

Mental Health and Human Rights: Thinking About the Relatedness of Individual and Social Processes

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I. Trauma and the social context

In recent years, the word *trauma* has become part of most languages in the world. Only very seldom do we hear about catastrophes and disasters, war and persecution without the word trauma being mentioned. In September 2003 Google.Com offered 2.720.000 entries of the word trauma. Trauma and trauma treatment have become an issue in our modern world, especially in the aftermath of war and political disasters. Although it seems that we are less able than ever to prevent social catastrophes from happening, we are apparently willing to focus on the human suffering they cause and try to help the victims. Nevertheless, it is still quite unclear what trauma work is, how it should be carried out, and what it should achieve. In fact, people have very contradictory opinions: some prefer local healers; others are in favor of “parachuting trauma therapists into crisis regions” (quote from a conversation with a North American colleague). Some suggest long-time psycho-analytical frameworks, and still others believe that we shouldn't have trauma centers, and that it would be better to speak of community work or educational activities. As a Northern Irish colleague recently explained to me, we even have a trauma therapy which consists of sticking a special candle into your ear, lighting it, and letting the wax drip into your ear. Assessing and developing quality in this context looks like an impossible – or at least, a traumatizing – task.

Not only does it look like we have too many therapies for trauma. It also seems we still do not agree on the concept itself. Some believe in a medical model, others are interested in complicated intra-psychic processes; still others try to bridge the conceptual gap between psychological and social processes. Finally some think we should do away with the concept altogether. Using the picture function of Google I conducted an interesting conceptual experiment: Entering the word “trauma” I obtained a random sample of pictures with no specific logic becoming apparent: A cartoon by the Argentinean Quino about a doctor who loves statues with broken off arms, heads or legs, a bowling ball called “trauma”, an advertisement for the “trauma towers” in the English amusement park Blackpool Pleasure Beach. But when I connected the word trauma to a geographic location, at least some pictures appeared that seemed to make sense: For trauma/South Africa I obtained a photo of Johannesburg, for trauma/Bosnia the photo of a destroyed house in Novi Travnik, for trauma/ Chile a photo of burning presidential palace La Moneda during the military coup on September 11, 1973 and finally for trauma/Belfast a photo of a British soldier in an unnamed street in Belfast. In

short trauma as an abstract term makes little sense, but if linked to a context, we see that the term must relate somehow to specific social situations, apparently characterized by terror and destruction.

When we look at those photos, two things happen simultaneously: On one side we are immediately reminded of the social and political conflicts that give meaning to these photos and on the other side, depending on our personal connection to the places these photos refer to, we begin to feel or to remember intense feelings of fear, sadness, anger, hope- and helplessness, and sometimes also of love, friendship and closeness, while very personal memories and experiences appear in our heads. Trauma is thus obviously connected to specific social processes but also to very personal and individual images, that have become part of our psychic structure.

For me personally the Chilean photo is probably the most important one, since I have lived there for 17 years, working with victims of political repression, that means persons that were tortured and had been in prison, families with a member that had been killed or "detained-disappeared", as well as families that returned from exile. At that time I was part of a local NGO, the Latin-American Institute for Mental Health and Human Rights (ILAS). Having established myself again in my home country, Germany, during the last years, I have been engaged in consultative work in different countries of the world, especially in Bosnia and Angola, and more recently also in Northern Ireland.

The word "trauma" originally stems from the Greek language and means "wound", but its analogous use in psychology and psychiatry only began at the end of the 19th Century. The analogy became part of an effort to explain certain mental disorders which were the result of psychic breakdown caused by external events. These events exceeded the capacity of the psychic structure to respond to them adequately.

Nowadays, trauma is basically conceptualized in three different ways:

1. Trauma as a closed medical concept, like Post Traumatic Stress Disorder (PTSD), where the goal is to establish a more or less complete catalogue of symptoms for a specific mental illness. The underlying cause of the illness, the social environment, is irrelevant to this concept.¹
2. Trauma as a psychodynamic process, which means that the social context is relevant, but highly complicated inter-psychic processes are the main focus. The therapeutic work of psychoanalysts with victims of the Holocaust is a convincing example of this type of concept.²
3. Trauma as a social and political process. Works originating in so-called "Third World Countries", mainly in Latin America and Africa, have tried to show that traumatization is not only an individual process, it is also a social process that impacts the whole society. These works have also shown that trauma can only be understood within a specific cultural and political context. Newer works by historians and political scientists in Europe and the US have begun to think about trauma in this broad

¹ For specific discussion of PTSD see Becker, D., 1992, 1995, 2001, Kleber, J.; Figley, R.; and Gersons, P. R. (eds.) 1995, and Young, A. 1995.

² See for example Bergmann, M. S.; and Jucovy, M.A. 1982; Krystal, H. 1968; Bettelheim, B., 1943.

political framework and have begun to evaluate the validity of terms like “collective trauma” for history and, specifically, for genocide studies.³

Defining trauma is a complicated task. Although PTSD is the best known trauma concept in the world, I think it is rather useless, when dealing with manmade disasters. The most important limitation of the PTSD diagnosis is that it treats the situation that causes the trauma as stressors. To PTSD, it does not matter if we are in Belfast, in Santiago de Chile or in Auschwitz, if trauma is the consequence of torture, of a car accident or of a heart attack. PTSD not only does not understand the key issues of the trauma we are trying to diagnose, it also participates in a process that converts a social and political problem into psychopathology. "D" stands for disorder. There is probably nothing less helpful for a victim of human rights violations than to classify his or her suffering as a mental illness. Furthermore PTSD pretends that the trauma is over, that we are dealing with the consequences of a past event. It thus cannot grasp long-lasting chronic traumatic situations, nor can it understand why symptoms might appear only many years after the original traumatic situation. Last not least we have to state that PTSD is an individual diagnosis, incapable of understanding the destruction of family structures in trauma, and also that the list of symptoms PTSD lists, is absolutely incomplete.

As even Google seems to suggest, I strongly believe that trauma can only be understood within and in reference to a specific social/cultural/political context. The issue here is not to develop trauma conceptions that are “sensitive” or “full of empathy” to a foreign culture. Quite to the contrary: the paradigmatic frame is the culture itself. We might, for example, consider a Chilean child traumatized whose father was disappeared by the military, and who at some point stopped speaking about himself and his feelings, who doesn't use the word “I” anymore. But what in this child would be a sign of recuperating health, that is, the ability to speak of himself, might be a sign of traumatization in a Guatemalan Indian child. This child says “I”, expresses highly individualized feelings, not because it feels healthy, but because his village was wiped out by the military, he had to flee, and his point of existential reference, the community, has been destroyed.

Decontextualized trauma definitions at their best are useless and at their worst can be directly damaging. Although I do think that we can learn from traumatic realities in different contexts, I also think that in every country of the world it makes sense to re-invent the concept, or better said, to find a local definition, that makes sense in the special context people are working in. In Chile we adopted the term "extreme traumatization", defining it as an individual and collective process that "refers to and is dependant on a given social context that is marked by its intensity, its extremely long duration and the interdependency between the social and psychological dimensions. It exceeds the capacity of the individual and of social structures to respond adequately to this process."(Becker D., Castillo M.I. 1990, Becker D. 2001) This definition with its heavy reference to social realities and thus to the fight for human rights and against the dictatorship made sense in "our" context. Maybe some of our ideas also could make sense in other places, but still, I think there cannot be one correct trauma definition.

³ See for example Rüsen, J., and Straub, J.,1998

What I do think is helpful in this Chilean definition, is that it puts emphasis on the fact that there is always a social, i.e. collective dimension to trauma, in so far as the social relationships themselves are characterized, by a violent power struggle that includes fear, death and destruction. In certain aspects the resolution of trauma is thus always linked to the political development and to the way the society deals with its own past, with the the issues of truth and justice.

II. The individual dimensions of trauma

Nevertheless, describing trauma only in social terms is also insufficient. Those of us that have experienced trauma or that have worked with traumatized persons know very well, the uncanny levels of terror, fear and destruction that become part of the psychological structure in the context of trauma. It would lead to far to try to describe the individual dimensions of trauma in detail in this paper. But at least we can try to quickly name some central aspects:

Trauma implies complete psychological breakdown on an individual level, comparable to the experience of death. This breakdown can occur in one terrible moment or in a long process, in which it is difficult to pinpoint the exact moment when everything fell apart. But in the end the effect is always the same. Somewhere along the road the psychic structure, the part of ourselves we tend to identify as "I" or as "myself" ceased to exist. And all this happened, without anesthesia.

Trauma is the experience of deep and endless fear. Normally fear is something quite useful. It is a psychological mechanism that helps us protect ourselves. Simplifying a little, we can say that confronted with a threat, we either run away or fight. Both reactions protect our survival. In everyday life self protection and fear are necessarily linked, and help us to avoid dangers and master them when possible. But in trauma the fear is different. Here we are speaking of chronic fear, we are speaking of total helplessness. We are speaking of a threat so powerful, that we would wish to run away as fast as we can, but at the same time being forced to stay right where we are. We are talking about experiences difficult to imagine in our worst nightmares. Fear in this context changes from its protective function to be a threat in itself. It is not anymore the feeling of being scared, it is an existential threat, a nameless totality that can appear and reappear at any time that makes it dangerous to think and feel. This fear does not refer anymore to something outside of the persons, it is something inside them.

Trauma implies a life- experience of suffering, which can be shared, maybe integrated but not healed. If someone was raped and nearly killed, if someone's children were killed, we are talking about horrible experiences that can never disappear from the mind of the persons affected by them. Certain experiences are so gruesome, imply so much destruction and loss, that they cannot and probably should not be forgotten. From that perspective it is important to understand, that traumatized persons can maybe learn to not be haunted anymore by their experiences, they can maybe learn to lead a relatively normal life, but all of that does not mean that they stop to suffer. With these kinds of experiences just as with the loss of a loved-one, the question is not if the whole problem

can disappear, but much more if those that are affected have to confront their losses alone, or if they can share their suffering with those that surround them.

Experiencing trauma does not only harm the capacity to work and to love. It also damages the capacity of developing healthy aggressions. When we discuss the suffering caused by trauma, we often ignore the aspect of aggression. Victims don't like to talk about aggressions. They have suffered enough of it. Victimizers fear the aggression of the victims, which is a reason for them to ask as quickly as possible for forgiveness and reconciliation. Therapists like grief processes, but it is never nice to have to deal with aggressions. So we tend to silence this issue. Nevertheless it is important to recognize how central to the suffering of traumatized persons is this issue. Aggression is not only something destructive belonging to the world of victimizers. Aggression is also something all of us need to pursue our interests, to express and communicate, and to defend ourselves when attacked. But often we find that victims turn their aggressive potential against themselves. Instead of developing anger against their victimizer, they get angry with themselves; feel lost in a sea of guilt and shame. It is as if the victimizers had not only done harm to them, but also had occupied the whole territory of aggressive feelings. In that sense part of the damage in traumatized persons is the loss of their own healthy capacity for getting angry.

III. Key characteristics of trauma

Trauma can be described as a normal reaction to an abnormal situation. In other words, we are dealing with a situation that causes extreme psychological suffering, but whose "abnormality" is basically part of the external environment. Trauma implies experiencing death. Its central metaphoric connotation is one of disruption and discontinuity, a "perceived sense of an irreparable tear of self and reality" (Benyakar, M.; Kutz, E.; Dasberg, H.; and Stern, M. J., 1989). As one Auschwitz-Survivor put it: "Death keeps dripping into life...I have survived hell but I have not been released from it. It is still inside me, day and night."(op. cit. p. 443)

The aftermath of trauma is always a contradiction. On one side, there is the equivalent of death, on the other side people continue to live, in spite of their experience. The psychic structure fell apart in the traumatic experience. Where there is no psyche, there can be no memory. Logic would suggest: I can imagine the world. I can imagine the world falling apart. But it is impossible to picture a world that has fallen apart, that no longer exists. It is also impossible to mentally represent a world that is my world, which has fallen apart, but of which I am still a part. If I lived on the moon, maybe I could watch the world fall apart, because then it would not be my world; but even then, I could not see it after it ceased to exist. In spite of this, traumatized persons and societies in which massive trauma has occurred do have a memory. It is a fragmented memory; perhaps it is the memory of what happened just before and just after the "total blackout"; sometimes it is a fantasy of a memory. But nevertheless, there it is: Death, dripping into life. From this perspective, we could define trauma on an individual and social level as the destruction or fragmentation of memory.

The most useful approach to trauma I know, that does not contradict the priority of the cultural paradigm and also does not limit the possibilities of inventing a "local" trauma concept is the concept of sequential traumatization created by Hans Keilson. (Keilson, H., 1992). In his important follow-up study of Jewish war orphans in the Netherlands, he distinguished three traumatic sequences:

1. "Enemy occupation of the Netherlands and the beginning of terror" (op. cit.) against the Jewish minority. This implied attacks on the social and psychic integrity of Jewish families.
2. "The period of direct persecution" (op. cit.) which included the deportation of parents and children, the separation of mothers and children, hiding the children in foster families and the experience in the concentration camps.
3. "The post-war period during which the main issue was that of appointing guardians" (op. cit.). The alternatives were to leave the children with their Dutch foster families or returning them to their original Jewish environment.

Keilson's concept implies a radical change in understanding trauma: instead of an event that has consequences, we are now looking at a process in which the description of the changing traumatic situation is the framework which organizes how we understand trauma. Keilson shows, for example, that a severe second traumatic sequence and a "good" third traumatic sequence imply better long-term health perspectives for the victim than a not so terrible second traumatic sequence and a "bad" third traumatic sequence. This is very important because it illustrates that traumatization continues, even after active persecution has already stopped. We are also able to understand why patients might develop symptoms immediately after the original traumatic event, but why they also might do so twenty, thirty or forty years later. And last but not least, Keilson's concept, makes it obvious that since there is no "post" in trauma, but only a continuing traumatic process, the helpers, those people who deal with victims, are also always part of the traumatic situation and do not operate outside of it.

One of the advantages of Keilson's approach to the concept of trauma is that it can easily be used in different cultural and political settings. Since it is not defined a fixed set of symptoms or situations, but rather only invites one to look closely at a specific historical process, it allows the quality and the quantity of the traumatic sequences to vary greatly in different contexts. One sequential change that seems to be relevant in most parts of the world is the change between active war and persecution and the time afterwards. But in many cases, this "afterwards" also has to be divided into different sequences. For example, the war in Angola has continued for the last 30 years, interrupted only by short periods of supposed peace. Similarly in the former Yugoslavia, the current situation lies somewhere between war and peace which is something very different to real peace.

In the context of man-made disasters, it makes sense to differentiate between traumatic situations, trauma, and trauma symptoms. While the traumatic situation characterizes the society, this does not mean that everybody is traumatized. For trauma to occur, the traumatic situation is necessary, but it does not by itself automatically imply trauma. And if trauma has occurred, the question of symptoms must also be discussed independently, as these can vary enormously. An onset of symptoms does not

necessarily coincide with the onset of trauma. In synthesis, we can describe the "wound" that needs healing as a psychological wound which we call "trauma" and as a destruction of the social fabric which we call "traumatic situation", implying that human relationships and the basic laws that guide them have been attacked, hurt and possibly destroyed.

IV. Difficulties I

Dealing with Trauma in the context of manmade disasters is not only a problem of definitions. If it is true, that trauma is part of the social process, so is the discourse about trauma. As I have already stated, communication about trauma, about human rights, victims and victimizers is difficult anywhere in the world. We thus can describe a series of potential difficulties with which we have to deal, when trying to work "towards a better future":

- Politicians treat the issue of human rights as well as individual problems of victims and their wounds in a very "special" way. In Chile for example the victims and their fight for human rights was very important during the fight against the dictatorship. But once we entered into the phase of transition to democracy, suddenly politicians thought that it was time for the victims to shut up. They feared that they might hinder the process of reconciliation. Independent of what opinion one has to this issue, it is clear that politicians and traumatized persons have different frame works, different points of reference. The political relevance of a victim is not necessarily in correspondence to the individual needs of the victim.
- Human Rights Activists and Advocacy groups tend to believe that all wounds can be healed through political change. As we have seen there is a social as well as an individual dimension to trauma. Depending on the perspective one can overemphasize on or the other part. Political Activists tend to underestimate the individual dimensions of trauma. Although I have strong sympathies with those that hope for political change and development, I also believe that it is very important, to never forget the individual needs and situations of the people directly victimized by the social process. It is important to understand for example, that during a fight for change and democracy, one can still hope for everything to change. But afterwards when the change comes, suddenly the democracy is not as fantastic as one imagined, and also it does not heal the wounds one has suffered: The dead are still dead, what was lost, will not be brought back. Political change is good but it does not heal all individual wounds and also it usually confirms that the past is past, and that is not only good, it is also in some aspects very sad.
- Trauma Therapists tend to believe that through therapy they can change the world, or at least "heal" the individuals they are dealing with. Just as dangerous as the absolute belief in the omnipotence of political change, is the blind faith in psychology, in therapy. In fact, maybe it is even more dangerous. The social and political ignorance with which many health institutions, therapists, doctors and social workers pretend that they can help the victims of social and political disasters is quite frightening. "Psychologizing" social realities only deepens the level of alienation in

the individual and thus deepens the traumatic destruction in the individual. Nevertheless it is important not to forget, that help on an individual level can be very useful if it is done, recognizing the limits inherent to this process.

- Perpetrators tend to deny the damage they have caused, and are usually scared of vengeance. If someone has committed a crime, it is logical, that he or she will try to avoid negative consequences for him/herself, and under a changed power structure will fear a vengeance at least equal to his/her original crime. I think that the solution to this problem is neither to simply forget about the perpetrators, nor to insist on an eye-for-an-eye justice process. Basically the problem is how to overcome a situation in which what happens only depends on the power structure, while basic morale does not seem to matter. Victims have a right for truth and justice. But justice must overcome the logic of the perpetrators. It must therefore facilitate that Perpetrators assume responsibility for what they have done.
- Onlookers/Bystanders tend to perceive everybody as a threat and are the main constructors of the “conspiracy of silence”. In the context of war and persecution, we always have the persons directly involved in the ongoing power struggles, and we have those that seem to be just bystanders. But in fact no dictatorship could ever happen, if the bystanders did not exist. In post conflict situations it is again the bystanders that often have a very unhealthy role in their society. Some of them just don't care about those that suffer. But mostly the bystanders are scared. They have suffered the conflict situations in a position of passivity and anxiety, waiting for those in power to do something. Many of them have suffered. What they hope for is to be able to stay out of the conflict. So often their position is to try to be apolitical, or to just make the whole problem go away. They opt for silence, and thus often, against their own interest, perpetuate the underlying conflicts.
- Victims run the risk of self-perpetuating their destruction either by denying the social character of their suffering or by “over-politicizing” it. Lifelong victimhood means lifelong victimization. Individually and socially the situation of victims is very difficult. They cannot forget, but somehow they also must continue with their lives. They must look for the political aspect of their suffering but they also have to take care of their individual needs. In Argentina for example the "mothers of the plaza de mayo" got known world wide in their fight for their disappeared loved-ones. But undoubtedly nobody would wish for these women to spend the rest of their lives protesting. And as we all know, at the end of their fight at the best they could hope for the corpses of their loved ones, the punishment of the perpetrators and maybe some financial compensation. This does not speak against their activity but it shows how multiply complicated the situation of the victims and their perspectives of healing are.

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V. Difficulties II

Unfortunately our list of difficulties cannot end here. Also on the more specific level of trauma work itself we have to look at several problems:

- Who defines who is a 'victim'? Trauma work is supposed to help victims. But who defines who they are? Is it enough if I consider myself a victim? Should doctors, or psychologists, or judges or politicians define who the victims are? Does it help a society if we enter into a kind of competition about who suffered most?
- People do not really agree, on what trauma work is, how it should be carried out and what it should achieve. Since trauma work deals with catastrophes everybody knows about, somehow everybody thinks they can be experts on trauma. At the same time the scientific discussion between the experts is not really well understood by others, nor by the "experts" themselves. The whole area often produces more confusion than help.
- There is quite a lot of money involved these days in helping trauma victims. A huge scientific business has developed. We treat patients, we fly around the world and teach others how they should deal with their patients, we hold meetings, and we publish books. No matter whether we are really successful or not: we are willing to promise everything. Just like everything else, the rules of the market determine the game. Trauma work is a product to be sold, and its success simply depends on how much is being sold, not so much on what it does.
- Trauma work is usually associated to emergency interventions within the framework of humanitarian aid (internationally) and health care (locally), although it apparently has a long term perspective and might well be better associated to community development. In this sense it is treated like a short term problem, while all practical experiences show that if anything, it is a long-term problem that cannot be treated like a humanitarian relief activity or a virus infection.
- Unfortunately, trauma work is not carried out as an integrative part of work in crisis regions, but is dealt with as an additional problem limited to mental health. Issues are "compartmentalized". To understand, for example, in a village in which all the houses were destroyed, people were killed, etc., etc., that reconstruction of the houses, trauma work, reinitiating educational activities, and so on, should all be part of one integral communal project, seems to be common sense. Unfortunately, international help agencies do not have this kind of common sense and tend to carry out one project beside the other, actually avoiding joint ventures and trans-disciplinary projects.
- Local groups often deal for years with an unquestioned imported trauma concept that does neither reflect their needs, nor their actual work. Very often people do not dare to say what they are doing, and accept concepts, without critically asking if they really need them. The basic rule here is, that the poorer a group or a country is, the bigger the specific need, less people dare to say their own opinion.
- Local groups often confuse advocacy and therapy. Since the trauma boom started, and since international agencies have begun to facilitate money to those groups, that are trying to help the victims, there has been a growing confusion by the groups

themselves as to how they should understand their work. Advocacy and therapy are activities that partially overlap, but are very basically different. Under the pressure of institutionalization processes groups have begun to confuse these activities and thus often made them less effective.

VI. Differences of interests

When we look at this long list of difficulties we can see that many of them are due to very different interests between donors and receivers, between those that pay for the work, be it a government, an international agency or a private founder and those that do the work, be it an NGO or a group of volunteers or for example the national health and social services.

Donors, on the one side, have three basic interests:

- make sure the money was invested in the right place,
- obtain a trustworthy (very short) summary of what the work is about and if it had “good” results,
- develop an exit strategy, either because the work is successfully finished, or because the group can continue without outside help.

The first issue is actually one of emotions. Nobody wants to hear that they put money in the wrong place. One is quite willing to accept certain difficulties, but the bottom line must somehow be, the project was and is OK.

The second issue represents the wish to obtain a one-page summary that explains everything, and that makes it possible for the donor to pass judgment. Donors hate complex situations, and if at all possible, they really want it in a one-page summary. The higher you get within the hierarchy of donors, the less they read the actual information. The people with the most power of decision in fact only read summaries of summaries of summaries. Now it is in this context that donors actually want to know if there was a “good” result: “good” in the logic of the project, “good” within the framework of the donor, “good” within the basic wish that it has really helped the people, that it has a massive impact, that everybody loves it, and that it can continue without needing any more money.

This leads us to the last issue, which is the exit strategy. When donors say “exit strategy”, they do not want to hear that, in fact, they have to continue for the next twenty years. What they want to know is how they can get out and how they can do so looking like heroes and not like they are abandoning people.

If we now look at the receivers, they also have their special interests:

- First of all, they hope that the donors will love the work so much that they will continue to fund it forever, maybe even on a higher level than up to now.
- Secondly, there is a very strong fear that the donors will not like what really is happening in the project if they manage to find out.

- Thirdly, they hate to file reports, confront evaluations, explain and justify what they are doing. They feel anger at being disturbed in an already difficult work.

Although these feelings are very understandable on the side of the receivers, it is also this way of looking at things, which perpetuates the misunderstandings. If, by accident, a donor is really interested in the project, he will still find himself up against a wall when talking to the receivers. When people are scared, especially scared of losing money, they begin to act a little bit like children who believe they have cleaned up their room by stuffing everything into the closets and hoping nobody will open them. Apparently, it is difficult to imagine that sharing problems could even enhance financing a project. The basic idea seems to be sort of primitive: If we are good, we will get money; if we are bad, if we have doubts, or if we have problems, they will not like us. At the end, then, we can find basic structural interests and expectations on both sides that tend to facilitate a very superficial look at the real issues, and that also tend to perpetuate what I have come to call the "culture of lies".

VII. The culture of lies

In spite of the fact that everybody involved directly or indirectly with psycho-social projects would probably prefer a direct and honest relationship, a basic rule of interaction is that of hidden agendas and ambivalent messages.

First of all, we have the hidden agendas of the donors. Donors have explicit political and social goals, some of which are known, others not. They wish for example to enhance democracy, facilitate reconciliation, and develop the economy. All this sounds very nice, but in fact implies something comparatively dangerous. Donors pretend to know what democracy is, how reconciliation should take place, what can be expected of the economy. In fact, they are strongly convinced that they know what must be done a lot better than those that do the work. A rather shameful example of this is something that happened in the former Yugoslavia: When the issue of rape of so many women during this horrible war became internationally known, German women's organizations came to Bosnia to help. Many did excellent work there, but others, in a very arrogant way, felt obliged to explain to the women in Bosnia that Germans, because of their experience in the Second World War, knew better how to deal with rape, than these psychologically uneducated Bosnians.

Donors quite in general have their own logic of how to deal with things. Not only do they have aims, which they often do not make explicit, not only do they basically believe that they have the better know-how, but also, international agencies as well as governments are decisively linked to certain ways of spending money. That means they have to spend certain money within a certain timeframe, no matter if this timeframe is adequate or inadequate in reference to the situation it pretends to deal with. Also, the way ones has to account for the money that is spent, usually follows the need of the donor, not of the institution that is spending the money. In short, even the most well-meaning donors usually do not have the time to establish a meaningful and closely-knit relationship with the people they give money to, and therefore tend to have unrealistic expectations on what the people who receive the money can do with it. In fact, the basic logic of

understanding projects does not really include the receivers, but is a closed circuit, self-explaining logic, based on the reality of the donors. If, for example, our project says that we will do trauma therapy with ex-soldiers of the Bosnian army and our log-frame explains that this therapy will be carried out within a framework of six months per client, then whatever happens in the project can only be explained within these terms of reference. Therapy helps in six months, or it doesn't. If it doesn't, the project is a failure. If it does, it was a good project. But never, ever can we question the framework itself.

And that brings us to the next issue: The hidden activities of the receivers. The receivers themselves also have their hidden agendas. First of all, they need money, and are willing to accept money for whatever is being asked for. If you do something you believe is important, and you have to describe it in a certain way in order to have access to funds, than that is what you will do. If you live in a country in which the economy is devastated than even more, working for an NGO, especially if it has humanitarian goals, is a fantastic solution. It implies being able to do something apparently worthwhile for your country, and at the same time, enables you to earn a living on a level much higher than most other people in the country. In Angola, for example, I met several people who, at some point, had held high posts in the Ministry of Social Welfare, but what they earned in these posts was never enough to live on. Working in an NGO meant receiving, for the first time, the money necessary for more or less decent living.

So first of all, there's a motivation that has to do with money much more than with the content of the work. This is especially so in countries where there are no local NGOs to begin with, but in which it is the international agencies or the international NGOs that invent the local NGOs. Secondly, locals very often rightly feel that the donors are not really willing to listen to them, and also that the internationals will give more money if you manage to explain whatever you are doing in their language. So coming back to the example of the therapy institutions mentioned above, we find something interesting happening: I had to evaluate this institution, and when I talked to them, I said that I was fascinated with their program, but that I had never, ever seen a therapy program with severely traumatized patients have success in such a short time. So in fact, I was wondering what kind of secret witchcraft they were using. They immediately proceeded to tell me that, they themselves also do not consider these patients healed after six months, but that their program said that this was the time allowed for therapy, and so that was when they ended therapy. But they had managed to squeeze a little tiny item called "clubs" into their budget, in which the patients who participated in the program could meet once a week at the center just to sit together and talk. As far as they were concerned, these clubs were actually important therapeutic activities. First of all, they were of much longer duration: people had been coming for several years. Secondly, they had characteristics of a mixture of self-help groups and therapeutic interventions, because in these meetings, therapists were usually present, but the group never functioned as a group therapy session. When I asked them why they had never communicated the details of this to their donors, they expressed fear in that the official therapy program apparently was not working as it should have, and they secondly expressed that the donors had not been really very interested in these issues; this evaluation of mine was the first time that anybody had been interested in their methods and in their patients' case histories and real problems. For everybody else up to this point, the only issue had been the fact that they were working with ex-combatants and

trying to help them. We can find examples like this nearly everywhere. The basic issue is that locals usually do not really dare to say what they think and what they are doing, and accept a basic lie which, in this kind of work, can have very destructive consequences: This lie is that victims' help can be short-term help, and that we can really overcome traumas quickly and efficiently. All of us know that this is simply not true. But donors and receivers, for different reasons, tend to believe just that. So in fact, they end up lying to themselves and to each other.

Further elements in this culture of lies are the public figures. We have to think about politicians and political abuse. Politicians, on one hand, hate NGOs and what they stand for, because they tend to be critical of government policy and protect the independents. On the other hand, these projects very often do things that the state should do and cannot because they lack the money. So in fact, politicians and government also love NGOs, because through them, money flows into the country that otherwise might not get there. So we have a natural and permanent tension between NGOs and government, in which official politics very often try to use and abuse what is happening in these projects. Especially in these complicated topics like reconstruction of democracy, justices, and help for victims, etc., we can see a tense and contradictory attitude of politicians to this work. They need and love the symbolism; they hate practical consequences; they want to control it, but they definitely do not want to finance it.

Last, not least, we have to mention the contradictory wishes of the clients. Especially when dealing with victims of man-made disasters, we can observe several problems: First of all, there are different kinds of projects. For example, there is a difference between a group of victims that does political lobbying for truth and justice, for example, and a therapy project. In the first case, this group might need money, but it might do a lot of harm to this group if they are forced to turn into an official institution, because then what started out as a relevant political fight ends up possibly being a self-serving structure that cannot want to reach its political goal, because then it would disappear as an institution. The second case, that of a therapy project, is also complicated, because victims want help for themselves. Very often, they justifiably feel that what would do them best would be a regular income. Instead, they have to observe therapists that don't give them money but receive a regular paycheck for supposedly helping them. Although they might understand the need for such professionals, the interaction is sometimes very complicated, and in fact, often contributes to the illusion that the institution, which tries to help in terms of therapy or with lawyers or whatever, in fact is something like the state, which really could be in charge of "repairing" the victims.

So, we can establish a basic sequence in conflict situations and their aftermath: First, we have bombs, we have war and fighting. Then, when it stops, we have the international community reconstructing houses and building trauma centers. After some time, the trauma centers prove not to be sufficiently effective for the donors, and then a new word appears, called "income generation". So now, it seems we don't want only to save people's souls, we also want to make sure that they have food and that they earn a living. And then, quite quickly, donors begin to ask about exit strategies. The official catastrophes are over; it's time to move on. So, in a more or less elegant way, donors tend to pull out. So, finally, we have this lovely but profoundly despairing sequence from war to health to wealth to nothing.

Everybody knows that this is what is going to happen. Those at the receiving end try to hold out as long as they can. The donors try to finish off with the highest morale possible and reaffirm their conviction that all help was only given to enable self-help. Efficiency, efficacy and sustainability are the key words through which, finally, we develop good excuses to walk out, and once more leave people to themselves until they are ready for the next gruesome conflict.

VIII. Overcoming splitting and dissociation

Overcoming the culture of lies and confronting the difficulties of trauma work is not an easy task. Nevertheless if we really want to help the victims and if we want to do something for the better future of the whole society we must deal with these issues. Although I have been working in this field for many years, by no means do I feel to have the answers to the problems described in this paper. But I do believe, that it would already be a big step forward, if we could risk to speak a clearer language, and name the problems we face as complicated as they are. I think it makes sense to try to overcome some of our professional bias and jointly try to develop a good contextualized understanding of the problems we face. It is with this objective in mind that I would like to suggest the following points of reference:

- We have to understand that when dealing victims of manmade disasters, therapy and therapeutical techniques are always part of an ongoing social and political process. We have to make sure, that through our interventions we do not further alienate the people we are trying to help. We have to develop concepts that really reflect what is going on around us, not what our text books say that should be going on. In other words we have to understand the politics of our therapeutic techniques.
- On the other hand we have to understand that political changes, community developments that do not take into consideration the individual needs and situations of people are insufficient. Knowing about and being interested in individual needs should not be something limited to therapy but a relevant part of public policy.
- We should never forget the fact that emotions matter everywhere. Feelings are not a case for the specialist but something we must learn to include and value within the public discourse.
- We should try to be clear about what we can do, and also about what we cannot do. We should thus respect and value limits, our own as well as those of others.
- When for a long time life was basically divided, offering choices between life and death, between good and bad, between belonging to this group or to that group, then maybe it makes sense at some point to enhance ambivalence. This does not mean to try to make things more relative and in the end meaningless. Quite to the contrary the idea is to be able to accept and deal with contradictory parts in ourselves and others, thus facilitating meaningful communications.

- In so called "post conflict situations" it is inevitable to somehow confront the past, in order to construct a new future. Dealing with the past is thus a very central activity the content of which has to do mainly with facilitating grief processes. What was lost and destroyed often cannot be obtained back or reconstructed. But if we can find a place of memory if at some point we can do justice to ourselves and others if we can grieve, then maybe peace is not so difficult.

So finally I would like to suggest, that the choice cannot be between human rights or mental health, between longing for justice or longing for peace, between advocacy or therapy. We will always have to struggle for both. And in that sense the goal maybe is not reconciliation but the security that it will not happen again. This would be to move from destructive conflict to conflict capacity.

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the right therapist for each patient, and reduce the chanciness of whether your own GP practice has the therapist you need. They would make it easier to organise the effective use of human and physical resources, due to economies of scale; They could provide a route of self-referral for patients who did not want their GPs to know about their problem. The Health and Safety Executive has a real role here. Conclusion. That is true in any area but in mental health dumbing down is just so easy, and so disastrous. This lecture draws heavily on Richard Layard - Mental Health: Britain's Biggest Social Problem, which is available at: www.strategy.gov.uk/downloads/files/mh_layard.pdf . and on Richard Layard - Happiness. Nevertheless, a recent focus on mental health and human rights in the literature has begun to address this gap (for example, Carpenter 2009, Lewis 2009. At the same time academic discourse on mental health centred on the human rights of adults under 65 ignores the experiences and rights of older people with a 'mental illness', particularly people with dementia (most of whom are over 65 - Knapp et al. 2007). Assumptions about physical impairment have been used to legitimate the denial of human rights to physically disabled people. The ongoing economic crisis raises fundamental questions about the political and social goals of the European Union, particularly the feasibility of harmonising social and education policy across member states.