

Psychological evaluation of asylum seekers as a therapeutic process*

David Gangsei, Ph.D.** , Ana C. Deutsch, M.A., M.F.T.***

Abstract

Torture survivors are often reluctant to tell their stories. They typically make every effort to forget this painful, traumatic experience. Often they do not share with family, friends or healthcare professionals the fact that they have been beaten, raped or subjected to electrical shocks and other terrors. Talking means retrieving memories, triggering the feelings and emotions that accompanied the torture itself. Furthermore, refugee torture survivors feel that people won't understand or believe their experiences. However, survivors who escape their country may need to reveal their torture experience as they apply for asylum in the host country. When they prepare for the asylum process, it may well be the first time that they talk about the torture. Mental health professionals are often called upon to evaluate survivors and prepare affidavits for the asylum process, documenting the effects of torture. This creates a unique and privileged opportunity to help survivors to address the devastating consequences of torture. Winning asylum is essential to recovery for a torture survivor in a country of refuge. Psychological evaluations of the consequences of torture can present information and evidence to asylum adjudicators which significantly increases understanding of the survi-

vors' background and experiences as well as their manner of self-presentation in the courtroom or interview. They can empower the torture survivor to present his/her experiences more fully and confidently. Even apart from winning asylum, the process of the evaluation has many potential benefits for the survivor's emotional well-being. This includes helping the survivor understand the necessity of telling the story, illuminating the often poorly perceived link between current emotional suffering and past torture, facilitating the development of cognitive and emotional control, and healing the wounds of mistrust, humiliation, marginalization and fear.

Key words: torture, asylum, psychological intervention, rehabilitation

Within the overall framework of rehabilitation services for torture survivors, this paper discusses mental health evaluation for survivors applying for asylum in a country of refuge. Specifically, this includes assessment of the ongoing psychological effects of torture and, when appropriate, preparation of written documentation for submission to immigration courts.

The authors work at torture treatment centers in the United States where the majority of clients come initially for services as asylum seekers. Although neither program has in-house legal services, both programs work together with immigration attorneys, taking the role of documenting the physical

*) Revised version from paper presentation

**) Survivors of Torture, International, San Diego, California, dgangsei@notorture.org

**) Program for Torture Victims, Los Angeles, adeutsch@ptvla.org

and psychological effects of torture and providing written affidavits to the immigration court. As licensed mental health professionals and clinical directors of their respective programs, both authors have extensive experience conducting psychological evaluations as well as training and consulting with other professionals doing similar work.

It is our experience that this specific task, which has both legal and therapeutic dimensions, provides a unique opportunity to contribute to healing the wounds of torture. If the professional conducting the evaluation approaches this task clearly aware of its potential benefits, s/he has the best chance to make full use of that potential. It is in this context that we therefore, transform and reconceptualize the evaluation as a therapeutic process.

Background

This unique opportunity grows out of a contradiction that is familiar to those who provide psychological treatment to torture survivors.

On the one hand, the literature on the consequences of torture shows that the most long lasting and damaging consequences of torture are often psychological.^{1,2} It also shows that untreated trauma may have long-term consequences and the symptoms may intensify later in periods of increased vulnerability, for instance late in life or under stressful life circumstances. Furthermore, we know that dealing with past traumas facilitates the survivor reconnecting with strengths that have been part of his pre-trauma life.³

Clinical experience and consultation with colleagues around the world confirm that survivors most often don't want to talk about the torture, even when they are experiencing significant ongoing psychological distress as part of the torture's aftermath.

They often decline offers of psychological care, at least partly for this reason.

There are many reasons to explain why torture survivors don't want to talk about what they have been through. One of the most compelling is that the task of torturers is precisely to make their victims talk. Survivors therefore may associate talking with the experience of forced talking under torture.⁴ Dictatorships and repressive regimens impose a social silence to strengthen terror; silence is adopted by people as a condition for survival, a pattern of behavior that survivors carry for years after torture.⁵

In addition, survivors frequently bear the burden of guilt and shame, which makes it too painful and humiliating to tell the outside world about the torture. They may be overwhelmed and experience fear, confusion, sadness, loss, worry for the safety of colleagues or loved ones, or fear of being disbelieved or misunderstood. They have often been told that no one will believe them and many have experienced that directly in their lives. If they talk, they may have been told that they or others they love will be killed. They may fear losing control if they allow the flood of terrorizing memories and feelings into full awareness. They may not fully recognize the connection between the extreme traumas they have suffered and the intensely disabling symptoms they are experiencing in the present. It may be culturally unfamiliar or even unacceptable to reveal psychological and emotional distress. In addition, they may believe that they can and must deal with the sorrow and suffering by themselves. Truthfully, of course, many survivors do show an amazing capacity for resilience.

These realities present a complex challenge to those working to help survivors recover and resume a meaningful life. How do we maintain respect and sensitivity for

the survivor's approach to his/her recovery and at the same time create opportunities to come to terms with the unthinkable?

Treatment literature often emphasizes the importance of going at the survivor's pace, creating safety and trust, and not pressuring for direct confrontation with the torture experience.⁶ Rehabilitation models typically include a holistic approach with attention to basic survival needs as central.^{7,8} Effective care is often future oriented, emphasizing hope and recovery and providing support for rebuilding life and reconnecting with pre-torture strengths.⁹

Within this framework we can understand the therapeutic possibilities of the psychological evaluation for asylum. In pursuing a petition for asylum, an applicant must present the basis for the claim, i.e. the nature of the persecution that s/he has directly and personally experienced. This reality imposes the necessity of speaking directly and in detail about the torture, no matter how painful, frightening and shameful that might be. The asylum case is central not only to the legal status of the applicant, but also to her/his path to recovery from the damage wrought by the torture. Safety is the most fundamental requirement for recovery. Asylum is the foundation of safety¹⁰.

Documentation of psychological evidence in support of the case is often a critical part of a successful application.¹⁰ In our experience, once the survivor understands this, s/he is willing to participate in the evaluation interviews and to describe the torture and its lingering effects. This well-timed occasion gives asylum seekers the opportunity – the forced opportunity in a sense – to come to terms with their traumas.

The more completely the evaluator is aware of the therapeutic issues and opportunities involved in this process, the more likely it is that s/he will be able to shape the

process so that the survivor experiences a therapeutic benefit with minimal or manageable retraumatization.

Benefits of the written evaluation

The most fundamental benefit the psychological evaluation can have for the survivor's mental health is to help win the case. This does not mean that the professional takes the role of an advocate, but rather that the objective presentation of professionally documented evidence can be a powerful and persuasive part of the overall picture that the court is assessing. We have seen many times how winning the case – being granted asylum and the freedom to remain in safety – can significantly improve the survivor's mental and emotional condition.¹¹

The written evaluation can strengthen the case in specific ways

1. Most obviously, it provides corroboration of the survivor's story. This is not assumed or automatic. The professional evaluator must approach the task with an open mind and arrive at conclusions based on the process of the evaluation, not on prejudice. The evaluator can provide testimony if s/he feels confident of the survivor's account and can document psychological distress and/or symptoms resulting from the reported torture. If s/he observes and documents evidence of psychological trauma consistent with torture, the expert opinion can lend significant weight to a case where often the only evidence the applicant brings is his/her own word. In the US immigration system, this corroboration can have additional specific importance. The Real ID Act, passed into Federal law in 2005, makes winning asylum cases more difficult. One of its provisions gives immigration judges the option to deny a case if there is no corroborating evidence, even if they find the applicant

credible. The psychological evaluation can serve as such corroborating evidence.

2. The written evaluation can describe the survivor's typical mental processes, cognitive style, emotional demeanor and individual personality, as well as trauma symptoms, thus providing a framework for the court to understand his/her behavior in the courtroom. This can be important in cases where, for example, the person significantly manifests PTSD symptoms of withdrawal, numbing and avoidance. This can appear suspicious to lay persons, including judges and attorneys, who expect all traumas to manifest in flashbacks and arousal. We have numerous such examples in our experience. In one case, a South Asian man had suffered several episodes of detention and torture because of his activism for an opposition political party. His deep political perspective led him to perceive and analyze events, even his own torture, in intellectual and political terms. He discussed his torture in this way even while admitting that he felt "broken". In another case, an indigenous Guatemalan woman exhibited PTSD-induced numbing combined with a personal and cultural style that avoided strong emotional display. She spoke quietly and without emotion even while describing the massacre that killed her family members and led to her own kidnapping and rape. In both of these cases, a mental health professional who had spent hours with the applicant was able to describe the applicant's emotional style, confirm the presence of psychological trauma and explain how his/her presentation was consistent within the range of what would be expected from the reported torture experiences. This expert testimony played a key role in overcoming hostile suspicion on the part of attorneys for the government.

3. The evaluation can address questions about inconsistencies in testimony provided in written and verbal statements. An example is the case of a Muslim woman who omitted telling about a rape in a written application for asylum but revealed this later during a face-to-face interview with an asylum officer. The officer did not grant asylum but referred her case to the immigration court, citing this contradiction. Her attorney referred her to a torture treatment center, where her services included a psychological assessment and preparation of an affidavit. The psychologist was able to assess and document the specific and understandable reasons for the woman's initial omission of the rape from her application – shame, anxiety, grief, desperate hope that it would not be necessary to publicly discuss it, and fear of repercussions from her husband and community. The psychologist was able to affirm that the woman's account of the rape was consistent with her psychological presentation. This testimony contributed to the immigration judge's decision to grant asylum, avoiding finding the woman not credible because of inconsistency. In a similar case, the immigration judge decided to spare the applicant the pain of recounting the details of her rape in front of the court, citing her written declaration and the psychological report as sufficient for the purpose.¹²

4. All these components relate to the issue of credibility. In the task of deciding applications for asylum, the assessment of credibility is a primary obligation of the adjudicator. Under US immigration law, credibility is a legal concept and its assessment is the task of immigration officers and judges. At the same time, all evidence presented, including the psychological affidavit, implicitly if not explicitly addresses this critical issue. The psychological report can address

this issue by commenting on issues such as consistency – consistency in the survivor’s report of his/her experience recounted over two or more evaluation sessions, consistency between content and emotion, consistency between the survivor’s expressed and described symptoms and the DSM-IV, and consistency between the survivor’s demeanor and self-presentation and that of other torture survivors the evaluator has assessed.¹² The evaluator can also offer professional observations on the limits of expecting perfectly identical accounts at different tellings of the torture events.¹³ Addressing these issues throughout the written report can significantly contribute to illuminating the central judgment of credibility.

Psychological and therapeutic benefits of the evaluation process

The authors' experience is that apart from the question of winning or losing the case, and even before the final judgment is rendered, the evaluation process itself can have a direct therapeutic effect for the survivor. The following six points are especially important.

1. It is not uncommon that the torture survivor preparing his/her asylum case is talking about the torture for the first time. The survivor may reveal first to an attorney and later to the mental health professional the atrocities s/he has suffered. In some cases, the lawyer finds it impossible to get an accurate account of the torture due to the difficulties the survivor has in remembering, in verbalizing or in providing a sequential and consistent narrative.¹⁴ The mental health professional’s specific training will often allow her/him to get more complete information than the lawyer does initially. As this task unfolds, the process of organizing the torture story into a coherent narrative, with atten-

tion to its psychological effects, has specific benefits – including recognizing and diminishing guilt, shame and fear. The pioneering work by Chilean psychologists, amplified by others more recently, about testimony as a therapeutic process has highlighted this dynamic.^{15,16} Even if not taken to the level of public denunciation, the evaluation for asylum has an intrinsic “testimony” component. The testimony is provided first to the evaluator and then to the court. The responsibility and shame of the torture is located in the torturer, not in the tortured. This dynamic is strengthened when the survivor is given the opportunity to review the written document prior to its submission to the attorney.

2. The most damaging and long lasting effects of torture are psychological. Survivors are often still suffering from symptoms directly resulting from the traumas of torture and its aftermath, but may or may not be aware of the connection between past trauma and current symptoms. Even if they are aware, the natural tendencies to avoid and suppress often prevent them from seeking professional help. The evaluation can open the door to a new perspective. Talking, disclosing events, retrieving painful memories – in summary, verbalizing experiences – sets up a process in which the individual can access the suppressed memories and feelings, gain consciousness of the origin and development of his/her current distress, and put words to previously undefined emotions. Knowledge can lead to cognitive control, which reduces the feeling or fear of being crazy. The process can also help the survivor develop skills in management of emotional arousal associated with memories of the torture.¹⁷ Knowledge can open the door to possible future therapy.

While the psychological processes described here will likely not be consolidated

in this relatively short intervention, it is our experience that, over the course of the evaluation, this understanding generates emotional relief. One Sudanese woman, a community leader tortured for her opposition to forced recruitment of children into the military, realized for the first time during her evaluation for asylum that the nightmares, anxiety and suicidal hopelessness she experienced were direct results of the torture suffered four years earlier. This led to both cognitive and emotional control that she had been lacking. She stopped worrying that she was crazy and decided to accept both psychiatric treatment and counseling.

3. The evaluation can offer the survivor understanding and validation. By listening and being non-judgmental, the evaluator offers openness and acceptance in a context that includes an implicit statement that torture is wrong. This can powerfully combat feelings of guilt and blame instilled by the torturers and even by family and community who imply that somehow the victim is responsible and is to blame for what happened to him/her.

4. The process can empower the survivor to testify in court and to cope with the anxiety and stress of the asylum process. Applicants for asylum typically dread testifying in court. As they contemplate this necessity, they suffer a resurgence of sleeplessness, intrusive recollections of the torture, fear and depression. They fear losing emotional control on the witness stand; yet they know that their future safety depends on their ability to testify. During the evaluation, as the survivor becomes more able to tell his/her story, and gains the confidence that s/he can be believed, s/he gains more confidence to talk and to present him/herself effectively in court.

5. The evaluation process can help the sur-

vivor regain functionality by linking him/her to the person who s/he was before the torture. Because the evaluation includes a pre-trauma history, it can become a vehicle for identifying the arc of the person's life story and the recognition that the torture is not the only part of that story. By recounting to the evaluator his/her personal history, the survivor reconnects to positive events and accomplishments that are often present from childhood and pre-torture adult life. One evaluator began working with a Central African man in his 30s whose torture, loss of family and damage to physical function had left him with severely impaired self-esteem. The first two-hour session was devoted entirely to review his pre-torture life, after which he reported feeling more hopeful than he had for a long time. A Middle Eastern woman, a health care professional, reported that prior to her participation in the psychological evaluation, the torture so completely dominated her consciousness that she had literally forgotten that she had a masters degree from a major university. Re-awakening that part of her life experience helped to set her on the path of recovery.

6. The evaluation may also, by chance, create an opening to identify prior traumas unrelated to the torture. One Central American professional woman reporting a rape as part of the torture she had suffered suddenly associated to an episode of childhood sexual abuse, provoking intense emotion. In taking time to help her calm herself, the evaluator was able to acknowledge this injury and, later, to make a referral for therapy that included attention to the childhood trauma.

Technique and attitude in the evaluation

The mental health professional who is aware of the therapeutic potential of the evaluation

process has an opportunity to maximize this potential without abandoning or damaging the neutrality required for an objectively documented report. Some consciously applied techniques can help significantly:

1. The evaluator can consult with the attorney who represents the applicant prior to conducting the evaluation. He/she should clearly understand the issues that the attorney identifies in order to address as completely as possible the specific circumstances of the case. The case of the Muslim woman with conflicting statements about the rape is an example. Without input from the attorney, the evaluator would not know to inquire and to offer a professional opinion about this issue.

2. The evaluator can help the survivor to reduce anxiety about the evaluation itself by providing information about the nature and process of the evaluation. The issue of confidentiality also has special importance. The evaluator should make clear that the information will be shared only with the survivor's attorney, who will submit it to the court.

3. Without turning it into therapy, the evaluator can attend to the emotional process of the evaluation in a supportive manner. Sometimes, the evaluator must intervene to help the survivor manage arousal or symptoms that are emerging during the session. A common example is when a survivor breaks into heavy crying at some point in the narrative and the evaluator allows time for that expression, for a break if needed, and for empathic support. This can help the survivor strengthen both cognitive and emotional control and can provide the evaluator with a reading on how severe the survivor's traumatic condition is and the coping re-

sources that s/he has available. Some survivors, for example, have had to cut short an interview and return a different day when the emotions become very intense. That, in turn, can provide useful information for the Behavioral Observations and Prognosis sections of the written affidavit. The evaluator can also help the survivor cope with the emotional strain of the evaluation by predicting that talking about the torture may likely lead to an upsurge of symptoms, including nightmares, sleep disturbance or depression. This awareness will again increase cognitive control, thereby diminishing the anxiety he might feel about such increased distress.

4. The evaluator should be aware of the many emotions and expectations that the process naturally raises in both parties, from the moment of the first phone contact, and can address these where necessary. These can include, on the survivor's side, investing the evaluator with power over the asylum process that s/he does not have and creating corresponding unrealistic expectations. On the other side, evaluators are impacted by the survivor's story and the survivor's psychological condition. Attention to the dynamic of vicarious traumatization can prevent the evaluator from losing neutrality and becoming either overinvolved or overly detached.¹⁸

5. Finally, the traumas and emotional wounds of torture occur in an interpersonal context. An attitude of respect can help to heal the wound of humiliation. Taking the survivor's emotional and physical comfort seriously can help to heal the wound of degradation. Information about the process, reliability in appointment times and consistent follow-through can help to heal the wound of mistrust. Also careful attentive listening can demonstrate that fellow human beings do care about the survivor's suffering.¹⁹

Conclusion and discussion

The authors' experiences as reported here point to some conclusions regarding practice and policy in providing torture treatment services.

1. In this paper, we are addressing the psychological evaluation as a professional role apart from psychotherapy. Professionals taking this role sometimes know that the survivor may not pursue psychotherapy once the evaluation is over and may worry about what will happen. Additionally, psychological evaluators are often acutely aware of the strain that survivors experience when participating in the evaluation interviews and may feel bad about re-traumatizing them. Indeed, it is true that survivors commonly, if not universally, suffer a resurgence of psychological distress in the form of nightmares, sleeplessness, crying, anxiety, etc. during the days and weeks surrounding the evaluation. Nevertheless, most survivors who we have questioned at the end of the evaluation report that they feel emotionally better as a result of the process, even though they would not have chosen to go through it but for the necessity of their asylum case. Having a clear understanding of the benefits that the evaluation process can hold for the survivor's health and well being can help the professional proceed with confidence to encourage the survivor's full participation.

2. A most fundamental question for torture treatment programs in countries of refuge is whether to provide this service at all. Is assistance to asylum seekers a genuine rehabilitation service? The authors' experiences described here suggest that even if a survivor does not continue with treatment after winning asylum, a significant and self-contained intervention has been accomplished in supporting the survivor to function and succeed

in the asylum process, in establishing safety, the most fundamental component in the hierarchy of recovery needs, and in directly addressing the torture trauma, albeit briefly, with a competent professional. Further, it seems clear that in the absence of the support provided by psychological evaluations and affidavits, some torture survivors with legitimate claims for asylum will lose cases they could have won, with severe negative consequences for their mental health, if not for their lives. Torture treatment programs in countries of refuge are clearly well positioned to provide these services, provided they have the funding and policy support to do so.

3. It is important to acknowledge that in providing psychological assessment to asylum seekers, the evaluator must consider that some applicants could fabricate or exaggerate torture stories in order to gain asylum. This possibility does not imply that the enterprise should be avoided, only that credibility must be assessed carefully and written affidavits provided only when the evaluator is confident of his/her findings.

4. Finally, this important issue warrants more formal investigation. This paper presents a clinical approach which the authors have found successful in facilitating a healing process in conjunction with the psychological evaluation for asylum. This process is most effective if the evaluator is aware of it and consciously takes advantage of the opportunity for healing. Research in this area could compare those who have received an assessment with those receiving the usual rehabilitative services but not this assessment, as well as the effect of granting or rejection of asylum applications on the psychological health of both groups of clients. Furthermore, considering that one

therapeutic mechanism at work in the evaluation process could be that which is effective in exposure therapies, future investigation could include constructing evaluation protocols specifically modeled to test that possibility.

References

1. Randall GR, Lutz EL. Serving survivors of torture. *American Association for the Advancement of Science*, 1991:29-30.
2. Gerrity E et al. Future directions. In: Gerrity E, Keane TM, Tuma F. *The mental health consequences of torture*. New York: Kluwer Academic/Plenum Publishers, 2001:336-7.
3. Herman J. *Trauma and recovery*. New York: Basic Books, 1992:175-95.
4. Sartre J-P. Introduction. In: Alleg H. *The question*. New York: George Braziller Inc., 1957:29.
5. Kaiser S. Postmemories of terror, a new generation copes with the legacy of the "dirty war". New York: Palgrave Macmillan, 2005:65-8.
6. Briere J, Scott C. *Principles of trauma therapy, a guide to symptoms, evaluation and treatment*. Sage Publications, Thousand Oaks, 2006:75-8.
7. Quiroga J, Jaranson J. Politically-motivated torture and its survivors, a desk study review of literature. *Torture* 2005;15(2-3):39-45.
8. Bojholm S, Vesti P. Multidisciplinary approach in the treatment of torture survivors. In: Basoglu M. *Torture and its consequences, current treatment approaches*. Cambridge University Press, 1992:299-309.
9. Herman J. *Trauma and recovery*. New York: Basic Books, 1992:196.
10. Jacobs U, Evans E. B, Patsalides B. Principles of documenting psychological evidence of torture. Part I & II. *Torture* 2001;11(3):85-9; *Torture* 2001;11(4):100-2.
11. Davis RM, Davis H. PTSD symptom changes in refugees. *Torture* 2006;16(1):10-9.
12. Deutsch A. Psychological evidence of torture and the issue of credibility in asylum seekers. Presentation at the XXVIIth International Congress on Law and Mental Health, Amsterdam, the Netherlands, 2002.
13. Herlihy J, Turner S. Should discrepancy accounts given by asylum seekers be taken as proof of deceit? *Torture* 2006;16(2):81-92.
14. McNally R. *Remembering trauma*. Cambridge, Massachusetts, and London: The Belknap Press of Harvard University Press, 2003:211-3.
15. Cienfuegos AJ, Monelli C. The testimony of political repression as a therapeutic instrument. *Am J Orthopsychiatry* 1983;53: 43-50.
16. Van Dijk JA, Schoutrop MJA, Spinhoven P. Testimony therapy: treatment method for traumatized victims of organized violence. *Am J Psychotherapy* 2003;57:361-73.
17. Viñar M. Social catastrophe and mental space. In: Cancelmo J, Tylin I, Hoffenberg J, Myers H, eds. *Terrorism and the psychoanalytic space*. New York: Pace University Press, 2003:28-32.
18. Wilson JP. Empathy, trauma transmission, and counter-transference in posttraumatic psychotherapy. In: Wilson JP, Drozdek B. *Broken spirits, the treatment of traumatized asylum seekers, refugees, war and torture victims*. New York – Hove: Brunner-Routledge, 2004:277-316.
19. Van Der Veer G, Van Waning A. Creating a safe therapeutic sanctuary. In: Wilson JP, Drozdek B. *Broken spirits, the treatment of traumatized asylum seekers, refugees, war and torture victims*. New York – Hove: Brunner-Routledge, 2004:187-219.