

Truth Commissions and the Mental Health of Victims

Written by Jorge Gutierrez Lucena

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JORGE GUTIERREZ LUCENA, AUG 28 2016

How Does Giving Testimony before Truth Commissions Affect the Mental Health of Victims?

Throughout history, individuals and groups have been targeted and murdered because of their ethnicity, race, religion, ideology or identity. In intrastate conflicts people have been harassed and slaughtered by their compatriots and neighbours, creating a feeling of restlessness among the population after the conflict (Hamber, 2009). Accordingly, remembering and dealing with past collective violence has been a frequent problem in societies emerging from violence. Addressing the consequences of the abuses to the collective psyche of the group and to the psyche of individuals emerges as a fundamental requirement in the path towards peace (*ibid.*). Furthermore, tackling feeling of hatred and revenge is fundamental in order to prevent the relapse into violence. In this vein, there are countless proposals to address this post conflict distress. Among them is often some form of official accountability for wartime atrocities through a truth-telling/truth-seeking process (Hayner, 2001). These processes seek to tackle the distress of individuals by encouraging both victims and perpetrators to speak out about the atrocities both suffered and committed during the conflict. Simultaneously, truth-telling mechanisms are utilized to initiate a reconciliation process in the society. In practice, this has led to the establishment of temporary, institutionally backed institutions, known as “truth commissions”. Thus, since the 1970s truth commissions have been used to find and accumulate fragments of *truth* about a past history of human rights’ violations. These mechanisms claim to grant survivors the space to narrate their experience of violence and abuse. In doing so, truth commissions attempt to recreate the conflict situation historically, putting matching elements of evidence together to form a more comprehensive picture of the conflict (Hayner, 2001; Hamber, 2002). At the same time, the fact of giving testimony after political violence is thought to transform the private pain into political dignity (Agger & Jensen, 1990).

In the last 30 years there have been more than 35 truth commissions in different countries with a past of violence. These include Argentina (1983), Chile (1990), El Salvador (1992), Guatemala (1994), South Africa (1995), East-Timor (2002) and Sierra Leone (2002), among others. Furthermore, in post-genocide Rwanda the government initiated in 2002 a mechanism of truth-telling similar to truth commissions, known as *gacaca* (Brounéus, 2008). Generally, truth commissions are shrouded in a socio-political ambience. However, some claims have been often made about their therapeutic effects in the mental health of survivors who take part (Agger & Jensen, 1990; Lederach, 1999; Martín-Beristain, Páez, Rimé & Kanyangara, 2010). According to these claims, survivors who speak out in truth commissions see their testimonies and past suffering validated, thereby achieving catharsis and psychological healing for their trauma. Survivors experience social recognition coupled with a feeling of relief and plenitude from having had the opportunity to express their feelings. In this vein, *healing* and *therapeutic* have become central concepts in the literature on reconciliation and in political rhetoric about truth commissions (Mendeloff, 2009; Martín-Beristain et al., 2010). Furthermore, regarding post-conflict accountability, truth commissions provide a sense of justice as perpetrators acknowledge the crimes committed, thereby reducing desires of revenge from victims and encouraging reconciliation among warring parties (Hamber & Wilson, 2003; Mendeloff, 2009).

In contrast to these assertions, some observers have argued that truth telling may actually produce more harm than good. Several authors have warned about the psychological distress for those who give testimony and the risk of retraumatization (Hamber, 2007; Brounéus, 2008; Brounéus, 2010). In fact, some empirical studies have pointed out that testifying in truth-telling had harmful consequences. In Rwanda, Brounéus (2008) interviewed 16 Rwandan women who had testified in the *gacaca*. The interviewed women described the experience as more retraumatizing

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than healing. Moreover, traumatisation, ill-health, isolation and insecurity prevailed in their daily lives after taking part in the process. In short, the psychological effect of truth commissions is a burning subject in the post-conflict and peacebuilding literature (Mendeloff, 2009). Assumptions and arguments about the psychological and emotional consequences of truth-telling are part of the causal logic of these peace-promoting mechanisms (*ibid.*). Furthermore, this causal logic hypothesizes a link between individual and social healing. It is assumed that by providing a sense of justice and psychological healing to the victims, truth telling prevents renewed war (*ibid.*). Nevertheless, and surprisingly enough, there are too few rigorous and systematic studies that could either validate or contradict both proponents and critics' claims (*ibid.*).

This essay argues that testifying before truth-telling mechanisms such as truth commissions and *gacaca* implies a psychological harm for the participants. To prove this, the essay will analyze the development of the redemptive memory's assertion, i.e. the conception of truth-telling as a therapeutic tool, and it will critically analyze the psychological assumptions behind this claim. The three sections below will expand the argument as followed; the first section will review the development of this *redemptive verbal remembering* (Shaw, 2007, p.186), i.e. the idea of speaking out as therapeutic. The second section will critically explore the literature concerning truth commissions' effect on survivors' mental health. The third section will address the psychological assumptions behind advocates' claims and it will challenge them by referencing to clinical psychology. Furthermore, it will demonstrate that, according to clinical theory, testifying before truth commissions is likely to be harmful.

The Discourse of the Truth Commissions as a Therapeutic Tool

Truth commissions have proliferated throughout the world during the last 30 years in the wake of political oppression and intrastate violence (Hayne, 2001). The name of the game since its inception back in the 1980s was that of transition from violent state repression to democracy (Shaw, 2007). In this vein, at the time when more often than not Cold War allies would hamper the prosecution of predecessor regimes, truth commissions enabled victims to speak out about the violent past and challenge the official version of the state (*ibid.*). In this sense, giving testimony about past suffering would become one of the most compelling instruments against human rights abuses. Truth commissions would be used initially in Latin America, where the regimes developed a strong political repression. In this sense, the political accountability of leaders would be the milestone of truth commissions during the period of Latin America. The narration of personal memories would become the means to make leaders morally and politically accountable, presenting abuses that state may have tried to deny (Shaw, 2007).

In the 1990s, truth commissions would include the term of "reconciliation". South Africa's Truth and Reconciliation Commission (TRC) would be the most influential in this sense, not only because it has generated an extensive literature (Mendeloff, 2009), but also because it inverted the state politics of pain, shifting the focus from terror to trauma (Humphrey, 2000), and from justice to health (Shaw, 2007). In this sense, truth commissions would shift their spotlight lightly from the past to the future, from atrocities committed to attempt of avoiding these atrocities in the future. According to this view, truth commission would make it possible to have a record of what really happened to help later generations distinguish between facts and myths that may be created among survivors otherwise, warning future generations to avoid the same mistakes (Hayner, 1994). At the same time, to promote future co-existence among survivors, a process of reconciliation between opposing parties at both individual and national level would be encouraged. Truth commissions in this sense would be considered as a key instrument to promote apology by wrongdoers and forgiveness by the survivors, thus developing empathy among individuals and promoting reconciliation at the national level (Allan & Allan, 2000). South African's TRC became the international model of how to cope with a violent past and, in doing so, to heal the nation (Hamber & Wilson, 2002). Here the dominant image of truth and reconciliation process was Archbishop Desmond Tutu's metaphor of the cleansing of infected wounds. As he wrote in the TRC's Final Report:

"However painful the experience, the wounds of the past must not be allowed to fester. They must be opened. They must be cleansed. And balm must be poured on them so they can heal." (Tutu, 1999, as cited in Shaw, 2007, p.190)

The metaphor of the festering wound is not surprising given the strong Christian religious character in the personalities that headed the South African TRC (Humphrey, 2000; Wilson, 2001). In this sense, one of the

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fundamental pillars of the Christian Church's indoctrination is the Sacrament of Confession, by which the sinner verbalizes what lay hidden within the conscience in order to produce the truth that would restore the confessor's spiritual health. Christian confessional, juridical and other disciplinary practices have often been expressed through medical terms. Using the medical metaphor the spiritual sickness is understood in term of a wounded body that needs healing through pain and purging (Asad, 1993, as cited in Shaw, 2007). In Tutu's words the identity of the body is blurred, suggesting that the fact of giving testimony is fundamental not only for the individual but also for the South African nation. In this sense, further theological thinking in the area of reconciliation and peacebuilding mechanism has emphasized how truth leads to forgiveness, healing and reconciliation (Lederach, 1999).

The South African example provided a global template and presented truth commissions as a fundamental pillar in transitional justice. South Africa's TRC expanded the idea of truth commissions as a national reconciliation tool and a healing mechanism. As Humphrey (2000) notes, "[t]he South African Truth and Reconciliation Commission (TRC) slogan 'revealing is healing', embraced the idea that public recognition of the suffering of victims was individually and socially empowering" (p.8). Subsequently, TRCs were introduced to address Peru's Shining Path insurgency, Sierra Leone, Liberia, Burundi's civil war and Indonesia's suppression of East Timor. In post-genocide Rwanda, *gacaca* courts were introduced to cope with past atrocities. Although it differs in many aspects, *gacaca* courts share many similarities with TRC. In the aftermath of violence, these tribunals were introduced to promote truth, unity, and reconciliation in Rwanda through a process of truth telling of victims and perpetrators (Brounéus, 2008).

At the same time, advocates of truth commissions' healing powers sought to see their arguments validated by using clinical assertions. The idea that cathartic testimonies facilitate the transition from a wounded to a healed psyche owes much to the psychoanalytic language. As Swartz & Drennan (2000) note regarding South Africa's TRC, "[t]he slogan 'Truth: the road to reconciliation' could have adorned Freud's consulting room just as appropriately as it has the rooms where the TRC has been in session" (p. 206). Psychoanalytic discourse involves repressed memories, initial pain and cathartic release when these memories are consciously confronted, and the threat of entrenchment when they are not (Patterson, 1986). This discourse has been a recurrent theme both for political and academic advocates of TRC's psychological benefits (Shaw, 2007). On the other hand, claims have been based upon cognitive behavioural techniques. In this sense, special attention has been put upon the treatment of depression and the so-called Post Traumatic Stress Disorder (PTSD) (DSM V: American Psychological Association, 2013). Some have observed some similarities between the therapeutic interventions in psychological trauma and the individual experiences of truth commissions. These claims regarding psychodynamic and cognitive behavioural therapies will be critically analyzed in the third section of this essay, especially with reference to the psychological damage produced by an inadequate use of them.

What We Know About the Effects of Truth Commissions in Survivors' Mental Health

The underlying assumption in much of the transitional justice and peace building literature is that telling the truth helps to heal the psychological wounds of survivors (Boraine, 1997; Lederach, 1999; Allan & Allan, 2000; Cárdenas, Páez & Rimé, 2013). The effects of testifying before truth commissions has been linked in some cases to the recognition of the victims' dignity, providing a social framework that facilitates spaces for the expression of emotions and empathy (Orr, 1998; Cárdenas, Páez & Rimé, 2013). Indeed, the act of testifying has been proven to be therapeutic for survivors of political repression (Cienfuegos & Monelli, 1983; Agger & Jensen, 1990). Moreover, the anthropologist Le Barre (1964) observed that an effective way to treat guilt and anxiety among Indian, Eskimo, and Asian people was to confess ritually in a culturally backed context, to a socially accredited person or to the general community (Le Barre, 1964, as cited in Agger & Jensen, 1990, p. 116). In truth commissions it is thought that by testifying survivors create empathy. Precisely, the development of empathy plays an important role as it leads to the mutual understanding among survivors, which in turn improves psychological health (Gobodo-Madikizela, 2002, Halpern & Weinstein, 2004). Furthermore, it is argued that participation in truth commission produces a sense of empowerment in survivors, as shown in the study carried out by Lykes, Cabrera and Martín-Beristain (2007) with Mayan victims of a massacre in Xaman in Guatemala. The testimony and interview process enhanced perceived control and self-esteem. The study focused a Maya community that had suffered at the hands of the army. After the massacre an emotional climate of fear and symptoms of post traumatic stress were reported. Some victims gave testimony three years after the events while their psychological state was evaluated through interviews. In spite of

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some negative experiences associated with fear, anxiety and depression directly after testifying, participants showed better psychological skills to cope with these experiences, a more positive interpretation of the events and less fear of army punishments (Lykes, Cabrera & Martín Beristain, 2007). This study shows that participation by testifying has positive effects in self esteem.

Nevertheless, although promising, these studies have to be assessed cautiously. It remains unclear whether these aptitudes are a consequence of the interventions in the tribunals or, on the contrary, are precisely the pre-existing psychological condition that led to the participation (Martín-Beristain et al., 2010). In this vein, a longitudinal study carried out in Rwanda avoids these cross-sectional design gaps (Kanyangara, 2008, as cited by Martín-Beristain et al., 2010). The study showed that shame decreased in those who participated in *gacaca* courts in Rwanda in comparison with those who did not take part. Lastly, many survivors who testified to South Africa's TRC found that the experience of speaking out and telling their stories, cognition and emotions in a supportive and respectful environment had been highly positive (Orr, 1998).

In contrast to the positive effects mentioned above, more critical analyses point out about truth-telling's potential harm to victims, especially the risk of retraumatization. In de Ridder's (1997) opinion, a psychologist involved in counseling victims in South Africa's TRC, a high number of those who testified experienced some initial relief. However, after some time they suffered a return and intensification of symptoms associated with the original trauma. Furthermore, new symptoms of retraumatization were reported, caused by retelling the story (de Ridder, 1997). In Rwanda, a qualitative study carried out by Brounéus (2008) included 16 in-depth interviews with women who had taken part in the *Gacaca*. The study's aim was to understand what psychological effects had for them to testify in such a public event. The women described the experience as more retraumatizing than healing. Furthermore, testifying isolated them and it evoked feeling of hatred, anger and revenge towards the participants from other parts of the community. Some of the women reported being isolated by their neighbours and having their properties attacked in some cases (Brounéus, 2008). In a latter study, Brounéus (2010) demonstrated that participants of the *gacaca* were 20% and 40% more likely to suffer from depression and post-traumatic stress disorder respectively, that those who did not take part.

In the same manner, a survey in South Africa carried out with 400 participants of the TRC showed that most of them felt disappointed with the procedure and many described being isolated and threatened by their community having had participated in the commission (Backer, 2004, as cited in Mendeloff, 2009). Furthermore, in Sierra Leone, ethnographic studies have shown that the most common feeling among those who took part in Sierra Leone's TRC was again disappointment (Shaw, 2007). Indeed, disappointment has been reported as a common outcome after testifying before truth commissions. Although it does not represent psychological distress itself, disappointment with the process can lead to retraumatization of participants when conditions of respect, contention, social support and adjusted expectations are not met (Martín-Beristain, 2008). Lastly, other longitudinal studies have shown similar results of high depression and anxiety's rates in *gacaca*'s participants (Kanyangara, 2008, as cited in Martín-Beristain, 2010).

In conclusion, how should we address the data collected above? Neither advocates and detractors of the claims have sufficient studies to support their arguments. Although some examples show some marginal psychological benefits of truth commissions, most of the studies that specifically target mental health have shown otherwise. These studies, however, make it difficult to generalize and draw strong conclusions. This due to several reasons. Firstly, motives of reliability in the method used (do they measure what they actually seek to measure). Some of them as the Lykes study (2007), for example, use a correlation's design, i.e. being a cause-effect relation absent. Those that address this gap present in some cases a fragile validity, as they use small size groups, as Brounéus (2008) does. When a large group is analyzed, disappointment is reported as the most common feeling but effects in psychological distress are ambivalent and retraumatization had not a measurable impact. Finally, most of them are not systematic in their assessments, failing to distinguish between truth-telling's effect on victim's feeling of disappointment, anger and revenge and the effects on victim's actual clinical psychological distress. In the light of this lack of empirical support, the next section addresses the effect of truth commissions by critically analyzing their psychological assumptions.

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Psychological Assumptions about Truth Commissions

As mentioned earlier in this essay, several psychological assumptions underline most of the claims in favour of the therapeutic benefits of truth commissions. These assumptions emerge in a psychoanalytic and clinical language. The researches use psychoanalytic theory to advocate for a cathartic release of the suffering past by truth-telling practices, thus leading to psychological recovering. The latter defends truth commissions as a mechanism that resembles trauma's cognitive behavioural therapy, thus helping the participants to address their distress through truth-telling as a clinical therapy would do. This section critically addresses both assumptions and shows that both psychoanalytic and cognitive behavioural theories are misunderstood. Furthermore, it demonstrates that, precisely according with these theories, truth commissions have negative effects in the psychological health of those who testify.

Truth Commissions from a Psychoanalytic Perspective

Psychoanalysis has regularly adorned the language on truth commissions. In the sessions of South Africa's TRC many psychoanalysts attended. Some of them publicly acknowledged that the TRC was good for the country and good for the people's mental health (Allan, et al. 2000). Broadly, psychoanalysis considers testimony as an important step towards healing, through the process of speaking out, the pain is shared and the shame mutates into dignity (Brounéus, 2008). Indeed, psychoanalytic oriented therapy has been broadly used with political refugees (Agger & Jensen, 1990).

Many of the people who testified before the truth commission have reported to experience a cathartic release of emotions (Orr, 1998). The catharsis is understood as the cleansing of the mind, the unburdening of a psychological and emotional strain. The cathartic effect was first used in the therapeutic arena by Breurer and Freud in their *Studies on Hysteria* (1895/1956). Freud explains how the patients' obscure memories could loose their emotional burden by turning it into words and, with the help of the psychotherapist, reshaping the sense. Crucially, Freud especially encourages the cathartic release of hidden thoughts. Under pressure, the patient is able to recognize the inner cause of the agony. In this sense, the thought does not remain hidden in the subconscious, but appear to the patient as insignificant events. In this sense Freud explains that "a pathogenic recollection is thus recognizable, among other things, by the fact that the patient describes it as unimportant and nevertheless only utter it under resistance" (p. 280). In this sense catharsis implies the sudden outpouring of emotions that occurs when the trauma is resurrected. These emotions have been repressed for a long time and only after therapy can they be brought to the surface (Freud, 1920/1978). This situation in any case is elicited by testifying before truth commissions, as survivors do not enjoy a therapeutic accompaniment that would drive and give sense to the memories and make the emotions come to light. On the other hand, psychoanalytic therapies used with political refugees usually have a duration of 12-20 weekly sessions (Agger & Jensen, 1990). It goes without saying that truth commissions do not provide this condition.

On the other hand, Freud himself questioned the effectiveness of the catharsis as a therapeutic method some years later (Allan & Allan, 2000). Here is important to note is that catharsis is considered potentially dangerous from modern psychoanalysis as it implies a risk of retraumatization. In this sense, therapists should use it carefully and after a proper evaluation. Catharsis is effective with superficial problems, but in the case of a more intense psychological distress, catharsis usually fails to provide relief and most often than not it increases the tension the patient experiences (Patterson, 1986, as cited in Allan & Allan, 2000). Furthermore, the cathartic method is only effective under the umbrella of a much broader therapeutic intervention. In this sense, psychoanalytic therapy's success is based in prerequisites diametrically opposed to those that truth commissions could provide. These involve a trustful relationship with a sympathetic therapist, through a previously explained intervention, in a safe and suitable environment (Allan & Allan, 2000).

Truth Commissions From a Cognitive Behavioural Perspective

As stated above the beneficial claims of psychological healing are based in flawed assumptions. Furthermore, the lack of empirical studies supporting these claims remains as a pending subject.

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Given the lack of research, turning to similar situations in which similar psychological conditions are concerned would shed some light on the issue. Truth commissions usually involve survivors to give a single session testimony that is supposed to help psychological health. In this sense, it shares similarities with one-session debriefing techniques to treat trauma. One-session debriefing involve a single session that last between one and three hours. It is used as a type of early psychological intervention after a traumatic experience in order to treat psychological distress and prevent subsequent PTSD (Van Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002). In a review of the efficacy of this treatment applied individually, Rose, Bisson, Churchill & Wessely (2002) found the treatment ineffective. The one-session debriefing did not decrease psychological distress neither prevented PTSD. In fact, participants who received the intervention showed an increase of PTSD's risk in a subsequent analysis one year latter. Furthermore, one-session debriefing did not help reduce the risk of general psychological morbidity, i.e. the apparition of other diagnosis such as depression and anxiety. One-session debriefing and testifying before truth commission share a common denominator: both involve short and intensive trauma exposure. The ineffectiveness of one-session debriefing techniques to treat trauma does not necessarily prove truth commissions' ineffectiveness, but it clearly questions it. What is more, even when unsuccessful, one-session debriefing's aim and environment are therapeutic, while truth commissions' are not. While one-session debriefing involves a safe environment at the hands of clinical professionals, in truth commissions the setting is public and unconcerned with the mental health of the individual (Brounéus, 2008). As mentioned with regards to psychoanalytic therapy, this lack of concern with an adequate therapeutic environment does nothing other than hamper the individual's psychological recovering.

Nevertheless, exposure to trauma is an essential component in the treatment of PTSD (Castellar & Santaella, 2009). Indeed, Paunovic and Öst (2001) conducted a randomized control trial of psychotherapeutic treatment in political victims and found that both exposition alone and cognitive interventions were effective in treating PTSD. There is a broad practical and theoretical field supporting the assumption of behavioural techniques of exposition, based on psychology of learning. These techniques, however, have shown stronger results when coupled with cognitive treatment (cognitive behavioural therapy) (Castellar & Santaella, 2009). One of the most exemplary techniques was developed in the late 1960s and it is know as "flooding" or implosive therapy (Castellar & Santaella, 2009). The procedure consists of exposing the patient to the source of the trauma or cause of anxiety. The exposition is an intensive confrontation with the stimulus or idea that creates the trauma, and the patient cannot escape or resort to avoidance behaviour, i.e. behaviour that the individual has developed in his/her daily life to avoid the confrontation with trauma and everything related to it. This avoidance behaviour can range from physically avoid the stimulus or resort to thought unrelated when the source of the trauma appears in the thought line. Under this unavoidable exposition to the traumatic stimulus through safe conditions, the individual relearns the interaction with the traumatic stimulus in an adaptive manner (Castellar & Santaella, 2009). In some cases this relearning is also called desensitization, as the patient become less sensitive to the negative emotions that the traumatic stimulus would trigger.

In this sense, one could think that truth commissions share a high similarity with implosive therapy, as it is such a great technique for psychological heath. However, this consideration is far from the truth. Implosive therapy, as cases previously mentioned, requires a therapeutic environment led by a clinical professional. Furthermore, a key feature in implosive therapy is that previous to the exposition the patient is taught a set of relaxation exercises. These exercises are based in the *progressive relaxation* techniques developed by Jacobson in the 1920s and include muscle relaxation and breathing exercises (Castellar & Santaella, 2009).

Furthermore, as Brouneús (2008, 2010) points out, there are researches from the area of cognitive behavioural psychology and neuropsychology that can tell us why testifying before truth commissions is actually harmful (Paunovic & Öst, 2001, Van Emmerik et al., 2002). As mentioned above, in order to be therapeutically helpful, exposition to trauma has to be carried out under certain conditions. Testifying before truth commissions increases anxiety. Additionally, the individual is forced to confront the trauma. However this confrontation, its intensity, the type and the length are personalized and deeply focused in the individual characteristics of the patient (Castellar & Santaella, 2009). Treatment of PTSD is highly individualized, as are responses to trauma itself. Occasionally in truth commissions the exposition is long enough to create a psychological distress by it is too short to allow an habituation and relearning (Brounéus, 2008). Based on this experience, testifying before a truth commission is far from having the benefits that proponents have claimed, and it may actually do more harm.

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Lastly, the information above is not completely negative. Although it presents several gaps in truth commissions that may aggravate participants' mental health, it shows that the process of testimony is not completely detrimental as long as it is developed in a proper environment. Indeed, "Testimony Psychotherapy", a brief psychotherapeutic method of working with refugees has showed significant effectiveness when treating for PTSD, depression and global functioning (Weine, Kulenovic, Pavkovic & Gibbons, 1998). The treatment involves refugees telling their trauma story in detail. This approach explores the trauma in a way that encourage new collective understating of history and communal identity as for some refugees the trauma is collective as well as an individual experience (*ibid.*). Nevertheless, the authors of the study emphasise that the therapist-client relationship is key in the efficiency of the treatment, a step that the truth commission mechanism has not achieved. In the testimony method, the therapist employs general skills by working on both the cognitive and emotional level in the process of bearing testimony. Such guiding is imperative for the therapy to be effective.

Conclusion

Throughout recent years truth commissions have played a key role in transitional justice. Truth commissions have allowed nations to come to terms with the past and move towards peace. Simultaneously, they have been proven essential in shedding light on the past and making perpetrators accountable for their atrocities. At the same time, the concept of healing has been on the forefront of many advocates' claims. Some authors have commended the therapeutic effects on society and individuals' mental health. Others, however, have warned for the harmful psychological effect of testifying before truth commissions. Nevertheless, neither claims have had enough empirical support. This essay has argued that truth commissions do not provide therapeutic counseling, according to theories from Clinical Psychology. On the contrary, participation in truth commissions supposes an aggravation on mental health and even risk of retraumatization, coupled with social consequences such as isolation and harassment. This goes against the somewhat unrealistic notions of therapeutic discourse advocates, which have commonly used psychological rhetoric to back their assertions. In this line, concepts such as *catharsis* and *trauma* have adorned the discourse on this issue. This therapeutic rhetoric has unfortunately neglected some points. Environmental features such as testifying publicly or lack of psychological tracking push aside truth commissions from being a therapeutic alternative and make these mechanisms harmful for participant's mental health. Consequently, a deeper look at psychological factors that participation in these mechanisms entail is needed. Lastly, it appears that truth commissions neglect the victim's right not to reconcile, seeking to prevent the right to anger in the service of social healing. It is clear that, in order to achieve a true national healing, an approach considering both social and individual level is needed. Truth commissions do not represent such approach, whether or not this mechanism can be modified to fit this gap, and how, remains open to debate.

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Written by: Jorge Gutierrez Lucena

Written at: University of Sussex

Written for: Nigel Eltringham

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