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Long-term psychosocial consequences in first - degree relatives of people detained - disappeared or executed for political reasons in Chile. A study in Mapuce and Non-Mapuce persons

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We present the results of a case-control study on the psychological consequences of the politics of detention-disappearance in Mapuce and non-Mapuce persons of the Araucania region in Chile. *Methods.* A randomized sample of 119 relatives obtained from the official records of victims (*Informe Rettig*) were located and interviewed using the Psychiatric State Examination (10th edition)/CATEGO-5 System. Present State and Life Before Symptoms were assessed. *Results.* More than 20 years after the disappearance or execution of their relative, 3% of Mapuces and 9.7% of non-Mapuces still have uncomplete bereavement processes. With regard to the Life Before diagnosis, Pathological Depressive and Non-Depresive Bereavement process appeared in 24.1% of Mapuces and 29.4% of non-Mapuce people ($z=0.65$, $p<0.25$). Taking all the diagnoses together, 18.9% of Mapuces and 31.1% of non-Mapuces had had an affective disorder related to the disappearance ($z=1.5$, $p<0.06$). Although isolated Post-Traumatic Stress Disorder symptoms were frequent, the complete syndrome was present in only 1.7% of Mapuces and 6.5% of non-Mapuces. *Conclusions.* After two decades, the psychological and psychosocial consequences of the repressive process remain present. When mapuces and non-mapuces are compared statistically across diagnosis, few differences arise. We discuss our results critically with special emphasis in the implications of the individual-clinical versus psychosocial-community focus in research.

Consecuencias psicosociales a largo plazo en familiares de personas desaparecidas o ejecutadas por razones políticas en Chile: un estudio comparando mapuches con no-mapuches. Este artículo expone los resultados de un estudio caso-control sobre las consecuencias psicológicas de la detención-desaparición por motivos políticos en personas de etnia Mapuche y No-Mapuche en la Araucanía chilena. *Método.* Una muestra aleatorizada de 119 familiares de detenidos desaparecidos creada a partir de un informe oficial (*Informe Rettig*) fue entrevistada utilizando el PSE (Psychiatric State Examination (10th edition)/CATEGO-5 System). Se midieron el Estado Presente y la Vida antes de la aparición de los Síntomas. *Resultados.* Más de 20 años después de la desaparición de su familiar, un 3% de los Mapuches y un 9.7% de los no-Mapuches muestran un proceso de duelo inacabado. Con respecto a la vida antes del diagnóstico, procesos de Duelo Patológico Depresivo y No Depresivo se daban en un 24.1% de Mapuches y un 29.4% de no-Mapuches ($z=0.65$, $p<0.25$). Tomando en cuenta todos los diagnósticos simultaneamente, el 18.9% de los Mapuches y el 31.1% de los no-Mapuches habían tenido un trastorno afectivo vinculado a la desaparición ($z=1.5$, $p<0.06$). Aunque síntomas aislados de Trastorno de Stress Post-Traumático fueron frecuentes, el síndrome estuvo presente en sólo el 1.7% de Mapuches y el 6.5% de los no-Mapuches. *Conclusiones.* Después de dos décadas, las consecuencias psicológicas y psicosociales de la represión de la dictadura de Pinocher permanecen presentes. Cuando se compara estadísticamente los diagnósticos de mapuches y no mapuches emergen pocas diferencias. Estos resultados se discuten críticamente, con un especial énfasis en las implicaciones de una orientación individual-clínica frente a una orientación comunitaria psicosocial en la investigación.

From 1973 to 1990 Chile was under a military government that ruled the country following the USA politics of National Security. Lira considers two phases in the repressive process: a brief period (september-december 1973) of massive and indiscriminate repression based on summarially processing in military courts, executions, torture, forced exile and murder, and a selective one (from 1974 onwards) carried out by the police (*carabineros*), paramilitary and the intelligence services of the different branches of the armed forces.

The term 'Detained-Disappeared' refers to the situation of those who were detained by agents of State authority or persons at their service, this being the last time they were heard from. The authority denies having detained them or states that they have been

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freed after a certain period of time. The case is considered an execution for political reasons when there is conviction that the person was tortured to death or killed. The politics of forced disappearance after detention was one of the cornerstones of the so-called psychosocial war against communism. As the Dictator Pinochet wrote, justifying it: '*Marxists have no moral rules. One of their objectives is to have martyrs to exacerbate rage against the State. They use dead people for political purposes without any moral consideration. They organize reminders on any possible occasion… One can hear them complaining when they don't have a corpse. In fact it is the bitter complain for the impossibility of taking political benefits of the dead'*. (pp 103-6)

Forced disappearance was purposely used so that it created a social climate of confusion and terror not only among supporters of the previous constitutional government of President Salvador Allende but on any Chilean citizen. During the autumn of 1973 more than half of the people who disappeared or were executed had no known political activity. Local revenges, ethnic differences, land problems or minor law offenses (drunkness or petty thefts) could be a reason enough to be killed by the military or paramilitary in those early months.

Mapucean people have lived, according to historical data, in what is today considered Chile (from Santiago down to the south) and south-centre of Argentina. In the 1992 Chilean census, 928.060 persons considered themselves as mapuce people. Half of them live in suburban areas of Santiago generally employed as low-paid workers. The rest still live in the Araucania, their original territories in the south of the country. Mapucean people have suffered an expoliation process during the past two hundred years. They lost their lands due to successive military occupations and laws. Their culture, language and ethnic specificity is not recognized by the State Constitution. Less than ten percent of mapuce people still use *mapudungun* as first language, probably because their language cannot be used for official purposes and is not used either in public media or at school. Mapuce people have their own cosmogony which includes the relationship between nature and man, religious system centered around *Ngenechen* and other spiritual forces and their own ethnomedical system, based on the *Machi*, the person chosen by *Ngenechen* to protect and heal Mapucean people. The official medical system of the State does not recognize the role of traditional healers.

The official Truth and Reconciliation Commission Report - usually known as the *Informe Rettig* - considered 2920 cases with conviction of Human Rights violation with the final result of death in the period 1973-1990. Torture without death, political imprisonment, exile or exoneration were not considered in the official Report. They were considered difficult to assess and therefore thought that the final report would be controversial. Eighty per cent of the disappearances or executions took place during the first three years (1973-76), and affected in similar proportions Mapucean and non-Mapucean people. In the Araucania, the IX Region of Chile, the Commission gave conviction to 177 cases. Forty-six percent of them had no known political affiliation and their death can be linked, amongst other elements, to the conditions of total impunity that followed the coup d'état.

Many clinical descriptions and qualitative studies of the acute and subacute psychological reactions in relatives of people disappeared or executed have been published in Uruguay, Chile and Argentina, most of them from a systemic or psychoanalytic point of view. Quirk and Casco assessed the effect of forced disappearance on the physical and psychological health of family members carried out in Honduras. Families of the disappeared were compared with 2 control groups: families who lost a member due to accident or illness and families where no one had died within the past 10 years. General autonomic symptoms were approximately twice as prevalent in families of the disappeared as compared to the other 2 groups. Results are interpreted as suggesting that families of the disappeared suffer over and above normal grieving and propose that the atmosphere of fear and isolation experienced by families of the disappeared is a cause in prolonging the anxiety symptoms years after the traumatic event.

The Department of Anthropology of the Catholic University of Temuco (Chile) is conducting an interdisciplinary study on the sociocultural and psychosocial long-term effects of the politics of executed, disappeared and detained-disappeared among Mapucean people of the Araucania. We present the results on the individual psychological consequences from an *etic* point of view. The results on anthropological, sociocultural and psychosocial consequences with a more *emic* perspective will be published in the near future.

Material and Method

Sample

From the 177 cases given *conviction* in the official Truth and Reconciliation Commission Report for the Araucania region we extracted a list of victims using a routine of aleatory numbers. The Report provides the names of the victims, some personal data and certain circumstances of the disappearence or execution. These data are fundamental in order to start any further inquiry but they, of course, do not satisfy the different social groups involved. The surviving relatives could be located for this study in a case by case search through a collective effort of the Center for the Research and Promotion on Human Rights (CINPRODH) in Temuco, the Association of Relatives of the Disappeared of the IX Region and people from the Mapuce organizations *Xeg-Xeg* and *Longko Kilapan* and the help of some socialworkers who had been close to them for years. Relatives were searched for and interviewed in the urban and rural areas of the Araucanía region, in Santiago and in the neighbouring areas of Argentina. As we had no *a priori* knowledge of family-sizes, new families were asked to work with us on a one-to-one base so that the individual sample size was kept equivalent for Mapuce and non-Mapuce groups. The sample was stratified by residence (urban/rural).

15 Mapuce and 23 non-Mapuce families were required for a sample size of 58 and 61 relatives in each group. Most of them were sons, daughters, brothers and sisters of disappeared people with ages between 20 and 50 years at the moment of the interview. Table 1 gives details the search process and the final figures.

Ethnic Considerations

The sample of Mapuce people reflects the cultural heterogeneous reality of this ethnia at the present time. While on the one hand, a significant proportion of young Mapuce people feel completely identified with the Chilean culture, on the other there is still a group of rural persons who live greatly according to the Mapuce cultural lifestyle. It would be artificious and a scientific nonsense to search for the *pure* Mapuce. We have arbitrarily classified the sample for orientative purposes in *traditional* versus *non-traditio* -

nal Mapuces according to the place of residence, the use of *mapu - dungun* as mother tongue, the identification with traditional community rules and laws and the existence of behaviours according to the Mapuce cosmogony and ethnomedicine. The classification was done just for practical and orientative purposes but we want to stress that from an anthropological point of view it is a conceptual nonsense. Ethnicity can not be assimilated to tradition.

Detained-Disappeared (DD) vs Executed (PE)

The experience of the Chilean Human Rights groups is that the official distinction between DD and PE (table 2a) was not so relevant from the point of view of the relatives as to the fact of the presence or not of remains (table 2b). That is, whether there were any remains that could be buried allowing grief and bereavement process to develop. This is the distinction adopted by us in the study. There is a significative higher proportion of Mapuce people executed versus non-Mapuce detained-disappeared, a fact that remains to be explained. Nearly forty per cent of relatives of Mapuces could have the remains buried compared to a twenty per cent of non-mapuces.

Instruments

Section I of the Psychiatric State Examination (10th edition) was passed, with a computerized correction through the CATEGO-5 programme. Present State and Life Before symptoms were collected.

Field Work

Each interview was ranked by at least two members of the team. Priority was given to personal contact and open conversation which allowed to gather data for the general anthropological and

Table 1
Field work

	Mapuce Population (15 families)	Chilean Population (23 families)	TOTAL (38 families)
TOTAL POPULATION	*85 (100%)*	*102 (100%)*	*187 (100%)*
We could not get the address	4 (4.71%)	4 (3.92%)	8 (4.28%)
We could not arrive there	2 (2.35%)	5 (4.90%)	7 (3.74%)
Temporary worker not at home	3 (3.53%)	2 (1.96%)	5 (2.67%)
Still exilied in Europe/Canada	—	6 (5.88%)[b]	6 (3.21%)
CONTACTED POPULATION	*76 (89.4%)*	*85 (83.3%)*	*161 (86.1%)*
Physical Disease	2 (2.63%)	1 (1.18%)	3 (1.86%)
Mental Disease/Dementia	1 (1.32%)	2 (2.35%)	3 (1.86%)
POPULATION THAT COULD BE POTENTIALLY INTERVIEWED	*73 (96.0%)*	*82 (96.4%)*	*155 (96.2%)*
Not interested at all	3 (4.11%)	4 (4.88%)	7 (4.52%)
Mistrust	1 (1.37%)	1 (1.22%)	2 (1.07%)
Considers it useless (rage and frustration related to the topic)	2 (2.74%)	2 (2.44%)	4 (2.58%)
Too painful to talk about it	—	2 (2.44%)	2 (1.29%)
Fears the consequences	1 (1.37%)	6 (7.32%)[a]	7 (4.52%)
POPULATION ACCEPTING TO WORK WITH US	*66 (90.4%)*	*67 (81.7%)*	*133 (85.8%)*
Not enough time to finish the interview (2-4 hours) or lack of privacy impedes a good interview or although the person is willing to participate (personal/telephone conversation), an appointment is finally impossible	8 (12.2%)	6 (8.96%)	14 (10.5%)
POPULATION INTERVIEWED	*58 (87.8%)*	*61 (91.0%)*	*119 (89.4%)*

a: $p<0.05$, b: $p<0.01$

Table 2a
Official consideration of case and ethnia

	Non-Mapuce	Mapuce	Total
Detained-Disappeared	38 (62.3%)	32 (55.2%)	70 (58.8%)
Executed	23 (37.7%)	26 (44.9%)	49 (41.2%)
Total	61 (51.3%)	58 (48.7%)	119 (100%)

x^2 : 0.36, df:1, p:0.54

Table 2b
Remains and Ethnia

Family can locate and bury the remains	Non-Mapuce	Mapuce	Total
No	48 (78.7%)	35 (60.3%)	83 (69.6%)
Yes	13 (22.1%)	23 (39.7%)	36 (29.4%)
Total	61 (51.3%)	58 (48.7%)	119 (100%)

x^2: 3.91, df:1, p:0.03

sociocultural study. Psychological data were collected at the end. Sections on psychotic symptoms and personality disorders were not handed out. Although interviews were conducted either in Spanish or in *Mapudungun*, the PSE was used always in Spanish.

Shortcommings of the ICD-10 classification in Prolongued Pathological Grief and solutions adopted

The ICD-10 classification states that **normal grief** reactions are not a clinical entity and should be included as an associated factor under *Death of a member of the family* (Z63.4). The classification states that pathological grief must be considered an *Adjustment Disorder* (F43.20 to F43.25) if the symptoms begin in the month after the stressor and last less than six months. No guide is provided when the symptoms begin months or even years later. The programme considers them as *Depressive Episodes* (F32.10 - F32.30), *Atypical Depression* (F32.8) or *Dysthimia* (F34.1) depending on the characteristics. An additional Z63.4 code can be added to the diagnosis.

When the symptoms last more than six months and less than two years, then the diagnosis should be *Prolonged Depressive Reaction* (F34.0). The classification assumes that any prolonged grief reaction must be depressive in its nature and no guide is provided when this is not the case.

Finally, there is no guideliness for time spans stretching for more than two years.

Table 3
Present State Prevalence of Diagnosis related to the Disappearence/Execution by Ethnia

DIAGNOSIS	Mapuce (n=58)		Non Mapuces (n=61)
	Traditional Mapuces (n=21)	Non-Traditional Mapuces (n=37)	
ANXIETY AND ADJUSTMENT DISORDERS			
• Generalized Anxiety Disorder (F41.1)	–	–	1 (1.6%)
• Mixed Anxiety and Depression Disorder (F43.22)	–	–	1 (1.6%)
• Dissociative Disorder (F44)	–	–	1 (1.6%)
• Psychological elaboration of somatic symptoms (F68.0)	–	–	1 (1.6%)
Subtotal	*0 (-)*	*0 (-)*	*4 (6.5%)*[a]
AFFECTIVE DISORDERS.			
• Prolongued Depressive Bereavement (F43.21)	–	1 (2.7%)	4 (6.5%)
• Depressive Episode (F32.10-F32.30)[1]	–	1 (2.7%)	1 (1.6%)
• Dysthimia (F34.1)	–	2 (5.4%)	–
Subtotal	*0 (-)*	*4 (10.8%)*	*5 (8.2%)*
TRAUMATIC REACTIONS.			
• Post-Traumatic Stress Disorder (F43.1)	–	1 (2.7%)	–
• Persistent Transformation of Personality after a catastrophic experience (F62.0)	–	1 (2.7%)	–
Subtotal	*0 (-)*	*2 (5.4%)*	*0 (-)*
• Problems related to the Family Circumstances (Z60)	–	2 (5.4%)	3 (4.9%)
• Prolongued Non-Depressive Bereavement.	–	1 (2.7%)	2 (3.2%)

a z:1.98, p:0.02

[1] Includes Moderate Episode with (F32.11) and without somatic symptoms (F32.10), and Severe Episode with (F32.3) and without Psychotic Symptoms (F32.2) that began more than a month before the disappearance or execution.

Table 4
Second diagnosis (co-diagnosis) at the moment of the interview

Diagnosis	Mapuce	Non Mapuce	Total
Affective Disorders	1 (1.69%)	5 (8.19%)	6 (5.04%)
• Moderate Depressive Episode (F32.1)		1	1
• Severe Depressive Episode with Somatic symptoms. (F32.11)		1	1
• Recurrent Depressive Disorder (F33.4)		1	1
• Prolongued Depressive Reaction (F43.21)		1	1
• Dysthimia (F34.1)	1	1	2
Post-Traumatic Stress Disorder. (F43.1)	1 (1.69%)	1 (1.63%)	2 (1.68%)
Disociative Disorder	1 (1.69%)		1 (0.84%)
TOTAL	3 (5.07%)	6 (9.82%)	9 (8.40%)

On the other hand, sometimes the psychological consequences of a pathological grief process are not at the individual level but in relation to compensatory non-adaptative family patterns requiring mental health intervention. Although ICD-10 considers the category *Problems related to the family circumstances* (Z60.0), they are not taken into account by the CATEGO system in the output, as it is a Z code.

The instruments did not satisfy or meet our clinical reality due to the following causes:

(1) symptoms can begin at any time (even years) after the disappearence or death,

(2) affective symptoms are only one of the modes of presentation of a prolongued pathological grief,

(3) it is not unsual for symptoms to last more than two years,

(4) the individual symptoms must be always put in relation to the psychosocial circumstances and family dynamics.

To keep comparison of results with similar studies in other cultures we have respected all the original outputs, but we have manually coded and added as complementary data the following categories:

(a) *Prolongued Non-Depressive Bereavement*. The criteria was 'Persons with a prolongued bereavement where depressive symptoms are not prominent and the key feature is a non-depressive one, such as denial, anguish or irritability, irrational mythification of the absent with non-adaptative behaviours or life pending of the disappeared'. We do not assume that those circumstances should be considered a nosological entity as we do not believe that the illness model is useful in this context. We simply try to approach a nosological tool (that is, a consensual fiction) to the reality.

(b) *Problems related to the Family Circumstances* (Z 60.0). We employed that category only in those cases where the problems were clearly interfering the person's normal life, justifying professional intervention.

In the tables we have considered the results of these two important categories apart and not mixed with the others.

Statistical Analysis. Proportions between groups were compared using the Z-Test. We used the SPSS-PC+ Statistical package.

Results

More than twenty years after the disappearence or execution of their relatives there is still an important proportion of persons with psychological problems and sequels (table 3 and 4). 3% of Mapuces and 9.7% of non-Mapuces (z:-1.39, p:0.08) have incomplete bereavement processes, about two thirds of them depressive and one third non-depressive. 5.4% of Mapuces and 4.9% of non-Mapuces (z=0.123, p<0.45) are directly suffering the compensatory dynamics generated in their nuclear families. Traumatic reactions seem rare although many persons witnessed the torture and murder of their relative.

With regard to life before diagnosis, pathological depressive and non-depresive Bereavement processes, they appeared in 24.1% of Mapuces and 29.4% of non-Mapuce people (z=0.65, p<0.25). Taking all the diagnoses together, 18.9% of Mapuces and 31.1% of non-Mapuces had an affective disorder related to the disappearence (z=1.5, p<0.06). Traumatic symptoms were frequent although the complete syndromes as postulated in the ICD-10 classification were present in only 5.1% of Mapuces and 9.8% of non-Mapuces (z=0.97, p<0.16), Post-Traumatic Stress Disorder was present in 1.7% of Mapuce and 6.5% of non-Mapuces (z=1.14, p<0.09). Flashbacks were present in 36.5% of Mapuces and 40% of non-Mapuces during the first six-months (z=0.39, p<0.35), and they were still present at the moment of the interview in a 30.2% and 23.2% respectively (z=0.86, p<0.19). Startle responses were present in 59.2% of Mapuces and 51.9% of non-Ma-

Table 5
Life-Before Diagnosis (Life Prevalence since the Disappearence/Execution)

Diagnosis	Mapuce	Non Mapuce	Total
AFFECTIVE DISORDERS	10 (17.24%)	12 (19.67%)	22 (18.48%)
• Moderate Depressive Episode (F32.1)			
• Severe Depressive Episode with somatic symptoms (F32.11)	2	1	3
• Severe Depressive Episode without somatic symptoms (F32.12)	3	1	4
• Severe Depressive Episode with psychotic symptoms (F32.3)	2	–	2
• Recurrent Depressive Disorder (F33.4)	1	2	3
• Prolongued Depressive Reaction (F43.21)	–	3	3
• Atypical Depression (F32.8)	–	1	1
• Dysthimia (F34.1)	1	3	4
• Ciclothimia (F34.0)	–	1	1
Post-Traumatic Stress Disorder (F43.1)	–	3 (4,9%)	3 (2,52%)
Persisten Transformation of Personality after Catastrophic Experience (F62.0)	1 (1.72%)	–	1 (0.84%)
Generalized Anxiety Disorder (F41.1)	1 (1.72%)	2 (3.27%)	3 (2.52%)
Anxious Personality Disorder (F60.6)	1 (1.72%)	1 (1.63%)	2 (1.68%)
Mixed Anxiety and Depression Disorder (F43.22)	–	1 (1.63%)	1 (0.84%)
Dissociative Disorder (F44)	–	1 (1.63%)	1 (0.84%)
Problems related to the Family Circumstances (Z60.0)	4 (6.89%)	4 (6.55%)	8 (6.72%)
Pathological or Complicated Bereavement (Z 63.4)	10 (17.24%)	11 (18.03%)	21 (17.64%)
Mental Disorder not Specified (F99.9)	1 (1.72%)	1 (1.63%)	2 (1.68%)
Without Disorder	30 (51.72%)	25 (40.98%)	55 (46.21%)
TOTAL	58 (100%)	61 (100%)	119 (100%)

puces during the first six months (z=0.801, p<0.21), and 12.5% and 11.5% at the present moment (z=0.168, p<0.43). Numbing reactions appeared in 36.5% of Mapuces and 39.6% of non-Mapuces at the beginning (z=0.35, p<0.36) and in a 1.5% and 2.3% at the time of the interview (z=0.31, p<0.37).

When taken into account the distinction between traditional and non-traditional Mapuces, significative differences arise (table 4). While non-traditional Mapuces resemble non-Mapuces in the prevalence of any disorder, the figures for traditional Mapuces are significantly lower, with no cases of anxiety or traumatic reactions (z=-1.2, p<0.1) and just two of affective disorders (z=1.95, p<0.02) in the past, and no cases at all at the present (z=1.98, p<0.02; z=0.26, p<:0.39).

No clear differences arise when considering the destination of the remains (table 6). On the one hand there seems to be an association between the finding and burial of the corpse and the presence of traumatic reactions in the past (z=2.63, p<0.004), especially Post-Traumatic Stress Disorder (z=2.03, p<0.02). On the other, the absence of remains tends to be related to problems concerning family dynamics, and to the appearance of non-depressive bereavement processes, although differences do not reach statistical significance (z=0.95, p<0.17; z=0.53, p<0.29). Although figures are in accordance with clinical reality, sample size does not allow to be conclusive.

Discussion

We have been tempted to give up the ICD10/CATEGO methodology at different stages in the study. Although international classifications are a useful help in the objective assessment of diseases and allow international comparison of data, and the latest editions of the ICD and CATEGO programmes are very flexible in its criteria even allowing the clinician to make her/his own independent diagnosis and to compare it with the computarized one, the fact is that the epidemic proliferation of categories we are suffering from one edition to another creates a progressive divorce between clinical reality and research work. The almost twenty different labels that can correspond to an affective episode is, maybe, the most exaggerated and pathetic example, and it shows the non-sense we are falling in. There were also conceptual reasons for our uneasiness. For instance, it was very painful to see the psychological suffering and fight of the relatives be considered as *Adjustment Reactions*. The poignant question was : To what where they not adequately *adjusting*? Or when considering the recurrent affective symptoms of the non concluded bereavement process of a mother during fifteen years as a *Dysthimia*, which, apart from not being correct, is like blaming the victim. Although we acknowledge that in some cases a medical diagnosis is a sanctioned way of recognizing the sufferings of a person, and therefore a pathway to care, we are not dealing with an epidemic of measles and using some categories in our context (as ICD-10 suggests) can be very offensive.

For the abovementioned reasons, among others, we will try to combine in this section both the formal research and the clinical and psychosocial reality and discuss our research results with a wide perspective that surpasses the Procrustean corset of diagnostic labels.

Our results suggest that more than twenty years after the disappearance or murder, there is still a significative number of relatives with clinical identifiable problems, being affective disorders and pathological depressive and non-depressive grief the most

Table 6
Prevalence by Destination of the Remains

DIAGNOSIS	Political Executed With Corps found by the Relatives (n=44)		Detained-Disappeared or Political Executed Without Remains (n=75)	
	Life-Before	Present State	Life Before	Present State
ANXIETY AND ADJUSTMENT DISORDERS				
• Generalized Anxiety Disorder (F41.1)			1 (1.3%)	
• Adjustment disorder with mixed anxiety and depression (F43.22)		1 (2.2%)	1 (1.3%)	
• Dissociative Disorder (F44)			2 (2.6%)	1 (1.3%)
Subtotal	*0 (-)*	*1 (2.2%)*	*4 (5.3%)*[a]	1 (1.3%)
AFFECTIVE DISORDERS				
• Prolongued Depressive Bereavement (F43.21)	3 (6.8%)	2 (4.5%)	7 (9.3%)	3
• Depressive Episode (F32.10, F32.11, F32.2, F32.3)	5 (11.3%)	–	9 (12.0%)	–
• Atypical Depression (F32.8)	2 (4.5%)	–	2 (2.6%)	–
• Dysthimia (F34.1)	–	–	2 (2.6%)	1
Subtotal	*10 (22.7%)*	*2 (4.5%)*	*20 (26.6%)*	*4 (5.3%)*
TRAUMATIC REACTIONS				
• Acute Stress Reaction (F43.0)	2 (4.5%)	–	1 (1.3%)	
• Post-Traumatic Stress Disorder (F43.1)	4 (9.0%)	–	1 (1.3%)[a]	1 (1.3%)
• Persistent Transformation of Personality after a Catastrophic Experience (F62.0)	1 (2.7%)	1 (2.2%)		
Subtotal	*7 (15.9%)*	*1 (2.2%)*	*2 (2.6%)*[b]	*1 (1.3%)*
• Problems related to the Family Circumstances (Z60)	2 (4.5%)	1 (2.2%)	7 (9.3%)	4 (5.3%)
• Prolongued Non-Depressive Bereavement	6 (13.6%)	1 (2.2%)	13 (17.3%)	2 (2.6%)

a: p < 0.05. b: p < 0.01

common factors. Although there are no differences between Mapuces and non-Mapuces in the global figures of prevalence, we have to consider this result with reservations. The results come from applying an instrument designed from euro-american cultural concepts adapted in the field work for transcultural use. But there are areas which the ICD-10 does not cover. It is not the purpose of this article to discuss in extent the Mapucean concept of disease. In brief, it can be said that depresion as we know it does not exist in Mapucean medicine. Mapuce people use the concept *enfermarse* (to fall ill) as the closest related term. *Enfermarse* means that an external agent (cold, physical effort, the death of a relative or suffering envy from another member of the community among other reasons), a behaviour (breaking an implicit rule of the community, crossing a forbidden land that belongs to a spirit or breaking the principle of reciprocity with the forces of nature for instance) provokes an integral breakdown of the person with what we would consider, from our dualistic point of view, physical and psychological symptoms. In Mapucean medicine, the outcome is not a depression with somatic symptoms. It is *to fall ill*, in the intregral sense. The local words that best resemble the concept (*Ilkun, Ladken, Weñagkun*) refer to a state where poliuria, tiredness, headaches, heartaches or a tendency to cry and isolation are common symptoms. In some areas the word *Ürküyawlu* (‘the one who is always tired’) can be a hint. Cognitive symptoms other than sadness are not a part of the syndrome. Low self-esteem or inadequate self-blame are concepts external to the culture. Guilt is not related to self-blame but to the fact of breaking the rules of the community and the principle of reciprocity among all the members generating the logical *envy*. The principle of reciprocity operates at two levels, among people and nature and their beings. *Envy* operates at the first level. Sadness is lived from the body as any other disease. The question: ‘’Do you feel sad?’ is a nonsense that most traditional Mapuce people understand due to the influence of the media, but which does not correspond with their cultural background. As far as the treatment by the *machi* is an effective mixture of moral, physical and social treatment based in this same principles, it is much more effective than any of our conventional psychologizing therapies.

Taking this into account there is no way to explain the low prevalence of euroamerican nosological entities among traditional Mapuces when compared to non-traditional Mapuces. It may happen that the PSE-CATEGO system cannot detect *Weñagkün* as it may be that traditional people are able to activate protective factors that increase their resilience. We can speculate that social ties and support of small rural communities with close family relationships and mutual economic support would be protective, but the qualitative anthropological and sociological data presented elsewhere suggests that this was not always the case. A third possibility would be that the traditional Mapucean culture in itself has *healthy* (protective) concepts and beliefs.There are many conceptual criticisms to the concept of PTSD that are relevant to this research. When applied to the field of Human Rights, the label PTSD puts in the individual facts which are social in origin. The ideological intentionality of the aggression could be implicitly denied, supporting impunity which is one of the main factors that prolongues the psychological suffering of the relatives. Therefore, when a person is a victim of the State to label him/her as having a *pathological reaction* seems controversial. This also has to do with treatment. Considering PTSD as an individual problem suggests that pharmacotherapy and cognitive-behavioural treatments are the best possible option. Keeping with the social origin of the conflict means that psychosocial treatment through confronting the problem with the joint resources of the organized community is essential.

Post-Traumatic Stress Disorders (PTSD) deserves a special comment too. Although about one third of the persons witnessed the detention, torture or disappearance of their relatives, the prevalence of PTSD in our study was low. This does not mean that PTSD-symptoms were not present. Flashbacks, startle responses and numbing reactions appeared in more than a third of Mapuce and non-Mapuce relatives. Scott and Stradling, in their handbook on PTSD describe many practical examples of British patients. Although they always label them as «PTSD» in fact most of their cases have just one or two isolated symptoms. This gives food for thought questionning how easily we gather symptoms in syndromes and define *diseases*. The biological (and probably universal presence) of some symptoms (mainly the so-called *intrusive* ones) does not preclude the universality of the complete constellation and its universal existence either as a syndrome nor a disease.

Great attention has been paid in Southamerican literature to Mental Health and Human Rights and to the compensatory family dynamics which follow a disappearance or execution. Our results give only partial support to this interest, as we found non-adaptative patterns less prevalent than expected. Family dynamics were not the central objective of this study and further studies would be needed to clarify this issue.

Our results must be considered with caution. The sample size is small and the distinction between traditional and non-traditional Mapuces a subjective one. Results suggest that more than twenty years after the disappearance or murder of their relatives, around ten per cent of persons maintain recurrent depressive symptoms related to it, and five per cent still suffer non-depressive unresolved bereavement processes. Ethnia *seems* to play a decisive role although an emic study with qualitative methodology should help to confirm this point. Although the distinction ‘traditional’ versus ‘non-traditional’ is operational and can be improved in the future, it was enlightening and showed that any further research should take into account the mapuce perspective and norm.

Finally, we should not forget that six per cent of Mapuce and a fifteen per cent of non-Mapuce people refused to participate due to fear, mistrust, rage, frustration or pain. Our figures, therefore, probably underestimate true figures. Fear and mistrust after twenty years implies the existence of a psychosocial damage. This was, as we showed in the introduction, one of the objectives of the so-called psychosocial war imposed by Pinochet and implemented by the Central Inteligence Direction (DINA) under his and general Contreras direction. Clinical studies based on a one-to-one methodology tend to ignore this psychosocial damage which is not only an essential perpetuating factor for the damage but a decisive factor in the political future of that community.

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