

ABSTRACT

Title of Dissertation: CORRECTIVE POLITICAL EXPERIENCES?
A GROUNDED THEORY MODEL OF THE
PSYCHOLOGICAL IMPACTS OF PUBLIC
TESTIMONY FOR SURVIVORS OF TORTURE

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Doctor of Philosophy, 2020

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Finding a path to recovering voice and confidence is as an important part of healing from torture-related trauma. Participating in public testimony may be one such path. However, there are gaps in our understanding of how giving testimony impacts trauma survivors—both positively and negatively. Although international research suggests a number of therapeutic benefits of testimony within the controlled space of therapy, studies of participants who give testimony in tribunals in the countries where their torture occurred have raised concerns about potential triggering of traumatic stress and fears for safety. To date, however, published literature has not focused on the impacts for survivors of torture engaging in testimony in the USA—a context that may elicit some feelings of safety (e.g., no chance of direct retaliation), but also of exposure. To address

these gaps, this study undertook an in-depth qualitative study of 11 adult (7 men, 4 women) survivors' experiences using a grounded theory methodology to develop a model of the impact of testimony on survivors' healing. The resulting *healing through testimony* model illustrates how a survivor's personal identity interacts with their experiences in the broader United States context to shape how they situate, experience, and digest testimony. In turn, the survivor's identity evolves through corrective political (and personal) experiences. The findings highlight areas of important variation in the way survivors benefit and suffer adverse effects related to their identities, contexts, motivations, experiences, and reflections. Reflecting on the model, ways in which survivors could be most effectively supported by counseling psychologists before, during, and after testimony are suggested.

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TESTIMONY FOR SURVIVORS OF TORTURE

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Dissertation submitted to the Faculty of the Graduate School of the
University of Maryland, College Park,
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy in Counseling Psychology
2020

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Preface

This dissertation is written in a “manuscript with appendices” format. The introduction, methods, results, and discussion in the first section (main body) of the dissertation present the study’s main features, intended for readers in search of a briefer overview. The appendices provide more complete, expanded “chapters” with additional details, insights, and reflections relevant to each section of the study.

Acknowledgements

In the months before I began my PhD studies in the USA, the publication of the Hoffman report made clear to the public that USA-trained psychologists had been involved in designing and implementing torture practices, and that the American Psychological Association (APA) likely played a role in shaping ethical codes in a way that permitted those psychologists to do so. This knowledge laid heavy on my cohort's shoulders as we signed up to join an APA program in 2015. We wanted to distance ourselves personally from torture, but were stepping towards a profession that had not done enough to prevent it. At that time, it seemed possible to hold hope that a terrible lesson had been learned and that changes would be made; President Obama had vowed, after all, to close down the Guantanamo Bay Detention Camp where USA-sanctioned torture was taking place. Several years later, though, as I complete my PhD studies, the camp is still open, with horrific implications for the people who have been (and continue to be) incarcerated there. Those detainees' abuse diminishes not only *their* humanity, but the humanity of the perpetrators, of the policymakers, and—by democratic extension—of us all.

In some ways, undertaking this dissertation has been my own corrective political experience: one of coming to terms with having political agency and responsibility. As a Pākehā woman whose ancestral migration stories were shaped by the forces of colonization (and who has benefited from the resulting trans-generational power and privilege), and as a student of Western psychology (which has its own history of causing harm and reinforcing oppression), I have a global political positionality that feels important to name. This research has forced me to stand in the balance of acknowledging that these stories are not my own, while also acknowledging that I have a deep structural, situational, and experiential connection to them. Though much of my work as a counseling psychologist-in-training is individually focused, and research can at times seem a lonely endeavor, none of my efforts are devoid of an underlying political element. My work—our work as counseling psychologists—can be advocacy, too. As Dr Lori Ideta at the University of Hawai'i (where I am completing my clinical internship year) aptly framed it, raising up people's humanity through our research is a *kuleana*—a responsibility, a calling, and a duty.

This work is really the product of a collective effort. I am grateful to have worked alongside fellow students and colleagues who have felt a similar call, to have been supported by a family and community of care that has helped me have the resilience to be a witness, and to have been guided by wise academic and clinical mentors (including the dedicated and talented staff of TASSC International). And I am extremely grateful to the survivors who have generously shared their stories and time in support of this research. They make me more human.

“To try to hear the call of another and to try to recognize their suffering in whatever limited way that we can feels like choosing life over death. And in the process of choosing life, we feel like we become more human and reaffirm our ethical power in the face of a world in which destruction seems to rule” (Gerber, 2007, p. 55)

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Introduction

Human-inflicted traumas such as torture can result in an individual's loss of social and political voice (Herman, 1992, 2015). Along with other direct impacts of traumatic abuse, this loss can severely diminish individual well-being (Weine, 2006). Finding a path to recovering voice and confidence has been posited as an important part of the healing process for many survivors (Gorman, 2001; Weine, 2006). One such path may be through participation in public testimony related to the trauma experience. Testimony may provide a corrective experience through which political agency and identity can be recovered, the survivor can feel seen, and healing can occur (Herman, 1992, 2015).

However, there are gaps in our understanding of how giving testimony impacts survivors—both positively and negatively. For example, research suggests that, within the controlled space of therapy, testimony is beneficial in healing from trauma insofar that it is associated with post-traumatic stress symptoms (e.g., Cienfuegos & Monelli, 1983; Jorgensen et al., 2015; Nickerson, Bryant, Rosebrock, & Litz, 2014; Weine, Kulenovic, Pavkovic, & Gibbons, 1998). In contrast, there is evidence that giving public testimony in the country where the torture happened, although beneficial in terms of exposing human rights injustices and building social cohesion, can be psychologically detrimental for the individuals involved by bringing up memories that trigger overwhelming emotions or by creating fears for safety (e.g., Brounéus, 2010; Henry, 2010; Stepakoff, Shawn Reynolds, Charters, & Henry, 2015). Testimony given in public, outside of the country in which torture was experienced, may have aspects of both settings: some feelings of safety (e.g., from direct retaliation), but also of exposure. However, more research is needed on testimony in this unique context.

This study aimed to address gaps in the literature about the effects of testimony for survivors of torture engaging in public testimony or advocacy in the USA. Drawing from rich descriptions of survivors' experiences, it presents a grounded theoretical model of the role that public testimony plays in the trauma recovery process.

Torture and the Loss of Political Voice

Traumatic events are defined from a psychological perspective as direct or indirect experiences of the threat of death, actual or threatened serious injury, or actual or threatened sexual violence (American Psychiatric Association, 2013). Torture represents a form of trauma inflicted by one or more people on another person. It is defined in the United Nations Convention Against Torture (1987) as

any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person ... for any reason based on discrimination of any kind (Part I, Article 1.1)

The psychological impacts of such pain and suffering can be severe, leading to post-traumatic stress (including symptoms of re-experiencing, avoidance of trauma-related stimuli, negative thoughts or feelings, isolation, and hyper-arousal (American Psychiatric Association, 2013)) and a broader loss of trust and interpersonal security (Herman, 2015). By disrupting an individual's sense of self and sense of safety in the world in a previously unimaginable way, torture "often leaves people without a voice," unable to adequately describe their experiences (Auerbach & Shiro-Gelrud, 2010 p. 431).

Healing from Trauma

From a diagnostic perspective, post-traumatic stress is resolved or healed when symptoms abate to the point that they no longer cause clinically significant distress or impairment (criterion G in the DSM-V diagnostic definition). Thus, many therapeutic

approaches focus on symptom reduction, using medications to improve sleep and reduce intrusion and hyper-arousal; desensitization to decrease avoidance of trauma-related stimuli; and reframing, identification of black-and-white thinking, and other cognitively-focused techniques to address negative distortions (Nickerson, Bryant, Silove, & Steel, 2011). Other therapeutic techniques address trauma symptoms less directly, providing corrective physical (somatic) experiences to help improve physiological and emotional regulation (Agger, Igreja, Kiehle, & Polatin, 2012). The underlying premise of all these approaches is that trauma creates physiological and psychological disturbances in an individual that need to be identified and corrected.

However, a broader conceptualization of healing from post-traumatic stress (especially in chronic or complex forms) sees it as a process that extends beyond the individual, and emphasizes the importance of attaining improved overall well-being, a sense of autonomy, a sense of interpersonal trust, and a sense of wholeness within a wider social space (Cienfuegos & Monelli, 1983; Herman, 1992, 2015; Lira & Lowy, 2009; Mollica, 2006). Herman, for example, suggests that recovery cannot occur in isolation, and that “Sharing the traumatic experience with others is a precondition for the restitution of a sense of a meaningful world” (2015, p. 70). Working from this broader understanding, Herman (2015) proposed a three-stage model of recovery from trauma. After safety and stabilization is achieved (Stage 1), survivors move to a period of remembrance and mourning in which traumatic memories may be voiced and integrated (Stage 2). Finally, survivors progress to a stage where they reconnect with others and begin to move on in their lives (Stage 3).

Auerbach and Shiro-Gelrud (2010) applied Herman's three stage model in working with Cambodian refugees, and drew clinical insights from this population to propose an orthogonal dimension related to three aspects of identity. First, considering the individual's strength of self, they proposed that trauma leads to vulnerability, and that healing must move through stages of protection, support, and resilience. Second, considering the individual's connection with others, they saw trauma as leading to isolation, and proposed that healing involves experiencing care, validation, and a sense of belonging. Third, considering the individual's philosophy of life, they proposed that trauma creates a state of being completely overwhelmed, and that healing involves stages of acknowledgement, gaining perspective, and achieving a feeling of meaning or purpose. This multi-layered perspective is particularly appropriate in considering human-inflicted traumas and torture, where all layers of interacting in the world are deeply impacted (Mollica, 2006; Mollica, Brooks, Tor, Lopes-Cardozo, & Silove, 2014).

In an alternative multi-faceted approach, Silove (2005, 2013) proposed five systems affected by trauma (security/safety, attachment, justice, role/identity, and existential meaning) and appropriate social, psychological, and psychiatric interventions for each. He suggested that healing should focus on survival risks (e.g. security) first and work towards adaptive risks. However, Silove (2005) noted that different groups of individuals may have different survival or adaptive needs.

For each of the above socially-situated models, trauma scholars emphasize that the process is not linear (Auerbach & Shiro-Gelrud, 2010; Herman, 2015; Silove, 2005). Each stage may be experienced sequentially, but it is likely that individuals will return to

earlier stages of recovery when new stresses arise, and may need to work through different aspects of their experience iteratively.

Testimony and the Healing Process

Testimony has been proposed as another important aspect of the trauma healing process (Agger & Jensen, 1990). Although conceived of differently in different contexts, testimony generally involves a recounting of a personal (traumatic) experience for an audience or witness—often for a political purpose. It may involve a formal statement, written or spoken, and take the form of a personal narrative imbued with a sense of trustworthiness and authenticity (Laub, 1992). Its purpose may be to document history, to communicate a personal perspective, or to effect a societal outcome or change (Weine, 2006). In the context of this study, testimony may be a stand-alone process, or embedded within broader advocacy efforts that are intended to highlight human rights violations and ongoing injustices that inflict trauma.

Theoretical Links

From both a symptom remission and a socially situated healing perspective, the process of giving testimony about a traumatic experience could have several therapeutic benefits. The process of forming a coherent narrative of a trauma experience may assist in cognitive reappraisal by situating events in the past and integrating them into a story of the present and future. It may also serve to address fundamental attribution errors by acknowledging the external cause of the trauma, rather than internalizing blame. Similar to some forms of re-exposure and cognitive-behavioral therapy, the process of publicly recounting the testimony in a safe environment may assist in desensitization or habituation, memory processing, and overcoming avoidance (Nickerson et al., 2011).

Less directly, if testimony assists in the development of contextual attributions for trauma, and an interpersonal understanding of the traumatic transgression, this may be more likely to facilitate some degree of forgiveness (Ho & Fung, 2011). Forgiveness, in turn, has been associated with a range of physical, physiological, and psychological health benefits (Lawler-Row, Hyatt-Edwards, Wuensch, & Karremans, 2011).

From a more holistic identity perspective, Herman (2015) identifies testimony and truth-telling as having a restorative power, and as being an important aspect of the remembrance and mourning (second) stage of recovery from trauma. Similarly, preparing and giving public testimony could provide an important mechanism for the development of philosophical perspective and experience of interpersonal validation, as proposed in the second stage of Auerbach and Shiro-Gelrud's (2010) trauma healing model. As Weine (2006) observes, the act of developing a testimony may also create an opportunity for survivors to engage in a form of autobiography, and consequentially, to grow in consciousness and experience a sense of identity renewal. Rather than suppressing or extinguishing traumatic memories, Weine argues, testimony provides survivors with an opportunity to integrate those memories into their ongoing life stories and, thereby, relieve the suffering caused by a sense of abrupt discontinuity in their lives.

As a form of public narrative, testimony also has political and cultural associations. From the perspective of liberation psychology (e.g., Martín-Baró, 1994), trauma is experienced within an inherently oppressive system, and engagement in public testimony and other social justice activities is thus the most effective, culturally-appropriate way to address power imbalances and initiate healing. Providing testimony in public, where it has political power, can illuminate the political origins of trauma and

show how survivors are not alone in their experiences but rather are part of a system that needs to be transformed (Herman, 2015). The sense that someone is listening, or will listen, to the testimony, is important in this respect: the function of the testimony becomes not only personal, but outward-reaching, attempting to teach and guide society (Mollica, 2006). Survivors of torture, in particular, may develop an enhanced moral knowledge from the violent betrayal of their faith in society (Weine, 2006), spurring a strong collective identity (Kira et al., 2006) and desire for political activism. For these survivors, public testimony may feel more therapeutic than private therapy in acknowledging the social and political causes of their distress. Testimony may, in effect, affirm their political identity—particularly when the trauma they endured was related to violent repression of their political views and actions.

Risks and Individual Differences

In spite of these proposed benefits of engaging in testimony, there are also potential risks (e.g., Stepakoff et al., 2015). The experience of giving verbal testimony, especially in an environment that the individual perceives to be unsafe or invalidating, could lead to reactivation of traumatic stress. While speaking about traumatic memories, survivors may re-experience extreme fear, leading to a physiological defense cascade of freezing, experiencing a fight-or-flight response, or dissociating (Schauer & Elbert, 2010). Although dissociating may help a survivor get through their testimony, it may be damaging for them in the longer term, prolonging other traumatic symptoms (Schauer & Elbert, 2010), especially if the experience is not processed, contextualized, and integrated.

Noting these risks, Weine (2006) suggested that testimony is likely to work best for those individuals who feel prepared to tell their story, who are not currently severely symptomatic, and who feel themselves to be in a safe space. In effect, Weine contended that testimony might be most effective for those who do not feel currently under threat. In addition, he proposed that facilitating factors may enhance the benefits of testimony. These facilitating factors include having important others to give the testimony to, and having time and space to develop a new life, perhaps in a context away from where the trauma took place. In contrast, Weine acknowledges that testimony is likely to fail as a therapeutic intervention for survivors who are in unsafe environments and still struggling to achieve stability. This reasoning is consistent with Herman's (2015) model of trauma recovery, which posits safety and stability as an important first stage ahead of work involving remembrance, mourning, processing, and integration.

Drawing from research with refugees and forced migrants, Kira and colleagues (2006) proposed that experiences of anger and forgiveness are also influential in the healing process. In particular, their research on predictors of trauma symptomology suggested that it is protective for individuals who have suffered at the hands of their governments—as torture survivors have—to retain their anger at the government, particularly the head of government or dictator, but to forgive collaborators. Thus, the content and purpose of testimony may also be important. Specifically, if delivered in an attempt at forced absolution, testimony may be less beneficial than if aimed at justice and restoration.

Evidence from Past Approaches

Discussion and use of testimony has featured in many non-clinical spaces, including philosophy, literature, theatre, and film (Weine, 2006). However, within the medical and psychotherapeutic realm, focus on testimony is traced most recently to the work of Cienfuegos and Monelli (1983).¹ These scholars documented the use of testimonies by medical-psychiatric teams working in human rights organizations in Chile in the 1970s. Psychotherapists at the human rights organizations invited patients who had survived torture and human rights abuses at the hands of the dictatorial Pinochet regime to share their testimony in therapy. This was done not only as a means of personal catharsis, but to produce a written *testimonio* later used in advocacy efforts by human rights organization staff (Lira & Lowy, 2009). The therapists hailed the approach as highly therapeutic and influential in deconstructing the power imbalance between doctor and patient. In place of the usual diagnosis and treatment, the survivor's own personal narrative was given central prominence. However, the survivors themselves did not control the ultimate use of their testimonies (Zhou, 2017) and there was limited evidence of the longer-term impacts of sharing the testimony publicly on either the survivors or the political climate (Weine, 2006).

The documentation of experiences in Chile helped to popularize the use of testimony in therapy, leading to the development of specific guidelines for its use (e.g., Agger & Jensen, 1990). It became incorporated as a therapeutic tool in an international torture treatment movement focused on providing clinical, rehabilitative, and legal services for survivors (Weine, 2006). The general therapeutic process involves a therapist

¹ Note: Cienfuegos and Monelli were pseudonyms—the authors' real names, later revealed, were Elizabeth Lira and Eugenia Weinstein.

listening to a survivor's testimony, tape recording and transcribing it, and assisting survivors to prepare a testimonial document capturing their traumatic experience. This document could then be presented publicly or used in other forms for human rights awareness raising. It could also be a private record for the survivor to keep (perhaps sharing with family or loved ones in the future).

Alternative forms of preparing and giving trauma-related testimony, less focused on therapeutic exchanges, are also used in legal and psychological service settings to facilitate legal claims. For instance, survivors may need to prepare a personal statement as part of an immigration filing, effectively submitting testimony as a form of evidence. In courts and for truth commissions, survivors may give personal testimony in an effort to hold perpetrators accountable or to facilitate reconciliation, with or without cross-examination depending on the context (Weine, 2006). Psychologists may also collect testimonies as part of an evaluation processes, submitting summarized testimonies with professional commentary and clinical annotation for legal consideration. In such contexts, value is placed not so much on the personal narrative as on the professional opinion and credentials of the evaluator to "explain" and authenticate the survivor's experience (Boodman, 2017).

Robust research on the therapeutic impacts of each of these forms of testimony on the process of healing from trauma has been limited, especially outside of the scope of therapy. Nevertheless, as suggested, studies have indicated a range of possible benefits, as well as potential risks. These possible benefits and potential risks are considered further in the ensuing discussion on effectiveness.

Evidence of Effectiveness

Research on testimonial therapy with survivors of torture suggests that it is effective in reducing symptoms of post-traumatic stress. For example, in one of the most influential studies to document the benefits of testimony, Cienfuegos and Monelli (1983) reviewed clinical case notes from torture survivors who had given testimony during their psychotherapy in a human rights organization in Chile. They found that the majority experienced a post-treatment reduction in anxiety and in acute symptoms of traumatic stress. A later study using six-session testimonial therapy with Bosnian refugee survivors in the USA found a significant post-treatment reduction in post-traumatic stress symptoms immediately and at two month and six month follow-ups (Weine et al., 1998). More recently, researchers in Sri Lanka (Puvimanasinghe & Price, 2016) found similar benefits from a four-session testimonial therapy process. Specifically, those in the treatment group showed significantly better psycho-social functioning post-intervention than those in the control group.

There is also some evidence that Narrative Exposure Therapy, a form of cognitive behavioral therapy that includes elements of sharing personal testimony with the therapist (Nickerson et al., 2011), is effective in reducing post-traumatic stress symptoms. In their separate meta-reviews of research on the efficacy of approaches to treating torture and trauma in refugees, Robjant and Fazel (2010), Palic and Elklit (2011), Nickerson, Bryant, Silove, and Steel (2011), and Gwozdziewycs and Mehl-Madrona (2013) collectively identified six prior studies on narrative exposure therapies with adults or older youth (with other studies focusing exclusively on children). All the reviewed studies found improvements in post-traumatic stress symptoms post-treatment.

Case studies on testimonial processes in various international settings have also identified benefits for survivors who participate. For example, in a qualitative study of an indigenous empowerment program based around survivor testimony and advocacy in Australia, Rees and colleagues (2004) found evidence that participants experienced psychological recovery and increased their community and political participation. In an action project in Palestine, Shalhoub-Kevorkian (2005) developed voice therapy for groups of women trauma survivors. From her analysis of the women's interactions in the group and feedback on the group process, Shalhoub-Kevorkian identified a sense of empowerment and increased social support as outcomes of sharing trauma testimony in a safe group setting. In an ethnographic study in Peru, Laplante (2007) interviewed women involved in the Truth and Reconciliation Commission and in advocacy organizations. Her participants reported gaining self-esteem, tranquility, self-efficacy, and a sense of recognition from giving testimony and engaging in advocacy.

Evidence of Ineffectiveness and Harm

In contrast, other studies have failed to document any specific benefits of participating in testimony. For instance, in a randomized control trial with civil war survivors in Mozambique, Igreja, Kleijn, Schreuder, Van Dijk and Verschuur (2004) found no difference in symptoms between individuals assigned to a one-session testimonial therapy treatment and those who were in the control group. Both groups exhibited a reduction in post-traumatic stress symptoms at the 2 and 11-month follow-up assessments.

Of more concern, some evidence also suggests that re-traumatization can occur when testimony is made public. For example, in critically reviewing transcripts, reports,

and interviews from women who gave testimony in a rape trial conducted by International Criminal Tribunal for the Former Yugoslavia, Henry (2010) identified experiences of re-traumatization and marginalization as well as empowerment. Similarly, in Sierra Leone, Stepakoff, Shawn Reynolds, Charters, and Henry (2015) interviewed witnesses who gave testimony at the war-crimes tribunal, and found that a significant number reported difficult experiences (e.g., emotional difficulty) as well as positive ones (e.g., breaking silence, being listened to).

Several studies of Truth and Reconciliation processes point to risks of giving testimony in one's own community about torture and trauma that occurred in that community. For instance, in Rwanda, Brounéas (2008) interviewed women who had testified in village tribunals and identified two important themes in their experiences: security problems and fear for safety after giving testimony, and psychological ill-health (e.g., feeling ill before, during and after testimony, and strong re-experiencing of trauma while testifying). In a later survey of over 1,000 men and women in the community, Brounéas found that those who had been witnesses in the tribunal had a 20 percent higher risk of depression and 40 percent higher risk of post-traumatic stress disorder than those who had not (Brounéas, 2010). Similarly, a large scale cross-sectional study in South Africa found that individuals who had participated in the Truth and Reconciliation Commission had higher levels of psychological distress than those who had not (Stein et al., 2008). More recently, in Sierra Leone, Cilliers, Dube, and Siddiqi (2016) conducted a randomized control trial and found that only those assigned to the group participating in local truth and reconciliation hearings showed an increase in anxiety, depression, and

post-traumatic stress disorder at the end of the trial, despite increases in social trust and cohesion.

The Present Study

This study aimed to address gaps in existing literature on testimony by developing an explanation of how participating in public testimony impacts individuals who survived torture in their home countries and are seeking asylum in the USA. The primary research question guiding the analysis was *how does participating in public testimony in the United States impact survivors of torture?* Embedded in this broader question of “how” was a secondary layer of inquiry into the benefits and adverse effects of participating in testimony, the motivations behind participation, the links between testimony and healing from trauma, and internal and external factors influencing the impacts of testimony.

A grounded theory approach was chosen as a contextually rich, culturally appropriate means to addressing the research questions with this study’s focus population. Grounded theory is an inductive method of inquiry embedded in a relativist epistemological framework that rejects the notion of a single, knowable truth. It follows a systematic approach to develop an explanation of a process or phenomenon for a population, based directly on rich data gathered from that population.

Procedures and materials for the study were reviewed and approved by a public university Institutional Review Board. Data were collected from in-depth semi-structured interviews, aiming to capture a diversity of individual experiences. The interviews focused on antecedents to, experiences during, and consequences of participation in giving testimony, and on participants’ process of healing. Such contextually rich data was important for informing the development of a theory of how public testimony may

contribute to healing. The iterative data collection and analysis process created space for participants to review, revise, and shape the development of the theory related to their experiences. This process aimed to be more culturally appropriate and therapeutically sensitive than taking a quantitative, single-time approach. This was important because researchers have found that the use of quantitative instruments, rather than qualitative approaches, can feel retraumatizing and dehumanizing—especially for refugee and asylum-seeking populations (Nguyen, 2011). Ortiz (2001) also affirms the importance of treating survivors as active agents, rather than as objects of research—emphasizing the value of a more participatory approach.

Method

Participants

A purposeful sampling approach was taken in identifying information-rich cases for this study. Participants were recruited from populations of survivors known to have publicly participated in giving testimony in the USA within the past year, who had affiliations with agencies that worked with populations including survivors of torture living in the Washington DC metro area. All passed the inclusion criteria checked for in screening: being adults (over the age of 18) who survived torture in their home country, currently living in the USA, who had engaged in public testimony in the USA; willing to participate voluntarily; possessing adequate proficiency to complete the interviews in English; and being willing to be recorded and to share demographic information pertinent to the study's objectives.

A total of 11 adult survivors (7 men, 4 women; age $M=44$, $SD=7.2$) agreed to participate in the study. Their countries of origin were Cameroon, Congo-Brazzaville,

Ethiopia, Eritrea, and Sudan. All had been in the USA for at least a year (arriving between 2013 and 2018), and had claimed asylum on the basis of having been persecuted by government actors for their religious affiliation, social group identity, or perceived political beliefs; four had been granted asylum, and seven were still awaiting the outcome of their case. Four participants identified as being separated from their spouse and children, who were still in their home country. Participants reported having engaged in public testimony to raise awareness of torture and influence United States attitudes and policies in a variety of settings: in churches, synagogues, universities, high schools, and government offices (including offices of representatives of the United States Senate, Congress, and government departments, and in meetings of special committees), at human rights conferences, at community events, and in media interviews.

Procedure

Participants expressing interest in participating in the study were screened via telephone to ensure they met the criteria for inclusion, and then invited to attend an initial 60-90-minute interview. After initial data analysis, participants were contacted again and invited to attend a 30-45 minute follow up interview. Full informed consent was sought for all aspects of the research process. Interviews were audio-recorded and transcribed, and participants were offered \$25 for participation in the first interview and \$15 for participation in the follow-up.

Data Collection and Analysis

Following Strauss and Corbin's (1998) guidelines, data collection and analysis was undertaken iteratively until saturation was reached. An initial set of categories and a

theoretical structure from early stages of analysis was used to inform the later stages of data collection and analysis.

Memo writing. From the beginning of the study, the primary researcher followed Corbin and Strauss's (1998) recommendations to engage in "memoing" (writing reflective memos) about the research process. This assisted in identifying and developing a written record of the assumptions brought into the research, and reactions and insights generated through the data collection process and through discussions with the study auditors. It also assisted in identifying initial themes. These memos were referred to in the data analysis process and helped provide a check on the influences of subjectivity on the analysis process.

First stage of collection and analysis. The primary researcher conducted, audio-recorded, and transcribed an initial set of three interviews, and analyzed them in NVivo qualitative analysis software (QSR International Pty Ltd. Version 12, 2018) following a broad three-part coding process established by Corbin and Strauss (1998) and procedures outlined by Charmaz (2006).

First, transcripts were "open coded" to identify categories of information related to the process of engaging in testimony. This resulted in a large number of category codes closely matched to small units of meaning within the transcripts, which were then condensed into broader categories and sub-categories to form an initial structure to the data.

Second, an "axial coding" process was followed to elucidate the dimensions and variability within each category (a process of linking subcategories around a category's central "axis"). This process also helped identify each category's conceptual connections

(including connections in meaning, sequencing, and level of abstraction) with other categories.

Third, selective coding of the transcript data was used to build a narrative or theoretical structure that integrated and refined the categories to explain the impact that giving testimony has on healing. The primary researcher then consulted with expert advisors (a survivor of torture and experienced trauma-informed counselors who were all trained in mental health and had worked extensively with survivors who had participated in advocacy) to review the developing concepts and theoretical structure, making refinements in line with their feedback.

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

Second stage of collection and analysis. Once initial interviews were completed, the primary researcher invited participants for follow-up interviews. Five participants agreed to participate, four were unavailable, and two did not respond. During these interviews the researcher asked questions to clarify information provided in the initial interview, invited the participant to share any reflections from the first interview or new thoughts that they may subsequently have had, and presented the initial theoretical model to seek the participants' comments or revisions (a "member check" process). Data collected in these interviews was transcribed and coded following a similar approach to

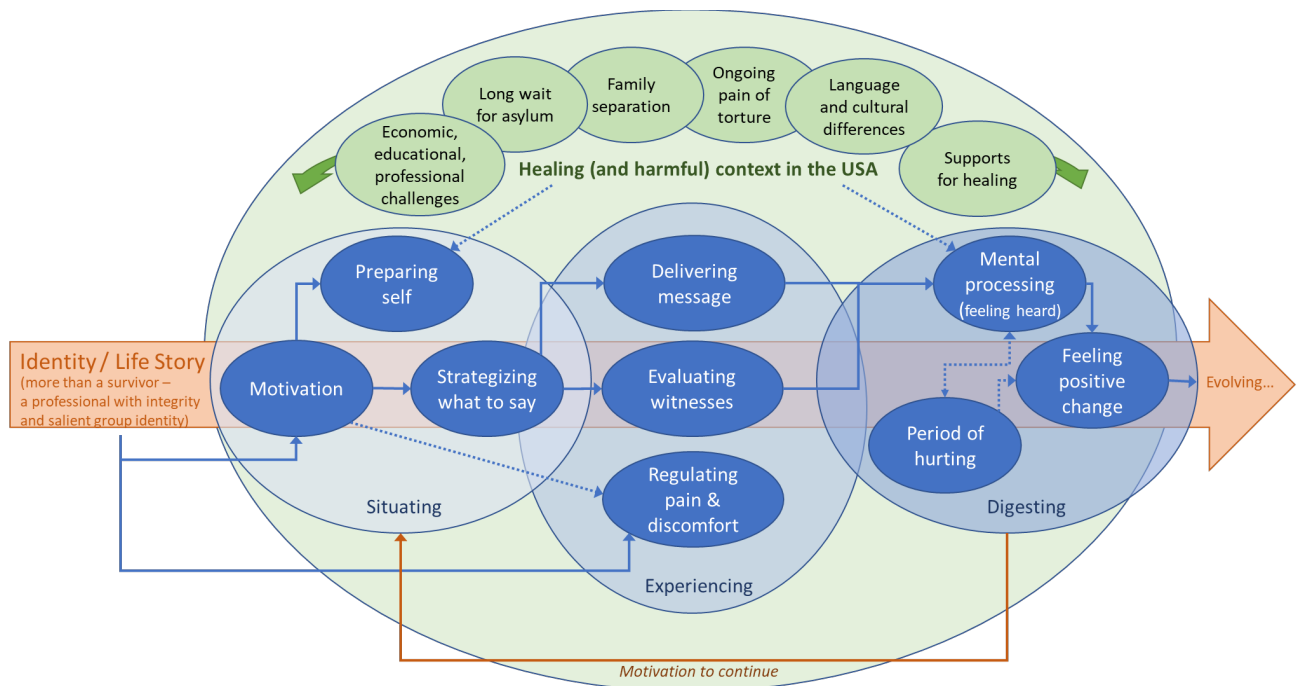
the first phase, further refining the theoretical structure explaining the impact of testimony on healing to produce the final model.

Results

Drawing directly from the rich data collected during participant interviews, a grounded theory model of the role of testimony on torture survivors' healing process was developed. This model has five major, interconnected themes, as illustrated in Figure 1: identity, context, and three phases of the testimony process (situating, experiencing, and digesting) that each involve different cognitive, affective, and behavioral components. As a central theme, personal identity interacts with the local context in the USA to shape the way in which survivors situate, experience, and digest testimony. In turn, survivors' identity evolves through the process of public testimony.

This model provides a framework for understanding how testimony impacts the process of healing for survivors of torture, capturing areas of important variation in the way survivors may benefit or suffer adverse effects in accordance with their unique identities, contexts, motivations, experiences, and reflections. As one participant aptly summarized, "everybody has his process of healing, you don't heal the same way. So, some people go up and down, some people go down and then they come up and then they stay there...So it differs."

Notably, although some participants explicitly named feeling "healed" when digesting their experiences, healing does not emerge as an endpoint or destination in the model, or as a binary state (healed versus not healed). Rather, it is embedded in the overall process of living through testimony.

Figure 1*Model of Testimony's Role in Survivors' Healing Process***Identity**

The core theme in survivors' experiences (represented by the long arrow in Figure 1) was their underlying story and personal identity of being a professional with a strong sense of integrity—i.e., being more than only a survivor of torture. In particular, participants talked about their education and training in their home countries, ability to influence and instruct (several had worked as teachers), and their former relative socio-economic comfort. As one noted, “I’m not here...in the USA to change my life. No, I’m a well-to-do person in my country. I’m high status in [home country]. But I’m here to save my life.”

Many participants shared a background of political activism or advocacy on behalf of marginalized groups, either in connection to their professional roles or in other spheres of life. For example, one participant explained:

“I used to do advocacy but not political advocacy...I used to talk to students. I talked to women... [and would tell them things like] nobody should sit and wait in the house...our husbands are bullies, so the husbands always don’t want the woman, lady, to go out, to go work, to go to school.”

For some participants, past and ongoing engagement in testimony and advocacy was closely tied to their identities not only as helping or teaching professionals, but as people with marginalized identities. Several alluded to their physical disability as being significant in their willingness to stand up and advocate, and in their ability to persevere through adversity. For example, one participant explained:

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

Context

A second broad theme (represented by the largest oval in Figure 1) was the healing—or harmful—context of the USA. This context presents some facilitative factors, but also many barriers to healing, and acts as both a moderator of testimony’s impact and as a frame in which testimony takes place.

One important contextual factor was the ongoing impact of torture. Although participants had come to the USA for safety, they also shared ways in which their trauma and torture had followed them. Several spoke of haunting memories, sometimes connected to everyday experiences in the USA. For example, one participant explained that, periodically throughout his week, “the trauma comes to your mind and...it doesn’t

let you forget it....it keeps on haunting you.” He explained that “you came here to be safe but when you come here...Sometimes you don’t feel safe. Especially...I have fear of night. Because most of the time, back home, they used to torture us during night.” Another described how “now and then things are coming, flashbacks. Affecting me [mentally], and also [affecting] my [physical] health”.

The lack of safety that participants perceived (because of their ongoing memories of torture) also reflected their reality as asylees: safety in the USA is tenuous until asylum is granted. Participants emphasized their prolonged wait to have their asylum claim heard as a source of ongoing trauma, or as a new trauma—one that they could not yet resolve. One participant explained,

“now I developed another new stress here with my asylum process. So, it’s pending and I’m thinking now I am ok, I got secured; will this secure opportunity continue for me or not? What if I am obliged to go back home? I will not survive. I am thinking about this.”

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

Difficulties with work were another important contextual impediment to healing that participants identified. The long wait for asylum processing has direct impacts on their economic stability and opportunities. As one participant explained,

“I think the most difficult is the process of getting your work permit. It’s a long, long wait...you’re not working, you don’t have any financial support so it’s not easy to survive. You know at that time you’re very scared; how will you manage, how can you live, you know, in the US?”

Additionally, participants noted that they faced difficulties as immigrants who have international qualifications and work experience that isn't recognized in the US, diminishing their earning power (and challenging the continuity of their professional identities). One participant expressed his sense of discrimination and rejection in stating

“Because I am from somewhere else, they don't give me an opportunity.... They just push you away and... some of them tell me I'm overqualified. ...that doesn't go to my pocket, doesn't buy me bread [to hear] that I'm overqualified...that makes me feel bad, you know”.

Finally, participants pointed to the challenge of being understood and accepted, and of feeling culturally comfortable, in the USA as another important contextual impediment to healing. They talked about feeling like outsiders, struggling with local customs and missing familiar social networks and food from home. As one participant summarized: “Here in the United States you are in new culture, in a new society, so there is always cultural conflict here...it's not easy to assimilate yourself with the culture.” A common experience for participants was feeling that their accent also set them apart for different treatment. One explained, “When I came here, I have different accent. So sometimes people don't listen to what you say. So, you feel that you are not supposed to be here.”

Although many contextual factors posed an impediment to their healing, participants did also acknowledge some important services, processes, and practices (such as yoga and meditation) that had supported their healing during their time in the USA. For many participants, religion and their relationships with friends or family were essential for feeling supported. One participant emphasized: “It's ok, I had friends, they supported me...I can smile because now I know I'm not alone, I have a lot of support, a

lot of people supporting [me].” However, these positive, supportive factors were emphasized far less by participants than the stressful aspects of their context, indicating how heavily their challenging circumstances weighed on them.

Testimony Process

Three further themes (represented by the medium-sized ovals in Figure 1) related more specifically to the process of public testimony. For those who engaged in testimony more than once, these themes were cycled through multiple times.

Situating Testimony

The first of these themes was the way survivors situated opportunities for testimony in their minds. This theme captured their processes of identifying motivations for sharing their personal trauma experience with an audience of students, scholars, policy-makers, non-governmental agency representatives, or general community members (in response to an invitation to an event, or as part of an advocacy effort); mentally preparing themselves to speak in these public settings; and strategizing what to say—each of which, in turn, shaped their ensuing testimony experience and the way they digested it.

In terms of motivation, participants felt drawn to engage in testimony out of a hope that their message would be heard, if not immediately then over time, and could achieve some justice and change (for themselves and others); out of a feeling of necessity and responsibility, especially knowing that others were still suffering; and out of appreciation for a safe opportunity unavailable in their home country. As one participant explained:

“Thinking about other people, I see that I could get here but other people they [still] see the suffering. Other people they die. There are people living in hiding, you know. So, if I get the chance to be here, I have to use this opportunity to speak for everybody, you know, because it’s not given to everybody to have this opportunity. So, I say I can’t keep quiet, I have to speak at least for those people...I have to be the voice of those voiceless. Yeah, that gives me a lot of courage.”

Participants differed in how long it took them to feel ready to testify. Many noted that encouragement and support from others was important in their process of preparing—but even then, they felt nervous about what the experience would be like. One participant expressed that speaking to government representatives, in particular, felt daunting:

“sometimes you become nervous because you go to a big place. This is America, you go to Congress, you fear that. ...[it] means [going somewhere] next to President Donald Trump. They are next to President Donald Trump. You fear! And you become a little bit nervous to meet some people.”

In deciding whether they wanted to testify, and throughout the process of preparing themselves, participants strategized what they would say—crafting their messages clearly for their intended audience and speaking from the heart. The process of crafting often involved awareness of having very little time (especially in political settings) in which to try to say a lot, and needing to cut back their message accordingly. Participants were also aware of who was in their audience, and what might particularly resonate. One survivor framed this as:

“the need to summarize. Send out the most touching, the most striking message within a short time. You’re not going to give a long lecture.

Within this couple of minutes, just ten minutes, talk about yourself, talk about your country, and talk about your expectations. You have to say those things.”

In finding a balance of length, appeal to the audience, and genuineness, some participants also talked about self-censoring their stories, deciding what it felt safe and comfortable to reveal:

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

Experiencing Testimony

A second major theme in the testimony process was experiencing testimony—a time in which survivors move between states of focusing on delivering their story and message, emotionally regulating themselves, and closely evaluating the witnesses to their testimony.

In sharing their testimonies, participants saw themselves as doing more than simply narrating their experiences—often, they were also exposing greater patterns of torture and human rights abuses among governments that the USA may support. As one participant pointedly commented,

“you are taking the taxpayers money to help the poor...I am telling you that this money is not going to the people. I know that your intention is for education and for health.[but] the money you send is to buy bullets...We are dying with your bullets...[and] whenever you elect a president here, that’s the president that decides on my country’s fate. On my fate too, [and] my children’s fate...So whenever we talk to these people, the feeling

we have is...they are the ones who decide on our fate. They give the money, [and] the money kills us.”

Participants felt that this influence could be harnessed for good, with one expressing belief that “if we address American leaders, they can make some influential decision in our country...They have power”. Accordingly, many also made recommendations for how their audience could respond with action.

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

While delivering this important message, however, survivors also needed to regulate pain and discomfort. Giving testimony could take them back to difficult memories in ways that could sometimes feel overwhelming, and that they struggled to control. One participant shared that “sometimes, you know, when I talk about it, sometimes still I feel that I am helpless...when you talk about yourself, the emotion is going on...you are speaking about it but you can’t control it. It is coming from the heart.” Another participant pushed herself through this pain, and justified it, by returning to think of her purpose, affirming “it doesn’t matter, it has to be done. It has to be done and that’s it. We got hurt without reason, why shouldn’t we get hurt with a good reason?” Several noted that they became better able to tolerate the challenge of sharing their feelings over time—for instance, one participant observed “I’m controlling my emotions better than at

the beginning...since I [became] used to speak[ing], the habit.” At the same time, this participant felt that sometimes emotions were a necessary part of self-expression, suggesting that

“emotions will always come. But either you master them, or even if you want to cry, just let [yourself] cry, people understand.... you don’t prevent yourself from going to testify just because you’re afraid of crying when you’re testifying. No, it’s just a process of healing too ... it’s normal, everybody understands why. Because we’re human beings.”

As they thought of their messages and felt the corresponding emotions that arose as they shared their personal stories, survivors were also involved in an interpersonal process with witnesses in the room. They compared themselves with other survivors who were also testifying and tracked their audience’s response. For several participants, hearing others testifying helped them feel that they were not alone, and were supported. As one explained, “to be among people who really had a bad experience like yours, or maybe worse, it makes it a lot easier as well. So, we are healing each other along the road”.

Participants also noted how attentive their audience appeared and the extent to which their testimony appeared to be being taken seriously. They described feeling encouraged and uplifted by what they saw as evidence of interest in what they shared. One participant observed “they gave us attention and they were following our speaking, our speech...with active, attentive listening, with concern, and also they were also asking for further information”, while another explained “I feel good because ... they gave me their ears, they listened to me... I made sure that they were following me from their eye contact, that everybody was interested, and everybody was listening...So it was good for

me, I liked it.” Another participant pointed out that this experience of being heard was particularly important “Because where you are coming from they don’t listen to people...So when you have people that listen it’s part of problem solving. So, you feel like, whew, you [are] safe.” However, survivors were also acutely aware of how their audience’s response could be constrained by political priorities, allegiances, and needs. One noted that, when testifying

“in church or NGOs, they feel more than compassion, they feel empathy. They really want to help...They want first of all to be human. But in in Congress, politics for them is first of all ...what is the interest of the US government, of the US like just as a country, you know....So I can feel that difference too.”

Digesting the Testimony Experience

The final theme was of digesting, in which survivors mentally processed the external and internal impacts of their testimony, identified positive changes in themselves and their sense of the world, but also experienced a period of post-vulnerability pain.

Participants described a range of heightened mental activity as they processed the impacts of feeling heard during their testimony experiences. Many, primed by past experience with the dangerous conditions that existed in their home countries and contributed to their torture, found themselves assessing the risk of backlash from their testimony and considering who may discover that they had spoken out—as one participant explained, “you don’t know when it [will] bite back and affect your life”.

Survivors also reflected on the impact that they felt their testimony had. Some held a sense of having been listened to and having made a difference. One said that she felt she had been able to give her audience “aha” points, seeing them come to a new

realization as a result of her testimony. This feeling of being heard provided some with a feeling of ongoing motivation—feeding back into the way that they situated testimony, such as for the participant who stated “I see an impact, you know it’s changing the lives of people...I can make a difference. ... so that gives, you know, a big incentive”. This was especially the case for survivors who saw changes in United States foreign policy (sanctions or resolutions condemning human rights abuses) connected to issues they had been speaking out about. One survivor felt that the government who had tortured him “are shamed now. That’s a big healing...we immediately changed to attack, not be attacked, you know...this is a big thing.” In contrast, another who sensed that the United States government had little incentive or power to influence change in her home country was wary, asking herself “was it really useful for me to go and explain to them what’s happening in my country, since they cannot do anything?” Still, she saw the experience of being of value to her future identity, explaining that “I don’t lose hope that one day I will go back home and all this experience can serve me to teach other people, to train them how to do the advocacy, and why to do it.”

Often connected with their perception of having made some external impact, many survivors experienced positive internal changes resulting from their testimony. Most felt relief—even if only fleeting—after being able to share the burden of the stories they carried. One evocatively described the story of her torture as being “like a poison—you get it out from yourself” when testifying. Others gained hope for the future, such as one participant who explained that

“whenever I give a testimony, I have hope. It’s like something has left me negatively. At least I have people. People will hear... and they will want to learn more about you, you know. So, it gave me a lot of hope. It gave

me life. I think that there is light in the tunnel—it's coming, it's not yet there —and it makes my body feel lighter.”

Some also noticed a re-emerging sense of trust in others and increasing ability to share more of themselves. For example, one participant reflected that

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

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

Nevertheless, survivors also experienced lingering pain from sharing their stories. Many described pain, depression, and irritation occurring, especially in the evening and two or three days after they had spoken, when they would find themselves having flashbacks or going over their experiences again. One participant explained that although she believed that testimony could be “painful for good...the more you talk about, the more you're healing”, she also felt

“you don't have only hope and healing, but you also have some resentment, because you remembered everything [that] happened to you,

so you just want like justice to be done ... you have your wounds inside, and when you go to testify it's just like you're waking them up. So, you need a certain time to manage everything.”

Discussion

The current research was motivated by the observation that survivors of torture are courageously testifying in public settings that may be expected to have elements of both safety with respect to distance from perpetrators, but also some vulnerability in exposing their story to a wider, and potentially unpredictable, audience. Focusing on the impacts of giving public testimony in the USA for survivors who were tortured in other countries—an understudied context—a grounded theory model of *healing through testimony* was developed. This model suggests that survivors are impacted by testimony through an active, iterative healing process involving new conceptualizations and experiences, in which they bring their own identities into play and are subject to the constraints and supports of their environment in the USA.

Connections Between the Grounded Theory Model and Existing Theory and Research

Although uniquely grounded in the experiences of survivors of torture in the USA, the healing through testimony model broadly aligns with and provides support for the multi-faceted, multi-phased theories of trauma healing articulated by Herman (1992, 2015), Silove (2005), Auerbach and Shiro-Gelrud (2010), and Mollica (2014). In particular, the model's framing as a process; its centering of identity; its containment within a broader socio-political-cultural context; and the cognitive, emotional, and interpersonal characteristics of its embedded elements of situating, experiencing, and

digesting testimony can be connected with (and expand on) features of healing emphasized in the wider literature.

Healing as a Process

Importantly, the healing through testimony model does not suggest that trauma recovery *necessarily* involves sharing trauma publicly; as Herman (1992) envisaged, there is scope for different passages through stages of healing. In addition, the journey to healing is not singular; as in the multi-dimensional model proposed by Auerbach and Shiro-Gelrud (2010), the process can take place on multiple levels. The healing through testimony model traces ways in which survivors engaging in testimony traverse both personal / psychological and public / political journeys. Thus, there appear to be both corrective emotional experiences and corrective political experiences embedded in the model. Conceptually, this reflects the “double movement” that Das (2007) proposes is required for containing the harm of trauma: both justice at the “macrolevel of the political system” and opportunities to resume normal life at the “microlevels of community and family” are necessary (Das, 2007, p. 218). It is also consistent with the corrective experiences that Herman (1992, 2015) proposes to be involved in acknowledging external (political) causes of trauma, rather than internalizing blame; and with Silove’s (2005) identification of justice as a key system impacted by trauma.

There may be a cultural congruence to the coupling of justice and healing—perhaps especially when justice has primacy. For instance, Gone emphasizes that many culturally-appropriate trauma remedies “may look *less* like healing and *more* like justice” (Dhar & Gone, 2019, p. 3). The significance of pursuing justice for those who have survived extended oppression and historical trauma has been emphasized in

liberation psychology (e.g., Martín-Baró, 1994) and feminist literature on empowerment, especially in a Latin American context (Brown, 2004; Zhou, 2017), and seems particularly salient for survivors of torture from countries that have experienced both historical (colonial) and contemporary oppression.

Centrality and Shaping of Identity

Survivor identity is central to the healing through testimony model. The primary identities that participants brought into their testimony experiences were of having some social status and ability to influence others, having moral integrity, and having lived experience of marginalization. This suggests that testimony may be a particularly helpful process for those whose identity encompasses a strong sense of moral integrity and duty. Similar observations have been made of Holocaust survivors who publicly shared their trauma experiences, among whom testimony was “perceived as a moral duty, a means of survival, a mode of resistance, and a strategy of prevention” (Givoni, 2011, p. 159).

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

and others into a new environment, bolstered by an enduring sense of solidarity and community—a potentially protective factor against some of the ways in which torture destroys interpersonal trust and connection (Herman, 2015).

Identity is also proposed to change in the healing through testimony model—not in a fundamental reconstitution of the self, but in processes of being rehumanized, of reclaiming confidence and self-esteem, and of adding on new experiences and self-conceptions (e.g., of the self as having influence). Mollica (2006) has observed similar evolutions of identity through the sharing of personal testimonies. Through the situating, experiencing, and digesting of testimony, survivors also appear to be, in the words of Frankl (1984), transcending themselves and transforming their suffering through finding meaning. In the context of the USA, the experience of being *heard* is corrective relative to past contexts where voicelessness prevailed, but the digested sense of having done something *meaningful* that supports a greater collective is also powerful for survivors, “correcting” a wound of political erasure and deidentification.

The framing of testimony as benefiting a collective, rather than only the self, may feel more culturally congruent for individuals who (like participants in this study) come from more collectivist, interdependent cultures (Kurman, 2003). It may also feel particularly congruent for survivors of torture because their pain was inflicted directly as a result of the collectives (ethnic, religious, political, sexual orientation, etc.) to which they are seen to belong (Kira et al., 2012). Additionally, scholars have suggested that testimony is most effective for individuals for whom it feels culturally congruent in behavioral and philosophical ways—i.e., for those who see storytelling (especially in an oral tradition) as important and who believe in the possibility of future transformation

(Akinyela, 2005; Weine et al., 1998; Wilson, 2004). Although this study did not focus on collecting this level of content about participants' cultural beliefs, the difficulties that participants identified in adjusting to living in the USA and the language they used in describing their experiences indicate that these types of cultural factors may have been central for them.

Importance of Socio-Cultural-Political Context

The healing through testimony model identifies the important containing and moderating roles of survivors' contexts in the USA, consistent with more culturally inclusive trauma models (e.g., Bryant-Davis, 2019). The six primary sub-themes of context identified in the healing through testimony model reflect broad processes of acculturation and grieving for home, and of searching for (and hopefully finding) a sense of safety and new opportunity. Each of these factors can be highly influential on suffering and healing.

Acculturation and Grieving for Home. The process of immigration, in itself, can result in substantial loss and grief (Arrendondo-Dowd, 1981). Arrendondo-Dowd (1981) theorizes that, in grieving for their lost home, immigrants often pass through phases of feeling out of place as a minority in a new culture, overwhelmed by changes, in a state of disbelief that they have actually left, homesick, lonely, angry, and isolated. Such feelings were reflected by participants in this study, particularly in their emphasis on the pain of separation from loved ones, on the difficulty of continuing their professional or educational trajectories, and on feelings of being deeply culturally misunderstood in the USA.

Arrendondo-Dowd's (1981) model further proposes that experiences of greater integration into jobs, social life, and a settled family life can all be important for feeling greater acceptance and belonging. In line with this perspective, substantial research has affirmed that acculturation, including local language acquisition, is associated with a decrease in symptoms of post-traumatic stress (SAMHSA, 2014). As participants in this study pointed out, however, such acculturation is impeded by the harmful contextual factors they face.

Adding to the challenge of adjustment is the fact that the history and current state of immigration into the USA has been racialized (Douglas, Sáenz, & Murga, 2015). Migrants of color, such as the participants in this study, experience institutional racism (through immigration policies that implicitly characterize them as risky and undeserving) and ongoing institutional and interpersonal racism as they become racial minorities in the USA. One punitive result of embedded racism and xenophobia is the lengthy wait for a work permit and asylum status, which participants in this study pointed to as significant sources of stress. Research indicates that a longer period of waiting in the USA is associated with greater levels of post-traumatic stress (particularly in the absence of social services), and that the process of waiting for asylum can greatly reduce quality of life (Song, Kaplan, Tol, Subica, & de Jong, 2015). Participants in this study also reported experiencing microaggressions in daily life, which have been shown to contribute to chronic trauma and psychological distress (Carter, 2007).

Sense of Safety and New Opportunity. Ideologically, survivors enter a realm of freedom and opportunity in the USA, which may influence the way they situate and digest testimony: there is open space to voice what could not be spoken in their home

country, which can spur a sense of hope and power. Participants shared how they developed a sense of safety from retribution (sometimes re-evaluated as they digested their experiences), which has been theorized as an important precondition for benefiting from testimony therapies (Van der Veer, 1992; Weine, 2006). Retribution can be a significant risk of public testimony and a cause of more negative experiences (Brounéus, 2008, 2010; Henry, 2010; Laplante, 2007).

Survivors may also regain a sense of *inner* safety by receiving community services (e.g., medical, psychological, legal, and housing assistance) and learning techniques such as controlled breathing and mindfulness to help their emotional and physiological self-regulation—interventions that have been demonstrated to help alleviate symptoms of traumatic stress (Agger et al., 2012; Jorgensen et al., 2015). Consistent with Herman’s (1992, 2015) assertion that safety and stabilization are important first steps in healing, many participants in this study alluded to the time it took them to feel ready to testify, and indicated that receiving support was an important entry point for addressing their emotional dysregulation and obtaining encouragement and guidance before testifying.

Other Cognitive, Emotional, and Interpersonal Changes

Embedded in the processes of situating, experiencing, and digesting in the healing through testimony model are several other experiences that are consistent with past research findings on factors that support overall trauma healing. These include shifts in survivors’ thoughts, feelings, and ways of interacting with others.

Developing New Stories and Beliefs. As they situated testimony in their lives and prepared to speak in public, participants talked about strategizing what to say and

condensing their personal story into a short form that could be readily conveyed to their audience. This process required them to engage in a form of autobiography that appeared to have had implications for their identity development, as discussed earlier. However, it is notable that a sense of forgiveness or reconciliation was not part of the new narratives that survivors developed as they situated or digested their testimony, suggesting that such cognitive shifts were not central to their healing (as suggested in past research linking forgiveness with PTSD symptom reduction and other psychological benefits, e.g. Lawler-Row et al., 2011).

As theorized by Weine (2006), preparing testimony also appeared to help survivors in integrating (rather than compartmentalizing or seeking to experientially avoid) painful memories. Such integration is a key part of stage two in Herman's (1992, 2015) recovery model. Additionally, by planning forward for their testimonies and strategizing ways to express their hopes for some form of redress or action (especially in an advocacy setting) survivors appear to be engaging in a process of shifting their cognitive horizons and views about the future. Traumatic stress often creates a foreshortened sense of one's own life, and a triad of negative cognitions about the world, the self, and future events (SAMHSA, 2012). Receiving feedback as they prepare testimony, having it heard in public, and feeling that their testimonies made an impact all appear to be ways in which survivors positively restructure such negative cognitions, disrupting beliefs that their stories cannot be tolerated or understood.

Exposure and Emotional Self-Regulation. In the experiencing of testimony, survivors engage in an ongoing process of regulating their pain and discomfort. Participants in this study reported feeling overwhelmed at times, but tried to focus on

their message. They indicated that the challenges of testimony decreased with time and repetition. Some reported learning to tolerate crying in public, and not letting this get in the way of their testimony. These experiences may lend support to theories of trauma treatment that emphasize desensitization or habituation, memory processing, and overcoming avoidance (Brounéus, 2008; Nickerson et al., 2011; Puvimanasinghe & Price, 2016). In line with Van der Veer's (1992) suggestion that testimony is likely to work best for individuals who have good emotional coping skills, it appeared that participants who returned to testifying were able to adequately regulate their understandable emotional activation.

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

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

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

In the healing through testimony model, survivors reflect on positive changes as part of their digesting process. An important interpersonal change that participants noted was of feeling more willing to share their stories with others, in more intimate social settings, after testimony. This stands in contrast with prevailing notions about the appropriate sequencing of trauma disclosures—in which smaller groups are seen as safer, and as a first step to greater empowerment for speaking out more widely (Mollica, 2006; Shalhoub-Kevorkian, 2005)—and suggests individual and cultural variations in which spaces feel easier to share in, and in where inspiration and empowerment is drawn from. For instance, in studies of undocumented Latinx youth activism, Ellis (2019) and Negrón-Gonzalez (2015) have identified that individuals do not need to overcome fear and shame before becoming politically active and publicly vocal, and that in fact their interpersonal fears may decline *after* being active in a political community.

Context and Limitations

In reflecting on how applicable the healing through testimony model may be to other survivors of trauma engaging in public testimony, it is important to note the political moment in which this study was conducted, especially with respect to its impacts on the participants' immigration context. Findings from this study may also be contextualized and limited by selection biases in the study sample, the challenges of cross-culturally translating experiences, and research process factors that may have contributed to potential incompleteness in the data.

Immigration Context

Most participants in this study were still awaiting the outcome of their asylum claim in the USA, placing them in a position of vulnerability and providing them with a natural focal point for ongoing concern and potential advocacy. A less secure asylum-related immigration status necessarily created a less secure setting for testimony. In contrast, for those participants who already had asylum granted, these stresses of being in “limbo” had abated, and other concerns were more salient. A similar difference in relative concerns may be expected for other survivors of trauma considering public testimony.

Another important area of variation among survivors was their country of origin. Ongoing instability in their home countries increased survivors' sense of worry (as captured in the theme of context). A less certain role for contemporary United States intervention in their countries decreased hope that their testimonies might have a direct impact for others (as captured in the themes of situating testimony—motivation, and digesting testimony—feeling positive change). At the same time, in choosing to hold the

USA accountable for what is happening in their home countries, all participants were engaging in powerful acts of political advocacy and symbolic decolonization (as captured in the themes of situating testimony—strategizing what to say, and experiencing testimony—delivering an important message). Other groups of survivors who feel more or less certain of the USA’s ability to influence their home countries may experience testimony differently.

Selection Biases

Survivors who had positive views about their testimony experiences, and who felt more comfortable speaking about testimony, may have been more likely to volunteer to participate in this study than those who did not. As a result, the healing through testimony model may inadequately capture potential negative consequences of testimony, and underemphasize the challenges involved in speaking in public. Additionally, all participants had been introduced to opportunities to give public testimony through a survivor-led organization with a history of both engaging in advocacy and providing survivors with psycho-social and legal support. Thus, participants’ testimony experiences may have been shaped in a way that would differ for other survivors who decide to speak out without the same level of guidance or support.

Cross-cultural Translation of Experiences

This study was conducted by a primary researcher who is an outsider to the cultures and experiences of the participants, and necessarily straddled cultural perspectives. For instance, participants were interviewed in English—a language in which they were sufficiently fluent to give public testimony, but which was not their native tongue. Thus, the words they used to describe their experiences may not have fully

or accurately captured all that they hoped to express. Furthermore, there may have been experiences that survivors had that were not *conceptually* translatable into English, or that were interpreted in a way different to the meaning that had been intended—both in the interviews themselves, and in the subsequent analyses of transcripts. Even though consultation with the expert advisers and member checks with participants were used as a way to ensure data was being interpreted as reliably as possible, the healing through testimony model may be limited by cultural blind-spots and disconnects in the spaces between participants and primary researcher.

Potential Incompleteness of Data

Although care was taken to develop a semi-structured interview protocol that could gather data about all parts of survivors' testimony processes, relatively little emphasis was placed on where participants perceived themselves to be in their individual healing journey. Having more in-depth information on participants' changes in symptoms and self-views over time could have assisted in situating the testimony model more specifically in an overall healing process.

Furthermore, even in answering the questions that were included in the interview, participants may have given incomplete accounts of their testimony experience. For instance, they may not have been willing or comfortable enough to disclose all salient elements of their healing journey. Despite intentions and efforts to create comfort, the interviews may have felt reminiscent of an interrogation—not in tone, but in the power imbalance between questioner and questioned, in the awareness of being recorded, and in the strange intimacy of sitting with a stranger in a private room—sparking a sense of risk. In a parallel process to their evaluation of witnesses while experiencing testimony,

participants appeared to also be evaluating the primary researcher, resulting in some positive transference and sense of safety but also some filtering.

Implications

In spite of the limitations documented above, the findings from this study have notable implications for theory, research, practice, education, and policy. For instance, the healing through testimony model proposes mechanisms of trauma recovery for a culturally specific, relatively understudied, population. These mechanisms and processes warrant further investigation, and are open to adaptation for other participant populations.

The results from this study also contribute to a growing literature documenting potential benefits from engaging in activism and advocacy. For example, in a recent clinical review of modalities of survivor activism in the United Kingdom, Sadiq-Tang (2018) documented ways in which survivors engaging in activism began to feel more control of their own narratives, and saw speaking out as part of their “rehabilitation”. Suarez’s (2011) earlier study of women survivors of war in Peru found that civic participation in indigenous women’s organizations and non-governmental organizations that engaged in or supported advocacy and testimony was significantly associated with higher levels of resilience. In ethnographic studies of undocumented Latin(x) youth, Negrón-Gonzales (2015) and Ellis (2019) have identified ways in which youth used their public *testimonios* and other forms of activism to help change dominant conceptions of their status, create new and more empowered self-narratives, and develop collective hope for a more positive future. Future research could expand on these lines of inquiry by investigating the impacts of other forms of activism on healing from trauma.

Implications for Practice

Experts in the treatment of traumatic stress in forced migrant populations in host countries such as the USA have emphasized the need for more effective and culturally-attuned approaches for improving quality of life in this population (Nickerson et al., 2017). The grounded theory model developed in this study points to a possible approach for diversifying the types of support for healing offered to survivors—i.e., facilitating opportunities for political engagement and advocacy rather than focusing on therapy alone.

The results from this study also suggest ways in which counseling psychologists can work to support survivors engaging in each step of the testimony process. For instance, participants highlighted ways in which it took them time to feel ready to testify—in part because of their sense of emotional (in)stability, but in part also because they were working out what a testimony experience might involve. In light of similar observations from the truth and reconciliation hearings in South Africa, Allan (2000) proposes that participants be pre-screened. This study suggests that participants may also have their own process of self-assessing readiness, which is important to respect and provide space for.

Counseling psychologists and other social service staff could further support survivors in situating testimony by addressing their concerns and gaps in knowledge about the process, and by openly discussing potential risks and benefits. Survivors' fears should be honored and explored, with support to overcome them—including from other survivors—offered as appropriate. Sharing the model of healing derived in this study, and

the vivid experiences of survivors who have been journeying through it, may be one means of helping people make informed choices around their participation.

Several of the recommendations for supporting survivor activism made by Sadiq-Tang (2018) are also supported by this study. For instance, she recommends that social support agency staff help ensure that survivors are able to control their own narratives and pursue their own goals, and are not encouraged (or coerced) to engage in advocacy or testimony in tokenistic, less-meaningful ways. This aligns with the importance of the meaning-making processes embedded in the situating and digesting stages of the model developed in this study. As part of the support offered in situating testimony, exploration of the deeper meanings of speaking out could be beneficial in connecting with survivors' political and moral identities, which are activated in giving public testimony about their torture.

In addition to support in preparing to testify, results from this study indicate ways in which survivors could be supported through their experiencing and digesting of testimony. Suffering in these stages may be reduced if survivors' difficult experiences are normalized, they know to expect them in advance, and they are equipped to engage in positive coping strategies such as self-soothing and reaching out for social support. Reflecting that professional help may not always be accessible or even appropriate, Allan (2000) suggests that people should also "preferably be encouraged and assisted to use the traditional methods of helping that exist within their culture and tradition" (Allan, 2000, p. 200), which may include churches and traditional healers (Hamber, 1998). Accordingly, facilitating spaces for shared "digesting" of testimony experiences among

participants could be an important aid for healing, helping to validate (and mitigate) the distressing aspects of testimony while building a sense of hope and healing.

Implications for Education and Policy

The healing through testimony model highlights ways in which being politically active and empowered can be of great benefit to survivors of trauma. This points to the value of educating counseling psychologists who wish to support survivors on how best to engage in advocacy, and lends support to ongoing efforts to incorporate advocacy competencies and decolonial perspectives into counseling psychologists' core training.

To the extent that justice and human rights are (at least nominally) upheld in a society, testimony can also be seen as a way of holding that society accountable to its ideals. In offering asylum, the USA upholds rights enshrined in the United Nations Universal Declaration of Human Rights. However, as the results from this study illuminate, current policies around asylum in the USA contribute to ongoing psychological harm for survivors of torture who are uncertain of their ongoing legal status, limited in their work opportunities, and separated from loved ones. Counseling psychologists could support the mental health and wellbeing of survivors of trauma and other immigrants by advocating for policy shifts that would reduce these individuals' difficulties in adjusting to, and finding legal and economic stability in, the USA.

Conclusion

In summary, the grounded theory model of *healing through testimony* developed in this study aligns with Herman's (1992) theory of recovery from trauma and with past models of healing developed for refugee and forced migrant populations (e.g., Auerbach & Shiro-Gelrud, 2010; Mollica, 2014; Silove, 2005). It addresses gaps in prior literature

by providing an insight into the beneficial but also potentially painful impacts for survivors of torture giving testimony in an understudied context: a public space in the USA. In doing so, it points to ways in which counseling psychologists (and other practitioners) could better support testimony as a path to trauma healing, and provides a framework for future research.

Perhaps most significantly, the survivors who participated in this study provide a model of courageous activism: despite being tortured for their beliefs and identities, they continue to stand up to oppression by sharing their truths and challenging society to rise to respond. Their stories illuminate the horrors of torture—which psychologists should remember that our profession has at times inflicted, and against which constant vigilance is required—and the amazing potential of the human spirit to rise again.

Appendix One: Extended Literature Review

Research suggests that, within the controlled space of therapy, testimony is beneficial in healing from trauma (e.g., Cienfuegos & Monelli, 1983; Jorgensen et al., 2015; Nickerson et al., 2014; Weine et al., 1998). In contrast, there is evidence that giving public testimony in the country where the torture happened—although beneficial in terms of exposing human rights injustices and building social cohesion—can be psychologically detrimental for the individuals involved (e.g., Brounéus, 2010; Henry, 2010; Stepakoff et al., 2015). Testimony given in public outside of the country in which torture was experienced may have aspects of both settings: some feelings of safety (e.g., being distant from opportunities for direct retaliation), but also of exposure. However, no studies appear to have examined the impacts for survivors of torture engaging in public testimony or advocacy in the US. More research is needed on testimony in this unique context.

In this appendix, I review literature on the role of testimony in healing from trauma, and critique past studies assessing the benefits and risks of personal testimony. I begin by defining the key concepts of trauma, torture, testimony, post-traumatic stress, and healing. I then present theoretical perspectives on healing from post-traumatic stress, focusing on the theorized role of giving testimony, and summarize historical uses of testimony in trauma treatment. I next review past studies that have attempted to assess the impacts of testimony after trauma, including both testimony shared as part of a structured therapy process and testimony given in a public setting. I discuss how findings from these studies may relate to the unique setting of the present study, and highlight gaps in our

current understanding of the impact of giving testimony for survivors of torture in the USA.

Definitions

Key concepts of interest in this study are trauma, torture, post-traumatic stress, healing, and testimony. In undertaking a qualitative study, it is important to remain open to—and to listen for—participants’ own definitions of these terms, and to analyze these definitions as they emerge from the data. However, for conceptual clarity in discussing the literature it is useful to examine how these concepts have been used in practical settings and in past research.

Trauma and Torture

Traumatic events are defined from a (diagnostic) psychological perspective as experiences of actual or threatened serious injury, death, or sexual violence (American Psychiatric Association, 2013). These experiences could be direct or indirect (e.g., witnessing in person, learning about the events happening to loved ones, or having repeated or extreme exposure to aversive details of such events). Additional events or stressors that are associated with *complex* trauma (i.e., trauma that is repetitive, rather than related to a single event) include abandonment, neglect, and abuse in familial or relational settings (Courtois & Ford, 2013). In adulthood, trauma is also associated with identity threats (e.g., repeated microaggressions and violence) and with threats based on community membership (Kira et al., 2011).

Notably, however, some individuals may experience traumatic events without a subjective experience of traumatization (Courtois & Ford, 2013; Jones & Cureton, 2014). Furthermore, as discussed below, the range of psychological responses to

traumatic events is likely wider than diagnostic guidelines for post-traumatic stress indicate (Courtois & Ford, 2013; Jones & Cureton, 2014). Thus, despite clinical consensus around the types of stressors that can cause trauma, the *experience* of trauma remains essentially subjective.

Torture represents a form of trauma where pain is inflicted by one or more people on another person. It is defined in the United Nations (UN) Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment (1987) as

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 (Part I, Article 1.1)

To comply with this UN Convention, the USA adopted the Torture Victim Protection Act of 1991. This act uses a very similar definition to that used by the UN, but substitutes the gendered language (“he”) for more inclusive terms (“that individual”).

Kira (2017) cautions, however, that these legal definitions of torture suggest that it happens outside of legal sanctions—when, in fact, even sanctioned practices that are “legal” under a given regime can involve forms of torture. He suggests that a more inclusive definition would specify that the mental or physical suffering is inflicted by anyone with either legal or physical *control* over the sufferer, and that it can happen either unlawfully or “in the context of explicit or implicit inter- or intragroup discord or conflict” (Kira, 2017, p. 328). Further, he disputes torture’s characterization as a form of interpersonal or relational trauma (e.g., see Courtois & Ford, 2013), and describes it as

more systemic, intergroup, and institutional, impacting collective identity (Kira, 2010, 2017).

Post-Traumatic Stress and Healing

Regardless of the form of trauma, the psychological impacts of the pain and suffering caused by traumatic stressors can be severe, leading to lingering post-traumatic stress. The manifestation of this stress—and the way it is healed—can be viewed more narrowly from a symptom-focused perspective, or more broadly from an identity and interpersonal perspective.

Post-traumatic stress as a disorder. In post-traumatic stress disorder (PTSD), an individual's trauma response sequence (i.e., how they initially responded to the traumatic event) appears to form a pattern of reflexive behavior that repeats whenever the individual's fear network is activated through exposure to a perceived threat—even when there is no actual harm imminent (Hayes et al., 2011; Nemeroff et al., 2006; Schauer & Elbert, 2010). Resulting symptoms include re-experiencing, avoidance of trauma-related stimuli, negative thoughts or feelings, isolation, and hyper-arousal (American Psychiatric Association, 2013).

Research with survivors of torture suggests that experiences of torture are associated with a higher incidence of more complex symptoms of PTSD, such as dissociation and executive functioning deficits, as well as with psychotic symptoms that may not generally be seen in responses to other forms of trauma (Kira, 2017). Physical health may also be significantly impacted (Kira et al., 2006).

However, researchers have questioned the validity of using measures of PTSD across different cultural groups. At a conceptual level, there may be cultural variation in

what is viewed as pathological. Some studies have demonstrated the validity of quantitative PTSD measures in different populations (Fawzi et al., 1997; Hinton & Lewis-Fernández, 2011; Mollica et al., 1992b), and there is evidence of similar patterns of trauma-related neurobiological responses across cultural groups (SAMHSA, 2014). In contrast, ethnographic studies (Chu, 2008) and quantitative metareviews (Hall-Clark, Sawyer, Golik, & Asnaani, 2016) indicate that different populations (including racial and ethnic subgroups) have different likelihoods of endorsing psychiatric symptoms when clinicians attempt to measure them, and give different symptoms different meanings (SAMHSA, 2014), making cross-group comparisons problematic.

Researchers also note significant cultural variations in the way that PTSD symptoms are expressed (Hall-Clark et al., 2016; Hinton & Lewis-Fernández, 2011; Kira, 2010; Nickerson et al., 2017; Pedersen, Tremblay, Errázuriz, & Gamarra, 2008; SAMHSA, 2014). Some have taken the stronger view that, *conceptually*, post-traumatic stress cannot be seen as a universal phenomenon—even one with variations in expression—but instead should be seen as a socially-constructed (and often medicalized) term that only makes sense within its (Western) context of origin (Kienzler, 2008; Summerfield, 1999). Dhar and Gone (2019), for instance, highlight ways in which identity and emotion are deeply tied to cultural values, such that in societies where individuals develop more collective identities, emotions are themselves more social and are evoked and experienced in a relational context. In discussing cultural meaning-making, Gone emphasizes that “Emotion is itself culturally constituted, and we are socialized into it. Emotion without the meaningfulness of a script, an expectation, and a label in a language is nothing more really than impulse” (Dhar & Gone, 2019, p. 7).

Differences in cultural meaning-making, in turn, map to what different cultures construe as problematic emotions, mental states, and illnesses. Thus, it may be important not to rely only on quantitative measures—especially those based on diagnostic criteria developed in the USA—when attempting to understand survivors’ inner experiences and healing journey.

Healing as symptom remission. From a diagnostic perspective, PTSD is resolved or healed when symptoms abate to the point that they no longer cause clinically significant distress or impairment (criterion G in the DSM-V diagnostic definition). Thus, many therapeutic approaches focus on symptom reduction, using medications to improve sleep and reduce intrusion and hyper-arousal, using desensitization to decrease avoidance of trauma-related stimuli, and using reframing, identification of black-and-white thinking, and other cognitively-focused techniques to address negative distortions (Nickerson et al., 2011). Other therapeutic techniques address trauma symptoms less directly, providing corrective physical (somatic) experiences to help improve physiological and emotional regulation (Agger et al., 2012). The underlying premise of all these approaches is that trauma creates physiological and psychological disturbances in an individual that need to be identified and corrected.

Extending from this symptom-focused perspective, some scholars point to popular assumptions that healing from trauma should *look* a certain way—i.e., be manifested in certain behaviors. For instance, in reflecting on the psychological impacts of the South African Truth and Reconciliation Commission, Hamber (1998, p. 18) writes that “there has been a popular misperception that as long as individuals have been crying at the hearings some healing has been occurring”, noting that many of the trauma survivors who

spoke may only have been beginning their healing journey, and intrapsychic experiences can vastly differ from outward behaviors. Allan (2000) similarly emphasizes that a cathartic experience may not be a therapeutic one, leading to temporary relief without meaningful ongoing change, and re-opening functionally closed “psychic wounds” without subsequent support for their healing.

Socially-situated healing of identity and interpersonal relationships. Looking beyond symptoms (including affective, behavioral, and cognitive reactions), many researchers and clinicians stress that post-traumatic stress also manifests as a broader loss of trust and interpersonal security (Courtois & Ford, 2013; Fisher, 1999; Herman, 2015). Trauma may emerge in its impacts on personality, a sense of self and identity (often resulting in loss of coherence), systems of values and beliefs, and developmental processes (Wilson, 2004; Wilson & Droždek, 2007). A trauma inflicted by other people, such as torture, disrupts an individual’s sense of self and sense of safety in the world in a previously unimaginable way—often leaving individuals “without a voice,” unable to adequately describe their experiences (Auerbach & Shiro-Gelrud, 2010 p. 431).

This broader conceptualization of post-traumatic stress informs an approach to healing that extends beyond the individual and emphasizes the importance of attaining improved overall well-being, a sense of autonomy, a sense of interpersonal trust, and a sense of wholeness within a wider social space (Cienfuegos & Monelli, 1983; Herman, 1992, 2015; Lira & Lowy, 2009; Mollica, 2006). Herman (2015), for example, suggests that recovery cannot occur in isolation. She emphasizes that “Sharing the traumatic experience with others is a precondition for the restitution of a sense of a meaningful world” (2015, p. 70). Gresson (2004) emphasizes that the phenomenological (emotional,

physiological, and cognitive) elements of an experience of healing are situated in an understanding of both personal identity and of social justice, in which both mourning and mending must take place in a way that links the individual to their historical and social context. Wilson and Droždek (2007) situate trauma as part of an archetypal experience of encountering “darkness”, in which healing involves not only reconnection with others but spiritual transformation.

Trauma-healing models. Working from this broader understanding of the healing process, Herman (2015) proposed a three-stage model of recovery from trauma, in which, after safety and stabilization is achieved (Stage 1), survivors move to a period of remembrance and mourning in which traumatic memories may be voiced and integrated (Stage 2). Finally, survivors progress to a stage where they reconnect with others and begin to move on in their lives (Stage 3).

Auerbach and Shiro-Gelrud (2010) applied Herman’s three stage model in working with Cambodian refugees, and drew clinical insights from this population to propose an orthogonal dimension related to three aspects of identity. First, considering the individual’s strength of self, they proposed that trauma leads to vulnerability, and that healing must move through stages of protection, support, and resilience. Second, considering the individual’s connection with others, they saw trauma as leading to isolation, and proposed that healing involves experiencing care, validation, and a sense of belonging. Third, considering the individual’s philosophy of life, they proposed that trauma creates a state of being completely overwhelmed, and that healing involves stages of acknowledgement, gaining perspective, and achieving a feeling of meaning or purpose. This multi-layered perspective is particularly appropriate in considering human-inflicted

traumas and torture, where all layers of interacting in the world are deeply impacted (Kira, 2017; Mollica, 2006; Mollica et al., 2014).

In an alternative multi-faceted approach, Silove (2005, 2013) proposed five systems affected by trauma (security/safety, attachment, justice, role/identity, and existential meaning) and appropriate social, psychological, and psychiatric interventions for each. He suggested that healing should focus on survival risks (e.g. security) first and work towards adaptive risks. However, Silove (2005) also noted that different groups of individuals may have different survival or adaptive needs.

Focusing specifically on torture survivors, Isakson and Jurkovic (2013) developed a grounded theory model of healing centered on “moving on”, which involves both future-focused cognitive reframing and a process of empowerment involving supporting others, engaging with supportive individuals and organizations, and using selective disclosure of their torture experiences (especially when survivors felt their stories could help and educate others). The moving on process is supported by belief and value systems, individual coping strategies, environmental supports for safety and stability, and emotional support, resulting in an experience of healing that transcends symptom remission.

Mollica’s (2014) five-part model also takes a more population-specific focus, identifying dimensions of trauma and recovery for refugee populations. At the core of this model is the telling of the trauma story—a process through which refugees engage not only in a factual accounting of events, but also in identifying a cultural meaning of trauma, achieving an enlightened view of the world, and developing a listener-storyteller relationship. Surrounding this individual experience are five broader factors that Mollica

posits must be addressed for healing to occur: addressing human rights violations, overcoming humiliation, promoting self-healing through self-care, promoting physical health through appropriate treatment and behavioral change, and ensuring a safe and secure habitat.

For each of the above socially-situated models, trauma scholars emphasize that the process is not linear (Auerbach & Shiro-Gelrud, 2010; Herman, 2015; Isakson & Jurkovic, 2013; Mollica, 2014; Silove, 2005). Each stage may be experienced sequentially, but it is likely that individuals will also return to earlier stages of recovery when new stresses arise and may need to work through different aspects of their experience at different times. Individuals may also conceptualize their healing in different ways, with some focusing on healing as a private or individual process (where the act of storytelling may be more central), and others focusing more on a public or collective process (where some form of reparations may become more important, and support is necessary) (de la Rey & Owens, 1998).

Furthermore, the way in which trauma survivors can best be assisted to work through this process may differ depending on the specific form of traumatic wound. Herman (2015), for instance, emphasizes the healing properties of support and processing groups for survivors of sexual assault and incest. For torture survivors, Kira (Kira, 2017; Kira et al., 2012) proposes that the most appropriate “treatment” involves group therapy models that build support among ethnic and non-ethnic communities and focus on addressing chronic, ongoing stressors. Hamber (1998) suggests that a healing process may be either completed or sparked off by publicly sharing a trauma story, but “for many, although public acknowledgement of their suffering may have restored their

dignity and taken away personal feelings of guilt, psychological healing remains far off...healing usually requires ongoing support from professionals, community groups, relatives and other support structures like religious bodies” (Hamber, 1998, p. 18).

Testimony

Although conceived of differently in different contexts, testimony generally involves a recounting of a personal (traumatic) experience for an audience or witness—often for a political purpose (Agger & Jensen, 1990). It may involve a formal statement, written or spoken, and take the form of a personal narrative—a story—imbued with a sense of trustworthiness and authenticity (Givoni, 2011; Laub, 1992; Weine, 2006). The personal story may also intersect with a collective one, with memories being shaped and reformed through retelling and contestation, helping to integrate traumatic events with other life experiences (Weine, 2006). Testimony’s purpose may be to document history, to communicate a personal perspective, or to effect a societal outcome or change (Weine, 2006). Givoni (2011, p. 148) further emphasizes how testimony may take on a moral character, describing it as “a speech-act that brings moral and political subjects into being, sometimes almost in spite of themselves; it is one of the most prevalent devices available today for individuals to come to grips with moral obligations”.

In the context of this study, testimony may be a stand-alone process, or embedded within broader advocacy efforts that are intended to highlight human rights violations and ongoing injustices that inflict trauma. For example, testimony may be given by reading a statement about one’s own traumatic experiences, as an example of the repressive practices carried out by a government regime, at a human rights commission meeting.

Theory: Testimony and the Healing Process

Testimony has been proposed as an important aspect of the trauma healing process (Agger & Jensen, 1990). From both a symptom remission and a socially situated healing perspective, the process of giving testimony about a traumatic experience could have several therapeutic benefits.

The process of forming a coherent narrative of a trauma experience may assist in cognitive reappraisal by situating events in the past and integrating them into a story of the present and future (Auerbach & Shiro-Gelrud, 2010; Puvimanasinghe & Price, 2016; Weine, 2006; Weine et al., 1998). Hayes and colleagues (2011) suggest that forming a more coherent memory may help individuals with post-traumatic stress by guiding their physiological reactions to be more specific and tied to the traumatic event, rather than generalized.

Testimony may also serve to address fundamental attribution errors by acknowledging the external cause of the trauma, rather than internalizing blame (Kira et al., 2006). The politically-situated nature of suffering may become clearer—for instance, scholars commenting on the mechanisms of testimony note that “in the telling of the details, the politics of the experience is also a topic of conversation” (de la Rey & Owens, 1998, p. 260). Additionally, similar to some forms of re-exposure and cognitive-behavioral therapy, the process of publicly recounting the testimony in a safe environment may assist in desensitization or habituation, memory processing, and overcoming avoidance (Brounéus, 2008; Nickerson et al., 2011; Puvimanasinghe & Price, 2016).

Less directly, if testimony assists in the development of contextual attributions for trauma, and an interpersonal understanding of the traumatic transgression, this may be more likely to facilitate some degree of forgiveness (Ho & Fung, 2011). Forgiveness, in turn, has been associated with a range of physical, physiological, and psychological health benefits (Lawler-Row et al., 2011). Higher openness to reconciliation and forgiveness and lower drive to seek revenge have also been associated with less severe PTSD symptoms (Bayer, Klasen, & Adam, 2007).

From a more holistic identity perspective, Herman (2015) identifies testimony and truth-telling as having a restorative power. She sees it thus being an important aspect of the remembrance and mourning (second) stage of recovery from trauma. Similarly, preparing and giving public testimony could provide an important mechanism for the development of philosophical perspective and experience of interpersonal validation proposed in the second stage of Auerbach and Shiro-Gelrud's (2010) trauma healing model. As Weine (2006) observes, the act of developing a testimony may also create an opportunity for survivors to engage in a form of autobiography, and consequentially, to grow in consciousness and experience a sense of identity renewal. Rather than suppressing or extinguishing traumatic memories, Weine argues, testimony provides survivors with an opportunity to integrate those memories into their ongoing life stories and, thereby, relieve the suffering caused by a sense of abrupt discontinuity in their lives. In the more specific case of testimony therapy, Weine, Kulenovic, Pavkovic, and Gibbons (1998) proposed that benefits are conveyed by four important elements: the

therapy's relational form (involving a trusting alliance between survivor and listener),² integrative focus (allowing memory fragments to be brought together in coherent form), ritualistic approach (creating a specific space and set of procedures that invoked safety, and working in a way that was consistent with an oral tradition), and inherently social nature (focusing on making a personal trauma story a socio-historical narrative).

As a form of public narrative, testimony also has political and cultural associations. For example, from the perspective of liberation psychology (e.g., Martín-Baró, 1994), trauma is experienced within an inherently oppressive system, and engagement in public testimony and other social justice activities is thus the most effective, culturally-appropriate way to address power imbalances and initiate healing. Consistent with this understanding and with a feminist perspective on empowerment, *testimonios* have been frequently used among women survivors of government repression in Latin America (Brown, 2004; Zhou, 2017). Providing testimony in public, where it has political power, can illuminate the political origins of trauma and show how survivors are not alone in their experiences but rather are part of a system that needs to be transformed (de la Rey & Owens, 1998; Herman, 2015). The sense that someone is listening, or will listen, to the testimony, is important in this respect: the function of the testimony becomes not only personal, but outward-reaching, attempting to teach and guide society (Mollica, 2006). Extending from this perspective, Allan and Allan (2000) theorize that testimony given through international legal institutions can contribute to healing by

² Mollica (2006, p. 133) further identifies that listeners in the dyad may benefit, too, wherein “mutual sharing and emotional solidarity between listener and storyteller occur, becoming a source of vitality for each of them”.

addressing people's need for justice and closure, providing an opportunity to relate experiences (lifting a "veil of secrecy" that prevents closure) and having them validated and recorded, promoting reconciliation, and creating more certainty about future safety (through the promotion of a culture more supportive of human rights).

Survivors of torture, in particular, may develop an enhanced moral knowledge from the violent betrayal of their faith in society (Weine, 2006), spurring a strong collective identity (Kira et al., 2006) and desire for political activism. For these survivors, public testimony may feel more therapeutic than private therapy in acknowledging the social and political causes of their distress. Testimony may, in effect, affirm their political identity—particularly when the trauma they endured was related to violent repression of their political views and actions. As political scholar Givoni has observed:

Bold or laconic, informative or subversive, testimony is ineluctably the idiom in which individuals speak back to power... More than just a political instrument put to use by individuals, testimony is a practice that forges new concerns, commitments, and identities. (Givoni, 2011, p. 149)

Culturally, Akinyela (2005) identifies links between giving testimony and *testify 'n* in Black churches, where problems are voiced in front of the community and the storyteller receives vocal and emotional support in voicing and gradually transforming their story from one of pain and suffering to one of redemption and healing. Akinyela thus sees testimony (and testimony therapy) as honoring spiritual and oral history traditions, as inviting emotional expression, and as connecting the self to the community—all potentially therapeutic elements, especially in the context of wounds to collective and cultural identity (Kira et al., 2006). In a similar vein, Peltser (1999) identifies testimony and narrative construction, together with ritual and support, as

essential elements of an ethnoculturally appropriate approach to therapeutic work in an African context.

Anticipated Risks and Individual Differences

In spite of these proposed benefits of engaging in testimony, there are also potential risks (e.g., Stepakoff et al., 2015). The experience of giving verbal testimony, especially in an environment that the individual perceives to be unsafe or invalidating, could lead to reactivation of traumatic stress. While speaking about traumatic memories, survivors may re-experience extreme fear, leading to a physiological defense cascade of freezing, experiencing a fight-or-flight response, or dissociating (Schauer & Elbert, 2010). McFarlane and colleagues (2002) note that strong alarm reactions to reminders of trauma could worsen symptoms in some patients. Although dissociating may help a survivor get through their testimony, it may be damaging for them in the longer term, prolonging other traumatic symptoms (Schauer & Elbert, 2010), especially if the experience is not processed, contextualized, and integrated. Thus, testimony may be more likely to fail as a therapeutic intervention for survivors who are in unsafe environments and still struggling to achieve safety and stability (Herman, 2015; Weine, 2006). As Laub (1992) observes,

The act of telling might itself become severely traumatizing, if the price of speaking is re-living; not relief, but further re-traumatization...Moreover: if one talks about the trauma without being truly heard or truly listened to, the telling might itself be lived as a return of the trauma—a re-experiencing of the event itself (Laub, 1992, p. 67)

For this reason, some clinicians and researchers suggest that verbal processing of trauma memories should be minimized. For example, in conceptualizing post-traumatic

stress disorder Van der Kolk and colleagues (2016) place less emphasis on an individual having “bad memories” and more on their brain having been fundamentally rewired such that the present is experienced as dangerous. Accordingly, they propose that treatment should focus on changing present experiences rather than revisiting the past. McKinney (2007) also cautions that *encouraging* trauma verbalization and testimony can veer towards coercion and cultural oppression, and that therapists need to be mindful of not overly privileging the role of testimony (and their role as witnesses). Similarly, Mollica (2006) cites the danger of pursuing social justice through testimony at the expense of individual wellbeing, emphasizing that “societies make a grave error when they emphasize obtaining the details of killings and other crimes over the mission of self-healing” (Mollica, 2006, p. 229). He laments that often too little psychosocial support is given to trauma survivors who are testifying.

Noting the risks inherent in verbalizing traumatic memories, Van der Veer (1992) suggested that testimony therapy requires good coping skills and motivation on behalf of the patient. In a similar vein, Weine (2006) suggested that testimony is likely to work best for those individuals who feel prepared to tell their story, who are not currently severely symptomatic, and who feel themselves to be in a safe space. In effect, Weine contended that testimony might be most effective for those who do not feel currently under threat. He also proposed that facilitating factors may enhance the benefits of testimony. These facilitating factors include having important others to give the testimony to and having time and space to develop a new life, perhaps in a context away from where the trauma took place. Mollica (2006) further proposes that trauma survivors are unlikely to be willing to speak out and publicly share their stories if they lack

courage-giving support and an abiding faith that they can transform or overcome negative emotions. Additionally, scholars have suggested that testimony is most effective for individuals for whom it feels culturally congruent—i.e., for those who see storytelling as important, who see meaning in drawing links between individual and collective experiences, and who believe in the possibility of future transformation (Akinyela, 2005; Lustig, Weine, Saxe, & Beardslee, 2004; Wilson & Droždek, 2007).

Drawing from research with refugees and forced migrants, Kira and colleagues (2006) proposed that experiences of anger and forgiveness may also influence the healing process, and thus moderate the effectiveness of testimony. In particular, their research on predictors of trauma symptomology suggested that it is protective for individuals who have suffered at the hands of their governments—as torture survivors have—to retain their anger at the government, particularly the head of government or dictator, but to forgive collaborators. Similarly, Adams and Kurtiş (2012) emphasize that assigning responsibility to oppressors is important in preventing self-blame and protecting moral integrity. They also differentiate between interpersonal and intergroup forgiveness, noting that the former may be psychologically beneficial, but the latter may have social and personal costs (Adams & Kurtiş, 2012). Thus, the content and purpose of testimony may also be important conditions. Specifically, if delivered in an attempt at forced absolution, testimony may be less beneficial than if aimed at justice and restoration.

Historical Use of Testimony in Trauma Treatment

Discussion and use of testimony as a healing agent has featured in many non-clinical spaces, including philosophy, literature, theatre, and film (Givoni, 2011; Malpede, 1999; Weine, 2006). Testimonies of experiences of large-scale traumas such as

the Holocaust, for instance, have been collected and examined from multiple perspectives in attempts to understand human morality and bear witness to human suffering (Laub, 1992).

Within the medical and psychotherapeutic realm, focus on testimony as a treatment for trauma is traced most recently to the work of Cienfuegos and Monelli (1983).³ These scholars documented the use of testimonies by medical-psychiatric teams working in human rights organizations in Chile in the 1970s. Psychotherapists at the human rights organizations invited patients who had survived torture and human rights abuses at the hands of the dictatorial Pinochet regime to share their testimony in therapy. This was done not only as a means of personal catharsis, but to produce a written *testimonio* later used in advocacy efforts by human rights organization staff (Lira & Lowy, 2009). The therapists hailed the approach as highly therapeutic and influential in deconstructing the power imbalance between doctor and patient. In place of the usual diagnosis and treatment, the survivor's own personal narrative was given central prominence. However, the survivors themselves did not control the ultimate use of their testimonies (Zhou, 2017) and there was limited evidence of the longer-term impacts of sharing the testimony publicly on either the survivors or the political climate (Weine, 2006).

In parallel to this work, attention was being given to Holocaust testimonies by scholars of psychology and history (Givoni, 2011). In 1979, Yale University formed the Fortunoff Video Archive, housing recordings of Holocaust survivors being interviewed

³ Note: Cienfuegos and Monelli were pseudonyms—the authors' real names, later revealed, were Elizabeth Lira and Eugenia Weinstein

by psychotherapists. Drawing from a psychoanalytic perspective, these interviews were perceived to have clinical value by enabling atrocities to be witnessed and become “known”, rather than silenced (Laub, 1992).

Testimony in Therapy

The documentation of experiences in Chile helped to popularize the use of testimony in therapy, leading to the development of specific guidelines for its use (e.g., Agger & Jensen, 1990). It became incorporated as a therapeutic tool in an international torture treatment movement focused on providing clinical, rehabilitative, and legal services for survivors (Weine, 2006). The general therapeutic process involves a therapist listening to a survivor’s testimony, tape recording and transcribing it, and assisting survivors to prepare a testimonial document capturing their traumatic experience. This document could then be presented publicly or used in other forms for human rights awareness raising. It could also be a private record for the survivor to keep (perhaps sharing with family or loved ones in the future).

Testimony in Legal Settings

Alternative forms of preparing and giving trauma-related testimony, less focused on therapeutic exchanges, are also used in legal and psychological to facilitate legal claims. For instance, survivors may need to prepare a personal statement as part of an immigration filing, effectively submitting testimony as a form of evidence. In courts and for truth commissions, survivors may give personal testimony in an effort to hold perpetrators accountable or to facilitate reconciliation, with or without cross-examination depending on the context (Weine, 2006). Psychologists may also collect testimonies as part of an evaluation processes, submitting summarized testimonies with professional

commentary and clinical annotation for legal consideration. In such contexts, value is placed not so much on the personal narrative as on the professional opinion and credentials of the evaluator to “explain” and authenticate the survivor’s experience (Boodman, 2017).

Past Research on Testimony and Trauma

Research on the therapeutic impacts of different forms of testimony on the process of healing from trauma has been limited, especially outside of the scope of therapy. Nevertheless, studies have indicated a range of possible benefits as well as potential risks. I discuss these benefits and risks below, focusing first on testimony in the context of therapy, and then on testimony in a public space.

Testimony in Therapy

Within the controlled space of therapy, past studies have found evidence suggesting testimony may be beneficial for symptom reduction. Research in this area includes both investigation of explicitly-labelled testimony or testimonial therapy, and related therapies commonly labelled narrative or narrative exposure therapy (Akinyela, 2005).

Development of testimonial therapy. In one of the most influential studies to document the therapeutic benefits of testimony, Cienfuegos and Monelli (1983) reviewed clinical case notes from 39 survivors of political repression who had given testimony during their psychotherapy in a human rights organization in Chile. The survivors had sought out therapy for symptoms such as anxiety, sleep disruption, impaired memory and concentration, irritability, social withdrawal, and somatic complaints. Their testimony was elicited and audio-recorded (and then transcribed) by the survivors’ therapists, over

the course of three to six sessions, as a means of recording evidence of the Chilean regime's brutality and of helping survivors understand their trauma. The researchers determined that, of the 15 survivors who had experienced torture, the majority (12) could be considered a treatment "success" in so far that they experienced a post-treatment reduction in anxiety and mitigation of their most acute symptoms of post-traumatic stress. Two of the 15 were considered a "partial success" (symptoms reduced but were not fully mitigated) and one was considered a treatment "failure" (symptoms and complaints were unchanged). Despite the limited scope of the study, Cienfuegos and Monelli concluded that testimony had "significant therapeutic value for victims of torture" (1983, p. 45).

Although their results were promising, Cienfuegos and Monelli (1983) did not provide any details of specific symptom changes for survivors (either qualitative or quantitative). Nor did they include discussion of possible exacerbation of symptoms, despite acknowledging that the process of talking about traumatic events could be distressing.

Nevertheless, other researchers took interest in their work—particularly Agger and Jensen (1990), who developed a broader theoretical framework around healing through testimony and described case examples of testimonial therapy, based on a 12-20 week, psychodynamically-oriented therapy model. This form of therapy as a distinctive procedure began being used in other contexts, including for refugees living in exile from the country of their trauma (Van Dijk, Schoutrop, & Spinhoven, 2003; Weine & Laub, 1995).

Agger and Jensen's (1990) therapy model has been modified in subsequent research. For example, in their US-based study of 20 Bosnian refugee survivors of

genocidal trauma, Weine, Kulenovic, Pavkovic, and Gibbons (1998) developed a shorter therapy approach (averaging six, 90 minute weekly or biweekly sessions) in which testimonies were collected for an oral history archive. Sessions were semi-structured to cover the survivors' life and family histories as well as details of the traumatic events and were conducted in Bosnian (with transcriptions subsequently translated to English). Prior to receiving the therapy, the survivors in the study all met DSM-IV criteria for PTSD. Immediately after therapy they showed a significant reduction in PTSD symptom severity and in the rate of PTSD diagnosis, which decreased further at a 2 month follow up and further still at a 6 month follow-up (Weine et al., 1998).

Weine and colleagues' (1998) findings provided further support for the conclusions drawn by Cienfuegos and Monelli (1983), and by including follow-up measures were also able to demonstrate that the benefits of testimony could be enduring. The researchers concluded that testimony therapy could be a valuable addition to existing treatments for PTSD, but also offered their clinical judgement that such therapy may be contraindicated for survivors with more severe symptoms, cognitive deficits, or personality disorders (Weine et al., 1998). As the researchers acknowledged, self-selection effects presented a limitation in their study: all participants were volunteers, and thus may have been predisposed to benefit from therapy, or potentially have also engaged in other recovery-promoting activities.

Case studies identifying experience of testimonial therapy. Luebben (2003) documented the ongoing use of testimonial therapy with Bosnian refugees at a rehabilitation center in Germany, where refugees were invited to share their testimonies as a way of documenting their trauma and providing the agency with data that could

inform their political advocacy on immigration and mental health care reforms. Some refugees chose not to participate, but among those who did, Luebben identified beneficial effects as being the experience of developing a trusting relationship with the listener, increased self-esteem, and improved emotional well-being. Although these results seem promising, few conclusions can be drawn because little information was provided on the numbers or characteristics of the participants involved (although clearly some self-selected not to participate), how robust, enduring, or variable the benefits were, or the exact model of testimonial therapy used.

A later case study by Lustig and colleagues (Lustig et al., 2004) was limited by similar selection effects (participants all volunteered to be part of the study), but provided a more in-depth review of participants' experiences *during* the testimony. Their research focused on three male Sudanese refugee youth (who had been among the so-called "lost boys" of Sudan), newly arrived in the US, who engaged in 5-11 sessions of testimonial therapy. Qualitative analyses of the course of therapy indicated that each young man adopted a different approach to relating their story: one focusing on the historical context of his suffering, another referring to being saved by God's grace and finding purpose in his struggle to survive, and the third describing his strengths of self-preservation throughout his journey. Clinical observations indicated that the young men did not become dysregulated or withdrawn during the process. At the end of their therapy, the participants gave an average 6 out of 7 score on a likert scale for satisfaction with the process, and shared in a focus group that the altruistic nature of testimony appealed most to them: they felt that sharing their testimony could help their friends and families in Sudan.

In a similar small-scale study, Shalhoub-Kevorkian (2005) used an action research approach to develop a group-based form of testimonial therapy that she labelled as “voice therapy” for women in Palestine. From her analysis of the women’s interactions in the group and feedback on the group process, Shalhoub-Kevorkian identified a sense of empowerment and increased social support as outcomes of sharing trauma testimony in a safe group setting. She also observed that participants stressed the significance of ongoing political persecution in their lives, grounding their painful experiences in an historical context, and became highly engaged in social and political activism and political organizations.

Although limited in their generalizability, these case study findings are consistent with theorized mechanisms of healing involved in testimony (Weine, 2006; Weine et al., 1998). They also point to a strong political and social appeal of giving testimony—even within a therapy (rather than public) context.

Studies of outcomes from shortened testimonial therapy. Other researchers have investigated further-shortened forms of testimonial therapy with survivors who remain in their country of origin. For instance, in a community-based randomized control trial with civil war survivors in Mozambique, Igreja, Kleijn, Schreuder, Van Dijk and Verschuur (2004) investigated the efficacy of a *single* session testimonial therapy treatment. They found no difference in average symptom change between 66 individuals assigned to the treatment and 71 individuals in the control group: both groups exhibited a mean reduction in post-traumatic stress symptoms at the 2 and 11-month follow-up assessments. The researchers suggested that testimonial therapy may not have had any additional impact on symptom change because it was not clearly linked to a possibility of

obtaining justice and reparation, was not adequately differentiated from the control condition (as participants were illiterate, measure collection for both treatment and control involved home-based interviews to assess symptom levels; the intervention involved one additional hour-long visit to collect a testimony), and was carried out in a community setting where members were constantly in communication and may have collectively benefited from the perceived interest of outside researchers in hearing their trauma stories (Igreja et al., 2004). Furthermore, the researchers reflected that separating the community into control and treatment groups created an ethical dilemma and was seen as confusing and unfair to community members. Thus, although Igreja and colleagues were able to minimize the selection effects that have limited other studies' conclusions, the community-based nature of their study introduced other challenges and confounds, and the nature of their intervention was limited in scope.

To develop a more robust community-based testimonial therapy process, Agger, Igreja, Kiehle and Polatin (2012) followed an action research approach with local non-governmental organizations in India, Sri Lanka, Cambodia and the Philippines to produce a manualized testimonial therapy process for survivors of torture within each country. The therapy procedure involved four sessions and was culturally adapted to include a celebratory honor ceremony in which the testimony was written up as a coherent narrative and presented to the participant in a special ritual witnessed by selected, supportive community members. Each ceremony had symbolic, spiritual importance for the participants. In informal interviews at the end of the project, staff at the organizations trained to offer the culturally modified testimonial therapy to survivors said they observed that participants experienced improvements in social functioning, increases in

social participation, and decreases in distress. Participants were also interviewed about their experiences, and commented that they felt relief and pride, as well as feeling listened to, less fearful, and more supported.

Subsequent studies using more standardized outcome measures have provided further evidence of the effectiveness of this culturally modified, brief form of testimonial therapy. For example, Jorgensen and colleagues (2015) studied changes in symptoms for 474 Indian survivors of torture who participated in this four-session therapy with community workers at a local non-governmental human rights organization. They collected pre- and post- measures of emotional wellbeing, social participation, pain, anger, and political engagement, and found significant mean increases in wellbeing and social and political participation, and decreases in pain and anger, following the therapy process. These changes differed significantly by gender, with men experiencing greater increases in social participation following the intervention. Three follow-up semi-structured interviews with survivors who had participated in the testimonial therapy suggested that benefits of participation included increase self-confidence, decreased distress, increased belief in and motivation to campaign for human rights, and re-integration into the community.

Although the sample size for Jorgensen and colleagues' (2015) study was relatively large, the researchers did not include a control group and could not isolate the beneficial effects of the testimonial therapy itself. For instance, they noted that several concurrent interventions offered by the non-governmental organization providing the therapy—including community meetings, education, and legal support—could have

contributed to the psychological and social improvements that participants experienced (Jorgensen et al., 2015).

Puvimanasinghe and Price's (2016) study of a similar testimonial process in Sri Lanka addressed such limitations by including an explicit comparison between treatment and control groups. Survivors were invited to participate in the testimonial therapy by human rights organization staff, who worked together with a therapist to collect the testimonials using a four-session manualized approach similar to that described by Jorgensen and colleagues (2015). The researchers compared outcomes for the 13 therapy participants with 13 individuals who were placed in a waitlist control group (matched on gender, education, trauma experiences, and initial levels of symptoms). They found that those in the treatment group showed significantly better psycho-social functioning (but no differences in social participation or emotional wellbeing) post-intervention (Puvimanasinghe & Price, 2016). Overall, 10 of 13 participants, and 5 of 13 controls, showed a significant improvement in at least one of the outcome measures.

Puvimanasinghe and Price's (2016) results suggest that participating in testimonial therapy does provide an additional benefit above and beyond the other contextual support that individuals connected with human rights organizations may be receiving (and benefiting from)—but also that some individuals do *not* benefit, and in fact may suffer some distress. The researchers acknowledged that four individuals who participated in testimonial therapy showed declines in emotional wellbeing (despite improving in other respects) but did not report on the experience or characteristics of these individuals. Thus, it is difficult to determine from their study what the specific risks of giving testimony may be.

In Cambodia, Esala and Taing (2017) also compared a waitlist control group with the group of survivors who participated in the four-session testimonial therapy and cultural ceremony. Sixty individuals were randomly assigned to each group, of which 45 treatment participants and 43 control participants agreed to complete symptom measures of at baseline, 3-month follow-up, and 6-month follow up. For the treatment group, but not for the control group, the researchers found a significant average reduction in PTSD, depression, and anxiety symptoms from baseline to 3 months (but no further reductions at the 6-month follow-up). Similar to other studies, however, they gave little consideration to the potential risks of participation, and did not report the number of participants who showed a significant improvement.

Other therapies involving testimonies. There is also some evidence that narrative exposure therapy, a form of cognitive behavioral therapy for refugees that includes elements of sharing personal testimony with the therapist (Nickerson et al., 2011; Palic & Elklit, 2011), is effective in reducing post-traumatic stress symptoms. For example, in a single case study of narrative exposure therapy with an adult woman in a refugee camp in Macedonia, Neuner and colleagues (2002) identified reductions in PTSD symptom severity, remission of dissociation, and increased engagement with peers after three sessions. A comparison of narrative exposure therapy with prolonged exposure therapy suggests that, although the evidence base for prolonged exposure is stronger, narrative exposure therapy may be better suited to refugee and migrant populations that have more complex trauma histories (Mørkved et al., 2014).

In their separate meta-reviews of research on the efficacy of approaches to treating torture and trauma in refugees, Robjant and Fazel (2010), Palic and Elklit (2011),

Nickerson, Bryant, Silove, and Steel (2011), and Gwozdziewycs and Mehl-Madrona (2013) collectively identified six prior studies on narrative exposure therapies with adults or older youth (with other studies focusing exclusively on children). Five of these were randomized control trials conducted by Neuner and colleagues (Bichescu, Neuner, Schauer, & Elbert, 2007; Neuner et al., 2010, 2008, 2002; Schaal, Elbert, & Neuner, 2009), comparing post-treatment symptoms between a control group and a narrative exposure therapy group (one trial with 18 survivors of political imprisonment in Romania, one with 277 Somalian and Rwandan adults in a Ugandan refugee camp, one with 43 Sudanese refugees in a Ugandan refugee camp, one with 32 asylum seekers in Germany, and one with 26 genocide survivors in Rwanda). The treatments involved 4 to 9 sessions of therapy spanning psychoeducation, narration of a testimony, and imaginal exposure, which were compared with different “treatment as usual” approaches (supportive counseling, psychoeducation, interpersonal therapy, or trauma counseling) or with no treatment (Neuner et al., 2008). A sixth study of narrative exposure therapy (spanning 10 sessions) with refugees of different country backgrounds in Germany was conducted by Halvorsen and Stenmark (2010), but without a control condition.

In all six studies, the researchers found a significant reduction in PTSD symptoms following the treatment, and in the controlled studies, the treatment showed more symptom reduction than the control condition (Bichescu et al., 2007; Halvorsen & Stenmark, 2010; Neuner et al., 2010, 2008, 2002). Similar results have been found in a variant of narrative exposure therapy develop for children (Gwozdziewycs & Mehl-Madrona, 2013; Robjant & Fazel, 2010).

Although these results suggest that narrative exposure therapy is effective in addressing post-traumatic stress, as Nickerson and colleagues (2011) observed, the treatments that were compared in the control studies above were not equivalent (the control conditions generally involved fewer sessions), and participants across conditions appeared to benefit from their interactions with a therapist. Thus, it is difficult to isolate specific effects that may be due to sharing testimony (or due to other elements of the process).

A more recent study on narrative exposure therapy has strengthened the evidence base for using this approach by investigating its efficacy in other settings. Stenmark and colleagues (Stenmark, Catani, Neuner, Elbert, & Holen, 2013) studied outcomes for 81 refugees and asylum seekers receiving either 10 sessions of narrative exposure therapy or 10 sessions of treatment as usual (any regular therapeutic intervention, excluding narrative approaches) in psychiatric general health care units in Norway. At a 6-month follow-up, both groups showed a reduction in PTSD and depression symptoms, but the narrative exposure therapy group showed a greater reduction in symptoms and in the rate of PTSD and depression diagnoses. These results provide more robust evidence for the relative beneficial effects of sharing narratives, but again do not help isolate the efficacy of specific elements of the treatment.

Testimony in Public

In contrast to research on testimony in a therapy setting, relatively little psychological research has focused on testimony given in public. However, together with scholarship from other disciplines, existing studies provide evidence of both costs and benefits from giving testimony in different contexts. Two major contexts that have been

studied are (a) courts and legal settings, and (b) truth and reconciliation commissions, which I will discuss in turn below.

Testimony in court. Survivors of trauma may be requested or compelled to share their stories in a legal setting aimed at punishment of the perpetrators of violence and oppression, or providing a form of restitution for the survivors, or both. These settings are generally not intended nor designed to be therapeutic, and present the possibility that, even despite sharing their testimony, the survivor will not receive the justice they are hoping for.

One example of such a setting is an International Criminal Tribunal (ICT)—a special international court established by the UN to investigate war crimes. Henry (2010) undertook a legal discourse study of women’s experiences giving testimony in an ICT that was established in the Former Yugoslavia in 1993 to prosecute perpetrators for atrocities committed during conflicts in in Slovenia, Croatia, Bosnia-Herzegovina, and Kosovo. By closely examining transcripts, reports, and interviews with the witnesses who spoke in court about their wartime rape, Henry identified that although some women felt empowered by holding perpetrators accountable, most experienced significant re-traumatization and marginalization through the testimony process. She linked this re-traumatization to the fact that witnesses were confined in the scope of their narratives and asked to focus on perpetrator actions, rather than sharing their own experiences or narratives. As a result, they became depersonalized—mere furnishers of evidence, rather than autonomous, suffering individuals—and Henry concluded that in this context it was “impossible” for them to give a healing testimony.

A later study of a war crimes tribunal in different context—the Special Court for Sierra Leone (also established by the UN)—found more varied results. Stepakoff, Shawn Reynolds, Charters, and Henry (2015) interviewed 147 witnesses who gave testimony at the special court and found that nearly reported both empowering and challenging experiences. The researchers identified numerous positive themes in participant responses, the most common of which were breaking silence and being able to tell their story (which 33% of participants reported), helping to correct misrepresentations and assert the truth (19%), and feeling pride and satisfaction from giving testimony (16%). The most common negative themes were experiencing emotional difficulty while relating painful experiences (29%) and experiencing discomfort with the questioning process (21%) or with being cross-examined by the opposing attorney (21%). The researchers also reported that most participants identified more positive than negative experiences (although the relative *impact* of these different experiences was unclear). However, they did not collect data on participant levels of wellbeing or other indications of how those who gave testimony felt after the process.

These studies suggest that there are important contextual conditions and individual variables that influence the experience and outcomes of giving public testimony for legal and political purposes. In particular, Henry's (2010) close analysis of court proceedings provides insight into the most traumatizing aspects of testimony, including the feeling of interrogation—similar to the negative experiences reported by participants in Stepakoff and colleagues' (2015) study. Notably, however, Stepakoff and colleagues also recorded many positive experiences. They reflected that those giving testimony in their study were not required to listen to the testimony of their perpetrators,

which may have removed a potential source of stress and marginalization present in other court or tribunal settings (Stepakoff et al., 2015). They also suggested that preparation time (working with attorneys to develop narratives ahead of the trial) and social support may have been important in fostering a positive experience for participants.

In both Henry's (2010) and Stepakoff and colleagues' (2015) studies, testimony was given in an internationally supported court within a local setting (which may have lent a sense of legitimacy and international recognition to the proceedings). A contrasting legal setting is one in a foreign country where survivors relocate following their trauma—for example, asylum offices and courts in industrialized countries. Research by Schock, Rosner, and Knaevelsrud (2015) has shown that participating in asylum interviews, which include aspects of giving personal testimony, is associated with significant increases in posttraumatic intrusion, but decreases in posttraumatic avoidance and hyperarousal. To understand some of the mechanisms of this effect, the researchers also asked participants to rate how the interview felt for them in terms of perceived justice, psychological stress from giving testimony, and stress from waiting for the start of the interview. They found that lower perceived justice was associated with higher levels of intrusive symptoms, indicating that *not* feeling heard and understood can be a risk of giving testimony associated with significant distress.

Schock and colleagues' (2015) finding is significant given that a desire for justice appears to be a strong motivator for participation in testimony processes. For example, in a survey of participants who provided testimony in the Extraordinary Chambers in the Courts of Cambodia (a form of international war crimes tribunal situated within Cambodia and applying a hybrid of local and international law), researchers found that

the most common reason for participation was seeking justice, followed by revenge, reparations, duty to family, and the individual's own coping (Stammel, Burchert, Taing, Bockers, & Knaevelsrud, 2010).

Testimony in Truth and Reconciliation Commissions. A quest for justice also underpins Truth and Reconciliation Commissions, which have been established in several countries and communities as a formal means of documenting atrocities in periods of war, conflict, and oppression, and of facilitating community healing. Studies on the impacts of participating in these commissions have also identified mixed outcomes.

In an ethnographic study in Peru, Laplante (2007) interviewed 110 women survivors of civil war, government representatives involved in reparations, and mental health professionals about their experiences with the country's Truth and Reconciliation Commission. The mental health professionals worked at non-governmental organizations that explicitly promoted political activism as part of the psycho-social healing process and worked with women in a participatory way to diagnose and address their needs and plan political activities. These professionals identified women participants as developing a sense of effectiveness and efficacy by taking on social and political leadership. The women who participated in political activism and gave testimony at the Commission described feeling "more than victims", gaining a sense of agency by holding the government accountable (Laplante, 2007). Others described gaining self-esteem and a feeling of tranquility from giving testimony and engaging in advocacy.

Although Laplante (2007) did not identify any negative outcomes associated with giving testimony, she did observe that ongoing political engagement was challenging for many women—both logistically (the work is unpaid and requires long travel from remote

locations) and in terms of their safety (many faced ongoing scorn—particularly from men who disliked them taking a more active role—discrimination, and governmental suspicion). These experiences might be expected to have caused considerable distress and possibly exacerbated existing PTSD symptoms.

Such safety concerns were also identified in Brounéas' (2008) study of 16 women in Rwanda who had testified in *gacaca* village tribunals—functional equivalents to truth and reconciliation commissions. From data collected in semi-structured interviews about the testimony experience she identified two important themes: security problems and fear for safety after giving testimony, and psychological ill-health (e.g., feeling ill before, during and after testimony, and strong re-experiencing of trauma while testifying). Although limited in scope, this study gave important insight into the potential impacts of giving testimony in one's own community, where forms of oppression may be ongoing.

In a later survey of 1,200 Rwandan men and women randomly sampled from the community, Brounéas (2010) found that those who had been witnesses in their local village tribunal had a 20 percent higher risk of depression and 40 percent higher risk of post-traumatic stress disorder than those who had not. She suggested that an important contributor to the distress involved in giving testimony may be the survivors' minority status within their communities, which placed them at risk of both prior and ongoing discrimination. Importantly, this study was not able to control for selection effects, so it may also have been the case that those with more existing psychological distress chose to participate as witnesses (e.g., in hope of finding relief).

Other studies have reported similar outcomes from the participation in the truth and reconciliation commission in South Africa. For instance, drawing from semi-

structured interviews with 30 survivors of violence who participated in the commission as witnesses, Byrne (2004) identified only a small number who found the process empowering. Positive experiences included being able to give testimony in public and having new information publicly shared. However, many other participants emphasized their pain and disappointment, sharing frustration with the bureaucracy of the process and describing the significant emotional toll it had taken on them (a theme expressed by 24 of the 30 participants).

Supporting these qualitative observations, a large scale cross-sectional study in South Africa found that individuals who had participated in the Truth and Reconciliation Commission had higher levels of psychological distress than those who had not (Stein et al., 2008). As with Brounéas (2010) study, there may have been important selection effects that these researchers were unable to control for, and a causal pathway from participation to distress is not fully substantiated. However, the results suggest that some careful consideration may be warranted before participating in public witnessing and testimony.

Interestingly, a more recent study in Sierra Leone helped to separate out an important benefit that many proponents of Truth and Reconciliation Commissions have cited: positive impacts on community harmony and cohesion. Cilliers, Dube, and Siddiqi (2016) conducted a randomized control trial and found that those assigned to the group participating in local truth and reconciliation hearings showed an increase in anxiety, depression, and post-traumatic stress disorder at the end of the trial, but also showed increases in social trust and cohesion.

This finding presents a potential dilemma for those promoting public testimony processes, and highlights important assumptions lying behind the creation and proliferation of truth and reconciliation commissions. For example, Adams and Kurtis (2012) suggest that truth and reconciliation processes are rooted in Christian traditions of confession and absolution, and in a Western cultural perspective where openness is desirable as a way of connecting atomistic individuals and where the dangers of openness are low because there is a sense of being able to escape if needed. In contrast, they suggest, in an African setting there is more cultural emphasis on imbedded interdependence, where individuals are connected and do not have the same opportunities (or desires) to “escape” (Adams & Kurtiş, 2012). They further propose that a focus on individual testimony and confession within truth and reconciliation commissions may detract from focus on broader social and geopolitical injustices, resulting in inherently unsatisfying outcomes for those involved. In a similar vein, Das (2007, p. 220) reflects that the forms of testimony that have been envisaged in truth commissions “excluded certain other models of testimony and remembrance” and could not produce absolute truth, with the commissions ultimately functioning instead as a way for marginalized community members to reclaim public space. She further identified that, although Western societies may work on an assumption that truth-telling is necessary for democratic progress, in reality the telling of some “facts” necessarily excludes some others (noting, for instance, that women’s voices have not been well represented in truth and reconciliation commissions).

These propositions are not directly borne out by the research summarized above. However, evidence that participants can feel unsafe in their communities (Brounéus,

2008; Laplante, 2007) points to an important way in which institutions promoting testimony may be formed and function differently in different locations. Reflecting on the necessity of cultural fit, Allan and Allan (2000) suggest that a focus on communal healing and restoration may be particularly important in collective societies.

Testimony Embedded in Advocacy. Little research appears to have investigated the impact of public testimony outside of the specific court and commission contexts described above. One exception is an interesting study focused on current levels of traumatic stress and resilience in Peru. Suarez (2011) identified primarily positive outcomes for women participating in less formalized, more community-based forms of testimony and advocacy. She surveyed 151 women survivors of war and found that civic participation in indigenous women's organizations and non-governmental organizations that engaged in or supported advocacy and testimony was significantly associated with higher levels of resilience (regardless of the level of exposure to violence the women had experienced). Through follow-up interviews, she identified that many of the most resilient participants described the importance of being engaged in activism and other ways of supporting others. Drawing from both the quantitative and qualitative analyses, she concluded that "membership in associations with political goals is both an enhancing factor of resilience, and a coping strategy to deal with otherwise disturbing posttraumatic responses" (Suarez, 2011). However, her study did not specifically focus on the impacts of civic participation, or investigate how such participation differed for different women—for instance, not all may have been directly engaged in public testimony.

Implications for the Current Research

In closing this appendix, I discuss how findings from the studies reviewed above support theoretical propositions. I suggest how these findings may relate to the unique setting of the present study, and highlight gaps in our current understanding of the impact of giving testimony for survivors of torture in the USA.

Support for Existing Theories

The research summarized in this appendix provides evidence that giving testimony is associated with both benefits and costs, depending on the context in which the testimony is given, and varying across individuals. Because many of the studies focused on measuring psychological symptoms post-testimony (Bichescu et al., 2007; Cienfuegos & Monelli, 1983; Cilliers et al., 2016; Esala & Taing, 2017; Igreja et al., 2004; Jorgensen et al., 2015; Neuner et al., 2010, 2008; Neuner, Schauer, Klaschik, Karunakara, & Elbert, 2004; Puvimanasinghe & Price, 2016; Schaal et al., 2009; Stenmark et al., 2013; Weine et al., 1998), rather than investigating process factors, the exact mechanisms through which testimony may result in psychological healing or exacerbate psychological suffering remain unclear. However, several theorized healing factors appear to be born out in study findings.

Support for Theorized Healing Factors. Most prominently, survivors in several studies identified the experience of having their testimony listened to as positive and beneficial (Agger et al., 2012; Byrne, 2004; Luebben, 2003; Schock et al., 2015; Stenmark et al., 2013), consistent with the experience of interpersonal validation proposed in the second stage of Auerbach and Shiro-Gelrud's (2010) trauma healing model and the "relational" (connecting to a trusted listener) healing factor of testimonial

therapy proposed by Weine and colleagues (1998). Related to this experience, past studies also present evidence that when testimony is given in a welcoming environment, it facilitates feelings of social support and community connection (Agger et al., 2012; Jorgensen et al., 2015; Shalhoub - Kevorkian, 2005)—factors that are emphasized in stage three of Herman’s (2015) model of trauma recovery.

In addition, there is evidence that survivors were able to situate their suffering in a socio-political context through their testimonies (Lustig et al., 2004; Mollica, 2006), consistent with the “social” (transforming a personal trauma story into a socio-historical one) healing factor of testimonial therapy proposed by Weine and colleagues (1998) and with the theorized corrective experience of acknowledging the external, political cause of the trauma, rather than internalizing blame (Herman, 2015; Kira et al., 2006). This re-positioning of the self-narrative may have been connected to another therapeutic aspect of testimony: gaining a sense of empowerment and igniting a desire for political campaigning and activism (Jorgensen et al., 2015; Laplante, 2007; Shalhoub - Kevorkian, 2005; Suarez, 2011), which Kira and colleagues (2006) proposed as a key element of rebuilding the collective identity that is traumatized through torture.

Support for Theorized Risks. Herman (2015) proposed that safety and stability are foundational in the trauma healing process, and neurobiological theories (McFarlane et al., 2002; Schauer & Elbert, 2010; van der Kolk et al., 2016) suggest that significant reexperiencing and re-traumatization can occur when feelings of safety are compromised. Studies focusing on testimony outside of therapy settings indicated that survivors felt significant psychological distress during testimony (Brounéus, 2008; Byrne, 2004; Henry, 2010; Stepakoff et al., 2015). There was also evidence that survivors felt unsafe after

giving testimony within their own communities (Brounéus, 2008; Laplante, 2007) , consistent with Weine's (2006) concern that testimony would not be beneficial for those who did not feel secure in offering it.

Gaps to Be Further Explored

Other theorized healing factors appear to have been less well examined in previous research on testimony. These include a growth in consciousness and identity renewal (Weine, 2006), cognitive reappraisals of the traumatic experience (Auerbach & Shiro-Gelrud, 2010; Weine, 2006), and increased desire for reconciliation within the community in the context of sustained anger at oppressors (Adams & Kurtiş, 2012; Bayer et al., 2007; Kira et al., 2006). Further research on the mechanisms of healing involved in testimony is important for understanding its psychological, as well as social and political, value.

In addition, past research has primarily focused on formalized testimony processes within the relatively closed space of therapy or of within-country tribunals, which may differ (in terms of safety, support, ritual and other important respects) from testimony given in other contexts, such as human rights-focused advocacy in a foreign country. Thus, there is a gap in understanding of how testimony functions for different individuals in different spaces. Qualitative research can play an important role in examining the complex effects of testimony in underexplored contexts, closely examining how it is embedded in other life experiences that may promote or hinder healing.

Appendix 2: Extended Explanation of Study Methods

This section presents an extended description of the rationale for the methodological approach in this study, the researcher's positionality, and the procedures used to collect and analyze data. The approach set out in this section, and applied throughout the course of this research, is underlaid by constructivist epistemology. Specifically, I eschew the positivist assumption that there are objective truths about the impact of public testimony that generalize across survivors of torture, or that I can be an unbiased observer of such truth. Instead, I have attempted to adopt and demonstrate my use of a trustworthy, survivor-centered approach to researching testimony that provides a rich understanding of survivor experiences while acknowledging my own role in interpreting those experiences.

Establishing Methodological Integrity

A core characteristic of trustworthy qualitative research is methodological integrity, defined in recent guidelines issued by the American Psychological Association as the “functional synergy” of fidelity to the subject matter and utility in achieving research goals (Levitt, Motulsky, Wertz, Morrow, & Ponterotto, 2017). Fidelity relates to capturing the lived experience of the participants, and utility relates to answering the study's driving questions.

I adopted a grounded theory approach in this study as an appropriate means to achieve both fidelity and utility in examining the impact of giving public testimony for survivors of torture. First articulated by Glaser and Strauss (1967), grounded theory is a well-established qualitative approach to answering inquiries into “how” phenomena occur by using a systematic approach to develop a theory from grounded data. Broadly,

the approach involves simultaneous data collection and analysis, constructing codes or categories directly from the data to form an “emerging” (developing) theory, constant comparisons throughout the analysis process, sampling participants with the aim of better articulating the theory under development, and engaging in memo writing to document researcher thoughts and processes (Charmaz, 2006; Strauss & Corbin, 1998). Over time, diverging guidelines for using a grounded theory approach have emerged, with some researchers providing more prescriptive guidance on analysis (consistent with more positivist scientific traditions) and others emphasizing subject-responsive flexibility within broad principles. For example, Strass and Corbin suggest that “Analysis is the interplay between researchers and data. It is both science and art...There are procedures to help provide some standardization and rigor to the process. However, these procedures were designed not to be followed dogmatically but rather to be used creatively and flexibly” (Strauss & Corbin, 1998, p. 13).

In this study, I have followed this guidance offered by Strauss and Corbin (1998), along with procedures outlined by Charmaz (2006), to develop a robust process for collecting, analyzing, and deriving results from participant data. The resulting procedure ensures *fidelity* and rigor by including multiple means of identifying and managing areas of researcher bias (through memo writing, consultation with expert advisers, and a member check process), and through steps to closely connect the derived theory with participants’ realities (an iterative process, constant comparison, researcher attention to the interview experiences as sources of information, and refinements in line with feedback from expert advisers and participants). I aimed to achieve *utility* through an examination of participant context, the use of both broad and more focused open-ended

interview questions, multiple rounds of data collection, purposive sampling to collect rich data, and multiple stages of coding and analysis to help form a coherent set of results. Additionally, following Hoshmand's (2006) guidance on culture-informed trauma research, the cross-cultural integrity of the research is supported by taking a narrative approach to collecting and understanding the data—reflecting the assumption that “narratives are windows into culture and identity” (Hoshmand, 2006, p. 154).

Reflexivity

An important first step before embarking on these procedures was examining my own positionality as a researcher, noting that I would be both observer and participant in the interview process, and that my perspectives would be in constant “interplay” with the data during the analysis process (Strauss & Corbin, 1998). Researcher reflexivity is important in all qualitative approaches, helping to elucidate ways in which knowledge is being co-constructed by the researcher, the participants, the data, and the context throughout the research process (Guillemin & Gillam, 2004; Hoover & Morrow, 2015; Levitt, Bamberg, et al., 2017). My own identity as a researcher undoubtedly influenced my research interests, my choice of research questions, my research approach, my analyses of the data, and my presentation of the resulting findings (Guillemin & Gillam, 2004).⁴ In attempting to understand my identity as a researcher, I have followed Im (2016) and Olson (2015) in reflecting on my social location, my values and beliefs, my

⁴ Thus, the grounded model identified in this study does not “emerge” from the data, but is rather developed through my interaction with it (Hays & Singh, 2012).

lived experiences, and the potential meaning of my actual and perceived class, gender, race, and ethnicity for this study's participants.

Foreignness. One element of my positional identity relevant to this study was as a “foreigner”—something that both distanced me from, and attracted me to, working on issues relevant to the participants. As a Pākehā (white), cisgender woman from Aotearoa New Zealand, I grew up far from the home countries of this study's participants—and far from (although culturally closer to) the USA. I was raised in a socio-political and economic context where state-sponsored torture was never perceived as a threat, ample freedoms were ensured by the law (particularly for those with majority racial and socioeconomic identities, like myself), and education, healthcare, and employment were widely accessible. My privileged identities allowed me access to international communities beyond my small island nation's shores, and to education and subsequent employment that would permit me opportunities to volunteer with refugee and migrant communities that came to call our nation home.

Over time, the accumulation of my travel, work, study, and voluntary experiences served to build and amplify my awareness of historic and ongoing injustices in international migration and ignited my interest in cross-cultural psychology (the field of my Master's degree). I had also inherited intergenerational family values that rested strongly on education and community service. Bringing these strands of identity together, when I commenced my doctoral studies in the USA I sought out an opportunity to undertake research and gain counseling experience with a community organization where my past experiences might be of value, and my status as a foreigner would not be an impediment. Thus began my association with the Torture Abolition and Survivors'

Support Coalition (TASSC) International—an organization engaged in advocacy and providing social and legal services for survivors of torture who are seeking asylum in the USA, where I served as a research assistant and extern counselor for several years.

Insider Privilege and Multi-Layered Power Dynamics. Of course, there are important ways in which I was not seen as entirely foreign at, and beyond, TASSC: I am white, and a native English speaker, and can pass as adequately fluent in white American culture. Although classed as a non-resident alien, I benefit from most of the same social privileges white Americans do. From the perspective of survivors, then—including the participants in this study—I was ostensibly an “insider”, not meaningfully differentiated from citizens of the USA. In addition, approaching participants as a researcher affiliated with an American university, I was likely seen as someone with education, access to resources, and social power within an American context. I may also have been seen as someone whose research-focused motives may not be entirely trustworthy. As an individual with an association with TASSC, however, I was afforded an entry point for being trusted by survivors, likely classed as being among a group of professionals they had experienced safety and support from.⁵ Participants also likely took note of me being a little younger (I was older than only one of the participants), and a woman.

I envisage that these perceptions of my race, nationality, professional status, gender, and age may have created dialectical dynamics of conflicting compliance and withholding, trust and mistrust, and deference and resistance in my interactions with

⁵ As Sulaiman-Hill and Thompson (2011) note, personal relationships with community leaders are essential in research with underserved and marginalized community populations. It is notable that refugees and survivors associated with organizations with which I had a weaker connection did not respond to recruitment advertising.

participants—dynamics informed by a history of white colonialism in their countries, by their experience of ongoing power disparities in which white-dominant institutions (both local and international) hold access to economic resources and knowledge, by their experiences with formal education systems influenced by Western traditions, by their experiences of white saviorism, and by the racist structuring of American society. Throughout the research process, I reflected on these realities, and tried to pay close attention to interpersonal dynamics as they emerged in interviews and surrounding interactions, creating opportunities for more equitable power sharing wherever possible (e.g. encouraging participants to choose the location and timing and set the pace of their interviews, keeping them updated on the research process for maximum transparency, offering opportunities to give feedback on the developing model and write up, and inviting them to make suggestions on how the findings should be presented). In my analysis of the study data, I reflected on participants' experience of the research process as a way to integrate this reflexivity.

Values, Biases, and Unique Perspectives. Beyond the social identity factors noted above, my personal alignment with TASSC's human rights-focused mission and values, my prior work experience in and familiarity with policy development and political processes, and my training in trauma-informed psychology and counseling are important areas of bias (and expertise) that I bring to this current study. Given my preexisting professional and political beliefs and ideologies, as I approached this research I was predisposed to place value on hearing personal stories—particularly testimonies of people who have been oppressed. Through experiences as a trainee therapist in multiple settings, and as a volunteer at TASSC, I have directly witnessed people experiencing

relief from feeling heard, understood, validated, and believed after sharing personal stories—and also witnessed people feeling triggered and destabilized by feeling pushed to reveal too much vulnerability or pain. Additionally, I have helped collect written survey data from survivors who have participated in advocacy days with TASSC in the past, and accompanied a group of survivors participating in one such advocacy day (where personal testimonies are given in congressional and senate offices)—experiences that gave me existing insights into survivors’ testimony experiences, both positive and negative. Although I was careful to draw this study’s findings directly from data collected in the interviews, my prior views and experiences have no doubt colored my interpretation of the interview data. Furthermore, as noted in the data analysis section below, I have applied a counseling psychologist’s lens to understanding emotional, cognitive, and interpersonal experiences. At the same time, I have mindfully endeavored to hold some degree of impartiality or balance with respect to neither feeling invested in painting a cautionary (and potentially paternalistic) tale by overly focusing on the distress stirred up through acts of testimony, nor colluding in an individual or institutional desire to suppress or deny such pain by overly focusing on positive impacts.

Participants

I took a purposeful sampling approach in identifying information-rich cases for this study, with recruitment continuing throughout the data collection and analysis process. Participants were recruited from populations of survivors known to have publicly participated in giving testimony within the past year. All passed the inclusion criteria checked for in screening: being adults (over the age of 18) who survived torture in their home country, currently living in the USA, who had engaged in public testimony

in the USA; being willing to participate voluntarily; possessing adequate proficiency to complete the interviews in English; and being willing to be audio recorded and to share demographic information pertinent to the study's objectives.

A total of 11 survivors (7 men, 4 women; age $M=44$, $SD=7.2$) agreed to participate in the study. Their countries of origin were Cameroon, Congo-Brazzaville, Ethiopia, Eritrea, and Sudan. All had been in the USA for at least a year at the time of the interviews (arriving between 2013 and 2018), and had claimed asylum on the basis of having been persecuted by government actors for their religious affiliation, social group identity, or perceived political beliefs; four had their asylum granted, and seven were still awaiting the outcome of their case. Four participants identified as being separated from their spouse and children, who were still in their home country.

Participants reported having engaged in public testimony in a variety of settings: in churches, synagogues, universities, high schools, and government offices (including offices of representatives of the United States Senate, Congress, and government departments, and in meetings of special committees), at human rights conferences, and in media interviews. These settings varied in terms of the audience size and characteristics, purpose of the testimony, time available to share testimony, and number of people giving testimony. Participants ranged in experience from those who had participated only once to those who had participated multiple times across multiple settings.

Measures

To help assess current symptoms of post-traumatic stress, anxiety, and depression (as a comparative measure of healing), I asked participants to complete two measures

related to their psychological well-being and trauma-related symptoms. Full versions of these measures are provided in Appendix 2a.

Harvard Trauma Questionnaire (Mollica, McDonald, Massagli, & Silove, 2004). Part four of this questionnaire comprises 30 items (the HTQ-30) listing symptoms of post-traumatic stress commonly experienced by survivors of torture, such as recurrent nightmares and difficulty concentrating. For each symptom, respondents are asked to indicate how much they were bothered by it on a 4-point likert scale: not at all (1), a little (2), quite a bit (3), or extremely (4). Two composite scores are calculated from their responses: (a) an overall score based on the mean of all responses, and (b) a post-traumatic stress disorder (PTSD) score based on the mean of responses for items 1 to 16. These items for the PTSD score correspond to symptoms for the disorder defined in the Diagnostic and Statistical Manual, 4th Edition. Higher scores indicate a higher level of PTSD symptomology. The measure has been shown to have convergent validity with diagnoses of PTSD from clinical interviews and construct validity in studies including survivors of torture and trauma from multiple country backgrounds (Fawzi et al., 1997; Mollica et al., 2014; Mollica, Caridad, & Massagli, 2007; Mollica et al., 1992a, 2004; Oruc et al., 2008; Shoeb, Weinstein, & Mollica, 2007; Silove et al., 2007). Reported internal reliability has been good ($\alpha = .87 - .89$) for both the PTSD subscale and overall score.

Hopkins Symptoms Checklist-25 –adapted (Mollica & Caspi-Yavin, 1991; Mollica et al., 2004). The Hopkins Symptoms Checklist (HSCL-25) consists of 25 questions on symptoms of anxiety and depression. It was initially developed for a general population but adapted by Mollica and colleagues (Mollica & Caspi-Yavin, 1991;

Mollica et al., 2004) for use with a refugee population. For each listed symptom, respondents are asked to indicate how much they have been bothered or distressed by it over the last week on a 5 point likert scale: not at all (1), a little/once within the past week (2), quite a bit/more than once in the past week (3), or extremely/almost every day (4). Two sub-scale scores and an overall score may be calculated. The anxiety subscale collates items that are consistent with a DSM-IV diagnosis of generalized anxiety, but has not been tested for diagnostic validity (Mollica et al., 2004). The depression subscale has been found to be consistent with the DSM-IV diagnosis of major depression (Mollica et al., 2014), and has reported reliability of $\alpha = .87$ (Oruc et al., 2008). The overall score has been used as a measure of non-specific emotional distress (Mollica et al., 2004).

Procedure

To identify potential participants, I approached agencies that worked with populations including survivors of torture living in the Washington DC metro area (TASSC, Asylum Seeker Assistance Project, Center Global, ECDC, and Montgomery Community College) to put up recruitment posters or send out informational emails about the study. The text of the email and poster briefly described the study purpose and methods and invited interested individuals to contact me directly via email (see Appendix 2b).

I requested all 11 participants who emailed me expressing their interest to provide a contact phone number so that I could conduct an initial phone screening. During the screening, I read the participant the contents of a screening form (see Appendix 2c) that briefly explained the study purpose and procedures, emphasized that their decision on whether to participate or not would not have any impact on their access to services at the

agency that had advertised the study, and confirmed that they met all study inclusion criteria. All participants screened met these criteria.

I then scheduled an initial 60-90-minute interview with participants, at a convenient morning, afternoon or evening time and in an accessible, secure and private venue. Some participants had limited transport access and preferred to meet in a private study room at their local public library. Several chose to be interviewed in a small meeting room at the TASSC International offices because they knew where it was, felt comfortable there, and could make efficient use of their visit by also making appointments to talk to TASSC staff. One participant was able to travel to the University of Maryland to meet in an individual counseling room.

Before beginning each interview, I ensured that participants were comfortable and read through the consent forms with them (see Appendix 2d). All signed to provide their informed consent, and kept a copy of the consent forms for their own records. Interviews were semi-structured, based on the questions presented in Table 1 with follow up questions to provide clarification, elaboration, or further exploration of initial themes as necessary. At the end of the interview, I asked participants to complete a set of symptom measures, and provided them a payment of \$25 in appreciation of their time. I audio recorded only the interview, which averaged 60 minutes in duration, but most meetings with participants lasted for a total of 90-120 minutes due to the time taken in initial greetings and settling in, measure completion, and closing conversations. Although not a formal part of the research process, the opening and closing conversations initiated by the participants provided additional helpful context or background information and felt culturally and interpersonally important for building trust and rapport.

One participant declined to complete the symptom measures because of inadequate time to complete both measures and interview on the date of our interview. He was not available to complete the measures at a later date. Because the measures took longer than anticipated for several of the participants to complete, and only the first 16 items on the HTQ measure were required to calculate an indicative PTSD score, I decided not to administer items 17-30 of the HTQ for participants 5-11, thus shortening the time spent on quantitative measures that were secondary to the study's main focus. Although several participants indicated that they were still experiencing some post-traumatic symptoms, none indicated high overall levels of post-traumatic stress disorder, anxiety, or depression. None of the participants expressed or displayed discomfort during the interviews. Nevertheless, in line with the study protocols I invited participants to complete a grounding exercise at the end of the interview. Three accepted, and I led them through a calming body scan exercise. All participants indicated that they already had contact with social service agencies that they felt comfortable accessing for support if required.

Table 1

Structure for Initial Interviews

Section	Questions
Primary research questions	<ol style="list-style-type: none"> 1. First, please describe for me what your experiences of giving testimony in the USA have been like? <ol style="list-style-type: none"> a. (e.g., what told, to whom, for what purpose, when?) 2. How has giving testimony positively or negatively affected your healing after torture? <ol style="list-style-type: none"> a. What other things have helped you to heal, or held you back from healing? 3. What changes have you noticed in yourself since you have been participating in giving testimony?

Section	Questions
Pre-testimony experience	<p>4. What were your experiences giving testimony or participating in political advocacy prior to coming to the US?</p> <p>5. How did you decide whether or not to give testimony in the US?</p> <p>6. How did you prepare to give testimony?</p> <ol style="list-style-type: none"> What help did you receive in preparing? What were your feelings and expectations leading up to giving testimony?
Testimony experience	<p>7. What was your experience during the testimony?</p> <ol style="list-style-type: none"> How did you feel inside? How did you behave? What thoughts were going through your mind? <p>8. Who else was there giving testimony?</p> <ol style="list-style-type: none"> What was it like being there with them? <p>9. What helped or supported you to give testimony?</p> <p>10. How did your experience of giving testimony match up to your expectations?</p>
Post-testimony experience	<p>11. What did you perceive the impacts after giving testimony to be?</p> <ol style="list-style-type: none"> On yourself? On others? On the issue? <p>12. Who did you talk to about your experience giving testimony?</p> <ol style="list-style-type: none"> What did you tell them? What would you tell people who are thinking about giving testimony? <p>13. What role do you think giving testimony played in your life story?</p>
Closing questions	<p>14. We have reached the end of my questions. Are there any other things you would like to add about your experience?</p> <p>15. How was your experience participating in the interview today?</p>

Several weeks after participants had completed their first interview, and I had transcribed and analyzed their responses to incorporate into the developing model, I emailed them again to invite them to attend a 45 minute follow up interview. I interviewed the five participants who agreed to a second interview in accordance with the study protocols (which included a separate informed consent for a second interview, a relatively unstructured interview format—see Table 2—and a \$15 payment to

compensate their participation). Two of the participants did not respond to the invitation for a second interview, and four were unavailable to offer further time for the study (due to a work schedule change, illness, relocation to a new city, and new community commitments). In the final stages of data analysis (described below), I contacted participants once again to provide a summary of key findings and invite their feedback on the adequacy and accuracy of the model and on an appropriate approach to sharing findings with a wider audience.

Table 2

Structure for Follow-up Interviews

Section	Questions
Reflections after first interview	1. Were there any new thoughts that came up for you after our first interview? If so, can you please tell me about them?
Clarifications from first interview	2. In the first interview, there were a few things that we talked about that I'd like to ask you some more detail about to ensure I understand what you meant. <i>[present any queries on meaning from first interview]</i>
Feedback on model	3. After completing a few interviews, these are the themes that I have identified so far about the impact of giving testimony <i>[show model and describe]</i> . a. What do you think about these themes? b. How well do the themes capture your experience?

Ethics

Given that this study focuses on the experiences of a vulnerable adult population, I took care to attend to ethical considerations throughout the research process. Formally, this involved submitting the research protocol and materials (including recruitment and screening information and interview questions) to the University of Maryland, College Park's Institutional Review Board (IRB) for approval prior to commencing the study, and

submitting a continuing review / progress report a year after the initial approval. As described above, the study's procedures involved obtaining written informed consent from participants before each interview, and attending to the ongoing comfort and safety of participants throughout interviews and other researcher-participant interactions. As part of this process, participants were reminded they could stop or take a break from participating at any time, or decline to answer any of the study's questions.

Beyond these formal processes, my ongoing reflexivity as a researcher—particularly with regard to power dynamics with participants—was another important process for considering ethical issues in this study (Guillemin & Gillam, 2004). Past research with survivors of trauma (e.g., Hoover & Morrow, 2015) has highlighted how participants have felt more comfort with interview studies when they see their participation as meaningful (e.g., they were contributing to research and it had value), when they were comfortable with and trusted the researcher, when they felt (indirectly / experientially) connected with other participants, and when they experienced some new reflections or change as a result of sharing their stories (even though the process of sharing brings up negative emotions). In attempting to ethically increase participant comfort through these dimensions of experience, it was important to walk a careful line as a researcher—for instance, allowing space for participants to believe in their potential benefit from and ownership of the research while also communicating the cautions laid out in the informed consent protocol and acknowledging that, as an intended dissertation for my doctoral degree, this research would directly benefit me. It also took effort to walk a line between assuming some ethically-appropriate social responsibility with respect to the injustices that participants were sharing (and the expectations they may subsequently

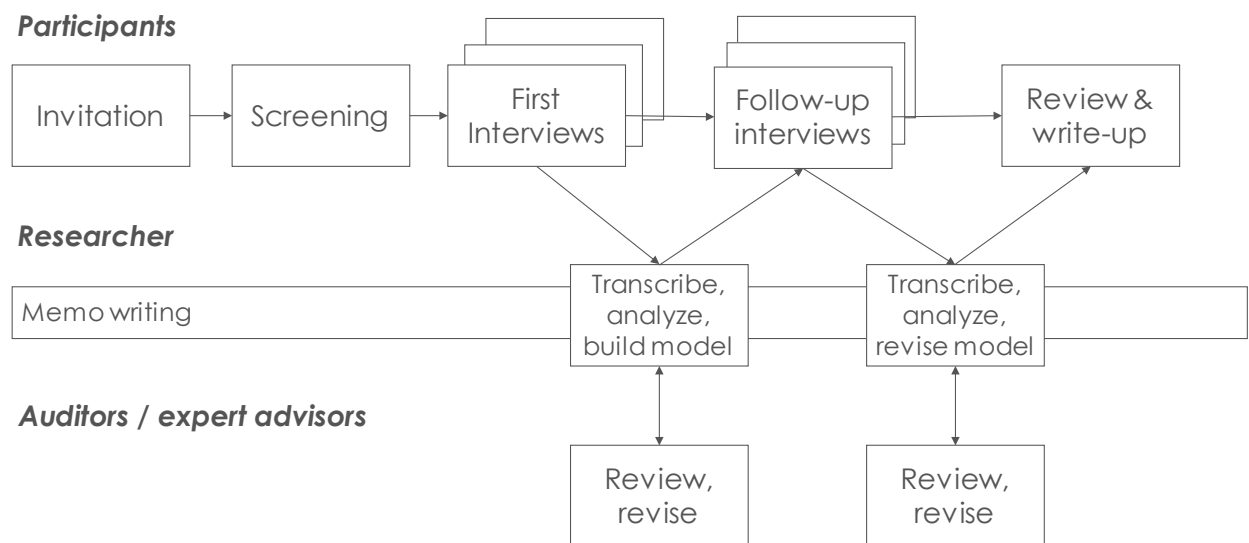
have of me) and maintaining professional boundaries within a researcher role—an ethical issue common in research with refugee and similar migrant populations (especially research involving qualitative approaches to collecting, co-constructing, and analyzing narratives) (Kevers, Rober, & Haene, 2018). Memo writing and consultation with expert advisers, described further below, were important means of working through these ethical considerations.

Data Collection and Analysis

Following Strauss and Corbin’s (1998) guidelines, I undertook sampling, data collection, and analysis through an iterative process (depicted in Figure 2) until saturation was reached.

Figure 2

Key Steps in Iterative Research Process



As part of this process I identified an initial set of categories and a theoretical structure from early stages of analysis and used this to inform the later stages of data collection and analysis. I also included steps to establish rigor, using memos and

diagrams throughout the data collection and analysis stages and consulting with expert advisers on the development of the theoretical model.

Memo Writing

From the beginning of the study, I followed Strauss and Corbin's (1998) recommendations to engage in "memoing" (writing reflective notes on coding, theoretical ideas, operational issues, and emerging thoughts and feelings) about the research process. Across each stage of analysis, I employed three primary types of memo: interview summaries and reflections, which I wrote as soon as possible after each interview in order to capture impressions of the interpersonal process and participant presentation in the interview and record the basic narrative of their advocacy journey; reflections and new thoughts and ideas about the themes that emerged as I relistened to and transcribed the interviews and engaged in each round of coding; and new insights or questions emerging from consultations with the expert advisers on the study model and process.

This memo writing process was important for documenting my thought processes, identifying and working through my reactions, biases, and assumptions as a researcher, and identifying initial themes. I referred to these memos in the data analysis process and in preparing for each new interview, helping to provide a check on the influences of subjectivity on the study by promoting a state of sustained self-awareness and reflection. Memos were also useful for conceptualizing more broadly, rather than staying focused on micro-data—a process Strauss and Corbin identifying as gaining "analytical distance from materials" (Strauss & Corbin, 1998, p. 218). I used diagrams to help capture the ways in which different concepts appeared to relate, ultimately culminating in the diagrammed final model presented in the results section.

The lens I brought to the process of memo writing, reflection, and analysis was undoubtedly influenced by my training as a counseling psychologist. For instance, although research interviews are different in important ways from therapeutic interactions (including in terms of purpose, participant and researcher roles, ethical priorities, and structure), I believe that the interviews in this study exhibited elements of the tripartite model of psychotherapy processes (Gelso, 2014). These parts included a working alliance based on the tasks and goals at hand and the working bond between myself as researcher and my participants; a real relationship wherein I and my participants related with genuineness and realism (or at least yearned and attempted to—as discussed further in the results section, participants’ apparent desire to be seen and appreciated beyond their survivor identity felt important in both the (coded) content and process of the interviews); and a transference-countertransference dynamic in which my participants and I reacted to and viewed one another in unique ways informed by our previous interpersonal experiences. As anticipated and noted through my process of reflexivity (outlined above) the transference that participants appeared to experience in interviews was particularly important as a form of meta-data, adding a layer of meaning to the content of—and possible omissions in—their speech. I was aware of the parallels of being a witness to individuals giving testimony (to me) about their experience of giving testimony to other witnesses; what happened in our interviews gave insight into, and contrasted with, the experiences that they may also have had in giving public testimony. I also felt deeply pulled to respond to participants’ voiced and unvoiced desires to be seen as human—a desire to be not a dispassionate researcher, but a human, too. As Blackwell (2007) aptly frames this dynamic in relation to therapy with asylum seekers, our interviews felt like a

“meeting of persons produced by and caught up in historical processes, often feeling overwhelmed by them, seeking not only the freedom of the client but also their collective psychological freedom, some shared recognition of the human condition”.

These areas of awareness felt important to document here as part of the study process, and also to document in the study’s findings. Accordingly, I drew from memos and coded transcripts to identify themes related to the interview experience, which are presented in the results section.

First Stage of Collection and Analysis

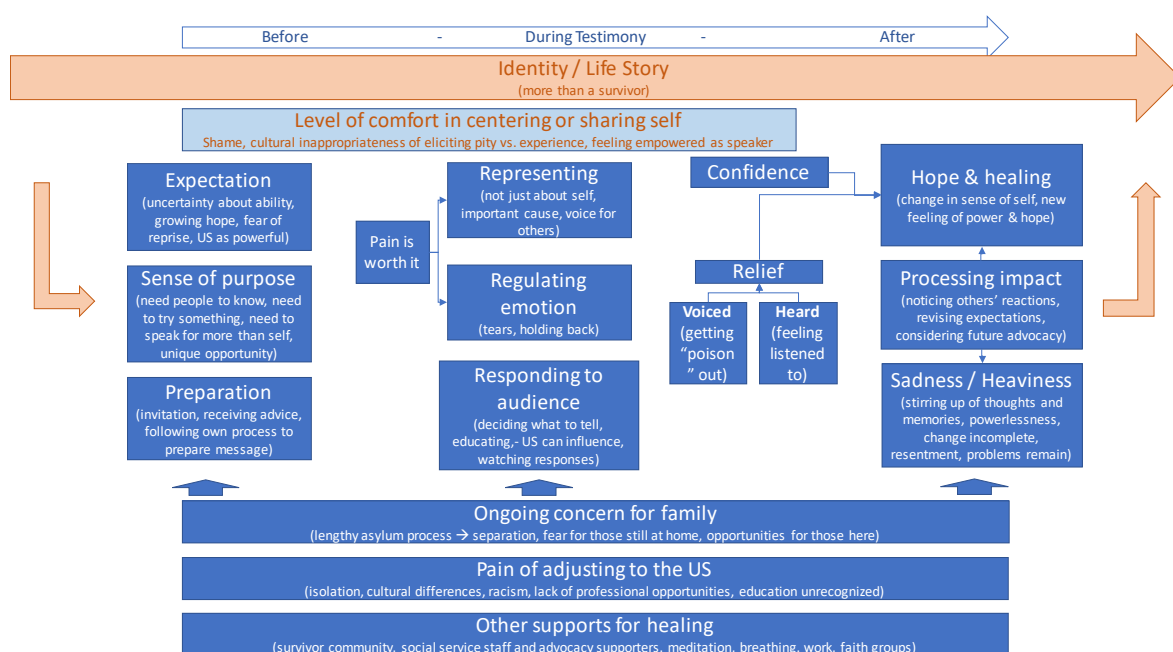
I conducted, audio-recorded, and transcribed an initial set of three interviews, and analyzed these in NVivo qualitative analysis software (QSR International Pty Ltd. Version 12, 2018) following a broad three-part coding process established by Corbin and Strauss (1998). First, I “open coded” transcripts to identify categories of information related to the process of engaging in testimony. This resulted in a large number of category codes closely matched to small units of meaning within the transcripts, which I condensed into broader categories and sub-categories and central themes to form an initial structure to the data. These categories included both phenomena and processes.

In the second stage of coding I followed an “axial coding” process to elucidate the dimensions and variability within each category (a process of linking subcategories around a category’s central “axis”) and identify each category’s conceptual connections (including connections in meaning, sequencing, and level of abstraction) with other categories. For example, coding at this stage helped connect and distinguish between different dimensions of the in-the-moment experience of testimony, place these in a

separate conceptual space from after-testimony reflections, and identify relationships between what was felt during the testimony and what was reflected on afterwards.

Third, I used selective coding of the transcript data to build a narrative or theoretical structure that integrated and refined the categories to explain the impact that giving testimony has on healing. I consulted with expert advisors (a survivor of torture and experienced trauma-informed counselors, all of whom were trained in mental health and had worked extensively with survivors who had participated in advocacy) to review the developing concepts and theoretical structure, making refinements to improve clarity in line with their feedback.

With two subsequent groups of four interviews I followed a similar process, adding to and revising the theoretical structure in line with the data, using a constant comparison process to identify similarities and contrasts between new and existing pieces of data. This process resulted over time in some categories becoming less prominent and merging with others, and others becoming more clearly delineated and narrowed, to a point of apparent saturation—i.e., where “no new or significant data emerge, and categories are well-developed in terms of properties and dimensions” (Strauss & Corbin, 1998, p. 215). I captured the development of the theoretical model in diagrams depicting conceptual categories and relationships. An example, showing recurring concepts and my initial attempts to identify their connection with larger categories, is shown in Figure 3.

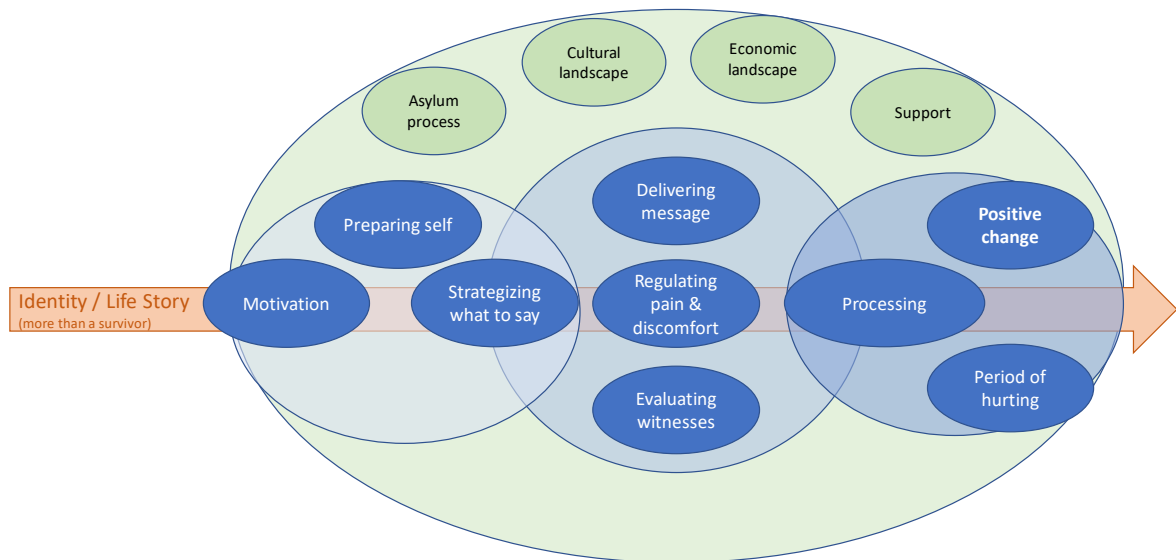
Figure 3*Diagram of Developing Model During First Stage of Interviews**Second Stage of Collection and Analysis*

Once initial interviews were completed, I invited participants for follow-up interviews. With the five participants who agreed, I asked questions to clarify information provided in the initial interview, invited them to share any reflections from the first interview or new thoughts that the participant may subsequently have had, and presented the diagram of the developing theoretical model to seek the participants' comments or revisions—a "member check" process (Birt, Scott, Cavers, Campbell, & Walter, 2016). Data collected in these interviews was transcribed and coded following a similar approach to the first phase. This member check process was particularly helpful for adding richer descriptions to some categories, identifying ways in which categories were related, and providing a more appropriate way to symbolically depict the "surrounding"

nature of contextual factors and the interconnectedness of different phases of experience (e.g., by moving from the boxes depicted in Figure 3 to overlapping ovals depicted in Figure 4).

Figure 4

Diagram of Near-Final Model with Sub-themes Indicated



Integration into Final Theoretical Model

I continued the integration of conceptual categories and refinement of the theoretical model from the selective coding process through the writing up of results, returning to the data for source quotes and to check the clarity of categorical descriptions. Dimensions of and relationships between categories became clearer through prolonged immersion in the data and in the analytical process—a central aspect of engaging in qualitative research.

An important aspect of this integration was identifying a core category that all other major categories of information were connected to—the central “storyline”. This

central theme is initially identified in the earlier model in Figure 3, and becomes more centrally situated—serving as linking force between each major category in the model—in the near-final model shown in Figure 4. The final model, presented in the results section, has categories with a greater degree of abstraction (representing the larger, as-yet unlabeled ovals in Figure 4).

Review of write-up. As an additional member check process, and as noted in the procedures described above, I shared the diagram of the final model and a draft summary write up of results with all participants and with the expert advisers for their review and comment. Those who responded gave positive, affirming feedback about the model, and had only minor comments (e.g., on how they would like to see direct quotations used in explaining the model). This final step was important for adding to the study's trustworthiness by checking that participants saw themselves as fairly represented in, and as eligible co-owners of, the study's findings.

Appendix 2a: Quantitative Measures

PLEASE ANSWER ALL THE QUESTIONS.

Put a circle around the best answer, like this:

1

If you are not sure what a question means or how to answer, please ask the researcher to explain.

The following are symptoms that people sometimes have after experiencing hurtful or terrifying events in their lives. Please read each one carefully and decide how much the symptoms bothered or distressed you in the last week, including today.

Harvard Trauma Questionnaire (part 4) - HTQ-30		not at all	a little	quite a bit	extremely
1.	Recurrent thoughts or memories of the most hurtful or terrifying events.	1	2	3	4
2.	Feeling as though the event is happening again.	1	2	3	4
3.	Recurrent nightmares.	1	2	3	4
4.	Feeling detached or withdrawn from people.	1	2	3	4
5.	Unable to feel emotions.	1	2	3	4
6.	Feeling jumpy--easily startled.	1	2	3	4
7.	Difficulty concentrating.	1	2	3	4
8.	Trouble sleeping.	1	2	3	4
9.	Feeling on guard.	1	2	3	4
10.	Feeling irritable or having outbursts of anger.	1	2	3	4
11.	Avoiding activities that remind you of the traumatic or hurtful event(s).	1	2	3	4
12.	Inability to remember parts of the most traumatic or hurtful event(s).	1	2	3	4
13.	Less interest in daily activities.	1	2	3	4

Harvard Trauma Questionnaire (part 4) - HTQ-30		not at all	a little	quite a bit	extremely
14	Feeling as if you don't have a future.	1	2	3	4
15	Avoiding thoughts or feelings associated with the traumatic or hurtful events.	1	2	3	4
16	Sudden emotional or physical reactions when reminded of the most hurtful or traumatic events.	1	2	3	4
17	Feeling that people do not understand what happened to you.	1	2	3	4
18	Difficulty performing work or daily tasks.	1	2	3	4
19	Blaming yourself for things that have happened.	1	2	3	4
20	Feeling guilty for having survived.	1	2	3	4
21	Hopelessness.	1	2	3	4
22	Feeling ashamed of the hurtful or traumatic events that have happened to you.	1	2	3	4
23	Spending time thinking about why these things happened to you.	1	2	3	4
24	Feeling as if you're going crazy.	1	2	3	4
25	Feeling others are hostile towards you.	1	2	3	4
26	Feeling that you have no one to rely on.	1	2	3	4
27	Feeling that you are the only one who suffered these events.	1	2	3	4
28	Finding out or being told by other people that you have done something that you cannot remember.	1	2	3	4
29	Feeling as if you are split into two people and one of you is watching what the other is doing.	1	2	3	4
30	Feeling someone trusted betrayed you.	1	2	3	4

Hopkins Symptoms Checklist - HSCL 25

		not at all	a little <i>(once in the past week)</i>	quite a bit <i>(more than once in the past week)</i>	extremely <i>(almost every day)</i>
1.	Suddenly scared for no reason	1	2	3	4
2.	Feeling fearful	1	2	3	4
3.	Faintness, dizziness, or weakness	1	2	3	4
4.	Nervousness or shakiness inside	1	2	3	4
5.	Heart pounding or racing	1	2	3	4
6.	Trembling	1	2	3	4
7.	Feeling tense or keyed up	1	2	3	4
8.	Headaches	1	2	3	4
9.	Spells of terror or panic	1	2	3	4
10	Feeling restless, cannot sit still	1	2	3	4
11	Feeling low in energy, slowed down	1	2	3	4
12	Blaming yourself for things	1	2	3	4
13	Crying easily	1	2	3	4
14	Loss of sexual interest or pleasure	1	2	3	4
15	Poor appetite	1	2	3	4
16	Difficulty falling asleep or staying asleep	1	2	3	4
17	Feeling hopeless about the future	1	2	3	4
18	Feeling blue (sad)	1	2	3	4

Hopkins Symptoms Checklist - HSCL 25

		not at all	a little <i>(once in the past week)</i>	quite a bit <i>(more than once in the past week)</i>	extremely <i>(almost every day)</i>
19	Feeling lonely	1	2	3	4
20	Thoughts of ending your life	1	2	3	4
21	Feeling of being trapped or caught	1	2	3	4
22	Worrying too much about things	1	2	3	4
23	Feeling no interest in things	1	2	3	4
24	Feeling everything is an effort	1	2	3	4
25	Feeling worthless	1	2	3	4

Appendix 2b: Participant Recruitment Materials**Flyer**

Have you spoken out publicly in the US about your experience as a survivor?

We are looking for survivors of torture to participate in a research study about their experiences giving public testimony (e.g., truth-speaking, advocacy).

The purpose of this research study is to improve our understanding of the psychological impacts of testimony for survivors of torture.

Participation is voluntary and will involve a questionnaire and individual interviews. All personal details will be kept confidential. Must be age 18 or over. Compensation will be offered to offset costs of participating.

**For more information or to register your interest, please contact
Seini O'Connor at rsaoc@umd.edu.**

Email invitation to participate

Hello,

Have you participated in advocacy, truth-speaking, or testimony? Would you like to participate in a study about what your experience giving testimony was like?

We are inviting people who have spoken publicly in the US about their experience as a survivor of torture to participate in a study. The purpose of this study is to improve our understanding of the psychological impacts of giving public testimony about personal experiences.

Participation will involve completing a brief questionnaire about mental health symptoms, an interview about your experience of giving testimony, and an optional follow up interview to discuss the study's initial findings and make any corrections or additions.

You will receive \$25 for participating in the first interview and \$15 for participating in a follow-up interview.

Participation is voluntary, and all personal details will be kept confidential.

The study has been approved by the University of Maryland Institutional Review Board. If you have any questions about the study, please feel free to contact the primary investigator, Dr. Dennis Kivlighan, at dennisk@umd.edu, or the co-investigator Seini O'Connor at rsaoc@umd.edu. If you have questions concerning your rights as a research participant or if you wish to report any concerns about the study, please contact University of Maryland College Park Institutional Review Board Office (email: irb@umd.edu, phone: 301-405-0678).

If you are interested in participating, please contact Seini O'Connor at rsaoc@umd.edu.

Thank you for your time and consideration,

Seini O'Connor

M.Sc. Cross Cultural Psychology

Doctoral Student, Counseling Psychology | University of Maryland College Park

Appendix 2c: Telephone Screening Form

Date

Name

Thank you for contacting us about the research on testimony. We would like to give you information about the study to confirm your eligibility and help you decide if you're interested in participating. If you're not interested or are not eligible, we will not keep any information about you and will destroy any files with your identifying information.

- This study is for adult survivors of torture who have participated in giving testimony about their experiences, such as by participating in advocacy or truth-speaking events or talking in front of an audience in public for the purpose of sharing their story.
- The purpose of the study is to help us better understand the psychological impacts of giving testimony, which could be helpful for survivors and service providers to know in future
- The study will involve filling out a questionnaire and participating in two individual interviews
- The interviews will be audio recorded to help us make sure we are capturing what you say accurately
- The researchers running the study are from the University of Maryland and have received approval for the study procedures from the university's Institutional Review Board
- All your information will be securely stored and will be kept private - we won't tell anyone if you participate or not, and we will not include any identifying details when we write up the study findings
- We will offer compensation of \$25 for the first interview, and \$15 for the second interview
- If you decide you are interested in participating in the study, we will ask you to sign a consent form that includes more information about the study procedures
- You can withdraw from the study at any time—for example, if you do the first interview, you don't have to do the second interview if you no longer want to.

Do you have any questions about this information? If so, please ask us.

We'd like to ask a few questions to confirm that you meet the study requirements.

Are you a survivor of torture who has talked about your experience publicly in the US?

Y	N
---	---

Are you currently living in the US?

Y	N
---	---

Are you aged 18 or over?

Y	N
---	---

Do you think you would be able to complete the study procedures, including the questionnaire and the interviews, without feeling too upset or tired?

(If **N**: what kind of distress might you feel? *Refer to support services from Resources for Participants list if appropriate; discontinue if individual too distressed to participate*)

Y	N
---	---

After reviewing the information I have shared, are you still interested in volunteering for the study?

Y	N
---	---

If yes (**Y**) to all the above:

What times and days would be best for scheduling an interview to start the study?

What is the best email address and/or phone number that we should use to contact you in future about the study?

Email: _____ Phone: _____

Appendix 2d: Informed Consent Forms

Interview One

CONSENT TO PARTICIPATE

Project Title	<i>International Testimony and Political Advocacy after Trauma (Stage one: Questionnaire and First interview)</i>
Purpose of the Study	<i>This research is being conducted by Prof. Dennis Kivlighan and Ms. Seini O'Connor at the University of Maryland, College Park. We are inviting you to participate in this research project because you have spoken publicly in the US about your experience as a survivor. The purpose of this research project is to improve our understanding of the psychological impacts of giving public testimony about personal experiences.</i>
Procedures	<i>The procedures involve two stages: (1) completing a brief pen-and-paper questionnaire about mental health symptoms (taking approximately 10-20 minutes) and participating in an audio-recorded interview about your experience of giving testimony. The interview will take approximately 60-90 minutes. (2) A few weeks after this interview, we will invite you to return for a second interview, which will take approximately 30-45 minutes. In addition to audio recordings the research team may take handwritten notes during the interviews. This consent form is for stage 1 of this study only.</i>
Potential Risks and Discomforts	<i>There may be some risks from participating in this research study. You may find talking about your experiences of giving testimony upsetting. You may also experience fatigue. To help minimize your discomfort, you will be offered breaks whenever you need them during the interviews. You do not have to answer any question that makes you feel uncomfortable and you can stop at any time. At the end of each interview you will be able to participate in a grounding exercise and will be offered referral information for additional psychological support.</i>
Potential Benefits	<i>There are no direct benefits from participating in this research. However, possible benefits include feeling positive about having your experiences with testimony listened to and developing new insights about the role testimony has played in your life. We hope that, in the future, other people might benefit from this study through improved understanding of the potential impacts of giving public testimony.</i>

Confidentiality	<p><i>Any potential loss of confidentiality will be minimized by keeping material discussed in interviews confidential, and by keeping all electronic records in password-protected files on password-protected computers. Hard-copy files will be kept in a locked filing unit accessible only to the research team, in a locked office. All data will be deidentified and securely stored, and only researchers will have access to it.</i></p> <p><i>You will be given an opportunity to review, comment on, and make edits to the draft final report produced from the research.</i></p> <p><i>If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger or if we are required to do so by law.</i></p>
Compensation	<p><i>You will receive \$25 for participating in this first interview and \$15 for participating in a follow-up interview. You will be responsible for any taxes assessed on the compensation.</i></p> <p><i>Only your name and address will be collected to receive compensation.</i></p>
Right to Withdraw and Questions	<p><i>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify. If you withdraw from the study you may request for your data to be destroyed.</i></p> <p><i>This consent form is for stage 1 of the study only. You will be presented with a new consent form for stage 2 of the study.</i></p> <p><i>If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator:</i></p> <p style="text-align: center;">Dennis Kivlighan Address: 3207 Benjamin Building, University of Maryland, College Park, MD 20742 Phone: (301) 405-2863 E-mail: dennisk@umd.edu</p> <p><i>You may also contact the co-investigator:</i></p> <p style="text-align: center;">Seini O'Connor Address: Shoemaker Building, University of Maryland, College Park, MD 20742 Phone: (301) 314-7692 E-mail: rsaoc@umd.edu</p>

Participant Rights	<p><i>If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:</i></p> <p style="text-align: center;">University of Maryland College Park Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742 E-mail: irb@umd.edu Telephone: 301-405-0678</p> <p><i>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</i></p>	
Statement of Consent	<p><i>Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in stage 1 of this research study. You will receive a copy of this signed consent form.</i></p> <p><i>If you agree to participate, please sign your name below.</i></p>	
Signature and Date	NAME OF PARTICIPANT [Please Print]	
	SIGNATURE OF PARTICIPANT	
	DATE	

Interview Two

CONSENT TO PARTICIPATE

Project Title	<i>International Testimony and Political Advocacy after Trauma (Stage two: Follow-up interview)</i>
Purpose of the Study	<i>This research is being conducted by Prof. Dennis Kivlighan and Ms. Seini O'Connor at the University of Maryland, College Park. We are inviting you to participate in this research project because you have spoken publicly in the US about your experience as a survivor. You have already completed a questionnaire and a first interview and are now being invited to continue participating by completing a second interview. The purpose of this research project is to improve our understanding of the psychological impacts of giving public testimony about personal experiences.</i>
Procedures	<i>The procedures for this research involve two stages: (1) completing a brief pen-and-paper questionnaire about mental health symptoms (taking approximately 10-20 minutes) and participating in an audio-recorded interview about your experience of giving testimony; and (2) participating in a follow up interview to add new information or clarify information. You have already completed stage 1. For stage 2, the follow-up interview will take approximately 30-45 minutes. In addition to audio recordings the research team may take handwritten notes during the interview.</i>
Potential Risks and Discomforts	<i>There may be some risks from participating in this research study. You may find talking about your experiences of giving testimony upsetting. You may also experience fatigue. To help minimize your discomfort, you will be offered breaks whenever you need them during the interview. You do not have to answer any question that makes you feel uncomfortable and you can stop at any time. At the end of the interview you will be able to participate in a grounding exercise and will be offered referral information for additional psychological support.</i>
Potential Benefits	<i>There are no direct benefits from participating in this research. However, possible benefits include feeling positive about having your experiences with testimony listened to and developing new insights about the role testimony has played in your life. We hope that, in the future, other people might benefit from this study through improved understanding of the potential impacts of giving public testimony.</i>

Confidentiality	<p><i>Any potential loss of confidentiality will be minimized by keeping material discussed in interviews confidential, and by keeping all electronic records in password-protected files on password-protected computers. Hard-copy files will be kept in a locked filing unit accessible only to the research team, in a locked office. All data will be deidentified and securely stored, and only researchers will have access to it.</i></p> <p><i>You will be given an opportunity to review, comment on, and make edits to the draft final report produced from the research.</i></p> <p><i>If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger or if we are required to do so by law.</i></p>
Compensation	<p><i>You will receive \$15 for participating in this follow-up interview. You will be responsible for any taxes assessed on the compensation.</i></p> <p><i>Only your name and address will be collected to receive compensation.</i></p>
Right to Withdraw and Questions	<p><i>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify. If you withdraw from the study you may request for your data to be destroyed.</i></p> <p><i>If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator:</i></p> <p style="text-align: center;">Dennis Kivlighan Address: 3207 Benjamin Building, University of Maryland, College Park, MD 20742 Phone: (301) 405-2863 E-mail: dennisk@umd.edu</p> <p><i>You may also contact the co-investigator:</i></p> <p style="text-align: center;">Seini O'Connor Address: Shoemaker Building, University of Maryland, College Park, MD 20742 Phone: (301) 314-7692 E-mail: rsaoc@umd.edu</p>

Participant Rights	<p><i>If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:</i></p> <p>University of Maryland College Park Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742 E-mail: irb@umd.edu Telephone: 301-405-0678</p> <p><i>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</i></p>	
Statement of Consent	<p><i>Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in stage two of this research study. You will receive a copy of this signed consent form.</i></p> <p><i>If you agree to participate, please sign your name below.</i></p>	
Signature and Date	NAME OF PARTICIPANT [Please Print]	
	SIGNATURE OF PARTICIPANT	
	DATE	

Appendix 3: Extended Explanation of Study Results

In this appendix, I present the grounded theoretical framework identified from the study data—a model with five primary themes—followed by a brief review of what healing means within the context of this model, with reference to the quantitative symptom measures. Next, I explain each of the themes in the model in more detail, providing examples from participants’ reflections on their testimony experiences and, where relevant, from the experiences of the interviews themselves. I conclude with a brief analysis of the ways in which the research process impacted participants and appeared to have parallels to their testimony experiences.

In order to preserve participants’ anonymity, I have not included identifying details about their countries, professions, and experiences alongside their quotes—as public figures, such details would too readily identify them. However, in order to provide some context to the insights they have shared, in Table 3 below I summarize relevant elements of their background.

Table 3

Overview of Participants’ Contexts

Participant	Gender	Experiences before the US	Experiences in the US
P1	Man	Education professional targeted multiple times by his country’s government for being an advocate for student and ethnic community rights	Awaiting asylum, separated from family, multiple testimony / advocacy experiences, sense that US willing to take some action to address human rights in his country
P2	Man	Education professional persecuted by his country’s government for questioning community policies	Awaiting asylum, separated from family, multiple testimony / advocacy experiences, sense that US unwilling to take action to

Participant	Gender	Experiences before the US	Experiences in the US
P3	Man	Public figure persecuted by his country's government after being present at a public protest	address human rights in his country Granted asylum, reunited with family, multiple testimony / advocacy experiences, sense that US willing to take some action to address human rights in his country
P4	Woman	Professional targeted by her country's government for exposing human rights violations	Awaiting asylum, no immediate family, multiple testimony / advocacy experiences, sense that US unwilling to take action to address human rights in her country
P5	Woman	Education professional, advocate for women's rights, persecuted for prominent community identity	Awaiting asylum, separated from family, multiple testimony / advocacy experiences, sense that US willing to take action to address human rights in her country
P6	Man	Public figure persecuted by his country's government for being an advocate for community / human rights	Granted asylum, no immediate family, multiple testimony / advocacy experiences, sense that US willing to take action to address human rights in his country
P7	Woman	Public figure persecuted by her country's government for being an advocate for community and religious group rights	Granted asylum, no immediate family, multiple testimony / advocacy experiences, sense that US willing to take action to address human rights in her country
P8	Man	Professional persecuted by his country's government for being an advocate for workers' human rights	Awaiting asylum, came with family, multiple testimony / advocacy experiences, sense that US willing to take some action to address human rights in his country
P9	Man	Education professional targeted multiple times by his country's government for being an advocate for ethnic community rights	Granted asylum, reunited with family, multiple testimony / advocacy experiences, sense that US willing to take some action to address human rights in his country

Participant	Gender	Experiences before the US	Experiences in the US
P10	Woman	Education professional persecuted by her country's government for being an advocate for student and human rights	Awaiting asylum, no immediate family, recent first testimony / advocacy experience, sense that US willing to take action to address human rights in her country
P11	Man	Professional persecuted by his country's government for being an advocate for community rights	Awaiting asylum, separated from family, recent first testimony / advocacy experience, sense that US willing to take action to address human rights in his country

Theoretical Framework

The primary research question guiding the grounded theory analysis for this study was *how does participating in public testimony in the USA impact survivors of torture?* Embedded in this broader question of “how” was a secondary layer of inquiry into the benefits and adverse effects of participating in testimony, the motivations behind participation, the links between testimony and healing from trauma, and internal and external factors influencing the impacts of testimony.

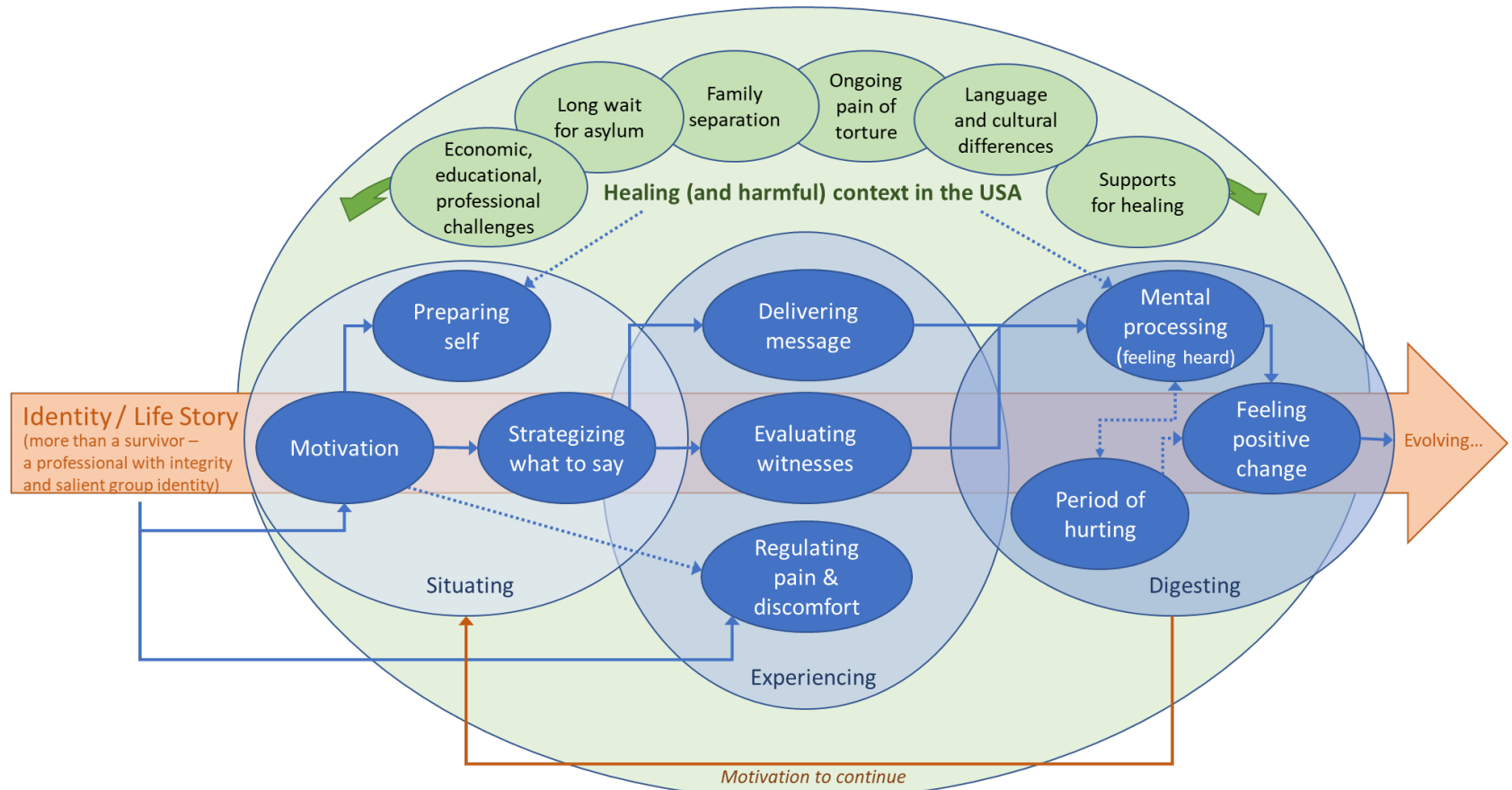
A grounded theory model of the role of testimony on torture survivors' healing process identifies five primary, interconnected themes (illustrated in Figure 5):

1. An underlying *personal identity* and life story of being a professional with a strong sense of integrity—more than “just” a survivor of torture. This identity shapes the way in which testimony is approached and conceptualized, experienced, and digested, and in turn evolves and is impacted through the process of public testimony;

2. A *healing context* in the USA that presents some facilitative factors, but also many barriers to healing, acting as a moderator of testimony's impact and as a frame in which testimony takes place;
3. The *situating of testimony* in the survivor's mind—their process of identifying motivations, mentally preparing themselves, and strategizing what to say—which in turn shapes the ensuing testimony experience and the way it is digested;
4. The dynamic *experiencing of testimony*, in which survivors move between mental and physiological states of emotional regulation, focus on delivering their story and message, and close evaluation of the witnesses to their testimony; and
5. The *digesting of the experience*, in which survivors process the external and internal impacts of their testimony, may experience a period of post-vulnerability pain, and may identify positive changes in themselves and their sense of the world. These changes, in turn, influence their views of testimony and may motivate them to continue participating (re-situating the testimony in their minds).

Figure 5

Model of Testimony's Role in Survivors' Healing Process



This model provides a general framework for understanding how testimony impacts the process of healing for survivors of torture, capturing areas of important variation in the way they may benefit or suffer adverse effects in accordance with their unique stories, contexts, motivations, experiences, and reflections. As one participant aptly summarized:

“everybody has his process of healing, you don’t heal the same, same way. So, some people, some people go up and down, some people go down and then they come up and then they stay there.... So, it differs, yeah.” (P4)

Indications of Healing

Notably, although some participants explicitly named feeling “healed” in digesting their experiences, healing does not emerge as an endpoint or destination in the model, or as a binary state (healed versus not healed). Rather, it is embedded in and emerges from the overall testimony process through internal changes (such as recovering safety, integrating experience into identity, making meaning, and moving forward) that are inherent in the steps of feeling prepared to testify, feeling witnessed while delivering a meaningful message, and deriving a sense of positive change.

This qualitative, process-based conceptualization of healing and recovery contrasts with a purely symptom-based analysis—a contrast illuminated in the comparative data collected from the quantitative measures participants completed at the time of their first interview. For the ten participants who completed the Harvard Trauma Questionnaire, average scores ($M=2.11$, $SD=0.43$; range 1.30 – 3.00) were indicative of continued levels of clinically significant PTSD, if applying guidelines on the use of an average score of 2.0 as a clinical cut off (Mollica et al., 2004). The symptoms that participants reported feeling most distressed by (i.e., gave the highest rating on the four

point scale) were: feeling withdrawn or detached from others (rated as extremely distressing by 3 participants); sudden emotional or physical reactions when reminded of the most hurtful or traumatic events (3 participants); recurrent thoughts or memories of the most hurtful or terrifying events (3); feeling on guard (2); avoiding activities that reminded them of traumatic events (2); trouble sleeping (2); spending time thinking about why these things happened to them (1); recurrent nightmares (1); difficulty concentrating (1); less interest in daily activities (1); and feeling irritable or having outbursts of anger (1).

For the nine participants who completed the Hopkins Symptoms Checklist, average scores (anxiety $M=1.80$, $SD=0.58$, range 1.10 – 3.10; depression $M=1.96$, $SD=0.52$, range 1.20 – 2.67) were indicative of symptoms falling below clinically significant levels, if applying guidelines on the use of an average score of 2.0 as a clinical cut off (Mollica et al., 2004). The symptoms that participants reported feeling most distressed by were: feeling lonely (3 participants); crying easily (2); loss of sexual interest or pleasure (2); poor appetite (1); difficulty falling or staying asleep (1); feeling suddenly scared for no reason (1); feeling fearful (1); heart pounding or racing (1); feeling blue / sad (1); worrying too much about things (1); feeling worthless (1); and feeling hopeless about the future (1).

There are multiple possible interpretations of this single time-point, quantitative data. The presence of symptoms of PTSD, anxiety, and depression among participants may be an indication of how enduring the damaging impacts of their trauma have been on their mental well-being. It may also point to the ongoing trauma that many have been

experiencing through asylum and cultural adjustment processes in the USA, or to the retriggering of symptoms by recent events (in the USA, or their home countries).

The qualitative data, presented below, suggests that all of these interpretations are valid to different extents for different survivors. For example, in apparent support of a “retriggering” interpretation, one survivor said that she felt she was greatly recovered (“not sickly or depressed”) overall but explained that, at the time of completing her measures, she felt affected by a recent political upheaval in her home country. She stated that, although “usually I sleep like a sack of potatoes” she had experienced a new reemergence of sleeplessness as she thought about youth in her country going through similar suffering to what she had endured. She expressed her sense that her recent sadness and preoccupation was a “natural response” to these political events.

The sense of symptoms of PTSD, anxiety, and depression being a dynamic and normal response to abnormal and deeply troubling events is better captured in the more nuanced, process-based conceptualization of healing and recovery captured in the grounded theory model than in the quantitative measures alone. Nevertheless, the measures were important for identifying troubling symptoms that survivors continue to live with, and position healing as an ongoing and incomplete process.

Theme 1: Personal Identity and Life Story—More than a Survivor

Survivors of torture share a strong sense of being (or having been) *somebody* of note in their home communities, a person with convictions or an identity that unjustly marked them for persecution by their governments, and a member of a culture and community that they deeply wanted to preserve—even after the need to preserve their own lives had driven them so far away. This sense of being someone beyond a survivor

of torture, and beyond a deidentified research participant, also emerged in the way participants engaged in the research process. All participants initiated conversation before the formal research procedures and recording had begun, telling me something about themselves or suggesting where I could find out more, inviting a personal connection before a professional one, explaining why they had agreed to participate and what they thought about the project, and situating themselves as someone who could help me (rather than as someone who needed help, which may evoke feelings of shame). At times, these desires to be known beyond the interview context also emerged *in* the interviews. For example, one participant encouraged me to do further research to find out more about him:

“the main things you have to find on the Washington Post, and you have to write all my spelling, my name, you have to find what, what happened to me, sometime over the internet, you have to....” (P3)

This sense of identity appeared to be a central theme that underlay, influenced, and was influenced by survivors’ testimony processes. Three aspects of identity emerged as particularly important: professional status; integrity and activism; and having a highly salient group identity.

Professional Status

Participants talked about their education and training in their home countries, ability to influence or teach (five had worked as teachers), and former relative socio-economic comfort. They also linked these parts of their identity to other components of the testimony process. For example, one participant emphasized his identity and former role as a well-regarded professor, noting that he was not an economic migrant:

“I’m not here for, in USA to change my life. No, I’m a well to do person in my country. I’m high status in [home country]. But I’m here to save my life.” (P1)

He expressed pain that he could not find a similar professional role in the USA (connecting to the healing—and harmful—context in the US):

“I don’t have the right job because when you are a part time or adjunct...It’s very hard, you know they give you 6 hours, 6 hours per week, you cannot work somewhere else because of the requirement. I want to continue in my academic career line. If I stop there it’s very difficult to come back to the academic line in the US. And so, nobody understands...” (P1)

He explained that he was well equipped to share testimony and engage in advocacy:

“because I’m a policy professor, I read my texts, I read things, I follow the case in [home country] seriously because I was a victim of that.” (P1)

And indicated he was motivated to testify as an extension of his professional role (connecting to his situating of testimony):

“And I said, ok, I have to give them a clear picture. In the future if somebody comes, they cannot lie. Because I’m a professor and I should not lie on this.” (P1)

Another participant emphasized that he had been a community leader and educator in his home country, and reflected that engaging in testimony and advocacy in the USA was in some ways a continuation of this role:

“maybe all this originates from my educational background, I was a teacher back home, I was teaching out of close to 24-5 years. That might have built me up. I was used to sensitizing my own community. I’m a

community leader back in my country. I was used to sensitizing my community, I was used to educating them on the essentials of development, to know their basic human rights, being able to stand up on their own to defend their rights, so that background build me up. And when I got here and got such opportunities, I could not hesitate to grab them so quickly.” (P9)

Several participants, however, were careful to point out the contrast between their previous professional experiences in presenting in public and the personal nature of giving testimony (their experiencing of testimony). For example, one explained:

“in my country I used to present research and to teach students, I have two books in Amazon, and three articles published; assistant professor, I am. And I was also an administrator, a finance director. I used to lead meetings of 1,000 people, something like that. All the employees of different colleges, something like that. All these experiences were only for my work, not for my personal feelings, my personal negative things happened on me. They were not like this.” (P10)

Another, in digesting his experience, reflected that in some way his role had changed from being a professional consulting with community informants to becoming a type of community informant himself:

“where you are working in an International NGO...as a staff, we are meeting with different communities. They explain to us, they explain. ... Those are awareness creation, we can say awareness creation for me, for myself. But this time I am the one to do that part. I am the one.” (P11)

Integrity and Desire to Help

Many participants shared a background of political activism or advocacy on behalf of marginalized groups, often in connection to their professional roles. For

example, one participant identified the empowerment of others that she tried to inject into her teaching role:

“I used to do advocacy but not political advocacy. I used to talk. I used to talk to students. I talked to women...back in my country. Like: nobody should sit and wait in the house. We African women, or at least my countrywomen, our husbands are bullies, so the husbands always don’t want the woman, lady, to go out, to go work, to go to school.” (P5)

A participant who described herself as having worked “not only as a journalist but also as a human rights promoter” expressed her grief at having had to abandon a doctoral program when she fled her country, and said she had been studying:

“the schooling of indigenous children...Because I really want to empower them. They have, they have a lot of, they go through a lot of discrimination because they don’t know how to write, how to defend their rights, so it’s better for them to go to school and learn how to defend their own rights. That’s why I picked that subject.” (P4)

Another participant shared his sense of loss of an important capacity to advocate for others when he came to the USA to seek asylum:

“In this world for me it’s not money, only. For my integrity, my integrity is, my philosophy is, as long as I am living, getting what I want, and with my family, I am happy. However, I was helping a lot of poor people when I was working for an NGO. A lot of poor people.” (P11)

A desire to help others appeared to be a strong element of identity for many participants, manifesting not only in their professional career choices but also in their willingness to face the risk of persecution in order to continue being visible and vocal on behalf of others, in their decisions to testify and advocate for human rights and torture abolition in the USA, and in their agreement to participate in this research. Poignantly,

even despite being deeply harmed by people, participants identified that they had also been greatly helped by people, and linked this to their desire to help others and to engage in testimony. As one participant expressed:

“since I was a toddler and I, you know, woke up in this world, I found out that people [were] trying to help me lovingly. This gave me the feeling of giving back, and no matter [what] I do I feel like I still can’t do what needed to be done. Still people [are] giving me more. So, I want a way to help others. We used to help them along many lines but still in small groups. But when you advocate, advocacy gives you really a big, a bigger spectrum for your, for your target.” (P7)

Another emphasized:

“I want to continue addressing the problem. Because when you live in this world you have to share your life with other people. Because people share their life to me. Mostly people helped me to rise up, to get, to be here.... People helped me too much. And that’s why I want to care about people. People care about me, and even if my ability is not just like others, I want to care with what I have.... Yeah, I want to care with what I have, that’s why. And I want to continue with this, this feeling. I want to address people’s problem.” (P8)

Salient Group Membership

For some participants, past and ongoing engagement in testimony and advocacy was closely tied to their identities not only as helping or teaching professionals, but as people with marginalized identities. Several alluded to their physical disability as being significant in their advocacy work and ability to persevere through adversity. For example, one participant explained:

“while I was a child, I contracted polio. My great psychological problem was while I was a child. And after that I started to become strong, strong, strong. You see, so many things ‘til now, for example you don’t get, you don’t easily get jobs, even you might lose twenty or something jobs that exactly fit to your profession—nobody gives you attention. And you become very strong, strong” (P8)

Another participant was more strongly aligned to his ethnic identity, for which he had experienced significant oppression in his home country. He identified specific moments in his childhood, such as when he had been beaten for using his indigenous tongue, as being instrumental in developing his sense of political self and setting him on a course of ongoing advocacy for his people:

“And then I was always thinking about that. I started hating the language. We don’t know about the language as children, it was for us something to try, we were trying to say it, but they brought this rule....And that put a question in my, our minds, and that was the thing. So, it’s a very deep-rooted thing.” (P1)

Theme 2: Healing (and Harmful) Context of the USA

Several overarching influences on participants’ healing process were more contextual, related to being in the USA as a survivor of torture and asylum seeker. Together with the influence of identity, these contextual factors appeared to affect the way that survivors situated testimony, and to act as moderating forces on the experiencing and digesting of testimony—sometimes helping to mitigate the more difficult parts of the testimony experience, but more often intensifying feelings of stress and trauma.

Ongoing Impact of Torture—Continues Here

Although participants had come to the USA for safety, they also shared ways in which their trauma and torture had followed them. Several spoke of haunting memories, sometimes connected to everyday experiences in the US. For example, one participant explained:

“Sometimes the, you remember what happened to you, and the trauma comes to your mind and then you feel, I mean it doesn’t let you forget it, so it keeps on coming to your mind. And they, too, some prisoners, you remember people who were with you there. Or in any media if you listen to some news of the people whom you know there. So, it doesn’t go out of your mind.... So, it keeps on haunting you. It haunts you. So, you’re not able to forget everything that happened to you”. (P2)

He linked his torture to ongoing feelings of danger, despite his relative safety in the US:

“so, you came here to be safe but when you come here sometimes you find out the things you encounter here are not good for you, sometimes. You feel that... Sometimes you don’t feel safe. Especially, I don’t want to stay late at night, I usually want to go home early. I have fear of night. Because most of the time, back home, they used to torture us during night.” (P2)

Another lamented that, even in searching for something that might uplift or connect him to home, it felt linked to his trauma:

“that comes to me every time, whenever I’m remembering prison place, the room, the, the, all the windows, the color of the window.... Everything, and when people are shouting because they beat you. Yes, it comes to me and it disturbs me. Now, for example, when I’m looking for

[ethnic group] music, every time I cry...because the songs are about politics. The challenges we faced” (P1)

Several participants noted that their efforts to forget, or to suppress memories, were often thwarted, and acknowledged that they continued to suffer despite their best efforts. One participant explained:

“As I said I don’t want to remember everything. Damp it, go ahead. That was my rule currently. But still now and then things are coming. Now and then things are coming, flashbacks. And affecting me also my health.”
(P11)

Asylum Wait—Pain of Uncertainty

The lack of perceived safety that participants felt because of their ongoing memories of torture may be intensified by the painful reality of an asylum claim: safety is tenuous until asylum is granted. The current backlog in asylum processing in the USA means many applicants wait for years for an opportunity to present their cases (at which point, they know they will be expected to remember and report many details of their torture to immigration officials) and to learn whether or not they will be granted permanent residence and full working privileges in the US. Participants emphasized this wait as a source of ongoing trauma, or as a new trauma—one that they could not yet resolve:

“But now I developed another new stress here with my asylum process. So, it’s pending and I’m thinking now I am ok, I get secured, will this secure opportunity continue for me or not? What if I am obliged to go back home? I will not survive. I am thinking about this.” (P10)

This “new stress” is perhaps worsened because it arrives unexpected; many survivors may have had an idea of the USA as a place of sanctuary before arriving, only

to confront the reality of the USA as a place where safety is conditional at best, and more often withheld or absent. The pain of this realization could be intense. One participant said that the stress of the asylum wait was so severe and immediate it felt more important to her now than what had happened to her in her home country:

“I have one stress factor now, [which] is that the asylum issue is not out. It comes, that one is covering, is shadowing me, you know. That’s the shadow, now Trump is shadowing [my] head now even more than what I have back at home.” (P5)

Another participant emphasized the broad impacts of the asylum wait across all aspects of daily life:

“You see, another problem, that psychological problem is the length of time.... And sometimes you don’t get your employment authorization on time. And when the asylum time’s very long time, economically, socially, psychologically everything becomes a mess.” (P8)

In contrast, for those participants who had been granted their asylum already, the relief of no longer enduring uncertainty was palpable. For example, one participant who often found himself counseling other asylum seekers on how to get through the process reflected:

“I happen to be one of those that I am constantly consulted for guidance concerning asylum procedures. That has been a very fundamental issue coming from asylum seekers...It takes two years, one year, two years, three years, and even more. The immigration is not giving you a date of your court hearing. You’re just there waiting...So that is very stressful....is it going to end up I will be deported to go and end up in the worst situation of my life? Am I going to be granted asylum? If it happens in my life, it’s the best moment in my life so far. Just like myself. For a

survivor like myself, you are granted asylum, that's the best moment I ever had in my life." (P9)

Missing and Worrying about Family

Closely connected to the wait for asylum, a major source of stress and trauma for participants was separation from their families. For example, one participant emphasized family separation as a key problem emerging from the asylum backlog:

"Yes, it's pending, everything is pending. The US, USCIS is actually not working. Beforehand they used to finish everybody's process within 45 days. But now there are people who are waiting for 5, 6 years. And they cannot, as I told you, they cannot go back home, they have never seen, and it's not good. I mean, if you don't see your kids and wife for lots of time... It's not easy, I mean, she can forget me or I can forget her, you never know... It's a long time, but if the USCIS finish your case you can bring them here and start your life again, otherwise if it is long time, it's not good. You understand what I'm saying? ... A man has to have wife and the wife has to have the husband. I mean it's a biological need. So, if you cannot get chance to get your wife, so, after a long time you might meet some other people and the, the family can get in trouble.... But there are possibilities like that... It's not easy" (P2)

Another participant emphasized how this separation felt almost unbearable:

"if I had one stress in this America it's that I left my family. Yeah... That is one of the stress that wanted to kill me." (P5)

Participants were aware of the toll that separation took not only on them, but on their families. One spoke of his overwhelming guilt and concern for his family at home:

"because it has it has a big, a big impact, negative impact when I am thinking about it. The consequence affected me a lot. Once I moved here ok, I escaped. The consequence—what did I achieve? I left the family

behind. And then my wife was again in prison. All that—I feel guilty, I am so selfish. Ok I escaped. I am so selfish. But I exposed my family. And that was really, which I didn't thought when everything happened... You know the problem of time, and then I cannot ask [answer] the question for my son: dad, you don't like us? Why don't you take us? And then my daughter, most of the time, she is fainting in the school. All of a sudden. My wife, again, she has some problem. And then my son finally, even in the exam, he failed. So that also, you know.” (P11)

Another participant emphasized her concern that her family remained in danger in her home country:

“And also, I am thinking also about my family. They are in a harsh environment. Sometimes they were harassed, because of me, where is she—something like that. And if they speak out what happened to me, they will be in a problem. They were warned. And with these issues I am stressed.” (P10)

In response to these feelings of concern, several participants emphasized how they struggled to continue supporting their families with their limited means in the US. One participant shared:

“And I sometimes, whenever I get a very small amount of money I send to my family. But I can't buy a car. But that's not why I save—I send to my children” (P1)

For those who had been granted asylum, the relief of family reunification was immense. One participant simply stated: “Now I am [thinking]: thank you to God! my family's here.” (P3)

In reflecting on the emerging model in his second interview, one participant commented on the strong link between the wait for asylum and concern for family:

“you see, some of these points are interrelated. Very interrelated. Such that when you tackle problem A, you solve problem A it’s going to solve problem B by sixty percent. If you solve problem B you may solve problem C almost by 80 percent. So, they’re interrelated. So when I look at long, lengthy asylum process, and I go over to pain of adjusting to US, ok you see when the procedure, the asylum procedure goes quicker, through some of those proposals that I’ve given, you see your pain is reduced....It’s reduced. Because that pain of adjusting to this is reduced, and then you can be able to have your paper, be able to take your job authorization or you can be able to work, you can take care of yourself. Yeah, that aspect is taken care of.” (P9)

Economic, Educational and Professional Challenges

Difficulties with work were another important contextual impediment to healing that participants identified. Individuals who apply for asylum in the USA are not qualified to seek employment for 150 days or until their claim is approved, whichever comes sooner (USCIS, 2019). While waiting for their asylum claim to be approved, they must regularly reapply for employment authorization, and may be unable to gain security clearances—an instability in status that can be off-putting for some employers. Thus, the long wait for asylum processing has direct impacts on survivors’ economic stability and opportunities. As one participant explained:

“I think the most difficult is the process of getting like your work permit. It’s a long, long wait so you, you’re not working, you don’t have any financial support so it’s not easy to survive. You know at that time you’re very scared, how will you manage, how can you live, you know in the US...Yeah so I think that was very, very hard for me” (P4)

Additionally, participants noted that they faced difficulties as immigrants who have international qualifications and work experience that isn’t recognized in the US,

diminishing their earning power (and challenging the continuity of their professional identities, as noted earlier). This can lead to considerable personal and financial stress, as one highly qualified participant applying for entry-level jobs within his profession explained:

“Because I am from somewhere else, they don’t give me an opportunity.... They just push you away, telling you, some of them tell me I’m overqualified. ... That, that doesn’t go to my pocket, doesn’t buy me bread that I’m overqualified. I heard about, I can show you many of the emails that come to me, sometimes they’re looking at my name [and] they automatically reject. I’m the right person, I’m qualified... I have, I reviewed some of the things when I see the [job] posts. I don’t know what is behind [it]. For what is publicly posted [on] some of them I know my quality, my experience, I passed—but it’s not valid. So that makes me feel bad, you know” (P1)

This participant lamented that his past professional experience and qualifications also made him seem unsuitable for the basic jobs he began to seek out of economic necessity, presenting obstacles others didn’t understand and compounding his distress:

“whenever I go to the stores, I got a difficulty of applying for jobs.... I go to stores and then I start thinking of, how could I create something, I didn’t work in a store. This is my first time. They said, why didn’t you work? You stayed three years here, why didn’t you work in a store? I said I didn’t get a job. Give me a job and I’ll work. And some of them are very suspicious. Because they know that people who come from that area, who come to this level, usually are educated. So, this educated person, those people who are working at a store level they say you know this is an educated person, when he gets an opportunity, he will leave our store. These are businessmen. I understand their perspective. But still you are a victim... For you this is a beginning. For them they’re looking their

business, they don't care about you. So, these are the challenges, I feel bad about that. I try to apply everywhere...this is something that makes me feel unhappy...Nobody understands that part of [my] pain. They tell that, oh because he is educated, he doesn't want to work, that's what they [think], he, you know, he doesn't want! You know he, he's selecting jobs." (P1)

He also pointed to how economic limitations restricted his freedoms in other ways: "Now I'm tied because of income here, I cannot move the way I want." (P1)

Other participants talked of the need to have multiple jobs or business ventures to make ends meet, and struggling on the minimal income they made. They also highlighted the psychological challenge of "starting from zero" or "starting from scratch" to become requalified:

"It's very painful. For example, you see here is tax, here is travel agency, we have accounting, you see I cannot catch immediately. We start from zero. For example, just to be very professional, like your country, it takes five or six years... I should go to somewhere and I should have diploma or certificate, after than I come here and I should have experience, and it takes almost two years, three years. ...And if you want to learn about accounting, I should learn for CPA, for six, for five years. After that I should search for job. It's another mess. It's very hard...But while you are in your country you go in a straight line, the same profession." (P8)

"But what happened once you know I left my own country, home country, all of a sudden. ... I was a logistics manager; I was a manager at a big NGO. I was a decision-maker, I am well paid. All of a sudden I have to start everything from scratch." (P11)

One participant highlighted the bidirectional relationship of economic and other sources of stress—identifying how his struggles with employment had a more general

impact on his psychological wellbeing, while also noting that struggles in other parts of life made it difficult to deliver his best in professional work settings:

“I was thinking that I was worthless in this country. I am not contributing anything. The guy who was helping a lot of poor people has become [someone] looking for somebody’s hand. It’s not easy, it’s not easy. I don’t know that feeling [before]” (P11)

“Once you know you’re stable with financial problem, at least you can support your family, you can support yourself... For me, I got, I got jobs but sometimes only after struggling a lot of times... You know you struggle with psychological problems, struggle with sickness, struggle with financial problems, you struggle with your kids, struggle with the family. When all these are happening simultaneously, [it] highly impacts your mind, you will not be able to deliver what you can deliver. So that is what is happening to me too.” (P11)

Language and Cultural Differences

Participants pointed to the challenge of being understood and accepted, and feeling culturally comfortable, in the USA as another important contextual impediment to healing. They talked about feeling like outsiders, struggling with local customs and missing familiar social networks and food from home. As one participant summarized:

“Here in the United States you are in new culture, in a new society, so there is always cultural conflict here. You are—I was in third world country in Africa. When I come here to the United States it’s completely different. Everything is different. So, it’s not easy to assimilate yourself with the culture.” (P2)

Participants’ desire to engage in conversation before and after their interviews, and their reactions to the interview process (and to formal testimony processes), felt like

a manifestation of, and perhaps a subtle form of resistance to, some of these cultural differences. As one participant directly voiced:

[Here in the US] “you have to mind the protocol and etiquette so much. Which is, we are natural people in our countries. We don’t care about such things. We be ourselves. Comfortable and that’s it. But here you have to, you know, we have to mind all that.” (P8)

Another participant pointed to specific culturally related behavioral differences that may have impacted the sense of connection and understanding not only in our interview, but also job interviews he had attended, and public testimonials he had given:

“We don’t look at somebody’s eye when you talk, and the challenge I see when I don’t talk by looking at somebody’s eye and people here [do], especially during interviews. I don’t, because in our culture it’s disrespectful to look at somebody in the eye. I don’t know for how we got that even in our culture, and here, I don’t know how the people get that looking in the eye is you are interested. People say it’s the connection...it’s a cultural thing.” (P1)

Emphasizing the impediment that cultural contextual factors could be to their healing and wellbeing, participants reported being discriminated against or subject to microaggressions related to their race or immigration status—not only in job applications (as alluded to under economic challenges, above) but in other everyday interactions. A common experience for participants was feeling that their accent set them apart for different treatment. As two participants explained:

“Even if I know how to speak English, most people don’t understand our English, that’s an accent problem... Even sometimes when I go to some department, they, they want to call an interpreter.... I become nervous. I

“speak English! No, no, no, no, you don’t speak English. And they want to call an interpreter.” (P8)

“I was born and grew up in [home country]. And I have never been to the United States or any English-speaking country. I cannot be as fluent as any American. When I come here, I have different accent. So sometimes people don’t listen to what you say. So, you feel that you are not supposed to be here.” (P2)

Speaking more broadly, one participant shared her perception of being received negatively for not conforming to the stereotypes that people held about her as an immigrant:

“[What] held me back from healing is the society here. To get accepted is not an easy thing....you know people, some people here they have that idea that people who come from Africa or you know far-away places, they’re just naïve and don’t have anything to give and they just needed to be educated from the start, needed to learn how to use the water fountain, you know stuff like that. When they find you’re not how, the person is not like that, they reject you. You know like they reject you because you’re not, you’re not reflecting the image that they have in their minds. And some of them are brutal about it. I got shocked, I expected the Americans, like they have image of us, we have image of America as a good place. So when you find these things and, along with racism, with those stuff, you get shocked...I started like feeling not valued, not much to these people, to this society, you must know the rules, you must know how it goes, how you can behave, always hesitant, always yeah, you do that here or not, you wear that here or not.”

Expectations appeared important in how cultural adaptation to the USA impacted participants. For instance, another participant noted that she felt less impacted by the racism she encountered than prejudice against asylum seekers:

“You know, racism doesn’t really have an impact on me. Because back home I experienced already like tribalism. We had the civil wars, people killing each other because you don’t belong to the same region or department. So that happened to me—we have the same color, we live in the same country, but you don’t tolerate it, one another. So, what about the US, when I saw the white people talking badly about the black, it doesn’t touch me anymore. Really. Because I have like my immunization, really... When you went through some reactions you don’t, they don’t even, they don’t touch you. They just like go like coming and going, you know, you can feel it, when you have water you feel it, but it doesn’t, the water doesn’t stay on you, it doesn’t go in, you know and then after that it dries, the water disappears... And also I know the history of the US, I know how this country was founded, since I came from a part of Africa a lot of, where a lot of slavery, a lot of slaves came from. So, I know the history, so I know what to expect here. So, when I see those reactions, I’m not surprised.... What I can be surprised about is reactions about like refugees or asylum seekers, that’s different. But if you, if I’m just targeted because I’m black, I know why. But it’s different, I don’t know how to explain it, but if I’m targeted because I’m asylum seeker that really hurts me.... I’ve never killed anybody, I’ve never hurt anybody, so why can you hate me just because I’m asylum seeker?” (P4)

Supports for Healing

Although many contextual factors posed an impediment to their healing, participants did also acknowledge some important services, processes, and practices (outside of testimony) that had supported their healing during their time in the US. A defining characteristic of the sample for this study was that all participants had some connection to the Torture Abolition and Survivors’ Support Coalition (TASSC) International. This connection appeared to be a uniformly positive and influential one,

which participants spontaneously commented on during interviews—for example, pointing to TASSC as a location where they found people they trusted and connected with, and where they gained therapeutic and vocational support or learned new skills such as yoga, mindfulness, and meditation. One participant said that she viewed TASSC as being so comfortable it was like “my mom’s house”. Another summarized: “when I come to TASSC also I feel comfortable. I feel safe.” (P2)

For many participants, relationships with friends or family were essential for feeling supported. As one participant emphasized:

“It’s ok, I had friends, they supported me...I can smile because now I know I’m not alone, I have a lot of support, a lot of people supporting.”
(P4)

Other participants highlighted the support of a community of other survivors:

“The survivors’ community here is also very good. It’s geared towards a community where we identify ourselves within the community. We work together to help one another, and that even if it is a Washington DC community or the mayor trying to do something, in that community the mayor can come to visit us, and talk to us, and we also tell him or tell to the mayor some of our concerns, some of our expectations, some of the problems we face... I think those are some of the things that when there’s something like that we’re able to come together and think about it. Yeah”
(P9)

Religion was another important healing factor, either for connecting with a religious community or for maintaining a connection to ritual and a higher power:

“For many asylum seekers, especially from Africa, they believe in God, so for them God is somebody very higher and they really respect him...Yeah, whatever you worship, that can help” (P4)

“Yeah, yeah, yeah, it’s, no, that one is undoubtable! ... Yeah. We have the cross here in our room...It’s normal, we pray, and when we rise up in the morning, we have songs, and we are Orthodox Christian, and we have songs, we pray, and we rise up. After that we respect each other. First is God” (P8)

Other participants highlighted how work and school contexts could also be important relational spaces for healing, particularly if those around them had patience and a general understanding of the pressures migrants face. For example, one participant emphasized:

“Your colleagues or school mates can maybe, can be very helpful for you. Because if you go to school and they, sometimes they don’t know what you’re going through and they don’t, like teachers, especially I think like teachers should know the situation of students who are asylum seekers....So that should be, it should be included in the support for healing.” (P4)

Another participant noted how any of these contextual factors could be supportive for healing, depending on an individual’s specific needs and preferences:

“All those are important things; they are important because they will help people differently. Some people will need faith groups, some people will need a good job that can make them breathe well, might change their way of life. So, it affects nearly all of us” (P9)

Theme 3: Situating Testimony

Within the broader context of their new environment in the USA, survivors drew on their identities and past experiences to situate testimony in their lives. They defined what it would mean to them and identified their motivation to engage; prepared

themselves to engage in it based on their own expectations and guidance provided by others; and strategized what the nature and content of their testimony should be.

Motivation

Participants felt drawn to engage in testimony out of a sense of hope that their message would be heard, if not immediately then over time, and could achieve some justice and change; out of a feeling of necessity and responsibility, especially knowing that others were still suffering; and out of appreciation for a safe opportunity unavailable at home.

In some cases, the change they hoped for was more personal, focused on their own or their family's situation. For example, one participant stated:

“At that time I am thinking maybe if they understand what I am, they don't know what is going on in [home country]...in my family, they are taking our land, and so I have not enough to eat, I have not enough money to wear the clothes to attend the school, so that is, maybe the Congress man is understanding what I am talking [about]...just I am thinking: I am happy today, if I talk, maybe our land is coming back” (P3)

Another pointed to his own initial hope of gaining security:

“when I started, that is when I started advocacy, I had not been granted political asylum. So, when I started up in 2014 I, the first expectation was how can this advocacy help me in the granting, in the government immigration granting political asylum? So that's why during my advocacy I was able to express myself about what I went through personally and how a couple of people like myself are suffering out there.” (P9)

For others, the hope for broader societal and political change was a primary driver—even despite their acceptance that meaningful change was perhaps beyond the own reach of their own contributions.

“when we face problem the hope or the light, we should see is not visible, you know? You cannot see any hope or any light when you are in great problem. But trying, trying, to win or to overcome and see the light, even if you don’t know or you don’t see the light of hope, you should expect there is hope...Unless otherwise you will be traumatized more. You will be. Just you should, you should create hope you know.” (P6)

“my expectation of the response is very low. But I believe that I should address, we should address, our country’s problem. America should hear us...Yeah. Because if the American government hear us, one day they, they may count the point, oh these people are talking the truth, and we should take action. One day they may do it. But I don’t expect immediate measure.” (P7)

One participant also pointed out that, to seek political change, it was important not only to focus on testifying to politicians—she held hope around the value of speaking in other communities too:

“they vote, and they go to meetings with their representatives or senators. So, we never know, they can submit some ideas to their representatives or senators. So because you know, if a party is powerful, it’s not just a party, it’s starting with a base, a base of a party, so one people, two people, three people, and then the, it’s like the group of people that makes a party to be powerful. It’s not, you know the party isn’t just like an entity, you cannot even touch it, it doesn’t exist without people. So those people are very powerful because they empower the party...without people a party doesn’t exist. Same with the government. Without people the government doesn’t exist. ...Because I remember, there is, I don’t know who said it, if we don’t

do, if you don't do politics, politics will do you. So, no matter, no matter what we do, we are influenced by politics, so nobody can say I don't do politics. Because in any way we, you know, we can feel the influence of politics in our daily life. So that's why people get involved in that direction...So just to say that even at church, people, in a certain way, they do politics." (P4)

Another voiced hope that his message would carry beyond the initial audience:

"you don't know what they're going to do with the message. That message they're going to use it to tell the world, to tell the others who couldn't get their message out. This message is being re-echoed to other people" (P9)

In many cases, participants drew their motivation from a sense of necessity—they felt not only hopeful but deeply, morally compelled to share and speak out:

"there is something deep inside you which forces you. I mean it doesn't, there is some feeling that I cannot explain, it comes from your deep [in] your, from deep [in] your feeling, it forces you, it keeps on reminding you, you remember the people ...There's deep inside me which keeps on asking me to tell....it keeps on pushing me" (P2)

"You can't just sit down. That would be wickedness on your part. You, I always say, ok I have the opportunity, I don't know why I found myself in America after what went on. I don't know how I found myself in America, I don't know how I got this visa. I say God had a purpose for this. It is not a coincidence. Maybe God was pushing me, go, your voice is also needed. Go, go, go, go. I said ok." (P5)

Participants felt appreciative of the voice they had, and responsibility for using it on behalf of others.

“You know I make; I can make a difference. Who else is supposed to tell this if I don’t tell? So, I try to tell.” (P1)

“Thinking about other people, I see that I could get here but other people they see the suffering. Other people they die. There are people living in hiding, you know. So, if I get the chance to be here, I have to use this opportunity to speak for everybody, you know because it’s not given to everybody to have this opportunity. So, I say I can’t keep quiet, I have to speak at least for those people, for those, I have to be their voice of those voiceless. Yeah, that gives me a lot of courage.” (P4)

Many felt a deep connection to others who were still in danger, and a need to share their own experience as a means to preventing the suffering of others:

“I feel for my people back at home. When I see the souls that are falling, I say sometimes you have to come out of your shell. You have to come out of your shell and fix this. People are dying, kids are dying, the military are raping little girls.” (P5)

“I believe that truth should be expressed in any way. Reality should be addressed. Otherwise if you, if you don’t say anything, another people will suffer. People think that what they are doing is ok. If you don’t address your pain or your torture, whether it is mental or physical, if you don’t address it, if you don’t tell anybody, that, that people think that what they’re doing is right...if you don’t say anything, it appears normal.” (P8)

Participants also emphasized that they were motivated to testify and advocate in the USA because they *could*—it felt safer to do so here, in stark contrast to the dangers of speaking out in their own countries:

“[at home] You can’t, nobody cares...it’s dangerous. You can’t talk anything I guess, anything that has to do with the government...if I talk here, they’ll not know back in my country that I’m talking here. So that is first of all what pushed me, that security.” (P5)

“in my country because they take to detention, to prisons, you can’t speak out. Yeah you can’t. If you say something today, they will wait there outside, and they do something on you...here, no problem, you can speak out, the freedom of speech is practical here. Every democracy, freedom, is practical here, so no fear.” (P10)

Preparing Self

Participants differed in how long it took them to feel ready to testify. Many noted that encouragement and support from others was important in their process of preparing—but even then, they felt nervous about what the experience would be like.

For several survivors, testifying was something that they took time to work up to. For example, one participant who had begun speaking in public more recently recalled feeling too depressed to engage in testimony during her first years in the USA:

“It took a long time you know. I came here, they were always talking, 2015 they say are you interested? I’m not ready. 2016 I wasn’t ready. 2017 I wasn’t ready either...Not only that, I was depressed, I was feeling like giving up on life, I wanted to take my life. I was sick. You know everything was disturbing me at that time so I could not even focus.” (P5)

Another described feeling torn between wanting to speak and feeling concerned about whether it would really be safe to do so:

“I was fighting, I, my heart was divided into two. Some part said go, go and speak out, you need freedom, you need to exercise your rights. And the other said no, but your family, they are still there, no, no ... [but eventually felt] Oh my God, I need to go. Always when I feel something I go ahead.” (P10)

For one survivor, testifying was something he jumped into without even being sure if he felt “ready”, but feeling willing to try:

“for me, for the first time, I was talking about it. And because I was not ready even to talk about it—all of a sudden I went to this meeting, and then I didn’t think I could talk about my own experience as a torture survivor...for me, to talk about what happened to me, it’s for the first time. It’s a big decision, it’s a big decision. Shall I talk about it? Or I have to be in the court? Or the immigration office? ...It’s, it’s a big decision, it’s a turning point for me.” (P11)

Survivors who were more confident and seasoned in testifying were able to prepare by themselves, with invitations and encouragement from others providing a boost.

“I wondered when they said “you can express your right here, you can express...”—how? You see I came to America, I’m waiting my asylum, how, how on earth I can—“no you can, you can express!” After that I start to express my secret, my confidential, my personal history. I got confidence” (P8)

For survivors who were newer to the experience, support and guidance from others who knew a lot about advocacy was important, especially for honing their language.

“the first time I was writing, she corrected, and we discussed. But this last time when we have like a, if I’m going to testify somewhere, [agency staff member] will say oh, I know you’re good at that... but the first time, yeah, we were working a lot.” (P4)

One participant pointed to his reliance on others to identify safe opportunities to testify:

“if it was not for [agency staff member] I would not do it, because she knows where to go, and is it worth it, and she knows that it’s safe, so

taking into consideration all these things I prefer it if she arranges it, I am more than happy to do that” (P2)

Another talked about the value of being trained on the appropriate etiquette to follow when testifying to USA government representatives:

“we talked [about] that, and she says “it’s too much, this is like this, you should wear a suit” ...” (P6)

Regardless of their level of experience and preparation, most reported feeling nervous or daunted the first time they addressed a public audience:

“I was nervous but at the same time determined. Yeah. Like you know, you don’t know what you’re going to get the feedback, when you’re talking, so it kept me nervous.” (P5)

In particular, speaking to government representatives felt daunting:

“I feel that, I feel that my speech is inadequate. These people are, I mean America is the top of the world, everything. And the Congress in America is something imaginative for us. I never even dreamed to know where it’s located, you know what I mean? So, when you go into there and meet up with real people who works in politics and the real democracy...you feel like maybe they have other techniques, very advanced, something very, you know what I mean? When you, I mean if I ask you now, oh, let’s go and you’re going to participate in a show of dancing, and just like that, just put on the clothes and the shoes of dancing and go ahead, dance away, in front of audience—how do you feel?...And if everyone would notice your wrong moves, not your right ones. So that’s it, you feel that at the start.” (P7)

“And sometimes you become nervous because you go to a big place. This is America, you go to Congress, you fear that. ...Which means next to President Donald Trump. They are next to President Donald Trump. You

fear! And you become a little bit nervous to meet some people. Frankly speaking, we become nervous.” (P8)

Strategizing What to Say

In deciding whether or not they wanted to testify, and throughout the process of preparing themselves, participants strategized what they would say—crafting their messages clearly for their intended audience and speaking from the heart. The process of crafting often involved awareness of having very little time (especially in political settings) in which to try to say a lot, and needing to cut back their message accordingly:

“It is very short of course, the time is limited, and in written it makes it almost half a page, like that...it’s a very short one. I didn’t get time to explain everything, what goes, what was, what was happened, but the main, the main ones, only some experiences, short written ones because the time was very much limited.” (P6)

“Frankly speaking, the time, the preparation, everything was very short. And you cannot address your real feeling, just, unless you jot down, just only two points to address that. You address the points and you immediately address, but you cannot express your all. You have only short time.” (P8)

“they’ve always emphasized on the need to summarize. Send out the most touching, the most striking message within a short time. You’re not going to give a long lecture. Within this couple of minutes, just ten minutes, talk about yourself, talk about your country, and talk about your expectations. You have to say those things.” (P9)

Participants were also aware of who was in their audience, and what might particularly resonate:

“before getting involved you have to know why do you want to do it, how you’re going to do it, so to make sure you’re not losing your time. Because if you don’t have any message you don’t know to—because depending on the public you don’t have the same message, or you don’t have the same way of delivering your information. So, you have to know who you’re going to talk to and how you’re going to say things.” (P4)

“you know, how can I put it for people to understand me? I’m not just going to go somewhere and just say a story in a junk manner.... you’re the one telling your story. Nobody going to help you. How do I pass the information? I’m not talking about the tone or the language, no. No matter which language you speak there’s always somebody that will do the translation. But how do I put it for people to understand me?” (P5)

Several were sharply attuned to the differences between establishing personal connection and using their testimony for political change, too, noting their need to be persuasive rather than just expressing their own experience:

“in the first advocacy I went, I found out everybody wants to cry, and you know be emotional as much as [they can] to gain sympathy. Which is completely not the point. You know people are dying everywhere now, every day by hundreds... They know all this stuff, we don’t need their sympathy, or even their empathy that we are oppressed or raped. It doesn’t add to the stuff. You are just one person’s pain...you need to give them reason to help you and reason for a country to help a country. For someone who is responsible, who is important, you need to give him a reason equal to his importance.... you have to be, to talk at, on a level of countries. On politics. Not emotional things.... you cannot go every day to Congress and cry. Nobody will listen to you again. That’s the crying woman again? Oh no.” (P7)

At the same time, participants felt a need to be genuine, to delve into their memories and speak from the heart about their experiences:

“Usually what I do is I just sit and try to remember what happened to me before that. I take a very silent place, sit there, and try to remember what happened to me...when you talk something comes to your mind, when you give some kinds of examples sometimes you forget something, sometimes you remember, so this is how you present it...” (P2)

“You don’t add tools to yours, you just be yourself.” (P7)

“I expressed what I had gone through, my feeling—it was, it was coming from the heart....To talk about what you have gone through, it’s always in here [points to head], you are talking your mind. I mean, you don’t need any special preparation by the way, you are talking about yourself...” (P11)

In finding a balance of length, appeal to the audience, and genuineness, some participants also talked about filtering their stories, deciding what it felt safe and comfortable to reveal:

“I’m talking to people by filtering, filtering, not telling all the stories, because some of them you don’t, you don’t tell, you don’t tell all....But still you struggle with yourself when you’re telling, which one should I tell, which one do they need me to, which one is important, and then can it fire back against me so that people might use this against me. Those things are you know you struggle with yourself when you’re telling, the feeling is you debate with yourself every time you are ready to talk, you struggle.” (P1)

As discussed in the concluding section of this appendix (survivors’ perceptions of the research), this filtering and strategizing also felt present in our interviews, as participants determined how much felt safe to share with me as a researcher, and how trustworthy I was.

Theme 4: Experiencing Testimony

Several of the thought processes and feeling states involved in preparing for testimony carried through into survivors' experience of the testimony itself. For instance, the sense of motivation to share their experiences out of hope for change and concern for others linked to a feeling of delivering an important message as they testified; their carefulness in strategizing what to say continued into a keen awareness of who their witnessing audience was and evaluation of how they were responding; and their trepidation about the emotional weight of sharing their experiences often accurately foreshadowed the pain and discomfort they would find themselves actively managing during testimony. Survivors' identities and the contexts in which they were speaking moderated how these three major aspects of the testimony experience were felt by each of them, as explored further below.

Delivering an Important Message

In sharing their testimonies, participants saw themselves as doing more than simply narrating their experiences—often, they were also explaining how the USA had influenced (and could continue to influence) their home countries, sharing the truth about torture and educating their audience, and even making recommendations for how their audience could respond to their experiences with action.

Many participants were keenly aware of the USA's global power, and of the ways in which its foreign policies had directly influenced the government and communities in their home countries. As one participant pointedly commented:

“It's you who is doing to our people. I told them US people are, you are taking the taxpayers money to help the poor in [home country], I

understand the intention. I am telling you that this money is not going to the people. I know that your intention is for education and for health. When it comes to [home country] the money you send is to buy bullets. ... We are dying with your bullets that you are sending from here.... whenever you elect a president here, that's the president that decides on my country's fate. On my fate too, my children's fate. So, we are very sensitive. So, whenever we talk to these people, the feeling we have is, because they make, they are the one who decide on our fate. They give the money; the money kills us." (P1)

Participants believed, nevertheless, that this influence could be harnessed for good:

"if we address American leaders, they can make some influential decision in our country... They have power" (P8)

"Their place in the world is very primordial and no one can dispute that fact that they stand to defend human rights, they stand to defend the rights of those who cannot be able to speak. And so, the United States is a country that will help any other person doing advocacy in the domain of refugees or torture survivors to make their voices be heard and changes made." (P9)

Other participants wanted to emphasize not only the influence that the USA could have, but also how the human rights issues in their home countries should not be seen as so distant from those that are relevant to United States audiences:

"a lot of people in the US they're taking everything for granted but they don't know that a lot of people died in this, in this country to get to the point where they are. But they can lose everything. You know if you're not attentive, if you're not taking care; it's like they give, they give you maybe you receive the house like in your heritage? If you're not taking care of that you can lose it. So, it can be destroyed, you know, so you have

to take care of that. The same in the US, you have your freedom but you have to take care of that, so you have to do whatever you can do to, you know, to protect it. So, if something is just happening like in [home country] you say oh that, that's [country], not here, but there is no evidence that what's happening there can't come to your country too. Because people they learn bad things, not only good, but bad things, so a person can say oh, what about the dictators, the way they're ruling, maybe I can do the same here also. So that's why it's important to fight for other countries also, to protect all of us. Because it's a global, you know a global village." (P4)

Thus, often consistent with the educational background that many participants came from, survivors found themselves in a position of educating and informing—about the truth of their own torture, first of all:

"They wanted to know what's reality. Wow, that was very good. And so, I want to tell them not from the book, not from the history, the truth which I experienced, which I see" (P6)

"We told them, we told them, that really, this is what happened to us. So, it's very powerful, directly addressing, not through mediator. ... Directly, directly. Yeah directly. Yeah we are not submitting a letter." (P9)

Participants also reported educating their audiences about history, politics, the reality of their country's situation, and even a new understanding of human potential, as some participants pointed out:

"I mean when you tell people that you have all these problems, they get surprised. I mean they, they get a chance to imagine the cruelty of the people who were doing that." (P2)

"It's what is happening—still we are affected by post-trauma. Because the time...still we are highly affected. It's what we have, we are saying, it's

humanity, it's a human issue. Where is the humanity? Where is the humanity?" (P9)

"It's very important because it's helping you to, you know, to teach people, to help them understand a lot of things...you're giving a lecture. But lecture for life! Because sometimes at, at school we have some courses, they don't really help us in life. We go just because we need credit. But I think testifying you're giving people lessons for life because you're breaking barriers, you're giving them knowledge that they will use for their entire life." (P4)

One participant also shared her sense that in testifying she was helping to deconstruct negative stereotypes:

"some, some people for example they don't love asylum seekers or foreigners because they don't know why they're coming here, what have been their life, but as soon as they know what you've been through and why you're here, what you can bring to the country, you know they, they open and then you can break like the wrong feeling they had towards you. Because people they don't hate you for nothing, just because they have been told wrong things about you. But as soon as they discover the truth they change their mind, most of them they change their mind, so it's just a good way to help people having at least like a foundation they can use to have their mind changed positively toward asylum seekers or even other foreigners." (P4)

This concentration on delivering an important message connected participants with something greater than themselves, allowing them to look beyond their own experience:

"I never concentrate on myself. I just find my country in front of me and I want to press as hard as I can without going away from the truth. That's very important, that's very, the very heart of the balance you have to keep.

We have to be honest, and true. And make a point. That's it. ... It's not a performance, it's, you know that's what I love about advocacy. When you do something, you focus on your reason, on the purpose of what you're doing. You do not think about how you look..." (P7)

As another participant reflected about the experience of targeted testimony "our talk is not "me" kind of talk, we say "we"." (P1)

Several participants talked about focusing on helping others by ending their testimony with specific requests and recommendations that could help change the conditions causing suffering for many. Their requests included not only exhortations to intervene against torture, but also pleas to reduce harmful foreign intervention:

"My recommendation is United States should not give any recognition for dictators. United States should stand at the side of the people. (P6)

Regulating Pain and Discomfort

Participants shared how deeply emotional the process of giving testimony could be, taking them back into their painful memories in a way that could sometimes feel overwhelming:

"[talking brought back memories] as if they were done there. Because still they are in your brain. So, sometimes you feel as if you are in the prison... [while giving] testimony, yes... You take yourself back to where you were.... You feel sad, and as you want, sometimes you want to cry." (P2)

"I am not crying, but when I... when I talk, I am emotional, I cannot talk with him, because I remember how I have grown up.... if you remember that you have directly emotions." (P3)

"I think for me, sometimes, you know, when I talk about it, sometimes, still I feel that I am helpless, I am helpless sometimes, I feel that I am very helpless....when you talk about yourself, the emotion is going on there.

You are, you are speaking about it, but you can't control it. It is coming from the heart, from the heart. So, you can't control it, yeah." (P11)

"For the first time I present my past experience, I had a great, bad feeling, sad feeling, and recalling the past made me cry...When you address this point to the public you have some pain...especially your past pain.

Because I have, I have to touch that specific painful moment. Whenever you present or you talk that specific bad moment, you feel the pain.

Psychological pain." (P8)

Many talked about wrestling for control over their emotions, focusing on delivering their message. For example, one participant explained:

"I feel punished, I may sometimes feel overcome or overtaken by my emotions. But I have to control myself, I have to comport myself, I have to be in a good composure to be able to deliver the message. Because when emotions overcome you the message may not go across. So, you have to withhold it because people are listening to you, they just want to picture and know what you went through." (P9)

Another participant talked of her hyper-focus on her purpose to help her tolerate the pain:

"These are sufferings I paid willingly to upraise a country, because the history is riding behind you, it's following you...when you decide to do something you get on with it. You don't think of the consequences. You know what I mean? ... it doesn't matter, it has to be done. It has to be done and that's it. We got hurt without reason, why shouldn't we get hurt with a good reason?" (P7)

Having more practice at testifying publicly felt helpful for some in the process of self-regulation:

“It’s really emotional because I’m, yeah, even at Congress I think I cried...That’s why sometimes you keep details because you say if I, if I say these details I might cry and you say ok I’m dismissing this...But now, now it’s, it, I mean I’m controlling my emotions better than at the beginning...just as I said since I used to speak, the habit.” (P4)

However, participants also held a sense of acceptance that sometimes emotion was unavoidable, and could even be a necessary part of their self-expression.

“you know emotion will always come. But either you master them, or even you want to cry just let cry, people understand, because everybody knows what pain means and how sometimes you cannot control your emotions....you don’t prevent yourself from going to testify just because you’re afraid of crying when you’re testifying. No, it’s just a process of healing too. So, don’t be afraid of crying, it’s normal, everybody understands why. Because we’re human beings. And when you’re explaining painful things people will understand how you cannot refrain yourself from crying.” (P4)

“So, when I started talking out, talking out, ok, it was difficult me talking out because I always feel overwhelmed and then I start crying. But that’s ok. ...When the tears come the words come out, you know.... That was a sweet pain...It was painful but at the same time it was happy. I can tell them what’s going on...Yeah. Like let me share this pain, let, another person’s feeling it. So ok, you can also feel me.... It wasn’t, it wasn’t easy...It’s difficult...You have to push.” (P5)

Evaluating Witnesses

As they thought of their messages and felt the corresponding emotions that arose as they shared their personal stories, survivors were also involved in an interpersonal process with witnesses in the room. They compared themselves with other survivors who were also testifying, and tracked their audience’s response.

For some participants, hearing others testifying helped them feel that they were not alone:

“That was also a different experience for me. Never heard [another person’s testimony]. Except in prison. In prison, when I was in prison, we were talking, we were talking.... [it felt like] I’m not alone, I’m not the only person. I’m not the only person. Sometimes you think that you are alone but, you know, there are people with the same experience. So, I feel that, I feel that... It’s a big opportunity for me, I met with a person who has similar situation, I met with them. And then, you know, we have the same feeling. We have the same culture. We can express it the way, you know, we understand each other.” (P11)

“And to be among people who really had a bad experience like yours, or maybe worse, it makes it a lot easier as well. So, we are healing each other along the road.” (P7)

“each time that I listen to them I feel, I’m actually carried away because I just feel that in another part of the world other people suffer almost what we go through and I really feel touched. But at the same time, I feel happy because they’re able to express themselves to those people that can listen to them and do an action and carry on some kind of intervention for the situation in their country. So, I’m so touched.” (P9)

Some participants, though, also became more aware of their own uniqueness, feeling that their story was different. Some participants felt that their own experiences were more painful, but one participant expressed her sense of lesser suffering:

“when I see other people’s suffering, I feel like I didn’t suffer anything. You know that meaning, that feeling?... Like, your experience is your own, it’s attached to you. But you didn’t feel other people’s stuff so when you see it, you still find it bigger than yours. I guess so. Maybe some,

somebody else sees, sees my experience as well, bigger than his. It's a natural feeling. I'm not sure." (P7)

As they tracked their audience's response to their testimony, some participants described feeling an empathic connection and understanding.

"I discovered something very important. A human being is a human being. If he is in [home country] in a remote area, or in America in the Congress, the elements of making a human a human are the same. They get affected by very little, by your honesty. That's it! Honesty affects humans. So that's an important thing to know, so be honest, say everything in honest and they don't care whether everything is good or bad. They don't even pay attention to that. They listen rapturously, they, you feel them, you know their soul came to you, you feel that. You feel that they are from their inner selves, they are trying to reach out to you, to comfort you. Sometimes I feel guilty telling them that. Because I feel that they want to help. They really want to do something. So, it's, it's a human communication, it's just like that. Which is great" (P7)

[hearing testimony] "the whole church people are starting to shake. When we cry, they start to shake. After that they came and they start to hug, hug us. And they, they said be quiet, be cool, yeah." (P8)

Participants also noted how attentive their audience appeared and the extent to which their testimony appeared to be being taken seriously. They described feeling encouraged and uplifted by evidence of interest in what they shared.

"I was asked some questions. ...I feel good because they just give me, I mean they, they, they give me their ears, they listen to me, and I ah I, I remember that day were asking me, I made sure that they were following me from their eye contact, that everybody was interested, and everybody was listening...So it was good for me, I liked it." (P2)

“they gave us attention and they were following our speaking, our speech with active, attentively listening. With active, attentive listening, with concern, and also they were also asking for further information, further documents—like evidence or the way, how they will speak out, or how they will solve it. Yeah, I felt this oh, yeah, I felt surprised, I got surprised of their concern, their active attentive listening, their time....” (P10)

“the guy was very quiet to listen to us; he was so attentively attending. Attentively attending. It was so encouraging, so encouraging. Because sometimes, as a human being it’s not easy. It’s my first experience, saying it, but once I started, having seen his interaction, his good appetite to listen, I was open to talk about it. He encouraged me really” (P11)

This feeling of being attended to directly contrast with experiences many had at home, as one participant explained:

“when I shared the problems we have back at home you know the reaction, the person who is receiving the image, the message, whether the person is interested or not you can feel it... the questions they ask, they want to know more what is going on...[so] I’m happy... you feel good about it...At least you have some people who can listen. Because where you are coming from, they don’t listen to people...So when you have people that listen it’s part of problem solving. So, you feel like, whew, you be safe, yeah.” (P5)

Participants also noticed differences across their audiences, feeling that some people were less interested in hearing what they had to say, or were not able to really understand. One participant articulated her sense that the difference between audiences often hinged on their priorities and reasons for attending to testimony:

“I think people in church or associations, or, I mean all of them, Congress or people in church, they, they feel something, they feel compassion. But people in church or NGO they feel more than compassion, they feel

empathy. They really want to help. And anything they can give, even to myself, they do it. Because for them it's like humanity. They want first of all to be human. But in, in Congress, politics for them is first of all interest. What is the US government having in this situation, what is the interest of the US government, of the US like just as a country, you know....So I can feel that difference too.” (P4)

Thus, in the right contexts, testimony could be deeply re-humanizing—for not only the witnesses, but also the person testifying. In contrast, in political arenas the individual experiences of both testifier and witness seemed to be eclipsed or constrained by the political priorities, allegiances, and needs of a greater collective. Many survivors were acutely aware of how the USA's foreign policy could be both influential and fickle—they were hopeful of mobilizing a response to push their own countries towards change, but also realistic about the limits of the USA's willingness to act. As this participant lamented:

“Since [home country] was colonized by France the US cannot go to intervene without the consent of France. You see? ... Because France is the US's friend, so they don't want to jeopardize their friends' interest.” (P4)

Participants also expressed awareness of ideological differences within the USA, especially along party lines. One participant described her impression, for instance, that her testimony elicited a greater response among those who found it more novel or surprising:

“You can feel it, we're talking, you can feel it. Who is interested? Whether he's interested, you know, you can feel it. ... when I went to the, to the Congress right, ok, the, the Republican who didn't know much about my country, the connection was so deep with him because he was like, ok, when I started talking he was on his computer, so in the course of talking

he stopped, then he started looking at me, feeling me. Then he said “ah, where is [home country] anyway?” And I said “in central Africa”. Then he said “oh wait, let me google that” ...he wanted to get more on what is going on. And he was writing it, he had a piece of paper, a little book, he was taking down and he said “oh, I’m going join the Congressmen for this issue. We’re going to bring that up. This is a good thing”. But when I went to the Democrats, it was a little bit different. Because they already knew what is going on in my country. So, they were not really like steady.... it’s not a new story to them...you know that’s the difference. Not that they were not, not that they were not interested, but they already knew it. Like you’re repeating something that they already know.” (P5)

Theme 5: Digesting the Testimony Process

As with their situating and experiencing of testimony, survivors’ ways of digesting their testimony experiences were influenced by their identity stories and the contexts in which they found themselves in the US. In turn, as they digested their testimony experiences, many also acknowledged ways that these experiences had shaped their evolving identities and the way that they situated (future) testimony, adding a new sense of confidence, moral rectitude, and motivation.

Three key subthemes appeared present within survivors’ “digestion” of their experience, but often these subthemes were mixed in survivors’ minds—some spoke of alternating between positive and negative reflections, for instance, or of cycling through different thoughts, or of holding multiple feelings at the same time. As one survivor commented when reviewing the initial grounded theory model in her follow up interview:

“it’s not like you just feel one. You’re feeling these three themes here at different moments...You know you’re thinking so many things. ...You can feel the three comes in your mind, like it changes.” (P5)

Mental Processing

Participants described a range of heightened mental activity following their testimony experiences. Many, primed by past experience with the dangerous conditions that existed in their home countries and contributed to their torture, found themselves assessing the risk of backlash from their testimony and considering who may discover that they had spoken out. The ever-present fear of repercussions caused some to scale back the frequency, location, and depth of their sharing. As one participant explained:

“you don’t know when it bites back and affect your life. So, I talk in public, especially about my people – I still continue talking, but I don’t talk too much.” (P1)

In some cases, their fear was of compatriots (including embassy staff) in the USA who may not share their political perspectives and may inform on them to dangerous political actors at home. One participant described being directly observed in a government setting:

“the dictators are there, when we give testimony the dictator from the embassy, they brought their TV camera and they are just recording everything what we are saying. Everything, very close...and after that, after we gave testimony, the whole week they are intimidating everywhere...they want to intimidate my family.” (P6)

Survivors’ degree of concern was moderated by their personal contexts. Some were concerned about their immigration cases:

“you’re thinking, ok, I’ve said my story. What’s going to happen to me? ...when you start talking, something might happen to your asylum negatively.” (P5)

As discussed earlier, many were also separated from their families while awaiting asylum and feared for the safety of friends and family at home. As one participant explained:

“you have to be aware too of who you’re talking to so that you shouldn’t put your family in problems ... in my country...If your father talks something that will hurt the government, the government might not even come for your father, they will come for his kids...They’ve done that several times.” (P5)

As they evaluated the risks that they faced from speaking out, survivors also reflected on the impact that they felt their testimony had. Some held a sense of having been listened to and having made a difference. One said that she felt she had been able to give her audience “aha” points, seeing them come to a new realization as a result of her testimony. Another felt:

“my voice was heard! I feel that somebody heard me today, thanks God...they can take it forward...our voice is heard, so it’s a big deal for us.” (P11)

This feeling of being heard provided some with a feeling of ongoing motivation—feeding back into the way that they situated testimony:

“And sometimes ... I see an impact; you know it’s changing the lives of people. You know I make; I can make a difference. ... so that gives, you know, a big incentive.” (P1)

This was especially the case for survivors who saw changes in United States foreign policy (sanctions or resolutions condemning human rights abuses) connected to issues they had been speaking out about. One survivor saw his testimony as creating a fundamental shift in power, with those who had tortured him now being exposed:

“they are shamed now. That’s a big healing. We are, we immediately changed to attack, not be attacked, you know...this is a big thing.” (P6)

Another reflected on how this experience of being heard made him feel appreciative of his context in the US:

“You know you're happy—people listened to me, at the end people come and say how you did a good job. You send out a very good message, that's good of you. They took the message away. And then you go back, and you feel relieved and you feel okay, you live in a society where you can be able to talk, and people will listen to you. You live in a society where you raise your concerns and people are going to say oh, they're going to take the message and sit somewhere and say okay, what can we do.” (P9)

Others sensed that any meaningful change (especially at a political or societal level) would be slow in coming and would require continued effort:

“maybe they pay attention, step by step, things are coming, they change...maybe they can’t do all with one time, maybe for the next time they got warning, something like that.” (P3)

Survivors who sensed that the United States government had little incentive or power to influence change in their home countries were more wary, feeling doubtful that anything would come of their testimony:

“even if I advocate everywhere in the United States, those guys, the government, they don’t care. It doesn’t affect them...it definitely won’t change it.” (P2)

“sometimes you ask yourself: was it really useful for me to go and explain to them what’s happening in my country, since they cannot do anything? So why should I continue going there and advocating for my country?” (P4)

As part of their processing, survivors also reflected on the generalizability of their experiences. Some doubted that many survivors would want to speak out in the way that they had, seeing their own identities and the way they had been able to situate (and were prepared for) testimony as somewhat unique:

“if you used to speak too, in your country, then here it will be easier for you. And since that is like a process for healing, so I think you are in a better position to adapt and to get healed and everything. But if you’re like shy, or in your country you were not involved in denouncing things or in speaking, I think it would be more difficult for that, for those people to adapt here...And another thing is the language...you know you need to get confident in English...So a lot of things can make differences between asylum seekers. And that can really impact on the process of adapting or healing.” (P4)

However, participants also speculated that if survivors were willing and prepared to engage in testimony it would be of benefit to them:

“I wonder how can it help for those people who are torture survivors ...I mean most of them they are not willing to give testimony. But if you can try to find a way by which they can do that it would help them... I’m 100% sure that it can help them.” (P1)

“they can build confidence. Though it is painful at that time, they can build great confidence to address their own problems and the people they represent. And they can address all the issues in the society. And they can be strong people.” (P8)

Feeling Positive Change

Often connected with their perception of having made some external impact, survivors reported experiencing positive internal changes resulting from their testimony.

For some, the change involved feeling more hope and orientation towards the future. For example, one participant explained:

“whenever I give a testimony, I have hope. It’s like something has left me negatively. At least I have people. People will hear, they will come and talk with you personally like after the issue though, they will come and hear, and they will want to learn more about you, you know. So, it gave me a lot of hope. It gave me life. I think that there is light in the tunnel, it’s coming, it’s not yet there, and it makes me, my body feels lighter.” (P5)

Another survivor, who was unsure that her testimony would have a political impact for her home country in the short term, still saw the experience as being of value to her future identity:

“I don’t lose hope that one day I will go back home, and all this experience can serve me to teach other people, to train them how to do the advocacy, and why to do it.” (P4)

Most survivors also reported feeling relief—even if only fleeting—after being able to share the burden of the stories they each carried. One evocatively described the story of her torture as being “like a poison—you get it out from yourself” when testifying (P7). Another described it as “like a volcano. You voice it out...and as you send it out you feel relieved” (P9). Some also noticed not only relief and release but a re-emerging sense of trust in others and increasing ability to share more of themselves. For example, one participant reflected that testimony was:

“painful for good. You know, I think the more you talk about, the more you’re healing, I think so, yeah. Because for me for example, before the testimony I had a lot of things I’d never talked to anybody, I would never discuss about. But after that, now from time to time I can talk about those events, with friends or with people I really trust...

...when you've been tortured in your country you think that everybody's like that. Even when you come here, you're scared, you don't trust anybody. So, it's like a process you have to restart to trust people again. So, I think the testimony helped me to restart trusting people...

...you're sharing your emotions, not only your story but also your emotions and your burden, so it, it looks like you're not the only one who's carrying your burden, you are sharing with other people. So, it's, you know, it becomes light. That's what I'm feeling." (P4)

For many, connected to this feeling of increasing interpersonal connection was a sense of personal growth—of feeling seen, valued, recognized, and more confident in themselves. One participant described a poignant feeling of being seen as fundamentally human:

"I know they have very limited time, but they are giving us time, giving us attention. So yeah, I like it, somehow, I feel like at home. I got attention and I am being treated as a human being. So, I saw, I saw practically the human rights exercised." (P10)

Several participants saw changes in the way that they had empowered themselves and had acted with moral righteousness by pushing back against oppressive forces and experiences. One participant describes this as a sense of attacking the government that had harmed her:

"my spirit is happy because I feel like I have shot my government. Exactly. I'm happy. You know, I'm happy because I'm like I'm nailing this government... I think it's a physical, that's a spiritual medication. It's a therapy that we all need." (P5)

Often, the act of testimony was attached to a sense of doing what was right—as one participant summarized:

“You just have the feeling that you did what you should have done...you have a duty, what if you’re doing it you have peace of mind. You did what you had to, so you just have a weight off afterwards.” (P4)

For many there was also a sense of being part of a larger cause, helping others, and contributing to a community of others who were also pursuing justice. One participant explained:

“I feel like comfortable, like I did what I can... you can do your part, somebody else can, does their part, and all together we make an impact. And this is how life works ... We don’t want more “me”s. We had enough of this. Yeah. We want people to work together, to have an impact, to listen to the suffering of everybody by joining forces.” (P7)

Period of Hurting

Alongside their cognitive processing of their testimony and their reflections on healing and change, survivors also experienced lingering pain from sharing their stories. Many described pain, depression, and irritation occurring especially in the evening and two or three days after they had spoken, when they would find themselves having flashbacks or going over their experiences again:

“after you do your advocacy, the whole evening things come to you mind again and again...You keep on remembering it. You’re not able to forget it.” (P2)

“that was hard. Two or three days after that. At that moment I get relief because I speak out, later on, my mind was rewinding the past experiences.” (P10)

Some also noted, however, that with repeated experience they felt their pain becoming a little less. For example, one participant said that the feeling of heaviness he had after his most recent testimony was:

“Not like before. Before when I came here and when I address everywhere, especially at the beginning of the time, I cried. And I screamed, I cried, and even it took me two days, three days, to go out of that trauma.” (P8)

Another participant pointed out that with repeated testimony experiences she would also feel more aware that justice still had not been achieved:

“you don’t have only hope and healing, but you also have some resentment, because you remembered everything happened to you, so you just want like justice to be done ... you have your wounds inside, and when you go to testify it’s just like you’re waking them up. So, you need a certain time to manage everything.” (P5)

Survivors’ Perceptions of the Research

The interviews conducted for this research differed in significant ways from public testimony—not least by being conducted in private, with a single researcher/witness. Nevertheless, there were notable parallels in the ways that survivors spoke about their approach to and the impacts of participating in testimony, and their approach to and the impacts of participating in this research. I identified three major themes in their reflections on the research: positive views, perceived costs, and expectations for action.

Positive Views

In both their manner of interacting and their direct reflections on the interview experience, participants expressed a desire to cooperate—for example, affirming “You can call me anytime, I can help you what I can help, if I know I can help.” (P1)

This desire to help felt linked to a positive transference towards me as a researcher—perhaps in part because of my connections to an organization to which they held existing positive views, but also perhaps related to my privileged positionality in relation to their own. In several respects, this positionality made me similar to the audiences to which they gave their public testimony: I had the power to do something with their stories, to carry them to audiences of potential influence. As discussed in relation to expectations for action below, some participants explicitly voiced their hope that I would indeed do something more.

Another participant noted that his positive views towards the research were transferred from his positive experience with testimony:

“If I did it in the senator’s office, why not here. That is the feeling, that is the impact from the first advocacy. That is the impact. Now I am highly encouraged to talk about it, also. Highly encouraged. ...that experience lead me to your interview. The trigger is that advocacy. It’s a big opening for me, a big opening” (P11)

Some participants also appeared to appreciate an interest being taken in their experiences, stating for instance that “it’s a great pleasure for me to, you know explain what was my experience after the [testimony] meeting” (P11). Two participants also pointed to ways in which the interview, much like testimony, was an experience that allowed them to express themselves and see things from a new perspective:

“I’ve brought out so many things in me today.... It was a good experience, yeah, you know. Your questions were direct, like just, you understood it. I feel empty right now...body’s a little like [sighs out].” (P5)

“You gave me open, you know, windows for me to speak about it, it makes me find out things. You know when we do, I don’t know, I’m a very spontaneous person. I guess because of the art. But now you’re asking, I, I think it over and I found the answer. Because when we just do the stuff, we never think like that, that deep and that, very theoretical. I don’t like theories, I told you that. I like doing stuff. So now you gave me the chance to, like, meditate on the whole experience, and to learn how to express my feelings towards anything I do. I do this because of this and that, and give me that experience. That’s very, very good. I hope to do it again” (P7)

Noted Costs of Participating

As with the experience of giving testimony, the experience of being interviewed was not uniformly positive for participants. Some acknowledged that even talking about the impacts of talking about trauma (a step removed from testifying to their trauma directly) had psychological dangers and could stir up difficult feelings—a reaction that makes sense for survivors living with post-traumatic stress-related hypervigilance and intrusion. One participant pointed out that the risk of such emotional impact required him to do some filtering during our interview:

“I tell you some of the stories but not all of my feelings because the issue is some of them are sensitive, when you want to talk, sometimes your emotion governs. It’s the issue of filtering, even now.” (P1)

A similar point was made by a participant who said he weighed the challenge of talking against the potential positive impact he could achieve:

“it is not easy to talk about it, especially in more details, more details from A to Z... that’s a little bit painful...the feeling is not easy, but still I thought that I can contribute a little bit, that’s why I took the initiative...That’s why I decide to come and just discuss” (P11)

Another participant, in her follow-up interview, shared that she had found herself processing more after our first meeting, churning through memories and thoughts:

“Like everything about me, I was just thinking like what’s going on back in Africa, I cannot help Africa, you know. After the, after the interview many things came into my memory...Particularly in my country...It made me depressed you know...I really felt bad, like, why would fellow human beings treat one other poorly. Like we’re one species you know?... So, with all the memories it weighs on me, so I took my sleeping pills that night. Because if I didn’t take any sleeping pills I’m going to go into some dreams.” (P4)

At the same time, this participant said that she also saw some positives from participating in the research, much like the benefits emerging from the painfulness of testimony:

“I think it’s another process of healing, you know, I didn’t cry today. There were some memories that were coming but, yeah, this was great...Now it’s more manageable...thank you for including me in your study.” (P4)

These admissions of the costs of participating in research also seem indicative of the ways in which trauma impacts both personal and interpersonal processes. They speak (albeit indirectly) to the way that trauma results in a hypervigilance about approaching too near to difficult memories, and the way it disrupts interpersonal trust. As noted earlier under the theme of healing and harmful contexts in the USA, survivors live with the

ongoing impact of their torture, which enters into every space in their lives—including the interview space that I joined them in.

More concretely, one participant also highlighted the costs of participating in terms of his time and the value of his contribution, intimating that the compensation offered for participating in the study was acceptable but should be higher. At several times during the interviews, he suggested that there may be some future benefit that I, as a researcher connected to a greater range of societal resources in the USA, could help him access. The deeper messages embedded in these requests seemed to be that as a witness, I had an obligation (to the testifier); and as representative of a colonial power, I owed something in return to those who were oppressed. These messages highlighted not only the dynamics of the relationship between participant and researcher, but also the relationship of the research to survivors' lived realities.

Desire for Story to Reach Beyond Research

It felt clear that many survivors saw themselves as contributing to something larger than themselves by participating in this research—just as they did when participating in testimony. As noted in discussing participants' sense of identity above, many of the survivors in this study had backgrounds in education, and were accomplished and socially influential individuals who had expectations that research could—and should—have a wide impact, supporting restorative justice. One participant made this very clear in his reflection on his interviews:

“this kind of thesis, which is very important, why you are coming here, that is why this thesis has an impact on society. It shouldn't be like you're carrying out a thesis, processed, you're given a good grade, and then you're give the certification, and then you're getting, you're out there, but

then you have made your thesis and the question is: what did the stakeholders come and do with the thesis? Because it's a research, what you're doing is research, you're talking to resource people, people who have gone through a lot of things, people who themselves are educated people, and you're going to analyze that critically and bring out the essentials of these certain things. I am one of those who believe that when you carry out so fundamental research, intellectual, you get out there, you get interviews, you're able to make a lot of verifications and you come up with a whole bunch of findings, good results, I always ask the question: for the end results to be worth talking, let those findings be able to be implemented. To carry on a certain project, to impact communities, to impact the people concerned. If not, I still think that something is lacking. Believe me, you're doing excellent work. But the question is...After that, what next?" (P9)

Another participant gave specific suggestions for making the research findings more accessible:

"Most of the time you're going to put it in a book. Like I've thought about that, you're going to write a book, and that book is not meant for the common man. You know? The common man, the only way the common man, or one of the commonest ways the common man will get information is through the media...because what you're writing, it will interest those who want to go to your field to read that book. That's not a novel that's a thesis...I used to, back in my home I used to tell people after writing your thesis, organize conferences, talk about your book, go to classrooms, go to the common place. If that book has to help the common man, then go to where they are. You've written the book, that's fine, that's a good thing, that's knowledge. That will be passed over and over. But if you want it to have an immediate impact you have to go out there with it...People who will not read this book, people who will never read this book...They need to hear it. You need to put it in a summary and tell them what you did in

that book in the common man's language...Talk to countries, explain what your findings were, if it can help them... there are so many organizations, survivors' organizations, you need to reach out...I may never read your book, you know right? Many people you met who are talking about their point of view may never read this book. So how do you give it back to people? ... How will I know that person's own story and how he felt better? ... Summarize it...What other people's experiences are, in summary...So how can it help you? By hearing other people's trauma...And how they survived." (P5)

Clearly, this dissertation is not a good summary for the "common man". But I hold on to these exhortations from participants to answer the question of what next, and find a way to carry their messages to a wider audience.

Appendix 4: Extended Discussion

In this appendix, I begin by revisiting the research problems that motivated this study. I then proceed to summarize the grounded theory model and discuss its features in light of other research on testimony and trauma, drawing out key insights on major themes. I next reflect on how the findings from this study may uniquely reflect its specific participant population and the dynamics of the research process itself, and note the limitations of this approach to generating knowledge around survivors' experiences. I conclude by reflecting on the implications of this research and making suggestions for future work.

Revisiting the Study's Primary Questions and Findings

Past research has highlighted both healing and harmful impacts of testimony for trauma survivors, depending on the context in which it is given, but has not closely examined what occurs when the testimony is given in public outside of the context in which the trauma was experienced. Within a more private, clinical context, engaging in testimonial therapy—in which therapists guide survivors through a process of narrating, recording, and refining their trauma story—has been associated with positive outcomes, including reductions in post-traumatic distress and improved psycho-social functioning (Agger et al., 2012; Jorgensen et al., 2015; Luebben, 2003; Lustig et al., 2004; Puvimanasinghe & Price, 2016; Shalhoub-Kevorkian, 2005; Van Dijk et al., 2003; Weine et al., 1998). In contrast, in the more public context of international criminal courts and truth and reconciliation hearings taking place in communities in which mass trauma occurred, giving testimony has been linked to increased concerns for personal safety and

retriggering of traumatic symptoms (Brounéus, 2008, 2010; Byrne, 2004; Cilliers et al., 2016; Henry, 2010; Laplante, 2007; Stein et al., 2008; Stepakoff et al., 2015).

This study was motivated by the observation that survivors of torture are courageously giving testimony in other public settings, including in foreign countries. This context may be expected to have elements of both safety with respect to distance from perpetrators, but also some vulnerability in exposing one's story to a wider, and potentially unpredictable, audience. However, published research does not appear to have examined the impacts of testimony in public spaces that are foreign to the testifiers. With this study, I set out to fill this gap in the literature by addressing the question: what are the impacts of giving public testimony in the USA for survivors who were tortured in other countries?

Noting the paucity of existing literature that might guide a more specific set of inquiries or hypothesis testing, a qualitative approach to addressing the research question seemed most appropriate. The eleven men and women who volunteered to be interviewed for the study all identified as survivors of torture—although, as the findings further elaborate, they were also much more than survivors. They had all given public testimony in the USA in a political, educational, or community setting; some had spoken in multiple locations. Although the exact nature of their suffering was not questioned or examined in this study, several (testimony) statements from participants were publicly available, outlining abuses they endured at the hands of government actors (thus meeting definitions set out in the UN Convention Against Torture and the Torture Victim Protection Act). Participants also revealed the trauma they had endured in reporting their continuing symptoms (with average scores on the Harvard Trauma Questionnaire's 16 items

measuring post-traumatic stress indicating likely clinically significant levels of PTSD) and in referencing the ongoing pain of their torture in their interviews—an unmistakable part of the context in which their testimony took place.

By using a grounded theory methodology to analyze the interview data, I developed a model of survivors' healing through testimony. This model suggests that survivors are impacted by testimony through an active, iterative healing process involving new conceptualizations and experiences, in which they bring their own identities into play and are subject to the constraints and supports of their environment in the USA. The effects of testimony—like the damages inflicted by their trauma—appear to be both personal and political, aligning with and shaping identities that stretch beyond the isolated individual. Thus, I suggest that embedded in a healing testimony process is a *corrective political experience*. This experience contrasts with a purely intrapsychic one in which, for instance, trauma survivors may have corrective emotional experiences, and subsequently regain a sense of self capacity and internal locus of control, through feeling safe and empowered as they engage in a public performance (Farivar, 2017). Such alternate experiences of being witnessed may be similar to, but are more removed from personal *and* political salience than, public testimony.

Connections Between the Grounded Theory Model and Existing Theory and Research

Although uniquely grounded in the experiences of survivors of torture in the USA, the elements of the grounded theory model developed in this study (which I refer to henceforth as the *healing through testimony* model) align with broader theories of recovery from trauma and provide useful points of comparison with past research on

testimony. In particular, the model's framing as a process; its centering of identity; its containment within a broader socio-political-cultural context; and the cognitive, emotional, and interpersonal characteristics of its embedded elements of situating, experiencing, and digesting testimony can be connected with (and expand on) features of healing emphasized in the wider literature, as explored below.

Representation of Healing as a Process

The healing through testimony model implicitly represents healing as a non-linear, recursive process, rather than an outcome or achievement of an objectively definable state (such as, for instance, a symptom score on a quantitative scale). This dynamic representation of healing echoes Herman's (1992) three-part model of trauma recovery, and Auerbach and Shiro-Gelrud's (2010) adaptation of Herman's model for a Cambodian refugee context—both of which broadly envisage a staged healing approach involving stabilization, integration, and reconnection. A similarly dynamic process is conveyed in Isakson and Jurkovic's (2013) grounded theory model of healing from torture, which is centered on the idea of “moving on”. Each of these process-based framings of healing stand in contrast with a conceptualization of healing simply as symptom remission, or as a one-off cure—as may be suggested by biological models that view trauma symptoms as “technical problems” to be solved (Kleinman, 1980, p. 312).

Individual Journeys. Importantly, the healing through testimony model does not suggest that trauma recovery *necessarily* involves sharing one's trauma publicly; as Herman (1992) envisaged, there is scope for different passages through stages of healing. A recent summary of best-practice trauma treatment reinforces this by emphasizing that “individuals will choose different paths to recovery; it's a myth that every traumatic

experience needs to be expressed and every story told.” (SAMHSA, 2012, p. 120).

However, the model developed in this study suggests that a healing journey is involved for those who *do* give testimony in public.

In their interviews, participants emphasized the individuality of survivors’ healing paths and processes, and the possibilities of being on a non-linear, evolving (and often mountainous) path. This language was reminiscent of that used by individuals in truth and reconciliation commission hearings in South Africa, who described their healing as a journey, a long road, and a process with a beginning but no clear end (de la Rey & Owens, 1998).

Political and Personal Layers. Another important aspect of the process embedded in the healing through testimony model is that it is not *singular*; as in the multi-dimensional model proposed by Auerbach and Shiro-Gelrud (2010), the process of healing can take place on multiple levels, creating different layers or forms of healing. In particular, the model developed in this study traces ways in which survivors engaging in testimony traverse both personal / psychological and public / political journeys. Conceptually, this layering of experience reflects the “double movement” that Das (2007) proposes is required for containing the harm of trauma: both justice at the “macrolevel of the political system” and opportunities to resume normal life at the “microlevels of community and family” are necessary (Das, 2007, p. 218). It is also consistent with what Weine and colleagues (1998) theorize to be a *social healing factor* of testimonial therapy, wherein personal trauma can be situated in a wider political context; with the corrective experiences that Herman (1992, 2015) proposes to be involved in acknowledging external

(political) causes of trauma, rather than internalizing blame; and with Silove's (2005) identification of justice as a key system impacted by trauma.

With its emphasis not only on layers of experience but also on process and procedures, the healing through testimony model also has conceptual parallels with theories of procedural justice. These theories posit that what matters more to people than the actual *outcome* of a legal process is their feeling that a fair set of procedures has been followed, and that they have been able to state their views before an authority (Roht-Arriaza, 1995). Although public testimony does not have a comparable frame of reference for “fair” procedures, findings from the current research suggest that survivors were sensitive to the satisfactoriness of the *process* involved. Participants reported that feeling heard—even without seeing immediate “results”—gave them motivation to continue advocating and giving testimony, and left them with a sense of benefit from being able to share their story with an important (if not always authoritative) audience. A similar increase in motivation to continue political engagement after testimony, even despite a lack of direct outcomes, has been observed in prior studies (Jorgensen et al., 2015; Shalhoub-Kevorkian, 2005).

Recognizing the importance of process and procedures, Agger and colleagues (2008) proposed that justice-seeking and healing may be integrally connected in a form of “therapeutic jurisprudence”. From a study in India, they documented the psychological benefits of a “psycho-legal counseling” approach that helps survivors hold awareness of their human rights and engage in a fight for these rights to be recognized alongside more traditional psychological counseling practices. The healing through testimony model suggests that such an approach, with the incorporation of public testimony, could be

effective for survivors of torture in the USA—providing routes for both political and personal empowerment.

However, there is also a risk that the benefits of *seeking* justice (and feeling heard in the process of doing so) may be undermined by the pain of feeling that justice is not, ultimately, delivered. Past research has indicated that a perception that justice has not been served is associated with higher symptoms of intrusion (one dimension of PTSD) among asylum seekers (Schock et al., 2015). Similarly, Agger and colleagues (2008) acknowledged that delays in official justice processes could lead survivors to lose hope and hold back their healing process.

Nevertheless, there may be a cultural congruence to the coupling of concepts of justice and healing—perhaps especially when primacy is given to identity-related or political justice. For instance, indigenous scholar Joseph Gone emphasizes that many culturally-appropriate trauma remedies “may look *less* like healing and *more* like justice” (Dhar & Gone, 2019, p. 3).⁶ The significance of pursuing justice for those who have survived extended oppression and historical trauma has been emphasized in liberation psychology (e.g., Martín-Baró, 1994) and feminist literature on empowerment, especially in a Latin American context (Brown, 2004; Zhou, 2017), and seems particularly salient for survivors of torture from countries that have experienced both historical and contemporary oppression. For such populations, indigenous organizer Sakej Ward (Ward & Nath Upadhyay, 2018) proposes that healing from trauma emerges

⁶ Gone envisages widely encompassing processes of healing that include resource redistribution to achieve equity alongside transformations through which individuals come to live in ways that are more conducive to their well-being (not necessarily *always* “feeling better”, but having more opportunity to regularly do so) by participating in deeply meaningful, culturally-connected activities and ceremonies (Dhar & Gone, 2019).

from processes of engaging in battle with colonial forces, referencing Fanon's (1963) seminal work on the psycho-affective importance of reclaiming the past. The battle that Ward and Fanon envisage is symbolically one of empowerment through reclaiming and seizing control of one's identity, freeing it from a confining (and pathologizing) colonial conception. The process embedded in the healing through testimony model has similar characteristics, reflecting ways in which testimony provides opportunities for survivors to heal by shaping their identities in their own words (as explored further below), and by actively resisting oppression in ways that transcend their individual experiences and connect them to broader political forces.

Centrality and Shaping of Identity

Survivor identity is central to the healing through testimony model. It captures both the unique qualities of those who elect to engage in testimony (the identities they bring), and the ways in which they may begin to experience themselves differently through the testimony process (the identities they shape).

Identities Entering Testimony. The primary identities that participants brought in to their testimony experiences were of having some social status and ability to influence others (connected to a sense of self as a professional, and often as an educator or leader); having moral integrity (expressed in backgrounds of helping or advocating for others in some significant respects, if not of prior political activism); and having lived experience of marginalization related to a collective identity (inspiring a desire to speak up for themselves and for others with similar experiences). Few had prior direct experience of giving public testimony, especially as they came from contexts where such speech was often severely punished. However, having been able to see themselves in

these powerful ways prior to their arrival in the USA appeared to influence the ways in which they thought about, participated in, and benefited from testimony—as captured in the way identity runs through the core of all themes in the healing through testimony model. As they digested their testimony experiences, for instance, some survivors held a sense of having done what was right, and of being part of a larger (justice-seeking) cause, thus connecting to their underlying moral identities.

This study's findings suggest that testimony may be a particularly helpful process for those whose identity encompasses a strong sense of moral integrity and duty. Similar observations have been made of Holocaust survivors who publicly shared their trauma experiences, among whom testimony was “perceived as a moral duty, a means of survival, a mode of resistance, and a strategy of prevention” (Givoni, 2011, p. 159). Public testimony may also be most appealing—and healing—for survivors who have lost status, political purpose, and professional standing through their torture and forced migration experiences, and are seeking to reaffirm these core parts of themselves. Clinical research and experience indicate that trauma survivors can benefit through connecting to deeper, relational aspects of their identity such as “altruism, work, and spirituality [which] enhance neurobiological processes that promote health and reduce the negative consequences of stress [and]... help the individual recover psychologically” (Mollica, 2014, p. 6). Those who have endured significant marginalization throughout their lives (such as the participants in this study who identified as having disabilities) may carry their existing strengths in advocating for the rights of themselves and others into a new environment, bolstered by an enduring sense of solidarity and community—a

potentially protective factor against some of the ways in which torture destroys interpersonal trust and connection (Herman, 2015).

Identities Shaped Through Testimony. Identity is also proposed to change in the healing through testimony model—not necessarily in a fundamental reconstitution of the self, but in processes of being rehumanized, of reclaiming confidence and self-esteem, and of adding on new experiences and self-conceptions (e.g., of the self as having influence). Mollica (2006) has observed similar evolutions of identity through the sharing of personal testimonies, and exhorts clinicians to attend to the ways in which an individual’s trauma story is dynamic and can evolve over time. In a similar vein, Das suggests that “one may think of stories not as completed but as in the process of being produced” (Das, 2007, p. 80), such that there is not one “trauma story” necessarily, nor one individual story, but a collection of stories and self-construals that change in their shape and salience over time. Past studies have indicated that trauma survivors who are able to re-position their self-narratives by situating their suffering within a socio-political context have gained a sense of empowerment and new desire for political campaigning and activism (Jorgensen et al., 2015; Laplante, 2007; Shalhoub - Kevorkian, 2005; Suarez, 2011), and strengthened their sense of collective identity (Kira et al., 2006). Similarly, findings from this study suggest that new aspects of the self are uncovered in the digesting of testimony experiences, which feeds back into the way that testimony is situated.

Through the situating, experiencing, and digesting of testimony, survivors also appear to be—in the words of Frankl (1984)—transcending themselves and transforming their suffering through finding meaning. Egnew, a medical scholar, suggests that

suffering “fills the chasm of meaninglessness that opens when [the individual’s] previously held meaning structures have been destroyed and new ones are yet to be constructed” and “may be resolved if the threat to integrity is removed, distress relieved, and integrity of personhood reconstituted to resume purposeful engagement with the world” (Egnew, 2009, p. 171). He suggests that physicians can become more holistic healers, addressing not just symptoms but suffering, by deeply listening to their patients’ identity narratives and helping them create new ones that transcend the suffering they have experienced—much as psychotherapists aim to do, and as this study suggests that survivors do when they engage in forming and delivering testimonies that are heard and responded to. In the context of testimony in the USA, the meaning embedded in new narratives is both personal and political; the experience of being *heard* is corrective relative to past contexts where voicelessness prevailed, but the digested sense of having done something *meaningful* is also powerful, “correcting” a wound of political erasure and deidentification.

There also appear to be important ways in which *cultural* identity is wrestled with, and affirmed, through the process of testimony. The overall re-balancing involved in giving testimony, and being heard, seems consistent with indigenous models of healing that emphasize harmony as fundamental to health (Sodi & Bojuwoye, 2011), creating a parallel process between internal and political balance. However, there are struggles in achieving this balance. For instance, participants in this study identified some discomfort around the idea of eliciting pity from others, or of appearing to be elevating their own needs, preferring instead to represent a greater population. This urge to represent more than themselves may reflect the collectivist cultural values typical of their countries of

origin (Kurman, 2003). In collectivist cultures, self-enhancement is generally lower than in more individualistic cultures, with cultural norms requiring modesty and self-effacement (Kurman, 2003). Thus, framing of testimony as benefiting a collective, rather than only the self, may feel more culturally congruent for individuals from more collectivist, interdependent cultures. It may also feel more congruent for survivors of torture, whose pain was inflicted directly as a result of the collectives (ethnic, religious, political, sexual orientation, etc.) to which they are seen to belong (Kira et al., 2012). Additionally, scholars have suggested that testimony is most effective for individuals for whom it feels culturally congruent in behavioral and philosophical ways—i.e., for those who see storytelling (especially in an oral tradition) as important and who believe in the possibility of future transformation (Akinyela, 2005; Lustig et al., 2004; Weine et al., 1998; Wilson, 2004). Although this study did not focus on collecting this type of information about participants' cultures, the difficulties that participants identified in adjusting to living in the USA and the language they used in describing their experiences indicate that these types of cultural factors were central for them.

Finally, doing something meaningful and connecting to a collective identity may have an especially affirming, redemptive value for survivors who—like many of the participants in this study—feel ongoing concern for the families and loved ones they are separated from and some guilt and pressure about being the ones who are (relatively) safe. With so many contextual constraints preventing them from “moving on” and building a new life in the USA (as will be discussed further below), advocacy and testimony are things they *can* do to belong to something bigger and to demonstrate to themselves and others that they are taking action.

Importance of Socio-Cultural-Political Context

The healing through testimony model identifies the important containing and moderating roles of survivors' contexts in the USA—a primary theme that reflects other culturally informed trauma perspectives. For instance, in a recent commentary and critique on the American Psychological Association's current guidelines for treating trauma, Bryant-Davis (2019) argues that “PTSD is one of a few disorders that points directly to one's experience within the context of their lives, [so] it is especially important to attend to the context of a survivor's recovery, including but not limited to the bidirectional influence of family, community, and society” (Bryant-Davis, 2019, p. 401). Kleinman, lamenting more generally the inadequacy of many Western medical understandings of healing from trauma and disease, has similarly suggested that “clinical science can only be approached from the perspective of social science” (Kleinman, 1980, p. 312)—i.e., by incorporating an interpersonal and societal, and not only biomedical, perspective. Sodi and Bojuwoye (2011) highlight how many non-Western models of healing implicitly include such contextual awareness and redress—even if the characterization of these elements has been distorted through colonial and English-language lenses. For instance, they suggest that

“traditional theories of ill-health...being external and largely attributable to angry ancestral spirits or their human agents...need to be re-interpreted to reflect the fact that these so-called "angry ancestral spirits and or human agents" could be nothing more than the contextual socio-economic and other environmental conditions which put people in competition with one another and are responsible for putting people at risk of ill-health...[And] ritual ceremonies should no more be seen as ancestral or devil worship but simply as procedures used for modifying human behaviours, procedures

employed to mediate harsh environmental conditions, or as procedures for facilitating and encouraging people to rethink human relationships.” (Sodi & Bojuwoye, 2011, p. 354)

In the healing through testimony model, the six primary sub-themes of context—the ongoing impacts of torture, the pain of the asylum wait, missing and worrying about family, experiencing economic and professional challenges, struggling with language and cultural differences, and (in contrast) finding some supports for healing—reflect broad processes of acculturation and grieving for home, and of searching for (and hopefully finding) a sense of safety and new opportunity. Each of these factors can be highly influential on suffering and healing.

Acculturation and Grieving for Home. The process of immigration, in itself, can result in substantial loss and grief (Arrendondo-Dowd, 1981), which complicates healing. Arrendondo-Dowd (1981) theorizes that, in grieving for their lost home, immigrants often pass through phases of feeling out of place as a minority in a new culture, overwhelmed by changes, in a state of disbelief that they have actually left, homesick, lonely, angry, and isolated. Such feelings were reflected by participants in this study, particularly in their emphasis on the pain of separation from loved ones, on the difficulty of continuing their professional or educational trajectories, and on feelings of being deeply culturally misunderstood in the USA.

Arrendondo-Dowd’s (1981) model further proposes that experiences of greater integration into jobs, social life, and a settled family life can all be important for feeling greater acceptance and belonging—although the grieving process may continue through periodic recurrence of sadness and ongoing pain around family losses. In line with this perspective, substantial research has affirmed that acculturation, including local language

acquisition, is associated with a decrease in symptoms of post-traumatic stress (SAMHSA, 2014). As participants in this study pointed out, however, such acculturation is impeded by the harmful contextual factors they face.

Adding to the challenge of adjustment is the fact that the history—and current state—of immigration into the USA has been racialized (Douglas et al., 2015). Migrants of color, like the participants in this study, experience institutional racism through immigration policies that implicitly characterize them as risky and undeserving, and ongoing institutional and interpersonal racism as they become racial minorities in the USA. One punitive result of embedded racism and xenophobia is the lengthy wait for a work permit and asylum status (discussed further below), which participants in this study pointed to as significant sources of stress. Research indicates that a longer period of waiting in the USA is associated with greater levels of post-traumatic stress (particularly in the absence of social services), and that the process of waiting for asylum can greatly reduce quality of life (Song et al., 2015). Participants in this study were also aware of ongoing experiences of racism, including microaggressions in daily life, which have been shown to contribute to chronic trauma and psychological distress (Carter, 2007).

Safety and New Opportunity. Related to these experiences of feeling unwelcome in an unfamiliar place, survivors coming to seek asylum can be abruptly confronted by the disjunct between their ideas of the USA and the reality of the USA. Anecdotally, some survivors have characterized this as being like escaping from a lion by climbing a tree, only to find a hyena at the top—one source of danger may be eluded by fleeing to safety, only for a new (unanticipated) threat to be faced.

Ideologically, survivors enter a realm of freedom and opportunity in the USA, which may influence the way they situate and digest testimony: there is open space to voice what could not be spoken in their home country, which can spur a sense of hope and power. Participants shared how they developed a sense of safety from retribution (sometimes re-evaluated as they digested their experiences), which has been theorized as an important precondition for benefiting from testimony therapies (Van der Veer, 1992; Weine, 2006). Retribution can be a significant risk of public testimony and a cause of more negative experiences (Brounéus, 2008, 2010; Henry, 2010; Laplante, 2007).

Many participants were also able to testify alongside others, which may have reduced a sense of isolation and contributed to a feeling of safety through support from others. Testifying with others allowed them opportunities to advocate and speak out on issues of violence and torture that went beyond their own experiences and communities—issues which might feel easier and safer to discuss than their own (Mollica, 2006), providing some relief from being “in the spotlight”.

Such political, public safety may contrast with survivors’ experiences in their personal lives. As indicated earlier, the extended uncertainty of the wait for asylum can be retraumatizing—creating a new stress, the “hyena at the top of the tree”. Living in lower socio-economic circumstances is also stressful, and can expose survivors to interpersonal and health-related threats, limiting their healing process by triggering flashbacks, hypervigilance, and ongoing memories of the pain of torture (Burnett & Ndovi, 2018).

However, as suggested by participants in this study, survivors may regain a sense of inner safety by receiving community services (e.g., medical, psychological, legal, and

housing assistance) and learning techniques such as controlled breathing and mindfulness to help their emotional and physiological self-regulation—interventions that have been demonstrated to help alleviate symptoms of traumatic stress (Agger et al., 2012; Jorgensen et al., 2015). In line with Herman’s (1992, 2015) assertion that safety and stabilization are important first steps in healing, Weine (2006; 1998) has suggested that testimony is likely to work best for individuals who feel prepared to tell their story, who are not currently severely symptomatic, and who feel themselves to be in a safe space. Consistent with this, many participants in this study alluded to the time it took them to feel ready to testify, and indicated that receiving support was an important entry point for addressing their emotional dysregulation and obtaining encouragement and guidance before testifying. These findings also accord with Stepakoff and colleagues’ (2015) conclusion from their study of survivors giving testimony in Sierra Leone that preparation time (working with attorneys to develop narratives ahead of the trial) and social support were likely to have been important in fostering a positive testimony experience.

Other Cognitive, Emotional, and Interpersonal Changes

Embedded in the processes of situating, experiencing, and digesting in the healing through testimony model are several other experiences that are consistent with past research findings on factors that support overall trauma healing. These include shifts in survivors’ thoughts, feelings, and ways of interacting with others.

Cognitive Restructuring—New Stories and Beliefs. As they situated testimony in their lives and prepared to speak in public, participants talked about strategizing what to say and condensing their personal story into a short form that could be readily

conveyed to their audience. This process required them to engage in a form of autobiography that appeared to have had implications for their identity development, as discussed earlier (e.g., situating their own story in a larger political narrative that needs to be told, seeing themselves as educators whose stories can have a political impact, and making meaning from their suffering). Mollica suggests that these changes in identity, and in particular the process of making new meaning out of violence, can activate “[new] behaviors...that help the traumatized person cope with their emotions of humiliation, anger, and despair” (Mollica, 2014, p. 6). However, it is notable that a sense of forgiveness or reconciliation was *not* part of the narratives that survivors developed as they situated or digested their testimony, suggesting that such cognitive shifts were not central to their healing (as suggested in past research linking forgiveness with PTSD symptom reduction and other psychological benefits, e.g. Bayer et al., 2007; Lawler-Row et al., 2011).

As theorized by Weine (2006), preparing testimony also appeared to help survivors in integrating (rather than compartmentalizing or seeking to experientially avoid) painful memories. Such integration is a key part of stage two in Herman’s (1992, 2015) recovery model, in which traumatic identity disruption is cognitively (and also emotionally and spiritually) corrected. Additionally, consistent with the model developed by Isakson and Jurkovic (2013), by planning forward for their testimonies and strategizing ways to express their hopes for some form of redress or action (especially in an advocacy setting) survivors appear to be engaging in a process of shifting their cognitive horizons and views about the future. Traumatic stress often creates a foreshortened sense of one’s own life, and a triad of negative cognitions about the world,

the self, and future events (SAMHSA, 2012). Receiving feedback as they prepare testimony, having it heard in public, and feeling that their testimonies made an impact all appear to be ways in which survivors positively restructure such negative cognitions, disrupting beliefs that their stories cannot be tolerated or understood.

Exposure and Emotional Self-Regulation. In the experiencing of testimony, survivors engage in an ongoing process of regulating their pain and discomfort. Participants in this study highlighted ways in which giving public testimony could feel overwhelming at times, leading them to cry—a contrast to Lustig and colleagues’ (2004) observation that testimony in therapy was not dysregulating, but consistent with Stepakoff and colleagues’ (2015) finding that experiencing emotional difficulty while speaking was common among those giving testimony in courts.

However, this study’s participants also emphasized that they tried to focus on their message and that the challenges of testimony decreased with time and repetition. Some reported learning to tolerate crying in public, and not letting this get in the way of their testimony. These experiences may lend some support to theories of trauma treatment that emphasize desensitization or habituation, memory processing, and overcoming avoidance (Brounéus, 2008; Nickerson et al., 2011; Puvimanasinghe & Price, 2016). Furthermore, in line with Van der Veer’s (1992) suggestion that testimony is likely to work best for individuals who have good emotional coping skills, it appeared that participants who returned to testifying were able to adequately regulate their understandable emotional activation.

Another important element of survivors’ emotional experience, captured in their processes of digesting testimony, is a feeling of relief after having completed their

testimony—a relief emerging from the catharsis of having (however incompletely) released a burden through having shared it, as well as from having proven able to rise to the challenge of speaking out. Similar experiences of relief and pride (Agger et al., 2012) and feelings of relieving calm and tranquility (Laplane, 2007) have been reported in past research.

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

Changes in Interpersonal Functioning—Increased Connection to and Trust in Others. While devoting some energy towards emotional self-regulation as they experience testimony, survivors also engage in a process of looking outwardly, evaluating the witnesses to their testimony and benefitting when they feel an empathic connection. Participants in this study indicated how profound this interpersonal experience could be as they described ways in which they felt themselves reaching their audience on both emotional and cognitive levels (both moving and educating them), and were themselves buoyed up by feeling heard and understood. The importance of this sense of trusting, empathic relationship with the listener has been emphasized by other

scholars (Luebben, 2003; Mollica, 2006) and linked to increases in self-esteem (Luebben, 2003). The rebalancing of power and silence enabled by such a relationship may be an important, culturally congruent, healing factor. On a broader level it may also contribute to the social benefits of increased community trust and cohesion documented in some studies of truth and reconciliation processes (Cilliers et al., 2016).

In the healing through testimony model, survivors reflect on positive changes as part of their digesting process. An important interpersonal change that participants noted was of feeling more willing to share their stories with others, in more intimate social settings, after testimony. This seems to stand in contrast with many prevailing notions about the appropriate sequencing of trauma disclosures—in which smaller groups are seen as safer, and as a first step to greater empowerment for speaking out more widely (Mollica, 2006; Shalhoub-Kevorkian, 2005)⁷—and suggests individual and cultural variations in which spaces feel easier to share in, and in where inspiration and empowerment is drawn from. In studies of undocumented Latinx youth activism, for instance, Ellis (2019) and Negrón-Gonzalez (2015) have identified that individuals do not need to overcome fear and shame before becoming politically active and publicly vocal, and that in fact often their interpersonal fears may decline *after* being active in a political community. Similarly, Agger and colleagues (2012) identified increases in social participation and improvements in social functioning after testimony in a human rights context, which may have reflected a beneficial flow-on effect of sharing stories with a

⁷ For instance, Mollica suggests that “In order to normalize the self-healing process, traumatized people need to share both in groups of peers, which are the safest environment, and in political contexts, which are the most dangerous. Shifting from private thoughts to a public discourse allows for clarification of ideas, group support, and more effective problem solving.” (Mollica, 2006, pp. 234–236)

political aim. In the healing through testimony model, being publicly affirmed may be a mechanism through which a survivor feels sufficiently rehumanized to begin building deeper relationships.

Study Context: Survivors' Home Country Dynamics and Asylum Situation

In reflecting on how applicable the healing through testimony model developed in this study may be to other survivors of trauma engaging in public testimony, and on dimensions of variability between the participants' experiences, it is important to note the political moment in which this study was conducted—both in the USA, and in the countries from which participants immigrated. In particular, the ways survivors are viewed under United States immigration policy, and the ways their countries are viewed under United States foreign policy, appear to influence the context, situating, experiencing, and digesting of their testimony.

Asylum Process and Status in the USA

Most participants in this study were still awaiting the outcome of their asylum claim in the USA, placing them in a position of vulnerability and providing them with a natural focal point for ongoing concern and potential advocacy. The extended wait—currently, in the order of three to five years for many claimants (TASSC, 2019)—was highlighted by these participants as an important source of stress. However, the wait for

certainty about asylum should not be, and has not always been, as long as it is in the current political climate.

Participants in this study entered the USA legally on a visa and made an affirmative asylum claim.⁸ Historically, these claims have been heard by an asylum officer within a matter of months (e.g., in 2013, the wait was generally around six months (TASSC, 2019)). However, in recent years too few asylum officers have been assigned to processing affirmative claims, and a backlog has built up, reaching over 300,000 by May 2019 (TASSC, 2019).

Although survivors seeking asylum may be physically safer waiting in the USA than in their home countries, they also live in a cruel limbo, with restricted work opportunities (under current policies they cannot work at all for the first six months, and once they apply for a temporary work permit this must be regularly renewed—a precarious status that makes some employers wary of offering opportunities) and inability to travel. Ongoing concern for loved ones still in dangerous political situations at home adds to this stress, as captured in the healing through testimony model’s theme of context (missing and worrying about family). Furthermore, as they await their asylum interviews

⁸ Under the Immigration and Nationalities Act, the USA offers political asylum to people facing violence and persecution in their home countries ((United States, 2010). Individuals who enter the USA legally, such as those on student or business visas, may claim asylum within a year of arrival and go through an “affirmative” process to determine their eligibility to stay. These individuals are placed in queue for a lengthy interview and documentation review with an asylum officer. As defined in the Act, they should be interviewed within 45 days after filing their claim, and should be issued a decision within 180 days. If their case is well-established, the officer may grant them asylum. If the asylum officer determines that their claim is not well substantiated, they will be referred to court for a “defensive” asylum hearing. At their court hearing an immigration judge may either grant them asylum or place them in removal proceedings. Individuals who enter the USA illegally or who claim asylum at the border are immediately placed into the defensive asylum process.

survivors may be concerned about forgetting important details of their claim, and thus feel compelled to painfully and repeatedly replay their traumatic memories.

A recent change in policy regarding the order of asylum claim processing (Executive Order 13767, “Border Security and Immigration Enforcement Improvements”), issued in January 2017, created further distress for many of those waiting: instead of working in a first-arrived, first-heard order, asylum officers began working in reverse, reviewing claims of the most recently arrived first. This meant that some individuals who had essentially been waiting in a “queue” since as early as 2014 or 2015 continued to wait as new arrivals, and all the claims from 2016 to 2019, were processed ahead of them.

Participants in this study highlighted the stress caused by these circumstances, as captured under the theme of the harmful context of the USA. Several also noted that the stresses of their wait impacted their initial adjustment and sense of safety, making them feel unready to give or uncertain about the risks of giving testimony, as captured under the theme of situating testimony (preparing self). A less secure asylum-related immigration status necessarily created a less secure setting for testimony. In contrast, for those participants who already had asylum granted, these stresses of being in “limbo” had abated, and other concerns were more salient. A similar difference in relative concerns may be expected for other survivors of trauma considering public testimony.

Country Contexts and Relationship with USA

Another important area of variation among survivors was their country of origin. Each country’s combination of historical and contemporary political dynamics necessarily impacted the identities of the survivors who called that country home,

shaping their experiences in the healing through testimony model. Ongoing instability increased survivors' sense of worry (as captured in the theme of context). A less certain role for contemporary United States intervention in their home countries decreased hope that their testimonies might have a direct impact for others (as captured in the themes of situating testimony—motivation, and digesting testimony—feeling positive change). At the same time, in choosing to step up to hold the USA accountable for what is happening in their home countries, all participants were engaging in powerful acts of political advocacy and symbolic decolonization (as captured in the themes of situating testimony—strategizing what to say, and experiencing testimony—delivering an important message). Below, key political factors from participants' countries of origin are noted to highlight these differences in context.

Cameroon. Cameroon has a history of both British and French colonization, and has had diplomatic relations with the USA since its independence in 1960 (U.S. Department of State, 2019a). The country has had only two presidents since that time, and its current leader, President Paul Biya, has been in power for seven terms, since 1982 (U.S. Department of State, 2019a). The majority of its population is Francophone, but there is a sizeable Anglophone minority—approximately a fifth of the population (United States Congress, 2018). Over the past decade, citizens of Cameroon have faced violence, persecution, and human rights abuses at the hands of both Boko Haram (an Islamic militant group based in Nigeria, which is strongly opposed to Western education and legal systems and has engaged in well-documented kidnapping and violent attacks) and Cameroonian government security forces (Human Rights Watch, 2019a). Since 2016-17 the Anglophone minority, in particular, has been targeted by government forces as part of

a crackdown on regional separatist insurgencies, during which abuses have been committed by both sides (Human Rights Watch, 2019a; Searcey, Schmitt, & Gibbons-Neff, 2019). Homes and schools have been subject to arson, citizens have been killed and displaced, peaceful protestors have been arrested and killed (Human Rights Watch, 2019a).

Participants in this study who had fled from Cameroon had endured suffering related to these years of instability in different regions of their home country, and remained deeply troubled by the ongoing violence and unrest. They also referenced what they viewed as the international community's inadequate response. For example, they pointed to ways in which the United Nations had failed to enforce the Universal Declaration of Human Rights (to which Cameroon is a signatory), and to continued flows of military support from France and the USA. The USA has viewed Cameroon as an important partner in tackling terrorism and maintaining regional stability (U.S. Department of State, 2019a).

Nevertheless, some small signs of hope emerged when the USA announced a scale-back in military assistance to Cameroon (Searcey et al., 2019), pointing to the alleged atrocities occurring in the country and urging the government to investigate its security forces for human rights violations. Participants from Cameroon saw this as an indication that change could happen, and as motivation to continue speaking out. More recently—beyond the time period for data collection in this study—the USA has also announced a reduction in trade benefits to Cameroon, again explicitly pointing to concerns about human right violations (Paquette, 2019). Nevertheless, reports suggest that the atrocities continue.

Congo-Brazzaville (Republic of Congo). Like its northern neighbor Cameroon, Congo-Brazzaville has a legacy of French colonial rule (BBC, 2018), and since its independence in 1960 has been a majority Francophone country (with French as its official language, but many local languages widely spoken). Its leader, President Denis Sassou Nguesso, has been in power for seven terms—first elected in 1979, then voted out in 1992 elections, but returning to power by force in 1997 in the aftermath of a civil war. The country’s turbulent history has subjected its citizens to extended periods of poverty, political repression, and human rights abuses (Freedom House, 2019). Since President Nguesso’s most recent re-election in 2016, following a constitutional amendment to remove presidential term and age limits, there has been ongoing intimidation of journalists and perceived political opponents, repression of freedom of speech, violence against protestors, extrajudicial killings, and violation of human rights by security forces.

Despite these conditions, the USA characterizes its relations with Congo-Brazzaville as “positive and cooperative”, and continues to provide military, conservation, and humanitarian aid (Congressional Research Service, 2019; U.S. Department of State, 2019c). Congo-Brazzaville is rich in natural resources and economically reliant on oil exports, including to the USA (Congressional Research Service, 2019). It has also had ongoing economic and political support from France, which has historically had commercial interests in oil, and is a close ally of the USA (International Relations Council, 2005; U.S. Energy Information Administration, 2014). The USA generally defers to France in intervening in Francophone Africa (Sy, 2014)—a point that a participant from Congo-Brazzaville was keenly aware of, expressing limited hope that there could be any direct result of her public, political testimony in the USA.

Thus, other motivations for public testimony—including supporting other survivors, and gaining more confidence and political experience—were more salient for this participant.

Ethiopia. Several participants in the study were from Ethiopia—a nation with a history of repressive dictatorship. Even in the more recent era of relatively stable democratic governance many Ethiopian citizens were increasingly subject to human rights abuses under the leadership of former Prime Minister Hailemariam Desalegn (USA, 2018). Men and women were exiled or imprisoned and tortured for small acts of political dissent, the media was censored, and large swathes of land were confiscated by the government, often leaving farming families without a source of basic subsistence. Ethnic favoritism led to unjust elevation of some groups over others. Corruption and inefficient use of public resources left many communities without basic services (Human Rights Watch, 2019c).

In 2016 and 2017, protests began to erupt as Ethiopian citizens demanded political change to end these repressive practices. The government responded violently, imposing a state of emergency and killing or arresting protesters. Many journalists, athletes, and members of opposing political parties were subject to illegal surveillance, intimidation, and arbitrary detention. Citizens were denied basic communication and connection to one another and to reliable news sources as the government strategically shut down social media and internet access (USA, 2018).

Since taking power as Prime Minister, Dr. Abiy Ahmed has made positive changes for the country by lifting the oppressive and politically-motivated state of emergency, freeing political prisoners, working to improve economic conditions and depoliticize services by introducing private ownership into utilities and key commodity

sales, restoring stability to the country, and pursuing a peace agreement with Eritrea (Mamdani, 2019). He has recently been awarded the Nobel Peace Prize in reflection of these efforts. However, the country has also seen increases in ethnic tensions. Ethiopia has nine ethnically-based federal regions, and in many of these regions minorities have been subject to attacks, house burnings, and other property destruction and intimidation, resulting in many people fleeing for safety and becoming internally displaced (Gerth-Niculescu, 2019). The government was reported to have been addressing concerns around internal displacement by forcing people to return prematurely to their homeland, despite a lack of secure place to live, through withholding aid (Yarnell, 2018).

Participants in this study were highly informed around all these issues, and raised them in the interviews and in their testimonies. They also noted that, despite enduring concerns about human rights, Ethiopia has been a long-standing ally of the USA. The country plays an important role in maintaining stability and countering terrorism in the horn of Africa (Gettleman, 2016). It is the second-most populous country in Africa, with a growing economy and powerful military. Importantly, Ethiopia neighbors Somalia, which the USA holds significant security concerns about. American drones have flown over Somalia from secure Ethiopian bases, and Ethiopian army forces have contributed troops to fight the jihadist Al-Shabaab group. Globally, Ethiopia has also been one of the largest contributors of troops to UN peacekeeping missions. The USA and Ethiopian governments have entered into security agreements to work towards mutual defense priorities, and remain close strategic partners.

Accordingly, it was highly significant when the United States government passed Senate Resolution 168 in 2017 and House Resolution 128 in 2018, “Supporting respect

for human rights and encouraging inclusive governance in Ethiopia”. These resolutions condemned excessive use of force and called for an end to human rights violations.

Survivors who had advocated in favor of these resolutions saw their passing as a major victory for their cause. In digesting their testimony experiences, participants from Ethiopia were prominent among those feeling positive change, and among those engaging in mental processing that led to identifying themselves as having made a difference and feeling ongoing motivation to engage in public testimony.

Eritrea. Although it neighbors Ethiopia and only became independent from the larger country in 1993, Eritrea presents quite a different contemporary political landscape, and has much poorer relations with the USA. The USA supported Eritrea’s independence but does not provide any bilateral aid, and until recently has had very strained relations with Eritrea due to its lack of democratic, political, and civil freedoms and ongoing human rights abuses (U.S. Department of State, 2019b). Eritrea has never held elections, its citizens are subject to conscription to indefinite national service, there is no independent media, and perceived political opponents are imprisoned and tortured (Human Rights Watch, 2019b).

In mid-2018, Prime Minister Ahmed of Ethiopia and President Isaias Afewerki of Eritrea signed a peace agreement to end their border war, which began in 1998 and continued for decades, despite UN peacekeeping efforts. This peace agreement ushered in new diplomatic engagements for Eritrea with neighboring Somalia and Ethiopia, a visit from senior United States foreign affairs officials, a lifting of its UN security council-imposed arms embargo (Human Rights Watch, 2019b), and its election to the UN Human Rights Council—despite ongoing reports of grievous human rights abuses. In light of the

endurance of President Isaias's repressive regime, and its apparent indifference to international condemnation (Human Rights Watch, 2019b), it is perhaps unsurprising that a participant from Eritrea expressed little hope that giving testimony could influence any change in the country. In digesting his experiences, therefore, he reflected less on having had an impact, and more on having shared important truths and felt some relief in having others witness his suffering.

Sudan. Since its independence in 1956, Sudan has experienced multiple periods of civil war, military coups, politically-imposed states of emergency (BBC, 2019), and decades of Islamic law (instituted in 1983). South Sudan broke away and became independent in 2011, after years of war and documented human rights abuses in the Darfur region. These abuses lead to the International Criminal Court issuing arrest warrants for President al-Bashir—appointed leader of Sudan in 1993, following a military coup—on counts of war crime and genocide. However, the court's ruling was never enforced, and President Bashir remained in power until April 2019, when he was ousted by the military in the wake of mass civilian protest against a period of increasingly repressive government clamp-down and an economic crisis. For years, despite international condemnation, Sudanese civilians have been killed, tortured, arbitrarily detained and subject to many human rights abuses.

After a period of suspended embassy operations from 1996-2002—during which it began to designate Sudan as a State Sponsor of Terrorism—the USA has had ongoing diplomatic ties with Sudan, with a Khartoum-based embassy headed by a Charge d'Affaires (U.S. Embassy in Sudan, 2019), and has been a major donor of humanitarian aid (U.S. Department of State, 2019b). However, until recently the USA also imposed

significant economic sanctions against Sudan, which severely limited bilateral economic relations for nearly two decades. When many of these sanctions were lifted in October 2017, the USA cited improvements in the Sudanese government's humanitarian and counter-terrorism records (Morello, 2017)—although human rights abuses continued (Copnall, 2018; Human Rights Watch, 2019d). Most recently, in mid-2019, the USA decided against re-imposing sanctions when the government violently suppressed protesters (Gramer, 2019).

Given this violent history of complex internal and international relations, it is understandable that survivors of torture would see the USA as having an interest and potential role in addressing human rights violations in Sudan, while also tempering their hope with a realistic appreciation of how hard peace and justice may be to come by. A participant from Sudan reflected this balance of hope and realism in sharing her thoughts and feelings about her testimony experiences, expressing a motivation to continue trying to effect change as she situated testimony, a drive to regulate her emotions sufficiently to deliver her message during the testimony experience, and a sense of having fulfilled a moral duty as she digested her experience afterwards.

Limitations

Beyond recognizing that this research was conducted in a specific political context that impacts its findings and applicability to other survivors, there are other limitations to this study that are important to acknowledge. These include selection biases in the study sample, the challenges of cross-culturally translating experiences, and

research process factors that may have contributed to potential incompleteness in the data.

Selection Biases

Although effort was made to recruit participants who had a range of experience with testimony, survivors who had positive views about their experiences, and who felt more comfortable speaking about testimony, may have been more likely to volunteer to participate in this study than those who did not.⁹ As a result, the healing through testimony model may inadequately capture potential negative consequences of testimony, and underemphasize the challenges involved in speaking in public. Additionally, all participants had been introduced to opportunities to give public testimony through TASSC—a survivor-led organization with a history of both engaging in advocacy and providing survivors with psycho-social and legal support. Thus, participants' testimony experiences may have been shaped in a way that would differ for other survivors who decide to speak out without the same level of guidance or support.

Cross-Cultural Translation of Experiences

By focusing on the experiences of survivors and inviting their ongoing participation in the analysis of the data they generate, this study aimed to provide more of an emic (rather than strictly etic) perspective on the process of healing from trauma

⁹ To minimize potential for coercion, I did not directly approach survivors who had testified to ask them to participate, but was careful to make clear in recruitment materials that the study was open to individuals regardless of their experience—positive or negative. The study also excluded survivors who may have *considered* testimony but ultimately decided not to participate. Studying the views of such individuals could be valuable in developing a fuller picture of the way that survivors situate testimony and assess their own sense of readiness to participate.

through testimony. However, it was conducted by a primary researcher who is an outsider to the cultures and experiences of the participants, and who is undertaking research within the context of requirements set by a counseling psychology doctoral program in the USA. Accordingly, the study necessarily straddled cultural perspectives, and may be limited by the translatability of experience across cultures. For instance, participants were interviewed in English—a language in which they were sufficiently fluent to give public testimony, but which was not their native tongue. Thus, the words they used to describe their experiences may not have fully or accurately captured all that they hoped to express. Furthermore, there may have been experiences that survivors had that were not *conceptually* translatable into English, or that I interpreted in a way different to the meaning that had been intended—both in the interviews themselves, and in the subsequent analyses of transcripts. Even though consultation with the expert advisers and member checks with participants were used as a way to ensure data was being interpreted as reliably as possible, the resulting healing through testimony model is limited by cultural blind-spots and disconnects in the spaces between participant and researcher.

Potential Incompleteness of Data

Although care was taken to develop a semi-structured interview protocol that could gather data about all parts of survivors' testimony processes, relatively little emphasis was placed on where participants perceived themselves to be at in their individual healing journey. Symptom measures provided an insight into the variation in current levels of anxiety, depression, and PTSD among participants, but only showed each individual at a single time-point. Having more in-depth information on participants'

changes in symptoms and self-views over time could have assisted in situating the healing through testimony model more specifically in an overall healing process.

Furthermore, even in answering the questions that were included in the interview, participants may have given incomplete accounts of their testimony experience. As Charmaz acknowledged, interviews necessarily elicit “retrospective accounts subject to reconstruction in view of present exigencies and purposes” (Charmaz, 2006, p. 142). Thus, participant data may have been subject to unintended recall biases, distortions, and omissions.

Additionally, as discussed in the extended methodology section, the qualitative approach undertaken in this study involves and embraces subjectivity and is based around an *interpersonal* experience. Thus, the healing through testimony model necessarily reflects the stories that researcher and participants jointly developed. As Kevers and colleagues emphasize, “the researcher does not simply collect narratives, but co-constructs them in the discursive and sociopolitical context that is implicitly present in the process of interviewing” (Kevers et al., 2018, p. 659).

As part of this co-construction, participants may not have been willing or comfortable enough to disclose all salient elements of their healing journey; in a parallel process to their evaluation of witnesses involved in experiencing testimony, participants appeared to also be evaluating me, resulting in some positive transference and sense of safety but also some filtering. For instance, despite my intentions and efforts to listen deeply and bear witness to my participants’ fundamental humanity and individuality, the interviews may have felt reminiscent of an interrogation—not in tone, but in the power imbalance between questioner and questioned, in the awareness of being recorded, and in

the strange intimacy of sitting with a stranger in a private room—sparking a sense of risk. As documented in the results, participants pointed to both positive experiences and costs from their engagement in this study. Similar observations were made by Hoover and Morrow, who reflected that “trauma survivors’ research participation is a complex process, in which participants report distress and benefits simultaneously” (Hoover & Morrow, 2015, p. 1477). These feelings of discomfort may have limited the model’s scope.

Implications

In spite of the limitations documented above, the findings from this study have notable implications for theory, research, practice, education, and policy. As discussed in this section, the study results points towards some insights and answers, but also raise questions to be addressed in future work.

Implications for Theory and Research

As noted earlier, the healing through testimony model broadly aligns with and provides support for the multi-faceted, multi-phased theories of trauma healing articulated by Herman (1992, 2015), Silove (2005), Auerbach and Shiro-Gelrud (2010), Isakson and Jurkovic (Isakson & Jurkovic, 2013) and Mollica (2014). As reviewed earlier, key elements of these prior models feature in the more specific process of healing that relates to testimony, including the development of a sense of adequate safety (to feel ready to testify), the formation of a coherent self-story, an experience of (re)connection with others, a sense of justice in light of human rights violations, and an emergence of meaning.

Cultural Adaptations of Healing Models. What differs in the healing through testimony model (especially in a psychological context) is its focus on a particular modality of “intervention” that extends far beyond the therapy room, and its derivation from the perspectives of a culturally diverse and politically active population. In these respects it provides one response to Bryant-Davis’s call for “the decolonization of psychology through the development of models that recognize the value of group and family-based interventions, as well as interventions that respect spirituality, creativity, and engagement in social justice” (Bryant-Davis, 2019, p. 404). Such models need not necessarily widely diverge from Herman’s (1992, 2015) basic theory, but may integrate a more multicultural lens (Gorman, 2001). The healing through testimony model proposes mechanisms of trauma recovery for a culturally specific, relatively understudied, population. These mechanisms and processes warrant further investigation, and are open to adaptation for other participant populations.

In developing future culturally responsive trauma models and culturally sensitive research designs, attention should be paid to the research approach. Past research has identified significant cultural variations in the way that trauma is defined and experienced, and that PTSD symptoms are expressed (Hall-Clark et al., 2016; Hinton & Lewis-Fernández, 2011; Kira, 2010; Pedersen et al., 2008). As this study has further demonstrated, relying only on quantitative measures—especially those based on diagnostic criteria developed in the USA—provides a limited understanding of survivors’ inner experiences and healing journey. Symptoms may be only one part of a broader picture. In addition to using qualitative findings to develop a deeper understanding, more participatory research approaches could help in grounding research findings more fully in

culturally-specific community experiences (Nickerson et al., 2017), and could help ensure that the benefits of research are more equitably distributed.

Addressing Broader Community Issues. In terms of research focus, the healing through testimony model also presents a response to contemporary guidance in global mental health, which has called for increased attention to improving mental health outcomes through approaches that explicitly address broader socio-structural inequalities (Burgess, Jain, Petersen, & Lund, 2019; Morrill, 2019). Burgess and colleagues (2019) propose five actions to meet this call, including developing interventions that center community empowerment as a route to mental health promotion, and increasing research on the mental health benefits of participating in community-led interventions that may focus on topics other than health. This study aligns with these recommendations by highlighting ways in which engaging in public testimony as a form of political advocacy connects to both personal and communal empowerment and can contribute to improved mental health and healing.

The results from this study also contribute to a growing literature documenting potential benefits from engaging in activism and advocacy. For instance, in a recent clinical review of modalities of survivor activism in the United Kingdom, Sadiq-Tang (2018) documented ways in which survivors engaging in activism began to feel more control of their own narratives, and saw speaking out as part of their “rehabilitation”. Suarez’s (2011) earlier study of women survivors of war in Peru found that civic participation in indigenous women’s organizations and non-governmental organizations that engaged in or supported advocacy and testimony was significantly associated with higher levels of resilience.

There is also promising evidence on the healing properties of activism from other populations. In a large-scale participatory action research survey-based study with lesbian, gay, bisexual, transgender, queer, and gender non-conforming youth in the USA, Frost and colleagues (2019) found that although minority stress was directly linked to poorer health outcomes, participating in activism played a mediating, protective role.¹⁰ In ethnographic studies of undocumented Latin(x) youth, Negrón-Gonzales (2015) and Ellis (2019) have identified ways in which youth used their public *testimonios* and other forms of activism to help change dominant conceptions of their criminality and create new, more empowered self-narratives, forging new relationships with like-minded others and developing collective hope for a more positive future. Ellis highlights the importance of these experiences in facilitating healing by countering feelings of shame, fear, and inferiority.

Future research could expand on these lines of inquiry by investigating the impacts of other forms of activism on healing from trauma. Researchers could use both qualitative and quantitative approaches to explore how survivors' experiences may vary both with the type of political engagement and degree of personal testimony involved, and with the type of trauma that they experienced (which may have more or less salient dimensions).

¹⁰ Specifically, engaging in activism behaviors, such as contacting politicians and speaking out about political concerns, was associated with lower psychological distress, less suicidal ideation, and better self-rated health (Frost et al., 2019).

Implications for Practice

Experts in the treatment of traumatic stress in forced migrant populations in host countries such as the USA have emphasized the need for more effective and culturally-attuned approaches for improving quality of life in this population (Nickerson et al., 2017). Findings from this study point to a possible approach for diversifying the types of support for healing offered to survivors—i.e., facilitating opportunities for political engagement and advocacy rather than focusing on therapy alone. Public testimony may be a form of the resistance and activism that scholars have posited as essential parts of culturally-appropriate trauma healing processes, particularly where trauma arises from oppression (Bryant-Davis, 2019; Chavez-Dueñas, Adames, Perez-Chavez, & Salas, 2019; Ellis, 2019).

The results from this study suggest ways in which counseling psychologists can work to support survivors engaging in each step of the testimony process. Such support may be important for minimizing the more negative, painful impacts of sharing a trauma story in public.

Situating: Support in the Preparation to Testify. Participants in this study highlighted ways in which it took them time to feel ready to testify—in part because of their sense of emotional (in)stability, but in part also because they were working out what a testimony experience might involve. In light of similar observations from the truth and reconciliation hearings in South Africa, Allan suggests that participants be screened “in order to establish who is at risk of suffering emotional harm if they participate and also to identify those who need mental health intervention” (Allan, 2000, p. 203). This study suggests that screening based on symptoms alone may not be indicative of readiness—

many of the survivors who participated in giving public testimony still experienced symptoms of PTSD in the clinical range. However, participants did highlight their own process of self-assessing readiness, which is important to respect and provide space for. As Gorman (2001) emphasizes, pushing survivors too soon into sharing details of their trauma is inconsistent with the phased, safety-based approach to treatment prescribed by Herman's (1992) healing model, and may feel psychologically intolerable.

Although it would be unethical and inadvisable to push survivors into testifying before they feel ready, counseling psychologists and other social service staff could support survivors in situating testimony by addressing their concerns and gaps in knowledge about the process, and by openly discussing potential risks and benefits. Participants in this study, for instance, shared their initial uncertainties about who would find out about their testimony, what they were allowed to say, how they should address their audience, whether their speech was clear (and English was proficient) enough, whether they should be sharing their story in other contexts first, what they would do if they became emotional, and what they would wear, among other details. Professionals could address these types of concerns in providing appropriate support to testify. Survivors' fears should be honored and explored, with support to overcome them—including from other survivors—offered as appropriate. Sharing the model of healing derived in this study, and the vivid experiences of survivors who have been journeying through it, may be one means of helping people make informed choices around their participation.

Several of the recommendations for supporting survivor activism made by Sadiq-Tang (2018) are also supported by this study. For instance, she recommends that social

support agency staff help ensure that survivors are able to control their own narratives and pursue their own goals, and are not encouraged (or coerced) to engage in advocacy or testimony in tokenistic, less-meaningful ways. This aligns with the importance of the meaning-making processes embedded in the situating and digesting stages of the model developed in this study.

As part of the support offered in situating testimony, exploration of the deeper meanings of speaking out could be beneficial in connecting with survivors' political and moral identities, which are activated in giving public testimony about their torture. Givoni emphasizes that this distinguishes testimony about trauma from other forms of "bearing witness", noting that in order to testify "to exceptional manifestations of human suffering and degradation, it is not always required and not always enough to perform the same gestures by which individuals could effectively turn themselves into eyewitnesses in more mundane settings" (Givoni, 2016, p. 7). In other words, giving testimony about torture is not just like giving a statement of fact in a legal, scientific, or historic setting—it is a process of becoming a political actor. Using the term "witness" to mean someone who gives testimony, Givoni further elaborates that the human rights context of speaking out about torture is an important framing for the testimony process, observing that

"testimony crosses the threshold of politicization when it is not just an act that realizes a singular instance of witnessing but rather, and primarily, a vehicle for creating witnesses, in the plural. It rises above the mass of ordinary first-person accounts when the physical presence of the witness, whether concrete or virtual, is assigned the task of rendering an event disturbing, rather than merely tangible" (Givoni, 2011, p. 149).

Experiencing and Digesting: Support for testifying. In addition to support in preparing to testify, results from this study indicate ways in which survivors could be

supported through their experiencing and digesting of testimony. The healing through testimony model highlights ways in which survivors experience pain and discomfort during these stages. The suffering this entails may perhaps be reduced if survivors' difficult experiences are normalized, they know to expect them in advance, and they are equipped to engage in positive coping strategies such as self-soothing and reaching out for social support—all types of assistance that counseling psychologists could offer.

Taking a similar perspective, Allan (2000) proposed that mental health support is essential for ensuring that the cathartic process of participating in public testimony in truth and reconciliation commissions is in fact *healing* process. Submissions made to the South African Truth and Reconciliation Commission made several suggestions in this vein, calling for debriefing for participants before and after testifying and more psychological support systems for both participants and their families (Hamber, 1998). Audiences and supportive staff may also need mental health support—testimonies can be hard to hear, and the suffering of the testifier can be difficult to witness (Allan, 2000; Hamber, 1998).

Importantly, the work that counseling psychologists do to support survivors giving testimony need not always be in the form of direct intervention (e.g., therapy and psychoeducation), but could focus instead on ensuring that appropriate social support is available. For instance, reflecting that professional help may not always be accessible or even appropriate, Allan (2000) suggests that people should also “preferably be encouraged and assisted to use the traditional methods of helping that exist within their culture and tradition” (Allan, 2000, p. 200), which may include churches and traditional healers (Hamber, 1998). Recent surveys on the needs of survivors of the Khmer Rouge

regime who brought their testimonies and cases before an international tribunal identified a similar preference for receiving non-professional support around their experiences, highlighting the supportive roles of family and other survivors (Stammel et al., 2010). Accordingly, facilitating spaces for shared “digesting” of testimony experiences among participants could be an important aid for healing, helping to validate (and hopefully mitigate) the distressing aspects of testimony while building a sense of hope and healing.

It may also be important to monitor survivors who are engaging in repeated advocacy and testimony experiences over time, to ensure they are not experiencing burn-out or re-traumatization. Although participants in this study indicated that repeated experience made giving testimony easier, in her studies of undocumented Latinx youth activists Ellis (2019) found that some became drained, exhausted, and discouraged over time, especially if they felt that they were being exploited, tokenized, or constantly forced to educate (rather than be supported by) their own communities. These findings highlight the importance of centering survivors’ autonomy and agency in deciding which testimony experiences they will engage in, as well as the wider importance of a healing environment. The undocumented youth in Ellis’ (2019) research faced ongoing insecurity around their immigration status that added to their feelings of stress. Survivors with extended waits for asylum may similarly face greater chronic stress, and experience more risk of exhaustion and re-traumatization, than those who are able to establish more stability in their lives in the USA.

Implications for Education and Policy

The healing through testimony model highlights ways in which being politically active and empowered can be of great benefit to survivors of trauma. This points to the

value of educating counseling psychologists who wish to support survivors on how best to engage in advocacy, and lends support to ongoing efforts to incorporate advocacy competencies and decolonial perspectives into counseling psychologists' core training. Psychologists could also be trained to practice in the areas of support suggested above, including identifying when their own direct professional services might be less appropriate than carefully facilitated community-centered support.

In a more subversive sense, acts of advocacy and testimony could also be incorporated into training as a way for counseling psychologists to expand their therapeutic approaches by attempting to do a form of therapy on *society* (rather than on the trauma survivor).¹¹ Glass proposes that “the construction of a psychic and political environment transcending an existing socialization may be considered “therapy” ...[insofar that it would necessarily involve] a radical alteration in the nature of feeling, response, and most particularly the use and purposes of the instruments of social exchange” (Glass, 1976, pp. 162–163). Given that one of the aims of public testimony can be to achieve a change in fundamental human attitudes and behavior—the triumph of a just and human-rights-preserving instinct over a politically manipulative and violent one—it could similarly be construed as offering therapy by pushing for a transcendent psychic and political environment.

To the extent that justice and human rights are (at least nominally) already upheld in a society, testimony can also be seen as a way of holding that society accountable to its

¹¹ Martin Luther King famously alluded to the need for such therapy in asserting the need for creative maladjustment, affirming that: “there are some things in our society, some things in our world, to which we should never be adjusted. There are some things concerning which we must always be maladjusted if we are to be people of good will” (King Jr., 1967).

ideals. Arguably, survivors of torture are engaging in this form of service to the USA when they give their testimonies here; in engaging in morally righteous acts of courageous public speech, they help Americans be more morally righteous, too.

The idea of such moral righteousness, and universal respect for human dignity, is built into the concept of asylum enshrined in the United Nations Universal Declaration of Human Rights. In offering asylum, the USA upholds these rights; however, as the results from this study illuminate, current policies around asylum in the USA contribute to ongoing psychological harm for survivors of torture who are uncertain of their ongoing legal status, limited in their work opportunities, and separated from loved ones. Counseling psychologists could support the mental health and wellbeing of survivors of trauma and other immigrants by advocating for policy shifts that would reduce these individuals' difficulties in adjusting to, and finding legal and economic stability in, the USA.

Conclusion

In summary, this study has used a grounded theory methodology to develop a model of *healing through testimony* from the experiences of survivors of torture who have spoken out in the USA. This model presents an active, iterative healing process in which survivors bring their own professional, moral, and marginalized identities into play. As they work through processes of situating (identifying motivations, mentally preparing themselves, and strategizing what to say), experiencing (moving between mental and physiological states of emotional regulation, focusing on delivering their story and message, and closely evaluating the witnesses to their testimony), and digesting (mentally processing the external and internal impacts of their testimony, experiencing a

period of post-vulnerability pain, and identifying positive changes in themselves and their sense of the world) their testimony, survivors' experiences are moderated and shaped by the (many) constraints and (limited) supports of their living context in the USA. The effects of testimony—like the damages inflicted by their trauma—appear to be both personal and political, aligning with and shaping their sense of individual and collective identity. In this way, the healing through testimony process can be seen as a *corrective political experience*, in which survivors recover a suppressed voice, represent more than themselves, and are publicly seen and affirmed.

This model aligns with Herman's (1992) theory of recovery from trauma and with past models of healing developed for refugee and forced migrant populations (Auerbach & Shiro-Gelrud, 2010; Isakson & Jurkovic, 2013; Mollica, 2014; Silove, 2005). It addresses gaps in prior literature by providing an insight into the beneficial but also potentially painful impacts for survivors of torture giving testimony in an understudied context: a public space in the USA, which has neither the risks of the survivor's home community in which they were tortured, nor the safety and controllability of following a therapeutic protocol in a private counseling space. In doing so, it points to ways in which counseling psychologists (and other practitioners) could better support testimony as a path to trauma healing, and provides a framework for future research.

Perhaps most significantly, the survivors who participated in this study provide a model of courageous activism: despite being tortured for their beliefs and identities, they continue to stand up to oppression by sharing their truths and challenging society to rise to respond. Their stories illuminate the horrors of torture—which psychologists should

remember that our profession has at times inflicted, and which constant vigilance is required against—and the amazing potential of the human spirit to survive and rise again.

References

- Adams, G., & Kurtiş, T. (2012). Collective memory practices as tools for reconciliation: Perspectives from liberation and cultural psychology. *African Conflict & Peacebuilding Review*, 2(2), 5–28. <https://doi.org/10.1353/acp.2012.0019>
- Agger, I., Ansari, F., Suresh, S., & Pulikuthiyil, G. (2008). Justice as a healing factor: Psycho-legal counseling for torture survivors in an Indian context. *Peace and Conflict*, 14(3), 315–333. <https://doi.org/10.1080/10781910802229116>
- Agger, I., Igreja, V., Kiehle, R., & Polatin, P. (2012). Testimony ceremonies in Asia: Integrating spirituality in testimonial therapy for torture survivors in India, Sri Lanka, Cambodia, and the Philippines. *Transcultural Psychiatry*, 49(4), 568–589. <https://doi.org/10.1177/1363461512447138>
- Agger, I., & Jensen, S. B. (1990). Testimony as ritual and evidence in psychotherapy for political refugees. *Journal of Traumatic Stress*, 3(1), 115–130. <https://doi.org/10.1002/jts.2490030109>
- Akinyela, M. M. (2005). Testimony of hope: African centered praxis for therapeutic ends. *Journal of Systemic Therapies*, 24(1), 5–18.
- Allan, A. (2000). Truth and reconciliation: A Psycholegal perspective. *Ethnicity & Health*, 5(3), 191–204. <https://doi.org/10.1080/13557850020009310>
- Allan, A., & Allan, M. M. (2000). The South African truth and reconciliation commission as a therapeutic tool. *Behavioral Sciences & the Law*, 18(4), 459–477. [https://doi.org/10.1002/1099-0798\(2000\)18:4<459::AID-BSL366>3.0.CO;2-T](https://doi.org/10.1002/1099-0798(2000)18:4<459::AID-BSL366>3.0.CO;2-T)
- American Psychiatric Association (Ed.). (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.
- Arrendondo-Dowd, P. (1981). Personal loss and grief as a result of immigration. *The Personnel and Guidance Journal*, February, 376–378.
- Auerbach, C. F., & Shiro-Gelrud, E. (2010). The Cambodian refugee experience: An integrative model of trauma and recovery. In A. Kalayjian & D. Eugene (Eds.), *Mass Trauma and Emotional Healing around the World: Rituals and Practices for Resilience and Meaning-Making* (Vol. 2, pp. 423–439). Santa Barbara, CA: ABC-CLIO.
- Bayer, C. P., Klasen, F., & Adam, H. (2007). Association of trauma and PTSD symptoms with openness to reconciliation and feelings of revenge among former Ugandan and Congolese child soldiers. *Journal of the American Medical Association*, 298(5), 555–559. <https://doi.org/10.1001/jama.298.5.555>
- BBC. (2018). Republic of Congo country profile. Retrieved from <https://www.bbc.com/news/world-africa-14121191>
- BBC. (2019). Sudan Profile. Retrieved from <https://www.bbc.com/news/world-africa-14095300>
- Bichescu, D., Neuner, F., Schauer, M., & Elbert, T. (2007). Narrative exposure therapy for political imprisonment-related chronic posttraumatic stress disorder and depression. *Behaviour Research and Therapy*, 45(9), 2212–2220. <https://doi.org/10.1016/j.brat.2006.12.006>
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member Checking: A Tool to Enhance Trustworthiness or Merely a Nod to Validation? *Qualitative Health Research*,

- 26(13), 1802–1811. <https://doi.org/10.1177/1049732316654870>
- Blackwell, D. (2007). Oppression and Freedom in Therapeutic Space. *European Journal of Psychotherapy & Counselling*, 9(3), 255–265. <https://doi.org/10.1080/13642530701496856>
- Boodman, E. (2017, January 25). Fleeing violence, asylum-seekers rely on psychologists to back up their story. *Stat News*, pp. 1–7. Retrieved from www.statnews.com/2017/01/25/asylum-seekers-psychologists/
- Brounéus, K. (2008). Truth-telling as talking cure? Insecurity and retraumatization in the Rwandan gacaca courts. *Security Dialogue*, 39(1), 55–76. <https://doi.org/10.1177/0967010607086823>
- Brounéus, K. (2010). The trauma of truth telling: Effects of witnessing in the Rwandan Gacaca courts on psychological health. *Journal of Conflict Resolution*, 54(3), 408–437. <https://doi.org/10.1177/0022002709360322>
- Brown, L. S. (2004). Feminist paradigms of trauma treatment. *Psychotherapy*, 41(4), 464–471. <https://doi.org/10.1037/0033-3204.41.4.464>
- Bryant-Davis, T. (2019). The cultural context of trauma recovery: Considering the posttraumatic stress disorder practice guideline and intersectionality. *Psychotherapy*, 56(3), 400–408. <https://doi.org/10.1037/pst0000241>
- Burgess, R. A., Jain, S., Petersen, I., & Lund, C. (2019). Social interventions: a new era for global mental health? *The Lancet Psychiatry*, 0366(19), 31653556. [https://doi.org/10.1016/s2215-0366\(19\)30397-9](https://doi.org/10.1016/s2215-0366(19)30397-9)
- Burnett, A., & Ndovi, T. (2018). The health of forced migrants. *BMJ (Online)*, 363(October), 1–5. <https://doi.org/10.1136/bmj.k4200>
- Byrne, C. C. (2004). Benefit or burden: Victims’ reflections on TRC participation. *Peace and Conflict*, 10(3), 237–256. https://doi.org/10.1207/s15327949pac1003_2
- Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist*, 35(1), 13–105. <https://doi.org/10.1177/0011000006292033>
- Charmaz, K. (2006). *Constructing grounded theory*. London: SAGE Publications Ltd.
- Chavez-Dueñas, N. Y., Adames, H. Y., Perez-Chavez, J. G., & Salas, S. P. (2019). Healing ethno-racial trauma in latinx immigrant communities: Cultivating hope, resistance, and action. *American Psychologist*, 74(1), 49–62. <https://doi.org/10.1037/amp0000289>
- Chu. (2008). No Title.
- Cienfuegos, A. J., & Monelli, C. (1983). The testimony of political repression as a therapeutic instrument. *American Journal of Orthopsychiatry*, 53(1), 43–51. <https://doi.org/10.1111/j.1939-0025.1983.tb03348.x>
- Cilliers, J., Dube, O., & Siddiqi, B. (2016). Reconciling after civil conflict increases social capital but decreases individual well-being. *Science*, 352(6287), 787–794. <https://doi.org/10.1126/science.aad9682>
- Congressional Research Service. (2019). *The Republic of Congo (Congo-Brazzaville)*. Retrieved from <https://fas.org/sgp/crs/row/IF11301.pdf>
- Copnall, J. (2018, July 11). Why the end of US sanctions hasn’t helped Sudan. *BBC News*. Retrieved from <https://www.bbc.com/news/world-africa-44711355>

- Courtois, C. A., & Ford, J. D. (2013). *Treatment of complex trauma: A sequenced, relationship-based approach*. New York, NY, US: Guilford Press.
- Das, V. (2007). *Life and words: Violence and the descent into the ordinary*. Berkeley, CA: University of California Press.
- de la Rey, C., & Owens, I. (1998). Perceptions of psychosocial healing and the Truth and Reconciliation Commission in South Africa. *Peace and Conflict: Journal of Peace Psychology*, 4(3), 257–270. https://doi.org/10.1207/s15327949pac0403_4
- Dhar, A., & Gone, J. P. (2019, October). When healing looks like justice: An interview with Harvard psychologist Joseph Gone. *Mad in America*, 1–9. Retrieved from <https://www.madinamerica.com/2019/10/healing-looks-like-justice-interview-harvard-psychologist-joseph-gone/>
- Douglas, K. M., Sáenz, R., & Murga, A. L. (2015). Immigration in the era of color-blind racism. *American Behavioral Scientist*, 59(11), 1429–1451. <https://doi.org/10.1177/0002764214566502>
- Egnew, T. R. (2009). Suffering, meaning, and healing: Challenges of contemporary medicine. *American Family Medicine*, 7, 170–175. <https://doi.org/10.1370/afm.943>
- Ellis, B. (2019). Healthy activism and long-term wellbeing: What does it take? *Addressing the Undocumented Stress Cycle*. Sacramento State University. Retrieved from <https://undocumented.ucdavis.edu/news/webinar-series-addressing-undocumented-stress-cycle>
- Esala, J. J., & Taing, S. (2017). Testimony therapy with ritual: A pilot randomized controlled trial. *Journal of Traumatic Stress*, 30, 94–98. <https://doi.org/10.1002/jts.22163>
- Fanon, F. (1963). *The wretched of the earth*. New York, NY: Grove Press.
- Farivar, M. (2017). *The play's the thing: A qualitative analysis of participation in a theatrical experience for individuals with a history of traumatic stress*. California School of Professional Psychology, Alliant International University, Los Angeles.
- Fawzi, M. C. S., Pham, T., Lin, L., Nguyen, V. T., Ngo, D., Murphy, E., & Mollica, R. F. (1997). The Validity of Posttraumatic Stress Disorder Among Vietnamese Refugees, 10(1), 101–109.
- Fisher, J. (1999). The work of stabilization in trauma treatment. In *Trauma Center Lecture Series*.
- Frankl, V. (1984). *Man's search for meaning: An introduction to logotherapy*. New York, NY: Pocket Books.
- Freedom House. (2019). Congo, Republic of (Brazzaville) report. Retrieved from <https://freedomhouse.org/report/freedom-world/2019/congo-republic-brazzaville>
- Frost, D. M., Fine, M., Torre, M. E., & Cabana, A. (2019). Minority stress, activism, and health in the context of economic precarity: Results from a national participatory action survey of lesbian, gay, bisexual, transgender, queer, and gender non-conforming youth. *American Journal of Community Psychology*, 63(3–4), 511–526. <https://doi.org/10.1002/ajcp.12326>
- Gapen, M., van der Kolk, B. A., Hamlin, E., Hirshberg, L., Suvak, M., & Spinazzola, J. (2016). A pilot study of neurofeedback for chronic PTSD. *Applied Psychophysiology Biofeedback*, 41(3), 251–261. <https://doi.org/10.1007/s10484-015-9326-5>
- Gelso, C. J. (2014). A tripartite model of the therapeutic relationship: Theory, research, and practice. *Psychotherapy Research*, 24(2), 117–131.

<https://doi.org/10.1080/10503307.2013.845920>

- Gerber, L. A. (2007). Social Justice Concerns and Clinical Practice. In E. Aldarondo (Ed.), *Advancing Social Justice Through Clinical Practice* (pp. 43–64). New York: Routledge.
<https://doi.org/https://doi.org/10.4324/9780203936689>
- Gerth-Niculescu, M. (2019, January). Ethiopia's ethnic violence shows Abiy's vulnerability. *DW*. Retrieved from <https://p.dw.com/p/3LKcX>
- Gettleman, J. (2016, August 12). "A generation is protesting" in Ethiopia, long a U.S. ally. *New York Times*. Retrieved from <https://www.nytimes.com/2016/08/13/world/africa/ethiopia-protests.html>
- Givoni, M. (2011). Witnessing/Testimony. *Maft'e'akh. Lexical Review of Political Thought, Winter*(2e), 147–174.
- Givoni, M. (2016). *The care of the witness: A contemporary history of testimony in crises*. New York, NY: Cambridge University Press.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.
- Glass, J. M. (1976). Political philosophy as therapy: Rousseau and the pre-social origins of consciousness. *Political Theory*, 4(2), 163–184. Retrieved from <https://www.jstor.org/stable/190627>
- Gorman, W. (2001). Refugee survivors of torture: Trauma and treatment. *Professional Psychology: Research and Practice*, 32(5), 443–451. <https://doi.org/10.1037/0735-7028.32.5.443>
- Gramer, R. (2019, July 26). U.S. balked at sanctions on Sudan. *Foreign Policy*. Retrieved from <https://foreignpolicy.com/2019/07/26/u-s-aborted-sanctions-on-sudan/>
- Gresson, A. D. (2004). Toward a psychopedagogy of healing: Mourning and mending difference in the new millennium. *Counterpoints*, 34. Retrieved from <http://www.jstor.org/stable/42976902>
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and "Ethically important moments" in research. *Qualitative Inquiry*, 10(2), 261–280. <https://doi.org/10.1177/1077800403262360>
- Gwozdziwycs, N., & Mehl-Madrona, L. (2013). Meta-analysis of the use of narrative exposure therapy for the effects of trauma among refugee populations. *The Permanente Journal*, 17(1), 72–78. <https://doi.org/10.7812/TPP/12-058>
- Hall-Clark, B., Sawyer, B., Golik, A., & Asnaani, A. (2016). Racial / ethnic differences in symptoms of posttraumatic stress disorder. *Current Psychiatry Reviews*, 12, 124–138. <https://doi.org/10.2174/15734005126661605051502>
- Halvorsen, J. Ø., & Stenmark, H. (2010). Narrative exposure therapy for posttraumatic stress disorder in tortured refugees: A preliminary uncontrolled trial. *Scandinavian Journal of Psychology*, 51(6), 495–502. <https://doi.org/10.1111/j.1467-9450.2010.00821.x>
- Hamber, B. (1998). The burdens of truth: An evaluation of the psychological support services and initiatives undertaken by the South African Truth and Reconciliation Commission. *American Imago*, 55(1), 9–28. <https://doi.org/10.1353/aim.1998.0002>
- Hayes, J. P., LaBar, K. S., McCarthy, G., Selgrade, E., Nasser, J., Dolcos, F., & Morey, R. A. (2011). Reduced hippocampal and amygdala activity predicts memory distortions for trauma reminders in combat-related PTSD. *Journal of Psychiatric Research*, 45(5), 660–669.

<https://doi.org/10.1016/j.jpsychires.2010.10.007>

- Hays, D. G., & Singh, A. A. (2012). *Qualitative inquiry in clinical and educational settings*. Guilford Press.
- Henry, N. (2010). The impossibility of bearing witness: Wartime rape and the promise of justice. *Violence Against Women*, 16(10), 1098–1119. <https://doi.org/10.1177/1077801210382860>
- Herman, J. (1992). *Trauma and Recovery*. New York: Basic Books.
- Herman, J. (2015). *Trauma and Recovery* (revised). New York: Basic Books.
- Hinton, D. E., & Lewis-Fernández, R. (2011). The cross-cultural validity of posttraumatic stress disorder: Implications for DSM-5. *Depression and Anxiety*, 28(9), 783–801. <https://doi.org/10.1002/da.20753>
- Ho, M. Y., & Fung, H. H. (2011). A dynamic process model of forgiveness: A cross-cultural perspective. *Review of General Psychology*, 15(1), 77–84. <https://doi.org/10.1037/a0022605>
- Hoover, S., & Morrow, S. L. (2015). Qualitative researcher reflexivity : A follow-up study with female sexual assault survivors qualitative. *The Qualitative Report*, 20(9), 1476–1489.
- Hoshmand, L. T. (2006). Culture-informed theory, research, and practice in global trauma work. *Asian Journal of Counselling*, 13(1), 145–160.
- Human Rights Watch. (2019a). *Cameroon Country Report. World Report 2019*. Retrieved from <https://www.hrw.org/world-report/2019/country-chapters/cameroon>
- Human Rights Watch. (2019b). *Eritrea Country Report. World Report 2019*. Retrieved from <https://www.hrw.org/world-report/2019/country-chapters/eritrea>
- Human Rights Watch. (2019c). *Ethiopia Country Report. World Report 2019*. Retrieved from <https://www.hrw.org/world-report/2019/country-chapters/ethiopia>
- Human Rights Watch. (2019d). *Sudan Country Report. World Report 2019*. Retrieved from <https://www.hrw.org/world-report/2019/country-chapters/sudan>
- Igreja, V., Kleijn, W. C., Schreuder, B. J., Van Dijk, J. A., & Verschuur, M. (2004). Testimony method of ameliorating post-traumatic stress symptoms: Community-based intervention study with Mozambican civil war survivors. *British Journal of Psychiatry*, 184, 251–257. <https://doi.org/http://dx.doi.org/10.1192/bjp.184.3.251>
- Im, H. (2016). *From injury to restoration: A qualitative analysis of stories of survival, meaning-making, and recovery of vulnerable women in the Eastern Democratic Republic of Congo*. Wheaton College.
- International Relations Council. (2005). *Republic of Congo*. Princeton, PA.
- Isakson, B. L., & Jurkovic, G. J. (2013). Healing after torture: The role of moving on. *Qualitative Health Research*, 23(6), 749–761. <https://doi.org/10.1177/1049732313482048>
- Jones, L. K., & Cureton, J. L. (2014). Trauma redefined in the DSM-5: Rationale and implications for counseling practice. *The Professional Counselor*, 4(3), 257–271. <https://doi.org/10.15241/lkj.4.3.257>
- Jorgensen, M. M., Modvig, J., Agger, I., Raghuvansh, L., Shabana Khan, S., & Polatin, P. (2015). Testimonial therapy: Impact on social participation and emotional wellbeing among Indian survivors of torture and organized violence. *Torture: Quarterly Journal on Rehabilitation of Torture Victims and Prevention of Torture*, 25(2), 22–33.
- Kevers, R., Rober, P., & Haene, L. De. (2018). Unraveling the mobilization of memory in

- research with refugees. *Qualitative Health Research*, 28(4), 659–672.
<https://doi.org/10.1177/1049732317746963>
- Kienzler, H. (2008). Debating war-trauma and post-traumatic stress disorder (PTSD) in an interdisciplinary arena. *Social Science and Medicine*, 67(2), 218–227.
<https://doi.org/10.1016/j.socscimed.2008.03.030>
- King Jr., M. L. (1967). *The Role of the Behavioral Scientist in the Civil Rights Movement*. Washington, D.C. Retrieved from <https://www.apa.org/monitor/features/king-challenge>
- Kira, I. A. (2010). Etiology and treatment of post-cumulative traumatic stress disorders in different cultures. *Traumatology*, 16(4), 128–141.
<https://doi.org/10.1177/1534765610365914>
- Kira, I. A. (2017). A critical outlook at torture definition, structure , dynamics, and interventions. *Peace and Conflict: Journal of Peace Psychology*, 23(3), 328–333.
- Kira, I. A., Ahmed, A., Wasim, F., Mahmoud, V., Colrain, J., & Rai, D. (2012). Group therapy for refugees and torture survivors: Treatment model innovations. *International Journal of Group Psychotherapy*, 62(1), 69–88. <https://doi.org/10.1521/ijgp.2012.62.1.69>
- Kira, I. A., Templin, T., Lewandowski, L., Clifford, D., Wiencek, P., Hammad, A., ... Al-Haidar, A. M. (2006). The effects of torture: Two community studies. *Peace and Conflict*, 12(3), 205–228. https://doi.org/10.1207/s15327949pac1203_1
- Kira, I. A., Templin, T., Lewandowski, L., Ramaswamy, V., Ozkan, B., Abou-Mediane, S., ... Alamia, H. (2011). Cumulative tertiary appraisals of traumatic events across cultures: Two studies. *Journal of Loss and Trauma*, 16(1), 43–66.
<https://doi.org/10.1080/15325024.2010.519288>
- Kleinman, A. (1980). *Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry*. Los Angeles: University of California Press.
- Kurman, J. (2003). Why is self-enhancement low in certain collectivist cultures? An investigation of two competing explanations. *Journal of Cross-Cultural Psychology*, 34(5), 496–510.
<https://doi.org/10.1177/0022022103256474>
- Laplante, L. J. (2007). Women as political participants: Psychosocial postconflict recovery in Peru. *Peace and Conflict*, 13(3), 313–331. <https://doi.org/10.1080/10781910701471355>
- Laub, D. (1992). Bearing witness, or the vicissitudes of listening. In D. Felman, S. & Laub (Ed.), *Testimony: Crises of witnessing in literature, psychoanalysis, and history* (pp. 57–74). New York, NY: Routledge.
- Lawler-Row, K. A., Hyatt-Edwards, L., Wuensch, K. L., & Karremans, J. C. (2011). Forgiveness and health: The role of attachment. *Personal Relationships*, 18(2), 170–183.
<https://doi.org/10.1111/j.1475-6811.2010.01327.x>
- Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2017). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board Task Force report. *American Psychologist*, 1(2), 26–46.
<https://doi.org/10.1037/amp0000151>
- Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. *Qualitative Psychology*, 4(1), 2–22.

<https://doi.org/10.1037/qup0000082>

- Lira, E., & Lowy, M. (2009). Testimony of traumatic political experiences: Therapy and denunciation in Chile (1973-1985). *Psyke & Logos*, 30(1), 28–55.
- Luebben, S. (2003). Testimony work with Bosnian refugees: Living in legal limbo. *British Journal of Guidance and Counselling*, 31(4), 393–402.
<https://doi.org/10.1080/03069880310001609277>
- Lustig, S. L., Weine, S. M., Saxe, G. N., & Beardslee, W. R. (2004). Testimonial psychotherapy for adolescent refugees: A case series. *Transcultural Psychiatry*, 41(1), 31–45.
<https://doi.org/10.1177/1363461504041352>
- Malpede, K. (1999). Chilean testimonies: An experiment in theater of witness. *Journal of Contemporary Psychotherapy*, 29(4), 307–316. <https://doi.org/10.1023/A:1022978705528>
- Mamdani, M. (2019, January 3). The trouble with Ethiopia's ethnic federalism. *New York Times*. Retrieved from <https://www.nytimes.com/2019/01/03/OPINION/ETHIOPIA-ABIY-AHMED-REFORMS-ETHNIC-CONFLICT-ETHNIC-FEDERALISM.HTML>
- Martín-Baró, I. (1994). *Writings for a liberation psychology*. (A. Aron & S. Corne, Ed.). Cambridge, MA: Harvard University Press.
- McFarlane, A. C., Yehuda, R., & Clark, C. R. (2002). Biologic models of traumatic memories and post-traumatic stress disorder: The role of neural networks. *Psychiatric Clinics of North America*, 25(2), 253–270. [https://doi.org/10.1016/S0193-953X\(01\)00008-9](https://doi.org/10.1016/S0193-953X(01)00008-9)
- McKinney, K. (2007). “Breaking the conspiracy of silence”: Testimony, traumatic memory, and psychotherapy with survivors of political violence. *Ethos*, 35(3), 265–299.
<https://doi.org/10.1525/eth.2007.35.3.265>
- Mollica, R. F. (2006). *Healing invisible wounds: Paths to hope and recovery in a violent world*. Nashville, TN: Vanderbilt University Press.
- Mollica, R. F. (2014). *The new H5 model of trauma and recovery: Caring for refugees and other highly traumatized persons and communities*. Cambridge, MA.
- Mollica, R. F., Brooks, R., Tor, S., Lopes-Cardozo, B., & Silove, D. (2014). The enduring mental health impact of mass violence: A community comparison study of Cambodian civilians living in Cambodia and Thailand. *International Journal of Social Psychiatry*, 60(1), 6–20.
<https://doi.org/10.1177/0020764012471597>
- Mollica, R. F., Caridad, K. R., & Massagli, M. P. (2007). Longitudinal study of posttraumatic stress disorder, depression, and changes in traumatic memories over time in Bosnian refugees. *Journal of Nervous and Mental Disease*, 195(7), 572–579.
<https://doi.org/10.1097/NMD.0b013e318093ed2c>
- Mollica, R. F., & Caspi-Yavin, Y. (1991). Measuring torture and torture-related symptoms. *Psychological Assessment*, 3(4), 581–587. <https://doi.org/10.1037/1040-3590.3.4.581>
- Mollica, R. F., Caspi-Yavin, Y., Bollini, P., Truong, T., Tor, S., & Lavelle, J. (1992a). The Harvard Trauma Questionnaire: Validating a cross-cultural instrument for measuring torture, trauma, and posttraumatic-stress disorder in Indo-Chinese refugees. *Journal of Nervous and Mental Disease*, 180(2), 111–116. <https://doi.org/10.1097/00005053-199202000-00008>
- Mollica, R. F., Caspi-Yavin, Y., Bollini, P., Truong, T., Tor, S., & Lavelle, J. (1992b). The Harvard Trauma Questionnaire: Validating a cross-cultural instrument for measuring torture, trauma, and posttraumatic stress disorder in indochinese refugees. *Journal of*

- Nervous and Mental Disease*, 180(2), 111–116. <https://doi.org/10.1097/00005053-199202000-00008>
- Mollica, R. F., McDonald, L. S., Massagli, M. P., & Silove, D. M. (2004). *Measuring trauma, measuring torture: Instructions and guidance on the utilization of the Harvard Program in Refugee Trauma's versions of the Hopkins Symptom Checklist-25 (HSCL-25) & the Harvard Trauma Questionnaire (HTQ)* (Vol. 25). Cambridge, MA.
- Morello, C. (2017, October 6). U.S. lifts sanctions on Sudan, ending two decades of embargo. *The Washington Post*. Retrieved from https://www.washingtonpost.com/world/national-security/us-lifts-sanctions-on-sudan-ending-two-decades-of-embargo/2017/10/06/aac1bd22-86d5-434e-9a21-1e0d57a72cb0_story.html
- Mørkved, N., Hartmann, K., Aarsheim, L. M., Holen, D., Milde, A. M., Bomyea, J., & Thorp, S. R. (2014). A comparison of narrative exposure therapy and prolonged exposure therapy for PTSD. *Clinical Psychology Review*, 34(6), 453–467. <https://doi.org/10.1016/j.cpr.2014.06.005>
- Morrill, Z. (2019, October). It is time for global mental health to acknowledge sociostructural determinants of distress. *Mad in America*. Retrieved from <https://www.madinamerica.com/2019/10/time-global-mental-health-acknowledge-sociostructural-determinants-distress/>
- Negrón-González, G. (2015). Undocumented youth activism as counter-spectacle: Civil disobedience and testimonio in the battle around immigration reform. *Aztlán*, 40(1), 87–112.
- Nemeroff, C. B., Bremner, J. D., Foa, E. B., Mayberg, H. S., North, C. S., & Stein, M. B. (2006). Posttraumatic stress disorder: A state-of-the-science review. *Journal of Psychiatric Research*, 40(1), 1–21. <https://doi.org/10.1016/j.jpsychires.2005.07.005>
- Neuner, F., Kurreck, S., Ruf, M., Odenwald, M., Elbert, T., & Schauer, M. (2010). Can asylum-seekers with posttraumatic stress disorder be successfully treated? A randomized controlled pilot study. *Cognitive Behaviour Therapy*, 39(2), 81–91. <https://doi.org/10.1080/16506070903121042>
- Neuner, F., Onyut, P. L., Ertl, V., Odenwald, M., Schauer, E., & Elbert, T. (2008). Treatment of posttraumatic stress disorder by trained lay counselors in an African refugee settlement: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 76(4), 686–694. <https://doi.org/10.1037/0022-006X.76.4.686>
- Neuner, F., Schauer, M., Klaschik, C., Karunakara, U., & Elbert, T. (2004). A comparison of narrative exposure therapy, supportive counseling, and psychoeducation for treating posttraumatic stress disorder in an African refugee settlement. *Journal of Consulting and Clinical Psychology*, 72(4), 579–587. <https://doi.org/10.1037/0022-006X.72.4.579>
- Neuner, F., Schauer, M., Roth, W. T., & Elbert, T. (2002). A narrative exposure treatment as intervention in a refugee camp: A case report. *Behavioural and Cognitive Psychotherapy*, 30(2), 211–215. <https://doi.org/10.1017/S1352465802002072>
- Nguyen, L. (2011). The ethics of trauma: Re-traumatization in society's approach to the traumatized subject. *International Journal of Group Psychotherapy*, 61(1), 27–47. <https://doi.org/10.1521/ijgp.2011.61.1.26>
- Nickerson, A., Bryant, R. A., Rosebrock, L., & Litz, B. T. (2014). The mechanisms of psychosocial injury following human rights violations, mass trauma, and torture. *Clinical Psychology: Science and Practice*, 21(2), 172–191. <https://doi.org/10.1111/cpsp.12064>
- Nickerson, A., Bryant, R. A., Silove, D., & Steel, Z. (2011). A critical review of psychological

- treatments of posttraumatic stress disorder in refugees. *Clinical Psychology Review*, 31(3), 399–417. <https://doi.org/10.1016/j.cpr.2010.10.004>
- Nickerson, A., Liddell, B., Asnaani, A., Carlsson, J., Fazel, M., Knaevelsrud, C., ... Newnham, Elizabeth; Rasmussen, A. (2017). Trauma and mental health in forcibly displaced populations. *International Society for Traumatic Stress Studies Briefing Paper*, 1–37.
- Olson, N. S. (2015). *Positive adaptation in women following sexual assault: A grounded theory study*. WASHINGTON STATE UNIVERSITY.
- Ortiz, D. (2001). The survivors' perspective—Voices from the center. In E. Gerrity, F. Tuma, & T. M. Keane (Eds.), *The Mental Health Consequences of Torture* (pp. 13–34). New York: Springer.
- Oruc, L., Kapetanovic, A., Pojskic, N., Miley, K., Forstbauer, S., Mollica, R. F., & Henderson, D. C. (2008). Screening for PTSD and depression in Bosnia and Herzegovina: Validating the Harvard Trauma Questionnaire and the Hopkins Symptom Checklist. *International Journal of Culture and Mental Health*, 1(2), 105–116. <https://doi.org/10.1080/17542860802456620>
- Palic, S., & Elklit, A. (2011). Psychosocial treatment of posttraumatic stress disorder in adult refugees: A systematic review of prospective treatment outcome studies and a critique. *Journal of Affective Disorders*, 131(1–3), 8–23. <https://doi.org/10.1016/j.jad.2010.07.005>
- Paquette, D. (2019, November 1). Trump ends trade benefits for Cameroon over 'persistent human rights violations.' *The Washington Post*. Retrieved from https://www.washingtonpost.com/world/africa/trump-ends-trade-benefits-for-cameroon-over-persistent-human-rights-violations/2019/11/01/529bb568-fca7-11e9-9e02-1d45cb3dfa8f_story.html
- Pedersen, D., Tremblay, J., Errázuriz, C., & Gamarra, J. (2008). The sequelae of political violence: Assessing trauma, suffering and dislocation in the Peruvian highlands. *Social Science and Medicine*, 67(2), 205–217. <https://doi.org/10.1016/j.socscimed.2008.03.040>
- Peltzer, K. (1999). A process model of ethnocultural counselling for African survivors of organized violence. *Counselling Psychology Quarterly*, 12(4), 335–351. <https://doi.org/10.1080/09515079908254104>
- Puvimanasinghe, T. S., & Price, I. R. (2016). Healing through giving testimony: An empirical study with Sri Lankan torture survivors. *Transcultural Psychiatry*, 53(5), 531–550. <https://doi.org/10.1177/1363461516651361>
- Rees, S., Tsey, K., Every, A., Williams, E., Cadet-James, Y., & Whiteside, M. (2004). Empowerment and human rights in addressing violence and improving health in Australian indigenous communities. *Health and Human Rights*, 8(1), 94–113.
- Robjant, K., & Fazel, M. (2010). The emerging evidence for Narrative Exposure Therapy: A review. *Clinical Psychology Review*, 30(8), 1030–1039. <https://doi.org/10.1016/j.cpr.2010.07.004>
- Roht-Arriaza, N. (1995). Punishment, redress, and pardon: Theoretical and psychological approaches. In N. Roht-Arriaza (Ed.), *Impunity and Human Rights in International Law and Practice* (pp. 13–23). Oxford University Press.
- Sadiq-Tang, S. (2018). Building survivor activism: An organisational view. *Torture Journal*, 28(2), 140–149. <https://doi.org/10.7146/torture.v28i2.106853>
- SAMHSA. (2012). *TIP 34: Brief interventions and brief therapies for substance abuse*. Rockville, MD.

- SAMHSA. (2014). *Trauma-informed care in behavioral health services Treatment Improvement Protocol (TIP) Series 57 Part 3: A review of the literature*. Rockville, MD.
- Schaal, S., Elbert, T., & Neuner, F. (2009). Narrative exposure therapy versus interpersonal psychotherapy: A pilot randomized controlled trial with Rwandan genocide orphans. *Psychotherapy and Psychosomatics*, 78(5), 298–306. <https://doi.org/10.1159/000229768>
- Schauer, M., & Elbert, T. (2010). Dissociation following traumatic stress. *Zeitschrift Für Psychologie / Journal of Psychology*, 218(2), 109–127. <https://doi.org/10.1027/0044-3409/a000018>
- Schock, K., Rosner, R., & Knaevelsrud, C. (2015). Impact of asylum interviews on the mental health of traumatized asylum seekers. *European Journal of Psychotraumatology*, 6.
- Searcey, D., Schmitt, E., & Gibbons-Neff, T. (2019, February 7). U.S. reduces military aid to Cameroon over human rights abuses. *The New York Times*. Retrieved from <https://www.nytimes.com/2019/02/07/world/africa/cameroon-military-abuses-united-states-aid.html>
- Shalhoub-Kevorkian, N. (2005). Voice therapy for women aligned with political prisoners: A case study of trauma among palestinian women in the second intifada. *Social Service Review*, 79(2), 322–343. <https://doi.org/10.1086/429141>
- Shoeb, M., Weinstein, H., & Mollica, R. F. (2007). The Harvard Trauma Questionnaire: Adapting a cross-cultural instrument for measuring torture, trauma and posttraumatic stress disorder in Iraqi refugees. *International Journal of Social Psychiatry*, 53(5), 447–463. <https://doi.org/10.1177/0020764007078362>
- Silove, D. (2005). From trauma to survival and adaptation. In D. Ingleby (Ed.), *Forced migration and mental health: Rethinking the care of refugees and displaced persons* (pp. 29–51).
- Silove, D. (2013). The ADAPT model: a conceptual framework for mental health and psychosocial programming in post conflict settings. *Intervention*, 11(3), 237–248. <https://doi.org/10.1097/WTF.0000000000000005>
- Silove, D., Manicavasagar, V., Mollica, R. F., Thai, M., Khiek, D., Lavelle, J., & Tor, S. (2007). Screening for depression and PTSD in a Cambodian population unaffected by war: Comparing the Hopkins Symptom Checklist and Harvard Trauma Questionnaire with the structured clinical interview. *Journal of Nervous and Mental Disease*, 195(2), 152–157. <https://doi.org/10.1097/01.nmd.0000254747.03333.70>
- Sodi, T., & Bojuwoye, O. (2011). Cultural embeddedness of health, illness and healing: Prospects for integrating indigenous and western healing practices. *Journal of Psychology in Africa*, 21(3), 349–356. <https://doi.org/10.1080/14330237.2011.10820467>
- Song, S. J., Kaplan, C., Tol, W. A., Subica, A., & de Jong, J. (2015). Psychological distress in torture survivors: pre- and post-migration risk factors in a US sample. *Social Psychiatry and Psychiatric Epidemiology*, 50(4), 549–560. <https://doi.org/10.1007/s00127-014-0982-1>
- Stammel, N., Burchert, S., Taing, S., Bockers, E., & Knaevelsrud, C. (2010). The survivors' voices: Attitudes on the ECCC, the former Khmer Rouge and experiences with civil party participation, (December).
- Stein, D. J., Seedat, S., Kammer, D., Moomal, H., Herman, A., Sonnega, J., & Williams, D. R. (2008). The impact of the Truth and Reconciliation Commission on psychological distress and forgiveness in South Africa. *Social Psychiatry and Psychiatric Epidemiology*, 43(6), 462–468. <https://doi.org/doi.org/10.1007/s00127-008-0350-0>

- Stenmark, H., Catani, C., Neuner, F., Elbert, T., & Holen, A. (2013). Treating PTSD in refugees and asylum seekers within the general health care system. A randomized controlled multicenter study. *Behaviour Research and Therapy*, 51(10), 641–647.
<https://doi.org/10.1016/j.brat.2013.07.002>
- Stepakoff, S., Shawn Reynolds, G., Charters, S., & Henry, N. (2015). The experience of testifying in a war-crimes tribunal in Sierra Leone. *Peace and Conflict*, 21(3), 445–464.
<https://doi.org/10.1037/pac0000096>
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research (2nd ed.): Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: SAGE Publications Ltd.
- Suarez, E. B. (2011). *Surviving the "Sasachacuy Tiempu" [difficult times]: The resilience of Quechua Women in the aftermath of the Peruvian armed conflict*. ProQuest Dissertations and Theses. University of Toronto.
- Sulaiman-Hill, C. M., & Thompson, S. C. (2011). Sampling challenges in a study examining refugee resettlement. *BMC International Health and Human Rights*, 11(1), 2.
<https://doi.org/10.1186/1472-698X-11-2>
- Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programmes in war affected areas. *Soc. Sci. Med.*, 48, 1449–1462.
[https://doi.org/10.1016/S0277-9536\(98\)00450-X](https://doi.org/10.1016/S0277-9536(98)00450-X)
- Sy, A. (2014). *U.S. and French Collaboration in Africa: Security and Defense Considerations*. Retrieved from <https://www.brookings.edu/blog/africa-in-focus/2014/06/20/u-s-and-french-collaboration-in-africa-security-and-defense-considerations/>
- TASSC. (2019). *The Hidden Asylum Crisis*. Washington, D.C. Retrieved from <https://docs.house.gov/meetings/JU/JU01/20190716/109787/HHRG-116-JU01-20190716-SD041.pdf>
- U.S. Department of State. (2019a). U.S. Relations with Cameroon—Bilateral Relations Fact Sheet. Retrieved from <https://www.state.gov/u-s-relations-with-cameroon/>
- U.S. Department of State. (2019b). U.S. relations with Eritrea. Retrieved from <https://www.state.gov/u-s-relations-with-eritrea/>
- U.S. Department of State. (2019c). U.S. Relations With Republic of the Congo. Retrieved from <https://www.state.gov/u-s-relations-with-republic-of-the-congo/>
- U.S. Embassy in Sudan. (2019). U.S. – Sudan Relations. Retrieved from <https://sd.usembassy.gov/our-relationship/policy-history/us-sudan-relations/>
- U.S. Energy Information Administration. (2014). *Congo (Brazzaville): International energy data and analysis*. Retrieved from www.eia.gov/beta/international/analysis_includes/countries_long/Congo_Brazzaville/congo.pdf
- United States. Immigration and Nationality Act (last amended March 2010), Pub. L. No. Title 8 (2010). United States. Retrieved from www.uscis.gov/legal-resources/immigration-and-nationality-act
- United States Congress. (2018). Human Rights in Cameroon. Retrieved from <https://humanrightscommission.house.gov/events/hearings/human-rights-cameroon>
- USA. (2018). *Ethiopia 2018 Human Rights Report*. Washington, D.C. Retrieved from <https://www.state.gov/documents/organization/289528.pdf>

- USCIS. (2019). Asylum. Retrieved from <https://www.uscis.gov/humanitarian/refugees-asylum/asylum>
- van der Kolk, B. A., Hodgdon, H., Gapen, M., Musicaro, R., Suvak, M., Hamlin, E., & Spinazzola, J. (2016). A randomized controlled study of neurofeedback for Chronic PTSD. *PLoS ONE*, 11(12). <https://doi.org/10.1371/journal.pone.0166752>
- Van der Veer, G. (1992). *Counseling and therapy with refugees: Psychological problems of victims of war, torture and repression*. New York: Jon Wiley & Sons.
- Van Dijk, J. A., Schoutrop, M. J. A., & Spinhoven, P. (2003). Testimony therapy: Treatment method for traumatized victims of organized violence. *American Journal of Psychotherapy*, 57(3), 361–373.
- Ward, S., & Nath Upadhyay, A. (2018). Rekindling Warrior Societies. *Feral Visions*, Episode 12. Retrieved from kpfa.org/area941/episode/sakej-ward-on-rekindling-warrior-societies-fv-ep-12/
- Weine, S. M. (2006). *Testimony after catastrophe: Narrating the traumas of political violence*. Evanston, IL: Northwestern University Press.
- Weine, S. M., Kulenovic, A. D., Pavkovic, I., & Gibbons, R. (1998). Testimony psychotherapy in Bosnian refugees: A pilot study. *American Journal of Psychiatry*, 155(12), 1720–1726. <https://doi.org/10.1176/ajp.155.12.1720>
- Weine, S. M., & Laub, D. (1995). Narrative constructions of historical realities in testimony with Bosnian survivors of “ethnic cleansing.” *Psychiatry*, 58(3), 246–260. <https://doi.org/10.1521/00332747.1995.11024729>
- Wilson, J. P. (2004). The broken spirit: Post-traumatic damage to the self. In J. P. Wilson & B. Drozdek (Eds.), *Broken Spirits: The treatment of traumatized asylum seekers, refugees, war and torture victims*. (pp. 109–157). Brunner-Routledge.
- Wilson, J. P., & Droždek, B. (2007). Are we lost in translations?: Unanswered questions on trauma, culture and posttraumatic syndromes and recommendations for future research. *Voices of Trauma: Treating Psychological Trauma Across Cultures*, 367–386. https://doi.org/10.1007/978-0-387-69797-0_17
- Yarnell, M. (2018, October). Ethiopia: Abiy’s Misstep on IDPs and How He Can Fix It. *Refugees International*. Retrieved from <https://www.refugeesinternational.org/blog/2018/10/25/ethiopia-abiys-misstep-on-idps-and-how-he-can-fix-it>
- Zhou, B. (2017). *Therapeutic advocacy: Treating and empowering the politically persecuted in authoritarian Chile 1973-1990*. Brown University.