

# Psychosocial Consequences of Torture: An Overview

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# Preliminary Considerations

- The vast majority of survivors of state-sponsored torture I have worked with have been subjected to a combination of psychological, physical, and sometimes sexual torture
- Difficulty of isolating the impact of just the psychological component of torture

## Artificial distinction between physical & psychological torture

- E.g., sexual torture generally causes both physical and psychological symptoms, even in the absence of physical assault.
- E.g., Water boarding or “submarino” has components of both physical and psychological torture

# “Submarino”

- “Wet submarino”:

Variation: “water boarding”

- “Dry submarino”

Example: plastic bag



# “Submarino”

- Physical effect:

Asphyxiation/hypoxia, possibly taking in harmful substances

Long-term effects on the brain not well-researched

- Psychological effect:

Short-term: Extreme fear, helplessness, disorientation

Long-term: PTSD, Panic attacks



# Purposes of Psychological Torture

- Reduce victim to extreme helplessness and distress, dehumanizing and breaking their will – leading to deterioration of their fundamental modes of psychological and social functioning
- In **short-term**: “softening” up the victim or others for getting information or other reasons
- In **long-term**: reduced assertiveness and social functioning, chronic suffering, loss of credibility (torture is the “most effective weapon against democracy” (Genefke)), instilling fear in society—crushing the opposition

# Understanding the psychology of stress and survival

- Being exposed to threat activates reactions that are usually helpful for survival and can be seen as **normal reactions to an abnormal event**.
- Coping with extreme threat **activates** all “systems” of the body and is a physical and psychological process - **adaptation**.
- **In long-lasting** stress physical and psychological “**burn-out**” (exhaustion) develops and reaction patterns change, tending to conserve basic energy for survival.
- Many of the **symptoms seen later reflect these two adaptational reactions**.

# Processing immediate threat



Threat

Startle/ Orienting  
response  
(What is going on?)

**Activation-**

Reaction: Multiple body  
alarm „systems“  
activated

Appraisal  
(What can  
happen?)

**Fight, flight**

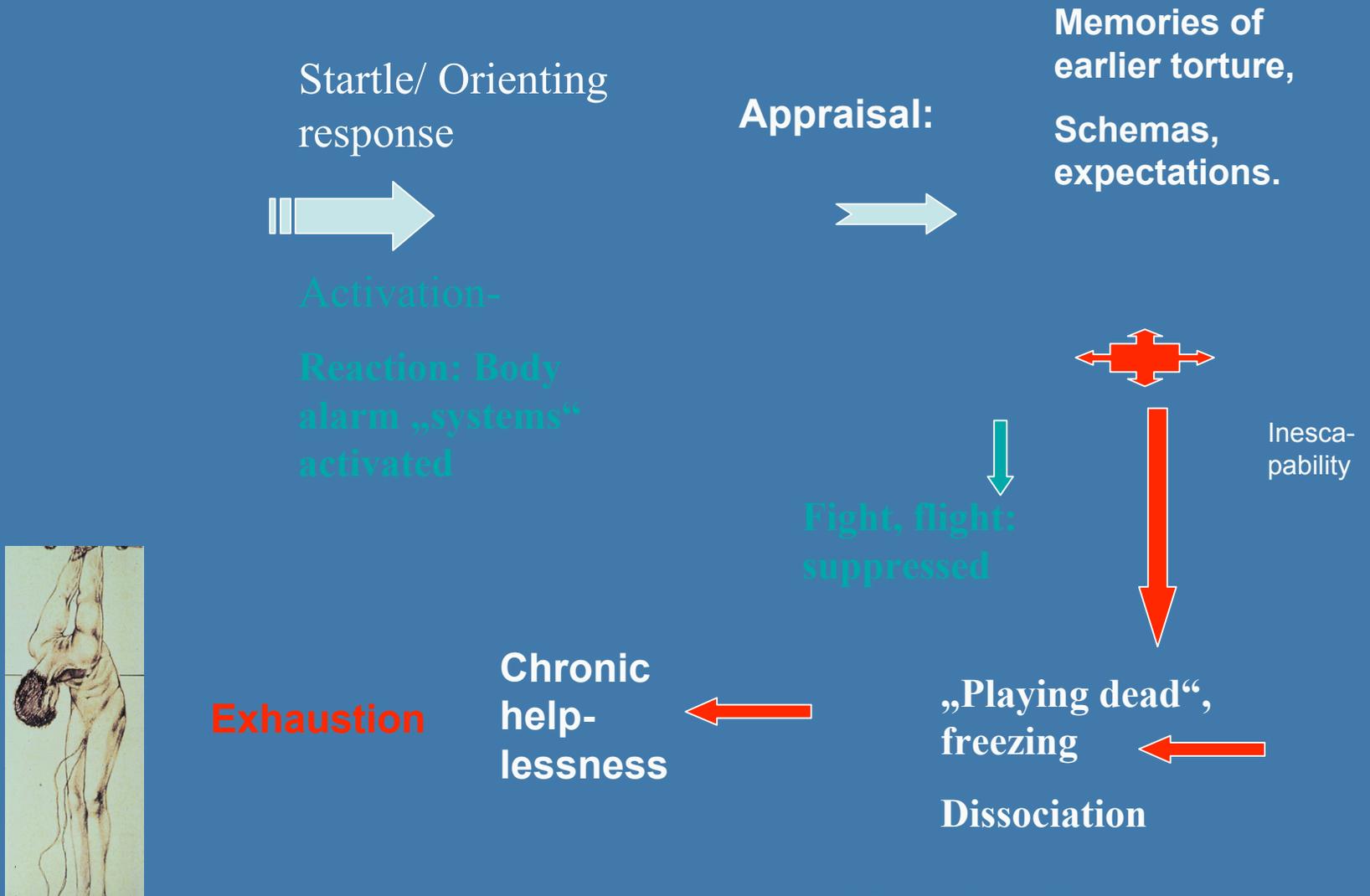
„Playing dead“,  
freezing,  
dissociation  
(„going away in  
fantasy“)

Reappraisal

Success ?

**No**

# Experiencing torture



Amount of posttraumatic symptoms  
appear related to:

1. Variables specific to the victim
2. Characteristics of the stressor
3. Subjective responses to the stressor
4. Social response, support and resources

# Psychosocial Impact of Torture: A wide range of experiences

- Pre-torture protective or risk factors (e.g., culture, personality, temperament, resiliency factors, prior life experiences, mental health and functional status pre-torture, connection w/ support figures)
- Type and characteristics of torture: intentional acts of violence; presence of life threat; physical injury; witnessing death; grotesqueness of death; loss of friend or loved one; unpredictability and uncontrollability; sexual victimization
- Post-torture factors (e.g., personal attribution of meaning; social, political and cultural factors; personality development; safety issues)
- Cultural variations regarding what is considered a normal reaction vs. a disorder

# Positive and negative factors pre- and post torture

## Positive factors

- (Support resilience) firm cultural, religious, political or other convictions
- Preparedness
- Effective coping strategies

## Negative factors

- Traumatic experiences in the family
- Other acts of persecution



## Positive factors

- Security
- Adequate treatment
- Stable life situation
- Positive support and solidarity

## Negative factors

- Instable or dangerous life situation
- Discrimination
- Impunity of perpetrators



# Trauma specific disorders in the DSM-IV:

1. Acute stress disorder
2. Posttraumatic stress disorder
3. Brief psychotic disorder with marked stressors

- \*\* Torture survivors may suffer from a wide range of disorders.
- PTSD, other anxiety disorders, and depression common (comorbidity)
  - Symptoms vs. functioning (context dependent functioning)

# Other common diagnoses:

- Major Depressive Disorder
- Bipolar disorder
- Generalized anxiety disorder
- Panic disorder
- Phobias (e.g., social phobia, agoraphobia)
- Somatoform disorders
- Disorders due to a general medical condition – often in the form of brain impairment with resultant fluctuations or deficits in level of consciousness, orientation, attention, concentration, memory and executive functioning

## Other psychological responses:

- Damaged self-concept/foreshortened future
- Personality change
- Dissociation, depersonalization, atypical behavior
- Somatic complaints
- Sexual dysfunction
- Psychosis (may be posttraumatic in nature)
- Substance abuse
- Neuropsychological impairment
- Culture specific reactions or “symptoms”

# Trauma, psychosis & depression

- Extreme trauma can produce both psychosis and depression symptoms simultaneously;
- those who are predisposed to psychotic depression may be at risk for PTSD due to their decreased abilities to regulate their affect or a tendency to become cognitively disoriented when they are stressed;
- some of the “psychotic” symptoms experienced by those with PTSD and comorbid depression may actually be severe intrusive symptoms associated with posttraumatic stress (e.g., hearing the perpetrator call their name; smelling scent of torturer who raped them).

# Posttraumatic Stress Disorder:

- Posttraumatic Stress Disorder (PTSD) is just one of many types of reactions to torture
- PTSD includes 3 clusters of symptoms:
  1. re-experiencing
  2. avoidance and numbing
  3. hyperarousal

In PTSD, trauma memory can be  
fragmentary..



Dissociative  
symptoms

Amnesia

Fragmentary  
memories

Concentration  
difficulties

@ Thomas Wenzel/WPA 2004

..... or clear.

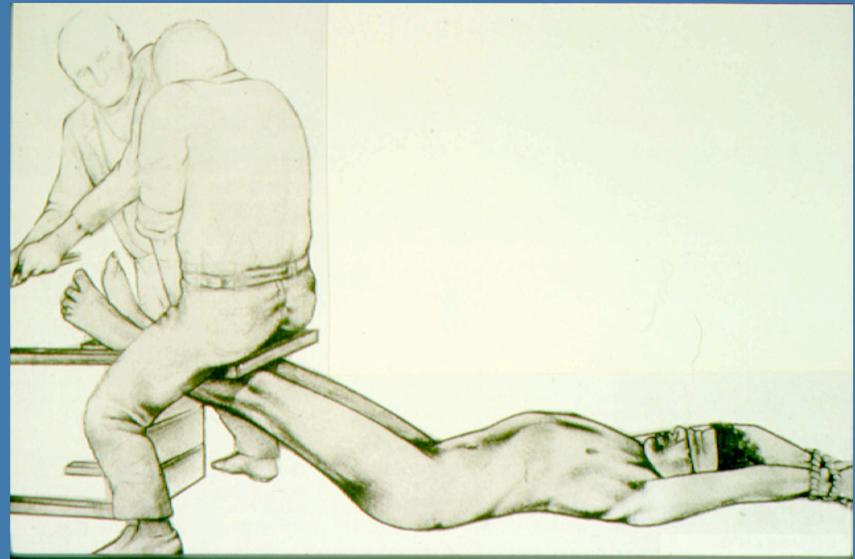
Intrusive memories

Flash-backs

Nightmares

Obsessive ruminations

Pain



# Complex PTSD

- also known as Disorder of Extreme Stress, Not Otherwise Specified (DESNOS) or “self-trauma” disturbance
- Not in the DSM-IV diagnostic manual
- Some professionals argue that there should be a mixed or complex posttraumatic disorder category for those exposed to severe, prolonged and repeated, usually interpersonal forms of trauma (e.g., torture, prisoner of war, extended child abuse, chronic spouse abuse, human trafficking).

# Complex PTSD (continued)

a wide range of resulting psychological difficulties resulting from trauma, many associated w/ Axis II/personality disorders:

- ✓ Affective, cognitive or interpersonal symptoms of distress;
- ✓ somatic symptoms;
- ✓ dissociation (e.g., psychological withdrawal to protect oneself from impact of the trauma)
- ✓ impaired self-capacities;
- ✓ identity and boundary issues;
- ✓ affect regulation difficulties;
- ✓ self- or other-destructive behavior;
- ✓ chronic involvement in chaotic or abusive relationships; etc

# *Tension reduction behaviors*

Traumatized individuals who do not have sufficient affect regulation skills often rely on external ways of reducing their activated abuse-related distress – a way of coping or surviving. For example:

- ✓ compulsive or indiscriminant sexual behavior,
- ✓ bingeing and purging,
- ✓ Self-injurious behavior (self-mutilation)
- ✓ Suicidality
- ✓ drug and alcohol abuse
- ✓ other impulse control problems.

# Facing Deportation or Rendition

- ❖ Vivid memories of what they went through before – not wanting to face that pain and terror again
- ❖ fear of being tortured again and possibly killed
- ❖ Some torture survivors have expressed that they would rather kill themselves than be deported or face rendition

# DESNOS Subcategories

## I. Alteration in Regulation of Affect and Impulses

- A. Affect Regulation
- B. Modulation of Anger
- C. Self-Destructive
- D. Suicidal Preoccupation
- E. Difficulty Modulating Sexual Involvement
- F. Excessive Risk taking

# DESNOS (continued)

## II. Alterations in Attention or Consciousness

A. Amnesia

B. Transient Dissociative Episodes  
and Depersonalization

# DESNOS (continued)

## III. Somatization

- A. Digestive System
- B. Chronic Pain
- C. Cardiopulmonary Symptoms
- D. Conversion Symptoms
- E. Sexual Symptoms

# DESNOS (continued)

## IV. Alterations in Self-Perception

- A. Ineffectiveness
- B. Permanent Damage
- C. Guilt and Responsibility
- D. Shame
- E. Nobody Can Understand
- F. Minimizing

# DESNOS (continued)

- V. Alterations in Perception of the Perpetrator
  - A. Adopting Distorted Beliefs
  - B. Idealization of the Perpetrator
  - C. Preoccupation with Hurting Perpetrator

# DESNOS (continued)

## VI. Alterations in Relations with Others

- A. Inability to Trust
- B. Revictimization
- C. Victimizing Others

## VII. Alterations in Systems of Meaning

- A. Despair and Hopelessness
- B. Loss of Previously Sustaining Beliefs

# Impact on society

- Impact on: values of the society; credibility and accountability of the leaders
- Communal psychological effect of living in a society where torture flourishes within a culture of impunity
- Breakdown of trust and creation of a climate of suspicion and fear within the society
- If a country uses these methods -- risk of retaliation by others
- Importance of a multidisciplinary approach to the problem