

**BETWEEN SHARING AND SILENCING:
The Role of Mental Health Professionals in Human Rights Movements
For *Los Desaparecidos***

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ABSTRACT

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Between the 60s and the 90s, while dictatorship regimes ruled countries in South America, mental health professionals (MHP) organized actions for human rights and collective awareness. Reviewing various literature sources, this paper describes how these professionals sustained their actions and indicates their motivations. This review challenges these literature sources, which discuss in detail terrorist actions and human rights violations, to more thoroughly explore existent proactive actions. In conclusion, the creation of diverse institutional settings greatly aided the MHP to operate concomitantly as therapists working on trust and confidentiality, and as the activists fighting for assistance for victims of political violence.

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- EFFECTOS PSICOLÓGICOS DE LA REPRESIÓN POLÍTICA.* By Diana R. Kordon, Lucila I. Edelman, and Equipo de Asistencia Psicológica de Madres de Plaza de Mayo. (Buenos Aires: Sudamericana/Planeta S.A., 1986. Pp. 178.)
- PSICOLOGIA DE LA AMENAZA POLITICA Y DEL MIEDO.* By Elizabeth Lira and María Isabel Castillo. (Santiago: ILAS: Ediciones ChileAmericana - CESOC, 1991. Pp. 307.)
- PSICOLOGIA Y VIOLENCIA POLITICA EN AMERICA LATINA.* By Elizabeth Lira, ed. (Santiago: ILAS: Ediciones ChileAmericana – CESOC, 1994. Pp. 274.)
- REPARACIÓN, DERECHOS HUMANOS Y SALUD MENTAL.* By Elizabeth Lira and Isabel Piper, eds. (Chile: ILAS: Ediciones ChileAmericana – CESOC, 1996. Pp. 265.)
- LOVE IN A TIME OF HATE: LIBERATION PSYCHOLOGY IN LATIN AMERICA.* By Nancy Caro Hollander. (New Brunswick, NJ: Rutgers University Press, 1997. Pp. 270.)
- LOS AFECTADOS POR EL CONFLICTO ARMADO INTERNO DEL PERÚ: EXIGIENDO EL DERECHO A LA SALUD MENTAL.* By Roxana Castellón and Lisa J. Laplante. (Peru: CARE: Nova Print, 2005. Pp. 213.)
- HIGH-RISK COLLECTIVE ACTION: DEFENDING HUMAN RIGHTS IN CHILE, URUGUAY, AND ARGENTINA.* By Mara Loveman. (The American Journal of Sociology, 1998, v104 i2, pp. 477.)

During the dictatorship regimes between the 1960s and 1990s in Latin America, bloody violence reigned, especially in the Southern Cone, leaving an indelible stain on its history and on the collective psyche of the populace. Countries such as Argentina, Chile, Peru, Paraguay, Uruguay, and Brazil experienced, in varying degrees, immeasurable human rights violations and a state terrorism without precedent in the region's history. The so-called Argentinean Dirty War, from 1976 to 1983, is a major example of how governments in the region engaged in corrupt politics, using violence as justification to save *las patrias*. The state terrorism left families and whole countries brutally decimated by the *desaparecimientos* or disappearance of thousands of innocent people. The authoritarian governments that ruled in these countries governed through political violence in the name of national security policies and counterinsurgency tactics

employed against the growth of socialist ideas and ideals, commonly making use of repression, torture, and “disappearance.”

Although the wave of political violence took different forms in different Latin American countries, authoritarian regimes were also a product of major international and regional trends. Between the 1960s and the 1990s, the world witnessed both the progressive strength and ultimate fall of socialism. During these 30 plus years, the Cold War between the United States and the Soviet Union reached many other territories, economies, and peoples. In terms of regional trends, the victory of the Cuban Revolution in 1959 and the subsequent interest in socialist-driven ideals in Latin America represented to the US sufficient justification to officially declare its role as the good neighbor and co-implement hemispheric security policies, giving support to authoritarian governments. The main issue was not just to deal with the increasing strength of a different ideology and socio-economic model, but to protect and preserve the US regional hegemony.

Although sharing the influence of the same external trends and violent authoritarian actions, dictatorships provoked different political, economic, and socio-psychological effects. This paper will explore the differences and similarities existent among South American countries, particularly Argentina, Chile, Uruguay, Peru and Brazil, in the perspective of their social memory and the role played by mental health professionals in human rights movements during dictatorship regimes.

It is true that some mental health professionals also collaborated with the new political systems. Especially in Brazil, there were cases where these professionals collaborated in studies that targeted the most efficient methods of torture, the use of medication to this end, and levels of resistance to torture. Although this aspect would provide a thought provoking discussion about the roles of mental health professionals during dictatorship regimes in Latin America, only Nancy Caro Hollander, in her work, *Love in a Time of Hate: Liberation Psychology in Latin America* (1997), among the books presented in this essay, briefly explores this topic. Therefore, to pursue this aspect would require further review of the related literature. Although a discussion of this other face of health sciences is beyond the scope of this essay, it is useful to be aware of it.

A close look through the literature on the topic that I had reviewed for this paper reveals different scenarios of political violence, intolerance, and the organized collective's responses from human rights and other interest groups. The relations among countries' socio-historical backgrounds, specificities of authoritarian governments in

power, and the levels of social mobilization and organization of interest groups is explored by the literature, mostly as a product of the authors' personal experiences.

In a broader literature on this topic, scholars such as Bosco (2006), Drake (1996), and Loveman (1999) have developed investigations on how collective and organized actions have reacted to the political violence under dictatorship regimes in Latin America. They discuss these social responses by exploring the mechanisms implemented to form, practice, and sustain different kinds of social movements. Sikink (1993) has an exclusive section for the Argentinean dictatorship in the 1970s and its practice of *desaparecimientos*. Exploring an even broader perspective, these analyses also greatly contribute to an understanding of how mental health organized groups sustained their actions even in times of extreme danger.

POLITICS OF FEAR

The experience of fear in times of dictatorship is a topic covered by a diverse and extensive literature. Overall, it is treated not just as a psychological dimension of individuals, but more importantly, as the fear of a society ruled by violence, repression, and silencing. In this review, I explore social fear as a natural and provoked response to a repressive political system. The dictatorships in Latin America, as well as in other regions, used the politics of fear as one of the tactics to maintain its control and strength throughout the regions affected by these regimes. Repressive actions generated fear of random abductions, torture, murders, disappearances, which became a vicious cycle, generating social dynamics based on distrust and fear.

Agents of the authoritarian governments worked to bury any evidence of political violence including documents, cultural expressions, social movements, and even the evidence of individual lives. *Los desaparecimientos* targeted the so-called suspects, people or groups, sympathetic toward communism, but in fact, affected countless others. Who will be the next one? when? and why? All unanswerable questions provoked fear and collective and psychological weakness. As Hollander writes (1997, 102), "los desaparecidos became the metaphor for a dirty war."

Governments also established a kind of terror network, mutually supporting their atrocities. Based on studies developed by the *Centro de Estudios Legales y Sociales*, Mara Loveman in her work *High-risk collective action: defending human rights in Chile, Uruguay, and Argentina* (1998, 5) states: "Evidence suggests communication and collaboration among the military intelligence services across nation-state frontiers,

including the sharing of novel torture techniques.” For instance, two well-known intelligence services discussed by Elizabeth Lira in her work *Psicología y violencia política en América Latina* (1994) and one presented by Hollander (1997) are: (1) the Triple A¹, which used mutually supported repressive tactics among Argentina, Uruguay, Chile, and Paraguay (Lira, 1994); (2) the infamous Operation Condor in Brazil, Argentina, Uruguay, Chile, and Paraguay (Lira, 1994); and (3) the CIA, representing the participation of the US Doctrine of National Security, developing military training and financing authoritarian governments in Latin America (Hollander, 1997).

In addition, violence, torture, and other human rights violations were also implemented by independent terrorist groups such as Sendero Luminoso and MIRTA² in Peru (Lira, 1994); and FLAMA³ in Chile, especially targeting lawyers, politicians, human rights activists, and social and trade union leaders as discussed by Elizabeth Lira and Maria Isabel Castillo in their work *Psicología de la amenaza política y del miedo* (1991). Their actions worsened the struggle for political power through violence and the subsequent persecution of a large number of civilians.

On the other hand, awareness of and a willingness to implement collective organization were still alive, and some collective action was realized. Uneasily, psychologists, psychiatrists, psychoanalysts, sociologists, and family members of the *desaparecidos* shared common fears and threats, while trying to keep the socio-political memory alive. Mental health professionals were challenged to choose between denunciations and confidentiality, between individuals’ protection and exposure, between individual psychological well-being and collective organization for human rights.

Loveman examines the motivating and sustaining factors of the social movements during the dictatorship regimes in Chile, Uruguay, and Argentina, which she calls a type of high-risk collective action. Encompassing and integrating different social and psychological theories, she concludes: “Contrary to sociological and commonsense expectations, the cases examined here demonstrate that the onset of severe state repression, that increases dramatically both the potential risks and costs of collective action, may itself stimulate certain types of social movements” (1998, 20). According to the author, despite the different levels of repression and control used by authoritarian governments, immeasurable participation in high-risk collective action was greatly

¹ AAA or Alianza Anticomunista Argentina

² El Sendero Luminoso is the Communist Party of Peru (PCC) and MIRTA is the Movimiento Revolucionario Túpac Amaru, both armed opposition forces in Peru.

³ FLAMA is the acronym for Frente de Liberación Antimarxista.

empowered because of: (1) individual and social values and political attitudes, (2) personal and institutional local and international networks, and (3) mobilization and availability of material and human resources.

In consonance with Loveman (1998) and independent of the other authors' actual involvement in social movements during the military dictatorship or their later interest in the topic, all analyzed books explore two faces of the politics of fear: on one hand, the different kinds of repression, human rights violations, and their immeasurable psychological and social effects; on the other hand, the tremendous impetus engendered by organized collective actions.

In this review I will not describe the terror. I intend to highlight the positive responses created by an organized civil society, particularly the mental health sectors, to fight against the paralysis of fear and for the preservation of the social memory. The politics of fear is not our objective of study, but our launching point.

In the work *Efectos psicológicos de la represión política*, Diana R. Kordon and Lucila I. Edelman (1986) were essentially inspired by the experience of Las Madres de Plaza de Mayo, a non-profit organization in Argentina, and also interviews with people who had been tortured. In this context, the authors consider Las Madres as more than a mutual support for their personal lost, but as a social response to impose resistance to the military dictatorship.

Lira's and Castillo's (1991) work is the result of a three year study, began in 1988 in Chile. It focuses on social and political conflicts in Chile and includes a year of research with 109 therapeutic groups in which members of oppositional organizations participated. In this study, fear is revealed in a broad historical context where violence results from factors in addition to terrorism—economic crisis, civil war, and political chaos.

Lira's (1994) work combines material presented at two conferences of Latin American mental health professionals who had assisted people affected by human rights violations during dictatorship regimes or civil wars. These professionals were concerned about their lack of training to intervene in these situations; therefore, the conferences held in Chile in 1991 and in Paraguay in 1992 provided opportunities to explore various methods of intervention by organized groups and communities.

In *Reparación, derechos humanos y salud mental* by Elizabeth Lira and Isabel Piper (1996) the authors' stress mental health interventions, the so-called *reparación*, with victims of human rights violations and repression in Chile between 1973 and 1996.

The book also explores therapists' risk of reprisal and their anguish while supporting victims.

Hollander (1997) interviewed ten Argentinean, Chilean, and Uruguayan psychoanalysts and psychologists who were victims of abuse by military dictatorships during the 70s and 80s in Latin America. She analyzes the challenges and new roles faced by the mental health sciences in times of danger and their collaboration with other organized groups.

In her article, Loveman (1998) studies the emergence of human rights organizations and other types of organized collective action under dictatorship regimes in Latin America between the 70s and the 80s. Explaining different social and psychological approaches and theories, she builds a rationale to explain why political repression which was intended to inhibit collective action, conversely stimulated such action under such high-risk situations.

Roxana Castellón and Lisa J. Laplante in *Los afectados por el conflicto armado interno del Perú: exigiendo el derecho a la salud mental* (2005) developed her study on the given rights and empowerment process of the victims of political violence in Peru during the period between 1980 and 2000. She particularly targets mental health policies implemented immediately after this period; their effects on the general health and quality of life of the victims, and their correlation with political autonomy, class issues, and interest groups' interventions.

PROTESTS OF SOCIAL MEMORY

The concept I refer to as social memory is a process by which socio-historical events occurring in a society are indelibly imprinted on its people, thus influencing customs, values, and behaviors. Among the authors reviewed in this essay, Lira and Piper (1996) similarly defines the concept of social memory as reminiscences of subjective processes related to historical facts which generated a great impact on society, affecting the everyday life of its members. Clearly, the imposed political violence from dictatorship regimes left a great deal to remember and a great deal to tell. But what did social memory existentially mean for the general population and dictatorship regimes' representatives?

My reading of the literature is that the authors agree that there were two opposite ways for the population to deal with social memory, both with the intent of avoiding further repression and disappearances. Part of the population lived in fear and silence.

For them, the social memory was simply a part of their private lives, and also something to be avoided. To keep the social memory alive meant to be at risk and to be silent meant to be safe. Another part of the population was also afraid but played more active roles. For these, the social memory was a tool to impel social mobilization against a political-ideological force which was threatening their social values, freedom, and human rights.

Lira and Castillo discuss how the interaction among psychological and social mechanisms generates states of fear and impotence:

El miedo se genera en la subjetividad de sujetos concretos, y como tal es una experiencia privada y socialmente invisible. Sin embargo, cuando miles de sujetos son amenazados simultáneamente dentro de un determinado régimen político, la amenaza y el miedo caracterizan las relaciones sociales, incidiendo sobre la consciencia y la conducta de los sujetos. La vida cotidiana se transforma. El ser humano se hace vulnerable. ...

La relación entre la amenaza política y la respuesta de miedo individual o social forma parte simultáneamente de procesos psicológicos y procesos políticos que se influyen dialécticamente. (1991, 8)

Representatives of dictatorship regimes strove to erase the social memory despite the countless social inheritances left behind by these regimes. Repression, promotion of guilt, and disappearances were the main instruments used to erase the social memory. As in other dictatorial systems, authoritarian governments in Latin America pursued alienation as a primary means to success.

According to Hollander (1997), even though totalitarian regimes claimed to enforce law and order, ultimately they disrupted them through violence and the elimination of organized groups. Furthermore, they disrupted families' psychological well being with the use of guilt propaganda associated with images of violence and death:

“Parents, do you know where your children are?” Every double meaning was cynically calculated. Moreover, abductions, murders, and disappearances without a trace left no factual memory but created feelings of anxiety and impotence. Similarly, Kordon and Edelman (1986, 34) discuss that the invisibility of the *desaparecidos* as an unofficial status subsequently transferred their silence, panic, and ambiguity to their fellow countrymen. These authors also relate certain guilt propaganda promoted by the governments such as: “How did you raise your children? Do you know what your kid is doing right now?”

Terror paralyzed most people, but hope mobilized some individuals and then groups for action. “Threats of persecution, arrest, torture, disappearance, or assassination of opponents of the regime are meant to create insurmountable obstacles to collective action; they exacerbate existing incentives to free ride. Yet in spite of selective disincentives to participate in HROs⁴, such organizations emerged in each of the countries chosen for study.” (Loveman 1998, 6). Differences in timing for the emergence of human rights organizations also differentiate collective response among countries, but earlier or later, they would emerge. As an example, we can cite the unique absence of these organizations for the first seven years under the dictatorship regime in Uruguay⁵ (Loveman, 1998).

Among the most successful movements, the Madres de Plaza de Mayo (purposefully labeled *locas* by the Argentinean government) is a great example of resistance to silencing and impetus for social memory preservation. Kordon and Edelman (1986) relate the Madres’ experience and their use of common space as a claim for social awareness. The public space makes public their concern about a public cause, a social cause and not a personal or family issue. “Para las Madres es entonces esta respuesta social la que reinstala el principio de realidad como base para la elaboración de la situación traumática. Es decir, el consenso social contrahegemónico sostiene la representación. Esto determina que dicha elaboración no sea privada, sino que sea grupal y social” (168-69). This well-known movement is still alive today and despite transformation over time, it still values the sense of social belonging and the protection of human rights.

⁴ Loveman (1998) refers to Human Rights Organizations as HROs and focuses her study on comparing military dictatorships in Chile, Uruguay, and Argentina.

⁵ Loveman (1998) suggests a combination of different factors contributing to the absence of HROs such as: the weak role played by the Church in Uruguayan society, demographic and geographic features which contributed to the armed forces’ greater social control, and the presence of legal restrictions (instead of clandestine, repressive actions) of civil rights.

For the repressors, torture, guilt, and “disappearances” were effective tactics to sweep away oppositional ideologies and increase alienation. Conversely, for organized oppositional groups, repressive actions meant human rights violations and the fuel to keep social memory alive and promote collective empowerment. Without a doubt the fundamental pieces in this oversized puzzle were the exiles, the network of international human rights organizations, and the courage of those individuals who despite their vulnerability organized themselves to fight against the alienation process.

The authors present countless and in depth descriptions of those who promoted collective action, their supportive net, their limits and challenges, their risks and glories. To better illustrate the expressions of social memory, in the next section I will present how different kinds of collective actions performed in such a threatening context.

PSYCHOPATHOLOGY OF A SICK SYSTEM

The role of mental health professionals during and after the dictatorship regimes in Latin America was surrounded by diverse psychological and social demands and political threats. People in their home countries or in exile presented a kind of mental suffering that was beyond psychological symptoms and diagnosable psychiatric disorders. They suffered under the imposed socio-political repressive actions which made individuals, families, social bonds, social memory, and political choices vulnerable to an intolerant system. Mental health professionals needed to adapt their techniques and interventions to the circumstances produced by the pervasive political violence.

The authors are in agreement about the nonconformist role therapists should play during authoritarian regimes. According to Kordon and Edelman (1986), as the repressive system tried to associate mental illness to political dissidence, mental health practices could not be complementary to social control. In addition both Lira and Piper (1996) and Hollander (1997) mentioned how mental health professionals and institutions had worked toward this situation. The former author stress the important contribution of the professionals of the Instituto Latinoamericano de Salud Mental y Derechos Humanos (ILAS)⁶ in considering mental suffering or illness as situational diagnostics due to a sociopolitical cause instead of focusing on the normalization of individuals' psychopathology. The latter, Hollander, discuss the use of the term *traumatic situation*,

⁶ILAS also published three of the books discussed in this essay: Lira & Castillo (1991), Lira (1994), and Lira and Piper (1996).

coined by the Equipo,⁷ instead of the term trauma to explore the psychological and social consequences of political terrorism. Through the use of this term, the Equipo avoided designating individuals as victims, stressing that they were individuals affected by political repression in which “the general citizenship was affected” (111).

Mental health professionals created a definition for what would be *los afectados y las afectadas*. Although the definition in Castellón (2005) is specifically related to Peruvians living under the internal armed conflict in Peru between 1980 and 2000, it seems to clearly define any case in which individuals from any country were victims of political repression. According to her, *los afectados* refer to any person who had suffered violations of the International Rights of Human Rights such as disappearance, kidnapping, judicial execution, murder, exile, arbitrary detention, torture, sexual violation, and physical injuries, plus their families.

Facing challenges and attempting to protect *los afectados* or their relatives and friends, mental health professionals organized themselves to act beyond clinical issues and toward the defense of human rights and the social memory. But without a doubt, mental health professionals were also very vulnerable and would easily fit in the definition of *afectados*.

Before I discuss the actions implemented by mental health professionals targeting the defense of human rights and the social memory, I will incorporate brief assertions of their vulnerability as recorded by the diverse authors discussed in this paper. Kordon and Edelman (1986) mentioned the prohibition of the development of therapeutic groups in Argentina. Lira (1994) recalled disappearances of mental health professionals; and the various governments' interventions in mental health institutions and services in 1976 in Argentina. Hollander (1997) cites a mental health professional who spent a year in prison after attending in psychotherapy a member of Tupamaros, originally an Uruguayan guerrilla movement. The military used to search for professionals suspected of participating in oppositional movements, asking prisoners under torture about the names of the professionals who had helped them prior to prison. Especially targeted were doctors, dentists, therapists, and lawyers--the professionals whose names occurred frequently in different “interviews”; these were considered by the military as dissidents and then persecuted. To protect themselves, many professionals used pseudonyms to act in human rights networks.

⁷ Equipo de Asistencia Psicológica a las Madres de Plaza de Mayo.

As I previously mentioned, my readings targeted the role of mental health professionals during dictatorship and their actions for human rights and social memory. At this point I would also like to find in the literature under discussion the answers for more specific questions. Under such threats, how did mental health professionals work on their objectives to pursue human rights? How did they pursue this goal and concomitantly protect their clients and themselves? How did they sustain the continuity between therapist roles and their political motivations? How did they go beyond individual and group psychotherapy settings and address the individual's problems as collective issues? What kind of action did they implement to preserve social memory?

The Loveman (1998) article gives us important insights into how organized groups sustained collective action under high risk contexts. According to her conclusions, high-risk collective action during dictatorship in the Southern Cone was possible especially because of two factors: the use of protected or institutional spaces, increasing the chance of protection from state persecution, and the establishment of social networks, particularly religious leaders or groups, in these societies and in the international realm. In fact, the information provided in the other authors' books about how mental health professionals sustained their actions during dictatorship support these conclusions.

The opportunities to use institutional spaces increased as more organizations were created. Overall, these organizations offered counseling services, education for human rights, and professional training. Some also integrated the work of other professionals such as anthropologists and lawyers (Lira 1994). In general, the new approaches implemented different resources not only to support the individual's mental health, but also for collective empowerment. Sometimes, the sense of collectiveness was found in old roots: whether by philosophical influences from Marxist sociology or from psychoanalysts with socialist convictions such as Wilhelm Reich, Otto Fenichel, and Erich Fromm; or by asserting collective positions, as was the case with the FAP⁸ that openly criticized illegal actions from the military government and its counterinsurgency's violent policies (Hollander, 1997). At other times, the collective empowerment was found in the inner qualities of brand new associations such as (1) the ILAS founded in 1988, which worked in many of the Latin American countries, supporting partnerships and professional exchanges (Hollander, 1997); (2) the

⁸ FAP is the acronym for Federation of Argentine Psychiatry.

CRESAM⁹ which implemented human rights educational programs until 1995; and (3) the CINTRAS,¹⁰ developing treatment and research for victims of political repression in Chile (Lira and Piper, 1996).

Consonant with Loveman's (1998) conclusions, Hollander (1997), Lira (1994) and Lira and Piper (1996), confirm the important roles played by alliances between mental health professionals and progressive sectors of the Church. The FASIC¹¹ had implemented a medical-psychiatric program since 1977 to promote community based health programs for former prisoners, torture victims, and families of *desaparecidos*. Essentially clinical in the beginning, the program turned to a broader activism including psychosocial studies, collection of documents and diffusion of information, denunciations, and publication of books and articles. Other organizations as well, such as COPACHI¹² founded by the Church were very effective in organizing international solidarity and mutual support among human rights movements (Lira and Piper, 1996). However, the movements founded by the Church were also targeted by the authoritarian regimes and had their days of nightmares. Particularly significant was the end of COPACHI in Chile: "The implication of a group of priests and nuns linked to COPACHI in procuring asylum for four members of the Movimiento de Izquierda Revolucionaria (MIR) in foreign embassies led to the arrests of several religious members of COPACHI in November of 1975" (Loveman, 1998, 9).

Referring to international institutional networks, Hollander (1997) and Loveman (1998) recall the important role played by international organizations such as the United Nations, Amnesty International, and the World Council of Churches in denouncing human rights violations by dictatorship regimes. Hollander (1997) and Lira (1994) also cite (1) the first conference of the Southern Cone in 1985 in Argentina which promoted the discussion about the psychosocial effects of the state terrorism and political repression, and (2) the creation of the *Red Internacional de Salud Mental y Derechos Humanos* in 1987, as important feats for overcoming regional isolation and giving support to a better foundation of new types of psychosocial practices and interventions.

In the international realm, there were also thousands of Latin Americans in exile who aided efforts to keep the social memory alive. Their actions seemed to be mainly

⁹ CRESAM is the acronym for Centro Regional de Salud Mental in Chile.

¹⁰ CINTRAS is the acronym for Centro de Investigacion y Tratamiento del Stress.

¹¹ FASIC is the acronym for Catholic Foundation of Social Aid or Fundacion de Ayuda Social de las Iglesias Cristianas.

¹² COPACHI is the acronym for Comité de Cooperación para la Paz en Chile.

based on their connection with human rights movements and other interest groups. The authors, especially Lira (1994) and Hollander (1997), present valuable testimonials from refugees with rich details about their experiences while in or out their countries. Refugees constituted a living part of social memory; because they were out of their *patrias* for survival and experiencing the cleavage in their relationships, a major part of their lives was made up of memories. Among the refugees there were also mental health professionals who kept working with crisis intervention, giving psychological assistance to adults and children, denouncing human rights violations in conferences, and engaging in organizing resources such as housing, clothing, and work opportunities for other refugees (Hollander, 1997).

As a final point, it is interesting to understand how mental health professionals worked on social memory and human rights after the end of the authoritarian regimes and during the so-called redemocratization period. On the one hand, the military supported the propaganda to *olvidar*, in other words, to forget about the past and focus on rebuilding societies. On the other hand, mental health workers and other interest groups strongly opposed the proposed social amnesia and combined all their efforts to seek the best way to keep memory alive: putting the military on trial (Hollander, 1997). Latin Americans received great support from international organizations; thus, transitional governments could not leave human rights violators unpunished.

In addition, mental health professionals organized themselves to require health policies embracing assistance and human rights issues for victims of political violence. Besides clinical interventions, advocates proposed the inclusion of legal and social assistance. Never before in the history of Latin America had the relationship between individual mental health and collective awareness been so evident. Castellón and Laplante (2005) recall how participants of therapeutic groups organized themselves to claim their rights, assuming an active role in the *reparación* process. According to Lira and Piper (1996, 20) *reparación* is a “*compensación en términos subjetivos, culturales y también judiciales respecto a los daños causados.*” This concept considers the idea of social trauma and gives to individuals and their families the rights to access social services and make use of their rights. In this sense, *la reparación* contributes to the maintenance of the social memory.

Fortunately, advocates' efforts and global watching were effective enough to impel proactive actions from Latin American governments. In Peru the Ministry of Health created the National Sanitary Strategy for Mental Health and Peace Culture to

implement the so-called “*Plan de reparaciones*” for people affected by political violence (Castellón and Laplante, 2005). In Chile the *Programa de Reparación y Atención Integral de Salud* was an important policy to assist victims of human rights violations. Complementing these policies, the so-called *reconciliación*¹³ combined actions to promote tolerance and respect for differences, to overcome confrontations and reach political stability (Lira and Piper, 1996).

In conclusion, the psychopathology of the sick social and political system during military dictatorship in the Southern Cone led to catastrophic consequences in the social structure, and mental health professionals could not be blind to it. Open to see what the system was showing them, they wisely decided to care for their own collective organization and fight for social recovery, social memory, and social justice.

FINAL WORDS

To pursue an understanding of the role mental health professionals played during dictatorship regimes in Latin America was a thought-provoking task. First and most importantly, this task moves the analysis away from a focus on diagnosis and psychological traumas and toward to a place where psychological, social, and political features are closely integrated. Consequently, the analysis based on the integration of these factors made possible the comprehension of the collective role and the common motivations and goals of different professions, reinforcing the importance of interdisciplinary approaches in mental health.

The task was not easy, though. A great part of the literature available still focuses on situational diagnosis and psychodynamic approaches in the process of the formation and development of psychological traumas and post-traumatic related disorders. Also, among the books analyzed, the same testimonials that made history more touchable, tended to describe more the facts surrounding traumatic situations than the strategies of intervention. Even taking into account these limitations, the readings offer satisfactory evidence to support the statements and conclusions in this essay.

The readings also offer an impressive inventory of organized groups and institutions involved in human rights issues during dictatorship regimes. They also serve as valuable preliminary sources for studies including advocacy nets and organizations

¹³ Reconciliación was a kind of propaganda from the governments in the period of transition to democracy to minimize social confrontations, reach political stability, and also try to avoid as much as possible punishment for the military, especially trials.

functioning during that time. All of the readings also included historical determinants and especially Lira & Castillo (1991), Lira (1994), and Hollander (1997) have very good chapters or sections dedicated to the socio-economic and political background of different countries in the Southern Cone. Unfortunately the readings do not offer substantial information about military dictatorship in Brazil, making analysis of this country more figurative than factual in this essay.

Another important limitation of this essay is the inclusion of three among seven literature sources from the same author (Lira & Castillo 1991, Lira 1994, Lira and Piper 1996). Although these sources include other authors' works, including information from conferences, they limit comparisons among different perspectives and may weaken a more comprehensive analysis. I tried to overcome this limitation by presenting information from these books along with other available sources; thereby, evaluating potential consonances and dissonances. Overall, Lira's books are consonant with other authors, which indicates that limits can exist in the analysis but not information bias.

The literature positively contributed to answering questions raised in the present essay. In general, it suggests that the use of different institutional settings was fundamental to sustain mental health professionals' actions and advocacy. For example, they created organizations, established networks, and promoted conferences. In times when political violence caused social ruptures and traumas, they presented mental health as collective awareness. The readings also indicate mental health professionals operated in two different but highly related capacities: the therapist who worked intensely on trust and confidentiality in clinical settings, and the activist who fought for legal and social assistance for victims of political violence. In any capacity, their efforts to preserve social memory were also present. Mental health professionals advocated for a comprehensive service net for victims of political violence and their families. They promoted many campaigns asking transitional governments to take responsibility to punish violators, especially the military. And they also engaged in programs to educate the general population about their rights.

This essay offers a descriptive analysis focused on the different actions implemented by mental health professionals, and it challenges the general trend in the literature under review to not necessarily explore in detail terrorist actions and human rights violations. It is important to explore the tragedies, and actually they play an important role in keeping social memory alive, but it is also necessary to more thoroughly explore the existent proactive actions, their weaknesses and strengths. This

literature review has also shown me that there is a general lack of analysis offering supportive theories and systematic concepts as achieved by Loveman (1998). Future studies should take advantage of this author's insightful analysis, and pursue this approach to the subject.

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