SYMPTOMS, SOCIAL JUSTICE AND PERSONAL FREEDOM

"Madness is one of the means man has of losing his freedom."
Frantz Fanon, 1968

by
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ABSTRACT

Using Family Therapy and Ericksonian Hypotherapy concepts, this paper examines cases of systematic torture and forced exile in which socially repressive sequences have clearly culminated in symptomatology. In opposition to social arrangements--including compassionate therapies--which foster human dignity, these two processes produce mental states conducive to automatic self-repression. Familarity with cases in which repressive social foces have undeniably produced symptoms may lower our threshold for perception of subtler social influences. Likewise, clinical and other humane social efforts help counter our own socially induced dis-ease of apathy.

Introduction

It seems today that The Self has been left to poets, gurus and philosophers; Social Troubles, to Politicians. We Psycho-therapists have inherited the Diagnostic Manual III (DSM-III) at best, "in context." The "in context" part of our inheritance includes a flourishing of post-traumatic-something syndromes: post-traumatic stress syndrome, post-resettlement trauma (Ray, 1985), etc. Those of us who have left the mainsteam diagnostic fold and wandered off into the macrodynamics of systems and contextual theories have learned a lot about the powers of the family over its members. We have seen how this intimate and private context can elicit certain states of mind, feelings, even physiological phenomena (Minuchin, 1974), creating circumstances fertile for spawning diverse symptomatology. As for social awakening of symptoms, well, we haven't made it that far. Family has been trouble enough. It is difficult to track how family contracts and interactions culminate in individual symptoms (Ritterman, 1983). It is even more elusive to glimpse a social induction of symptoms. If part of the power of family structure is that, once in place, it works so automatically as to appear "natural" no matter how harmful its effect on one or more members (Ritterman, 1985), how much more powerful and invisible is the hypnotic ambiance of social arrangments.

To further complicate our current psychotherapeutic circumstance, some of us have wandered into the microdynamics of hypnotic realities. Whereas family therapies have disattended to The Self in the interests of conveying the overriding powers of context, hypnosis is a testament to each person's margin of personal freedom from any one context the person inhabits. In trance even the rigid mentalset or context-of-mind a person inhabits may be bypassed. Ericksonian hypnotherapy does proclaim a Self which scans not only family and social contexts, but also the range of intact psychological states within the person, to come up with novel responses. In this orientation, we recognize within each person a place, a refuge from the collective systemic storm one may go to find a unique personal stance, under conditions as oppressive and diverse as those of Nazi concentration camps, Salvadoran bombing attacks, and brutally child-abusive homes. However, the hypnotists have left us, seated quietly, our attention directed inward, with little understanding of what to do about that potentially overriding context out there, other than to change our own mind-set.

If we can step back for a moment behind these controversies, common sense tells us that symptoms--these

seemingly automatic and at least partially undesirable coping mechanisms emerge within the struggle of a Self with the Self's Contexts. In this sense, all symptoms are a post-traumatic something syndrome, representatives of a challenged state of the union between self and context.

In Using Hypnosis in Family Therapy (1983) I described symptoms as a haywire relationship between requisites of external and public contexts a person inhabits and his or her mental contexts or private conscious and unconscious system of beliefs. A series of case studies explored conflicts between the private self and the family self. This paper also explores a systemic orientation to personal troubles in living, but broadens its focus to the point of convergence of self and social context. Specifically, it examines the relationship between the socially repressive context and the individual's margin of personal freedom in the activation of symptomatic states. This paper postulates that the symptom inductive events--e.g. the social sequences emanating from a repressive political system--are the opposite of the therapeutic context and the reverse of sequences of healing. Just as hypnotic family therapy (Ritterman, 1983; Calof, 1985; Lankton and Lankton, 1983) elicits spontaneous healing behaviors and ideas, so repressive social phenomena cast their harmful spells, producing disturbed trances and demoralizing automatic behaviors. Despite the fact that the psychotherapeutic community is uniquely qualified to represent the human right to have peace of mind and to exercise a margin of personal freedom from any context, our basic assessment tools--such as the DSM III--have no place at the ground floor of human troubles for scaling degrees of personal freedom. We lack a means of assessing the nature of the connection between social context and individual symptoms, a means of assessing the nature of the connection between social context and individual symptoms, a means of assessing the extent to which our social reality builds and develops us or robs us of freedom. This paper ends with a partial list of features we may use clinically as cues to ourselves that some form of social repression is contributing to our clients' troubles.

Why Look at Cases of Torture Victims and Forced Exiles?

Perhaps it is an obvious statement that war intensifies and speeds up existing processes within a society and its institutions. It produces domestic violence in homes where there are previously only gender conflict (Domestic Violence, 1984); it transforms the coal of the hardworking common person into the diamond of the hero or heroine. Through its magnifying capacities, we can detect instances in which social repression is unquestionably contributory to people's problems in living. We can thereby begin to accumulate concepts and formulations to lower our threshhold for the perception of subtler forms of social repression--those founded on the institutionalization of harmful discriminations based on race (Chestang, 1972), sex, age, religion, and the like. To show these boldest brushstrokes of repression then, this paper will focus on the effects of torture and forced exile upon their victims. It will explore the utility (and pitfalls) of evaluating symptoms in terms of social trespass upon an individual's margin of personal freedom. Case examples will be drawn from interviews with Salvadoran refugees in Costa Rica, Nicaragua and the United States, several of whom were victims of torture; with Inge Kemp Genefke, director of the first international torture treatment center, the Rehabilitation and Treatment Center for Victims of Torture (RCT) in Copenhagen; and with Jose Quiroga, a Chilean psychiatrist who has treated many Chilean and Salvadoran torture victims

now in exile in Los Angeles.

Although not widely known throughout the United States, it is a fact that torture and displacement of persons are basic components (or social sub-systems) of international reality. One might try to soften this reality by saying these institutions are as old as humanity, as a colleague pointed out to me after his recent visit to an Italian museum of torture. However, if we think in terms of context, it is important to examine the novel set of historical circumstances sustaining contemporary torture and displacement. That context is characterized by fast international communications, technology adequate to feed and clothe, on the one hand, or sicken and kill, on the other, all of humanity. The modern possibilities of global coordination for good or for evil are unprecedented. What is more threatening about modern forms of these institutions is their proliferation and their sophisticated strategic and internationally homogenized usage. The responsibilities of those who know about these institutions appearing seemingly spontaneously across the international landscape are greater than ever.

Torture: The Antithesis to Psychotherapy

According to the director of the RCT there are now over one million torture victims in the world (Genefke, 1984). At least one-fifth of all refugees coming to Denmark (from South Africa, Chile, Iran, Greece and the Philippines, for example) have been tortured (Genefke, 1984). The Canadian Centre for the Investigation and Prevention of Torture has treated 1,000 torture victims, including many Salvadorans, some imprisoned and tortured for as long as five years (Refugees, 1984). As long ago as 1979, Chomsky documented that 26 countries within the United States' sphere of influence alone practice torture on an administrative basis. Torture is now used in 98 countries as part of the political modus vivendi (Amnesty International, 1984). It remains to be documented whether the United States is the world's leading exporter of the torture industry, but clearly "the United States stands at the supply end of a pipeline of repressive technology that extends to many of the world's most authoritarian regimes" (Miller and Volman, 1981). This statement means that the United States does much of the manufacturing of torture devices, such as electrodes and their attache carrying cases. Somewhere in the United States there exist excellent training programs, seminars and workshops, complete with "handson" experience, and unique forms of role-playing which often include brutalization of participants to turn "the boy next door"[1] into a desensitized torturer. Trainees are instructed in techniques ranging from the physical (as we might be trained in Reichian or other body work) to the psychological (like our hypnotic, psychoanalytic or behavioral techniques) and the familial. An example of the use of family relational variables in strategic torture is given by an Argentinian psychotherapist now touring the United States. Several years ago she was given the hands of her daughter, who had been a pianist, in a jar. The ultimately fatal physical torture of the daughter was employed as part of the psychological torture of the mother for spawning several children who opposed the military junta then in power.

Although physical torture continues to be widely used, it is more often employed today as part of a sequential destruction of the victim's personality. State of the art methods leave fewer or no tell-tale marks. For example, in elite circles it is preferred to render the publically recognized individual psychologically unable to play his instrument again, with no

obvious external cause. This approach is more efficient on several counts; (1) it attempts to destroy the individual's power rather than to create heroes and martyrs; and (2) it makes it harder on those of us wanting to document human rights violations behind the anguish of the persons we treat. The goals are to render the survivors unable to carry out the work they have done until their torture, their suffering private, and their personality uninhabitable. Through the efforts of Amnesty International and other human rights organizations we are accumulating knowledge of the coordination of local police agencies, funding sources, manufacturers of electrical equipment and of rubber hoods used to bring people repeatedly to near asphyxiation, etc., and of doctors and psychotherapists within the torture process. As victims across the world describe receiving similar treatments or cite the presence of American advisors in torture rooms, the boundaries of this unthinkable social subsystem are taking shape.

It is helpful to consider torture as the contextual and sequential opposite of the therapeutic process. The clinician catalyzes processes for the moral and psychological good of the other, to aid him or her in accomplishing personal goals, to foster developmental wellbeing for family, to strengthen skills and to help a person liberate his or her mind from the domination of others. In this sense, a therapists is a social defendor of a person's rights--their rights to mental wellbeing, to the "pursuit of happiness," to the margin of personal freedom from any one context he or she inhabits, to "peace of mind." Within the torture context, therapists are brought in during the pre-torture phase to psychoanalytically assess the personality of the victim. This assessment is then used in conjunction with hypnotic, behavioral, drug and interpersonal techniques as well as physical abuse, to awaken the needed states of both vulnerability and dependency upon the torturer, to systematically destroy the person's ways of relating to family, society, and his own mental set.

Let us look briefly at several of the individual goals of this most obvious form of social repression. Each of these individual goals is specialized to activate one or more states of mind within the victim. They may be more generally subsumed under the umbrella of destroying the personality of a human being.

Case Examples of Torture

Destroying the Personality Component by component. Summarizing findings of research on 60 victims from around the world, the director of the RCT explains:

> The purpose of torture is not primarily to extract information...it is to destroy the victim's personality, to break him down, to create guilt and shame, to assure that he will never again be a leader. (World News, 1983).

Consider the case of Carlos. He is 28 Five years ago, as a graduate of the only medical school in El Salvador, he was a credit to the poor rural family he grew up in. Having completed his training, he returned to his home town to construct rudimentary health services. At this time, in 1979, the mili-. tary government of El Salvador began its rampant persecution of all non-military medical personnel. Anyone in the health community who might serve a peasant was called a "guerilla sympathizer." Under the aegis of this "cue word" (Ritterman, 1983), they shut dow the medical school in part to put a stop to the internship year which was spent serving peasant populations; doc tors were killed in hospitals, even during surgery (International Journal

of Health Services, 1981; Ritterman, 1982). Carlos and his two colleagues knew they were at risk. They were arrested and "detained." They were tortured regularly for at least a month. In that time a doctor supervised how much they could take short of death. Part of the torture entailed watching each other being tortured. "Here, you are a doctor, now fix your friends," the torturers said, as Carlos watched his companions die. He was allowed to live because his family contacted a relative with a high rank in the military. This officer wanted to show he was not soft on "guerilla sympathizers," not even if they were kin. Before he released Carlos he personally supervised his last torture session, in which salt was put into the infected wounds in his massively swollen ankles. They then scaped this area, in which he had received electrical torture, with steel brushes. When he was released, he could barely crawl. Of all Carlos suffered, watching his friends die troubled him most. In other cases treated at the RCT the pattern of the torture is a kind of personality reversal process. The outgoing personality is rendered phobic, inward and withdrawn; the social person, afraid of contact with others. A religious person whose self esteem depends upon abstinance is forced to have sex publically. Any strong belief is utilized as the point of torture entry. The goal is to cut off meaningful connections between one's inner belief system and sense-of-self and one's sensuous, intellectual and emotional connections to external reality, to sever those invisible cords.

Humiliation of the victim. A Chilean labor leader was tortured for many months with sophisticated equipment and techniques including the electric shock helmet--which he experienced as needles throughout his entire skull --and Russian roulette. In the course of his treatment at the RCT he said, however, that the most terrible event occurred was when he was in an ordinary office with two soldiers. One kicked him and pierced his liver with his gun, catapulting him onto the feet of the other, a typist who kept typing as if nothing were happening. As the victim fell at his feet the bureaucrat conveyed disgust that the body of the victim had touched him, called him scum and stomped on his head. The former labor leader said that at this moment the humiliation elicited was unbearable, and for the first time he was unable not to feel hatred for the entire military. He identifies this as the single event he fears he can never forget his whole life, which makes him anxious.

Likewise, a woman tortured with burnings and electrical shock to her genitals remembers with anguish when her torturer arbitrarily stopped to call his wife and chat about dinner. His absolute indifference, matter-of-factness and sense of unimportance in the face of what was being done to her were unbearable beyond her physical pain. These acts of humiliation against proud people are part of the foundation of contemporary strategic torture. It is because of this method that the RCT holds as its primary treatment plan that "we shall restore human dignity" (Genefke, 1984).

Producing resignation. In order to produce resignation in outward directed personalities, techniques range from "bad suggestive processes" to activating a "state of terror." The RCT reports a number of cases in which the torturer pairs the memory of the face of their long-term friend with the mutilated face of their friend as he or she lies tortured to death. They do this by saying, "You will never again remember your friend except as you see him now." This form of "bad suggestion" is very powerful at a point of greatest vulnerability for the victim. Another technique to produce a state of resignation is to put the victim into a situation in which he or

she is made to feel "about to die" again and again. The Vice Chancellor of the University of San Salvador reported repeated near asphyxiation by rubber hood during interrogation prior to his imprisonment without trial in Mariona prison (Calderon, 1984). A Chilean labor leader was subjected to Russian roulette; after the third "game" he experienced himself as being dead.

The illusion of choice is the torture: Producing shame and guilt. In this technique, victims are given a choice between two actions, both of which are unacceptable to them given their view of the world. A nun may "choose" to be raped by several guards or have her friend the priest or sister tortured to death. The Vice Chancellor of the University of San Salvador was shown what he was told were his one-year-old son's ears and given the "choice" of signing a confession to be widely distributed admitting he was a "member of the subversion", or having his son's head brought to him. He ultimately signed what he never read (Calderon, 1984). As in Sophie's Choice, in which a Nazi guard "allows" Sophie to "choose" one of her children to live and one to die, in these cases the illusion of choice is used even more intentionally as the torture.

Treatment Considerations

Both Dr. Quiroga and the staff of the RCT emphasize that victims of torture do not fit diagnostic categories or accommodate themselves to variables typically used to evaluate treatment outcome.

> How do you operationalize humiliation, shame, guilt, loss of dignity and purpose? How do you rate success of treatment by statements such as "I feel like myself again," or last night I had no night terrors, or today I had no headache and I could concentrate. It will take us a decade to understand what torture does to normal human beings. (Personal Communication, Dr. Genefke, 1984)

The staff of the RCT emphasize that the majority of victims are well educated people, often respected leaders, mentally and physically well cared for, people their countries had invested in.[2]

It seems that these variables which defy DSM-III categories comprise aspects of a person's margin of personal freedom. Shame, guilt in the face of illusory choice, resignation, loss of dignity, all are states of mind activated in people by social circumstances which impinge upon their right to retreat in peace into the refuge of their own minds. They are less symptoms of pathology of individuals than barometers of the extent to which social trouble can rob its victims of their personal freedom.

At the RCT and in Dr. Quiroga's work treatment includes testimony, a reversal of the torture process, and a countering of the entire inductive context or structure of the torture situation. The act of revealing to a sympathetic listener or group of listeners, making public exactly what the torturer did to privately shame the victim, helps (1) to elevate the victim to his or her previous position of responsible political activism, and (2) to put in or her in the position of humiliating the prepetrators. This therapy stands in contrast to hypnotic amnesia. The goal is similar to Erickson's treatment of amputees with phantom limb pains. The victim is regressed to the events building up to and during the torture and allowed an opportunity to REACT MENTALLY before the loss of the limb, or in this case, other forms of pain and loss. The therapy helps the person react first to the subjective event before it happens, to restore order within themselves first, hopefully some

forgetting, some letting go occurs AFTER. Dr. Genefke:

> Treatment entails not helping them forget but rather to understand that it is not they who should be ashamed, not they who are guilty. It is the torturers who are defeated. The ones who tried to destroy them. (World News, 1983)

In this sense, it is the clarifying of issues of social responsibility vs. personal culpability that is used to treat a compromise in a person's margin of personal freedom by social repression of this most extreme and clear form. An elevation of the dignity of the individual above the context which has transgressed his humanity is thereby accomplished. Likewise, the therapy seeks to move what has gone inward, becoming a private personal self-absorbed process into a public event of shared social concern. In this way the spell of "you are damaged" can begin to be broken (Ritterman, 1985). The new message is, "The social process dominating you is deranged." In this way, further encroachment of the social process into the person's private reality is prevented by a new social process, a therapy for restoring human dignity...perhaps an essential component to the therapy of the socially induced aspect of any symptom.

The Social Institutionalization of Displacement

Conservative estimates are that one-half million Salvadorans have been displaced inside and three-quarters of a million outside their country by the war. In other words, 25% of the population has been displaced (Mullaney, 1984; Moutes, 1984; Americas Watch, 1984).[3] Displacement of people and the production of refugees have occurred throughout human history. But, as in the case of torture, they are carried out strategically today as part of the same military-political program of social repression paradoxically called "pacification." The work of the American-trained Belloso brigade was observed first-hand by a North American physician recently working in El Salvador. After the brigade left a community fortunate enough to have evacuated its entire populace, no fork was left unbroken, all religious objects were destroyed, all cattle killed, all crops burned (Clements, 1983). The concept behind this brutality is that to get rid of the fish (guerillas) you eliminate the water (the populace) (Coprosal, 1985). The message is sent--not indirectly through an individual to the resistance community, as in torture (Rasmussen, 1982), designed by no means exclusively although often especially for the resistance leadership--but directly to the broader community in which resistance ideology and spirit are sustained. If torture says "I will render your Self uninhabitable" the strategic production of exiles says "We will render your Community uninhabitable." Or, more powerfully, "We will dismember your cultural identity."

It is helpful to consider the intentional displacement of refugees from their cultural nexus as the antithesis to family and to community mental health programs. This was recently done in steps which moved Salvadoran refugees further into Honduras, away from the guerillas who are their sons and husbands, wives and daughters. The separation of spouses itensifies gender conflict and frustrates all normal aspirations. It produces unbearable tension between parents and children and creates traumatized orphans who cannot hope to forget or understand all they have witnessed. These children are vulnerable to all forms of exploitation because of their helplessness, poverty, and the absence of caring adults to oversee their safety (Rosenblatt, 1984). If torture victims, regardless of treatment, have headaches, forced

exiles suffer unresolved grief (Barudy, 1981).

In considering the population I will comment on, it is helpful to keep a few points in mind. The case examples are exiles. None of them "chose" Costa Rica, Nicaragua or the United States as the land they preferred to inhabit over El Salvador. Some of them are part of entire communities which fled for their lives.[4] Every one of them had to leave the land in which they, their parents and grandparents before them were meaningfully rooted. Certainly, were they ever able to return, it would be to a different country, a country transformed by war.

The most evident difference between displacement and torture is that the intent and responsible perpetrator behind any one case of displacement may be less obvious. Although exile may be precipitated in an urban area by telephoned death threats, these are often anonymous. Persecution via displacement is experienced more collectively, although the threat to one's own life and to the wellbeing and safety of family members is experienced privately as well.

We noted that what torture does is systematically destroy meaningful connections--sensuous, intellectual, moral, political--to external reality. We can use this concept of inner-outer bond-breaking to make a barometer of the extent to which refugees shut down each of their sensuous and emotional connections to external reality in response to social repression. In the counselling training I conducted with Salvadoran refugees in Costa Rica, the theme of our work was "keeping the senses and faculties alive." To allow the death of the senses is to aid the death efforts of the repressive army of El Salvador. With that theme in mind, let us look at several individual correlates of repression-by-exile.

Social repression and internal repression: The wish to not feel. Many refugees describe the wish to not feel. Because the goal of those in the business of producing exiles is to separate the fighting elements from their base of popular support, this issue is very important. During displacement, each individual must steel him or herself--much as the society does collectively--to enter a state of "readiness for the worst." This requires a lot of adrenaline and energy directed toward guarding one's self and emotions. Vulnerabilities become threatening in that they might break through at the wrong moment and on one hand weaken and humiliate, or on the other hand harden the person, producing an immobilizing or impulsive hatred. The doctor who sponsored our mental health training explained why he wanted mental health training for the refugees: "If our emotions produce hatred, the fear is that we might become capable, in that state of mind, of acting no differently from those who oppress us. Then, there is no higher purpose, there is simply survival for survival's sake and history repeating itself." Also, if the exiled person turns to hatred, other problems emerge which are of particular concern in children. Dr. William Arroyo, Assistant Director of the Child-Adolescent Psychiatric Outpatient Center at County USC Medical Center, describes refugee children taught to hold in their feelings (Arroyo, 1984). These are children who feel guilty for having lived, who have witnessed maiming and killing with stoicism. They are told there is no time to mourn, no time to feel. Feelings are a dangerous luxury: he quotes from one child who was told: "Your father has been killed. You are not to cry. We will be leaving in a few hours." These children are living violent and aggressive lives; they are frequently sexually abused even now in the Los Angeles barrios and skid row hotels they now inhabit.

Contextual displacement and private displacement of feelings. The repression of emotions associated with

restriction of action-options converges with a Salvadoran value on stoicism. Manifesting personal pain is regarded by Salvadorans as a sign of shame. One woman conveyed this clearly. She was a member of a community of 400 which fled intact to avoid massacre. They were provided land to settle and own collectively within the relative security of the Nicaraguan border. Here, she worked all day with 2 or 3 other women, preparing the 400 tortillas and one cup of beans per person to be consumed three times a day. With two sons still in El Salvador, she was constantly worried. As we talked, she punched her fist to her stomach and ground it against her spine with the same motion she used to knuckle corn meal and water against a smoothed oval stone. She was so frail it seemed her fist would come out through her back. "Why do you do that?" I asked. "It hurts. It hurts me," she said. "Is there anything at all that makes the hurt lessen?" I asked. "Yes. Sometimes, when I cry, but we...we do not do this." Recognizing that her terror and despair were internalized and somaticized, I asked her whether the water in the creek below was the water of God. "Yes," she said. "And that water must flow to remain fresh. Isn't that so?" I continued, "And aren't tears water? Then tears too are the water of God. And in the dark of night, they may flow also, to cleanse and purify." Again, the issue is one of what to do with the feelings seemingly automatically awakened by repression in order to keep at least emotive action alive.

Fanon described how social repression of action and emotion in the colonized Algerian native lead first to dreams of action, and then--before a coordinated fight for freedom--to misguided acts of aggression against his own people (1968). A Salvadoran farmer typified this case. He realized he was going to have to flee the rural area in which he lived when "my cornfield became a graveyard for family members." Not personally active in any social cause, he began to read from the pattern in rapes and murders of extended family members, types of mutilation, and location of corpses left for hungry buzzards that he or his immediate family were next in line. He lacked a rationale for what was happening. With singleness of purpose he arranged to get the family out of El Salvador, against the protestations of his wife and 8 children. He left no time for talking, no time for feeling. By the time they arrived in Costa Rica he had begun drinking and physically abusing his wife. His socially induced rage and impotence were displaced upon his wife before he decided to become an activist in support of other displaced refugees, and channel his feelings toward constructive action on his context.

Another example of emotional displacement as a correlate to contextual dislocation is Paula, a former high school English teacher, who described finding herself sobbing while watching situation comedies on television. Margarita, a psychologist, described feeling detachment by day, as she treated refugee children who had been tortured or witnessed their parents tortured, but sweating and screaming in her sleep, waking up her husband. She was afraid that her baby, despite his context, a happy and pleasant baby, would be adversely affected by her inner processes. A farmer's daughter whose husband had died in battle, Hilda, complained of chronic headaches and found that periodically throughout the day she would "awaken" from a five minute "memory lapse," a kind of bad trance state, and feel disoriented and depressed.

All of the refugees I interviewed in some way or other, in and out of trance and within family therapy role-plays, expressed fears about losing their feelings, or losing their inner emotional connection to a meaningful external context. A young doctor,

Phillipe, epitomized this situation. He was urged to express some of his feelings in a situation of relative safety.[5] For Phillipe this meant recalling that he had not been able to see his daughter in three years. The last time he visited her, he found a cadaver at her doorstep. He had not called his mother for years for fear that routine phone tapping would lead to actions against her. He ended up, after the group program, calling and finding out that his father, whom he had loved very much, had died months before.

The stoicism was expressed by one of the refugees who said, "If I die on the battlefield, don't cry for me." This idea, relevant to a certain stage of war in which all that matters is to carry on the fight, applied to a situation of exile no longer works. Nevertheless, the mentality persists. The state of mind persists. But it no longer serves the purpose, and so becomes "dysfunctional."

In this way, social repression may actually replicate itself structurally within many individuals by producing an internal repression of emotion. The danger of this to the individual is that repression of feelings tends to be not a specific, but rather a global generalized phenomenon, in which positive associations, memories, and ideas and other meaningful connections to external reality are also cut off. Hence this interior process, although initiated as a reaction against the repressive regime, ends up serving its purposes. Inadvertently, the individual carries out the will of the repressive regime; in the case of extreme suppression of emotion, the person no longer cares about such externals as "social justice," and may be rendered more easily contained by the repressive regime.

The theme we used in the training to "counter" repressive induction processes was that just as in resisting social aspects of warfare one has to "mobilize one's troops," so to counter the internalized aspects of warfare, one must not displace, suppress and repress, but rather mobilize, discipline and organize one's "inner troops" (feelings, memories, associations and ideas) so that they can somehow be kept alive and used for survival, not deadened. Any deadening of self serves the work of the enemy. In this way, displaced persons might remain immersed in popular energy and in the state of mind best suited to produce whatever constructive action is still possible from refuge. The problem for them was how to have enough feelings that their inner state would produce action and involvement in their situation, but not so much feeling that the pain would produce despair, hate, inaction or destructive action.

Depersonalization as a correlate of displacement from context. This is a common internal phenomenon among exiles while has many socio-systemic counterparts. It is in part a personal concommitant to what one author has called political "refugee chess" (Rivera, 1985). Many refugees when asked what they do say "I am a refugee." On the one hand, this is a simple statement of fact. For the last year or two, Salvadoran refugees, for example, have been allowed to live in Costa Rica, so long as they do not take Costa Rican jobs. After great effort, they have received minimal payment by the U.N. to serve one another. So, they provide daycare, couple counselling, teenager adjustment programs for one another. That is one reason they sought training in counselling techniques. Whether they once defined themselves primarily as husband, wife, psychologist, doctor, dean, dentist, businessman, farmer, or school teacher, they now regard themselves as homogenized into the class of "refugees," people whose job is to help each other survive. Those who were middle class are not ghettoized in Costa Rica; they live dispersed throughout the community. The poorest refugees are set-

tled in an utterly inaccessible isolated camp on the Costa Rica/Nicaragua border. The city refugees, although scattered, do share a common economic, historical and emotional situation. Along with social displacement and loss of identity as members within their original social context, there is a tendency toward both (1) loss of sense of self as an individual altogether and (2) a tendency to think of oneself as a collective entity. This loss of sense of self as an individual can actually enhance focus on the needs of the collective. This collectivity can, paradoxically, work against the repressive regime in a broader social sense. People absorbed in group-survival may take greater personal risk, and band together more intensively. Hence "I am a refugee" as the primary category of identification of "what do you do?" in a positive sense implies membership in a collective identity. A Vietnamese woman who was in Vietnam during the war described that during periods of great suffering there might be one piece of meat for 8 people. Each would take the smallest possible bite. "Come now," one would say to another, "you have eaten too little, you must have more." "Oh, no, no, no please. You must have more." She explained that she entered into a mode of functioning automatically from a state of mind in which submission to the higher collective good was the best way to survive. She says that now, 10 years later, she has difficulty identifying or putting forth her own physical or emotional needs to anyone. This process itself spontaneously seems to her to be a childish luxury. One man could not bring himself to say he was a doctor. In spite of two years of practice post medical school, he said again and again only, "I am a refugee. That's all I am, I am no longer a doctor."

This state of mind of de-personalization, often accompanied by a collective sense, may have its own half-life, even after the social state circumstances have begun some transformation. Displacing people as if they were animal herds or inanimate chess pieces can produce a negative effect upon the parental generation, which reverberates through feelings, ambiance of family life, or feeling tone, power struggles and mythologies within the family about the world "out there," and can thereby affect many family members for generations to come. In this sense, repressive social processes and injunctions work all too well.

Ambivalence: The war within. Another major theme of repression within the forced exile population was that the war without created a war within. This ambivalent state has been described as part of survivor guilt-- studied among Jewish concentration camp survivors and their children (Thygesen, 1970; Eitinger, 1971). One Salvadoran exile named America, epitomized this phenomenon. She is a psychotherapist and her husband is a doctor. She had been a psychology intern in her last year of training in a military facility, within a program to "stabilize the Salvadoran family," because studies had shown that war was destroying the family. They found repeatedly in their cases that husbands were not able to get work. They turned to drink. Women could get menial jobs serving the few oligarchic families, and the small middle class. Husbands felt impotent, children were hungry, husbands were coming home and abusing their wives and children. Several of the interns reported to their superiors that they could offer nothig clinically to help these families. They said, "These people need jobs, food, clothes." At this point the first of the group who lodged these concerns was killed. Two students attended her funeral; one of these was killed. America, the other, received an anonymous telephoned death threat. She was given a number of weeks to leave El Salvador possibly forever. On Christmas day, she, a religious Catholic, her husband and

four children went to the airport in San Salvador to leave for Costa Rica. She describes the inception of her state of ambivalence at the moment when she entered the airplane in San Salvador. They were told the plane was delayed for take off for an hour. On one hand, her breathing was so shallow and her heart raced so, she thought she would die of an anxiety attack for fear that she, like many before her, would be seized from the plane and "detained" or "disappear." Relative to this terror of death or torture she felt total release as the plane lifted to the neutral part of the sky. On the other hand, from the plane window, looking out over her small country, she felt unspeakable loss. She realized that she was losing her known connection perhaps forever, to homeland, career, family, friends--her very dignity and sense of self. In other words, she felt two pervasive existentially antagonistic feelings. In Costa Rica two years later, this ambivalence continues for her. Glad to be relatively safe and among the living, yet she says she is "so full of grief sometimes we forget to notice the children. We don't even realize how depressed we've become. Sometimes I lock myself in the bathroom to cry because I know my husband is at his maximum of grief and I'm afraid I'll break his spirit with mine." They feel survivor guilt and shame as if of cowardice for leaving with their lives instead of helping others in the fight against repression. This internal problem can be best understood as a systems counterpart. The internal ambivalence has its structural representation externally in the contextual conflict. Her feelings at the airport are distributed between two countries: El Salvador vs. Costa Rica. They are in part introjects of the countries, powerful in their way much as introjects of parental figures. The ambivalence affects the details of daily life as well as family structure; for example, the question of the children's assimilation into Costa Rican life vs. retaining their identity and commitment to peace in El Salvador: the children wish to assimilate to life in Costa Rica. For the youngest it is all they remember. In a "natural" situation of moving to a new country to settle there, in a pioneering type of move, the parents freely if not unequivocally wish to enter the new society, and want their children to partake of its social and cultural offerings. Here the conflict between loyalty to El Salvador vs. assimilation in Costa Rica is compounded by the forced exile refugee status of the family. If the children adjust too quickly or too well, the parents fear they have been instrumental in allowing them to forget their homeland and their "true identity." The parents' guilt in terms of loyalty to El Salvador is then elicited. However, if their loyalty to the struggle in El Salvador is put aside and they consider typical family developmental needs, they want their children to feel at home in the world, to establish close and lasting relationships in their present reality. They are living in a space and time sense of temporariness, of "on hold," of "neither here nor there." With real external references and causes, they inhabit, internally, the emotional counterpart. The question becomes how to keep El Salvador alive without letting it contradict healthy family development in Costa Rica.

Certainly, if torture and displacement produce a predictable range of negative emotions, handicapping mental states, and disruption of family ties, they also produce the opposite: people who recognize the human being to be a collective creature, people who, in elongating themselves to reach out for an ever further withheld future, have become heroines and heroes. Just as war produces readiness to respond to the worst, mistrust of strangers, the sense of danger and potential ambush around every corner that the reli-

giously or politically persecuted person may teach his children and grandchildren, it also produces a positive form of selflessness, a primal awareness of collective survival under collective persecution. Likewise, when a country enters a period of reconstruction, individuals within the country need to undergo a period of psychological reconstruction. Reconstructing piece by piece a sense of one's individual personality, one's own private meaningful connections to external reality, reawakening each of their senses dulled to numb the pain and decrease the daily intake of horror.

But for many Salvadorans, South Africans, Filippinos and Chileans, where it is not yet time to reconstruct, where there is still the necessity of relating realistically to a country at war, there exists this middle ground, this "not here, not there" state of affairs. This, it seems to me, is the cruelest of circumstances. As clinicians, we may help sustain a few of these cases. As mental health professionals concerned with human rights, we can make our plea public to take a stand against torture and against the right of the military to play chess with human communities around the world.

Summary

Clinically, this paper has offered a preliminary exploration of symptoms as a conflict of interest between external--public or social--circumstances, and internal--private and self--concerns. It has focused on circumstances in which social penetration into individuals' margins of personal freedom is repressive, restrictive and constrictive. Cases have been identified in which social repression in the forms of torture and forced exile clearly induce troubles in living characteristic of symptoms--including negative automatic behaviors and ideas, and a constricting range of accessible mental states. I have identified a series of features one may look for in treating other types of cases in which social stigma and repression are suspected. This series of factors might be used as indicators of a person's sacrifice of self, or socially induced loss of personal freedom, of control over themselves as a resource unto themselves: (1) humiliation or loss of dignity; (2) global emotional repression, preventing activation or accessing of positive memories stored in the brain; (3) profound sense of shame or guilt without having had viable choices or without having committed an offesne; (4) chronic all-pervasive ambivalence; and (5) chronic state of "readiness for the worst," a kind of ready super-human intensity exceeding the energy need for routine living. These concepts assume that for each of these states there exists or has existed a social induction process which follows hypnotic principles. This social process, however, has been described as the reverse of the sequences of any healing systemic hypnotherapy.

Clinically, we can promote psychotherapy concepts and treatment interventions which do not merely pay lip-service to the importance of human rights, but rather demonstrate them within a therapy of cooperative exchange (Ritterman, 1983) which fosters dignified human solutions to problems of people whose stature has been diminished by any form of social repression, from perhaps the cruelest of all--child abuse--to racism, sexism, ageism, and other more subtle ways contemporary society, working through its sub-systems, induces us to be less than we are capable of being.

CONCLUSIONS

It is no mistake that the Danish Government helps sustain the first international torture treatment center in the world. Danes lived close to the Holocaust and are awake to the powers of malice. They are also aware of the powers of dignified resistence. When

Hitler proclaimed Danish Jews had to wear yellow arm bands, the King and the populace appeared wearing the bands. Danish doctors treated Jewish torture victims and their families.

It is not the place of this paper to provide a thorough study of social justice and symptoms. Nevertheless, the concept of Dr. Genefke's institution of "restoring human dignity" derives from a belief that there is the capacity within humanity to live in both order and dignity. This philosophy is based emotionally upon the capacity to feel compassion: to care, here, wherever you and I stand now, for the other, there, who is treated wrongly.

What is it about us here in the United States that makes us sleepy in our responses to horror? that makes us forget before we have even fully reacted to information like that in this paper. If Germans in Nazi Germany were subject to Hitlerian Hypnosis what is the ambience of our government? Surely the neurohormonal system of the media send us very little sensible information about Central America. But what factors are robbing us of our compassion? Are we, like the boy next door, being somehow transformed within the National context of Isolationism? Are we learning to think only U.S. and forget about a humane context for all people? Surely a government involved in wars of genocidal proportation in Central America creates its torturers and exile herders, but what does it need of us at home? Perhaps only this: that we close our eyes and turn our backs while our President "takes care" of the rest.

In terms of activism, what can we do? We can support international organizations such as Amnesty International which is on the legal forefront in the fight for the right to human dignity. Infusing their work with our grasp of mental health needs, the legal and therapeutic communities can form a powerful voice against torture and forced exile, to prevent their spread, and ultimately eliminate them from the contemporary political idiom. We can financially support other organizations such as the RCT in Copenhagen and the Walter Briehl Human Rights Foundation in Los Angeles. The Salvadoran Medical Relief Fund in Salenas, California - all mental health based human rights organizations. We can create services for torture victims and refugees flocking to our churches and synagogues for sanctuary.

More than that, however, we need to examine how our society cultivates our indifference, activates within us, the cold state of apathy, renders our real worries disembodied isolated fantasies, images too far away to be bothered with. We need to begin to study the social dynamics of apathy. What will break our nationwide spell of indifference. Must The Prince of death kiss us before our sense of justice and collective outrage AWAKEN?

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Footnotes

[1]There actually is a movie by this title, about the transformation of the boy next door into a professional torturer.

[2]The one victim at the RCT abused as a child was the most difficult to treat. He had no sense of the torture being out of the ordinary. It was as if he had no inner refuge to go to to escape it (Genefke, 1984). Abuse--that is the way life is. Dr. Quiroga, who also treats abused children, finds this torture even more brutal than adult torture (1984). During formative years and in the name of "love" it leaves the child with nothing but terror of human contact as his essential vantage point.

[3]It is reported that 60,000 have been killed. Ninety-percent of these deaths have been attributed to the National Guard and Right Wing Death Squads (Abuses of Medical Neutrality, International Public Health, 1981).

[4]In El Salvador a word for "flight of the entire population" has been created: guinda. One area has experienced over 12 in the last 3 years (Clements, 1984).

[5]Of course, in a situation of war, one never knows who around them may be an "ear" listening for trouble. Even in exile, within the United States, the Central American (and Vietnamese) death squads carry on their activities. Nowhere is an exile completely safe. Generations later, the insecurity may persist despite social uselessness, and is then called "paranoia."

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