Questioning western assessment of trauma among Tibetan torture survivors

A quantitative assessment study with comments from Buddhist Lamas

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Abstract

Our study falls in line with the numerous studies providing a critique of the use of western diagnostic instruments for assessing trauma in a cross-cultural context. Our purpose has been to give evidence for the Tibetan torture survivors' degree of traumatisation and for their use of spirituality to overcome their difficult situation. In addition, we wanted to question the use of our western methods in an Asian context.

102 tortured refugees attended a formalised needs assessment including neuropsychological and psychological measures of Post Traumatic Stress Disorder (PTSD) and the Hopkins Symptom Checklist – 25 (HSCL-25). Even though significant correlations between the amount of the measures of organized violence and neuropsychological and psychological distress were found in our data, the division of the material into different subgroups according to e.g. religious and non-religious groups, did not have an influence on the level of distress. After the assessment study, eight Tibetan Lamas were interviewed about their views on our methods and results. They questioned the validity of our western rating scales and explained that our results might be influenced by the Tibetan culture, which among other things can be characterized as having a view and articulation of suffering much more complex than the units of our study's rating scales.

Keywords: India, imprisonment, refugees, Tibet, torture, trauma

Introduction

Even though Tibetans have been heavily traumatized, surprisingly few empirical studies have investigated post trauma reactions, possibly reflecting the various difficulties using western diagnostic instruments for assessing trauma in a cross-cultural context.[1-4]

In 1949, the People's Republic of China moved its troops into Tibet. As a result of Chinese acts of war, imprisonment, labour camps, executions and starvation, it is estimated that 1.2 million Tibetans have died in Tibet.[5] More than 120,000 Tibetans, including 18,000 Buddhist monks and nuns, have sought refuge in Bhutan, Nepal or India.[5] For most of the refugees, the experience of violence, terror and destruction has not been

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limited to a single life event, but is composed of multiple devastating occurrences in their recent histories. Coupled with this is an ongoing uncertainty about the future.

Westerners, and even the Tibetans themselves, have claimed that symptoms related to traumatic stress are rare among Tibetan survivors.[6-9] This statement may be a result of having a Buddhist outlook. Others, however, have argued that the incentive to deny distress might also be a way to extract much needed western political and financial support from admirers of Tibetan Buddhism, romanticizing it as supposing to make one resilient.[10-12]

This study has the purpose of: 1. To give evidence for the Tibetan torture survivors' degree of traumatisation by using well-known quantitative assessment methods. 2. To question the use of western methods in an Asian context by interviewing Tibetan Buddhist Lamas after the assessment study about their view on our methods and results.

Previous assessment studies on Tibetan refugees in India

Holtz[13] compared 35 imprisoned and tortured refugees with 35 closely matched, non-imprisoned, non-tortured refugees, using HSCL-25. Those imprisoned and tortured were more likely to suffer from elevated anxiety. The groups did not differ in terms of depression or number of somatic symptoms. Holtz's study contributes to the knowledge of the impact of the history of torture and imprisonment on Buddhist nuns living in a stable institution, acknowledging that the experience of other imprisoned refugees who did not live in such relatively ideal circumstances may be different.

Terheggen et al[14] studied the applicability of western conceptualizations of reactions to traumatic events. A randomly selected sample of Tibetan refugee camp students was assessed as to psychological and physical complaints and the impact as well as the severity of traumatic experiences. More than half demonstrated symptoms of intrusion-avoidance. Those with more traumatic experiences reported more symptoms of anxiety and depression, although symptoms of depression were not strongly correlated with the experience of traumatic events.

Crescenzi et al[15] examined the impact of political imprisonment on anxiety, depression and somatic symptoms in newly arrived Tibetan refugees in India by comparing 76 previously imprisoned refugees with 74 never imprisoned refugees using the HSCL-25. Previously imprisoned refugees reported more anxiety than non-imprisoned refugees, but the groups were similarly high in terms of depression and number of somatic complaints.

Ketzer & Crescenzi[16] suggest from clinical experience that high anxiety and depression rates among both imprisoned and non-imprisoned refugees may be related to experience of traumatic events among both groups, material, social and cultural losses associated with being a refugee, acculturative stress, disappointment with life in exile, and the experience of culture-bound syndromes and idioms of distress.

Mercer et al[17] interviewed stakeholders of a psychosocial care project for Tibetan torture survivors suffering from psychological distress. Even if the study did not assess the symptoms of distress, all interviewees considered that mental health was an important issue among the survivors, and that the current project has developed a beneficial psychosocial support service. However, a majority expressed that the psychological traumas were not a top priority and that other ways of dealing with such problems using traditional Tibetan approaches or local health services were adequate.

All these studies show that the Tibetan people do indeed show distress. But none of these former studies focus especially on the validity of their assessment methods, and there is no reference to the views of the Tibetans' reaction to the western studies.

Material and methods

Participants

The inclusion criteria were having been exposed to torture (being imprisoned and exposed to one or more torture methods) and having attended a pre-treatment assessment at the Tibetan Torture Survivor Program (TTSP – see below) during the period of January 1, 1998 to January 1, 2001. The intake might not be representative of the total population exposed to torture, but was dependent on the resources of the program. Several participants could neither read nor write Tibetan, therefore the introduction and the questions were read aloud by the staff members who spoke both Tibetan and English. The participants were reassured about confidentiality and were told that they were not obliged to answer any questions that they did not wish to answer.

The first author (PE) is Danish and was coordinating and supervising the collection of data as well as being present at the programme office for part of the study period (1998: one month, 1999: two and a half months, 2000: two months). During these periods all survivors with whom the staff had contact were included in the study. PE checked all the assessment data and if information was missing due to incomplete handling of the data registration by the staff, the torture survivor was contacted.

102 complete cases were involved in the analysis. The average number of years in exile was 6.6 years (SD 4.13). In all 266 tortured refugees attended a pre-treatment assessment during the period from 1998 to 2001. 115 were excluded from the study because of their non-contactability during the periods of PE's presence. 49 were furthermore excluded because of lack of compliance with western assessment procedures. Even though the excluded numbers were big, there were no statistical differences between the excluded group and the included group on any of the demographic variables.

Setting

The study was conducted in Dharamsala, a village in the foothills of the Himalayas in India. Before settling in one of the various Tibetan settlements in South Asia, the vast majority of new refugees first travel to Dharamsala for a blessing by His Holiness the Dalai Lama, the exiled religious and political leader of Tibet.

Interdisciplinary rehabilitation program, Tibetan Torture Survivor Program

In 1996, the Department of Health of the Central Tibetan Administration, established a program, TTSP, working with an interdisciplinary approach. The aim was to take care of the mental health care needs of the clients through a collective, integrated system of both Tibetan traditional medicine and modern allopathic medicine, depending upon the choice and the needs of the clients. The TTSP program was supported by the two projects: Tibetan Danida Project, and Tibetan IPSER/TPO project. One of the main objectives of the TTSP was to resettle and rehabilitate the victims of torture to a new socio-cultural environment. TTSP provided cost-free medical, psychological and social assistance.

Data collection

All participants were interviewed by the Tibetan office staff who spoke both Tibetan and English and had clinical experience with

dealing with traumatized people. All data were collected and coded by the staff and then translated into English. The first author checked all the assessment files with members of the staff, and if data were missing, the staff contacted the survivor. The other co-authors JC and KJ are Danish and were never present at the project locations, but mainly did the statistical analysis. The co-author KP is Tibetan and the main organizer of the rehabilitation program.

A formalised needs assessment consisting of a one hour interview was done for every torture survivor concerning demographic data (social and family background, livelihood in Tibet and in exile), and data on organized violence in Tibet (reason for flight, prison experience, torture experience, hardship during flight) were collected. A medical assessment (actual health problems and medical evidence of human rights violation) was also carried out. A social assessment was performed gathering data on impaired work ability and problems in family and community life. The psychological assessment included assessment of 7 DSM-symptoms of PTSD graded in a five-point scale (no, little, sometimes, often and always) and the use of HSCL-25.

Hopkins Symptom Checklist-25

The HSCL-25 is a questionnaire measuring symptoms of depression (15 items) and anxiety (10 items). Each item is rated on a four-point scale according to how much the person has been bothered by the symptoms during the preceding week. An average score is calculated by adding the scores of all the answered items and then dividing by number of items answered. The HSCL-25 has been widely used among traumatised refugees in community and out-patient settings. It has been proven a valuable instrument in many cultures and in a number of languages.[18-21]

The Tibetan translation and cultural adaptation of the HSCL-25 was done by the co-author KP. Firstly, translations of HSCL-25 into written Tibetan language were performed and tested. Secondly, bilingual Tibetans provided a blinded back translation. Thirdly, focus groups were organized to discuss those items that had changed meaning during the translation process and those items of which the translators had been uncertain. After each focus group discussion, discussed items were back translated to identify errors in translation and to determine the need for further focus groups. The final version of the interview schedule was tested in a pilot study (n=20) and found satisfactory.

In previous work with refugees displaced within the developing world, an average score of ≥ 1.75 in the HSCL-25 subscales for anxiety and depression or in the total scale score was used to identify people with high levels of emotional distress or depression.[13, 18, 22] However, the 1.75 cut-off score has never been validated for the Tibetan population.[15]

Statistical analysis

Because of the uneven sampling of the data, non-parametric tests were used. Chi square tests were used to test differences between distributions of qualitative variables. Wilcoxon's signed ranks test was used to test differences between correlated variables, while Spearman's rank correlations were used to evaluate bivariate associations between quantitative variables.

Interviews with spiritual leaders

The results of our quantitative analysis were discussed with eight spiritual leaders. During visits at the Tibetan settlements in both North and South India, English-speaking Lamas of Geshe status were contacted by

the first author PE and presented with the results of the study. The semi-structured interviews had a duration of one to two hours and dealt with the following subjects: 1. How they would interpret our results of psychological reactions to torture; 2. Their commentaries on western psychology with specific focus on the design of the questionnaires; and 3. Their reflections on the western system of diagnoses, anxiety, depression and trauma. In all cases, the interviews were conducted individually with a Tibetan translator, who checked for form and content of the questions and answers. All interviews were fully transcribed.

A traditional qualitative analysis has not been applied, but rather a systematic reading and recording of units of meaning derived and grounded from the eight interviews. Units of meaning in the interviews have been identified and categorized, guided by our hypothesis in: 1. General problems of the study, 2. Specific problems with the items in HSCL-25, 3. Items not mentioned in the HSCL-25 and 4. Problems with our method of graduation.

Results

The material was divided into categories with regard to education, network, and religious practice, which gave a hypothesis regarding the influence of demographic factors on Tibetans' reactions to torture.

In Table 1, background and pre and post migratory data of the 102 tortured refugees are presented. Of the 102 participants, 66 were active, practising Buddhists as nuns or monks and had an education and a present occupation in the monasteries. The 36 laymen also considered themselves Buddhists. All stated that His Holiness Dalai Lama was their spiritual leader.

In Table 2, the exposure to organized violence is presented in length (weeks) in

Table 1. *Background, pre and post migratory data (n = 102).*

	No.	%
Gender		
Female	36	35
Male	66	65
Family status		
Married	25	25
Having children	16	16
Social background		
Monks	38	37
Nuns	28	27
Lay persons	36	35
Education		
School	34	33
Monastery	38	37
College	3	3
Illiterate	18	18
Network in Tibet		
Parents/siblings	94	92
Spouse/children	4	4
Network in exile		
Parents/siblings	24	24
Spouse/children	18	18
Present occupation		
Monastery	42	41
Secondary school	22	22
Government employment	11	11
Private business	6	6
Unemployed	18	18

Table 2. *Organized violence in Tibet (n = 102).*

Prison	Mean	Min-max	SD
Length of imprisonment (weeks)	146.5	1-460	242.37
Number of torture methods	3.57	0-7	1.762
Length of solitary confinement (number in weeks)	9.01	1-156	21.327

Table 3. *Psychological symptoms graded in 1: no, 2: little, 3: sometimes, 4: often, and 5: always (n = 102)*

	Mean	SD
Neuropsychological distress		
Nightmares	2.25	1.343
Flashbacks	2.88	1.105
Concentration and memory problems	3.03	1.548
Psychological distress		
Restlessness and anxiety	2.61	1.284
Feeling of loss and sadness	2.58	1.278
Loneliness	2.15	1.289
Irritability and anger	2.42	1.292

Table 4. *Hopkins Symptom Checklist 25 (HSCL – 25) (n = 102).*

	Cronbach's Alpha	Mean	Min-max	SD	> cut-off* (%)
HSCL – 25 Total	0.86	1.83	1–3,15	0.50	51.1
HSCL – 25 depression	0.82	1.76	1–3,44	0.56	39.0
HSCL – 25 anxiety	0.78	1.94	1–3,30	0.56	61.1

*) The cut-off scores used are HSCl – 25 1.75

Table 5. *Spearman rank correlations between symptoms and data on traumatic events (n = 102).*

	Length of imprisonment	Length of solitary confinement	Numbers of torture methods
Neuropsychological distress	0.331**	0.149	0.462**
Psychological distress	0.361**	0.282**	0.308**
HSCL – 25 total	0.202	0.299**	0.399**
HSCL – 25 depression	0.223*	0.319*	0.391**
HSCL – anxiety	0.154	0.149	0.360**

*) Significant at 0.05 level (two-tailed)
**) Significant at 0.01 level (two-tailed)

prison and solitary confinement. All participants had been exposed to torture, and as an arbitrary measure of torture, the number of torture methods is given. The population had been heavily tortured and imprisoned for an average of 2.8 years. The torture methods presented include techniques from simple beating to sophisticated electric and pharmacological torture.

In Table 3, the amount of both neuropsychological and psychological symptoms is presented.

In Table 4, it is shown that the participants in the HCL-25 scored high on the anxiety subscale, and depressive symptoms were comparatively less pronounced. The standardized cut-off scores in HSCL-25 showed a population less affected by severe organized violence than other groups. There were 51.1% with total scores above the cut off score, 61.1% with scores above the cut off in the HSCL-25 anxiety subscale, and 39.0% in the HSCL-25 depression subscale.

Table 5 shows that a dose-response was found between the amount of organized violence in terms of both length of imprisonment and number of torture methods and the subsequent various findings of neuropsychological and psychological symptoms and HSCL-25 total score and its depression subscale.

Table 6 shows that when the study group was divided into different subgroups according to education, network, belief system (nuns, monks or laymen), gender, and years in exile, no significant differences were found in the neuropsychological and psychological symptoms and HSCL-25.

In Table 7, the eight Tibetan Lamas' critical remarks are shown within the four categories of the semi-structured interview: 1. General problems with the study, 2. Specific problems with the items in HSCL-25, 3. Items not mentioned in the HSCL-25 and 4. Problems with the method of graduation. From each of the eight interviews a sentence is selected which condenses the lamas' reflections on the four parts.

All eight lamas questioned whether the suffering of their people could be sufficiently represented in our questionnaires. 1. The general problems with the study consist in

Table 6. *Differences in neuropsychological, psychological and HSCL – 25 in subgroups divided according to education, network, belief system, occupation and gender (n = 102).*

	Education	Network	Belief system	Present occupation	Gender
Neuropsychological distress	0.353 ns	1.443 ns	0.331 ns	0.761 ns	0.912 ns
Psychological distress	0.107 ns	0.770 ns	0.373 ns	0.394 ns	0.629 ns
HSCL – 25 total	3.342 ns	1.720 ns	1.808 ns	2.293 ns	1.987 ns
HSCL – 25 depression	3.672 ns	2.692 ns	1.427 ns	3.105 ns	2.174 ns
HSCL – 25 anxiety	4.468 ns	1.009 ns	1.900 ns	1.932 ns	1.747 ns

Education: School, monastery/college, illiterate
Network: relatives in exile, yes or no
Belief system: monk/nun in exile, other livelihood in exile
Present occupation: unemployed, employed/school, monk/nun
Statistics: Kruskall-Wallis (chi-square value indicated)
ns = not significant

it being too limited and not probing their spirituality and culture sufficiently. 2. The more specific problems of using the HSCL-25 items consist in them being too simple. Tibetan people do not talk about their feelings and have much more complex names for the western subcategories of depression and anxiety. 3. The HSCL-25 misses the fact that the Tibetans' reaction to trauma is expressed in Buddhist terms, and that their main distress consisted in not having a focused mind expressed in terms of e.g. "Despair is suffering without meaning".
4. Furthermore, there were problems with the method of graduation. Tibetans are "midpoint seeking". Other people should not get the impression that the person in question is better or worse in feeling states.

Discussion

Our study supports that Tibetan torture survivors are highly prone to having psychological distress. However our study remains too limited in sample size and in recruitment methods to be representative. We have though found a dosis-response relationship between amount of torture and scores in HSCL-25 and neuropsychological symptoms, but our questionnaires are not sufficiently validated to confirm our hypothesis that Tibetan torture survivors are less affected than other ethnic groups. Holtz[13] and Terheggen et al[14] observed lower rates of HSCL-25 than in our study, but the differences are perhaps due to the use of different translations and differences in the sample composition. The standardized cut-off scores in HSCL-25 showed our population less affected by severe organized violence than other groups. There were 51.1% with total scores above the cut-off score, 61.1% with scores above the cut-off in the HSCL-25 anxiety subscale, and 39.0% in the HSCL depression subscale. There are however two related difficulties with arguing that this population is less affected than other groups: The 1.75 cut-off score was not validated for this translation and context, and Likert scores might not be compared across cultures.[23]

It is also questionable if the Tibetan survivors do have a special psychological profile with e.g. less depression than is observed in other ethnic groups. Considering that our study was conducted in a help-seeking group of refugees, the mean scores on the HSCL-25, especially the depressive sub-scale, seem lower than in other studies on clinical populations.[18-21] Given that the subscales have not been validated and are thus not neces-

Table 7. *Reflections from the eight Tibetan spiritual leaders.*

General problems with the study
- Interesting results, but to us spirituality is of the utmost importance and it is not something which can be measured. It is an activity and a daily practice
- We are very shy people, we don't like to talk about ourselves
- You should have some questions about how our experience of torture spoiled our Buddhist practice
- It is an unusual situation for us to sit in front of a westerner and answer questions
- You don't ask questions about our spirituality. Spirituality is the most important part of our life
- You only ask about our problems and symptoms
- We have to make a lot of effort to make us understandable to you and your translator
- How can you document our suffering without talking about Buddhism

Specific problems with the HCSL-25 items
- The categories in your questionnaire are too simple
- Depression is not a Tibetan concept. We consider it a very complex feeling comprising many states
- Depression and anxiety are western concepts and might be a reaction to your very complex form of life, our life is more simple
- Some of the concepts in your questionnaire are understandable, but we never use them alone, always with other concepts, because feelings are so complex
- We do not talk about our feelings
- We have a lot of names for depression and anxiety. You should ask your questions more precisely
- What do you mean by the concept of depression
- Your questionnaire does not reveal our joy of life

Missing items in the HCSL-25
- If we feel sad and start crying, it is because we are unable to focus our mind and unable to think in a positive and sharp way
- The results show that our people are suffering after the Chinese invasion, but we continue to find meaning in life because of His Holiness Dalai Lama
- Our main problems are not feelings of anxiety and depression but problems of concentration and difficulties with having a focused mind
- Our reactions can only be understood from a Buddhist point of view
- Suffering is important to us, but we concentrate our mind to give meaning to the suffering, so it will not end up as despair
- For us despair is suffering without meaning
- No Buddhist concepts in the questionnaire
- We have other concepts of health than you do

Problems with the method of graduation
- We never graduate feeling states, because we don't wish that other people should feel that their experiences of feelings are more or less intense than ours
- We will often consider how other Tibetan people will answer the same questions and place our reaction in the middle category
- We are not used to questionnaires
- How do you western people graduate your feelings?
- To evaluate and graduate is not common in our culture
- What do you mean with more or less and none and extreme
- We don't evaluate each other
- I would answer in a way so other people don't feel that they are different from me

sarily normed equally, and given that the mean differences are not that big, we have little confidence that depressive symptoms are really less pronounced. With the use of our self-made scale of seven PTSD symptoms, there is likewise a tendency that the symptoms were more noticeable in the neuropsychological forms as concentration and memory problems than in the psychological measures of distress. But also this tendency has to be confirmed with the use of a more validated PTSD scale than ours.

Our assessment procedures did not include specific items concerning spirituality and religion to analyze the significance of Buddhist attitude regarding amount of distress. When the study group was divided into a religious and a non-religious group according to their Buddhist practice as nuns and monks and as laymen, no significant differences were found in organized violence and migratory variables. Even though significant correlations between the amount of measures of organized violence and neuropsychological and psychological symptoms were found in our data, the division of the material into different subgroups according to religious and non-religious groups did not show any influence on the level of distress. This might probably be an effect of the HSCL-25 insensitivity to context of the Tibetan culture, not only with regard to spirituality and religion, but also with regard to other demographic variables. But it might also reflect that the Tibetan people are an homogenous group with a profound religious attitude despite being nuns, monks or laymen. Divisions of the study group according to education, network and employment did not show any significant differences in measures of distress either.

A more sophisticated statistical analysis was precluded because of our uneven sampling methods and the non-representativity of our so-called natural study. It could have been interesting to look at item-total correlations and on inter-items correlations. We found satisfactory high Cronbach's alpha (Table 4), but these values can sometimes be high due to large numbers of items rather than good inter-item agreement.

We truncated our statistical analysis because our interviews with the Tibetan Lamas profoundly questioned the validity of our method in a non-western context. Their general comment was that in a Buddhist society, suffering is such a complex concept that it was considered meaningless to grade people's level of distress according to our western categories. The torture survivors didn't reveal much of their "experiential self" and were not very eager to verbalise this critique. The interviews with the Lamas showed that the Buddhist attitude is so fundamental that the questionnaires' purpose of measuring and comparing symptoms in a population are too reductionist. To them the assumption that one's own degree of suffering is more or less than another person's suffering is meaningless. As several Lamas said: "The categories in your questionnaires are too simple". "We never graduate feeling states, because other people should not have an experience that they are better or worse in feeling states." Two Lamas said they would select the mid-point of the rating scale when knowing that other people were investigated. This "midpoint seeking tendency" was not found in our data, where all participants without exception in one part or another of our questionnaire responded by using the ends of the Likert scale.

Our expert interviews illustrate the complexity of the Tibetan conceptualization of symptoms. One important dimension of the Buddhist view of suffering is the so-called empathetic suffering, meaning that it is important to empathize with other people's suffering in a way that you identify with it as your own. This thorough, sweeping, empathetic attitude is part of the belief in Karma, where some of the interviewed Tibetans even expressed pity with the Chinese tormentor, because his participation in torture had spoiled his Karma, and the tortured was in a way such part of this relationship that he could not feel resentment.

By performing interviews with Tibetan spiritual leaders, it was concluded that our methods of measuring psychological distress

are not adequate to the Tibetan culture and probably not to several other non-western cultures. Tibetan torture survivors' psychological distress and Buddhist spirituality are much more complex than the representation given in western constructed rating scales and questionnaires. It is an oversimplification to state that the Tibetans are a happier people with a bigger resilience to torture. As the Lama Pema Dodjee said: "We Tibetan people are as much in suffering as other suppressed people, but our amount of despair might be less."

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