Peace and Conflict: Journal of Peace Psychology
2014, Vol. 20, No. 3, 209–226

1078-1919/14/$12.00 http://dx.doi.org/10.1037/pac0000045

Liberation Psychology and Pragmatic Solidarity: North–South Collaborations Through The Ignacio Martín-Baró Fund

M. Brinton Lykes and Erin Sibley
Boston College

This article revisits some of the contributions of Jesuit scholar and social psychologist Ignacio Martín-Baró to liberation psychology, community mental health, and human rights, exploring ways in which his reconceptualization of trauma within contexts of gross violations of human rights can contribute to societies emerging from armed conflicts. It describes one of the legacies of Martín-Baró's life work, that is, The Ignacio Martín-Baró Fund for Mental Health and Human Rights (hereafter, "the Fund"), presenting an overview of the Fund's philosophy and its activities since its formation in 1990. It explores the important link between mental health and human rights, and some of the contributions of this work to postconflict transitions and peacebuilding processes. A quantitative and qualitative analysis of over 90 projects supported by the Fund between 1990 and 2014 documents indigenous psychological practices carried out by community-based "insiders" and a range of local understandings of "mental health," suggesting the transformative potential of community-based initiatives in responding to survivors of gross violations of human rights. We argue that collaboration and pragmatic solidarity between psychologists committed to liberation and grassroots community-based mental health workers could lead to enhanced resources for the latter, and a deeper understanding of liberation psychology praxis for the former.

Keywords: liberation psychology, community mental health, pragmatic solidarity, human rights

On a November night in 1989, Ignacio Martín-Baró was killed at the University of Central America by the Salvadoran military. He was one of at least 70,000 people who died during the Civil War in El Salvador from the 1980s through the early 1990s. Martín-Baró was a Jesuit priest and social psychologist who analyzed social problems in his adopted country of

This article was published Online First July 14, 2014.

M. Brinton Lykes, PhD, is Professor of Community-Cultural Psychology and Associate Director of the Center for Human Rights and International Justice at Boston College. Her current participatory and action research focuses on (a) sexual violence against women in contexts of armed conflict and postconflict transitions and (b) migration and postdeportation human rights violations and their effects for women and children, with a particular focus on transnational identities and "mixed-status families." In 2012, she was awarded the Ignacio Martín-Baró Lifetime Peace Practitioner Award from the Society for the Study of Peace, Conflict, and Violence and, in 2013, the International Humanitarian Award, both from the American Psychological Association. She is also cofounder and volunteer with The Ignacio Martín-Baró Fund for Mental Health and Human Rights. Her Web site is www2.bc.edu/~lykes

Erin Sibley received her EdM from the Harvard Graduate School of Education and her PhD from the Lynch School of Education, Boston College. She is currently a postdoctoral research associate in the Center for Optimized Student Support at Boston College.

We thank, first and foremost, the women, men, and children, some of whose work is reported herein, for their survival, resistance, and transformative praxis, thus embodying the legacy of Ignacio Martín-Baró and contributing significantly psychological knowledge and praxis. We thank the many community and university-based volunteers and donors who have sustained The Ignacio Martín-Baró Fund for 25 years. Despite the collaborative nature of this work, the authors are solely responsible for the interpretations presented here. Finally, we thank Boston College undergraduate research assistants Irza Torres, Matthew Dolan, Victoria Torres Vega, Allison Bravo, and Jessica Franco for their contributions to coding the data, and two anonymous reviewers as well as Susan Opotow, former editor of *Peace and Conflict*, for their invaluable contributions to the article.

Correspondence concerning this article should be addressed to M. Brinton Lykes, Professor of Community-Cultural Psychology, Boston College/Campion 341, 140 Commonwealth Avenue, Chestnut Hill, MA 02467-3813. E-mail: lykes@bc.edu

El Salvador, aligning himself with the Salvadoran people in resistance to oppression, while accompanying them in their struggle to transform the conditions of their lives. Perhaps more importantly to psychologists who seek to critically deconstruct key theories within the discipline that fail to accurately represent the lived experiences of the majority population, he argued that only a psychology developed by the Salvadoran people from the base of their experiences would contribute to transforming their realities. His legacy lives on 25 years after his murder through, among other projects, The Ignacio Martín-Baró Fund for Mental Health and Human Rights (hereafter, "the Fund"). This article introduces key ideas from Martín-Baró's liberation and social psychologies, and presents a quantitative and qualitative overview of the more than 90 projects of the Fund that embody some aspects of Martín-Baró's theorizing. Specifically, it documents how a small grantmaking organization, coordinated by volunteer psychologists and human rights activists from the United States, deliberately targeted community-based programs designed to respond to the effects of gross violations of human rights, improving the psychosocial well-being of survivors while addressing the root causes of these violations. The Fund serves as an example of North–South pragmatic solidarity (Farmer, 2003), a praxis that supports a distinctive set of human rights and mental health practices while fostering a theory–practice dialectic toward a 21st-century liberation psychology praxis.

Ignacio Martín-Baró's Contribution to Psychology

The Salvadoran Civil War began in 1980 as a group of leftist militia, organized as the Farabundo Martí National Liberation Front (FMLN), sought to redress gross social and economic inequalities and press for the redistribution of wealth and power in a country of approximately 4.5 million people (Morris, Castaneda Rugamas, de Mendoza, & Taylor, 1979). Over the next decade, there were hundreds of mass executions and indiscriminate attacks against the rural poor (Betancur, Planchart, & Buergenthal, 1993). Although the military, backed by the local government, and trained and funded by the United States, killed anyone suspected of supporting guerrilla efforts, the FMLN's resistance included the destruction of farms, cutting power lines in an attempt to stifle economic growth that could help the government. Those most seriously affected during the conflict were poor farmers, whose economic plight worsened dramatically throughout this period.

From Spain to El Salvador

Ignacio Martín-Baró was born in Spain, and he studied theology and psychology in Europe and Latin America before completing his doctorate in social psychology at the University of Chicago in 1979, just as the conflict in El Salvador was escalating. He returned to Central America for a faculty position at the University of Central America in San Salvador, continuing to write about the many social injustices that he saw and felt around him in an increasingly bellicose context.

He was a prolific author who published extensively (see de la Corte Ibáñez, 2001, among others, for a bibliography of his work), and whose life and work have been the subject of multiple publications in his native Spanish (see, e.g., Blanco, 1998 and de la Corte Ibáñez, 2001, among others) and a small, but growing, number in English (Lykes, in press; Portillo, 2012). Based on his research and infused by his lived experiences in El Salvador, Martín-Baró argued that psychologists needed to focus their attention on the distress of their people and work toward engaging the social conditions that contributed to the marginalization and exclusion of the majority population. He wrote,

> It is not the calling of the psychologist to intervene in the socioeconomic mechanisms that cement the structures of injustice, it *is* within the psychologist's purview to intervene in the subjective processes that sustain those structures of injustice and make them viable. (Martín-Baró, 1996, p. 45)

In his writings on mental health and war, he utilized a framework for psychological interpretation centering on sociality, that is, the "mental health of a people"—those whose social relations had been ruptured by armed conflict (see, e.g., Martín-Baró, 1996, p. 111). His analysis of the gross human rights violations surrounding him, including torture and extrajudicial executions, led him to conclude that war generates social polarization, leading to an "us versus them" mentality. Because he viewed mental

health as a dimension of the relations between and among groups of people, he concluded that "the mental health of the Salvadoran people [in a context of war] must be in a state of serious deterioration" (Martín-Baró, 1996, p. 114). Because psychological problems evolve at the collective and social level, he concluded that they must also be solved collectively.

Martín-Baró's critical writings were among the first contributions to what he later described as a liberation psychology, one that promotes resistance against institutions that oppress and dehumanize people, and that reframes the psychology of groups of people. A psychology of liberation develops critically and historically contextualized psychological theories and practices from the perspective of "the people," wherein marginalized voices contribute to developing a community's vision. By accompanying the poor and oppressed, a psychology of liberation aims to create relationships among groups of people and transform society by making people aware of dehumanizing social inequities, and accompanying them in processes through which they analyze the causes of their marginalization. Drawing on the work of liberation theologian Gustavo Gutiérrez (1988) and critical pedagogue Paulo Freire (1970), Martín-Baró proposed a new psychology that would focus on the liberation of people at both the collective and individual levels, a reconstruction of the truth of "the people," and a new way of practicing psychology in which psychologists would align themselves with the oppressed rather than with the oppressor (Comas-Díaz, Lykes, & Alarcón, 1998). Drawing on conclusions from the Latin American Catholic bishops' meetings in the cities of Medellín in 1968 and Puebla in 1979, where they had challenged the church to commit to the poor, Gustavo Gutiérrez wrote about a "preferential option for the poor" (Gutiérrez, 1988; see also, Hartnett, 2003). Martín-Baró extended this idea to psychology, distinguishing his emerging liberation psychology from dominant psychological theory and research in El Salvador at the time, which he critiqued as being aligned with Euro-American psychology. Early articulations of his ideas included an emphasis on developing community-based actions in *limit situations*, which he described as times of extreme violence, human suffering, and human rights violations, in order to create an environment in which community members could come to understand their shared humanity (Lykes, 2000).

Liberation psychology challenges psychologists to critically examine structural forces, with the understanding that the root causes of oppression are political, economic, and cultural (Moane, 2003). This framework has contributed significantly to identifying, documenting, and analyzing gross violations of human rights during times of conflict not only in El Salvador but also in Guatemala, Peru, and Puerto Rico (Comas-Díaz et al., 1998), Northern Ireland (Moane, 1994, 2003), and South Africa (Lykes, Terre Blanche, & Hamber, 2003). Liberation psychology reframes more traditional clinical and social psychological analyses of societies in the midst and aftermath of war that emphasize resultant posttraumatic stress disorders. Martín-Baró (1996) suggested, rather, that this rupturing of social ties and the fabric of social life could best be described as "psychosocial trauma" (p. 122). He distinguished this theory from the medical model of posttraumatic stress disorder, arguing that "this conceptual blend . . . encompass[es] three aspects [of trauma] . . .: its dialectic character, its social origins, and the cause of its chronicity" (p. 124). For Martín-Baró, trauma resides in relationships between the individual and society, is socially produced within an historical context, and is the "concrete crystallization in individuals of aberrant and dehumanizing social relations" (p. 125). Thus, we "cannot separate mental health from the social order" (p. 121). Moreover the challenge for psychologists is not limited to addressing war's effects as evidenced in individual disorders and social destruction but to "construct a new person in a new society" (p. 121).

Mental Health and Human Rights

Psychiatrists and psychologists have a long history of assessing the mental health status of soldiers, first verifying their readiness to return to the front in the First and Second World Wars (Shay, 1995). However, the shift in those directly affected by armed conflict from soldiers to civilians in multiple areas of the globe in the late 20th and 21st centuries (Machel, 1996) has challenged mental health professionals' understanding of, and response to, the psychosocial effects of armed conflict. Women in Argentina's clandestine prisons were raped, and their

infants kidnapped (Arditti, 1999), while in Guatemala (Fulchiron, Paz, & Lopez, 2009), and in the Democratic Republic of Congo, women were frequently raped, tortured, and/or kept as sexual slaves (Baaz & Stern, 2009), to name only several of many sites of gross violations of human rights against women. Respondents to the women survivors in the former Yugoslavia, for example, documented sexual assaults against thousands of women, while advocates, feminist activists, and survivors of sexual violence pressed the United Nations to recognize rape as an instrument of war and a gross violation of women's human rights. Mental health professionals working with survivors of such violations in contexts of structural violence and/or armed conflict have identified gross violations of human rights as one of multiple structural causes of psychosocial trauma.

As importantly, the World Federation for Mental Health's (1989) Declaration of Mental Health and Human Rights reflects an early initiative that sought to respond to civilian casualties and their needs, defining health as a state of "complete physical, mental, social, and moral well-being, and not merely the absence of disease or infirmity" (p. 2). Drew, Funk, Pathare, and Swartz (2005) clarified some of the multiple ways in which mental health promotion is related to human rights in a World Health Organization (WHO) Report, Promoting Mental Health. They argued that international human rights discourse recognizes that all humans have the right to mental health and to be protected from social conditions that have detrimental effects on their psychosocial well-being. Human rights discourse includes a focus on empirically based precursors of mental disorders, such as poverty, rape, discrimination, and limited access to health and education services. Further, people exposed to human rights violations, including war, torture, and rape, are at increased risk for mental health disorders. They conclude that improved mental health policies and advocacy that emphasizes a "climate that respects and protects basic civil, political, economic, social and cultural rights is fundamental to the promotion of the mental health of the population" (p. 87). Furthering these ideas, Martín-Baró extended the focus on the individual to the social, writing that

> [Mental health] is not a matter of the individual's satisfactory functioning; rather, it is a matter of the basic character of human relations, for this is what defines the possibilities for humanization that open up for the members of each society and group. (Martín-Baró, 1996, p. 109)

International human rights discourse frames mental health promotion and recognizes that certain political and economic conditions must be present for human beings to have optimal psychosocial well-being. A publication by the WHO's Department of Mental Health and Substance Abuse reports that genocide, ethnic cleansing, and loss of family members results in high rates of posttraumatic stress disorder, depression, and anxiety, but that "smaller" or chronic human rights violations such as extreme poverty also place people at a dramatically increased risk for mental health problems (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

Paul Farmer (2003) has contributed importantly to extending the recognition of health as a human right in ways resonant with the liberation psychology of Ignacio Martín-Baró. Drawing on his experiences responding to HIV/AIDS in rural Haiti, and more recent work in Peru and with prisoners in Russia, Farmer's praxis demonstrates how health care evolves when its underlying commitments include a preferential option for the poor as central to the care provided (Farmer, 2003; see also Farmer & Gutiérrez, 2013). He argues that liberation theology pushes health care in limit situations beyond a liberal human rights agenda, "first, to seek the roots causes of the problem; second, to *elicit the experiences and views of poor people* and to incorporate these views into all observations, judgments, and actions" (Farmer & Gutiérrez, 2013, p. 45). Pragmatic solidarity is thus the "desire to make common cause with those in need" (p. 44), coupled with the goods and services that are required to both redress social inequities and enable local communities to rethread social relations toward well-being. Thus, this more radical approach to human rights demands a critical analysis of root causes while maintaining a central focus on those most directly affected by gross violations of human rights and their protagonism in building a new person and a new society (Lykes, 2013).

Despite widespread violence against civilian populations in armed conflict, and these important theoretical and policy-driven devel-

opments, the latter continue to be ignored in much theory, research, and policy about war and its survivors. Exceptions to this have included Cienfuegos and Monelli's (1983) argument that mental health workers' responses to women in contexts of ongoing armed conflict or impunity require a "bond of commitment" from the therapists or counselors who seek to respond alongside women who survived such abuses only to face guilt, shame, and ongoing stigma within their families and communities. This early articulation of the non-neutrality of psychologists and mental health workers in contexts of armed conflict was an important practice of pragmatic solidarity in situ, and has been incorporated into "best practices" of a broad range of psychologists, including, among others, peace psychologists and first responders working in armed conflict and humanitarian disasters (see, e.g., Inter-Agency Standing Committee, 2007).

In considering politically situated responses in contexts of armed conflict and postwar, the mental health practitioner thus focuses not only on assisting individual survivors to achieve mental health as defined by the WHO but also on Martín-Baró's reconceptualization of mental health as a product of ruptured social relations (Lykes, 2000) requiring strategies that contribute, again, in his words, to "construct a new person in a new society" (Martín-Baró, 1996, p. 121). As importantly, in the context of armed conflict, and when working with those emerging from war and in transitions to democracy, psychosocial responses to these situations must include responses at the interface of the individual and the collective levels. The individually based medical model has been found to be deeply problematic by a wide range of psychologists working in these contexts (see, e.g., Lykes, 2000; Lykes & Mersky, 2006; Summerfield, 1995; Wessells, 2009). Those working within the global South have also emphasized the critical importance of local practices and indigenous psychologies (see, e.g., Duran & Duran, 1995; Enriquez, 1990), as they have engaged colonial legacies and racialized and gendered oppressions. Several edited volumes within the Peace Psychology Book Series (see, e.g., Hamber, 2009; Montero & Sonn, 2009; Montiel & Noor, 2009) contribute importantly to extending many of Martín-Baró's ideas and to exploring local traditions and cultural practices as they interface with liberation psychology.

Finally, although a comparison with the practice of trauma-related psychotherapy within the United States is beyond the scope of this article, the work of George Albee, among many others, suggests that the critical lens of liberation psychology has informed some psychosocial praxis within the United States. Writing at the same time that Martín-Baró was drafting his ideas about liberating psychology in El Salvador, Albee (1988) argued that the most effective way to alleviate feelings of powerlessness in marginalized people is to "encourage efforts at altering reality" (p. 209). He critiqued the tendency within psychology wherein "people without power are commonly exploited by powerful economic groups who explain the resulting psychopathology by pointing to the inborn defects in the victims" (p. 208). Thus, he and others within the U.S. context have also pushed for an alternative to an individual-level approach to psychosocial trauma, seeking to facilitate processes wherein disenfranchised or marginalized people deconstruct discourses of personal blaming and critically analyze structural factors that contribute to their oppression. Albee also noted an interesting paradox within the United States: Even though widespread mental health problems are never eliminated by individual treatment, most efforts and funding at that time supported individual therapy rather than community interventions and prevention. Thus, the ideas and actions generated by Martín-Baró and others who engage liberation psychology in contexts of armed conflict and/or structural oppression offer a potential alternative to individual-level treatment that characterizes much psychological practice. They reflect, as Mark Burton (2004) argues, "an approach that seeks to transform rather than merely ameliorate, social conditions [and] is either employed or aspired to along with the effort to understand local struggle and self-liberation within a wider societal and global perspective" (p. 586). We argue that the work of the Fund exemplifies such liberation psychology in practice.

The Ignacio Martín-Baró Fund and 25 Years of Grantmaking

The Ignacio Martín-Baró Fund was established in 1989 to extend the ideas and practices developed by Ignacio Martín-Baró and cut short by his assassination (see Lykes, 2012, for a description of the Fund's history and administration). It seeks to support programs that foster psychological well-being, social consciousness, and active resistance in communities affected by institutional violence, repression, and social injustice. Specifically, the Fund seeks to support projects through which communities analyze the underlying structural causes of their marginalization toward generating collective strategies toward healing the effects of violence. The Fund supports small, grassroots, community-based projects, most of which are outside of the United States, for a maximum of 3 consecutive years. In light of the United States' deep complicity in the brutal attacks against the Salvadoran people, as well as the role of the U.S.-trained special forces (the Atlacatl Battalion) in the assassination of Martín-Baró, his fellow Jesuits, their housekeeper, and her daughter in November of 1989, the Fund prioritizes projects in countries who are similarly affected by U.S. political and military policies and practices.

The Fund's application process requires organizations to situate their mental health work within the social, political, and economic conditions that gave rise to the organization or project, as well as to describe the general objectives of the proposed response. The organization must also describe their recent activities and a proposed action, including the budget needed to carry out the work and its expected impact. Applicants also provide information about the structure of their organization and budget details.

Method

We undertook an examination of the work of the Fund to explore whether or not, and, if so, in what ways the Fund was accomplishing its mission of supporting community-based grassroots programs seeking to respond to psychosocial trauma in the wake of armed conflict and/or structural oppression. We also sought to draw from the work of grantees to more clearly articulate the local and/or indigenous understandings of mental health, human rights, and liberation psychology implicit in their work, that is, to reflect systematically on their practices, seeking to generate theory. Thus, we examined the populations served, expected outcomes of the work, and the ways in which the organizations that had been supported defined mental health.

To accomplish this task, print copies of records for every program that had received a grant since the Fund's inception were compiled. These records included initial applications, reapplications, and progress reports documenting how funds had been spent. Some projects also had letters of interest, which were required from the Fund as a preapplication when the number of applications increased dramatically once Internet usage became more common around the world. Two members of the research team developed a coding scheme, including series of codes for each of the following categories: service providers (such as international social workers or trained local facilitators), target-group demographics (such as children, women, or prisoners), target-group survivor type (such as survivors of war-related trauma or sexual violence), problem (such as discrimination, extreme poverty, or armed conflict), modality of intervention (such as group or individual service), types of resources (such as community organizing, counseling, education, documentation of and/or response to human rights violations), and expected outcomes and goals (such as empowerment or development of leadership skills). Information was also collected on how the organizations defined human rights, trauma, and mental health.

A team of undergraduate and graduate research assistants each took responsibility for an equal number of organizations, and were trained in the coding process through a series of meetings. The team met regularly as a group to discuss questions, and each member also met at least once a week with the second author of this article, who was a graduate research assistant at the time of the data coding. She trained the other coders and supervised their work.

Coders systematically categorized each organization based on all of the materials pertaining to that organization (applications, progress reports, etc.) and compiled their codes into worksheets. Very few disagreements arose during the coding process. However, the team resolved coding inconsistencies by consensus arrived at during

group meetings. For example, the team decided that a project would not be coded as working with children if there were a mention of "family counseling" but no specific mention of activities with children. During another coding discussion, the team decided that they would no longer rank the importance of expected outcomes of each project, as too many of the projects seemed to have two to three expected outcomes that were described as equally important, and a coder's judgment would not have been a reliable way to identify the most important outcome. Upon completion of coding, three of the four research team members tallied quantitative results and compiled qualitative data from the coding worksheets. It should be noted that the term *project* refers to the specific activities within an organization for which funding was requested. The term *organization* refers to the overall entity that ran the project. Thus, for example, an organization may have had three separate projects funded if it received funding for 3 years.

The first step in the qualitative analysis involved collecting definitions of mental health provided by the organizations. The question "How do you define mental health?" was part of the initial application for grants, so a large amount of data was obtained from this particular response. All definitions were complied into a single document. Next, the team developed a coding scheme by reading through the definitions multiple times and noting themes that arose repeatedly. After extensive discussion among coders and with the first author, seven categories were identified. These broad categories reveal diverse conceptions of mental health from the global South and from a small number of programs with disenfranchised groups in the United States. Thus, we identified a limited number of core understandings, despite a wide range of populations working with a variety of intervention or accompaniment methods. The seven categories were enhancement of capacities and self-esteem, collective/community, indigenous conceptualizations, achievement of balance, liberation, mind–body dialectic, and coping strategies.

Results

Funding Distribution

As described, for the purposes of the analyses, *project* referred to each proposed activity that was funded with a grant, and *organization* referred to the group who submitted the proposal for the grant. For example, a single organization may have submitted a grant proposal in 5 different years and received grants to fund five projects during those years. A total of 179 projects directed by 93 organizations were supported between 1990 and 2014, with a total of $1,035,011 distributed among these organizations. As Figure 1 indicates, these projects were geographically diverse: 77 of the projects (43%) that received funding are located in Central and South American countries. The countries with the highest number of funded projects were Guatemala (29 projects), El Salvador (27 projects), the Philippines (23 projects), and Mexico (18 projects). Projects in Guatemala received the most funding over the years, with a total of $181,111 funded to projects there, followed by the Philippines, whose projects received $132,795. The region receiving the most funding was Central America, with $352,211 in grants over the course of the Fund's 25 years of grantmaking. This is not surprising, given Martín-Baró's roots in this region as well as U.S. interventionism there.

Thematic Focus of the Work

Providers and target demographics. Next we looked at the coding results of the organizations holistically to obtain an overall picture of the types of services provided and goals of the funded projects. Projects could receive multiple codes if they fell into more than one category of services provided or stated goals. Figure 2 displays the frequencies of each code in each of the seven categories: providers, target-group demographics, target-group survivor type, problem, modality of the work/intervention, types of services/resources, and expected outcomes/goals. Out of the 93 organizations—and 179 projects—funded, 58 organizations (62.4%) trained local facilitators to engage in mental health and human rights work, either instead of, or in addition to, professionals. This remarkable statistic suggests that in contrast to mental health practice in the United States, which requires professionally trained clinicians, local groups in the global South are engaging in community-based mental health work. Additionally, out of all of the organizations funded, 48 of them (51.6%) were directed toward children and youth, whereas 50

Continent or Region	Country	Funding Per Country	Number of Projects	Total Region Funding
Africa	Congo	$47,165	7	$91,665
	Kenya	$7,000	1	
	Mozambique	$7,000	1	
	South Africa	$3,000	1	
	Tanzania	$6,500	1	
	Uganda	$21,000	3	
Asia	Philippines	$132,795	23	$137,795
	South Korea	$5,000	1	
South Asia	India	$25,600	4	$67,100
	Pakistan	$41,500	6	
Southeast Asia	Cambodia	$7,000	1	$37,735
	Thailand	$30,735	5	
Europe	England	$14,000	2	$38,075
	Ireland	$10,000	2	
	Kyrgyzstan	$6,975	1	
	Spain	$3,000	1	
	Yugoslavia	$4,100	1	
Middle East	Israel	$2,000	1	$34,000
	Palestine	$32,000	5	
North America	Canada	$5,700	1	$174,700
	Mexico	$95,000	18	
	United States	$74,000	13	
Central America	El Salvador	$147,000	27	$352,211
	Guatemala	$181,111	29	
	Nicaragua	$24,100	5	
Caribbean	Dominican Republic	$7,000	1	$21,000
	Haiti	$14,000	2	
South America	Argentina	$11,000	4	$80,730
	Colombia	$7,000	1	
	Paraguay	$3,000	1	
	Peru	$56,730	9	
	Uruguay	$3,000	1	

Figure 1. Projects and funding by continent and country, 1990–2014.

(53.8%) were directed toward women. Nearly 53% of organizations specifically target survivors of war-related trauma, whereas 39.8% target survivors and victims of economic oppression or violence. Seventeen organizations (18.3%) worked directly with survivors of sexual violence.

Targeted problems and modality of work. All of the organizations developed their work to address a specific problem affecting the mental health and human rights of their community. The most common problems described were armed conflict, extreme poverty, political conflict, and community disintegration. In terms of the modality of the interventions, 77 organizations (82.8%) implemented group activities and participatory workshops, which was significantly more common than any other type of intervention. In the category of services and resources offered, the most common services were group or family counseling, with 40 organizations (43%) providing one or both of these services. Other less prevalent actions included training of health promoters or community facilitators, mental health workshops, and children's or youth's education and recreation.

Expected outcomes. Finally, the organizations' descriptions of their expected outcomes or goals were coded. Unsurprisingly, 63 organizations (67.7%) expected to foster mental health. Fifty-three organizations (57%) aimed to empower and improve self-

Category	Code	Frequency
Providers	Trained local facilitators (community participants)	62.4%
	Social workers – national	33.3%
	Psychologists – national	30.1%
	Psychologists – international	4.3%
	Social workers – international	0%
	Other	33.3%
Target Demographic Group	Women or girls	53.8%
	Children or youth	51.6%
	Adults	40.1%
	Prisoners	4.3%
	Other	17.2%
Survivor Type	Survivors of war-related trauma	52.7%
	Survivors/victims of economic oppression or violence	39.8%
	Survivors of sexual violence	18.3%
	Survivors of disaster	5.4%
	Other	17.2%
Problem	Armed conflict	52.7%
	Extreme poverty	50.5%
	Political problems	43.0%
	Community disintegration	34.4%
	Low self-esteem	23.7%
	Discrimination	23.7%
	Fear	17.2%
	Rape	16.1%
	Domestic Violence	15.1%
	Torture	15.1%
	Guilt/shame	11.8%
	Alcoholism/substance abuse	9.7%
	Hunger	9.7%
	Depression	9.7%
	Child abuse	7.5%
	Memory/truth-telling	5.4%
	Other	18.3%

Figure 2. Frequency of codes across projects, 1990–2014. Percentages for each category often exceed 100% because multiple codes per category could apply to each organization.

esteem, and 52 organizations (55.9%) expected to raise awareness of human rights and/or women's health issues. Other less prevalent outcomes included healing (40.9%) and community organizing (27.9%).

Conceptions of mental health. Overall, 65 organizations provided explicit or implicit definitions of mental health that were identified through coding responses to multiple questions on the application. The four coders decided as a group that the remaining organizations did not have enough information to allow them to identify a definition that was reliable enough to be included in the analyses. Most organizations that had multiple projects funded over multiple years used nearly identical definitions of mental health throughout all application waves.

The most common definition of mental health involved having a sense of agency and self-esteem. Specifically, many organizations emphasized that a person with sound mental health should have the ability to play an active role in constructing his or her life. This understanding echoes Martín-Baró's admonition that psycho-

Modality of Work or Intervention	Group activities/participatory workshops	82.8%
	Individual	32.3%
	Political advocacy/organizing	16.1%
	Other	29%
Types of Services/Resources	Training of health promoters or community facilitators	40.9%
	Group or family counseling	43.0%
	Mental health workshops	37.6%
	Community organizing	30.1%
	Individual counseling	25.8%
	Help in accessing educational, health care, or legal services	24.7%
	Children's or youth's education and recreation	21.5%
	Use of arts (drama/cultural performance/music)	15.1%
	Documentation of human rights violations	14.0%
	Political advocacy	11.8%
	Agricultural training	9.7%
	Basic materials and needs	7.5%
	Peace and reconciliation program	7.5%
	Microcredit program	3.2%
	Memorialization/Monuments	3.2%
	Other	16.1%
Expected Outcomes/Goals	Foster mental health	67.7%
	Empowerment/improving self-esteem	57.0%
	Raise awareness of human rights and/or women's issues	55.9%
	Healing	40.9%
	Community organizing	27.9%
	Develop concrete skills	20.4%
	Develop leadership skills	19.4%
	Develop historical/cultural understanding	17.2%
	Promote a culture of peace	17.2%
	Promote healthy child development	17.2%
	Seek justice	12.9%
	Develop self-understanding	11.8%
	Remember the past	4.3%
	Truth-telling document	4.3%
	Monument or other memorial (e.g. memory museum)	2.2%
	Other	24.7%

Figure 2 (continued).

social work needed to be about constructing a new person and a new society. For example, the Autonomous Women's Center Against Sexual Violence in Belgrade, which worked with survivors of sexual violence from the war in Yugoslavia, wrote, "We believe mental health for each woman means different capacities, but ultimately we wish to enable women to . . . be strong enough to wish, decide, and do what they dream about" (Grant Application to the Fund,

hereafter "Grant Application," 1994). The Ibdaa Cultural Center on Palestine's West Bank, which ran educational programs with children, defined children's mental health as, "a positive sense of self . . . an ability to love and trust themselves [developed] by giving them opportunities to cultivate their interests and improve their skills" (Grant Application, 2000).

The second most frequent definition of mental health referred to it as involving community and/or collectivity. These definitions are of particular note because of the focus on community within Martín-Baró's work and the community mental health focus endorsed by the Fund. The Action Institute for Progress (Institución Acción para el Progreso) in Peru, which ran workshops for adults and children that focus on enhancing the capacity to confront poverty and violence, defined mental health as "exercising full capacity and participation within the community, dealing with conflict and violence against identity in a productive manner, such as by celebrating one's culture or working with others in the community to achieve a collective result" (Grant Application, 2000). This definition not only emphasizes the community and its collective goals but also values local cultures as a resource. Similarly, the Guatemalan Mental Health Promoters Group, based in Mexico but working with refugees from Guatemala's armed conflict, wrote that "the concept of mental health is not the individualistic, medical assistance model that is favored in northern countries . . . the context is a group process which permits learning and sharing among members" (Grant Application, 1991). These two groups, along with 10 others, explicitly endorsed a definition of mental health as a collective process achieved and shared by the entire community.

A small number of programs listed indigenous beliefs and practices as constitutive of mental health. One such program was the Hopi Foundation, which received funding in 1998 for the establishment of a center in which Native Americans helped indigenous people from Central America who had fled to the United States to escape violence and persecution, including an educational mentorship program for native youth. Their application explained that "*qa tutsawinvu* is a Hopi concept of undoing a state of physical, emotional, or psychological threat; a state of maintaining positivity in order to overcome" (Grant Application, 1998).

Six programs explicitly identified "balance" or "equilibrium" as an important dimension of mental health. One such program is the Millennium Outreach S.H. Group in Homa Bay, Kenya, which was funded in 2000 to offer services to victims of ethnic violence and to advocate for political change to respect human life. They defined mental health as "based on an appreciation and understanding of the relationship between the individual and society, and even beyond to deeply personal and spiritual needs and the struggle to maintain a healthy balance between them" (Grant Application, 2000). Similarly, the Slum Development Society in Chennai, India, defined mental health as a "psychologically and emotionally balanced state of mind, devoid of inferiority complex-feelings arising out of and as a result of social deprivation, oppression, suppression, and marginalization" (Grant Application, 1998). This organization was funded for work with women and children, as well as for a project that developed human rights educational resources with, and for, the Dalit people of the Sudrian caste (the lowest caste) in India.

Echoing Martín-Baró's contribution to liberation psychology, it was encouraging to see a small number of programs use the term "liberation" in their definitions of mental health. One such program was Women in Support of Community Mental Health (Asociación Mujeres en Apoyo para la Salud Mental Comunitaria) in El Salvador. This program was funded for three years in the 1990s to create mental health support groups for women and to extend mental health services to youth in marginalized urban communities. They defined mental health as a person's "liberation—their development as people with support and confidence in themselves, their capacity to look for solutions and establish ways of confronting their reality with creativity and hope" (Grant Application, 1995).

Some programs provided definitions that described mental health as encompassing multiple aspects of a person, including mind, body, and sociality. An example is the Balay Integrated Rehabilitation Center for Total Human Development in the Philippines, funded for 2 years. Their programs provided support services for women and children affected by militarization in the region. They defined mental health as "the soundness of a person's mind and body, and functioning 'normally' and actively in the

community as wholesome beings" (Grant Application, 1995). The Women's Development Center is another example, defining mental health as "the soundness of the overall condition of an individual at a given time, especially the mind which governs elements of the body" (Grant Application, 1998). This organization, also based in the Philippines, was funded for 1 year to develop a comprehensive rehabilitation and education program for children orphaned by armed conflict. It is important to note that organizations like these recognized mental health as directly affecting nonpsychological aspects of a person's life, including their physical abilities.

Finally, a small group of programs defined mental health as the ability to cope with individual, community, and structural realities. One example is the Children's Rehabilitation Center. They defined mental health as

> the individual child's capacity to choose positive ways of coping—cognitively, emotionally, and socially—with stressful situations resulting from the human rights violations they experienced; his or her ability to maximize the support and resources from the family, community and other sources; and the ability to act toward changing the stressful environments. (Grant Application, 1992)

Another year, the same organization offered a slightly different, but related, definition of mental health, referring to it as "the state wherein stressful events that cause mental distress are being effectively coped [with] so that the person's resistance to illness. . . is raised" (Grant Application, 1998). Despite this seemingly wide range of definitions for mental health, which reflects the diverse goals and contexts of the projects that the Fund has supported over the years, most projects situate mental health within a set of social relations that are constrained by a set of structural forces that generate oppression and/or marginalization. Thus, their work is situated within a context at the nexus of the "individual-in-community."

References to U.S. policies. To better understand the projects' political situatedness, we coded statements within their applications that referred to U.S. policy and/or practices in their countries. It is well documented that U.S. foreign policy and financial resources have supported oppressive elements, including military forces, in many of the countries in which projects supported by the Martín-Baró Fund operate. We identified 20 organizations that made a direct reference to the harmful effects of U.S. policy in their applications or in subsequent project updates. One example of a statement about U.S. foreign policy was from the Commission of Women Victims for Victims (Komisyon Fanm Viktim pou Viktim) in Haiti, which offered peer support groups and reflection circles for female rape survivors in the Port-au-Prince area. Their 2006 application to The Ignacio Martín-Baró Fund stated,

> U.S. foreign policy has done much to undermine respect for human rights and Haiti's democratic transition. The U.S. has historically supported military dictatorships . . . and withheld diplomatic support from democratically elected governments in Haiti. The U.S. has financed, equipped, and armed the brutal Haitian National Police as rights groups have continued to document numerous executions and massacres by the police force. (Grant Application, 2006)

In other countries such as El Salvador, as discussed previously, the United States has trained and supported military forces, and, more recently, promoted economic policies that exacerbate economic inequality (Michaels, 1987). This problem was described in an application by Christians for Peace in El Salvador (CRISPAZ), a program that works with young inmates—mostly gang members—to organize and seek solutions for the problems they face in the prison system, also offering education and counseling services. CRISPAZ noted that the U.S. contribution of billions of dollars to support the government and military has helped to feed a corrupt judicial system, a climate of fear and violence, and severe damage to the country's infrastructure. The other organizations that noted negative effects of U.S. policies and practices in their countries were located in Mexico, Nicaragua, Guatemala, the Philippines, and the United States.

Definitions of trauma. Finally, we explored implicit definitions or explicit references to definitions of trauma and/or human rights in any of the materials sent in by the organizations over the years. The data for this analysis was much less complete, as the application procedures did not require applicants to provide explicit definitions for either of these terms. However, the coding team was able to identify implicit definitions for many of the organizations from the responses to questions about their program's goals, the projects methodologies,

and so forth. We found that most organizations discussed trauma based on the affected population. In coding the organizations' conceptions of trauma, four populations were identified as suffering from trauma's effects: women, indigenous populations, children, and the community. In writing about trauma and women, causal factors included domestic violence, sexual violence, shame, and the loss of loved ones. In most of the cases, trauma was described as an emotional state of shock, fear, uncertainty, and insecurity, but it was rarely described as a psychological or pathological state. It was also noted that trauma makes women vulnerable to further abuses because it decreases their self-esteem.

Many organizations targeting the relief of indigenous people described trauma as stemming from the unconscious. These organizations regard trauma as psychological pain or psychosocial stressors. Most of these organizations also viewed the mind–body connection as critical for understanding trauma. Culture and identity are also important aspects of these organizations' descriptions of their work, as political repression and the loss of cultural identity are often described as causing, or being experienced as, trauma and frequently resulting in community disintegration. For organizations that centered their conceptualizations of trauma in terms of children, the major sources of trauma included experiencing war, witnessing the assassinations of family members, and becoming orphaned by war. One application from the Ibdaa Cultural Center on Palestine's West Bank described young boys as the most traumatized group for having participated in violent confrontations with armed troops. Most organizations working with children described trauma as contributing to nightmares, bedwetting, decreased concentration, and reduced motivation and ability to learn. Finally, trauma that affected the community as a whole generally included natural disasters, displacement, massive unemployment, political or economic instability, and discrimination or racism. These problems were described as leading to community disintegration, insurmountable poverty, and family separation. Moreover, trauma was both an external cause and an effect or consequence of other external factors. Definitions from all groups except for those from indigenous organizations had absorbed Euro-American psychological discourse on trauma, particularly that emergent from professionals working in zones of armed conflict or postconflict. These findings parallel Sally Engle Merry's (2006) discussion of the vernacularization of human rights discourse as it travels from international Northern centers of power to local communities.

When examined comparatively, we noted that many organizations acknowledged similar conceptions of human rights, although 15 organizations did not provide any explicit reference to human rights. The coders determined five populations to which human rights pertain in the projects or work of the organizations supported by the Fund: children, workers, women, refugees, and indigenous populations. Some organizations fell into more than one category. For example, the Burmese Refugee Project (funded in 2003, 2004, 2005, 2008, and 2009) focuses on the education and social welfare of the Shan ethnic group persecuted by the government in Burma and now living in Thailand. This organization targets adult refugees as well as their children. Organizations described children as having the right to understand their political or economic situation as well as why that situation existed. They also described their right to feel safe and protected, to be fulfilled educationally and emotionally, and to live peacefully without the threat of parents disappearing. For workers, human rights were described as the provision of basic health and social services, a fair salary, a collective contract, and economic protection, as well as the right to strike or organize. Women's human rights included the right to be free from sexual violence, to participate fully in the community, to experience fair working conditions, and fair treatment on the basis of gender. For refugees and indigenous populations, human rights were described as the right to celebrate one's culture, to live safely on their land without the threat of violence or displacement, to access resources and basic needs, and the right for reparations and political advocacy.

Snapshots of Selected Programs

Summaries of three exemplar programs that were funded for multiple years by the Fund are presented in order to provide a thicker description of the local meanings made of community-based psychosocial interventions informed by

human rights, that is, mental health and human rights projects. These projects are illustrative of a number of important concepts within liberation psychology, and demonstrate how some of Martín-Baró's theory has been engaged in applied settings.

The first program was chosen because of its focus on training community members in mental health work, which is a long-standing goal of the Fund, and one of the most common types of work proposed by organizations receiving grants over the past 25 years. The Guatemalan Mental Health Promoters Group was funded from 1991 through 1994. During brutal massacres of Mayan communities in the 1980s, many people fled to Mexico to escape the violence. In the late 1990s, many of the exiled Guatemalans living in Mexico were preparing to return to their home country, and terrifying and painful memories of the war were resurfacing. This program is an excellent example of community-based work, as the mental health workers are indigenous women serving their own communities. These women, many of whom experienced the terrors of the war, and therefore relate to the traumatic experiences faced by the Guatemalan community, facilitated mental health workshops for women and children, and trained fellow Guatemalan refugees to become mental health promoters. Their initial application for a 1991 grant from the Fund indicated their belief in the strengths from within their community, as they explained their hope that "through the implementation of the program, Guatemalan refugees [will] understand and analyze more profoundly the problems they suffer, principally as a result of war and exile, so they can fashion their own appropriate solutions" (Grant Application, 1991). In addition to mental health promoter trainings, the organization has also worked closely with groups of refugee families on the outskirts of Mexico City, and participated in events with other Guatemalan women's groups on projects related to gender issues. They have worked to increase self-esteem and reconstruct identity in the refugee community, and provide support to reduce depression.

Through its psychosocial work with war refugees and its use of community-based mental health workers, the Guatemalan Mental Health Promoters group is an illustrative example of the types of projects supported by the Fund. This program exemplifies a key tenant of liberation psychology: It seeks to empower women to *transform* their communities, rather than simply "fix" the psychological effects *in* community members. Furthermore, their work helps Guatemalan refugees understand their suffering through an analysis of its root causes, thereby contributing to the process of *concientización*, a principle that Martín-Baró borrowed from Freire and a cornerstone of liberation psychology. Concientización, or critical consciousness, is achieved when people become aware of the power differences and inequality embedded in the social structures of a community (Kumagai & Lipson, 2009). Furthermore, the program views refugees as survivors rather than victims, supporting them in using their strengths to educate others, rather than simply treating them without addressing the root causes of the social problems they encounter.

A second program was selected because of its unique project: the development of a training manual for community-based mental health and human rights providers. The Community Studies and Psychosocial Action Team (Estudios Comunitarios y Acción Psicosocial, ECAP) is a community-based training program in Guatemala supported by the Fund in 1996 and 1998. This organization aimed to initiate processes of psychosocial reparations in the wake of the Guatemalan Peace Accords, signed after over 36 years of armed conflict. Its work focused on training community-based mental health promoters. ECAP developed a series of training modules (see http://www.ecapguatemala.org.gt/es/) that educate local and indigenous leaders in a range of psychological, social, and cultural issues in postconflict contexts. Some modules focus on developing attitudes and actions that contribute to reconciliation. The modules are organized in a series of eight lessons, and cover topics including human rights and mental health in a violent sociopolitical context, community support and accompaniment through mental health resources, and how to analyze the historical, political, and cultural context of Guatemala and its impact on mental health. This was one of the first published community-based mental health and human rights training resources that we were able to identify during our research, which calls attention to the need for more formalized training modules based on the experiences of existing community-based mental health programs.

Another project supported over 10 years by the Fund is the Children's Rehabilitation Center (CRC) in the Philippines (www.childrehabcenter.org). The CRC received more funding than any other organization in the history of the Martín Baró Fund, that is, $65,900 between 1992 and 2009. The CRC was established in 1985 to respond to the needs of child victims of political armed conflict in the Philippines, many of whom had parents who were tortured, killed, imprisoned, or disappeared. The various projects supported over these years included home visits, as well as group therapy (including art therapy) and parent support groups. Just as important, the CRC held trainings on child rights for human rights workers, provided arts workshops for children, and provided nutritional, medical, educational, and financial support to families in need, as the militarization of the country generated economic insecurity for much of the population. Over the years, the project has grown to include centers in five regions across the Philippines. Funding has also been used to conduct fact-finding missions on human rights violations during the conflict, and to support children's creation of their own peace festivals and marches, during which they advocate for change through theater and share their common struggles.

The CRC exemplifies the tenets of liberation psychology through responding to the immediate needs of survivors (therapy, education, nutrition, and medical support) while also analyzing the roots of violence and addressing social conditions through fact-finding missions and a peace festival, as well as a Children's Collective, which visits schools to educate students and teachers about human rights abuses. As significantly, the CRC's work suggests that the individual–community dialectic must be understood—and supported—through projects that situate those seeking support in their social, political, and social contexts in order to respond in ways that embrace the entire community.

Conclusion

The projects described in this article exemplify Martín-Baró's liberation psychology, through praxis generated within a wide range of situations in which local populations have survived gross violations of human rights. Many exemplify how indigenous knowledge can be mobilized in response to repressive political and economic policies and practices. Psychologists and other professionals from the North, and those in-country with urban university-based training, work in pragmatic solidarity with people "on the ground," collaborating in support of these local responses in war zones and in contexts of ongoing oppression and marginalization. For example, the Guatemalan Mental Health Promoters Group sought to "create a new person" as the refugees together struggled to envision "the new society" they sought to develop upon their return to Guatemala. The CRC developed its understanding of "healing" through an analysis of the structural roots of its country's militarization processes (supported by U.S. funding) and the need for social transformations. ECAP sought to thread indigenous beliefs and practices, a critical analysis of structural racism, and Martín-Baró's concept of psychosocial trauma into their training of the community mental health promoters and the development of educational materials.

Liberation psychology has much to contribute to praxis that seeks to be transformative. For example, the term "psychologist" typically conjures up images of a clinical or counseling professional with a doctoral degree who helps people with their problems. This role has been scrutinized by psychologists themselves, who "see a basic incongruity between the roles of helping relationships, which involve them as expert and their clients as dependent, and the goal of those relationships, which is to foster the client's independence" (Tyler, Pargament, & Gatz, 1983, p. 388). In a role similar to that of counseling psychologists, a community mental health practitioner participates in treatment and therapy with patients, but also works with community agencies and social action programs (Yolles, 1966). They also assess the well-being of community members, and facilitate community goal-setting and assist in accessing programs and policies to achieve them (Biglan & Smolkowski, 2002).

If clinical and counseling psychology can be conceptualized as helping people make personal transformations, liberation psychology aims to facilitate *systemic* changes. Martín-Baró criticized Latin American psychologists for focusing their energies on counseling the middle and upper class, while ignoring social factors and structural inequalities that marginalized the ma-

jority populations. Because of this, he proposed that "the task of the psychologist must be to achieve the de-alienation of groups and persons by helping them attain a critical understanding of themselves and their reality" (Martín-Baró, 1996, p. 41). He did not believe that individual therapy should be abandoned, but that psychotherapy must "aim directly at the social identity worked out through the prototypes of oppressor and oppressed, and at shaping a new identity for people as members of a human community, in charge of a history" (p. 43).

To this end, liberation psychology has much to contribute to traditional conceptualizations of psychology; it can help create social change and reduce inequalities. As social activist Paul Kivel (2007) described, traditional psychologists do important *social service* work to meet the needs of individuals after trauma, but a liberation psychology approach can inform psychologists' *social change* work, to address the roots of structural inequalities. Kivel calls on psychologists and other service providers to ask themselves whether they have been part of a group that has organized to gain greater access to goods or rights, and how these actions have been resisted by the upper "ruling" class. Perhaps most importantly, he urges social service providers to ask themselves whether they provide people only with information related to their own needs, or whether they also provide them with information on how the larger systems (political, economic, etc.) work against them. All of this is to say that one-on-one counseling, particularly in places of war and oppression, is not enough: An analysis of structural power dynamics is necessary before community transformation can occur.

Overall, our research suggests that as students, researchers, mental health practitioners, and human rights advocates, psychologists living and working in the global North have much to learn from the small grassroots projects supported over the past 25 years by The Martín-Baró Fund for Mental Health and Human Rights. By utilizing their own community members and prioritizing their local knowledge systems, they look to the strengths of their local communities in lieu of relying on outside "experts." On a more cautionary note, this analysis suggests the need to critically analyze some of the ways in which knowledge and discourse generated in the North and vernacularized in the South (see Merry, 2006) may be, as recently suggested by Simone Lindorfer (2014), contributing to disempowering local initiatives.

The Fund recognizes the multiple contributions local and international intermediaries are making to community-based initiatives while seeking to support the latter whenever possible. Our analysis of projects supported by the Fund indicates that most have been focused on work with women and children, and most have been directed toward victims of economic oppression or war-related trauma. The majority of organizations use group activities and/or participatory workshops in their accompaniment of those directly and indirectly affected by structural oppression and marginalization. They focus their work on fostering mental health, raising awareness of human rights and/or women's rights, analyzing the root causes of social injustices, improving self-esteem, promoting empowerment, and contributing to the healing of the community.

Many of these programs have existed for many years and have been multiplied in other regions of the countries in which they were developed. Some have developed into more formal and professionalized organizations with larger budgets. The Fund congratulates those who have sustained this work while continuing to seek out smaller, more recent initiatives that engage in community to develop local responses. The projects the Fund support demonstrate how, in the absence of big-budget funding and/or professionally trained psychologists, passionate people with local knowledge and skills meet the needs of their communities and sustain local organizations. The volunteers and generous donors who have kept this small legacy of the life and work of Ignacio Martín-Baró alive for a quarter century invite others to join in their pragmatic solidarity. The Fund's supporters are impressed by the accomplishments of the Fund's grantees and continue to learn from their multiple and creative responses to psychosocial trauma as they create a new person in a new society. This systematic analysis of, and reflection on, the work of the Fund's grantees illustrates how psychologists' and human rights activists' pragmatic solidarity can contribute to new ways of understanding a liberatory praxis emergent from a 25-year North–South collaboration.

References

Albee, G. (1988). Powerlessness, politics, and prevention: The community mental health approach. In G. Albee, J. Joffe, & L. Dusenbury (Eds.), *Prevention, powerlessness, and politics* (pp. 201–220). Thousand Oaks, CA: Sage.

Arditti, R. (1999). *Searching for life: The Grandmothers of the Plaza de Mayo and the disappeared children of Argentina*. Berkeley, CA: University of California Press.

Baaz, M. E., & Stern, M. (2009). Why do soldiers rape? Masculinity, violence, and sexual violence in the armed forces in the Congo (DRC). *International Studies Quarterly, 53,* 495–518. doi:10.1111/j.1468-2478.2009.00543.x

Betancur, B., Planchart, R. F., & Buergenthal, T. (1993). *From madness to hope: The 12-year war in El Salvador: Report of the Commission on the Truth for El Salvador*. Retrieved from http://www.usip.org/library/tc/doc/reports/el_salvador/tc_es_03151993_toc.html

Biglan, A., & Smolkowski, K. (2002). The role of the community psychologist in the 21st century. *Prevention & Treatment, 5,* 2. doi:10.1037/1522-3736.5.1.52a

Blanco, A. (1998). *Psicología de la liberación: Ignacio Martín-Baró* [Ignacio Martín-Baró: Psychology of liberation]. Madrid, Spain: Editorial Trotta S.A.

Burton, M. (2004). Viva Nacho! Liberating psychology in Latin America. *The Psychologist, 17,* 584–587.

Children's Rehabilitation Center. (2010). About us. Retrieved from http://www.childrehabcenter.org/about

Cienfuegos, A. J., & Monelli, C. (1983). The testimony of political repression as a therapeutic instrument. *American Journal of Orthopsychiatry, 53,* 43–51. doi:10.1111/j.1939-0025.1983.tb03348.x

Comas-Díaz, L., Lykes, M. B., & Alarcón, R. D. (1998). Ethnic conflict and the psychology of liberation in Guatemala, Peru, and Puerto Rico. *American Psychologist, 53,* 778–792. doi:10.1037/0003-066X.53.7.778

de la Corte Ibáñez, L. (2001). *Memoria de un compromiso: La psicología social de Ignacio Martín-Baró* [Memory of a commitment: The social psychology of Ignacio Martín-Baró]. Bilbao, Spain: Editorial Desclée de Brouwer, S.A.

Drew, N., Funk, M., Pathare, S., & Swartz, L. (2005). Mental health and human rights. In H. Herrman, S. Saxena, & Rob Moodie (Eds.), *Promoting mental health: Concepts, emerging evidence, practice: A report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne* (pp. 81–88). Geneva, Switzerland: World Health Organization.

Duran, E., & Duran, B. (1995). *Native American and postcolonial psychology*. Albany, NY: University of New York Press.

Enriquez, V. G. (1990). *Indigenous psychology: A book of readings*. Diliman, Quezon City, Philippines: Akademya Ng Silolohiy Ang Pilipino.

Estudios Comunitarios y Acción Psicosocial [Community Studies and Psychosocial Action Team]. (2010). *Diplomado en salud mental comunitaria* [Diploma in Community Mental Health]. Retrieved from http://www.ecapguatemala.org.gt/es/?q=node/23

Farmer, P. (2003). *Pathologies of power: Health, human rights, and the new war on the poor*. Berkeley, CA: University of California.

Farmer, P., & Gutiérrez, G. (2013). *In the company of the poor: Conversations with Dr. Paul Farmer and Fr. Gustavo Gutiérrez*. (M. Griffin & J. W. Block, Eds.). Maryknoll, NY: Orbis Books.

Freire, P. (1970). *Pedagogy of the oppressed*. New York, NY: Herder & Herder.

Fulchiron, A., Paz, O. A., & Lopez, A. (2009). *Tejidos que lleva el alma: Memoria de las mujeres mayas sobrevivientes de violación sexual durante el conflicto armado* [Weavings of the soul: Memories of Mayan women survivors of sexual violence during the armed conflict]. Guatemala City, Guatemala: Community Studies and Psychosocial Action Team, National Union of Guatemalan Women.

Gutiérrez, G. (1988). *A theology of liberation: History, politics and salvatio*. (Caridad Inda & John Eagleson, Trans.). Maryknoll, NY: Orbis Books.

Hamber, B. (2009). *Transforming societies after political violence: Truth, reconciliation, and mental health*. New York, NY: Springer. doi:10.1007/978-0-387-89427-0

Hartnett, D. (2003, February 3). Remembering the poor: An interview with Gustavo Gutiérrez. *America Magazine, 420*. Retrieved from http://americamagazine.org/issue/420/article/remembering-poor-interview-gustavo-gutirrez

Inter-Agency Standing Committee. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva, Switzerland: Author.

International Center for Mental Health and Human Rights. (2011). Projects. Retrieved June 20, 2011 from http://www.icmhhr.org/?page_id=119

Kivel, P. (2007). Social service or social change? In INCITE! Women of Color Against Violence. (Ed.), *The revolution will not be funded: Beyond the non-profit industrial complex* (pp. 129–149). Cambridge, MA: South End Press.

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence & health*. Geneva, Switzerland: World Health Organization.

Kumagai, A. K., & Lipson, M. (2009). Beyond cultural competence: Critical consciousness, social justice, and multicultural education. *Academic Medicine, 84,* 782–787. doi:10.1097/ACM.0b013e3181a42398

Lindorfer, S. (2014, spring). Liberation psychology in African contexts of war trauma *The Just Word, 18,* 1–3.

Lykes, M. B. (2000). Possible contributions of a psychology of liberation: Whither health and human rights? *Journal of Health Psychology, 5,* 383–397. doi:10.1177/135910530000500312

Lykes, M. B. (2012). One legacy among many: The Ignacio Martín-Baró Fund for Mental Health and Human Rights at 21. *Peace and Conflict: Journal of Peace Psychology, 18,* 88–95. doi:10.1037/a0026982

Lykes, M. B. (2013). Participatory and action research as a transformative praxis: Responding to humanitarian crises from the margins. *American Psychologist, 68,* 774–783. doi:10.1037/a0034360

Lykes, M. B. (in press). Ignacio Martín-Baró. In M. Brydon-Miller and D. Coghlan (Eds.), *Encyclopedia of action research*. Thousand Oaks, CA: Sage.

Lykes, M. B., & Mersky, M. (2006). Reparations and mental health: Psychosocial interventions towards healing, human agency, and rethreading social realities. In P. de Greiff (Ed.), *The handbook of reparations* (pp. 589–616). Oxford, UK: Oxford University Press. doi:10.1093/0199291926.003.0018

Lykes, M. B., Terre Blanche, M., & Hamber, B. (2003). Narrating survival and change in Guatemala and South Africa: The politics of representation and a liberatory community psychology. *American Journal of Community Psychology, 31,* 79–90. doi:10.1023/A:1023074620506

Machel, G. (1996). *Impact of armed conflict on children*. New York, NY: UNICEF.

Martín-Baró, I. (1996). *Writings for a liberation psychology: Ignacio Martín-Baró* (A. Aron & S. Corne, Eds.). Cambridge, MA: Harvard University Press.

Merry, S. E. (2006). *Human rights & gender violence: Translating international law into local justice*. Chicago, IL: University of Chicago Press.

Michaels, P. S. (1987). Lawless intervention: United States foreign policy in El Salvador and Nicaragua. *Boston College Third World Law Journal, 7,* 223–261.

Moane, G. (1994). A psychological analysis of colonialism in an Irish context. *The Irish Journal of Psychology, 15,* 250–265. doi:10.1080/03033910.1994.10558009

Moane, G. (2003). Bridging the personal and political: Practices for a liberation psychology. *American Journal of Community Psychology, 31,* 91–101. doi:10.1023/A:1023026704576

Montero, M., & Sonn, C. C. (2009). *Psychology of liberation: Theory and application*. New York, NY: Springer.

Montiel, C. J., & Noor, N. M. (2009). *Peace psychology in Asia*. New York, NY: Springer.

Morris, L., Castaneda Rugamas, R., de Mendoza, A., & Taylor, S. (1979). Contraceptive use and demographic trends in El Salvador. *Studies in Family Planning, 10,* 43–52. doi:10.2307/1965717

Portillo, N. (2012). The life of Ignacio Martín-Baró: A narrative account of a personal biographical journey. *Peace and Conflict: Journal of Peace Psychology, 18,* 77–87. doi:10.1037/a0027066

Shay, J. (1995). *Achilles in Vietnam: Combat trauma and the undoing of character*. New York. NY: Simon & Schuster.

Summerfield, D. (1995). Addressing human response to war and atrocity: Major challenges in research and practices and the limitations of Western psychiatric models. In R. Kleber, C. Figley, & B. Gersons (Eds.), *Beyond trauma: Cultural and societal dynamics* (pp. 17–29). New York, NY: Plenum Press. doi:10.1007/978-1-4757-9421-2_2

Tyler, F., Pargament, K., & Gatz, M. (1983). The resource collaborator role: A model for interactions involving psychologists. *American Psychologist, 38,* 388–398. doi:10.1037/0003-066X.38.4.388

Wessells, M. G. (2009). Do no harm: Toward contextually appropriate psychosocial support in international emergencies. *American Psychologist, 64,* 842–854. doi:10.1037/0003-066X.64.8.842

World Federation for Mental Health. (1989). *Declaration of human rights and mental health*. Woodbridge, VA: World Federation for Mental Health Office of the Secretary General.

Yolles, S. (1966). The role of the psychologist in comprehensive community mental health centers: The National Institute of Mental Health view. *American Psychologist, 21,* 37–41. doi:10.1037/h0023302