

# Inside the belly of the beast. Reflections on the history of IRCT

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## Abstract

This paper is looking back and taking stock of the history of IRCT from the perspective of a founder of a treatment center, former member of the IRCT council and Executive Committee (ExCom) and contributor to the Torture Journal. It is the story of enthusiasm, ambition, dedication, devotion, hope and dreams that the worldwide battle against torture could be won in the near future. And it is also the story of a rocky road with failures, disillusionment, disappointment, team conflicts and burnout which commonly but insufficiently are described as “vicarious traumatization”.

*Key words:* Vicarious trauma, burnout, care for caregivers, structure of organisations, clinical supervision

My first encounter with RCT and the international torture rehabilitation network in its embryonic stage was in Fall 1989. A total newcomer in the field, I received a warm welcome from a small cosmopolitan circle of enlightened, charismatic and inspiring colleagues. It was like being adopted into a family. Coming from a feudal culture in German medicine still tainted by its Nazi past, I was used to a relationship between young doctors and their senior superiors like that between servant and master. So my reception as an equal by these

older colleagues was like a shining light for me. One anecdote may illustrate this: A Danish colleague, at the time President of the Danish Medical Association, jokingly told me about the very formal encounters with his rigid and conceited German partners in the pretentious headquarters of the German Medical Association (GMA), which he sarcastically named “Palazzo Sewering,” a reference to the past president of the GMA, former SS-doctor Hans Joachim Sewering. I agreed with my Danish colleague wholeheartedly; it was as if he had taken his remark right out of my mouth. And it so happened that my contribution to the first “International Symposium on Torture and the Medical Profession” in Tromsø, Norway in June 1990 was a paper on “Breaking through the postwar coverup of Nazi doctors in Germany,” (Pross, 1991) which earlier had been my main field of research and practice.

Encouraged by my adoption into the “family,” we, a small task force of Berlin doctors, were able to establish a Center for the Treatment of Torture Victims (BZFO) in January 1992. It was an exciting time. We were full of enthusiasm, ambition, devotion, and hope, echoing the optimistic, encouraging message from the “family” that our network would win the worldwide battle against torture in the near future (!?). The second International Symposium in Istanbul in December 1992 was filled with this same spirit. It was the

typical honeymoon that so many of the early centers enjoyed. We did not allow our optimism to be dampened by messages and warnings about serious conflicts, ruptures and splits in other pioneer organisations<sup>1</sup>. We were confident that this would not happen to us because we had from the very beginning implemented such preventive safeguards as clinical supervision, an open-minded culture of dialogue, a flat hierarchy, an egalitarian team structure and opportunities for advanced training in trauma therapy. So it came as a shock when our honeymoon suddenly ended in a sharp, deeply antagonistic conflict that almost destroyed our center. I learned in subsequent years, when serving as IRCT council and ExCom member, that such conflicts occurred in many organisations in the field of torture rehabilitation and human rights, and that they followed a certain stereotypical pattern.

The issue of vicarious trauma, the need for care for caregivers at the time was still rather unknown territory. Clinical supervision was regarded as “navel gazing”. The self-image of many pioneers was that of the heroic rescuer and warrior in the front line of the fight against evil, rewarding self-sacrifice and devaluing self-care. This attitude ignored the unconscious dynamics of transference, projection, parallel processes, and reenactment; and the contagiousness and virulence of extreme

trauma. So it was a painful and shocking experience when caregivers suddenly woke up in a pile of broken glass, as if a rug had been pulled out from under them and they had been catapulted into a torture chamber, right inside the belly of the beast. Colleagues who had been comrades and buddies suddenly started attacking and antagonizing each other, suspecting conspiracies against them, and no longer speaking to each other

My interest in reflecting about this subject led me to take notes and keep a diary. An ongoing dialogue with colleagues from other centers and various networks helped me to formulate hypotheses about the nature of these patterns. I had been myself so deeply involved in these struggles, however, that in order to analyse them I needed to step aside, surrender all my executive positions in BZFO and IRCT, in order to adopt a more objective, birds-eye perspective. It was a painful decision to separate from the “family” in 2003 and enter the world of academia, which has its own vicissitudes and pitfalls. After examining the history, structure, politics and team dynamics of more than a dozen organisations worldwide I presented my first findings to a workshop on vicarious traumatization at the International Symposium on Torture in Berlin in December 2006.

We were about five speakers, with some 20-30 people attending the workshop. My memory may be tinted by nostalgia, but never before or after did I experience such an intense, open-minded and emotional dialogue, such a high level of self-reflection, such a frank search for truth and solutions regarding this issue. It was a magic moment; everybody in the room had themselves experienced vicarious trauma, and the participants came from the most diverse backgrounds: a US Army psychologist and Vietnam veteran, an Eastern European psychiatrist and Gulag

1 Significantly one pioneer organization chose as its name “Oasis”. Oasis Copenhagen was founded in 1987. It originated from a split in RCT, when a whole dissident section of the team was kicked out by RCT's founders after the dissidents confronted them with their authoritarian management style and dogmatic therapeutic approach. It was one of the earliest examples of how unresolved vicarious trauma can disrupt an organization. The story was published like a “roman a clef” by one of the key players who had been laid off (Bustos, 1990)

survivor, an African human rights activist struggling with post-colonial dictatorship, a Western European psychologist working in a shelter for women who were survivors of family violence, and a Latin American psychologist and survivor of the military junta. I remember a Palestinian psychologist speaking about the effects of Israeli supersonic bombs on his clients and fellow caregivers, and the emphatic, compassionate response to him by a European Jewish psychiatrist and Holocaust child survivor. This was particularly surprising because the latter was an outspoken advocate of the Israeli West Bank Wall. There is unfortunately no audio recording nor transcript of the workshop. Yet I am certain that the participants internalised and benefited from its precious healing messages.

I first published that same year in *Torture Journal* some of my hypotheses and preliminary findings, including two standardised, illustrative case histories of burned-out caregivers, in which I summarised my observations about myself and others (Pross, 2006). In the next issue of *Torture* a colleague who believed he recognised himself in one case history wrote an outraged letter to the editor accusing me of *mobbing* (bullying in workplace) (Graessner, 2006). This brought home to me that by writing on such a delicate issue I was touching a sore spot, and made me wonder if I could ever publish my research. However, the positive feedback from further presentations in professional circles and conferences encouraged me to press ahead (Pross, 2009).

Looking back, I think that many of the pioneers in those early years struggled hard with best intentions to create a safe, clean and sound haven in their own organisations, a kind of oasis as a counter-model, a healthy counter-world against the gloomy, dirty, destructive monstrous world that their clients had been exposed to inside the belly of the beast. The pi-

oneers' family culture, friendly, informal buddy-like work climate, empathy and solidarity would somehow naturally protect them and their clients.

So I have the highest respect for RCT and IRCT's founders, namely their key figure Inge Genefke. Inge was kind of a role model and stands for many other pioneers from all over the globe representing the prototype of the charismatic leader, the visionary pioneer with entrepreneurial skills and a missionary sense, which enabled them to create and defend the organisation against reluctant bureaucracies and the prevailing attitude of social denial and indifference. Inge deserves enormous credit for building RCT and IRCT from scratch and making it one of the most important, efficient and widespread anti-torture networks of the world. It was her energy, her stamina, her courage, dedication and persuasiveness which enabled her to achieve that. She was a brilliant promoter and advocate with the capacity to set an audience of stubborn sceptical donors, politicians and VIPs on fire. Like a lioness she fearlessly confronted perpetrators - dictators, military leaders, police chiefs, prison directors - some of whom may have been scared stiff by a powerful woman of her caliber. She supported and protected many colleagues - especially in countries under dictatorship where torture was happening. She helped them establish torture rehabilitation centers by raising funds, advocating and lobbying for them. For many she was a friend, like a mother and they feel a deep gratitude to her up to this day.

Others however experienced another side of Inge. The enormous success and rapid growth of RCT/IRCT fostered a sense of grandiosity and infallibility in her. She was deeply suspicious of and felt threatened by people, who had a different approach than her in therapy, advocacy and organisation build-

ing. She had a tendency for splitting people in friends and enemies and it was difficult for her handle dissent – a character trait that may point to some traumatic experience in her own life. This led to permanent conflicts within the organisation and a brain drain of qualified staff. It is a lonely at the top and an experienced wise organisational consultant and coach for leaders may have helped Inge to cope with the overwhelming work load and responsibility that had outgrown her. She had a hard time giving up her “baby” RCT/IRCT and handing it over to a second generation.

One of my key experiences in this context was an IRCT council meeting sometime in the mid-1990s. It started with business as usual in the familiar harmonic family-like atmosphere when suddenly the president, a renowned, respected elder statesman and person of integrity announced that he would resign. It must be emphasized that he was the only independent person in the superstructure of RCT/IRCT at the time, the only person with no stake in the company and no conflict of interest. His announcement ignited a chaotic scene with the complete decomposition of the nuclear “family”. The adopted newcomers including me felt like children watching their divorcing parents lacerating themselves in a War of the Roses. None of us understood what was going on. After a period of hectic running around in the corridors, whispering campaigns, floating rumours, and meetings behind closed doors it leaked out that the reason for the president’s resignation was an evaluation of RCT/IRCT, a report by an independent expert commission, called the COWI report - hired by the main public donor. The report identified major deficiencies in the organisation such as the amalgamation of board and management, concentration of power in the hands of the top managers, and lack of a participatory horizontal structure – all typical for enterprises led by

first-generation founding fathers. The report therefore recommended the transition from a “first generation” to a “second generation” leadership. A faction within the nuclear family of founding fathers/mothers had kept the COWI-report confidential, wanted to hide it from the council members, prevent the president from making it public and refused to implement the report’s recommendations.<sup>2</sup>

In the aftermath of this historic meeting some of the “children” (including me) were elected to the ExCom (it was the first “election” instead of cooptation into RCT/IRCT’s superstructure). We were expected to assume responsibility as a sort of “second generation” board and implement the recommended reforms. We did our best, hired a new young general secretary, introduced regular evaluatory meetings with staff, hired an external team supervisor and organisational consultant, etc. But we failed all along the line because the founder faction used informal channels (they no longer held any formal positions in the superstructure) to undermine all our and the new GS’ reform efforts.

These years were a rough period of blood, sweat and tears, an ongoing drama of Shakespearean proportions lasting almost a decade. The IRCT headquarters and council were haunted by endless infighting, turf battles, people working themselves down to the point of complete burnout, a permanent high rate of sick leave, drop-outs, and turnover of staff and leadership resulting in a decline in performance to the point of near collapse.

Challenging the beast requires a certain degree of steel, the strength and stamina of a Heracles, a powerful superhuman fearless

2 One structural re-arrangement following the report was separating RCT and IRCT in two self-governed organisations.

giant. More faint-hearted, gentle individuals may never have achieved what the pioneers of the early years did. Yet these characteristics may not suit the role of the Good Samaritan<sup>3</sup>, the therapist, the healer, the good-parenting, tolerant type of leader, who nurtures his staff and fosters a supportive, creative and humane team culture. Heracles and Good Samaritan are rarely to be found in one person. There was a short period in RCT/IRCT when in a division of labor between those two types Heracles acted as external leader and a Samaritan acted as internal leader. But this also failed, because Heracles could not accept dual leadership and by constant interfering and undermining made life impossible for the Samaritan to a point when he/she gave up and resigned.

### Lessons to be learned:

#### 1. Qualification of caregivers

Empathy and solidarity with victims of torture is a vital assumption for this work. Many centres for torture survivors have been built by survivors themselves. It is only natural and human that those who suffered will be most motivated to help their fellow victims. Their personal experience is a strong motive and driving force for this work. They have a particular sensitivity and deep understanding for their clients, who frequently and justly complain about the ignorance and lack of empathy of “normal” people. On the other hand,

survivor-caregivers risk getting enmeshed and over-identified with clients, losing professional objectivity and transmitting their own trauma to the clients and colleagues. This risk is only mitigated if they have worked through their personal history in some kind of self-awareness process while in therapeutic training and are able to keep a professional distance from the trauma of their clients. The strongest and most important asset and working tool of a caregiver/therapist is his personality, because he or she serves as a role model to the client, and because the therapeutic relationship is first and foremost a human relationship. So beyond one’s professional skills and experience it is important to look at a candidate’s character: is he or she warm-hearted, sensitive, empathetic, solid, and balanced? Does he or she have resources in his personal life, a normal life outside work, a sense of humour, capacity to rest and relax, does he or she value pleasure? Workaholics, who centre their lives around work can often impress their peers by enormous dedication, zeal and achievements in advocacy and politics, yet they usually prove not to be good caregivers, one of the reasons being that they do not take good care of themselves.

#### 2. Qualification of leaders

Natural born leaders are very rare. People working in the health and human rights field usually do not have management skills, yet this can be learned in special training. A trauma centre needs a clearly authorised leadership. There should be a clinical director in charge of client services and an administrative director in charge of finances and organisational issues. Leadership requires some elementary properties like talent for listening, modesty, level-headedness, maturity, life experi-

3 Heracles is a mythical figure from ancient Greece. A divine hero with extraordinary strength, courage and ingenuity is considered the protector of mankind. The good Samaritan is a biblical figure who stands for a merciful altruistic human being who practices charity and takes care of the wounded and sick.

ence, stability, persistence, assertiveness and wisdom. Leading a trauma centre is a special challenge because one serves as a projection screen for all the negative and destructive energy that comes along with this work and which the leader has to contain. A good leader carries his role without blurring functional hierarchy, is prepared to endure “bad-boss” projections and carry through unpopular decisions. At the same time, they must encourage creative ideas and initiatives from staff, let others grow and blossom instead of seeing them as competitors, not abuse their power, and work with transparency to staff and accountability to the board.

### 3. Structural requirements

Centers and networks need a professional, clear, and efficient structure, one of the key elements being a board of independent individuals who have no stake in the company and no conflict of interest (like the above-mentioned elder statesman and first president of RCT/IRCT). They need a board that hires and supervises the leaders, initiates reforms and takes action when things go wrong and get out of control. The democratic principle that the tenure of office is limited should also maintain in our field. There is a time when leaders should step back and give way to a new generation.

### 4. Care for Caregivers

Centers and networks need regular clinical supervision for caregivers, organisational development, management consultation and coaching for leaders. Supervisors and consultants must be independent external professionals without personal ties to staff or management. These policies are key elements of self-care because they protect caregivers, managers and

leaders from drowning in work, losing their professional distance and getting too enmeshed. They provide a safe space for conflict management, peer review, critical self-reflection, transparency about formal and informal hierarchies, insight into the unconscious dynamics of this work and a climate without fear for resolution of sensitive issues such as vicarious trauma. A care for caregivers program matching the specific culture and needs of staff should also be provided.<sup>4</sup>

To cut a long story short: IRCT has survived the rough and turbulent times thanks to numerous reliable, responsible, faithful, qualified and dedicated staff members, who like Sisyphus repeatedly rolled the boulder uphill. And – as far as I can see - thanks to the persistent energetic commitment of numerous qualified, experienced, down-to-earth council and Ex-Com members, independent experts and external consultants IRCT has finally transformed itself into a highly professional and democratic “third/fourth generation” organisation. There is good reason to celebrate 30 years of *Torture Journal*.

4 For more elaboration on these issues see Pross, C. (2011), *Manual for Good Practice and Management in Trauma Centres: Structural Aspects of Work Related Stress - Care for Caregivers*, International Rehabilitation Council for Torture Victims (IRCT), Copenhagen. This manual was the product of a task force team of independent experts and council members, summarizing the lessons to be learned from the turbulences of the founding years.  
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