

Application, Usage, and Effectiveness of Testimony Therapy on Survivors of Violence

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ABSTRACT

Experiences of violence and torture have been a reality for a vast majority of powerless, marginalised people, on account of their caste, class, gender, ethnicity, and so on. Testimonial therapy is a recently originated, brief psychosocial intervention attempting to minimise and ameliorate the deleterious impact of perpetration of violence on the mental and physical health and well-being of the victims. The present paper looks into the relevance, process, usage, and effectiveness of testimonial therapy, through the analysis of secondary literature and empirical data gathered from the counsellors practicing therapy and survivors of trauma receiving therapy. Findings show that testimonial therapy has significant positive outcomes for the survivors of torture, in terms of reduction in anger, pain, and symptoms of post-traumatic stress disorders, and improvement in their social functioning. Other than its therapeutic role, testimony therapy has been used as a tool to seek justice, advocacy, and mobilisation to raise a voice against the violation of rights of Dalits and marginalised communities. Suggestions are provided on the usage and application of the therapy.

Keywords: *Torture, Trauma, Testimonial Therapy, Survivors, Health, Well-Being*

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THE CONTEXT

“...that afternoon suddenly 7-8 policemen barged in my house and asked for my son Miaz and they were saying that he had stolen a mobile phone... Since Miaz was not at home, they forcefully took my ailing husband and younger son Junnaid to the police station and beaten them brutally so much... my husband couldn't sustain and died on the spot and Junnaid is now disabled permanently....” [English translation of the excerpt from the testimony of Ms. Abida, 48 years, native of G Block, Varanasi District, Uttar Pradesh].

“...I can't forget that dreadful night... almost 10 years back... I was fast asleep after a day-long hard work when at around 2 am, 5-6 policemen broke open the door, entered and started thrashing me with baton... I was confused and panicked and they were shouting that “you tried to kill the son of the Babu Sahib, now we will not leave you...” ... they brought me to the police station and tortured me till I accepted their false allegations... they usually do so... on one pretext or the other, they forcefully detain people from our caste, fabricate charges against us and imprison us for years... they did the same thing against me too... in the lock-up they urinated over me, pounced and walked over me... I remained in that stinking cell for a week and my body was bruised, swollen, blue and bleeding... we are illiterate, we are poor, we know nothing about the court's proceedings... they coercively took my thumb impressions on some papers and I was sent to jail for 10 years... I do not know even today what charges were framed against me. My family is ruined, my ten productive years are gone...” [English translation of the excerpts from the testimony of Mr. Balu Musahar, 51 years, P Block, Varanasi].

These excerpts from the testimonies depict the extreme form of violence incurred over the victims, discriminating them based on their gender, caste, and religion. A majority of the victims of police torture are poor Dalits and Muslims. The Annual Report on Torture (2019) by the National Human Rights Commission brings out that there were over five custodial deaths per day in India from January to December 2019. It further notes that out of 125 custodial deaths, about 75% were the result of alleged torture and the remaining 25% indicate foul play. The report states that torturing suspects to extract confessions is rampant across the country. As per the India Corruption Survey (2019), the police is among the three most corrupt departments in the country. Some of the acts of torture by the police include the use of pricking needles; hammering nails in the

body; pouring petrol; applying chili powder; hitting the inmates in their private parts; beating with a hot iron rod; urinating in the mouth; inserting a hard blunt object into the anus; forcing the inmates to perform oral sex; kicking the belly of pregnant women; and so on, which are inhumane and derogatory. Poor women, especially Dalits and Muslims, are subjected to custodial rape and other forms of sexual violence. Moreover, in 2018, there were 42,793 cases of caste atrocities reported, where Dalits were attacked, subjected to inhumane torture, and killed by upper caste perpetrators. The reporting of such cases is like a tip of the iceberg, as most cases of torture, especially those not resulting in death but causing permanent physical and mental damage, remain unreported and unnoticed.

Various studies (Mandar, 2007; TISS, 2012; Singh, 2013) have shown that poor Dalits and Muslims often become the primary target of the violence and perpetration, with women of both the social groups facing multiple jeopardy. Traditional prejudice, tracing the historical terrains of partition of India and Pakistan in 1947, and the 9/11 attack have propagated Islamophobia. Additionally, structural barriers, resulting in poverty, illiteracy, unemployment, and lack of developmental opportunities among Muslims, have become breeding grounds of communal tensions, stereotyping, discrimination, and violence. Deceptive vote bank politics and traditional authoritarian nature of police administration add fuel to anti-Muslim sentiments and actions. Likewise, the nexus between the police and the rich upper-caste makes it easier to scapegoat the marginalised Dalits, fabricating cases against them, flaunting procedures, and torturing them till they 'accept' the charges. It may be noted that Dalits and Muslims, since their early socialisation, have internalised self-worthlessness and self-pity as part of their identity, and are psychologically incapacitated in raising their voice against atrocities and injustice by the police and upper-caste Hindus. They cannot afford lawyers and are totally ignorant of the legislative procedures (Kaushik & Nagvanshi, 2016; also see: Ramaiah, 2011).

The nature and intensity of torture as mentioned above dehumanises the victims. While the physical impact, in terms of chronic pain, fractures, and short-term and permanent disabilities, is visible, the psychological implications of such indiscriminate and excessive torture are severe, profound, and far reaching. Victims lose a sense of control in life, with acute insecurity, phobias, helplessness and hopelessness, suicide tendencies, and other post-traumatic stress disorders. Their children drop out of school and start working for the subsistence of the family and the

women of the household have to take the risk of physical and sexual abuse as they step out to earn a livelihood. Overall, such experiences of atrocities and violence not only hamper the social functioning and derail the current life of the victims and their families, but cover their future with gloom and despair, unless they are provided with outside help and support (Alang, McAlpine & McClain, 2021; Lee & Robinson, 2019; Kaushik & Nagvanshi, 2016).

A path-breaking and innovative intervention in terms of the testimony therapy effort has been initiated by the People's Vigilance Committee on Human Rights (PVCHR) – a civil society organisation in collaboration with the Danish Institute against Torture (DIGNITY), Copenhagen, Denmark. Testimony therapy in India, as a brief psychotherapeutic intervention with the victims of torture, was piloted to help the victims deal with their pain and suffering, and regain their self-worth. In this backdrop, the present paper attempts to understand the process and effectiveness of testimony therapy on the survivors of torture.

OBJECTIVES AND METHODOLOGY

Religion, caste, and gender-based violence and torture depict gross violation of human rights and NO ONE, irrespective of whether they committed the crime or not, deserves such an inhumane treatment, leave aside the innocent, poor, marginalised people. It is a big blemish to the glory of India – the largest democracy in the world. Severe implications of torture have been briefly mentioned earlier. Empirical evidences show that even several years after episodes of atrocity, the life of these torture victims and their families hardly gets back to normal. The study finds its relevance in exploring the usefulness and efficacy of testimony therapy, which may be helpful in restoring the dignity, worth, and social-functioning of victims of violence.

The present paper adheres itself to the following objectives:

- To understand the process of conducting testimonial therapy among the survivors of torture.
- To examine the effectiveness of testimonial therapy.
- To locate the scope and application of testimonial therapy.
- To develop a theoretical insight into the healing elements of testimonial therapy.

With a descriptive research design, the present study adopts a qualitative approach. Data from primary and secondary sources are amalgamated.

Though researchers have gathered data on effectiveness of psychotherapies using varied methodological parameters and designs (such as clinical observations, case studies including documenting lived experiences of clients, experimental designs, public health ethnographic research, meta-analysis, and so on), as approved by the American Psychological Association (2006), the three commonly used strategies are – the client’s own assessment/feedback; the therapist’s impression; and experimental (mainly controlled) research designs.

In the present research, testimonial therapy is examined for its effectiveness using three main strategies:

- Subjective experience and feedback of the clients who underwent therapy in the last three years;
- Responses of counsellors who provided testimonial therapy to the clients; and
- Review of published research done on testimonial therapy.

Table 1: Details of the Methodological Nuances are Depicted

<i>Variable Studied</i>	<i>Parameters</i>	<i>Sampled Unit and Size</i>	<i>Method and Tools of Data Collection</i>
Effectiveness	Impact of the therapy in terms of change in physical and mental health parameters and social functioning Cultural appropriateness Time efficiency Ease (time and cost effectiveness) in training the staff and carrying out the therapy	Survivors of torture who received testimonial therapy (10) Counsellors/therapists (5) Testimonies (20) Research studies on testimonial therapy (10)	Interview guide for survivors Interview guide for counsellors Thematic analysis of research studies Thematic analysis of testimonies
Process & Application	Sequence and modalities of tasks/ steps in the therapy & scope and actual and potential usage of testimonial therapy		

In studying these parameters, five staff members of PVCHR who undertook testimonial therapy and acted as counsellors were interviewed, to understand the process, components, and impact of the therapy. Ten survivors who underwent the therapy were interviewed. Ten articles published in renowned journals were thematically analysed and blended with the first-hand data collected. Twenty testimonies were studied in detail to gain deeper insights into the process of therapy.

The study was carried out from January 2021 to May 2021. Lockdown and limited mobility due to the COVID pandemic did not allow the researchers to go to the field and have face-to-face interviews. Interviews with counsellors were held through online meeting platforms like Google Meet. PVCHR shared the phone numbers of 15 survivors who underwent testimonial therapy in the recent past and telephonic interviews were conducted with ten of them. Direct observation could not be made in these cases.

The study strictly adhered to ethical principles, such as informed consent, confidentiality, and respecting the right of the respondents to withdraw at any point of time in the interview. All the names and other identifying details of the respondents and clients in the testimonies are changed in the present paper to maintain confidentiality.

FINDINGS

The origin of testimonial therapy is traced back to Chile in 1983, when Cienfuegos and Monelli – the two psychologists – approached the former political prisoners and documented their experiences of trauma and torture, which, to their surprise, resulted in a reduction in their post-traumatic symptoms. This experience led to the development of testimonial therapy, and in the next 20 years, it was used in different countries and contexts, with certain alterations. This short-term therapy showed positive results in Bosnia, Denmark, Germany, Kosovo, the Netherlands, and the USA with refugees; in Mozambique with victims of civil war; in Iraq with humanitarian aid workers; and in Uganda with Sudanese refugees (Olesen et al., 2006; Curling, 2005; De la Rey & Owens, 1998; Weine et al., 1998; Agger, 1994; Van der Veen, 1992).

THE PROCESS

Testimonial therapy usually comprises eight to 12 sessions. During this period, the clients tell their life-stories, mainly the experiences of

violence and trauma, which are written down. Based on the interviews of the counsellors and survivors, and a review of the 20 testimonies, the testimonial therapy carried out by the PVCHR has a minimum of four sessions, each with a duration of 90 to 120 minutes. The clients are notified about the strict confidentiality and their right to decline to participate at any point in the sessions. To gauge the effectiveness of the therapy sessions, pre- and post-therapy assessments are recommended.

Testimonial therapy is conducted by a counsellor, a note-taker who also acts as a co-counsellor, and the survivor or client. The note-taker jots down points during the session, and afterwards, the interviewer and note-taker collectively produce a computer version of the narrative. Testimony is written in the first person.

In the first session, the procedure of testimonial therapy is explained and a set of questionnaires are administered, as follows:

- Socio-demographic and personal profile of the client covering information like age, gender, religion, caste, education, occupation, family members, and so on.
- WHO-5 Scale, with five statements to rank the mental state of the client in the last 15 days on a scale of 0 to 5.
- Pain analogue covering one statement on rating the intensity of body pain due to torture, on a scale of 0 to 5.
- One statement rating the level of anger about the torture.
- Activity and networking behaviour of the client in terms of memberships of political parties and human rights organisations.
- Seventeen-item scale on appraising the level of participation in social life in comparison to his/her peers and fellow-beings.

In the introductory session, the survivor is informed about the psycho-educational purpose of the testimonial therapy, where his/her traumatic experiences, wound, and symptoms are seen as a gross violation of universal human rights (see: Schauer, Neuner & Elbert, 2005). If required, the counsellor clarifies that the primary purpose of the sessions is to work towards healing the psychological wounds, and immediate justice and compensation may not be expected from it.

The counsellor facilitates the survivor to express his/her feelings, emotions, and perceptions, in as much detail as possible, at the time of the event as well as during the session as those experiences are 'relived'. Towards the end of the session, depending on the readiness of the client, missing points, if any, are clarified. The session ends with mindful meditation done by the client and the counsellor (see: Igreja et al., 2004).

If in one session the narration is incomplete, another session is planned as per the convenience of the client.

In the second or subsequent session, one of the two counsellors reads out-loud the written testimony to the client, who hears the voice given to his/her story. The client is asked to correct or add any missing details. The session ends with mindfulness meditation. After the session, a final version of the testimony is produced after incorporating the required corrections as pointed out by the client.

The next session entails delivery of the testimony to the survivor, either in a public ceremony, community meeting, or in private. In the third session, the corrected testimony is read out to the client and signed by the counsellors and the client. It is then handed over to the survivor/client. The final version of the testimony is printed on good quality paper, with an appealing front cover and photograph of the survivor. Barring a few cases, PHCHR has organised public ceremonies, where, in the presence of community people, the testimony is read out and the survivor is felicitated as a tribute to his/her struggles and resilience, and, at times, four to five testimonies are read out in a single public ceremony. Honour ceremony is a significant aspect of the therapy. The fellow villagers of the survivors are invited to the ceremonies and they come to know about the experiences and sufferings of the survivors. While the ceremony provides an opportunity to the survivors to get re-integrated in their community, it also helps the villagers learn about human rights violations and protective legal measures. This facilitates community bonding and cohesiveness, and increased preparedness to defend their rights.

The last session is meant for the evaluation and feedback of the therapy, and is held one or two months after the public ceremony and/or delivery of the testimony. The set of questionnaires (WHO-5, pain analogue, anger about torture, and participation in social life scale) are filled. Later, scores of these scales are fed into the database and compared with the previous scores, and the effectiveness of testimonial therapy is analysed.

Effectiveness

Testimonial therapy has shown promising results on the parameters of its effectiveness and appropriateness. Basoglu and Mineka (1992) find testimonial therapy effective, as it helps in reducing the psychological effects and symptoms of trauma and in improving emotional well-being, instilling a sense of justice, along with providing a better documentation of cases of human rights violations (see also: Rohlof, Groenenberg & Blom,

1999; Randall & Lutz, 1991). The effectiveness of testimonial therapy in the study has been measured through the following indicators, and for the appraisal, both qualitative and quantitative data from the secondary as well as empirical sources have been analysed.

Impact

In the present study, impact is evaluated through the qualitative and quantitative changes on the parameters of health, well-being, and social functioning of the survivor after receiving testimonial therapy. The research work (Weine et al., 1998; Laub, 1995; Agger & Jensen, 1990; Cienfuegos & Monelli, 1983) on the impact of testimonial therapy, shows beyond a doubt, a positive impact on the survivors.

Cienfuegos and Monelli (1983), in their clinical case studies, and Weine et al. (1998), in their non-clinical outcome study, have observed sharp decline in the symptoms of post-traumatic stress disorder (PTSD) and improvement in the levels of social functioning. They studied the impact using the PTSD symptoms scale, global assessment of functioning scale, and Beck depression inventory, in the pre- and post-therapy conditions, with repetition after two and six months.

Another study by Jorgensen et al. (2015), located in India and carried out with 474 survivors of torture, brings out an overall improvement in all the outcome indicators. An increase of almost three and a half times in the average scores of the WHO-5 well-being scale from pre-therapy to post-therapy sessions is noted. Likewise, a reduction of more than two and a half times the average scores depicting hesitation and psychological discomfort in social participation is observed among clients who underwent testimonial therapy. Similarly, there was almost a four times decrease in average scores of survivors on pain analogue and anger analogue, from pre- to post-therapy sessions.

Data collected in the follow-up after two months show significant improvements in physical pain, anger, emotional well-being, and social participation. There is nearly a 60% decrease in cases of high depression among clients, from baseline (89.6%) to follow-up (30.8%). In addition, at the pre-therapy assessment, 15% of the clients reported no participation restriction, and more than 50% of survivors who received therapy claimed no participation restriction in the follow-up session. Nearly 21% of the clients reported extreme participation restriction in the baseline, which reduced to only 1.5% in the follow-up session. Further, the average scores in pain analogue and anger analogue declined by 70% and 73%,

respectively, from baseline to follow-up sessions. Applying rigorous statistical measures, the study proved the positive impact of testimonial therapy. Qualitative data gathered from survivors and community workers supported and validated the quantitative data in the study (Jorgensen et al., 2015).

In the present study, ten survivors of torture (six males and three females) were interviewed, with the objective of knowing their experiences of undergoing testimonial therapy. Their age range is 39 to 63 years, and the mean age is 54.5 years. All the ten respondents reported a positive impact of testimonial therapy. The English translation of the excerpts of some of the interviews of respondents are provided in the box below.

“I am able to interact with my neighbours and friends in the village now without much hesitation.” [Nadu Musahar, 53 years, five months after receiving testimonial therapy; almost ten years ago, he refused to send his seven-year-old son to work in the illegal liquor factory of the village Head and was mercilessly dragged to the police station, beaten up, and sent to jail on false charges. On completing ten years of sentence, he returned back home to find that his wife and two children died of hunger, and his aged parents and three children are somehow trying to make both ends meet. The trauma and agony that he had undergone took a heavy toll on his health, physical and mental. He confined himself to his room and did not go out for months, before he consented to testimonial therapy].

“Now I am no more petrified seeing the cops... I feel much better now.” [Roha, 45 years old, received testimony almost five months ago. At that time he was in acute depression. He had stolen two handfuls of wheat from the warehouse of his landlord; due to the sudden lockdown his family was on the verge of starving to death. In the police custody, he was beaten harshly and suffered several bone fractures. The volunteers of PVCHR came to know of his case, and with timely intervention, he escaped imprisonment].

“Things are becoming normal now... I have resumed stitching clothes... Didi (counsellor at PVCHR) has helped me a lot.” [Asiya, 39-year-old widow, was physically and sexually assaulted by the Headman and his men four months ago. She was threatened that her one-year-old daughter would also face the same treatment if she dares to inform the police or NGO staff. She was provided testimonial therapy one month after the incident].

"...when the incident happened, I felt that my life is gone, but now things are much better..." [Abida, case mentioned above]

"...now I am able to sleep peacefully and do not get up perplexed..." [Balu, case mentioned above]

Other survivors of torture too reported similar instances, validating the positive impact of testimonial therapy in their lives.

The counsellors, in the same wavelength, stated that survivors of violence who received the therapy show a reduction in symptoms of PTSD and bodily pain, and increase in confidence in interacting with the community people. They exhibit better coping and resilience soon after the sessions, and in follow-up sessions, these positive outcomes are further confirmed. One counsellor gave many instances where the survivors of violence have become human rights defenders and activists themselves; however, this is seen mostly in the case of males. Honour ceremony was highlighted as a crucial step that helps in healing the survivors. One counsellor said, "In a ceremonial way, when a survivor is honoured in front of his community for showing resilience, he suddenly feels that he has got his dignity back; he is not a criminal but there was a meaning in suffering and now he has the role in making people aware so that no one suffers the way he did". There is visible and significant difference in the condition of the survivors before and after testimonial therapy, in terms of their physical, mental, and social well-being.

Efficiency

The efficiency of testimonial therapy is examined in terms of the input (of time, financial, and other resources) and output (in the form of performance and outcomes). Testimonial therapy is highly cost effective, as at PVCHR the therapy is completed only in four sessions, and at many parts of the world, a maximum of 12 sessions are provided. The training, too, does not require high academic qualifications, as community workers could easily be trained within a week or ten days to undertake testimonial therapy. Thus, the therapy requires minimalistic resources in terms of human and financial capital and time and energy. At times, the summary of the survivor's story is made, instead of a long, verbatim version. Agger et al. (2009) note that in many developing countries like India, with rampant cases of violence and torture, and economic resources for their treatment being scarce, human rights organisations are providing cost-effective healing assistance with testimonial therapy.

Cultural Appropriateness

Though the testimony method was conceived and developed in the West, an appreciative aspect of it has been the scope of some modifications in its content and process, when it is piloted in the Eastern countries in accordance with specific cultural contexts and indigenous aspects. As a part of the customary practice, towards the end of the first and second sessions of testimonial therapy, the client and the two counsellors sit together in mindful meditation for ten minutes, with full awareness on their breathing, thoughts, and feelings. Inclusion of mindfulness meditation in testimonial therapy is culturally accepted, and this adapted spirituality adds value to the therapeutic process (Agger et al., 2012).

The honour ceremonies in testimony therapy are also designed to enhance and strengthen the role of community support. Such ceremonies usually take place at some symbolic location, like a sacred space or a place that carries special meaning for the people of the community. Certain rituals of significance are performed by religious or community leaders or any respected person. Significant others of the survivors – family, friends, and neighbours, attend the ceremony. The document containing a ‘depressing story’ is reframed in a visually imposing manner, in a nicely bound paper or frame, and is read out in first person in a ‘safe voice’, and then presented to the survivor with other symbols of honour, like a shawl, flowers, and so on. These rituals depict that the story is ‘given back’ to the survivor in a new and positive version and he/she may use it for remembrance, family-history, and/or advocacy. Symbolic purification of the document by a priest or monk, with the chanting of prayers, a speech by a leader honouring the struggle and resilience of the survivor, and collective singing, chanting, hugging, dancing, sharing of meals among the attendees of the ceremony, are all rituals having roots embedded in the socio-cultural panorama of the Indian society. These tasks and rituals facilitate emotional release through kindness, empathy, compassion, and love (also see: Agger et al., 2012).

Scope and Application

Other than providing therapeutic treatment to clients/survivors of torture, testimonial therapy has the following current and potential usage:

- Testimonies are used for advocacy and campaigns at the local, national, and international levels, to bring out the desired changes in the anti-torture bills and legislative measures. For instance, as a

coordinator of the South Asian Network against Torture, PVCHR has been making use of testimonies in mobilising different stakeholders, like academia, civil society groups, and media, for obtaining justice for the survivors and the prevention of torture at the sub-regional and international levels. Several campaigns are launched to advocate for enacting anti-torture laws and the ratification of the United Nations Campaign against Torture by the Government of India. PVCHR has also formed the National Alliance on Testimonial Therapy with more than 80 civil society organisations as its members, with the aim of mobilising the civil society against torture.

- Testimonies are used for creating sensitisation programmes for the police and other organs of the judicial system. A large majority of testimonies depict police custodies as sites of torture, and prisons as places of injustice. PVCHR is using testimonies for advocacy and training workshops for sensitisation and reforms in prison and police administrations.
- Testimony, as a document, may be used as a memorial for future generations, for their knowledge about the struggles and resilience of their forefathers.
- They may be used for designing preventive interventions in the community.
- Testimonies have wide applicability for further research and documentation.

Theoretical Insights: How Testimony Therapy Works

The following healing elements are observed in the therapy.

Comforting Relationship: In the Indian socio-cultural milieu, for centuries, the plight, agony, and suffering of a vast majority of marginalised social groups are considered a common and normal way of life. This normalisation of trauma invariably results in trivialisation of the matter. Counselling, too, has remained an alien concept for the poor Dalits and the disadvantaged communities. During testimonial therapy, the empathetic and compassionate listening to the story of the survivor by the counsellor does wonders, as, perhaps for the first time, the poor victimised client feels that s/he matters.

Catharsis: From the psychoanalytic and existential viewpoint, Cienfuegos and Monelli (1983), the founders of testimonial therapy, assert that giving testimony brings out suppressed emotions like anger

and frustration into the open, which is cathartic in nature. They further maintain that the sharing of painful experiences with others is not only unburdening, but also acts as an antidote to feelings of isolation, loneliness, depression, and alienation that many victims experienced during and after the violent episodes. Moreover, Laub (1995) observes that when survivors testify to their experiences, they create a meaningful and engaged audience – the counsellor or therapist and significant others. In this process, the victimised client, who had felt isolated and lonely during the traumatic event, re-establishes their connection with others.

Disclosure: Testimonial therapy does not work with survivors who do not intend to disclose their experiences. When a traumatised person gains courage to disclose their experiences to the therapist, the process of healing begins. Pennebaker and Seagal (1999) bring out that disclosure has a positive impact on physical and mental health, as the construction of the story of the painful and traumatic events paves way to the process of recovery (also see: Schoutrop, 2000). In testimony therapy, other than disclosure to the therapist or counsellor, another beneficial aspect is the signing of the document (written testimony), which is the ritual closure of the therapy. The therapist discusses the ‘usage’ of the testimony document, in terms of sharing it with family, friends, and others. After disclosure, this social-sharing is considered to accelerate the healing process, as claimed by many researchers (Rime, 2001; Schoutrop, 2000; Lange, 2000; Herz-Brown, 1989; Imber-Black, 1989).

Constructing Narrative is Therapeutic: The construction of the narrative is the key element in testimony therapy. As also highlighted in narrative therapy, when survivors narrate the events that inflicted violence and trauma upon them, their memory reconstructs and integrates the fragmented story into a coherent and balanced narrative. Pennebaker (1993) highlights the basic need of humans to understand the world around them. Forming a story requires organising complex chunks of memories into a simpler and understandable whole. “Translating distress into language ultimately allows us to forget or, perhaps a better phrase, move beyond the experience” (Pennebaker 1993, p. 1251). The use of insight and causal words while narrating traumatic events results in ‘cognitive reappraisal’ of the events, which is very helpful in processing painful memories, in contrast to exposure only (Schoutrop et al., 2002; Pennebaker et al., 1997).

Holmes (2001) finds that, oftentimes, the narratives of traumatised adults are fragmented, incoherent, and incomplete, lacking reality testing

and logic, while they state the events of violence. With the support of the therapist, survivors are able to form coherent narratives. In this process, they challenge the narrative defenses reflected in psychic numbness, prolonged silence, disassociating feelings from the story, selective forgetting, fragmented sentences, and so on (also see: Cassidy & Mohr, 2001). Though, initially, sharing the story might be in direct conflict with the tendency to avoid the recalling of trauma, which is a coping mechanism, with the support of the therapist, the survivor is able to integrate disassociated parts into a coherent narrative, which is healing (Holmes, 2001, p. 92).

Re-Living is Relieving: During the process of testimonial therapy, the survivor narrates the traumatic events, which are documented and then read and re-read to him/her. Thus, the client is gradually exposed to painful memories. Foa et al. (2000) note that traumatic events are brought back to memory in a controlled manner and in a safe environment. This leads to systematic desensitisation, and the client is able to tolerate the memories; the urge to avoid or suppress the memories also diminishes. As the clients or survivors narrate the traumatic events, they re-experience the agony, fear, frustration, suffering, and pain, but now in a safe and supportive environment. This re-living of painful memories actually paves way to the relieving or the alleviation of sufferings. It also diminishes their symptoms of PTSD (Agger & Jensen, 1990). As the survivors are able to identify and understand their thought patterns and distressed coping reactions, a distance is created between the ‘experiencer’ and the ‘experienced’, which is healing.

Changed Perspective: During the therapy, the survivors record their stories in a human rights context; it gives them a newer perspective, as their private pain is reframed and takes on a political meaning. It helps them regain their dignity and self-esteem. It also leads to adjusting inadequate cognition. While giving testimony, clients review their experiences in the historical and political context, and might change inadequate perceptions of themselves. Listening to the documented testimony and making revisions alter the client’s self-perception from a helpless, passive victim to an active actor. Further, Agger and Jensen (1996) and Weine (1999) stress that political context in testimonial therapy aids in its usage as an instrument to give voice to the oppressed victim, which is a prerequisite towards their empowerment.

Mindfulness: Ample research evidences have shown the therapeutic impact of mindfulness and other meditation techniques. Mindfulness

meditation is a part of the sessions of testimonial therapy. As clients become aware of their negative thoughts, there is reduction in anxiety and stress.

Testimony – Multiple Usage: Along with the psychosocial benefits of therapy, testimony as a document can be used as an evidence, attestation, or a form of proof, which may be used in court cases. Though, generally, testimonial therapy emphasises on the subjective and emotional aspects of the survivors' story, the testimony might also be used in legal processes or political struggles, with the objective of seeking justice.

Social Work and Testimony Therapy

Since its inception, the profession of social work has worked tirelessly to provide relief, security, rehabilitation, and justice to the survivors of violence. As reflected in the present paper, testimony therapy has shown promising results in reducing the mental-health symptoms, like depression, anger, loneliness, alienation, fear, and reality-disorientation, and improving social-functioning and subjective well-being among the survivors.

There is a dire need for and a huge scope to include brief psychosocial interventions such as testimony therapy in social work curriculum, teaching, training, and practice. Unlike many traditional therapies that go on for months and years, and its practice requiring a sophisticated set of professional skills and intensive training, testimonial therapy is highly cost effective, in terms of time and human resources. The ingredients of testimony therapy are related to certain basic elements of social work, such as a therapeutic relationship between counsellors and clients, catharsis, disclosure, systematic desensitisation, re-living pain in a safe environment, constructing narrative, and changing perspectives to look at one's own suffering. Cases of violence on the domestic front and in public spaces are the sites where testimony therapy may be used.

Cultural appropriateness and sensitivity are crucial aspects of effective social work intervention. With several culturally ingrained elements in terms of rituals and practices, such as meditation, honour ceremony, religious sacramental activities, prayers, and collective singing, testimonial therapy is considered an apt measure to provide therapeutic treatment to the poor, needy, survivors. It instills hope, courage, a sense of justice, and meaningfulness among the survivors, who invariably are left out of the pail of the conventional judicial system and other psycho-legal or rehabilitative services.

This reviewed therapy has a greater significance in anti-oppressive social work practice, which is based on the values of compassionate embracing of the entire humanity in all its adversity and diversity, and unwavering commitment to social justice. After receiving testimonial therapy, the victims have become human rights defenders, as they act as torch-bearers and whistle-blowers for protecting the rights of their fellow-beings.

Testimonies are being used for campaigning against torture, bringing change in legislations, awareness and sensitisation about violation of rights of the marginalised people, judicial reforms, and many more. Thus, testimonial therapy offers a platform for victims to narrate their suffering and transform their pain, and not only get healed, but be the crusaders in saving others, whether the frame of reference is existential, psychodynamic, psycho-legal, spiritual, political, cognitive-behavioural, or narrative. These aspects are in sync with features of social work.

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