

TORTURE

The Counter-Therapy of the State

By Michele Ritterman

FOR MOST OF US, THE THREE-MINUTE clips we see on the evening news about wars and struggles in other countries manage to inform us of the state of the world while keeping everything at a safe distance. The suffering we see in bits and pieces on the news has no psychological reality for us as we sit comfortably in our living rooms. How are we to comprehend the misery of people whose everyday world is so much harsher and perilous than the world we know?

Over the past several years, as a member of a group offering medical and psychological assistance to Central American refugees, I have had a chance to observe close-up the tactics repressive regimes use to keep their citizens in line. The actions of politically repressive regimes resemble a twisted, upside-down version of what we try to accomplish in therapy. Like many therapists, such regimes deal in trance, but the spells they weave constrict people's worlds rather than

This article is based on interviews with survivors of Chilean and Salvadoran torture in Chile, Costa Rica, and the U.S.; and with Dr. Inge Kemp Genefke, director of the first international torture treatment center in Denmark; Drs. Paz Rojas and Mario Munzio, who treat torture victims in Chile; Tato Torres, director of La Posada, a San Francisco clinic treating survivors, with a family therapy approach; and Dr. Jose Quiroga, a Chilean in exile in Los Angeles who has taken the testimony of hundreds of Chileans and Salvadorans who have borne personally the full brunt of state terror.



enlarge them. While therapists help individuals develop their inner resources and strengthen their relationships with family and society, repressive regimes work in the opposite direction, demoralizing individuals, families, and communities in order to make them easier to control

When we look at the practice of therapy entirely within the context of our everyday routines, it seems like an apolitical activity, a job like any other. But examining how the processes of human influence can be hideously distorted heightens our awareness of values to which we are committed as therapists. By showing us the mirror opposite of what we strive to do, the atrocities around the world define more clearly our own task.

What is Torture?

Most of us have grown up thinking of torture as a medieval relic, a practice abolished throughout western Europe by the 19th century. But, in fact, torture is currently used as an instrument of state policy in over one-third of the countries of the world. In the countries that employ it—whether capitalist or communist—torture is justified as a means of protection from *them*, i.e. any group seen as a threat to the state. In Argentina, *them* started off as Jews and a spectrum of leftists, and eventually included anyone sustaining a liberal, human rights ideology. In El Salvador, anyone who serves the poor is called a "subversive" and considered fair game for any type of repression. In the Soviet Union, political dissidents are subject to abuse. In Chile, torturers are told, "Our country has a cancer in it. It is your job to remove it." In such societies the torturer is taught that his work is an act of patriotism.

Dr. Inge Kemp Genefke, director of the first international Rehabilitation Center for Torture (RCT) observes: "The purpose of torture is not primarily to extract information... it is to destroy the victim's personality, to break down, to create guilt and shame, to assure that he will never again be a leader."

In societies around the world, torture and social pacification consultants are recruited from the ranks of therapists and physicians. Sophisticated ideas about the connections between individuals, families, and their communities are used to advance the power of the state. However, in torture these ideas are used to narrow the range of mental states

accessible to the victim, so that fearlessness will be erased by terror, enthusiasm by "readiness for the worst," hopefulness by numbness or resignation, and commitment to a humane cause by contempt for humanity. Ultimately, torture aims to make the external world seem inhospitable and to place fear and mistrust in the forefront of both waking and dreaming consciousness. In other words, torture is the reverse of everything that psychotherapy stands for.

Counter Therapy

The case of 29-year-old Carlos demonstrates the awful force of this form of destructive countertherapy. Six years ago, right after finishing medical school, Carlos returned to his hometown in the El Salvador countryside. Two colleagues came with him to set up the first rudimentary health services for that area. He knew he was at risk because many medical and mental health professionals serving peasants had already been called "guerilla sympathizers" and killed.

Sure enough, the three young doctors were arrested, "detained," and interrogated by the military. For a month, without any explanation, the physicians were regularly tortured with electric shocks and were forced to watch each other being humiliated, insulted, and beaten. Sadistic suggestions were given during this time, such as "You will remember your friend's face only as you see it now, for the rest of your life." Recognizing Carlos' compassion and wish to serve others, his torturers used his own morality to break him down. The torturers refer to this approach as a "personality reversal" process. Whatever a person cares about is used to produce apathy in him; whatever he embraces is used to produce phobias; whatever he loves is used to produce hatred.

"Here, you are a doctor, now fix your friends," the torturer told him, as Carlos was forced to watch his companions tortured to death. This step of producing helplessness in conjunction with a feeling of responsibility locked Carlos into a kind of immobilizing spell. Because his family was able to find out where he was and contact a relative with a high rank in the military, Carlos survived and was eventually released, but in such bad condition that he had to crawl from prison to a bus stop.

When I met with Carlos in California months later, he was still incapable of saying he was a doctor. "I am a refugee,"

he said, massaging the still-seeping electric shock wound in his left ankle. With tears in his eyes he said, "That is all I am. That is all I will ever be. They tortured my friends to death before my eyes. I can't forget their faces. I could do nothing. I can never be a doctor again."

For Carlos, a sense of responsibility for his friends' fate had been soldered together in the heat of terror with the pain of his own torture by means of intermittent suggestions like, "you will never again be a healer," "how shameful and dirty you are," "look how you let your friends die." In the aftermath of this strategic abuse, Carlos' previous identity was now alien to him.

Instilling Paranoia

Trying to minimize observable evidence of abuse, torturers sometimes use only psychological methods. Such was the situation in the case of Patricia Jonas, whom I interviewed in the women's prison in Santiago, Chile in April 1986. Patricia's known psychiatric problems became the focus for her torturers' efforts to disorganize her personality.

Patricia was a graduate student in engineering and a recognized artistic talent. As a supporter of AUende, she was considered an enemy of the state of Chile. When her friends got in trouble with the police, she was brought by 20 armed guards of the Chilean police to incommunicado detention and held there for over ten days. Her captors acted jovial, even comical around her, mocking her and then humiliating her, intermittently betraying her trust.

They convinced her while she was hooded that the audio tape materials they played were nighttime TV news coverage of her children being killed in a shoot-out with the police. Using injections of psychoactive drugs, they convinced her that her mother was an agent of the Chilean secret police. They made her reveal anything of interest about her friends and then forced her to repeat, "I did not tell you anything" in an effort to intensify her uncertainty about what was real and what imaginary.

Three months after her systematic brainwashing, she was still unable to recognize her children and was positive her mother was a government agent. Having lost any ability to trust, she ran around her cell, her eyes demented with paranoia. When I met with her in prison, I asked her to tell me her story. Her voice was flat and affectless, as if she were in trance:

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They picked me up and took me to a car. Perhaps it was the CNI [information police]... perhaps they were my friends. They brought me to a room and took off my wig [her hair fell out during Pinochet's violent coup] and said I look like Kojak. But I am convinced they did not intend to hurt me. They took off all my clothes and put on something like overalls and put a hood over my head. [Her shoulders, arms, and hands are trembling uncontrollably.] Then they left me on a concrete bed without food or water for about ten days. I wondered where they had gone. But I was totally calm.

I asked her how she managed to feel like that in the hands of the police:

Perhaps the lady does not know what I mean by the word "calm." By calm, I mean that when they turned on the television news report covering the murder of my sons by the police, when they convinced me my own mother was an agent, when I heard the children and women screaming all the time in the rooms next door and down the hall... I was a bit afraid. [She gestures, as if wiping away a tear.] But... I was also totally calm ... I was many things.

Patricia's children won't come see her anymore. According to her mother, a woman in her fifties with grief written all over her face, Patricia's father cannot bear to see her either: "He does not know her, she is so different. He cries and can't stop when he sees what has been done to her."

The Breakdown of Community

But torture doesn't just work only on individuals like Carlos and Patricia. It is often just as carefully orchestrated to break down whole families and even communities. The goal is to squelch any possibility of organized protest against the regime. In the public jail in Chile, I spoke with Carlos Garda, a political prisoner condemned to death. He can be executed within 48 hours of notice. Part of Carlos' torture included hearing his wife and new baby tortured for ten days. The baby, who was scarred and badly burned, was so traumatized that she did not recognize her mother for three months after the secret police returned them to their home. The torture of his baby was used not only to break Garcia down, but also to de-structure his family and to terrorize his entire community by

providing a public example of the ultimate horror of torture. It was a message to anyone stepping out of line with the state that the consequence of their action might be the most anguishing of possibilities.

Another goal of torture is to both isolate the survivor from his family and make the larger community *fear* association with the family, thus eliminating any social support for those tagged as enemies of the state. In Chile, for example, several days after I left, police raided homes in the poor community of La Victoria, which had been designated as the kind of area that fosters protest against the state. The police destroyed everything they could, and seemingly arbitrarily seized people to be tortured. The torture in these cases was against "the poor" rather than against those with an ideological commitment. Likewise, when the corpse of a Salvadoran mother is left mutilated in front of her house, its purpose is to terrorize not only her children, but her entire community.

Both family-oriented and community-directed torture overload kin bonds with excessive intensity, and replace love and trust with feelings of terror, guilt, helplessness, and shame. For the state, torture is most "effective," when it turns family and community against the survivor instead of against his torturers. It is not uncommon for the spouses of tortured activists to say, "Why have you brought this on yourself? On us? If you loved me you would put me before politics." The parents of torture survivors have been known to collude with the state by rejecting their own children and breaking up their families: "If you stay here, they'll come after us."

The return of a torture victim to a family can be overwhelming for everyone. A wife may have so much trouble coping with her own grief and anxiety and dealing with her spouse's altered personality, that she can barely fulfill her role as wife and mother. And her response may in turn foster the survivor's feelings of guilt and shame. A vicious cycle is set in place, substituting for or even erasing the bonds that once defined family life. Other families in the community fear association with the threatened family. Through terror, forced emigration, and other secondary aspects of torture, even centuries-old communities can be broken down.

After such experiences, what can therapy offer to people subject to the tyrannies of social repression? According to many experts in this area,

psychomerpapists trained to work with torture victims have much to offer. Therapy can help some survivors restore a sense of hope and dignity within weeks. It can reduce many of the pervasive aftereffects of torture—headaches, depression, extreme anxiety, irritability, intrusive thoughts, flashbacks, fatigue, phobias, concentration and memory problems, sleep and sexual difficulties—within a few months.

Torture typically locks its victims into a trance-like state, in which a narrow range of affects, a few overwhelming memories, and a sense of mistrust keep immediate contacts at a distance. Initially, the therapeutic relationship instills trust and helps the person, in a safe context, become progressively desensitized to the trauma of torture. Ultimately, the goal is to restore their fundamental sense of human dignity. Power must be placed in the hands of the victim to overcome the overwhelming suspiciousness that follows the experience of torture. The therapist serves as client advocate, consultant, and supporter during this process.

Allowing survivors to recall and retell—in safety—how they experienced each part of their brutalization is an important part of the desensitization process. Most experts agree that promoting the normal expression of the affect—which had been prevented at the time of torture—produces a profound release. The "regression" or turning-back, however, is kept brief and therapy returns as soon as possible to a focus on daily, pragmatic concerns.

The main goal of the progressive desensitization is to prevent survivors from either totally denying what has happened to them or from having unpredictable rages or homicidal and suicidal impulses. For example, one man was taken in custody by the police in a rage after seeing his cousin shot to death in a fight about a parking space. This bizarre and terrifying event was similar enough to his experience of being tortured that it triggered his psychological disorganization. Helping people monitor how much remembering and forgetting they can handle helps prevent this kind of unpredictable response to old memories.

To protect themselves psychologically, many torture victims dissociate from the experience. One man described it as "the mind hears and sees what is around it, but it is so busy keeping the body alive there is no energy to respond." Behavior like this is reminiscent of what Ernest Hilgrad identified in his trance research

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as a "hidden observer." In Hilgard's study, hypnotized subjects who submerged their hands in ice cold water did not feel pain although some part of them was fully aware of what was happening. Similarly, torture victims generally seem to be aware of a sense of terror and rage, but these feelings are witnessed rather than experienced. While maintaining this kind of psychological detachment can be a necessary survival tactic for torture victims, it may become a problem following their release. Until their "hidden observer" testifies and begins to cry out against and denounce their own torture, the spell of their trauma often remains in place, waiting to be catalyzed again.

The Family's Role in Healing

Family therapists working with the survivors of torture must evaluate the advantages and disadvantages of involving families in their therapy. If bringing in family members will lead to blaming the survivor or touching off political antagonisms, caution must be used in how best to involve them. The secondary effect of the torture on the family may be harder for the person to deal with than the torture itself

Generally, however, family support makes a very significant difference in the success of therapy. Sometimes a family is invited in a session to return to their memory of when the torture survivor was arrested in order to highlight how the

family's life and attitude towards the world changed in the interim. One family became so paranoid after a son's arrest that they began guarding the windows and, for the next month, did not leave their home before dark. Their deeply entrenched suspiciousness was rooted in this first assault against them. Only by sharing this moment of fear again in the safety of the therapeutic relationship were they able to begin to challenge their social isolation.

As with any tragic loss—like the death of a child—the patterns developed in response to the immediate trauma can crystallize, leading to future problems in the marriage or between other siblings. It is important to identify and challenge these patterns and help survivors tell their stories to their families, to overcome both the family's fear of hearing them and the survivor's fear of talking about the awful things done to them. This process helps the individual become part of the family again. It also progressively desensitizes the family to the terror. Torture becomes a shared family problem. The torture is let out of the dark box of the individual's memories. In the light of day, it begins to be seen for what it is—a social violation of a community.

One young Salvadoran exile living in the United States had lapsed into repeated fits of violence after hearing that the military had killed his father. Although they had not expressed it directly, his two uncles, with whom the young man lived, felt their nephew had caused his own torture by foolishly opposing the military government. Once the therapist enabled the nephew to describe his experience to them, their whole reaction changed. Later, the therapist helped them set up a symbolic funeral for the father at a Bay area church. In building stronger bonds between this young man and his relatives, the therapy offered an antidote to the nephew's guilt and isolation. The young man was also encouraged to increase phone contacts to relatives in exile in Guatemala, giving him a position of increased centrality and purpose in maintaining connections between the remnants of his kin system.

The family members of torture victims sometimes need individual attention, such as a wife overloaded with grief or a child manifesting symptoms. A child of one torture survivor became socially aggressive and enuretic, but after one session with a pediatrician her symptom was gone for good. "Who made your Daddy get tortured?," asked the

pediatrician. "I did," the girl explained. "Some relatives told me so." After she was assured by her parents that it was untrue, her symptoms cleared up. Obviously, in other cases, symptoms will persist longer, but issues of responsibility and culpability are worth looking into as soon as the family is ready.

Healing and Community

To counter the social isolation and the social demotion of the survivor, most therapies of torture victims include some form of public testimony. Initially, the victim tells his story to a tape recorder—as the "neutral" listener or recipient. This gives the survivor complete control over the event. The tape is then typed up and the transcript can be used for social and political purposes—from helping the survivor personally get asylum, to supporting broader human rights work, to providing the basis for speeches to religious or other concerned groups. In this way, the survivor is hierarchically elevated over his torturer and also permitted some revenge, as part of his natural healing process.

Whatever the therapy used, treatment entails establishing relationships in which one respectfully helps survivors remember what happened to them and recognize techniques employed upon them. In this way, the person who had been reduced to a preverbal, disorganized state, gives voice to precisely what was done to them. In their testimony to family and society, they take control over the terrible experience and shame their torturers. The victim is elevated above the torturer who transgressed his humanity. Therapy transforms what has turned inward, becoming a private, festering, self-absorbed process, into a public event of shared social concern. In this way the spell of "I am damaged" can be challenged in the context of a new message: "The social process dominating me was and is deranged."

The successfully treated survivor can never simply return to being the person he or she was before torture. Torture of the kind we've examined, like many traumas, changes a person. Although unsettling thoughts will continue to recur, total anxiety need not pervade the survivor's life. Guilt may persist, but it is not the dominant or sole state the person is capable of. Research shows that the loss of a child is always recalled with an intensity which to observers, at least, looks like that of a fresh loss. Torture may impact a person on that level—the

wound, the loss, is always there. But life goes on around it. And as one young torture survivor put it, "The business of being alive is related to the necessity of overcoming those experiences."

The field of psychotherapy has realized that what goes on in people's heads reflects family difficulties and even economic difficulties. Now we are faced with the responsibility of going even further and looking at the immediate effects of a country's political climate on

people's fantasies, trances, and family relationships. As therapists, we can help some survivors of state violence by encouraging family members to be supportive and helping them find community resources. But millions of cases will not get to us, leaving people like Patricia Jonas and her family endangered beyond clinical repair. •

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