

Making the road as we go...

Diana Kordon and Darío Lagos

Memory is not to remain in the past but to illuminate the present and rebuild hope.

Adolfo Pérez Esquivel, Argentinean,
Nobel Peace Prize, 1980.

Abstract

From the early beginnings of the psychological assistance team of Madres de la Plaza de Mayo, the authors reflect on the challenges working during the Argentinian dictatorship and the importance of emerging international networks of exchanged support.

The opportunity to celebrate the 30th anniversary of the Torture Journal calls for some reflection on the roles of the Rehabilitation Center for Torture Victims (RCT) and the International Rehabilitation Council for Torture Victims (IRCT) and our relationship with them. This review is undoubtedly marked by memories and emotions, which, immersed in our daily work, we do not usually write about. This exercise in thinking brings us countless moments and stories between the personal, the professional, and the stubborn need to continue betting, from the current unprecedented complexity, on the illusion of equality and inclusion of a fairer and more united future.

We do not intend to make an exhaustive analysis but rather to contribute with a few brushstrokes, collage-style, that can stimulate

and contribute to a collective work of historicisation.

In Argentina, we have gone through many traumatic social situations. However, as is well known, two of them have been the most relevant: the genocide of the native peoples, silenced for years, which left a deep mark on our society and our culture; and the last military dictatorship (1976-1984). Every 24th of March, the streets and squares of the country commemorate the anniversary of the coup d'état that implemented the most ferocious dictatorship in our history and imposed a system of disappearances of up to 30,000 people, thousands murdered, and tens of thousands exiled. Torture was a systematic and widespread practice.

From the experience of one of us who collaborated in solidarity with the Mothers, we both founded, with Lucila Edelman and other colleagues, amid the military dictatorship, the Mothers of Plaza de Mayo Psychological Assistance Team (1979-1990). Later, together with Daniel Kersner, the Argentine Psychosocial Work and Research Team (1990 - present), in which Mariana Lagos, Noemí Sosa, Silvana Bekerman, Nicolás Pedregal, and Cintia Oberti have also participated since its foundation. Several members of the team (Diana Kordon, Darío Lagos, Lucila Edelman, and Mariana Lagos) were members of the IRCT Council and Executive Committee at different times.

Over the years, numerous colleagues have collaborated with our team. This includes the psychiatrists and psychologists who have accompanied witnesses in cases of crimes against humanity (Margrethe & Herman, 2021) and who aided in developing the psychological accompaniment service during the pandemic.

Today, our team is consolidated and has a vast experience that has allowed us to develop theoretical and technical conceptualisations and connect to the professional, university, and social fields. However, during the dictatorship, we had to go through a complex learning process as we went along. On the one hand, we had to manage our fears due to the risky conditions in which we lived. On the other, we were the first mental health and human rights team to be set up in our country, and we also had very little references. Despite having had contact with some international missions, the first of them from Amnesty International in 1976, we carried out our work in a framework of national and international isolation.

In this context, we still remember the impact we had when we were invited to a meeting of the medical area of Amnesty International in the USA in 1983. We met colleagues working in different fields and countries for the first time on related issues. Moreover, it was there that we received our first invitation to participate in the inaugural RCT Seminar in Copenhagen in February 1984.

We were no longer alone. We now had colleagues who worked in solidarity in countries like ours, countries that were going through or had just gone through ferocious dictatorships, and colleagues who worked in the Global North, caring for exiles and refugees. We were beginning to feel that we were part of a whole in which everyone contributed with their own experience.

A network was being formed around the RCT. We remember meetings, missions, and

seminars, first in Copenhagen and then in different countries. At the first seminar, we met Inge Genefke and the pioneers of the future IRCT.

In those years, we got to know and recognise each other in our agreements and our contrasts. It was not easy. We came from different political perspectives, experiences, ideologies, and understandings of the issue of Torture. Nevertheless, we had one fundamental element in common: our commitment to the fight against human rights violations and assistance to victims. Amid passionate discussions, we learned to live together, to build ideas and consensus.

Despite the difficulties presented by the differences in languages, backgrounds, and cultures, the meetings also made it possible to forge meaningful bonds of affection between teams and countries (Kordon et al., 1989; Lagos & Kordon, 1996).

We also shared and continued to share the idea that, for those of us who lived in dependent countries, our constant exposure to highly traumatic situations meant that we were experiencing the same problems as those we were assisting. The possibility of helping to alleviate suffering and subjectively elaborate traumas gave a stimulating meaning to our work.

These were years of reciprocal learning and shared constructions. The RCT, a Danish organisation basically made up of doctors and physiotherapists, opened its doors and listened to the teams that worked in different countries, where, in many cases, there were psychiatrists and psychologists who considered torture to be a psychosocial phenomenon and who emphasised its psychological and psychosocial aspects. This point of view allowed a fundamental step to be taken, which was to de-medicalise and depathologise torture. From a restricted perspective, centred on the effects on the body, we moved on to a concep-

tion of the phenomenon which incorporated not only the idea of physical and psychological torture but also broadened the scope in terms of who is affected, and began to conceive it as a social phenomenon that operates on the body and subjectivity.

On the other hand, many of us understood the relevant role of the physiotherapeutic rehabilitation implemented in the RCT, which actively contributed to physical reparation and the recovery of self-esteem. Moreover, much later, we came closer to the importance of self-care and care for carers as essential elements of the task.

In the exchange between the centres, with the direct knowledge of the practices we developed. According to studies carried out throughout the last century on populations such as the victims of the Armenian genocide, concentration camps of Nazism and the Holocaust, prisoners of war and the forced internment of Japanese Americans during the Second World War, survivors of the atomic bomb, the Vietnam War, prisoners in the military base in Guantanamo Bay, dictatorships in Chile, Brazil, Paraguay, Uruguay, Argentina, Central American countries, South Africa, Greece, and many others, the vicissitudes of the Palestinian people, the humanitarian crises of refugees and migrants, we were able to confirm the hypothesis we had. The traumatic situation affects both the people who suffer it directly and the social body as a whole, and that it has an impact on several generations (Lagos et al., 2009).

Thus, in those years, we were able to agree on the psychosocial nature of the mental health and human rights problem and on defining impunity as a factor of re-traumatisation (Edelman & Kordon, 1996; D. Kordon et al., 1998).

We remember all the professionals of that group with great respect and affection.

We want to give special recognition to Inge Genefke and Bent Sorensen. To Inge for her generosity, for having dedicated all her efforts to the fight against Torture, wherever it occurred, for consciously contributing to the construction of a protective umbrella for those of us who could experience situations of persecution; and to Bent, for his capacity and lucidity, and because, even though he could be comfortably installed in the armchairs of international agencies, he did not hesitate to participate as a peer in the activities of the IRCT, among them, in the Latin American seminars. To both for having dared to trust us and to support our mission unconditionally as part of their own.

The exchange of experiences between the teams was deepening. So did the incorporation of new centres for rehabilitation of torture survivors that led to the formation of the IRCT in 1985. We were part of the founding nucleus (Kordon, 1988). The core objective: to establish an international network of centres whose task was to put our profession at the service of the fight against Torture and in the rehabilitation and treatment of those directly affected and their families. A network of solidarity. We conceive solidarity as a practice carried out in common with others, in pursuit of specific objectives and which builds a «we». It is doing with others and not by or for others. In this walking and building together, we transform our behaviour and ideas.

Inge Genefke's passion for solidarity left its mark: the international organisation should be at the service of the fight against torture in all its expressions and try not to become a bureaucratic institution closed in on itself. This struggle to put the IRCT at the service of the people and not be chained to the hegemonic mechanics of international organisations continues to be a tension that challenges us and constantly demands our efforts.

There have been many achievements in all these years. The IRCT is a sounding board and an instrument of reporting on all situations where human rights are violated. And torture is applied anywhere in the world, so a lot of work ahead. It has brought its voice on many occasions to United Nations meetings, symposia and different multilateral bodies and governments. It has organised, participated in, and supported a number of missions to critical areas where serious human rights violations occur (Rasmussen et al., 1990; Thorsig et al., 1993). The rehabilitation of those affected is its hallmark.

Exchange and training seminars and international meetings are held routinely with hundreds of centres from all over the world. Regional networks recognised common problems and frequently shared activities, allegations, research, and projects. The Istanbul Protocol, a tool that describes in detail the physical and psychological damage caused by torture, emerged as an initiative of one of the seminars held in Istanbul, and has since been used at the interational, approved by the United Nations, and validated by Parliaments in many countries.

The IRCT has become a key reference point in the international field in the fight against Torture. More than 150 centres from all continents are active members.

The Torture Journal has become a privileged tool of the project. Torture contributes to putting the issue of torture and human rights in relation to mental health on the agenda and discussion, as a unifying element, while at the same time allowing for the expression of diversity in terms of practices and theories, and is available to the centres for the dissemination of their experiences and conceptualisations, both in terms of denunciation and the production of knowledge.

In our case, we actively participate in the IRCT and the Latin American Network, of

which we were founders together with other centres, and which has been joined by teams from all over the region, representing a fundamental space for the development and strengthening of the centres themselves, as well as the IRCT. It is worth noting that in the 1960s and early 1970s the winds of social transformation were blowing in Latin America. However, they were violently suppressed, and most countries imposed military dictatorships. In all these countries, mental health workers felt called upon, and we have been working together until the present day, even in the production of books (EATIP et al., 2002; Kordon et al., 2005, 2010; Kordon & Edelman, 2007; Kordon et al., 1986) which in many cases were published with the support of the IRCT.

From our insertion in the IRCT, we were able to appreciate the importance of turning to international organisations. Until 1990, in our work with the Mothers, our team had neither applied for nor received any subsidy, and we carried out our work voluntarily. From 1990 onwards, with the formation of EATIP and our headquarters opening, we needed to apply for funds for our projects and others shared with different centres. In our view, money is a great help for the support and development of our teams, but it is not an exclusive condition, and, consequently, neither should it be a condition for IRCT membership. We consider it necessary to debate this issue, given that, by implication, it calls into question conceptions that stem from the hegemony of neoliberal discourses.

Finally, although it is not the subject of this piece, we do not want to fail to mention the historical phenomenon we are experiencing. An unforeseen, complex, and painful situation: the outbreak of the pandemic on a planetary scale. In addition to the real and symbolic

losses, uncertainty about the future dominates the social scene.

The pandemic has brought to light problems in the socio-economic structure of many countries, the main symptom of which is the inequality in the material and social conditions of existence, which are becoming more acute in most of the countries affected by the pandemic. The global health crisis and the subsequent economic and social crisis are not neutral but are taking place in a context of confrontation of often conflicting interests. In this context, a genuine dispute is also developing in the production of subjectivities, often polarised between individualistic conceptions and others that privilege the power of collective and solidarity-based action to confront problems.

Once again, a painful reality challenges us. The IRCT and its member centres have extensive long experience in dealing with traumatic situations which we can use to help alleviate the suffering caused by the scourge of the pandemic, thus continuing our commitment to place our profession at the service of our people.

Acknowledgements.

We would especially like to thank Pau Perez-Sales for his insistence and help on our participation in this Special issue of *Torture*, and his assistance in translation, style editing and referencing of the original text.

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