



Extreme Traumatization in Chile: the Experience and Treatment of Families

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Chile entered a period of political turmoil when Dr Salvador Allende, a socialist, won the 1970 presidential election. After he was overthrown, Chile was governed by a military dictatorship that engaged in massive human rights violations. Some 30 years later, this article summarizes the psychological consequences of the traumas that victims experienced and the emotions triggered in these individuals and their families, as well as the very real difficulties they faced. This report focuses on the loss and grief that many families experienced after a family member was imprisoned and tortured or assassinated, or both. Systemic therapeutic implications of the difficulties these families faced are proposed.

Keywords: human rights; trauma; family relationships; grief; ambiguous loss; systemic therapy.

As human beings we require meaningful relationships with others in order to thrive, as it is these relationships that frequently make life worth living. Bowlby (1988) recognized this when he formulated his theory of attachment, in which he proposed that patterns are set early in life for developing trust and the ability to relate to others in ways that create a sense of security. He also suggested that attachment to caregivers provides ongoing expectations for the quality of all interpersonal relationships. Together, these experiences and the expectations they create lead to varying degrees of exposure to a secure or anxiety-provoking world. Thus, the ramifications for countries where governments practice repression and torture are enormous, in terms of the disruptions in the way in which people interact with each other, as in such societies a context of mistrust and confusion is often

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created. Cienfuegos and Monelli (1983) remind us that political repression, as evidenced in Chile due to the military coup on 11 September 1973, interrupted relationships or at least created a culture of mistrust in all relationships, including those between family, friends, work and political parties. These devastating circumstances resulted in trauma related to extensive torture, incarceration and fear that had ramifications far beyond the re-establishment of democratic government. Extensive intervention was required to deal with the traumatization of a nation, as traditional psychotherapy is frequently an inadequate response to such devastating events. Torture distorts the sense of self and erodes trust in all human relationships, rendering psychotherapy particularly impotent (Cienfuegos and Monelli, 1983). Therefore, it is important to find ways of dealing with clients who have been through this experience in order for them to normalize their lives. This article reviews the effects of trauma, particularly those arising in repressive regimes where torture is common, such as in Chile, as well as outlining some of the implications arising from this for managing such situations therapeutically.

In writing about political repression in Chile, Cienfuegos and Monelli (1983) highlight the unwarranted brutal punishment of the security police, which traumatized not only those being tortured but also those witnessing it. In a study of refugees referred for treatment to a psychiatric facility, 88 per cent met the criteria for a diagnosis of post-traumatic stress disorder (PTSD), and 75 per cent of that group had suffered torture (Jensen *et al.*, 1989, cited in Cienfuegos and Monelli, 1983). Thus, torture was extremely common and its consequences extend far beyond the acts of perpetration. The physical act itself distorts the victim's contact with reality as prisoners abandon themselves to the experience, possibly as a form of defence, with the result that they often have difficulty separating fantasies from reality (Cienfuegos and Monelli, 1983). This experience results in many emotional and cognitive symptoms that are experienced at an individual and family level, which will be considered in turn.

Consequences for the individual

While the aim of this article relates mainly to analysing traumatization in the family context, it is necessary to focus on two aspects of traumatization to the individual: the consequences of torture and

the need for the victims to find some meaning in what has happened to them. In the first instance, given the intensity of the traumatic experience in itself, the victims usually find no words to express adequately what happened during the torture and thus have no way of communicating it to others or even building up a coherent integration of the experience into their own history. This leads to symptoms like unexpected emotional outbursts, troubles in interpersonal relationships and psychosomatic ailments. The traumatic situation remains an impenetrable capsule and expresses itself through a range of experiences.

Victims often experience shame and guilt as a result of the abuse they have experienced, almost as though they were actively involved in or responsible for their own torture (Agger and Jensen, 1989). Zulueta (2006) suggests that this shame is due to a sense of humiliation and invalidation of the self that has been assaulted by the trauma. One of the lasting effects of shame is that it can be transmitted from one generation to the next (Kaufman, 1992). Ultimately, shame evokes a response that is often related to revenge, directed outwardly towards others or inwardly towards the self.

Feelings of shame may result in the experience of dissociation as the victim is overwhelmed by the past memories triggering a continual state of hyper-arousal (Zulueta, 2006). Dissociation is related to emotional and cognitive functioning, leading to three types of behaviour: amnesia, where memories of past behaviour are lost; absorption, where the level of involvement in a particular activity is so intense that there is no awareness of anything else going on around; and depersonalization, where individuals have the experience of being observers with no connection between their body or feelings. Thus, to protect themselves such victims are effectively cut off from a sense of self.

When revenge is directed towards oneself a culture of silence is often created as the overwhelming humiliation is never spoken about. Weingarten (2004) suggests that silence places an important role in passing trauma on to the next generation. The silence may be due to the dissociation in the individual or to family rules related to psychological survival in the absence of any perceived resolution. Also, from a very pragmatic perspective, talking about the trauma may cause the horror to be relived (Figley, 1989). The 'intergenerational transmission of trauma', a term used by Danieli (1998, p. 7), highlights the connection between those who experienced trauma and their loved ones who have not experienced it but have witnessed

its effects. Weingarten (2004) highlights this group in her model of witnessing trauma.

A number of other, more active emotions are triggered by trauma, including rage and terror. This may result from the aftermath of the trauma, when loved ones have been 'taken', and whose whereabouts is unknown (Walsh, 2007). This also involves a sense of helplessness as the trauma is so overwhelming that it seems that nothing can be done about it (Volkan, 2001).

The ramifications of the trauma are enormous. There are shattered assumptions relating to the violations created by the trauma that threaten the victims' beliefs about justice, social order and family life (Janoff-Bulman, 1992). Among these are three key beliefs that may be shattered through trauma: the belief that one is invulnerable, the belief of one's positive sense of self and the belief that the world is just and provides meaning (Janoff-Bulman, 1985).

It is difficult to fathom the level of societal disruption that must be perpetrated by a regime to successfully erode trust in human relationships. Laing used the term mystification to describe the erosion of trust in relationships, predominantly in the family. This is a process by which people can systematically influence the experience of others through the use of deception (Laing, 1967). Thus, an individual's state of confusion (which could even be defined as mental illness by the powerful in society) can be linked directly to being deceived by another in this systematic and persuasive way. Laing (1967) clearly linked the process of mystification with individual's personal experience of the political and deceptive manoeuvres of others in a context from which the victims could not escape, whether this context was the family or a state that restricts the movement of its citizens. Thompson (1996) suggested that there are two ways of dealing with mystification: confronting it by actively defending one's personal perceptions or accepting it by passively giving in to the deception. The latter is associated with the traumatization of a victim, which could be diagnosed as PTSD, using current diagnostic criteria.

The hazards of therapeutic work with torture victims and the need to be extremely careful with clients who appear to have overcome their experience of torture is illustrated in the following example. One client was sent to one of the authors (NB) for her pharmacological treatment to be evaluated. Although NB told her that there was no need to talk about her traumatic experiences, only her symptoms, in order to safeguard her from disclosing emotionally distressing issues, she spontaneously described her experience of being raped by

her captors and its consequences. Afterwards she reported to her psychotherapist that she had met a psychiatrist who interrogated her in the same way as her captors did and she was too afraid to withhold information.

Regarding the need to make some sense out of the traumatic experience, most of the clients who had been tortured had played important roles in politics and had devoted their lives to that work. They had faced dying for their beliefs and had put their lives on the line because of those beliefs. Having been defeated through the regime change, they found there was no place for their former way of life in the new society. This provided a major obstacle for their reintegration, because they had to face the challenge of discovering a new meaning to their lives.

Consequences for family relationships

The repressive regime in Chile designed measures to systematically target the institution of the family, the basic building block of society. Thus, when an active opponent of the military regime was a breadwinner, this could result in the loss of the main family income when the principal provider disappeared, was imprisoned or was killed by government forces. The most dreadful trauma in a family occurred when they lost a family member who simply 'disappeared'. Those who disappeared in this fashion were detained and imprisoned in unknown places, a fact that was denied by the authorities who had abducted them, contributing to the process of mystification necessary to destroy the family's trust in human relationships.

When detainees were men, women had to fulfil their role in their households, often generating a devaluation of the man of the house, an important concept in Chilean culture in the 1970s. Along with the loss of employment, decline in socioeconomic status and discrimination in the search for a new job, several other situations affected not only families but other societal relations as well. Among them were the breakdown of friendships, the need to develop new reference groups, the conflict of loyalties between friends and authorities, the conflict among beliefs that were part of group identity and the need to survive. These effects resulted in the necessity to resort to defensive strategies such as denial or dissociation, which are common reactions to traumatization, as discussed earlier.

Ambiguous loss occurs where a family member is missing without adequate explanation, and family members are required to reach

some sense of closure on a family member who is missing but not confirmed dead (Boss, 2006). This situation creates ongoing or chronic ambiguity where grief is frozen and the normal reactions of sadness, anxiety, distress, tension and anger frequently also remain chronic and unresolved (Boss *et al.*, 2003).

The captors' disregard of the families of those 'missing' was shown through their cynical and hurtful 'explanations' for their disappearance, often repeated through the controlled media by high-ranking officers during the initial period of repression. A typical account went like this: 'He must have used this opportunity [of social turmoil] to leave his family for another woman and is living in some neighbouring country'. After a while, human rights organizations started to use the term *detenidos-desaparecidos* (disappeared detainees) to specify that these people had been arrested by the military authorities who systematically concealed their whereabouts and their fate.

The relatives of these 'arrested-missing' people were by and large victims of what has been called extreme traumatization (Bettelheim, 1958; Dyregrov *et al.*, 2000), a continuous process that goes beyond a single traumatic event. In this context, the prevailing emotion was anguish, often accompanied by bewilderment, and in some cases paralysis:

When armed government agents took my husband away I felt I was paralyzed, I wanted to shout, to follow them, but my body wouldn't respond.

When another freed prisoner told me that my husband was tortured, I felt my throat tighten and my stomach was full of cramps. I imagined the worst. I did not know what to say, what to do, could not find my ideas. I just wanted to ask, to know more, but I felt shocked.

You know? I was like crazy; I hit my chest, pulled my hair, and cried not knowing what to do. I could not believe they [the torturing authorities] were tearing up a part of me. My poor son!

(Bondnar and Zytner, 2000).

Traumas subsumed under the concept of extreme traumatization are viewed as part of a social and political process without a defined beginning or end. From a human rights perspective, the mental health effects of these traumatic losses as an illness may be seen as medicalizing human suffering and stigmatizing the survivors. On the

other hand, an underestimation of the mental health consequences of extreme trauma may lead to not providing treatment to the survivors (Steel *et al.*, 2002).

When family members were suddenly arrested and disappeared they could be physically absent for weeks, months or years, with their whereabouts unknown to relatives except for second-hand information, such as reports that they had been seen in a detention camp or in some other secret place. This situation interfered with the process of grieving. How could one grieve for a loved one who may be alive and reappear? Not knowing the precise fate of the disappeared often haunted the lives of relatives and kept their sense of guilt alive.

During the first couple of months of the dictatorship, relatives of the detainees felt entangled in a confusion of mixed information. Their first guess was that barriers erected by onerous bureaucratic procedures prevented them from knowing what had happened. With the passing of days, weeks and months they became aware that some terrible fate had befallen their detained loved one. During all that time, information about unbearable tortures spread through a great part of the population, increasing relatives' already existing fear. Gradually the hope of getting their relative back alive started to fade. This search for knowledge and ultimately for truth and justice reflected not only a moral imperative but also a need to re-establish some kind of order while living a chaotic, even hostile reality.

This situation resembles Bowlby's (1980) second phase of grieving; a search that may last for months or years for the lost love object. Avoiding this prolonged agony is the reason why it was so important for the family of the victims to confirm their death and to be given as many details as possible about the way their loved ones died. Thus, they often asked questions such as, 'How much did our loved one suffer before dying?' and 'How desperate was he or she before dying?' In the absence of any specific information about the fate of their loved ones it was very difficult for the relatives to avoid fantasized images of torture. In this context, that is, in the midst of an endlessly traumatic situation, relatives often denied the possibility that their loved one had died – perhaps because accepting without confirmation that the victim has died might have been experienced by them as giving up hope or as looking for ways to go on with life, often a goal that was riddled with guilt. The following vignette illustrates these difficulties.

A 55-year-old woman, the wife of a man who had been arrested and had disappeared, refused to start a legal procedure known as presumed death, a step that was necessary to receive her husband's

inheritance: “Don’t make me responsible for his death. Maybe he is alive somewhere”, she said. “Why do you ask me to declare him dead? Go and ask the military” (Barceló, 1999, p. 27).

Finding out details about the death of a loved one – no matter how awful the death – often helped the surviving relatives by confirming that the individual was indeed dead, a necessary condition for grieving. Similarly, to find the body meant to be relieved of the obligation imposed by deep family loyalties to accompany him – and somehow share his ordeal – until his last breath.

When the corpse was buried a sense of finality was eventually achieved, often leading to a successful grieving process. Lacking evidence of the death of their loved one, the relatives held onto the idea that the object of their search continued to be a body that eventually could be recovered. This situation reflects what Boss (1999) has called ‘ambiguous loss’, in the sense that there is a psychological presence, a mental representation that is emotionally alive, as if – in the cases we are examining – the arrested-missing and in most cases deceased relatives were alive and their disappearance was transformed in just a physical absence. Thus, obtaining specific and reliable answers to the questions regarding the death of a loved one, and preferably finding a body or body parts in order to achieve a sense of finality was often a precondition for a successful grieving process.

Is this mental representation of the arrested-missing relative an ambiguous loss? The relatives often kept the deceased loved one alive in their minds, even when death seemed certain. This ambiguous status: alive or dead? could interfere with the acknowledgement of the reality of traumatic events yet may have helped these relatives by mitigating their anxiety and PTSD symptoms, although grief would inevitably remain backstage and eventually re-emerge. A burial seems to facilitate the end of this process and perhaps explains the similarly desperate search for the bodies of loved ones that took place after the September 11 terrorist attacks in New York City in 2001.

The resolution of grief probably requires not only intra-psychic and interpersonal processes but also a perception that society as a whole cares enough about the fate of those who disappeared. This might provide the closure and peace of mind that the mourners need. Part of this complex set of processes includes the acceptance of the death of a loved one.

Following the end of the Pinochet dictatorship, an unexpected group of distressed clients emerged. Some of the military perpetrators

involved in human rights violations were found guilty and subsequently jailed. For some of their children, it was hard to believe and accept that their kind and loving parent could have been associated with such repulsive acts. The double life of the perpetrators thus became apparent as part of the madness from the past, creating anguish for family members who now were required to deal with such distressing information. Thus, there were a range of highly charged emotional circumstances that had implications for therapeutic interventions.

Therapeutic implications

When choosing a therapeutic approach it is essential to consider the reality (that is, that the disappearance is the only fact that is certain), as well as the special meaning that this painful reality had for each person. It was important to enable the family to complete a process of psychological elaboration of the traumatic events so as to mitigate their symptoms of anxiety, including those associated with generalized anxiety disorder, PTSD and psychosomatic symptoms. However, if we accept Boss's (1999, 2006) concept of ambiguous loss, also known as 'suspended or frozen grief', several questions arise: how long can clients deal with ambiguous loss? When will therapists assume that the family is in denial? If both denial and a premature termination of the grieving process are considered inappropriate or wrong, who is sufficiently wise or certain enough to either set limits to the grieving process or extend its duration? Can the grieving process be completed some day without seeing the dead body (or part of it) buried? How long should one grieve? For many it is for eternity. Some survivors of the Holocaust (60 years ago), for instance, report searching the telephone directory as soon as they arrive in a new foreign city to look for a lost relative, even though this is likely to be a futile activity.

We have described the difficulties that relatives experienced when dealing with their grief. If we, as therapists, force the relatives of the disappeared detainee to confront the certain death of those they still consider to be only missing, we may elicit anguish and despair. On the other hand, if we are inclined to join them in their denial, we run the risk that our clients will remain in denial and we may foster therapeutic dependency (Erazo, 2006).

The grieving process requires accepting that the missing individual will not return. But this acceptance raises the fear that this means leaving the relative in the hands of the torturers. A 'disappeared'

political leader was taken to visit his home after his reinstatement in society and his daughter recounted the following dream during her therapeutic process:

I was at home with my mother and sister. Suddenly, agents of the National Intelligence Agency (DINA) broke in and began to take away or destroy all my father's belongings. I became aware that they were trying to erase even his memory from our minds. I ran desperately to my room to hide the most cherished photo of him I had kept. When I looked at the picture, I saw that its colours became paler and the whole image started to fade until it disappeared completely. . . . I realized they were succeeding in destroying everything.

Under such circumstances, even the therapist has to be careful not to join, through denial, the agents of the DINA in their task.

Making sense of the meaning of what they have lost since the disappearance of a loved one is a process that may alleviate the relatives' pain and may enable them to create a new mental representation of the absent relative, including memories of both their strengths and their weaknesses. Clarifying the nature of their relationship with the missing relative may provide relief from anxiety and may reduce their inappropriate self-reproach (Pizarro and Wittenbroodt, 2000).

Furthermore, reports of the Latin-American Institute of Mental Health and Human Rights, and the growing demand for therapeutic interventions for children and adolescents of the arrested missing persons, have confirmed the lasting nature of these traumatic events and their impact on the process of differentiation and identity formation (Díaz and Biedermann, 1991; Díaz, 1993; Yehuda *et al.*, 2001). Parents whose human rights were violated justifiably see themselves as victims. If their children approach life differently, as non-victims, they may lose their sense of belonging to their family and experience their approach as a betrayal of familial core beliefs. Yet, if they adopt their parents' beliefs and remain loyal to them, they must constantly re-live their trauma (Díaz, 1993). In that sense, they are subjected to confusing parental mandates that are impossible to carry out simultaneously (Biedermann, 1994).

The therapeutic approach to these families is unclear, because this is a largely unknown territory for most therapists, who must work with clients whose capacity for self-assurance, autonomy, growth and happiness has been affected by the moral and behavioural consequences of their experiences of victimization (Sluzki, 2006). Yet we

suggest a few principles can be applied. While those who have been tortured are usually reluctant to engage in family therapy, there may be times when it is important to involve the whole family, especially when the victims have never talked about their suffering and want to share it with their loved ones. The end of their silence may lead to a better management of guilt, frustration and anger. This approach is related to the concept of 'deprivatization of the damage', also used in domestic violence (Erazo, 2006).

When working with families that have an arrested-disappeared relative, in addition to grief, family therapy needs to deal with other issues, including establishing new family boundaries, discussing new leadership, negotiating new power relationships and coping with their economic situation (Sluzki, 1990). When there has been long-term imprisonment it becomes necessary to discuss new ways of understanding the experience of being a partner of someone in jail which frequently entails experiences of ambivalence and resentment.

When dealing with the families of arrested-missing people, the real presence of the therapist plays an important role. In addition to formal therapy at the office, the therapist may join the family at critical junctures. For example, she may go with them to the morgue when the family is searching for the remains of their loved one. Therapists often wondered if they should have accompanied the relatives of the arrested-missing persons to search for the bodies, in order to help them acknowledge the death of their loved ones (Erazo, 2006). The therapist's participation in the search, even if it happens only once, may be seen as a way of sharing their grief, regardless of whether the remains are found. Being close to family members and preparing them for the moment when they will receive the relative's remains, is very much appreciated and is also favoured by the Legal Medical Service, the Chilean institution responsible for the remains and for transferring them to the families. These families need much encouragement and support; a strong commitment is called for, and there is no place for therapeutic neutrality (Erazo, 2006).

Family therapy is relatively new in the field of traumatology, which has previously focused more extensively on individual responses (Mendenhall and Berge, 2010). However, the family plays a powerful role in providing strength and resilience in responding to crises such as trauma (Walsh, 1998). Strengthening this resilience through focusing on family strengths rather than simply on problems is important. This can be accomplished by identifying individual strengths and examples of resilience in family members and

highlighting them as beacons of success (Boss *et al.*, 2003), which can foster a climate in which hope can be stimulated that is essential for recovery (Walsh, 2007). Multi-systemic approaches to working with families and communities after traumatic events are now being advocated (Mendenhall and Berge, 2010; Walsh, 2007). As with any victim, ways of empowerment must be found. Zulueta (2006) suggests strategies such as relaxation techniques using guided imagery that can be used to establish a place that is safe for clients. Strategies such as this can empower clients as they give them back some sense of control.

It is also important to make some sense of the experience of trauma. Ways must be found to create new meaning so that clients may increase their sense of hope or be able to move beyond the level of mere survival (Mendenhall and Berge, 2010). Finding meaning is a way of contextualizing family members' distress (Walsh, 2007).

One of the ways of stimulating a greater sense of control in clients is to provide them with containment. This allows them to feel in control of their own experience and contained in their experience of emotion and can happen through an emphasis on normalizing their feelings and thoughts. Creating space by finding opportunities for clients to consider the discourses that they use to construct meaning for themselves and finding more appropriate discourses can be helpful (Blackburn, 2010).

While the client-therapist relationship is important in all forms of therapy, it is particularly so when working with traumatized clients. Zulueta (2006) states that clients must know that their therapists are affected by their trauma and genuinely care about them. Communicating compassion and respect is particularly necessary, given the experiences many of these clients have endured. Listening compassionately rather than offering explanations is advocated by Mendenhall and Berge (2010). Space should be created for processing the shattered assumptions that clients have about the world, using clear and consistent information (Walsh, 2007).

While there may have been times when the clients' feelings have been overwhelming, avoiding these feelings should not be seen as the best way of managing them. Reconstructing the past in the presence of the therapist may be uncomfortable and clients may even begin to dissociate when they do this (Zulueta, 2010). Yet, this may be handled well by a therapist who can identify the dissociation and help clients to bring their feelings into the present. Brewin and Holmes (2003) suggest that clients should be helped to maintain their connection with partial memories and the feelings associated with them, so that these can be processed in therapy, allowing them to deal with more

aspects of the past memory. This serves the function of integrating them into a manageable and complete memory of the traumatic past event.

Conclusions

In this article we have endeavoured to describe the painful situation faced by families affected by human rights violations, coinciding with a state-led process of mystification. This article also offers some recommendations for dealing with families affected by extreme trauma and victimization. Last, and perhaps most important, the authors hope to have sensitized therapists to the horror that these families suffered and to have enhanced their commitment to the respect for human rights everywhere. Terms such as 'ambiguous loss' and 'traumatic anxiety' are relevant, but they only capture certain aspects of the experiences these families suffered. Ultimately, the experiences defy conceptualization and we can only attempt to describe them without expecting to convey fully the magnitude of the suffering involved. With our descriptions we intend to put the victim's pain in perspective and in a context of hope for change, however painful and difficult this process might be. Even though we may say, never again, we all know that massive human rights violations are occurring as we write in places like Sudan, and are likely to occur again elsewhere. Thus, dealing with the familial and psychological consequences of human rights violations is relevant not only for dealing with the past and in a specific locale (Chile), but also for the here and now and, regrettably, for the future.

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