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# Aftermath of Disaster In Sweden, Gaza, and Sites of Torture: A Critique of Psychological Services

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Abstract. This article critiques the assumptions of psychological services offered in response to disaster.

In Goteborg, Sweden about 65 adolescents die and more than 190 are seriously injured when a fire breaks out in a discotheque. Swedish officials quickly set up counseling centers around the city. Near Kfar Darom, Gaza Strip one Israeli soldier dies and three others are wounded when a Palestinian suicide bomber attempts to ram his explosives-packed car into a school bus carrying close to 40 Israeli children. After the attack, Israeli settlers sent psychologists to provide counseling services. In close to 200 sites throughout the world, torture treatment centers have been established to provide clinical/counseling services.

In reviewing clinicians' and counselors' descriptions of the purpose and goals of their work, one may notice assumptions about mental health that--if operationalized--might harm instead of help people who experience disaster. Through these descriptions it seems as if anxiety, depression, anger, anguish, various nonspecific psychic discomforts, and a myriad of residua are not only pathogenic, pathognomic, and/or pathological, but as pathology-related as the screeed Carthago delendum est.

But should this necessarily be the case? Yes, these psychological and behavioral phenomena can be associated with pain that inhibits successful personal, social, and professional functioning. They also have a secondary gain element. Yet in at least some individuals these phenomena can function as a red badge of courage in both ironic and sincere fashions. And much more importantly, a strong argument can be developed that these phenomena are adaptive--signifying realistic threats from the environment and helping to secure desired consequences.

But this sense of the adaptive nature of pain is often lost in the discourses of caregivers. The caregivers instead seem to nurture the expectation that a painless reality should be reality--both as to life's purpose, meaning, and goals. And those people who experience disaster--connoting both an active and passive psychology--are often termed victims of disaster with the insidious connotation of passivity, helplessness, and despair of self-change. Both caregivers and their charges are then engaged in expunging all traces of disaster: the nonadaptive and the adaptive.

Through the best of intentions mental health caregivers may end up furthering the goals of torturers, terrorists, and other criminals as well as and exacerbating the sequeale of natural disasters. By viewing the painful in toto as a primary target of eradication, caregivers may extinguish large amounts of potential effectance as well. As described in The New York Times, after the Palestinian attack, an Israeli child complained to her mother that psychologists were trying too hard to reassure that everything was fine: " 'Everything is not fine,' she said tearfully." And that's the point. Convincing people that everything is fine will ensure that everything is not fine...and that what is not fine cannot be considered as fine. (See Allasio, D., & Fischer, H. (1998). Torture versus child abuse: What's the difference? *Clinical Pediatrics*, 37, 269-272; Andrews, E.L. (October 31, 1998). Scores of youths die in club fire in Sweden. *The New York Times*, <http://www.nytimes.com>; Edwards, M.L. (1998). An interdisciplinary perspective on disasters and stress: The promise of an ecological framework. *Sociological Forum*, 13, 115-132; Mollica, R.F., McInnes,

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