

# Ethics of the unspeakable: Torture survivors in psychoanalytic treatment

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Torture is a public secret. Its practice is known and widespread and has blurred the boundaries between the so-called civilized and non-civilized, – the first, second, and third worlds. As refugees, survivors of torture are mostly class-less citizens. As patients they are, by virtue of their questioning of extremes, unclassifiable. As humans they are like all of us, although, perhaps, on the more courageous side of being.

Methods of torture are innumerable and of unfathomable inventiveness and cruelty, with the difference being that in the so-called "civilized" world methods of torture have become – thanks to the knowledge of modern psychology – more sophisticated, so that the lack of visible traces on the body increases the secrecy of the practice and decreases the survivors' credibility. Not being able to show a scar, "objectively" consistent with the method of torture claimed, drastically limits the survivor's chances of citizenship in the country of refuge. Ironically, therefore, the more deeply, the more frequently, and the more visibly one was hurt, the greater one's officially granted chances of immigration and survival.

Psychoanalysts' responsibility to address those questions of the extreme is all the more poignant because modern torturers have come to utilize psychological principles such as traumatic bonding, regression, and double-bind techniques in order to destroy the individual's mind, body, and soul. While throughout history some psychoanalysts have attempted to shed light on the ways in which prisoners, under extreme conditions, regress to infantile behavior and often identify with their torturers (Bettelheim, 1943), others seem to have used this knowledge to help design the most effective, modern methods of torture. Regrettably, and painfully, even psychoanalysts within the IPA are known to have participated in, covered up, and then denied the practice of political torture (Besserman Vianna, 1997). Our professional ethics, therefore, may encourage us to address torture if not in the realm of sociopolitical action, then, at least, in that of psychic experience. As clinicians we do face the ethical imperative to confront ourselves to the quite unbearable.

Although torture survivors differ widely in their post-traumatic responses and their questions pertaining to their survival and life they share mostly one kind of experience: their belief in the fundamental goodness of human beings was undermined, their sense of safety in this world destroyed, and their trust betrayed. Through modern methods of torture their bodies and minds were attacked, shaken, and turned upside down, inside out. At times, so they say, their habitual shape – or so-called identity – became twisted and turned into some-body alien and strange that they no longer recognize and trust. A survivor stated: "My mirror where I could see myself was broken. Now I live without a soul. No, I don't live, me is dead. I go on, trying to find the pieces, put them back together. I don't know whether I will ever find me again."

As the gap between the "I" and the "me" deepens dissociation and alienation increase. The subject that, under torture, was forced into the position of pure object has lost his or her sense of interiority, intimacy, and privacy. Time is experienced now, in the present only, and perspective – that which allows for a sense of relativity – is foreclosed. Thoughts and dreams attack the mind and invade the body as if the protective skin that normally contains our thoughts, gives us space to breathe in between the thought and the thing being thought about, and separates between inside and outside, past and present, me and you, was lost. Because of that violent breach of what we normally experience as our "body-ego" the survivor's torture is still going on, here and now, unending. The only "post" in the trauma of torture lies in the hope – and this

hope forms the basis of the ethics of analysis – that there will be a point of ending where the surviving "I" of identity will recognize a similitude between herself and herself in the "before" and "after".

Torture, executed in spaces of secrecy and in anonymity, is based on fundamental transgressions:

Victims are stripped of their name, their clothes, their home, their loved ones – all that was familiar and would give hold to a sense of attachment, of strength, of freedom, and "I-ness". They are forcibly robbed of their sleep and their dreams so as to become warped in time and space, empty-headed though crazed by rumination and fear, starved for contact and comfort. With nobody and nowhere but the torturer to turn to for solace, and disabled in their capacity to distance, deny, detach, and defend against the always looming temptation to helplessly surrender victims of torture, in that state of regression, may develop what is called a traumatic bond with their torturer. The torturer and his schemes, being friendly today and brutal tomorrow, has become the center of the victim's universe. And he often represents the only source of hope.

Isolation and breaking of body rhythms are most effective to induce derealization and hallucination through which the prisoner attempts to escape to an "other" reality. Torture attempts to annihilate the privacy and secrecy of the captive's mind by invading the openings and surfaces of the body in all thinkable ways. Torture operates on the principle of reversal which includes the perversion of all cultural taboos. The body, previously inscribed into traditional value systems and regulated by sacred practices is being profaned, debased to a piece of flesh, uprooted, anonymously depraved. When traditionally sacred long hair is being shaved off, and the torturer's emblem burnt into the skin where a tattoo had marked tribal belonging the captive body risks to fall prey to the other and be divested of emotional ownership. Psychic death occurs when victims are forced to transgress the founding taboos of human culture by having to ingest their own excrements, copulate with their parents or children, betray and kill their loved ones, and bury the living with the dead – the commerce of pain in exchange for the other's pleasure ignores the limits of the imaginable. One of the deepest violations of the victim's subjectivity occurs when the torturer forces his unwanted sexual arousal into public visibility and exposes it as pseudo-collaboration, "proof", so to speak, of the victim's perverse enjoyment. "Look", so the torturer to his captive, "you are aroused by this body ob/scene copulation, your son, your wife, your love – don't you know that deep inside we see you as one of us?"

Torture thus aims to draw the entirety of the victim's experience into the field of the desire of the other, the torturer, from where it is not only totally controlled, but in which it becomes, often irrevocably, forever alien and estranged. The torturer who, for the sake of his own emotional detachment, must view the victim as non-human, radically "other" and different from himself, is successful if the victim indeed comes to identify with that projection and becomes to himself alien and "other", in betrayal of his own cultural ethics and beliefs, a stranger then to himself.

Scene I:

I was driving the car when it happened. They had forced me to come with them to identify the other terrorists. All of a sudden I heard this explosion in my back. I shrieked the brakes. They had shot him in the head. His brains had spilled all over the car, were sticking to the windshield, to my shirt, to my hand – blood all over, the sweet, warm smell of blood. They dumped the dead body on the road, as is. They forced a gun on me, saying I now needed self-protection. Then they went to that apartment in the poorest part of town, rang the bell, two guys opened. They stood the guys up against the wall and opened fire. The bodies fell to the floor with a dull noise. Again, a pool of blood. I stood there, beside myself, watching. But "I" was no longer there. Then they told me they would need to get the others, and I had to come with

them. We went to the outskirts of town, cheap concrete highrises. Underneath an overpass someone opened fire on us. Huddled behind the car where no one could see me I was hiding. Before I knew there were two guys in my field of vision. Before I knew I pulled the trigger of my gun, aiming at their heads. Before I knew I had killed them both. While falling to the ground I saw one of them losing his pants. I saw a young boy's bony body in pants sizes way too big. After that, I forgot what happened.

#### Scene II:

I am losing my hair and growing a beard like those terrorists who threw the bomb that blew my brother's body to pieces, that bomb that almost blew my body to pieces. I am carrying a bomb under my jacket, walking toward the city. – A military judge has condemned me to death by hanging. I recognize him as my childhood friend. We used to play soccer in the street together. I am dying, hanging from a pole, choking to death. I wake up with my sweat-soaked bed sheet twisted around my body, my neck. I am gasping for air. The air is filled with that sweet stench of warm blood. I scream.

#### Scene III:

Four days after the Government sweep, the terrorists appeared to retaliate with a raid on the small town of L., about 20 miles southwest of A. Witnesses reported children being burned alive, women hacked to pieces with axes and men with their throats slit. In all, 51 people were murdered. Among them, a pregnant woman whose body was torn open, the almost fully developed fetus decapitated. The witnesses saw the bodies of the dead lying in the street, surrounded by pools of blood.

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We don't exactly know how scenes I, II, and III overlap. Although a red thread runs through them – the trail of blood – they make us feel confused, lost in space and time, crazed, terrified – things just happen without beginning and end, without logic and rationale. We don't know when and why and where and what happened to whom. We feel trapped in someone else's story, someone else's life. We don't know what to say.

One characteristic of working with survivors of torture is that boundaries between realms of experience normally separate are being blurred, so that then and now, there and here, inside and outside collapse into each other. When history comes to be more violent than humans previously imagined – a fetus being torn from its womb, decapitated, brains splashing onto a windshield, sticking to the skin – a tear occurs in that mental fabric that usually differentiates what is agreed on as "external reality" from the dream. The boundaries between nightmares and daymares fade away, and the daily zone of living is invaded and occupied by frozen images of horror, permeated with that sweet but penetrating smell of warm blood. Who is "me" and who is "you", who enemy and who friend, who the attacker and who the victim, who is living and who is dying, or dead, becomes entirely indistinct. Daily living occurs under siege, and what was "known" by the survivor's eyes and ears and nose and skin, yet not thought about, flashes violently on his otherwise blank mental screen.

Sometimes, as Kristeva (1980) said, pain provides the only space for the subject to come back into being. Pain, whether blunting or throbbing or searing through the tissues of anguish and sorrow at times provides the only – paradoxical – place for the "I" to reemerge into existence. Pain differentiates us from chaos and traces that "incandescent, intolerable borderline" (p.165) between inside and outside, between

"me" and the "other" that trauma had come to erase. Pain in the body thus traces the first map of the unthinkable that calls forth to be named and remembered. Pain perhaps opens the first space for the "I" to exist, to feel, to re-member. It is in this space that the gap between now and then may appear in which loss becomes felt and real, and from which mourning can arise and start weave the scar.

The work with survivors of torture places us clinicians on the edge of that pain, that no-man's-land of the unimaginable, unspeakable horror that our minds, to some degree, have not ever touched, assimilated, or charted before. Our clinical ethos here is challenged, as Martin Buber said, to tolerate the truth and set for the patient an example of that tolerance. What truth, we may want to ask.

One of the ethical problems of working with torture survivors arises from the much debated dichotomy in the definition of trauma that, in its Freudian formulation, encompasses the tension between the external, historical, "objective" reality on the one hand, and its retroactive, only after-the-fact traumatic remembrance on the other that includes one's psychic appropriation and elaboration of this only a posteriori traumatic reality.

To tolerate the "truth" of the trauma of torture implies that the analyst who is placed on the crossroads between the historical and the subjective truths accepts to stand in both places of knowing and not knowing that characterize the paradigm of torture.

To be situated in knowing means to interpret from within the tension between the factual reality of sociopolitical violence and its intrapsychic elaboration and embodiment in the survivor witness. From the place of knowing we provide names, signifiers, and coordinates of time and place, of value and meaning. Knowing stakes out the territory for the ethics of the "good" in which we as clinicians provide predictability, frames, continuity, confidentiality, and reliability.

To be situated in not knowing is yet another business. It implies in my mind to accept the survivor's predicament of having been violently confronted with an as yet unthinkable, and therefore traumatic, experience that could not be assimilated into existing structures of knowing through thought, feeling, or fantasy. If we have not awoken to the sweet smell of warm blood, screaming in anguish, if we have not imagined or seen our loved ones eviscerated in front of our eyes, how can we listen to the person sitting in front of us other than – speechless – in a position of not knowing? To categorize that experience too quickly into the schemes of what we do know and understand, as an analogy to things already "assimilated" and "tagged" in our minds, is to do violence to that dimension of the Real in trauma that demands to be spoken and known on its own terms.

However, assuming that we are charged with the responsibility for interpretation we cannot escape its inherent violence. In so many ways this violence has been named and described. To the infant, so the French analyst Piera Aulagnier (1980), the mother's naming and "meaning" – the fact that she points with her words to his experience, and interprets his scream as his "hunger", his "loneliness" or his "joy" that he cannot yet name – is an infliction of violence both necessary for his joining the world of the Other, as potentially dangerous in her totalitarian appropriation of his inner world through her words. Similarly, in the work with survivors of torture it is the analyst's discourse as an agent responsible to anticipate – if not foreshadow – the speech of the one who cannot yet speak that inflicts violence on the speechless, "infans" part in the patient.

The question of ethics at this point raises the analyst's awareness to the surface that the "treatment" represents perhaps less a bestowal of "goods" to an end of "well-being", but a setting again free of the survivor's desire to think this "unthought known" which path, as Oedipus was not the last one to have shown, will lead unavoidably through the wounds of the trauma. "Doing things in the name of the good", said Lacan, "and even more in the name of the good of the other, is something that is far from protecting us not only from guilt but also from all kinds of inner catastrophes." (1992, p.319) The ethics of analysis withstands the knowledge that remembering is traumatic and accepts that any words for the tortuous

experience will be drawn from the edge of the inner catastrophe. On that edge both survivor and analyst are equally exposed.

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## Footnotes:

Traumatic bonding is referred to as the Stockholm syndrome which consists of the formation of a strong, positive emotional tie between the victim and the torturer. The term derives from an incident in Stockholm in 1974 where, during a bank robbery, a young woman was taken hostage by a gunman and held under gunpoint for several days. Although the gunman had threatened to kill her and was sentenced to a long prison term, the young woman fell in love with him and married him while he was in prison. Patty Hearst, kidnapped by terrorists, also ended up identifying with her captors and adopting their revolutionary violence. In psychological terms, traumatic bonding rests on the principles of identification with the aggressor, splitting, and projection. Double-bind techniques entail the victim's confrontation with an impossible, fake choice, such as being forced to confess one's political contacts, or else see one's children being beaten to death.

Modern methods of torture are manifold, of both physical and psychological nature. Among the physical methods those that do not leave visible traces on the body are often being preferred. An example of such a method is "violent shaking" which consists in a violent shaking of the prisoner's body potentially causing haemorrhage in the skull and death (Cf. Torture, 8, 1, 1998). Torture methods cannot always be differentiated into physical and psychological factors: for example, hooding prevents normal breathing but also instills fear, disorientation, vertigo, loss of sense of time, etc. Methods include beatings, electric shock, burning, asphyxiation, suspension, and sleep and sensory deprivation, isolation, threats, mock executions, sensory flooding, interrogations, etc.

Freud's definition of trauma in its effect of *Nachträglichkeit* – retroactivity – is first illustrated in his *Project for a Scientific Psychology*, 1895, SE, Vol.1.

According to Lacan, the dimension of the Real, in contradistinction to the Imaginary and the Symbolic, is outside language and inassimilable to symbolisation. This character of impossibility and of resistance to symbolisation lends the Real its essentially traumatic character. Trauma is that which, by definition, escapes representation. (Cf. Lacan, 1981, p.55).