

Mental health work with people affected by state terrorism in Uruguay: a personal reflection on 25 years work

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In this personal reflection, the author describes her mental health work and experience with people who have suffered from the political violence that occurred during the dictatorship in Uruguay, 1973 – 1985. She presents a personal account of the socio-political processes and her experience as a psychotherapist, from then until today. The author argues that the psychosocial trauma that has been inflicted by the state cannot be healed by only ‘mental health’ work, as the process for reparation and justice in Uruguay has been very slow and painful. Furthermore, she has observed that the impunity granted perpetrators may re-victimise survivors, and further damage their mental health. Psychological work with people affected by state terrorism requires interdisciplinary analysis and, as the author argues, mental health professionals should join in the struggles of their patients. In Uruguay, as elsewhere in Latin America, psychotherapists have formed organisations to assist the survivors, and raised their voice within the public discourse. This has contributed to breaking the silence surrounding events, and has helped to come to terms with the psychological effects of state organised violence. In her work, the author has learned the importance of exchange of information between colleagues, including colleagues from other countries.

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Introduction

Political violence in Uruguay began when I was a child. A repressive climate was

palpable in the streets, and military and police vehicles invaded the city. The violence impacted those people and institutions nearest and dearest to me: family, friends, school and neighbourhood. I remember how abruptly the harmony of my childhood memories changed. At that time, I did not, of course, know that I would later study psychology. Today, I realise that the violence I had seen as a child pushed me to choose this profession, trying to overcome the sense of powerlessness it had created, and to help reverse the damage.

Uruguay is a small country in southern Latin America with around 3 million inhabitants. In the past, it had had a strong democratic tradition and was, at one time, called *‘the Switzerland of America’*. All that changed in the late 1960s, when the repression began. However, it was not until June 1973, the start of the dictatorship, that Uruguayans learned what the loss of the rule of law actually meant. During the dictatorial regime, silence and fear grew as state terrorism advanced. What happened in Uruguay was similar to other countries in the southern part of the continent; dictatorships received significant support from the United States, aiming to destroy popular mobilisation by sowing fear and isolation among citizens, and to impose neoliberal economic policies.

The Uruguayan military specialised in systematic torture (both physical and

psychological) and prolonged detention. Prisoner numbers, including people who were tried by military courts and people held in detention without any form of process, amounted to a ratio of 31 per every 10,000 inhabitants (Servicio Paz y Justicia, 1989). Torture was applied systematically to destroy the militants, 'to teach a lesson' and to create a passive society that was numb, and therefore, would not rebel. As a result of this political persecution, about 100,000 people were forced into exile. The organisation, Asociación de Madres y Familiares de Detenidos Desaparecidos (Mothers and Relatives of Disappeared Detainees), estimates that about 230 people disappeared without a trace. Others were killed, or died in prison due to lack of medical care.

During the dictatorship, psychologists working with victims met their clients in private offices, in other words, in isolation. Mental health professionals were unable to network or consult each other, at least until 1983 when a strong popular mobilisation started against the dictatorship. In 1983, the association of psychologists was created, as well as two nongovernmental organisations (NGOs) that worked with victims of the oppression: the Comisión por el Reencuentro de los Uruguayos (Commission for the Reunion of Uruguayans) and the Centro de Orientación y Consulta (Counselling and Consultation Centre).

I started working with the Servicio Paz y Justicia (Peace and Justice Services), the first human rights organisation in Uruguay, when I was at college. I worked there for over a decade. This experience largely guided my career, urging me to reflect on the links between psychology and human rights. In 1985, just after I finished my undergraduate studies, I joined the NGO Social Rehabilitation Service (SERSOC). This organisation was created in 1984, by professionals from

different disciplines (physicians, psychologists, social workers, physical therapist), with the goal of providing comprehensive health care to: former political prisoners and their families, the families of the disappeared, political exiles and their families, and relatives of politicians killed.

In the 1980s, many former political prisoners consulted doctors in SERSOC for their physical symptoms. In most cases, they denied having any psychological problems and took pride in this stance. Many said that, although the enemy had tried to break them psychologically, they were psychologically unbroken. It was a general period of euphoria, in which they intended to catch up and engage in personal and social projects.

In 1985, the country returned to democracy. The new government granted amnesty to political prisoners and provided support for exiles to return to the country. However, in 1986, parliament passed a law that left those responsible for the military dictatorship unpunished. Attempts to overturn this '*law of impunity*', through a referendum, failed. This has had a significant impact on all victims who felt that by not bringing the perpetrators to justice, the entire democratic system was discredited. In response, the president said that those who spoke about the past had '*eyes in the neck*' (meaning their focus was not on the future) and continued to pursue a public policy that promoted silence, oblivion, fear and lies.

This created a huge challenge for psychotherapists working with survivors of political violence. The psychoanalytic training that we had had was not sufficient to understand the issues raised by these clients. We were young and had primarily learnt by trial and error.

Psychoanalysis had taught us that therapy should be directed primarily to the analysis

of unconscious conflicts, with great emphasis on early childhood issues. However, people did not consult us for mental illness, but because of disturbances in their lives that had resulted from traumatic experiences. These problems did not fit in our therapeutic models, which were aimed at the treatment of 'neurosis' or 'psychosis'. It was insufficient to analyse them from the perspective of the person's individual history, or what happened in the family during childhood, while at the same time ignoring social, ideological and political factors. Unlike the work with other traumatic experiences, we were confronted with clients that had traumatic experiences that were inflicted by the state, the institution that was to suppose to be the guarantor of good life in society. As result, we turned to social psychology to understand collective and group processes, to analyse the dialectical link between socio-political factors and the intra-psychic. The insights created from the fields of sociology, anthropology and political philosophy were used, as we needed to understand the psychosocial effects of state terrorism, as well as the importance of collective identity, and the social impacts of the crimes committed against the people that were referred to us.

The 1990s were difficult years. The media did not talk about what had happened during the dictatorship. The technical team of SERSOC was reduced. International agencies abruptly withdrew their financial support, arguing that the state should take care of the politics of reparation. In my clinical work, patients spoke little of the trauma experienced, and whole families appeared to share silence and secrets that prevented processing what had happened. In general, patients did not link present difficulties with past experiences. However, the fact of attending an institution such as SERSOC, with a clear commitment to

provide comprehensive health care services, offered them a safe framework.

We had to work not only with the effects of state terrorism, but also the effects of impunity. Policies of forgetfulness and impunity have effectively silenced victims for 20 years, and as a result, these policies have 're-victimised' them. The lack of social processing of state violence prevented the social validation of the damage. Impunity generates denial, ignorance and lack of public recognition for the victims. Their stories were not integrated into the history of families, communities or national history. Clinical work faced serious constraints; social trauma could not be healed if processes of recognition did not accompany it by the society and the state. As of today, there is still a long way to go.

The official discourse of forgetfulness created a general lack of interest in the psychosocial consequences of violence and torture. However, a few human rights organisations continued to work on these themes, patiently and persistently. Popular mobilisation and claims of *Truth, Justice and Memory*¹ were revived by the end of the 1990s. New organisations of affected people appeared, and new literary, journalistic or academic works were published. After every public event related to the past occurred, the number of consultations to SERSOC increased. A shared public discourse in Uruguay eventually emerged that admitted what had happened, which empowered individuals to talk about those experiences that had been previously dissociated or buried.

As therapists in the team of SERSOC, we looked for literature to understand the experiences of our patients. We were enlightened by texts by Levi (1986), Arendt (1963), Frankl (1979), and Kaës (1995) who reflected on the horrors of the Second World War. In South America, a generation of therapists

emerged who had theorised based on mental health work with people affected by state terrorism. This resulted in publications from Argentina (Kordon et al., 1995; Riffo & Freraut, 1992), from Chile (Weinstein, Lira & Rojas, 1987; Lira & Castillo, 1991) and from Uruguay (Viñar & Viñar, 1993; Gil, 1990; SERSOC, 1995).

We observed that psychosocial trauma should not be addressed with purely clinical approaches. It was also necessary to promote actions within the social and political spheres to foster truth, justice and commemoration. This meant that professionals working within the clinic, with this population, had to also be citizens committed to participate in the same struggles as those of our patients.

In 2000, the Peace Commission² was created, which implied recognition that the state had a debt to the families of the disappeared. However, the commission established to find the missing, achieved scant results. Relatives turned to SERSOC because they did not get the information they needed: *what had happened to their relatives? Where did it happen? Who was responsible? Where were the remains?*

From the 2000s, some colleagues and I felt we needed to share the knowledge we had accumulated in our professional lives, not only within the academic world, but also within the wider society. I believed that psychologists could offer the Uruguayan society explanations and education, in terms of psychosocial trauma. Such knowledge helped to break the silence and begin to integrate the past. Four NGOs³ involved in mental health and human rights organisations from Argentina, Chile, Brazil and Uruguay jointly wrote a book: *Landscapes of Pain, Paths of Hope* (EATIP et al., 2002).⁴

In 2005, the leftist president Tabaré Vázquez launched some public policies of reparation,

including forensic research, and an official, historic enquiry⁵ that will open the archives of the dictatorship. Some torturers and the main dictators were put on trial. The Uruguayan parliament adopted two laws (2006; 2009) concerning reparations to victims of state terrorism, offering material, symbolic and health care compensations. Since then, within our clinical consultations, clients are able to easily and more directly link their current suffering with trauma's experienced during state terrorism. We have also observed that the political and social processes, dealing with injustices of the past, generate positive outcomes in the victims, and in general, positively influence the psychotherapeutic processes with these clients.

In 2006, I strongly felt I needed to deepen my training. Many other teachers from the university agreed and we attended a course on *Psychosocial Work in Political Violence and Disasters*, organised by the School of Psychology, at the University of the Republic, in collaboration with the Community Action Group in Spain and the Universidad Complutense de Madrid. This allowed us to learn from experiences in other countries, and to create a network with other Latin American colleagues (see Pérez-Sales, 2006). SERSOC had always advocated that the state should take responsibility in providing reparation to the victims of state organised violence. When this was done, the mission of SERSOC was largely achieved. The Ministry of Public Health established a programme providing mental health care for victims of the dictatorship. In 2009, a group of eight mental health professionals established a new NGO, the *Cooperativa de Salud Mental y Derechos Humanos* (COSAMEDDHH, Mental Health and Human Rights Cooperative). We were contracted by the Public Health Ministry

to serve the population that we were assisting before as an NGO. However, while the government promised to provide free health care to victims and their children, the funding for the mental health services is limited and our NGO can only cover around 200 patients a year in the capital Montevideo.

We had high hopes in 2010, when José Mujica was elected president of Uruguay. Mujica had been a leader of the revolutionary movement Tupamaros, and a political prisoner for 13 years, in the worst conditions. However, he merely continued some of the policies inaugurated by his predecessor, and in effect, not much changed. In my clinical work with COSAMEDDHH, I use only group psychotherapy. I believe group psychotherapy is the best therapeutic option because it promotes collective processes and allow polyphony of speeches, as well as a kaleidoscope of views that enriches the analysis. Group therapy also allows the rebuilding of puzzle pieces and amalgamating shared stories that were previously damaged, isolated or silenced. As therapists, we intend to integrate the past life history of each individual and family, work with the ghosts generated by the injuries, and modify the subjective marks of horror suffered by the victims. We work to enable the client to build new personal and social projects, and to increase the potential of the subject to built narratives that include those that allow them to bear the torments. Other elements of therapeutic work include strengthening the healthy aspects of survivors, and to generate movements that are directed toward the social sphere in order to 'deprivatise' damage, and to promote a society that acknowledges the dark parts of our history. A therapist should accompany the process of empowerment of survivors of organised violence.

As of 2011, we entered a new phase. Some victims have formed groups that litigate in order to achieve justice. COSAMEDDHH is assisting and supporting a group of female, ex-political, prisoners who have reported cases of sexual violence suffered in hostage situations, and during imprisonment. These brave women have broken taboos, and have had the courage to speak to the media so that these crimes do not remain hidden. The work of accompanying this process went through several stages. The first was to consolidate a group that was strong and acted as container. Then, it was time to write testimonials, elect lawyers, file a complaint, go to the hearings and undergo psychiatric forensic reports. Currently, the witnesses are making their statements. The accused will be cited later. Those who were victims, now cry out for justice. Nevertheless, the Uruguayan justice system has not yet established case law regarding these crimes against humanity. The obstacles are many. For now, the goal of prosecuting those responsible for sexual violence now joins the goal of creating courts and prosecutors specialised in these crimes.

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¹ The work by these Human Rights Organisations was summed up in this slogan: *Truth, Justice and Memory* (Truth, to know what happened; Justice, to prosecute those responsible; and Memory, to integrate this past into the national history).

² The Peace Commission was established by Resolution of the President of the Republic on

August 9 2000, in response to the need to determine the status of those detained and disappeared during the dictatorial period, as well missing children, on equal terms.

³ Equipo Argentino de Trabajo e Investigacion Psicosocial (EATIP). Grupo Tortura Nunca Mas Río de Janeiro (GTNM/RJ). Centro de Salud Mental y DD.HH. (CINTRAS). Servicio de Rehabilitación Social (SERSOC).

⁴ Followed by: *Transgenerational Damage: Consequences of Political Repression in the Southern part of South America* (EATIP et al., 2009).

⁵ The research is the responsibility of the University of the Republic. Two teams were created: one consisting of historians, and the other of anthropologists.

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