Neuropsychological Evidence of Psychological Torture: Logical and Methodological Issues (Notes for a 15-minute lecture)

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Psychological torture is aimed at leaving no physical traces and based on the mistaken assumption that its effects are reversible. In trying to fight against the use of psychological torture, as any other form of torture, the question is whether we can prove after the fact that it occurred. More specifically, is there any type of neuropsychological proof to be had?

Several years ago I wrote an article in which I suggested that there are several problematical basic assumptions at play in dealing with evidence of torture. The reason for the paper was a set of guidelines put forth by colleagues, in which psychological evidence of torture was given short shrift, even though one of the authors was a psychoanalyst. Before I discuss neuropsychology in particular, I need to discuss psychology in evidence gathering in general.

The sequelae of torture in most cases are primarily psychological, not physical, regardless of how a person is tortured. The inducement of fear and despair is a psychological aim, not a physical one. If there is lasting physical damage in some cases, it is *incidental*.

In cases of torture that feature *physica*l evidence, it is usually *not* the physical evidence itself that is diagnostic of torture but the history in conjunction with all the other evidence as judged by the expert physician. What does that mean? Example: A man asks for political asylum and he had 50 scars on his body that are scars that are fairly diagnostic of cigarette burns. In other words, there is hardly any other way to get that type of scar. The court rejects his claim and he is told that he might well have inflicted the scars on himself in order to obtain asylum. When it is pointed out that some of the scars were on that part of the man's back that he would not be able to reach with his own hand, the retort is that he could have had a confederate do it for him. In most cases, however, physical evidence is less diagnostic than cigarette burns. A cut or contusion could have been sustained in all kinds of ways.

The forensic medical documentation of torture is, of course, most incontrovertible when a torturer was stupid enough to do something like clip a crocodile clamp to a victim's ear and then shock them, such as was done by a group of police officers in Chicago some years ago. Now that torturers know how these things may be documented, they will use such methodology only if they think a victim will never have the opportunity to be examined. In many situations we encounter with people from around the world, they were brutalized in ways that are not of this type.

Psychological evidence, on the other hand, is *never* diagnostic of any particular source in the way that a particular scar is diagnostic of a burn or electrical shock. And even though, as I just pointed out, there is rarely diagnostic physical evidence, either, the pull towards avoiding physical torture methods altogether is strong among those who want to avoid

detection or who have the notion that physical cruelty is barbaric but mental torture is not. Hence we get the torture training of the CIA and the School of the Americas.

In terms of my own experience and knowledge base, I cannot speak to the kind of evidence that is related to looking directly into people's brains through imaging techniques and the like. I have to confine my remarks to the tools of the trade of the ordinary neuropsychologist who examines a torture victim.

To the degree that neuropsychological impairment is not due to a structural brain lesion from a TBI, this is quite difficult when the victim is somebody for whom we do not have applicable norms of neuropsychological tests. Moreover, to the degree that we can demonstrate impairment, the question remains on what grounds such impairment can or should be attributed exclusively to torture. Example: I have had several cases of severe neuropsychological impairment in Sikhs from India. In some of them, the totality of the evidence was very strong in terms of torture as the source. For example, when TBI is comorbid with severe PTSD, then the likelihood for an accident as the cause, for example, is very slim because usually the resulting LOC and amnesia from a traumatic accident protects against PTSD. So there are certainly cases in which a traditional neuropsychological evaluation of an alleged torture victim can provide very important evidence.

However, there are also many cases in which neurocognitive impairment as a result of anything other than structural brain damage is nothing other than saying that we are looking for the neuropsychological correlates of PTSD and/or other comorbid psychiatric disorders. The problem in that case is that many test and laboratory findings are nonspecific in the sense that they can confirm impairment consistent with the presence of a major psychiatric disorder but there is a long way from there to having any sort of proof that somebody was tortured by psychological means. The sequelae of physical torture or mental torture in that domain cannot be expected to be different from one another. The neurobiology of PTSD is important but not specific to torture, just as the neuropsychology of TBI is important but not specific to TBI sustained during torture.

I realize that this will be disappointing but I have to suggest that what will be diagnostic evidence of *psychological* torture in particular will be evidence that is obtained through taking a history, not evidence through any tests and laboratory findings. If I conduct a long and skillful interview and ask an alleged victim of psychological torture to describe for me what he went through and how it affected him, I can assess the credibility of his allegations with a reasonable degree of confidence but not with any certainty. All I would expect to get from any medical diagnostic is a relatively unspecific abnormality that could be due to the mere fact that he was incarcerated or perhaps correctly identified and charged as a terrorist etc. The psychological consequences of psychological torture *may* be different from the psychological consequences of physical torture but only in phenomenological terms, not in medical terms.

From my own scientific point of view, hunting for objective neuroscientifically based evidence of psychological torture in particular may be no different from the study of the

neurobiology of PTSD in general. I see no reason to think that the neurobiology of PTSD resulting from psychological torture is in any way special.

From a practical point of view it is very important to document torture by any means necessary and this means that we use all medical, psychological and neuroscientific tools we have and get work on exposing torture where it has occurred to the best of our ability.