

From untried steps to omnipresence

Peter Vesti

Abstract

The author introduces new ideas - in this case the multidisciplinary treatment of torture survivors - may be understood as the benevolent work of altruistic people. It is indeed, but it requires hard work, toughness and cut-through leadership. The formulation of ideas and some of the unexpected troubles in one of the early periods at The Rehabilitation Center for Torture Victims is portrayed from a personal angle.

Keywords: torture journal, history of torture.

I joined the RCT in 1989 as a psychiatrist, one of the people that actually attended to patients and was not involved in managerial tasks. I am now 72 and I still work on my private practice: caring for patients is what provides sense to my work and life.

I left the RCT in 1993 a lot wiser... During that time I wrote a book and some papers in the Torture Journal regarding medical complicity in torture (ref to add). This was one of the main topics of concern in an organisation closely linked to the Amnesty International medical group.

What I remember, as a young enthusiast approaching a complex world for the first time, is an institution with a high level of commitment that was fighting to innovate, create, and reflect on fields that today seem very

well defined, but which at the time were still spaces to be explored, at least in Denmark. I imagine that in the victim's countries of origin, the reality was different, and people developed theoretical frameworks pushed by the need to act upon an urgent reality.

I have in my head a thousand anecdotes that I cannot recount here, it seems to imply that you can't recount these anecdotes because they are inappropriate), but perhaps some flashes can give an idea of the intensity of the debates, often in long meetings at the headquarters, sometimes emptying the wine cellar of any bar or our homes. The RCT was, I can say, a battle for new ideas. It was chaos, a political issue in a time of politics, now mostly lost due to professionalization.

Our opponents were primarily the general administration of the mental health systems (allocating the money or trying to avoid allocating the funds to torture survivors) and the need to introduce the topic to the agendas of health systems at the national and international levels. This is why medical ethics was important, as was being present in the World Psychiatric Association, with a Section?. It meant gaining political space in front of a medical establishment that answered: »why do we want new subspecialties of psychiatry« (is this a question?). The debates, in those enthusiastic and complex times, were also around the political position

of the team (therapist and organisation): »Can a conservative reality (do you mean really?) show compassion? Or even »Can we really accept money from the rich Jews in the US for the treatment of Arabs (arabs or Palestinians?) (some even having been in Israeli prisons)? Any debate meant, somehow, confrontation, as emotions were always present as the ideological debate was brought to its last consequences. Insights included who was to provide the psychotherapy itself and even, strange it might seem now, the political ideas of the clients/ survivors. It was amazing to see how the Chileans fought amongst themselves even to the point of wanting to exclude from treatment those not of the extreme left. Looking back with the perspective of years past, therapy was also part of the political struggle (we always knew torture was politically motivated). This meant that a therapy centre should be a space of confidence and that part of therapy was helping the survivor to remain politically active, not only because this was thought to be part of the healing process, but because the survivors were important elements of that fight.

Dr Genefke ruthlessly fired the disgruntled, demanded discipline, and several of the staff left disheartened and formed new centres: The Oasis as well as Etika (names implying reasons or living this meaning is unclear). There were divisions and hard times, and not much space for caring as our mission was urgent and invaded everything. But not everything was negative: staff members falling in love and long nights of thinking that we were really making a change.

In all of this we were looking for a medical model for psychological therapies. Would it not be nice to demonstrate the effects of, for example, falaka with a microscope (a rheumatologist looked at this) rather than the usual ups, downs, and debates of all the diverse direc-

tions of psychotherapy (from classical Freudian catharsis to the rudimentary cognitive therapy of the time). Yes we failed, we did not find morphological signs that only appeared after (physical) torture. However, we helped to link Post-Traumatic Stress Disorder to torture and help in documenting psychological wounds. Not the ideal, not capturing the complexities of the human experience, but the possible.

Yet, treatment from the RCT was a very persuasive argument in obtaining asylum, that is, the right to stay in the country. If you provided a certificate from the RCT as to the effects of torture on your health the right to stay was practically always granted.

With everybody fighting for their understanding and privileges, the only way to secure the road forward was the visionary Dr Genefke. The main issue was sustainability, which in plain words, means money. For years, the RCT lived only on non-governmental donations, but it took quite a lot of money to run. The RCT was fragile and had an uncertain future, but Dr Genefke and Prof Sørensen were able to raise these funds elegantly.

The treatment of torture survivors was not possible for economic reasons because the therapy was enormously time consuming and required a multidisciplinary approach. Dr. Genefke was able to see that and get the funds when no attention was devoted to the topic.

Now, (2022) everything is well organised and the 'omnipresence' of the title means that all major psychiatric centres now have a unit for traumatized refugees. These units have a lot of administrators and supervisors, in my opinion »too many officers, too few soldiers« (interestingly enough, professionals often leave their immediate professions to administrate, supervise, etc. Not easy to stay day after day looking into what torture means and entails). The »RCT Original« was eventually lost and sort of taken over by the economic reality, and

a fee for service arrangement, paid by the taxpayers, was accepted.

The battle is over - chaos has been replaced by order, journals secure that order, and while we did get wiser, new battles will come. If we follow only the ways of politicians or even 'well-meaning guardians of the (everchanging) truth' development will come

to a stop. We need the occasional free-roaming wild spirit and yes, 'cheating in the interest of good' may be needed (which does not mean that the end always justifies the means).

As a reader, perhaps you would ask me: "did you tell it all then?" And I would answer: "no, that would have been unkind!"