

Psychosocial support to Tibetan torture survivors in exile

Stella Lützer, Stephen S. Mathiasen & Anne Vivike

RCT
Documentation Centre

99. suppl. 1.6

The Department of Health of the Tibetan government in exile has initiated a programme aiming at alleviating psychosocial consequences of imprisonment, torture, and other traumatic experiences in Tibet among the Tibetan refugees in India and Nepal. After some years' preparatory work and communication, the Department of Health and the Tibet Support Committee, Denmark, began a collaboration in 1996 on the project Psychosocial Support to Tibetan Refugees. The Tibet Support Committee is the responsible NGO for the project, which is funded by the NGO section of the Danish International Developmental Assistance (DANIDA), while the Department of Health is coordinating and carrying out the project activities in India. The first phase of the project is due to run for three years, from October 1996.

The project is based on the decentralized structure of the health services in the Tibetan exile community, which consists of nearly 60 settlements and scattered communities in India and Nepal. The administrative body of the Department of Health, as well as the other departments of the Tibetan government in exile, is situated in Dharamsala, northern India. The Department of Health is coordinating the health services in the Tibetan exile community and has set up a clinic in each settlement, and a hospital in the larger ones. The project is basically in agreement with the recommendations from both WHO and UNHCR that mental health programmes in developing countries should be implemented in the existing primary health care structure. The reasons for this are several, e.g. community participation, cost benefit advantages, programme sustainability, and self-reliance.

The project strategies include capacity building and social support. This is carried out in two activities:

1. rehabilitation of a number of traumatized refugees.
2. training of a group of Tibetan doctors, nurses, and social workers.

A Tibetan project officer has the job of coordinating both activities.

Forty-five Tibetans who have been exposed to organized violence in Tibet are included in the rehabilitation programme during the project period. This work is carried out by an interdisciplinary team consisting of three medical consultants, a spiritual consultant, social workers, and a trainee. Two of the doctors are trained in traditional Tibetan medicine, one in Western medicine. All the team members are Tibetan. Based on the work of integrating the new refugees into the society, which was already going on in the Tibetan exile community, the rehabilitation programme aims to develop more systematic and goal-oriented interventions. The target group is those among the refugee population who are suffering

from the sequelae of imprisonment, torture, and other kinds of organized violence in their homeland, e.g. forced sterilization and abortion. All the refugees selected to the programme are examined so that they can be offered adequate medical treatment and psychosocial support. The medical interventions are a combination of traditional Tibetan and Western medicine. Thus the programme contains a unique opportunity for two medical traditions, an ancient and a modern, to develop methods of joint efforts in the treatment of traumatized patients. Also within the area of social work, new methods and strategies are developed in the programme. No social workers with professional training were found in the Tibetan community at the start of the project, but the employed social worker and his assistant were committed to go into unknown territory. Through a combination of hard work, training, and supervision, they are doing the difficult job of taking care of traumatized compatriots and of developing a professional psychosocial approach in the Tibetan exile context.

The other part of the project, the training of about 20 Tibetan doctors, nurses, and social workers, took place from October 1996 to April 1998. The participants have their daily work at hospitals, clinics, or other institutions in various settlements in the exile community. Four seven-day workshops were led by two Danish psychologists, Ulrik Jørgensen and Anne Vivike.

The workshops dealt primarily with identification of mental reactions to organized violence; basic intervention methods with respect to traumatized children and adults; trauma and crisis psychology; child psychology; supervision and organization of professional networks.

There has been a dialogue at the workshops between Tibetan philosophy and medicine and Western psychology and psychotherapy. The endeavour was to create an integrated approach of modern and traditional healing methods.

An example may clarify how a Tibetan nurse worked, integrating the two methods. The nurse received in her clinic a woman with various somatic complaints. Previously the nurse would immediately have treated the woman with Western medicine. Instead she now uses the dialogue technique she was trained in, and she learnt that the patient had recently suffered several traumatic events. These had made the woman feel that she must have done something she had to pay for in that way. Based on the concepts that were discussed during the training, the nurse now considered that the woman was in a state of psychological crisis. Therefore, with her understanding of Tibetan traditions, she referred the woman to a Lama, who performed various rituals. When the nurse met the woman again after some time, she was symptom-free and feeling well.

The example shows that integrating modern methods (in this instance dialogue), the focus in this case is turned away from somatic symptoms towards their existential/psychological background, and the end result becomes quite different.

Instead of treatment of symptoms with Western medicine, the woman can be treated and cured using traditional spiritual methods. Something new has taken place based on the Tibetans' specific cultural conditions.

The project is at too early a stage to indicate how this approach will develop, but we hope that the Tibetan team will be able in the future to share their experiences with other workers within this field.

Much emphasis is placed on supporting a professional network amongst the Tibetans in order to keep the learning process alive. Four regional network groups have been established. Each group meets regularly for exchange of experiences and reciprocal supervision of cases.

The long-term objective of this part of the project is to make it sustainable by training a core group, which will have the task of training other relevant persons in the exile community. The project will phase out in such a way that the Tibetan professionals themselves can take over the responsibility of teaching.

Working with colleagues within another cultural setting represents a challenge of a very definite kind. Irrespective of our intentions of trying to be helpful, it includes the risk of falling into the trap of failing to realize that our understanding of health problems and healing strategies is embedded in our own original culture, and thus is a social construct. As

professionals from the West, we may find it difficult to look upon our own knowledge and experience in the field of healing the sequelae of organized violence as relative in that sense, because it has primarily been developed in a Western psychological and medical context, and thus has the absolute stamp of "science". This may create an approach that, basically speaking, is one of imposing our own culturally-based categories of problems and resolution strategies.

Yet it is from our own understanding and experience that we as professionals do have something worthwhile to offer. A delicate balance indeed between imposing and being too modest, neither approach being helpful to the recipient system.

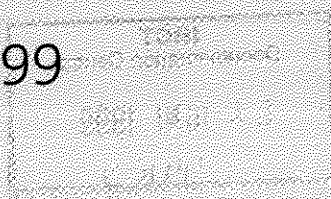
We do not think that the trap can be totally avoided. But what can be obtained is an awareness of this dilemma. Such an awareness can function as the basis for a collaboration across cultures that is carried out in an atmosphere of exchanging experiences and knowledge, rather than being a one-way learning process. It is an exciting journey, adopting a position of "not-knowing", and from that position making acquaintance with a culture like the Tibetan, with the richness and depth of its medical and spiritual traditions. We are convinced that, from these traditions, some important contributions to the field of healing trauma will gradually grow. □

TORTURE



Torture in Tibet 1949-1999

Medical aspects, consequences,
and treatment approaches



TORTURE
Quarterly Journal
on Rehabilitation
of Torture Victims
and Prevention of Torture

1a/99

Volume 9, Number 1a
June 1999

Supplementum No. 1, 1999

