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Editorial

This first volume is intended to bring the presentation to fruition, in the format of an electronic journal, as a vehicle for communication, proposal and analysis of contents inherent in Clinical and Health Psychology. The leading subject in the main section of this volume was chosen considering the first anniversary of the attacks Madrid suffered on March 11: terrorism and psychopathology, which is a topic of great relevance with a strong social, political and, particularly these days, research impact.

It is perfectly understandable that almost every single paper available based on empirical clinical data related to terrorism focuses on the effects terrorist acts have on the victims. As a consequence, the general tendency to try to propose some sort of intervention design or format behind this is entirely appropriate.

Despite the previous assertions, it is still surprising, given the coincidence with what the two guest authors outline in their papers, that we should have to clarify what stress means, from a clinically significant point of view, along with the need to review the most classic concept of trauma. The background debate demands, unavoidably, a higher volume of rigorous research which clarifies, characterises and differentiates expectable responses to certain situations from those that are not expectable, although such responses should imply a change in the manner the person functions: crisis, in its most classic sense. On the other hand, attention is brought to the defects in current international forecasting systems regarding their ability to grasp these phenomena which, in turn, increases false positives. Professor Vázquez stresses the basic ability of human beings to resist adversity. That is why the conceptual treatment that has been given to post-traumatic stress, particularly in its acute form, turns out to be so inappropriate. In any case, this requires a careful analysis outlining clinical aspects such as the provisional nature, the intensity and the magnitude of the response, as well as the degree of interference with the manner the person functions.

We arrive at a very important line of reasoning: it should be noticed that, in fact, the most modern debates in Psychopathology, which are trying to direct the future DSM-V, do not lead us to the approach taken by any given aetiology but to a previous point of view: the meaning of disorders and their distinction with what are, in fact, life problems (either everyday life problems or not) (Wakefield & Spitzer, 2003). This means that focusing exclusively on clinical manifestations leads to mistakes because of the ability of human beings to respond to certain situations (this is one of the most difficult points to understand: human behaviour in the form of medical signs). Hence, a disorder is considered a mental disorder not because of its aetiology but because of the functional integrity, considering the inactivity of a function generated by the evolution of the species (Wakefield & First, 2005).

Many people point out the inconsistencies and flaws in the current DSM classification proposing, in the case of Post-Traumatic Stress Disorder (though this is not the only example), that a new chapter on stress be introduced, including adaptive disorders, which seems more reasonable, according to a conception that respects ordinary etiological factors (Phillips, Price, Greenberg & Rasmussen, 2005).

In the other paper prepared by guest authors, Rodríguez Vega, Fernández Liria and Bayón Pérez stress the emerging inadequacies of the diagnostic classification broadly followed in the scientific environment, since it does not render an accurate account of the procedures that are expectable consequences of traumatic events (which are not only focused on terrorism): dissociation, somatization and conversion. This phenomena –sub-syndromes, in DSM language– show the how difficult it is to integrate and organize subjective experience for the victim. Although, as it has been pointed out, the paper is not strictly limited to terrorism but instead explores situations of violence in general, the authors provide interesting therapeutic suggestions.

Regarding the concept of post-traumatic stress, the response it involves implies –apart from a reaction to an extremely important event– a special meaning, because surviving a flooding does not equal surviving a terrorist attack. It seems apparent that a terrorist act, given that it implies human intervention in the form of arbitrary and excessive violence and, in particular, with the objective of damaging and killing, involves factors directly related to psychopathological consequences in victims. This aspect must be taken into account when it comes to embarking on an intervention with victims of violence in general and terrorism in particular.

Professor Vázquez stresses that the consequence translates into the loss of trust in other people, in human beings. For instance, in the year that marks the 60th anniversary of the end of the Holocaust, the writer makes reference to people who have been in concentration camps, highlighting the effort they made in order to preserve their personal dignity to survive and overcome such distrust. As Aharon Appelfeld has recently pointed out (2005), it is barely possible to come to terms with the death of one child, let alone understand the death of millions of children. They felt betrayed by everything, by everyone.

In the same direction, we share the thoughts exposed by Jean Améry in his work (2001), where he brilliantly expounds how torture degrades human condition: "... with the first blow we lose something that we could define as trust in the world (...) this is also true in raping" (Pages 90-91), (...) "torture implies a complete inversion of the social world" (Page 101). He highlights how difficult it is to recover in terms of interaction with other people: "there is a sense of astonishment and surprise that no other human communication can compensate" (Page 106). This example serves as a counterpoint to the authors who are usually quoted on this subject, such as Primo Levi (2000) and Victor Frankl (1991), who placed themselves between the choices of forgiveness and finding a different meaning to the experience undergone in order to move on, respectively; Améry justified his essential stance of resentment every time trust in the world tumbles and collapses. This subject is not to be taken lightly, since two of the writers quoted, Levi and Améry, committed suicide.

One of the sections included in the guest papers explores ten prominent references on the subject chosen for this volume. It is not exactly an update, nor is it a bibliographical analysis; it is a collection of peculiar quotes on the subject of terrorism and psychopathology based, in particular, on empirical and, preferably, current papers of guarantees. For obvious reasons, there has been a proliferation of texts written from a journalistic, sociological and political point of view. However, we meant to highlight contributions in what is clearly a research line in Clinical Psychology¹. It is apparent, as pointed out by writers García García, Torres Pérez and Valdés Díaz, that there are very few papers in Spain discussing terrorism and its psychopathological consequences, in spite of the decades of onerous consequences inflicted by the ETA and its environment. Even so, among these reviews we make reference to a Spanish research contribution, beyond the current approaches of epidemiological and descriptive order that have been developed, in particular, after the sorrowful date of March 11, 2004. Besides, and this is the strength of this section, there are various contributions on terrorism that go beyond the 9/11 attack suffered in the USA. We hope that readers who explore this subject for the first time find this compilation interesting.

We started by stating that most papers on terrorism and psychopathology focus on the victims and the consequences they suffer. However, there is a resounding absence of studies with methodological rigour intended to study terrorists from a psychopathological perspective. Obviously, there are many texts that have made reference to this from a conceptual point of view (as an academic exercise, to put it in a way). Alonso-Fernández (2002) (who had previously prepared an analysis in *Psicología del Terrorismo*, in its second edition from 1994) points out hyper-narcissism as the reason for the phenomenon of terrorism, either individual or from certain groups (including institutional terrorism or State terrorism). We have noticed that many of these texts make reference to marked pathologies in political leaders and famous characters (e.g. Fromm, 1975, described Hitler's mental state as necrophilia; Alonso-Fernández, 2002, classifies it as delusional disorder). Without getting embroiled in controversy about which is the most appropriate a posteriori category for this historical figure, we fall into a diagnostic excess if we think that, apart from Hitler, the analysis should include Mussolini, Stalin, Mao, Pol Pot, Milošević or, in any case, all those people whose direct mission were genocide practices, such as Himmler in Germany, Pavelić in Croatia or, most recently, Karadžić and Mladić in Bosnia.

It seems unlikely that so many politicians, soldiers and terrorist activists could be delusional, and resorting to an epidemic of paranoia for the time in history analysed does not seem reasonable. It seems that over-valued certain ideas (in reusing the classic psychopathological concept), i.e., the enlarged image of the country or region (as it occurs with personal self-esteem), viewing the enemy in the form of another nation (in general, the others) and the need to escape a state of frustration (because of various social, economic and religious conditions) favours a feeling of significant common cause (Beck, 2003; Echeburúa, 2000). As Aaron Beck points out (2003), there little distance between this and getting permission to kill. From this author's point of view, it is feasible to establish a comparison between personal level (e.g. abuse) and the social level described when the common denominator is violence.

In short, we believe that assigning diagnosis to terrorists or to those exercising violence is useless, if not confusing, however "maddening" their behaviour strike us. We may need more precise and rigorous analysis, not only on the victims and their attention, as it has been established, but also on their perpetrators and their anomalous

¹ This is also worthy of note for those readers interested in works of a different nature. These are some works we bring our attention to: Aulestia, K. (2005). *Historia General del Terrorismo*. Madrid: Aguilar; Blanco, A., del Águila, R. y Sabucedo, J.M. (2005). *Madrid 11-M. Un Análisis del Mal y sus Consecuencias*. Madrid: Trotta (among whose authors are *Enrique Echeburúa, Paz de Corral, Pedro J. Amor, José M^a Ruiz-Vargas, Ana Lillo, Enrique Parada, Antonio Puerta y Fernando Muñoz*, hence, a non-exclusively sociological line; Clarke, R.A. (2005). *Cómo Derrotar a los Yihadistas. Un Plan de Acción*. Madrid: Taurus; Ignatieff, M. (2004). *El Mal Menor*. Madrid: Taurus; Jordán, J. (coord.) (2004). *Los Orígenes del Terror. Indagando en las Causas del Terrorismo*. Madrid: Biblioteca Nueva; Reinales, F. y Elorza, A. (2004). *El Nuevo Terrorismo Islamista. Del 11-S al 11-M*. Madrid: Temas de Hoy.

behaviour (which does not indicate the existence of a psychopathological disorder). Better yet, we hope, as Enrique Echeburúa points out (2000), that it is possible to prevent terrorism and its legacy of violence acting, of course, in an active manner.

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