

## **An Ideal Victim: Idealizing Trauma Victims Causes Traumatic Stress in Human Rights Workers**

*David P. Eisenman, Sharone Bergner, and Ilene Cohen*

Among human rights workers this story is a cliché. Professor C., a historian, is leaving work after his third long week of interviewing torture survivors. Today he interviewed three refugees from Rwanda, each for two or three hours. When he began this project, the torture survivors represented the innocent victims of the brutal exploitation of social tensions for political purposes. He was particularly moved by many of the survivors' renuncements of retribution. He was determined to document the atrocities they suffered despite the immensity of his task in the face of limited resources.

Once he is home, his wife continues the morning's conversation about her ailing grandmother. However, Professor C. is not listening. Lately, his wife's problems seem too small to him, and he is always thinking about his subjects' torture episodes instead. Besides, he is tired and depressed from the demands on his time, the accumulation of sleepless nights, and the recent quarrels with his wife. When she asks him about his day, he doesn't feel like talking about it. "What's the point," he thinks, "no one can ever understand what I heard today."

But what makes his troubles particularly unbearable is his new suspicion that several of the survivors he interviewed may have committed human rights abuses themselves. So, six months later, disillusioned and angry about the experience, Professor C. lets the transcripts collect dust in his closet. Analyzing them would be too painful; his emotions and marriage have rebounded, so the project is abandoned.

Traumatized. Burned out. It is obvious that these are his problems. If he leaves the project unfinished, he will be all right. But he will always know that the project was not completed. He will wonder why he is not cut out for this work. Too bad, because he was fascinated by it and the field is wide open for him. And what about the "innocent" torture survivors who gave their time and stories to him? They expected him to record their voices for the world. He has failed them, too.

Professor C.'s reaction to the stress of his work was predictable and possibly preventable. He is experiencing something that has been termed secondary

traumatic stress (STS), the psychological, spiritual, and social effects of working with trauma victims and of exposure to the stories they tell. According to Charles Figley, secondary traumatic stress is the constellation of emotional and behavioral responses that can result from “*knowledge about* a traumatizing event experience[d] by a significant other. It is the stress resulting from *helping or wanting to help* a traumatized or suffering person.”<sup>1</sup> Also termed “compassion fatigue,” “vicarious traumatization,” and “co-victimization,” it is *secondary* trauma because the trauma is experienced vicariously, through being a witness to or recorder of another’s story. The manifestations of STS can mirror the psychological symptoms experienced by the victim. For instance, STS may include feelings of depression, irritability, intrusive recollections (“I can’t get it out of my head”), sleep disturbances, nightmares, emotional numbing, or intolerance of others’ experiences—especially the stresses of daily life. So like his subjects, Professor C. is experiencing the trauma of torture, only second-hand and greatly toned down, of course.

As the field of trauma study grows, so too does our awareness of the impact that traumatized individuals may have on those who work closely with them. The original studies on trauma dealing with the “primary victims” are now joined by studies of the family and community response to torture and of the interviewers’, workers’, and caregivers’ response to this trauma, in a rippling pattern radiating outwards from the first victims.<sup>2</sup> Lawyers, human rights advocates, immigration officials, writers, social science researchers, and health care workers—all of us are susceptible to the effects of STS.

Though the problem of STS is old, our understanding of it is very new. Contemporary writers on STS<sup>3</sup> focus on the imbalance between the survivors’ compelling needs and traumatic story on the one hand, and, on the other hand, the workers’ ultimately limited resources for help and capacity to absorb the story. According to these writers, STS comes from the global, psychological strain of working with difficult populations, since success is often minimal, particularly when assessed in relation to the high standards of the worker. Or, STS develops from the sense of helplessness, powerlessness, and failure individuals may experience when faced with overwhelming, senseless suffering. Still another explanation is that trauma induces a disruption of one’s sense of logic, reason, and predictability of experiences—our sense of self that is reliant on explanation and reason as organizing principles.

These formulations might seem sufficient to explain the development of STS. They underlie recommendations and programs for preventing or ameliorating STS that purportedly minimize the burnout and loss of valuable workers that result from it. However, these explanations ignore the additional, pernicious, contributing factor to the development of STS that is alluded to in the vignette about Professor C.—namely, the tendency to idealize the torture survivor. It is our contention that the complex and subtle dynamic of idealization of the victim contributes to STS. The above explanations of STS all involve

a more or less static, one-way effect: the trauma story and trauma victim create an effect in the listener. Our discussion of idealization will involve considering the relationship between victim and worker as mutually interactive; both participants profoundly alter the other, and shifts in each affect subsequent interactions between them.

### Idealization

Historical changes in the field of psychoanalysis set the background for our discussion of idealization. Freudian psychoanalysis developed within the construct of the medical model. The patient, who was sick, came to the doctor to be cured. The treatment was something that the doctor did to the patient; the doctor was powerful and the patient was powerless. This was a static model, with one person trying to change or help the other. If the doctor became troubled or disturbed during this exchange, his reaction was viewed as a "countertransference," which was understood as a problem emanating from the doctor, e.g., his or her own trauma history.

Recent conceptualizations see the doctor and patient as a pair that jointly shapes a discourse that reflects the interaction between their two personalities. Though one is the storyteller and the other the active listener, both individuals are, by necessity, changed by this interaction. To take this even further, it is also suggested that the content of this discourse—the trauma story—is itself mutually constructed. In other words, reporter and listener mutually create the narrative. This is not to imply a questioning of the actuality of the events of the trauma, but rather to state that the retelling of the events in each new setting amounts to a re-creation of its *experience*, which is also subtly changed in the telling by the personalities involved.

We propose that a mutual, narrative construction eventuates with all those working with trauma survivors, such as human rights workers, lawyers, social scientists, and the media. Further, as the interaction between worker and victim progresses, one tendency on the part of the worker is to idealize the victim. This idealization may give rise to STS in the worker.

A case scenario illustrates how a narrative that is created with a victim who is idealized by the worker promotes the development of STS. A lawyer came to one of us and told us about her work with her client, Rosa, a woman in her early fifties, who had been a victim of torture, including genital mutilation. The lawyer was a woman in her early thirties who had always gravitated towards human rights and especially the plight of abused women. She recalled, "Rosa reminded me of my maternal aunt. There was something sweet, warm, and reserved, and her story was so awful." Rosa described being tortured for her affiliation with an opposition party in a Middle Eastern country. She said that she was "cut" by a local "barber," while being held down by three men in a prison cell. As Rosa spoke in the lawyer's office, tears came

streaming down her face. "They just held me down and cut," she told her lawyer, leaving the latter with a visceral understanding of the raw, unprocessed pain, betrayal, and humiliation her client had suffered. Rosa told the lawyer that she had been emotionally numb for years, backing away from potential intimacy, in order to shove memories of her trauma far out of her mind.

The lawyer described the interview with Rosa in the same palpable, vivid detail she attributed to her client. Then she said:

I stayed at my desk mulling it over, after Rosa left, and was very late to meet my husband. Noting my distress, he asked what had happened. But I said I didn't want to think about it and, willing myself to disengage from Rosa, I forgot about her for the rest of the evening. Later that night, in bed, I found myself shrinking back from my husband's touch, jerking myself away.

At my next meeting with Rosa, when she cried, I was very moved again, and it was difficult for me to end our meeting, even though I had to be in court the next day, and had a lot to prepare. Being a woman, I felt I was on an important mission, with Rosa as my companion or even, in some spiritual or ethical way, my guide. I felt fortunate to be working with Rosa. After all, she had been a political activist, and my involvement with her and with other asylum seekers was my own way of being politically active. When Rosa cried and said she felt weak and pathetic for crying, I pointed out that in fact it was her strength that got her into trouble in her country. I saw Rosa as a morally righteous activist, a courageous, selfless, and committed woman. I hoped she could now derive strength from seeing herself this way too, so I asked her to tell me in detail about her political work before the torture. That session she spoke with conviction and knowledge.

When, in our next meeting, Rosa referred to the moral corruption of a neighbor who is—she whispered—living with a black man, I gasped. I felt enormously disappointed in her, let down, angry. After our meeting I put off writing my notes. I felt betrayed.

In order to understand the path the lawyer traveled, from a position of professional witness, to a stance of aloneness and disengagement from her husband, and finally to feelings of anger and violation by her client, consider the nature of a coming together of survivor and interviewer. Survivors of torture are survivors of trauma that is deliberately inflicted by fellow human beings. When victims of such "man-made trauma"<sup>4</sup> begin to tell their story to a benign other, they bring with them the experience of having been touched by intentional malevolence. The narrative they struggle to tell involves what Laub and Auerhahn, writing of the Holocaust, have termed "failed empathy."<sup>5</sup> That is, in their confrontation with brutality, these survivors encountered fellow human beings who did not treat them with the kind of basic, empathic, responsiveness people grow to expect, and to need, from others. Such survivors bring to the encounter with a benign interviewer hope, purpose, and a sense of having been failed by others.

What the interviewer brings to the relationship can, for the purpose of clarity, be split into two parts, which are, in reality, inseparably intertwined: personal history and professional role. We take for granted the notion that the interviewer's particular, personal past may influence her reasons for choosing the line of work in which she is a witness. The interviewer was once a child who, unknowingly, took into herself the legacies of her family and her community. She may be the child of Holocaust survivors, or of war, or persecution. She may have grown up a witness or victim to suffering she felt powerless to alleviate. Now, motivations and feelings that may be unconscious to her fuel the interviewer's professional role. She may unconsciously identify with the victim or associate him with someone personally significant to her. She may have a need to feel that she is now capable of saving the victim.

Meanwhile, the interviewer's professional role defines her as a benign, interested other whose task it is to be responsive to the survivor's tale, and, sometimes implicitly, to the larger political context in which this tale is spun. Because it is the interviewer's responsibility, her job, to receive the survivor's story respectfully, she represents the very kind of empathic other whom the survivor sought—but failed—to elicit in her dealings with the torturer. In the interaction that unfolds between the interviewer and the survivor, then, there is an implicit, or sometimes explicit, task-oriented contract, which states that the interviewer will recognize and name the malevolence that fueled the survivor's man-made trauma. There may well be an expectation, held by both survivor and interviewer, that the latter's recognition and naming of the malevolence will undo some portion of its effects, inasmuch as such recognition begins to provide the very empathic responsiveness that was withheld by the perpetrators and now resides at the nucleus of the trauma. To facilitate the implementation of this humane and ethical contract, the interviewer attests to the fact that the survivor has been touched by evil.

To name the perpetrators' actions as evil is to take a moral stance. But it is a stance that also has psychological ramifications for the survivor-interviewer pair and for the interviewer herself. Given the extreme nature of so many survivors' experiences, the survivor-interviewer pair that seeks to establish the level of trust required for a working relationship is often called upon to declare, forcefully and unambiguously, that the evil that has been recognized and named is located outside of the survivor-interviewer pair, in a world the two of them, together, can denounce. Against the backdrop of such a pact, which is felt to be representative of a moral good, it is often difficult for the interviewer to recognize the presence of some other than purely good qualities or feelings that emanate from within the survivor-interviewer pair. After all, upholding an alliance in the face of what is thought of as pure evil is the interviewer's job, and it is natural to want to counteract the presence of pure evil with proof of the presence of the opposite, pure good.

What we are suggesting is that it is *difficult* for the interviewer to avoid constructing a stance in which she idealizes the survivor. Such an idealization, which is a byproduct of forming an alliance against evil and failed empathy, as well as a function of the interviewer's personal history, ultimately leaves the interviewer at emotional risk. How can she allow herself to feel anger at the survivor for something the survivor has said or done? How can she feel critical of or impatient with the survivor when the survivor behaves immorally, manipulatively, or voraciously—and ungratefully—needy? She thus ignores her own gnawing impatience with and criticism of the victim.

An interviewer who idealizes the survivor and therefore does not give voice to her own emotional experiences, which may be conflictual and are bound to be complex, is depriving herself of necessary solace. Not naming her own difficult reactions, she is liable to come to feel detached and alone, since she herself now feels that the breadth and nuance of her experience is hers to bear, alone. Others cannot understand, she says to herself silently, often unconsciously. They cannot fathom the depth of evil she has agreed to witness, and they cannot comprehend her reactions. She herself cannot entirely comprehend her reactions, some of which give rise to a vague sense of guilt. Suddenly, she feels unsure of the possibility of true communication. She withdraws and, like the victim, expects a certain failure of empathy. She herself now needs help.

To summarize, the idealization of torture victims leads to the collapse of the space necessary for self-reflection and self-care on the part of the worker. Elevation of the survivor's needs and feelings leaves insufficient room for the interviewer to recognize and to think about the complex reactions and feelings sparked through the work. As a result, selective features of the survivor's experience are focused upon and emphasized, while other features, which contribute to the interviewer's less visible feelings and reactions, are excluded. When such a situation develops neither the survivor's nor the interviewer's experience is fully acknowledged.

### Caring for Caregivers

In a *New Yorker* cartoon, a drowning boy shouts to a dog on shore, "Lassie! Get help!" In the next panel, Lassie is lying on a psychiatrist's couch.<sup>6</sup> Some human rights workers may agree with the cartoonist that there is too much psychotherapy in the world. Certainly, stress comes with the job of those who work with torture survivors, and it does not normally get raised to the level of secondary trauma. Further, the traumatized workers in our two scenarios may disagree with their "diagnosis" of STS and its implications of psychological and emotional illness. In either case, we could simply argue that these workers cannot stand the heat of torture stories, so they should leave the kitchen. But the human rights field may be idealizing its workers when it does not

provide for such support (issues of limited resources aside). Our aim here is not to enroll such workers into the "post-traumatic culture" in which "...if everyone is traumatized, does the concept have any useful meaning at all,"<sup>7</sup> but rather to recognize an important truth. Caregivers need caregiving—even if it is not at the level of psychotherapy.

It is difficult to hear story upon story of purposeful cruelty and consciously inflicted pain, even without the pull to idealization. These accounts *must* change us unless we are hardened and numb to other people's suffering. They may challenge our sense of purpose in the world, strain our relationships to friends and family, or alter our view of humankind. But, because the human rights movement cannot afford to lose valuable workers, something should be done to reduce the hazards of STS and to prevent the burnout and the loss of valuable workers that result.

The use of the term STS is not intended to reconstruct our case examples' existential experience of suffering and pain into experiences of "medicalized" stress and trauma. To begin with, stress, trauma, and trauma-induced illness are different experiences that lie on a continuum. The difference between a stressful experience and a *traumatically* stressful experience is the amount of adjustment that is required to meet the stress. A stressful experience, though challenging, does not require the emotional and behavioral reorganization that a traumatically stressful experience demands. Similarly, a traumatically stressful experience does not necessarily lead to the development of a psychological disorder or illness. A traumatically stressful experience can encourage reorganization that promotes the health of the person. For instance, persons may become more resilient to stress in the future, or may strengthen their existing relationships. Conversely, the resulting reorganization may impair their health, in which case it becomes a traumatic stress *disorder*.

Furthermore, were we advocating technical fixes (a pill, psychotherapy) we might be guilty of transforming these soul-wrenching experiences into problems that, only and always, need professional management by mental health workers. This is not our purpose. Rather, we wish to point workers toward self-exploration, which may include grappling with the dynamic of idealization of the victim and its effects upon them and their work. Therefore, we believe that the term STS should be applied when it serves the purposes of directing preventive and ameliorative care for suffering workers—be it spiritual, social, or psychological.

Initially, simple steps will help us confront our idealizations. First, we can recognize that we pursue our work—as in any field—with an admixture of motivations. While we are accustomed to viewing human rights work as fueled by altruism, it is important to recognize the fuller range of motives and reasons that move us to act in this arena: intellectual interest, a personal history underlying the need to rescue others, ambition, even voyeurism, and, for some, a desire for adventure.

By the same token, we are accustomed to citing sympathy, compassion, and a sense of dedication as our prevalent feelings around torture victims. So in the second step, we must recognize the fuller range of motivations and behaviors of victims and our consequent experiences of working with them. They may embellish stories to support asylum claims. Others may antagonize their service providers by demanding special appointments, assistance, and cancellation of fees when payment is possible. At its most extreme, some workers, like Professor C. in our first example, may suspect or discover that the victims themselves were torturers in the past.

Even victims can be arrogant, ungrateful, demanding, exploitative, entitled, and manipulative. It is time to admit that we can also feel anger, resentment, disappointment, and even moral superiority and disgust. Such emotional reactions must be recognized and explored without shame. If we see them in ourselves, we should know that they are neither idiosyncratic to us, nor are they signs that we are not cut out for the job.

Admittedly, idealization is a double-edged sword. While potentially harmful to individual victims and workers, idealization has another side that serves many of our broader purposes: changing foreign policy, enlisting political support, or fundraising, to name a few. This is because human rights workers function in a milieu where many factors—political, economic, and moral—routinely press for attention. There are usually multiple agendas competing for limited resources. Human rights agendas may depend upon a narrow, idealized view of the victim that helps justify a claim for scarce resources. We may feel constrained by the overall political context to view or present the victims' predicaments in dichotomous terms, in which there are only purely innocent victims and utterly evil perpetrators.

Clearly the press for idealization is a powerful internal and external force that can cloud our vision when we are alone with a victim, on the one hand, but promote our political goals for groups of victims, on the other hand. Understanding our tendency to idealization whenever we work with an individual victim may help us to stay in a position of uncertainty and unknowing that is ultimately more useful for both the victim and the worker. Still, how do we confront idealization without damaging our commitment to the work and the social and political support upon which this work relies? We face the complex task of disentangling workers from their idealized views of victims while maintaining their dedication to the task. We have yet to explore the costs and benefits that the idealized victim provides to our human rights agendas. It is time for a clear-eyed examination of the potentially damaging, yet often useful, effects of idealization on ourselves and the field of human rights.

### Notes

1. Charles Figley, ed., *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* (New York, NY: Brunner/Mazel, Inc., 1995).



2. I.L. McCann and L.A. Pearlman, "Vicarious Traumatization: A Framework for Understanding the Psychological Effects of Working with Victims," *Journal of Traumatic Stress* 3:1 (January 1990): 131-149.
3. J.F. Munroe, J. Shay, L. Fisher, et al., "Preventing Compassion Fatigue: A Team Treatment Model, in *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*, ed. Charles R. Figley (New York: Brunner/Mazel, Inc., 1995), 209-231; B. H. Stamm, ed., *Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, and Educators* (Lutherville, MD: Sidran Press, 1995).
4. D. Laub and N. Auerhahn, "Failed Empathy: A Central Theme in Survivors' Holocaust Experience," *Psychoanalytic Psychology* 6:4 (1993): 377-400.
5. Laub and Auerhahn, 377-400.
6. D. Shanahan, *The New Yorker*, May 8, 1989.
7. K. Farrell, *Post-traumatic Culture: Injury and Interpretation in the Nineties* (Baltimore, MD: Johns Hopkins University Press, 1998), 5.

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