

PSYCHOSOCIAL TRAUMA, POST TRAUMATIC STRESS DISORDER AND TORTURE

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1. Introduction: torture and psychiatric nosography; main issues

Over the past few years, within the teams that provide medical-psychological care to people suffering from the psychic sequels of torture in our country, there has been a permanent discussion surrounding certain categories that arise from psychiatric nosography - as is the case of post traumatic stress disorder (PTSDA) – that have been put forward as descriptive or interpretative models of the whole set of effects produced by this act of violence on psychic functions. Perhaps PTSD is the nosography that has been resorted to most often in order to comply with this diagnostic function, aimed at obtaining - through this conceptual framework - a model that in addition to the implementation of this aspect of psychiatric practice in the field of mental health and human rights, is also capable of performing the task of systematizing, encompassing and generalizing the disorder that torture and other forms of violations of the right to physical, psychic and moral integrity have on the psyche of individuals. Thus, an interesting discussion emerges regarding the probable existence in the tortured person, of a set of symptoms, psychic processes, mental disorders, or whatever name one wishes to use, recognizable in medical practice as a disorder or syndrome, adapted to the diagnostic task.

The Chilean experience, from the military coup in 1973 to date, has led to the work of independent professionals and mental health teams, that for nearly a quarter of a century have been providing medical-psychological care to torture victims and permanently researching the traumatic effects of torture. This practical-theoretical exercise has produced knowledge that we believe can contribute to the debate that this paper analyzes. This knowledge comprises diverse – and often juxtaposed – perspectives, discourses, working methods, epistemologies, political-ideological viewpoints, techniques for psychosocial intervention, etc. Indeed, it is this diversity that has enriched a discussion that, in essence, questions theoretical and methodological issues related to torture as a specific object of study by psychiatry, psychology, social psychiatry and social psychology. The complexity arises from the fact that we approach the *pathos* of torture – essentially a sociopolitical phenomenon – from the biomedical, psychological and social angle, trying permanently to avoid reductionism in any direction. On one extreme, under the hegemony of the discourse that represents the medical model, the most terrible reductionism is that which “medicalizes” torture, transforming it into a symptomatic constellation within the exclusive domains of psychiatry. On the other extreme, reductionism resulting from certain political practices that over-ideologize the personal and social experience of torture to the point of underestimating or ignoring the specificity and singularity of the medical, psychological and psychosocial processes triggered by torture.

The issue is how we understand practice in the mental health field when the human experience that we are dealing with from our diverse specialties – tortured persons and groups of persons – reflects the representation within the social drama (both at an individual subject and collective level) of sociopolitical conflicts, social class interests, the voracity of economic power, etc. We are evidencing an unequivocal political causality behind the psychosocial trauma that we seek to take charge of. In Chile, the plan to exterminate the “enemy within”, undertaken by Pinochet, was a direct cause of psychosocial trauma, psychiatric illnesses, family dysfunctions, loss of employment and deterioration of living conditions suffered by thousands of people. The political event (political violence by the State) acquires a primary and determining dimension in the psychic disorders suffered by the target human groups. It is this relationship of causality between State terrorism and psychic injury, between political repression and

traumatic processes at the level of the individual and collective psyche, between governmental policies and the mental health of citizens, that provides these psychiatric and psychological disorders with the unique specificities that are absent from all other spheres of psychiatry and mental health. In this case, the damage suffered by the human psyche is the materialization of a conscious and premeditated action on the part of the State apparatus to destroy the human person, supported by an international ideology of domination (doctrine of national security, doctrine of low-intensity regional conflicts, etc).

On the other hand, impunity begins in our country on the same day of the military coup and becomes another *pathos*, nurtured by the dictatorship every single day for 17 years, with the systematic violations of the right to life. The so-called Amnesty Law dictated by Pinochet and the submissiveness of the courts of justice, have modeled a permanent style of relationships in society within a context of almost absolute lack of truth and justice for the crimes committed by the armed forces. The victims will suffer the impunity as a constant trauma that deepens the psychic disorders generated by direct violence; impunity thus becomes a new and powerful re-traumatizing agent, acting on a daily basis on the whole of Chilean society. Therefore, in terms of the causal explanations of the psychosocial trauma, impunity acquires a fundamental role. For this reason, its persistence during the post dictatorial period (a common phenomenon throughout the southern cone of Latin America) has prolonged the existence of one of the most effective instruments for psychic and moral destruction, not only of people directly affected, but of society as a whole. With impunity – now in democracy – the model of political-social causality of the psychosocial trauma suffered by Chileans is perpetuated in the social world, a phenomenon which clearly violates civil and political rights, as well as casting serious doubts on the type of society we are building during this transition.

In consequence, when it comes to defining the traumatic events that caused psychosocial damage to our consultants, to analyzing its time and space, its connections with personal and family history, its relationship with the many-sided and ever-changing range of psycho-emotional disorders and psychic symptoms; when it comes to studying its impact on the historical-vital project of subjects and on their concrete living conditions; when it comes to analyzing the traumatic experience as from the dialectic individual subject-social subject, etc. we venture into a sphere of strongly inter-related and intensely dynamic multi-axis phenomena and processes. Their correct interpretation demands an integrated perspective from various disciplines, following a dialogical relationship between the biomedical and social sciences.

CINTRAS, an institution that has provided medical-psychological care to nearly 3.000 people with mental health problems as a result of the military dictatorship, has tried to develop a theoretical approach to this issue, as a result of both its own psychosocial practice, and of permanent discussions health with other similar teams, both in Chile and abroad. The discussion regarding the scope of PTSD as a descriptive framework of the trauma produced by torture leads us to the basic debate mentioned in this introduction: the specificity of the damage, its essential characteristics and its historical nature. In this paper, we shall firstly define PTSD in version DSM-IV, we shall then look at the historical development of the concept of trauma, we shall try to outline a critique of PTSD and finally, we shall present the perspective that CINTRAS has adopted for its work.

2. Post-Traumatic Stress Disorder, version DSM-IV

The neo-positivist perspective chosen by the American Psychiatric Association (A.P.A.) for the classification of mental illnesses, DSM, goes beyond the concept of PTSD, seeking consensus in psychiatric discourses by ignoring positions held by schools of thought and referential theoretical frameworks. This approach states that the diagnosis of the disorder demands the pre-existence of a traumatic event capable of generating an intensely anguishing response by the subject, and that it be experienced by the subject as a vital threat. In a clear causal relationship, this event must be capable of

later producing – and for a defined minimum period – a specific symptomatic constellation. Classification of the subject in axis II enables the identification of personality structure disorders; axis III investigates possible accompanying medical illnesses; finally, axis IV mentions the concomitance of psychosocial and environmental problems. The axes establish empirical events and not necessarily relationships. Thus, DSM-IV resolves the task of reviewing the health problem of the consultant without excluding physical and psychosocial health factors.

DSM-IV itself identifies torture as one of the traumatic events that can cause PTSD. Therefore, our task is to position the tortured subject in the adequate place in the manual and to check whether the descriptive framework of the damage suggested in the 4 axes can account for the essential and specific nature of the damage. For a critique of the method, we shall first of all deal with evolution of the concept of torture, placing special emphasis on the contributions made after the Second World War. Secondly, our arguments will result from the concrete clinical and psychosocial practice of the CINTRAS team, speaking from an experience of work that enables us to recognize the possible occurrence of PTSD among our consultants and the real volume of these cases within the trauma as a whole.

We shall focus on four points of the model we believe can be of help for a more in-depth discussion. The first one is related to the pre-traumatic temporal framework; specifically with the subject's socio-historical condition and his own pre-traumatic condition. The second focus of the analysis is the subject himself, his historicity, relational fields and relation with the traumatic event. The third focal point refers to the traumatic event itself; its quality, specificity and particular relationship with temporality. Finally, the fourth point deals with the concrete manifestations of the trauma upon the subject.

3. Trauma: from Freud to Martín-Baró

3.1 Freud and psychic trauma

In his first approach to the subject, Freud establishes that psychic trauma is the consequence of a major traumatic event or of a temporal sequence of smaller temporal traumas that have impacted the psyche of the subject overrunning its protective barrier. On the one hand, attention is placed on a certain energy overload condition that has been imposed, be it immediate or gradual, as a result of certain negative experiences by the subject. Thus, the traumatizing event abruptly or progressively interferes with psychic processes. On the other hand, the mechanism which turns destabilizing events into traumas, is the alteration of the so-called “perseverance principle”, which balances this energy load at an intra-psychic level, enabling a normal operation of mental processes. In accordance with this conception, the internalization of these energies resulting from the relation of the individual with the exterior would be regulated by a sort of protective barrier aimed at balancing the flow of energy. This barrier would be made up of periodic emotional discharges. This explanation points towards an *economic conception* of the psyche, clearly illustrating the strong influence of the physics of that era on Freudian theory. The founder of psychoanalysis continues to develop his theory and later explains that the protective barrier uses the resource of associative processes that the individual can resort to when internalizing potentially traumatic events. This explanatory framework already evidences a *dynamic conception* of the psyche, representing the more mature and definitive ideas of Freudian theory. The trauma is established as a psychic event only when the protective barrier has been over-run by the energy intensity of the event and the perseverance principle has been broken; only under these internal conditions of the psyche do the trauma manifestations themselves begin to appear.

This theory has two major merits. The first one is its geniality: for the first time in the history of the emerging modern psychological science, the issue of psychic causality is considered for mental processes. Doing away with the dominant vital and organic conceptions of that era, Freud takes psychic processes to the category of primary scenario of events within the human mind. The second merit is to point out that the internal mechanisms used by the individual to process traumatic events, implies that

intra-psychic activity is a condition of the trauma; in other words, within the final configuration of trauma lies the individual, unique and un-repeatable impression of the subject. This makes his post-traumatic psychic condition unique.

Much later, in 1926 (in his work "*Inhibition, Symptom and Anguish*"), Freud analyzes the traumatic event further, adding new and definitive interpretations of the psychic functioning. This time, he focuses on the young age of the subject, identifying - during these initial phases - the impact of experiences associated to certain losses of loved ones resulting from breakdowns and dissolution of the child's relations with emotionally significant figures, generating early patterns to resolve the death or loss of dear ones. These mechanisms to deal with losses constitute, as from that moment onwards, a distinctive model of approach to the new traumatic events that will be produced in the future. Therefore, the psychic trauma will reveal, indirectly, aspects relative to the basic traumas of this individual and will also show us the psychic dynamic that are the basis of his elaborative processes and defensive styles. This new perspective by Freud also highlights the enormous value of temporality in the genesis of psychic trauma, understood as a continuum from birth to the here and now of the traumatized subject.

3.2 Masud Khan and cumulative trauma

Khan dwells deeper on the initial stages of the subject's life analyzing the mother-child relationship. In his conception, this relationship concentrates the largest amount of emotionally significant events for the child, and some of them are sub-traumatic. The mother acts as an auxiliary I for an individual that establishes a link of dependency for the satisfaction of his basic needs, be they physiological or psycho-emotional in nature. During the maturing of the mother-child link, an interdependent link is established that is nurtured internally by means of an interactive strengthening between the two of them. Under these conditions of intense emotional exchange, these sub-traumatic experiences can be expected to accumulate as a silent over-imposition of unresolved relational conflicts that surpass the adaptation mechanisms of the child and – at a given moment of the vital cycle – end up becoming the psychic trauma.

Apart from insisting on the importance of temporality on the genesis of the trauma, Khan's argument points towards the relational field by highlighting the mother-child relationship as the interaction scenario for the trauma. By establishing the origins of a disturbing experience in the conflict with an *other*, he opens an interesting analytical perspective related to the limits of that *other*. This perspective was gradually enriched later on with the contribution of new authors.

3.3 Bruno Bettelheim and extreme traumatization

As an inhabitant of the Second World War sub-world, Bettelheim developed his discourse on trauma tainted by the horrendous experience of concentration camps, having survived among "Muslims", GESTAPO agents and gas chambers. Undoubtedly, he is a distinguished analyst of psychic trauma. His perspective is characterized by a specific and concrete reference to the historical and sociopolitical framework of his own personal history: the war scenario during the mid-20th century, the greatest social catastrophe of humanity. Its many-sided consequences project themselves as a surreptitious threat for human society and culture in the third millennium.

Perhaps the hyperbolic transcendence of trauma, mentioned by Bettelheim in his work, evidences a methodological requirement: the need to put the traumatic event in context within its historicity. This is one of his main contributions to the conceptualization of trauma. The author focuses his analysis on the *quality* of the traumatic event, referring to the fact that this event emerges and is explained as from the sociopolitical context, thus granting it the quality of a radically specific event. The trauma of the concentration camp responds to a logic of confrontation of supranational political and economic interests that explains and provides a profoundly human sense (although horribly inhuman) to the violence

practiced there. With Bettelheim, the political causality of the trauma is clearly expressed in all its tragic dimension in terms of its devastating effect upon individual subjects.

The traumatic event is described here as a constant succession of painful events aimed at producing the sensation of vital threat. The daily extermination of people creates a psychosocial climate called a “limit situation”, characterized by the existence of a scenario of extreme vital risk for all individuals. We cannot abandon this space and within it there is practically no possibility of defensive or adaptation responses. It is around this scenario that the author develops the issue of experience of time as a different plane on which human suffering unfolds; the temporal nature of the prison is severely distorted by the restrictions imposed on concrete subsistence conditions, by the manipulation of time, sensory privation, etc., so that the relationship the subject has with time becomes uncertain and destructive of any structure.

Under such conditions, the persistence of the “limit situation” destroys all psychic barriers and ends up in what Bettelheim calls a “state of extreme re-traumatization”. This state no longer refers to psychic specificities of the trauma (described as more than the disarticulation of the psyche: as a global psychic deterioration), but also to the pathetic physical involution of the individual – the Muslim – so that death is not necessarily the result of the gas chamber, but a mandatory epilogue of an organism that agonizes in its physiological misery. Consequently, among survivors death reaches the status of fatality.

From his perspective on trauma, Bettelheim contributes two new elements: the specificity of the traumatic event referred to a historical context, and the psychobiological dimension of the damage.

3.4 Hans Keilson and sequential traumatization:

Also as from war conditions (the German occupation of Holland), Keilson positions himself in the political context to define the characteristics of the traumatic event. It is the concrete socio historical conditions that produce the traumatic discharge upon the subject; political conflicts on the question of power are resolved by means of the production and implementation of domination strategies by the hegemonic forces. These strategies, transformed into State policies, are implemented as violent processes and are periodically modified in accordance with the practical results of that implementation. Thus, the type of strategic-tactical resources of State terrorism, its specific objectives, the selection of the human group to be targeted for repressive action, psychological warfare, torture methods, genocide, etc., are all dynamically redesigned according to the greater or lesser success in the task of crushing social response to the established power.

Analyzing the changing specificities of the process of systematic violations of the right to physical, psychic and moral integrity over the course of time, Keilson identifies three traumatic sequences, referring directly to the war experience he studied. The first one expresses the impact of military invasion, followed by the occupation of the country; the second refers to the killings, massacres, persecution, deportation, destruction of families, etc. that take place during the domination period; and the third one feels with the psychosocial consequences of war. The traumatic event is now transformed into a structural situation of permanent global violence where it is no longer possible to recognize the existence of specific events that transcend as such with a certain meaning other than adding to the context of horror. The sequences proposed by Keilson have the value of identifying historical moments in which changes occur at a sociopolitical level and in the repressive strategies, as well as the consequent qualitative adjustments in the psychosocial response to the collective trauma.

The author contributes the concept of “extreme traumatic situation” to identify the psychopathogenic situation that impacts the population in each sequence. Trauma develops as a continuous stress, of extreme intensity, as a result of the permanent situation of vital threat that reigns in the social fabric. Under these conditions, individual psychological disorders can potentially become chronic and also

project themselves as trans-generational damage to descendants. The fact that the traumatic experience continues to operate for many years, once the repressive events have concluded, in the spontaneous conscience and the collective unconscious, is the basis for its transfer to new generations. In our opinion, Keilson's theoretical contributions are linked to the enormous transcendence that the author gives to the analysis of socio-historical causality of trauma and his contribution to the characterization of psychic trauma as a phenomenon that follows a process, recognizable in terms of its sequences, but at the same time impossible to determine in terms of when it concludes.

3.5 Ignacio Martín-Baró and psychosocial trauma

With Martín-Baró, the analysis of psychic trauma moves physically to Latin America and chronologically to the last decades of the millennium. Analyzing the psychosocial consequences of the prolonged armed conflict in El Salvador, Martín-Baró theoretically drew up a proposal for conceptual integration as from a new sociopolitical and psychosocial reference framework. His ideas maintain the vision of a process in the traumatic experience and also acknowledge the existence of certain stages within that process. This time, the focus of the analysis regarding the traumatic event is placed on the socioeconomic structure that is granted relative hierarchy in the sequence of causalities of psychic trauma. Structural violence emerging from the very core of the economic formations of Salvadoran society is the starting point of a chain of social violence that expresses and explains the civil war. This structural condition generates, at first, perturbed social relations expressed in acute social and political conflicts among antagonistic classes and social groups. Countless traumatic events arise out of these conflicts. During a second stage, the extremely severe nature of the conflict can no longer be channeled in the form of peaceful methods and armed confrontation appears. The dominant form of social relations becomes war, a stage during which violence acquires the expression most directly destructive of the human being, in terms of his physical and psychological annihilation. In a last phase, Martín-Baró also gives great importance to post-war social relations, thus highlighting the fact that the trauma continues to be suffered even during the phase when violent repression pulls back.

With Martín-Baró's proposal the traumatic event is solidly categorized as a socio-historic event that recognizes in its origin a fundamental role played by social relations, especially those that arise from society's own socio-economic formation. As a result, trauma is necessarily a process over time that impacts the whole of society, but in a differentiated manner in accordance with the groups and social classes that are struggling, thus evidencing specific forms of damage corresponding to each social class. This gives rise to a diversified and not a uniform social psychology for the whole social body.

With regards the traumatized subject, the author identifies him in the dialectic individual subject-social subject. It is impossible to reduce the relationship between traumatic event and person affected to a situation in which an isolated individual suffers the effect of a disturbing event for his psychic life, which is only significant for himself. Recognizing the singularity of this experience, as an un-repeatable and unique experience of the individual subject, Martín-Baró highlights it as a social experience; in other words, as an event that encompasses all the subjectivity: It is only at the level of collective trauma that the traumatic event finds its full explanation: Firstly, as a resource for domination and social extermination, aimed at reaffirming a specific model of society (i.e. in its condition of method and technique for social control). Secondly, as a specific process to disrupt the human psyche, that extends its internal mechanisms beyond the minds of isolated individuals and reaches its full dimension as a phenomenon when materializing its effects on their psychosocial consequences. For that reason, the psychic trauma that we have been mentioning becomes known, as Martín-Baró suggests, psychosocial trauma.

Another important contribution made by this priest and social psychologist to the theory of trauma, is his vision of the trauma-subject dynamic. Unlike what has been reviewed so far, for the author this is not a passive relationship, in terms of a certain mechanism in the way the subject lives the traumatic experience: an external agent impact his psyche producing specific effects that are processed internally by

the individual, thus bringing the process to a close. These are not a-social individuals who live the drama of violence in a sort of autistic loneliness of their intra-psychic field, but groups or human collectivities where it is possible to evidence the existence of interconnecting bridges between their experiences. Every subject elaborates – in a peculiar fashion, but always socially – the traumatic experience within their re-socializing contexts (family, community, social organizations, political parties, etc.) either consciously or unconsciously, producing allocations of causalities, cosmovisions, social guidelines for behavior, adaptive response styles, political-ideological explanations, etc. that finally define certain forms of social conduct. This conduct reverts back to the context and to the traumatic events themselves, either enhancing pre-existing situations or generating a field of potential to change them. Thus, with Martín-Barón trauma is viewed as a cause and also as a effect of social dynamics.

Finally, consistent with his historical vision, the author expresses his conviction that the trauma is explained much better and in essence when we analyze it from the perspective of psychosocial and sociopolitical phenomena. The structural causality of political violence puts this problem far beyond biomedical, psychiatric and psychological practice, so that a true resolution of the psychosocial trauma will only happen within the framework of social relations. This represents a fairly clear call upon the utopia of social change.

4. Towards a critique of PTSD

Initially, we set out to analyze to what extent PTSD can be a nosographic entity that accounts adequately for the essential aspects of the damage produced by torture. We always stated that underlying this question was the wide ranging issue of epistemological basis that support the different psychiatric, psychological and psychosocial visions when characterizing the psychic trauma produced by this event. At the heart of the matter is the problem of whether torture or other forms of political repression produce a particularly specific damage to people; whether psychopathology or disorders that it triggers in the psyche are contained in the nosological and nosographical paradigms already designed by the clinical practice. We would like to add that to answer this question, the concrete experience of providing care to victims would be useful, as well as a historical review of the evolution of the concept of trauma, from the classics to contemporary authors who have obtained their experience in a similar context to our Latin American reality.

Our institutional vision will be presented in the last chapter, but we would like to express that we do not believe that PTSD is capable of reflecting the full complexity and magnitude of processes, both social and individual, involved in the human repercussions of torture. In view of what our practice of clinical care of victims of the Pinochet dictatorship in Chile has taught us, we have been forced to rigorously examine the real scope of this trauma as an attempt to express the psychopathology of the trauma of torture. On the other hand, the various interpretations of the psychic trauma that we have briefly reviewed in this paper, provides us with enough theoretical material to support our proposal.

4.1. Regarding pre-traumatic temporality

DSM-IV establishes no specific indications regarding the previous history, neither in terms of the subject's own history, nor in terms of that other history, of a more general character, which makes sense of the former. It seems that this aspect is indifferent for the understanding of the processes that the traumatic event will produce in different levels. On the one hand, the lack of knowledge of the subject's pre-traumatic experience relegates to a secondary level (or definitely discards) basic aspects for an understanding of certain psychic processes that will be triggered with the traumatic experience. The final configuration of the traumatized psyche at the level of the individual subject – both in form and in contents, in appearance and in essence – will be directly related to the personality's pre-morbid structure, personal biography, social and class position, the level of development reached by his conscience, the historical-vital project, etc. This set of conditions undoubtedly lies at heart of the explanatory and

comprehensive basis of the total and absolute singularity of the way in which the psyche will respond to the experience of torture.

On the other hand, the lack of all reference to the global socio-historic condition in which the subject lived before experiencing the traumatic event prevents us from knowing the most general conditions that are intervening from the social context on that individual's configuration of the world and on the creation of those social conflicts that will generate the future traumatic events. The lack of concern for the characterization of this historical scenario inevitably leads to an over simplification of the traumatic situation. For example, it would allow us to look upon an act of torture as arising from the subject's field of experiences, as a surprising and isolated event, totally disconnected from the social processes that provide it with coherence and rationality. From that perspective, it is understandable that torture be placed at the same causal level than an earthquake or traffic accident.

4.2. Regarding the Subject

PTSD identifies a non-historic subject. The tortured person is viewed in the repressive experience as someone completely out of touch with his relational fields. He is, first of all, undefined regarding the social relations that characterize the social formation he belongs to. Our ignorance of the position he holds in society's class stratification prevents us, as explained by Martín-Baró, from identifying the field of needs, interests and motivations that conditions him socially and that account, to a large extent, for his aspirations, frustrations, styles of relaxation and cosmovisions. Understanding the role this subject plays in the social conflict also becomes difficult.

Likewise, there is no specific concern for the relational links related to secondary social networks (community organization, trade unions, religious, cultural, political-ideological, etc) with which the person has organized his social life. This is where an important part of the subject's life project is materialized and activated: it is in these spaces where the subject's specific social practice comes to play and where he adopts a position vis-à-vis the political conflict. In the case of the tortured person, we may be dealing with an active social activist who as a result of his conscious commitment to his political cause, has integrated the possibility of torture in his psyche. But, we may also be dealing with an a-political citizen who is tortured in order to obtain intelligence information about his neighbor. Undoubtedly, in both cases, the experience of torture will acquire clearly different traumatic signs. Likewise, the response of both individuals to the event will be very different.

Finally, as a result of the weaknesses already discussed, PTSD is incapable of recognizing the dialectical processes produced between the subject and the traumatic event. We have the conviction that both subject and event condition each other, so that if torture acts upon the human person generating internal changes that are transformed into new social behavior by that person, that behavior will strengthen or interfere with the later course of the traumatic event. Since this is a planned intervention by the State aimed at perpetuating a specific form of political control, the subject targeted for destruction by the State, cannot be a mere individual subject: the effectiveness of the repressive action relies on its capability of involving the social subject: therefore, the actor that reacts by generating new social behavior is no longer just one specific person, but various social sub-systems, form human groups not clearly differentiated, to organized collectivities with clearly defined transformation objectives. Torture, a clear expression of the political violence practiced by the repressive apparatus of the State, prevents us from viewing the victim outside the framework established by the dialectical relationship individual subject – social subject.

4.3 Regarding the Traumatic Event

PTSD suggests that a traumatic event is a non-specific event, thus subtracting its quality. The only requirement validated is the quantification of the discharge of energy. In other words, the event must be capable of producing an intensive psycho-emotional reaction. As has already been mentioned, the manual

makes absolutely no distinction between a violation of a criminal nature, a natural phenomenon or a criminal act planned and committed by State agents against a political opponent. The most radical difference between the trauma produced as a result of violation of the right to physical, psychic and moral integrity, and all the rest, is that it is – indeed – produced and committed voluntarily by organized forces that subject the whole of society to a scientifically supported repressive technique. The critical point is that the psychopathology that derives from this act has its starting point in the rationality of power; is pre-conceived in certain structures of the State; is applied discretionally in accordance with political requirements, victims are chosen directly or indirectly, their intensity and duration is manipulated, etc. The traumatic event is highly qualified in terms of its specificity.

As is the case with the a-historic nature of the subject, PTSD also privileges doing away with the context of the traumatic event, making the differences between political and non-political events irrelevant. Thus, torture loses all the sense that links it to the more global field of social relations that exist at a given moment. The act used by the torturer to defeat the mechanisms for psychic adaptation to suffering and moral pain, is full of meanings that account for the serious repercussions produced in the long term and in the varied levels of the individual's life. These meanings always link the subject to social contradictions and turn him into a singular and unique version of an event that is well above this singularity and that unquestionably crushes him. In such conditions, the resulting intra-psychic conflict is nothing more than a sub-product of the global political conflict. All the explanatory wealth that underlies the experience of torture is lost with PTSD's denial of his historicity.

Lastly, the manual makes a mechanical separation between a before and after the traumatic event. It favors the idea of a unique event that once produced, unleashes specific psychic processes. As demonstrated by the various authors studied, we seldom encounter a clean and singular traumatic event. We have spoken of traumatic sequences, cumulative traumas, cyclic or recurrent trauma, re-traumatization, etc. The experience of impunity in the southern cone of South America challenges us with the absence of truth and justice for the crimes committed by the dictatorship, a permanent load of stress for the victims and their families. This is a new type of continuous trauma that projects itself as endless in time, which deepens the psychic deterioration of these people. K. Jasper's criteria to define chronological, motivational and understanding components of a reaction to a given experience (implicit in the "reactive" perspective of trauma proposed by the A.P.A: manual) are weakened significantly once the tortured person is studied.

4.4 Regarding the disorder as such

Finally, the question of the impact of trauma on the psyche becomes complex. Are we talking of isolated symptoms?, of a "disorder"?, as suggested in DSM-IV, or of a syndrome?. Or are we perhaps thinking of peculiar psychic processes and dynamics unrelated to psychopathology?. Could it be that PTSD traps us in a unilateral dimension of damage which only registers partial aspects of that damage restricted to the individual's psyche?.

The complexity of this problem cannot be undermined, because both the epistemological vision of the observer, as well as his political-ideological perspective, is questioned. Our opinion is that disorder, so defined in the manual, reduces the damage to a limited constellation of symptoms, and their presence becomes a diagnostic imperative. The discovery of symptoms defines the existence of the disorder that has been unequivocally described, so that it is always the same for all individuals suffering from it. Obviously, we are talking of a construction geared to facilitating the task of scientific dialogue, so that all the world's psychiatrists and psychologists refer exactly to the same thing whenever they diagnose PTSD – a perfectly legitimate and necessary objective for the socialization of knowledge. However, what we have evidenced during our clinical and psychosocial practice with torture victims is much more complex than what is described in the manual; the variable biopsychosocial impact produced by torture on people is not fully reflected in the series of symptoms proposed. Axis II, III and IV of the manual, that enables the

registration of other facts, such as the subject's personality, the existence of physical illnesses and stressing psychosocial events, are incapable of revealing their interdependent relationships, or their causal links – they merely capture isolated events. In those infrequent cases in which we have been able to identify the symptomatic components necessary to diagnose disorder, there is almost always a coexistence of a series of other components of the biopsychosocial conflicts of the individual that project the damage beyond what is merely symptomatic. Treatment for PTSD will undoubtedly be beneficial for the symptomatology that has been described, but it is doubtful that it will repair the psychosocial trauma of torture.

The global theoretical perspective of DSM-IV deserves a separate comment. Its positivist conception is undoubtedly coherent with the conventional medical model that characterizes it. The dialogue between biomedical and social sciences, essential methodological condition to approach the issue of torture from the field of mental health, has no space within the framework of the nosography under review. At most, psychosocial and socio-historic aspects, reduced to secondary factors, accompany psychic phenomena of psychiatric interest without being integrated into a conceptual framework capable of globally grasping all its internal connections and multi-axial relationships. This becomes a methodological demand whenever psychiatry approaches politics.

5. Trauma: our institutional approach

CINTRAS has developed its theoretical perspective of traumas from its own clinical and psychological practice, attaching great importance to the exchange, for many years, with other teams that have also been working in the field of mental health and human rights. Our vision begins with the application of a historical-social focus and with the unique contribution of social medicine to the field of psychiatry and social psychiatry. With this theoretical and methodological framework we approach a specific perception of the human person, society, political violence and psychosocial trauma.

From this perspective, we support the idea that psychopathology, as well as psychological and psychosocial disorders derived from torture and other forms of political repression possess their own specificities. Thus, they are essentially different to what is found in general psychiatric and psychological practice. In consequence, we believe that the form of therapeutic and psychosocial intervention must also contain certain peculiarities. In this case, the individual and social psyche is represented in the disorders, a phenomenon that is not born in the inner workings of mental processes, nor from immediate inter-subjective conflicts, but reflects political events that take place outside the individual, in the social context. The starting point of trauma is in society itself, in the way in which social classes and groups resolve their conflicts for political power. Individual intra-psychic conflicts, just like those that arise from interpersonal relationships within the varied network of belonging, only moderate this other conflict, providing individual trauma with a specificity that makes it unique. However, the essence of the traumatic experience is political violence.

When dealing with political repression, we are dealing with State policies, strategies for social domination supported by political, social and psychological sciences. We are dealing with State officials trained for torture, disciplined – both domestically and abroad – in the ideology of the internal enemy, of anti-communism, in a certain set of moral values that validates their crimes as patriotic acts; very distant from those interpretations that explain these horrors from the angle of a doubtful mental pathology of the torturers. The suffering and symptomatology of consultants leads us to a new type of causality. And what does a psychotherapist do if he is being asked by the suffering of a subject to consider the political conflict as the cause of his suffering?. In these conditions, what are the limits of his therapeutic actions?. What type of therapeutic link is established with the subject?. Questions that reveal the inadequacies of traditional paradigms for psychotherapeutic work with this type of traumatic events, evidencing what is new and different within them.

The political conflict generated by dictatorships in the southern cone during the 70's, as well as all the other social problems of our underdeveloped Latin America, originate in its economic base. The brutal injustice in the distribution of social wealth, the need to contain the wave of organized response from the sectors most severely impacted by those economic conditions, and the effort to impose a new phase of modernization of capitalism in the continent – neo-liberalism (a phase of “savage capitalism”, according to John Paul II) – reinforces the notion that eventually political violence finds its starting point and support in the confrontation of macro-economic interests. This is the specificity of the issue in question: the structural causality of this psychopathology.

The fact that the origin of the trauma lies in the macro-social context as a reflection of objective contradictions in the economic formations, places the person that has been affected in a condition of subject-object of political violence. In other words, his reactive behavior to political repression can allow him either to reinforce the domination he is subjected to (for example, if he reacts with fear or apathy) or try to change the situation (for example, if he decides to take active part in counter-hegemonic action). In this sense, we feel interpreted by Martín-Baró when he states that the traumatic event becomes cause and effect in the social dynamic, since it rescues the dialectic individual-society in the sense that the individual is never absolutely neutral vis-à-vis historical events.

Therefore, the trauma in question arises out of objective pre-existing conditions in the structure of society, in its socio-economic model and, specifically, in its mode of production. The social relationships established as a result, are the essence of the conflict, especially property relationships – those that more directly reflect the nature of this model. At the end of the day, the conflict arises out of the antagonistic conflict of interests surrounding ownership of the means of production. The reason for the military dictatorship in Chile was the need of certain social groups to halt a process of social and economic transformation that sought changes in the social mode of production and its intention to establish a new phase of development of capitalism.

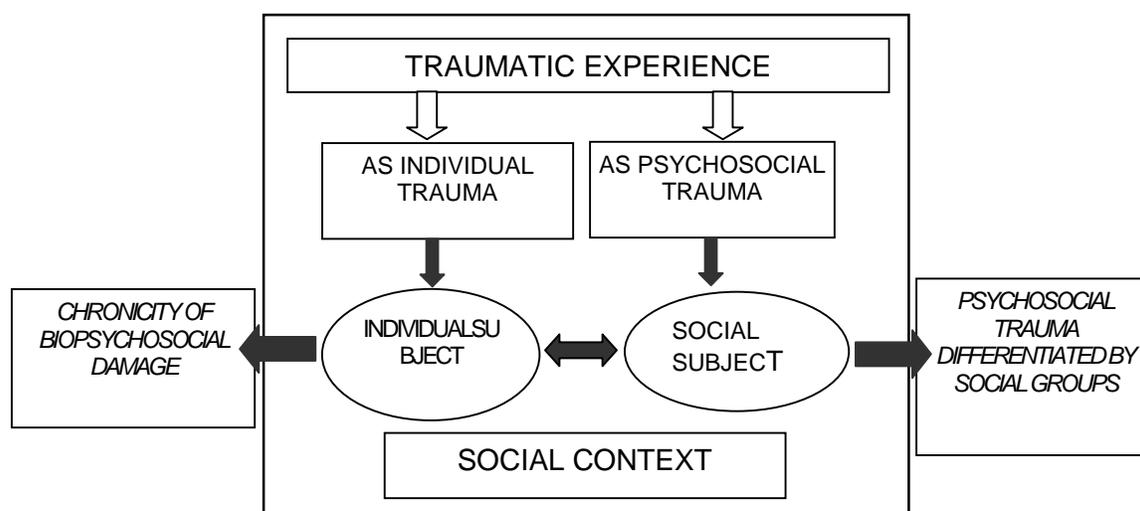
However, the class conflict expresses itself in concrete subjects, in individual persons. The global problem of the system is reflected in each person as a dialectical synthesis: the conflicts of the social class he belongs to and the individual problem of the subject. Therefore, trauma produced by torture contains all these levels. In our country, political repression was implemented following an obvious social class perspective and in strong ideological terms: the objective was to neutralize those subjects that best represented the social interests opposed to the existing model. Salvador Allende's government had strong support among the workers; his political program included the drastic reduction of the private area to favor the development of the social and mixed areas of the economy. The political support for the government was the result of the social and political organizations of the people. This sector of the population was the strategic objective of State terrorism, it accounts for the immense majority of victims, regardless of the fact that in the dirty war against this “internal enemy” many thousands of Chileans, outside the critical scenario of confrontation, were also damaged. In the trauma of the individual subject we see the reflection of both the social nature of the conflict (the historical process), as the specific peculiarities of his psyche (his intra-psyche and relational conflicts). The impact on psychic damage is a synthesis of its causes, from the most general macro-systemic level (the social conflict and his position within it) and his personal characteristics.

The social character of the conflict transforms protagonists into social subjects; there is an inevitable belonging to one of the groups in conflict, the field of the repressor and the field of the repressed. In a personalized version, the individual psyche expresses the social subject. From the viewpoint of the individual subject, the traumatic experience will be a unique manifestation, different to all others because there is no two people in the world that share exactly the same individual history. However, in this concrete person it will be possible to identify those more general components of trauma,

common to other subjects that have shared approximately the same historical events. What may be evidenced is certain supra-individual processes recognized in different subjects as psychosocial constants of trauma. These constants will be modified by the peculiarities of the personal psyche, making every personal experience of torture and political repression an absolutely unique event. It is this condition, so typical of the dialectical relationship between the individual and the social that explains why in our practice we have not found anything similar to a syndrome of torture, and why PTSD has only been diagnosed in a small percentage of people tortured.

However, the fact that PTSD was indeed identified in our clinical practice, regardless of its small percentage, points to the need to acknowledge it as a valid form of clinical representation of the damage. Although it is very probable that this group of symptoms will not account for the whole trauma, they do need to be tackled therapeutically in order to produce symptomatic alleviation. The problem of PTSD on the tortured person is not to acknowledge or deny its existence, but the precision of its real scope within the totality of the trauma.

In this figure we illustrate our vision of the traumatic experience.



The causal reference framework is the political context, which gives the trauma sense, rationality and logical coherence. The latter has a double manifestation: as individual trauma and as psychosocial trauma. The former is materialized in the individual subject with a global impact on his biopsychosocial unit. The damage suffered will be unique for every specific person. They will be the specific characteristics of his psyche, corporality and social situation that will define in what level trauma causes most damage, their degree of recurrence or chronicity, their possibilities of survival, etc. Thus, at the level of psychiatric symptomatology it will be possible to determine all types of disorder – from brief reactive conditions, PTSD, to major psychiatric illnesses such as schizophrenia or emotional disorders. The same occurs with medical illnesses: the morbidity that appears in this concrete person will depend on multiple conditions: the type of torture, medical condition prior to the trauma, genetic disposition, general condition of the immunological system, etc. On the other extreme of this unlimited range of human responses to torture, are those people that have emerged from it without traumatic consequences, even after many years. In fact, some of these people acknowledge that such an experience triggered processes leading to their personal strengthening.

The second manifestation of the traumatic experience is the psychosocial trauma; a level in which we believe the phenomenon acquires its full dimension as a historical event. It is here that we can establish

its more general causalities, interconnections and repercussions. The protagonist is the social subject, the collective representation of the social groups in conflict. Therefore, in this sense, it has a relative specific weight that is greater than the individual trauma. Social psychology that leaves trauma aside is undoubtedly differentiated in accordance with the various class levels. Although it is true that the trauma of the military dictatorship and of State terrorism impacted the whole of Chilean society, it was not the same for everyone. There were certain human groups that were subjected to extreme violence, whilst there were others that sought refuge, with their fears and uncertainties, in the established power. Underlying these different experiences are social relations that explain them, they are not just the result of chance. Some authors speak of a social psychology of the victorious and a social psychology of the defeated.

Finally, we have included a chart describing CINTRAS' interpretative model. We distinguish four levels in social processes, from the more structural – linked to the economic foundations of society – to the individual, that involves the whole biopsychosocial unit of the subject. We have suggested the usage of specific theoretical models for each one of these levels, and our fundamental interpretative focus is historical-social. In the field of psychiatry, psychology, social psychiatry and social psychology, we rely on the richness of the social medicine model, on medical sociology and on a critical vision of biomedical and behavioral sciences. The model proposes the integration of both levels and perspectives, so that all assumptions – for explanatory and psychosocial intervention purposes – can, as far as possible, be free of the risk of reductionism.

		MILITARY DICTATORSHIP PERIOD 1973-1990	POST-DICTATORSHIP PERIOD 1990-2000
STRUCTURAL PROCESSES LEVEL	HISTORICAL-SOCIAL APPROACH POLITICAL AND ECONOMIC SCIENCES	Breakdown of anti-capitalist popular project Capitalist modernization Neo-liberal Model	Consolidation of modernization Neo-liberalism
GENERAL PROCESSES LEVEL	HISTORICAL-SOCIAL APPROACH SOCIAL SCIENCES	Military coup. Military dictatorship. State terrorism. Systematic violations of Human Rights. Impunity	Transition to democracy. Impunity. Failure of reparation. Isolated violations of the right to life. Violations of economic, social, cultural and ecological.
SPECIFIC PROCESSES LEVEL	SOCIAL MEDICINE SOCIAL PSYCHIATRY AND SOCIAL PSYCHOLOGY APPROACH	Public health: Changes process health illness Mental health: Psychosocial trauma	Associated to structural changes and psychosocial trauma Adaptation patterns Psychosocial emergents
INDIVIDUAL PROCESSES LEVEL	BIOMEDICAL SCIENCES CLINICAL PSYCHIATRY AND CLINICAL PSYCHOLOGY	Global Psychosocial Damage Physical illnesses Mental disorders Intra-psychic conflicts Relational conflicts Social conflicts	Severe somatic illnesses. Recurrent, cyclic or chronic mental disorders. Mourning not elaborated. Periodic psychological conflicts. Severe family disfunction. Social-employment disfunction.

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