'waiting for rape was even difficult from actual rape'. Thus, she admitted that she had begged to them to rape her. She had no sleep and every slightest click had scared her to death.

In all of them, methods of torture are not something a regular human being can construct. Technics were so creative unfortunately; in fact they were produced with a systematic logic. Actually the logic of psychology was used in these torture technics. The most bothering side of these memories was that torturers give a virus to survivors who cannot overcome throughout their lives.

**Colorful:** One client, a woman, had a strong effect on me. In her story, she has not been sent to toilet for two days and she has been in her period. I remember that I felt very terrible in behalf of her and her mother. I had been thinking who knows how much she was embarrassed and felt very bad.

**Modesty:** I remember a client who has been tortured but at the same time, one of his friends has been tortured because of him. Constantly torturing to your beloved one and for you not being able to stop them would be so helpless. When someone else has been tortured because of you, there would be an extra guilt on you. More precisely, my client was experiencing exactly the same; feeling of guilt. When I think of myself, I

guess I was more afraid of this. It would be a terrible situation, so when I think about torture, I mostly think the people I love.

**Integrity:** I have both positive and negative cases in my mind. In negative side, I had seven or eight clients in a group therapy, not in Turkey, and torturers have cut off their arms or legs or both. Three of them were truck drivers and torturers had especially cut off their legs to prevent them driving. Those were tragic cases and I had felt so desperate. We were trying to help them but it was so limited and negligible. In the positive side, there was a woman who was a survivor of sexual violence. She was married and had some sexual problems but at the same time she was wishing to have a child. It was a long story but in short, we started a group therapy together with a dancer. This client had a dramatic progress in a few weeks and then got pregnant. Then, she came with her husband to thank us and I saw the sparkle in their eyes. At that moment, you realize that it was worth to all difficulties of this work and you encourage yourself for the next clients.

**Stamina:** There was a girl who had stuck in the middle of a skirmish as a civilian. She had seriously wounded several places on her body. However, she had served seven years in prison and subjected to torture. When she came to me, she had some goals and she was really clinging to life. At the end, she made real some of her dreams; played an instrument, learned a foreign language. The most impressive thing for me was her resistance.

She was so loyal to the therapy and to the life. I wrote lots of stories about her. She was a role model for my life, too.

**Tranquility:** There are still lots of clients and stories in my mind. For instance, one of the stories includes mutual learning with my client. A woman, who has long been taken into custody, has taken to a room for rape. She has shown too much resistance to torturers but at the end stayed only in her underwear. At some point, she has been asking herself that ‘was this piece of cloth going to protect my honor?’ Then, she has removed her underwear and threw it to the face of the man. During session, she stated, ‘I felt so strong and I was so surprised that getting rid of my underwear gave me this much strength’. When I listened to her, I had really impressed by the realization of an individual’s inner power. In addition, for survivors, it was difficult to tell that they cried during torture. I had another client; torturers have said that he would not be a man after torture. At the end of the sessions, since he has been tortured in his testicles, he shyly asked me whether it was true or not. Those moments were so precious; survivors were realizing that they could cry, and were asking this kind of intimate questions to you.

**Harmony:** The most memorable client for me was the man whom I followed the longest in the therapy. He has forced to flee abroad for political reasons and he has returned to Turkey twenty something years later. He has lots of traumatic experiences currently and in the past. When

he has turned up to Turkey years later, everything has changed; nothing was the same. What really impressed me were the overlapping sides of his story with mine such as relocation. Our experiences were different but we somehow had similarities in terms of emigration and return.

**Hope:** There was a man who had imprisoned for the first time during military coup in 1980. After quite a long period of torture, prisoners have discovered a mouse in their cell. During session, he described the mouse as an only living thing other than the human creature. It seemed so valuable to establish a violence free contact with a mouse. Then, a serious friendship has begun with that mouse and even they have given a name to it. They have carefully fed the mouse in order to prevent its death. Can you believe that my client was talking of a gabfest? Somehow the guardians have noticed the mouse and killed it to demoralize the prisoners. Therefore, they have started a rebellion due to mouse's killing. It was touching that the mouse was a crucial mainstay for prisoners. For me, the most impressing thing in this story is hope. The mouse symbolizes survival, sharing, and the hope.

**Clarity:** There was a woman who was not from Turkey. In her country, her ethnic group was subjected something like genocide by government. She was taken into custody and exposed to torture. She was really injured and she was about to die because of torture. We worked with her for a

time, and I was really impressed by her resistance. I think her inner resources and capacity was fascinating.

**Wisdom:** There was a man; he has relied on torture for a long time without confession. He has persisted not to talk. He has been saying to torturers, ‘if you want, you can kill me, I will not speak’. Then, torturers have brought his sister and said to him ‘your sister is in the next room, if you do not speak, we will rape her’. After a while, he has heard screams from next room. This was very traumatic for him, even more painful than torture, he said. He was feeling so guilty. He was thinking that his insistence was unnecessary and he has been very cruel to his sister. This experience was a bit shocking for me in terms of demonstrating when the torment is concerned, what people are able to do. Also, those torturers are normal people in their personal lives, can you believe it.

#### **4. Discussion**

This study is an important starting point to focus on what mental health professionals who work with torture survivors are experiencing in Turkey. The study has a unique feature from the literature in terms of taking place in Turkey sample. Turkey is a country with plenty of trauma and there are a lot of needs for mental health professionals for recovery. Although this study covers experiences taken place in Turkey, inhuman practices like torture is a universal issue. The characteristics of torture and its effects are similar in every land in which torture has been practiced. In the face of universal inhuman practices like torture, there should be also a universal togetherness for resistance. Hence, ultimate results of this study can be considered both as an example of Turkey and an independent beginning to activate attention to torture in general. Final results of the study are discussed below with taking literature into account.

First of all, participants' reported changes in their ideas about human evil should be analyzed in the context of vicarious traumatization. They have disclosed that together with their work, they faced the evil more and became more realistic about the dark side of the humanity. The alteration in their perceptions does not seem quite significant for vicarious trauma, but it is certainly related to the issue of changing schemas in trauma work. McCann and Pearlman (1990) assert that schema changing

in therapists is related to the contradiction between therapists' prevalent schemas and clients' experiences. Participants' interpretations verified this statement. For example, two of them, Modesty and Clarity, stressed in particular how naive they were before they heard such evil experiences of their clients. Whereas, as examined in one of the subthemes 'changes in therapists, in two ways', survivors' overcoming torture and strong stance after torture has an impact on therapists, too. Clearly, during interviews participants' remarks about how they impressed by survivors' resilience can be associated to the vicarious resilience (Engstrom et al., 2008). They even revealed how much they have learned from their clients in terms of resistance and continuing the life. Most importantly, it can be interpreted that similar to the vicarious trauma; in case of vicarious resilience therapists' schemas can change too but this time in a positive direction. For instance, participants manifested the change in their perception in regard of endurance capacity of human, thanks to their work.

In his Compassion Stress and Fatigue Model, Figley (2002) summarizes constituents of compassion stress as follows empathic ability, empathic concern, exposure to the client, and empathic response. Also, he defines compassion stress of psychotherapists as a natural phase of trauma work. Since sample of this study is a selected group of professionals working with torture, compassion stress is something that has experienced by all of them. Some of the participants mentioned they have experienced fatigue as well but not in a significant level. Figley (2002) highlights that for compassion stress not to turn to the compassion fatigue,

psychotherapists should have feeling of achievement, should try to separate themselves from traumatic material of the clients, and should pay attention to self-care. Participants' awareness about psychological challenges of their work was obvious during interviews. Even more, they mainly focused on positive facet of compassion. In all interviews, participants put forward how they satisfied when their clients showed progress in therapy process. Therefore, as Stamm (2002) asserts that compassion can create compassion satisfaction as well, when therapists felt fulfilled from the consequences of the therapeutic relation. According to the results of current study, psychotherapists experience fatigue when they stuck to the feeling of helplessness because as described in detail results not all psychotherapy process ends with natural termination in case of torture. Violence that surrounds therapists as well as clients often causes the breakdown of the therapy process and prevents either clients' wellbeing or therapists' satisfaction. However, once the process continued and ended properly, all participants commented that the satisfaction they feel is precious.

Even though all participants have a realization of potential adversities of their job and look for adaptive coping strategies for their mental health such as taking care of their body, relaxation, art and so on; they still experience certain conflicts. For instance, some participants drew attention to the conflicted group dynamics in institutions in which they are working. They have interpreted those relational conflicts as extensions of their work. Also, this situation can be understood as a

reflection of the client's tussle with the torture to the therapists' relational world. Likewise, in the result of this study, some similar emotions that psychotherapists and survivors shared came forward such as anger, shame, desperation, and loneliness. When the subtheme 'shared emotions' reviewed, the phenomenon of *'parallel process'* became visible. Parallel process basically belongs to the psychoanalytical psychotherapy terminology and it was introduced first by Searles (1955) in order to explain the connection of therapy relation between therapist and clients, with supervision relation between supervisor and supervisee (as cited in Talbot, 1989). Talbot (1989) clarifies parallel process is a current here-and-now two-way functional relation in which therapists' issues in supervision are associated with the patients' issues in therapy, or reversed. According to Talbot (1989), therapists' shared emotions with their clients demonstrate displacement of such emotions. Therefore, the term parallel process can be extended to institutional dynamics as participants of this study indicated. For instance, many participants stated that torture field is being left alone like torture survivors. The interesting thing is that therapists are trying to cope with personal effects of working with torture but rather its impacts on group dynamics are mostly unrevealed. Catherall (1995) clarifies parallel process in group dynamics as follows: usually one member of the group is affected trauma work more than the other members maybe because of her/his trauma history, then, group members put distance between the stressful member and themselves (as cited in Cunningham, 2004). Even though the fact that this particular member

experiences troubles related to her/his work, most of the times group does not notice this fact and behave as if something is wrong in that person (as cited in Cunningham, 2004). Obviously, potential burnout risk is relatively high in those particular individuals as Salston and Figley (2003) point out. Talbot (1989) concluded that group relations would be healthier only when parallel process is being realized. Also, if therapists can be aware and make sense of what they are going through, they will be more beneficial for their clients and for themselves. In this case, institutional support and responsible coordinators become more of an issue. When participants were asked for recommendations on protection measures from secondary trauma, answers mostly include training, supervision, peaceful work environment, and a responsible coordinator.

If it is paid attention, trauma has a distinctive character than the other areas of work in psychology. For example, all trauma symposiums or trauma courses in colleges are always full of curious individuals. However, although trauma is a seductive area of interest, when it comes to number of people who work with trauma it is questionable. There have to be enormous interest in protection of psychotherapists who work or who want to work with trauma. Clearly, in a country with plenty of trauma, such as Turkey, there is need for more trauma intervention programs. According to participants of this study, proper trauma intervention programs should contain a fairly regular trainings and supervision schedules, besides, education about self-care like body relaxation technics should be mandatory. Even, institutions that take responsibility of torture

treatment should meet personal therapy expenses of employees, suggested by one of the participants. As a result, not to make matters worse while trying to be helpful, trauma therapists should be trained in a proper healthy way and they should be cared against the adverse contagious effects of trauma.

Furthermore, participants agreed that torture treatment should include complementary therapies as emphasized by Vargas, O'Rourke, and Esfandiari (2004). Complementary therapies consist of psychotherapy, physiotherapy, and bodywork all together. Therefore, participants accentuated that it corresponds better to the needs of torture survivors. Institutions that serve treatment to torture survivors in Turkey give mostly psychological, medical, and legal support. In general, there is not any physiotherapy or bodywork in their treatment program. However, as participants of this study put it forward too, psychotherapy approaches that include bodywork are very useful in case of traumas. Hence, that would be a good recommendation for treatment centers for torture survivors in Turkey to cover bodywork or physiotherapy as well. Moreover, psychotherapists can give more attention to bodywork and inform their clients about some physical exercises or psychotherapists who work with traumatized clients can take additional bodily treatment trainings in order to help their clients properly.

In addition, participants have worked with torture survivors in various time periods. Some of them have started to work in 1980s, some in 1990s, and some are currently working with torture. However, although

they witnessed this cruelty with different generations of survivors, they define the prevalence of torture and horrible effects of torture in society in a similar way. When participants' years of experience, number of clients they have been followed, and number of individuals have been affected torture are taken into consideration, it can be concluded that torture has always been a dreadful reality for Turkey.

Lastly, when participants described torture during interviews, they all came up with similar explanations in line with the torture literature. They all agreed that torture mostly takes place as a political violence, individuals who have subjected to torture are mostly political opponents, age of survivors does not have a clear distinction, survivors are both men and women, and ethnicity of survivors is mostly Kurdish for Turkey citizens but also there are refugees from several ethnicities. Underlying mechanism of torture recognized by participants seems consistent with the classification of Sironi and Branche (2002). Participants gave examples of inversion, binary order, and redundancy from their clients. For instance, Modesty mostly mentioned violations of bodily boundaries (inversion); Sincerity exemplified torturers' aim of time confusion in survivors (binary order); and Tranquility remarked the verbalization of torturers and how those verbalizations lasting in survivors (redundancy). Furthermore, participants' observations about psychological effects of torture in survivors are consistent with the findings in literature. They stated that most of their clients have PTSD symptoms and depression in line with Burnett and Peel's study (2001); anxiety and chronic pain as mentioned

by de C Williams & Merwe (2013); and also cognitive disorders and substance abuse as indicated by Vrana et al. (2013). On the other hand, daily challenges of survivors mentioned in the literature (Miller & Rasmussen, 2010; Vrana et al., 2013) such as difficulty to access to the treatment, economic needs, lack of social support were put forward by participants of this study as well. When it comes to psychotherapy of torture survivors, participants emphasized the necessity of empathic attunement, significance of collaboration, and establishment of safety like pointed in the literature (Fabri, 2001; Ginzburg & Neria, 2011; Iberní, Salihu, and Pacolli, 2009).

#### **4.1 Limitations of the Study**

When it comes to limitations of current study, it can be listed as follows:

First of all, as indicated earlier some of the participants are currently working with torture but some of them have worked at past, so there is a time difference among their working years. Since torture as a political violence may change its forms over the years depending on the political conjuncture, the effect of time periods may be questioned. However, psychological outcomes of torture seem indifferent to time period and even independent from the area where torture takes place. As a result, sameness of comments about torture from the participants who work in distinctive time periods proves that consequences of torture are independent from time. Thus, this idea reduces the impact of limitation.

Secondly, the foremost limitation of this study was that the PI interviewed with only psychotherapists who accepted to participate. Indeed, those who are living in a hardship in which they avoid this interview are the most adversely affected psychotherapists by the issue of torture. PI experienced an example of this situation when asking for participants. One of the psychotherapists shared that he does not feel comfortable enough to make this interview with PI. He is currently working with torture survivors, so PI has wondered if his supervisors or coordinators have any idea how terrible he is feeling. Unfortunately, there is no answer. Nonetheless, if this particular sample could be interviewed, severity of psychological states of psychotherapists working with torture might be observed and quoted more clearly. I believe that is the desperate handicap of this kind of studies and results of this study should be considered together with this handicap.

Lastly, this study was done with psychotherapists and they answered questions about torture from their perspectives. There are always a possibility that they made socially acceptable presentations about their work and psychological conditions. There can be studies in future based on case presentations and psychotherapists ideas about cases in order to analyze their work more concrete. Also, studies can be done with torture survivors who are currently in a therapy process and they may have a chance to explain the effects of psychotherapy in them.

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APPENDIX A

Informed Consent Form

## KATILIMCI BİLGİ ve ONAM FORMU

İstanbul Bilgi Üniversitesi Sosyal Bilimler Enstitüsü Klinik Psikoloji  
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Bu araştırma İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programında, Yrd. Doç. Dr. Murat Paker danışmanlığında, Burcu Buğu tarafından yürütülen yüksek lisans tez çalışmasıdır. Araştırmanın amacı; Türkiye’de işkence mağdurları ile psikoterapi çalışması yapmanın ruh sağlığı uzmanları üzerindeki etkilerini derinlemesine incelemektir.

Katılımcı olmak için; son 10 yılda en az 3 / meslek hayatı boyunca en az 10 işkenceye maruz bırakılmış kişi ile psikoterapi çalışması yapmış olmak veya güncel olarak bu örneklem grubu ile psikoterapi yapıyor olmak gerekmektedir.

Araştırma boyunca sizden kimlik belirleyici hiçbir bilgi istenmeyecektir. Araştırma sorularına verdiğiniz cevaplar ses kayıt cihazı ile kaydedilecek, araştırmacının bilgisayarında şifrelenmiş şekilde araştırma sonuna kadar saklanacak, sadece araştırmacı tarafından çözülecek ve araştırma sonunda imha edilecektir. Cevaplarınız tamamıyla gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir. Elde edilecek bilgiler bilimsel yayımlarda kullanılacaktır.

Araştırma 2 bölümden oluşmaktadır; ilk bölüm bazı demografik sorulardan oluşmaktadır, araştırmacı verdiğiniz cevapları not alacaktır. Ardından, ikinci bölümde araştırmacı size işkence mağdurları ile çalışma deneyiminiz hakkında yarı yapılandırılmış sorular sorulacak ve bu derinlemesine görüşme bölümünün daha çok sizin aktardıklarınızla ilerlemesi beklenecektir. Tüm görüşmenin toplamda yaklaşık 1 saat 30 dakika süreceği düşünülmektedir. Bu araştırmaya katılmak tamamen isteğe bağlıdır. Katıldığınız takdirde araştırmanın herhangi bir aşamasında

herhangi bir sebep göstermeden onayınızı çekmek, görüşmeye devam etmemek hakkına sahiptir. Bu formu imzalamadan önce, araştırma ile ilgili sorularınız varsa lütfen sorunuz. Araştırma hakkında ek bilgi almak istediğiniz takdirde ya da kendinizi görüşme sonrasında olumsuz bir durum içinde bulursanız lütfen araştırmacı ile yukarıdaki adresler üzerinden iletişime geçiniz.

Bu çalışmaya katılmayı kabul ediyorsanız, lütfen bu formu imzalayıp bir kopyasını araştırmacıya teslim ediniz.

Yukarıdaki metni okudum ve katılmam istenen araştırmanın amacını anladım. Araştırma hakkında soru sorma imkanı buldum. Bu görüşmeyi istediğim zaman ve herhangi bir neden belirtmek zorunda kalmadan bırakabileceğimi anladım.

Bu koşullarda söz konusu araştırmaya kendi isteğimle katılmayı kabul ediyorum.

Formun bir örneğini aldım / almak istemiyorum (bu durumda araştırmacı bu kopyayı saklar).

İmza:.....

Tarih (gün/ay/yıl):...../...../.....

APPENDIX B

Table of Demographic Information

Participants' Code Names	Age	Sex	Education (Graduation Degrees)	Psychotherapy Orientation	Trauma Education (Yes/No)	Currently Working w/ Torture Survivors (Yes/No)	How long ago working w/ a torture survivor	Trauma History (Yes/No)	Torture History (Yes/No)
Sincerity	33	Male	MA	Behavioral	Yes	No	2 years	Yes	Yes
Colorful	64	Female	Certified in Psychodrama	Psychodrama	Yes	No	3 years	Yes	No
Modesty	27	Male	MA	Psychodynamic	No	Yes	-	No	No
Integrity	53	Male	PhD	Psychodynamic	Yes	Yes	-	Yes	No
Stamina	46	Male	Certified in Psychodrama	Psychodrama	Yes	Yes	-	Yes	Yes
Tranquility	43	Female	Certified in Psychoanalysis	Psychoanalytic	Yes	Yes	-	No	No
Harmony	33	Female	MA	Psychodynamic	Yes	No	1 year	No	No
Hope	45	Female	MA	Integrative	Yes	Yes	-	Yes	No
Clarity	35	Female	MA	Integrative	Yes	Yes	-	Yes	No
Wisdom	65	Male	MA	Eclectic	Yes	No	2 years	Yes	No

## APPENDIX C

### Demographic Questions

### Demografik sorular

Yaş:

Cinsiyet:

Meslek:

En uzun hangi şehirde buldunuz:

Şuan hangi şehirde

yaşıyorsunuz:

Nerede doğdunuz:

Etnik köken:

Medeni Durum:

Eğitim Durumu:

Psikoterapi eğitiminin kapsamı/yeri:

Hangi psikoterapi oryantasyonu ile çalışıyor:

Travma alanında özel bir eğitim:

Süresi/içeriği:

Meslekteki Çalışma yılı:

Haftada ortalama kaç saat çalışıyor ve kaç danışan görüyor:

Çalıştığınız yerin kategorisi: (Kamu/Özel/STK/diğer)

Şuan en az 1 işkence mağduru ile çalışıyor musunuz? Evet

Hayır

Cevabınız hayır ise; en son ne zaman işkence ile çalıştınız?

Cevabınız evet ise; Kaç yıldır işkence mağdurları ile çalışıyorsunuz?

Haftada ortalama kaç saat işkence mağdurları ile çalışıyorsunuz?

İşkence mağduru olan danışanlarınızın diğer danışanlarınıza oranı nedir?

Özel olarak işkence ile çalışmak konusunda bir eğitim aldınız mı?

Süpervizyon alıyor musunuz (akran/profesyonel)?

İşkence ile çalışırken, zorlandığınız durumlarda destek alıyor musunuz?

Evet Hayır

Evet ise; aşağıdaki destek sistemlerinden hangilerini kullanıyorsunuz:

-Akran meslektaşlar -Aile -Süpervizyon -Arkadaş, dost -Terapi -  
Partner -Diğer:

Bedensel bir egzersiz içinde misiniz (herhangi bedensel spor vs.)?

Geçmişinizde doğrudan maruz kaldığınız ya da sizi çok etkileyen bir hayat olayı var mı?

Ciddi bir kaza

Ciddi, hayatı tehdit eden bir hastalık ya da ameliyat

Afet (deprem, sel, fırtına, yangın vb.)

Fiziksel şiddet

Cinsel saldırı, cinsel istismar veya tecavüz

Savaş, askeri bir çarpışma, çatışma, terör

İşkence

Başka bir travmatik hayat olayı

Kendinizi politik yelpazenin neresinde tanımlarsınız?

Politik olarak hangi değerler sizin için önceliklidir?

Geçmişte ya da halen herhangi bir politik aktivizm faaliyetiniz var mı?

Appendix D

Interview Questions

1. İşkence ile çalışmaya nasıl karar verdiğinizden bahsedebilir misiniz?
2. İşkence ile çalışmanın sizin için nasıl bir anlamı var?
3. Danışanlarınızı düşündüğünüzde, daha çok ne tür bir işkenceden bahsedebiliriz? (kimden taraf, kime yönelik, mağdur bırakılanların ortak noktaları/benzerlikleri var mı vb.)
4. İşkence görmüş bireylerle yaptığınız psikoterapi çalışmasını, diğer danışanlarınızla olan çalışmanızla karşılaştırabilir misiniz?
5. İşkence ile çalışırken öne çıkan, sizin sık rastladığınız psikolojik bulgular nelerdir?
6. Kullandığınız teknikler açısından en çok nelerin danışanınıza fayda sağladığını ya da sağlamadığını gördünüz?
7. İşkence görmüş kişilerle çalışırken en çok zorlandığınız temalar ve duygular neler olabilir?
8. İşkence görmüş danışanlarınız ile sizin aranızda nasıl benzerlikler/farklılıklar olabilir; yaş, cinsiyet, etnik/ulusal kimlik, politik görüş, dini inanç/inançsızlık açısından.
9. İşkence ile çalışmak sizi nasıl etkiliyor?
- 10.İşkence ile çalışmanın sizin için ne gibi zorlukları ve bunun yanında ne gibi iyi gelen, besleyen yanları var?
- 11.Sizi en çok etkileyen belki iz bırakan işkence vakası/vakaları var mı? Anlatabilir misiniz?
- 12.Bu vakanın sizi bu kadar etkilemesinin nedeni ne olabilir?

13. Gemiřinizde yařadığınız herhangi bir hayat olayının bu etkinin yn ya da řiddetinde bir etkisi olabilir mi?

14. Yařamınız boyunca hi iřkenceye maruz bırakıldınız mı?

15. Herhangi bir yakınınız iřkenceye maruz bırakıldı mı? (Bu durum sizi nasıl etkiledi, bař etmek iin neler yaptınız, bunun řuan iřkence ile alıřmanıza etkisi olmuř olabilir mi ve nasıl bir etki, sizce iřkence mađdurları ile alıřırken bireysel deneyiminizin ne tr bir etkisi oluyor?)

16. İřkence ile alıřmanın hayat grřnze, dnyayı, insanları ve kendinizi algılama biiminize bir etkisi oldu mu? Olduysa nasıl bir etki aıklar mısınız?

17. İřkence ile alıřmanın olası olumsuz etkileri ile bař etmek iin neler yapıyorsunuz?

18. Bir kuruma bađlı olarak alıřıyorsanız; bu kurumun alıřanlarını koruyucu alıřmaları var mı? Varsa neler? Bu kurumda alıřmaktan memnunu musunuz?

19. Benim sorularıyla deđinmediđim ancak sizin nemli ve anlamlı bulduđunuz ve eklemek istediđiniz herhangi bir řey var mı?