Gautier A, Sabatini A (ed.). Bearing Witness. KARNAC, London. 2010

There is a tradition in psychoanalysis, begun by Freud, to built knowledge through reflection on clinical cases. Anna O., Dora or The Rat Man are among many famous case' examples, from which Freud derived some of his best-known theories. Bearing witness follows this tradition and collects the essays and works of nine psychoanalysts, who each present one or two cases related to torture or political violence, and reflect on the cases. This is also part of a seminar that is regularly organised by the European Federation for Psychoanalytic Psychotherapy in the Public Sector (EFPP).

The authors share many aspects and provide quite a coherent view. Most of them were trained or practicing in Switzerland and are somehow connected to Central Europe, although some of them came there a long time ago in exile (from Latin America or Iraq). They have similar sources of inspiration. In fact, the references are very few in number, and are collected at the end of the book. Additionally, their practices are similar: primarily weekly, one-hour consultations in private practice environments. However, the structure of the book is somewhat unbalanced. Some contributions allow us to enter into the dynamics of patient/ therapist work, and thereby many therapists will be able to not only identify with some of the problems described within daily work, but they will be able to extract learning and ideas. On the other hand, some chapters present only general considerations; they describe the sufferings and symptoms of the patient before consultation, and the way this improves over time. So, it is not clear what the reader can learn specifically from these chapters.

The main problem of this book is that the editors did not create a synthesis, or identify a common thread. The reader is thereby confronted with nine individual narratives, with no attempt to connect, or cross-reference them. For the purposes of this review, some commonalities across the chapters have been sought.

First, there is an idea that pervades the book that while not new, is important enough to remember: psychoanalysts cannot maintain a neutral position (in therapy) when dealing with political violence and torture survivors. Silvia Amati represents the most radical position, although still echoed by others in the book, when claiming (p. 4) 'We share an important challenge with the patient who has suffered from social violence: to avoid unconscious adaptability, collusion and complicity with the torturing system. In fact, social conformism is the aim of every system that bases its method of government on institutionalized violence as a means of obtaining submissiveness and avoiding public criticism or any form of rebellion'. She sees the challenge to transform 'defensive ambiguity' into 'critical ambivalence', both in the therapist and in patients, by making the trauma 'thinkable'.

Secondly, the editors stress the role of the therapist as 'witness' in the introduction and the last chapter. It is only when a traumatic experience has been made known to others that there exists an opportunity for that experience to be processed and worked through' (pg 144). The role of the psychoanalyst, is therefore 'that of an understanding witness who, by asking appropriate questions and creating relevant connections, makes possible to process what the patients has gone through and thus to gain some control over her traumatic experience' (p. 147). This position gives the book its title. The therapist is a symbolic witness and has a function of 'listening' to the unspeakable. Andrés Gautier goes further and explains, in the last chapter, that the Institute for Therapy and Research

on the Sequels of Torture and State Violence (ITEI), in La Paz, Bolivia, produced interdisciplinary research on the psychosocial consequences of the very violent repression of a March of pensioners and retired workers in La Paz, in 2003. He describes the report as an example of an 'atypical' psychoanalytic activity, and believes this kind of work in the public arena must be also part of psychoanalytic scope¹. This debate was initiated by Argentinean and Chilean psychoanalysts², among others, a long time ago and it is interesting to find it resurfacing again in this book.

Mary Raphaely presents what she calls 'non-verbal' or 'pre-verbal' therapy for very severely traumatised patients: 'Given the idea that some patients are so much victimized that they are not even able to articulate the minimum story, she proposes to set up "low demand encounters". She does this by walking in a public garden with small groups of patients (the Healing Garden'). This fosters a very basic connection and trust that has healing powers in itself. Anna Sabatini presents a clinical case that I read with considerable confusion. She describes a much damaged, 17 year old patient from Sub-Saharan Africa that attended weekly therapy sessions for two years. The initial appointment, in which she describes herself looking at the patient (shy, strangled with fear, head down) in silence for an indefinite time until he says something to begin the session seemed terrible to me. The sessions, described as plenty of silences, in a very fragile patient who says that he does cannot find words to express himself seems, at times, to reproduce the violence of an interrogation, when someone waits for you the say the 'proper' word to be saved. The patient leaves the therapy room in the same silent way as he arrived, but according to Sabatini, better than his previous confusion.

Sabatini, and most other contributors in the book, assume that the symptoms of the patient arise from confusion between the inner traumatised world and the external world. The function of listening is to help the patient to restore a clear distinction between these two worlds, and to reconnect the patient with the community and the family through the 'safe' spaces of the consultation, and the routine of speaking. The therapist helps by listening and through recognising the experience, in distinguishing past from present, and helps the patient through areas of ambiguity. Paulina Reyes and Alejandro Reyes repeat similar concepts and consider, in their chapter, that destructive trauma is best defined as the 'complete externalization of the person's internal world, the detachment of the thinking process from its corporal/emotional matrix'. The work of the therapist, therefore, is to separate goodness from badness and to help the patients to reconnect with their emotions, and to reorder memories so as to keep the past in the past. Paulina and Alejandro Reyes make a very speculative psychoanalytic interpretation of the symptoms of a tortured woman by identifying a first traumatic experience in infancy (incidentally witnessing sex between her parents) as a precursor and determinant of the psychological reaction that the woman had after the second trauma (detention and torture). Liselotte Grünbaum presents the evolution of time in therapy of a 15-year-old refugee adolescent with severe difficulties in expressing himself through the description of the evolution of his nightmares. She questions whether psychoanalysis, as a product of Western individualistic society and centred in the theory of an ego that clearly differentiates the inner and outer world, is culturally acceptable in refugees coming from a primarily collectivistic society. In the case that she presents (as most others in

her experience), the patient lives the dual identity of being African and living in Denmark. Gaining independence – she says – fosters feelings of guilt and shame regarding family and community. This is why trauma is linked to experiences of his father and grandfather, in a line of continuity expressed through the dreams. On a similar line, Katherina Ley, in one of the most remarkable chapters of the book, introduces trauma in post apartheid South Africa and describes how political violence has become criminal violence. She speaks from the reality of being a psychoanalyst in Africa: her patients come once and might never return, live in extreme poverty, with a lack of resources, family and community's most basic support as the main determinants of psychological symptoms. This environment is set within a strong collectivistic background, and therefore must also be one in which the therapeutic setting is forcedly atypical and adaptable. Where the 'listening' position is unrealistic, and where the three 'stages' of therapy (establishment of safety, remembrance and mourning, and reconnection to life) must go all in one 'mixture of didactic (about trauma), goal directed (about self-care and stability and community) and unstructured psychoanalysis whenever you can afford it'. She does not present (as most therapists in the book) a 'successful' case, but two cases quite close to disastrous. However, this is what makes her chapter noticeable: she honestly describes the doubts, the contradictions, the problems in transference and counter-transference, and her own feelings as a reaction to the patients' movements. The resulting text – close to ethnography of a therapy - is a really beautiful piece. In conclusion, this book is a group of fairly straightforward 'field reports' from the consultation room, and many psychotherapists can gain insights by reading between the lines. The reader, however, should not expect new theoretical developments, or a comprehensive framework of understanding, connecting theories around torture from a psychoanalytic perspective with bridges to other models. If that is not what you are looking for, you will enjoy the read.

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¹ This report is not available on the Internet.

² Among many others, Lira E (1994) Psicología y Violencia Política en América Latina. ILAS. Santiago de Chile.; EATIP, GTNM/RJ, CINTRAS Y SERSOC (2002). Paisajes del dolor. Senderos de Esperanza. Salud mental y Derechos Humanos en el Cono Sur. EATIP. Buenos Aires; Martín Baró, I (1990). Psicología social de la guerra: Trauma y Terapia (Extracto). UCA Editores. San Salvador. El Salvador; Montero, M., Sonn, C.C (2009). Psychology of Liberation. Theory and Applications. Springer.