

Torture and trauma: The old dilemma of psychiatric taxonomy

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During the IV Meeting of Latin American and Caribbean Health Institutions Against Torture, Impunity and Other Violations of Human Rights, held in Santiago, Chile on October 3 - 6, 2001, the need for an international database was brought up for debate once again. This idea, promoted by the International Council for Rehabilitation of Torture Victims, IRCT, is aimed at monitoring the practice of torture in today's world. It would seem that the solid development experienced by regional health centre networks dealing with this problem in all five continents is generating the conditions to make this initiative feasible. The most important argument in its favour is the need to possess comprehensive knowledge, both quantitative and qualitative, of the behaviour of States with regards torture, in order to improve its denunciation, take those responsible for torture to justice and favour its eradication. This objective coincides fully with the foundational targets established by our Latin network. There is no doubt whatsoever that the existence of systematic, solid, global and detailed information about how torture is carried out in the world and its human consequences, would represent an extremely valuable element of support when undertaking action at the level of international entities and of States. All 16 teams that form part of the network share this same understanding.

Complexities begin when we ask ourselves how the psychosocial trauma of torture can be transferred to a coded template without having an essential effect on the essence of the phenomena. This key concern has meant that the Latin network is possibly the one that lags behind most in the elaboration of proposals for a database. In fact, other regions (such as the Europeans) and IRCT itself have already put forward highly elaborated models. Quite frankly, however, such a delay does not weigh heavily in our minds because we believe that some issues have yet to be resolved in a satisfactory manner, as is the case of the characterization of the damage produced by torture, both at an individual and social level. The large majority of data-gathering instruments we have received from other regions rely on a positivist perspective and on an apparent neutral epistemology that seeks to evade certain theoretical and methodological controversies. One of them – the one we shall discuss in this paper – refers to the validity of certain psychiatric nosologies and nosographies, to the inevitable need to put a name (define categories) to the changes experienced by a person subjected to torture. It would seem that underlying the discrepancies between Europeans and Latins surrounding these issues, are political-ideological factors associated to the very different socio-historic processes that took place in both regions during the second half of the last century, as well as factors linked to the type of development of the social, biomedical and psychological sciences in both continents.

The reservations of Latin teams are clearly reflected in the instruments we have used to develop statistics about our clinical and psychosocial work: some have chosen minimum registries of their care work, in which they record data referring to a general description of consultees, quantitative information about their care programs and classification of the subject's repressive experience; others incorporate clinical-type information, be it through individual descriptions of the global deterioration of the subject, including a non-systematic recording of certain symptoms or classifying them into the taxonomic categories of DSM-IV, of ICD-10, of various schools of clinical psychoanalysis, etc. All network teams using psychiatric nosographies state that they are aware of their shortcomings and risks. In other words, no team is updating data, especially clinical data, in a fully satisfactory manner.

In summary, there is a consensus regarding the need to concentrate information in order to denounce torture; and there is also consensus to seek a common discourse within the network and with the scientific

world. But, is that possible? Can the obstacles be overcome? Can a “common denominator” be established for essential aspects?

The discussion within the Health-Human Rights Network

These are some of the issues on which a consensus was reached during this first discussion held by the network:

- ◆ Torture is a political and not a medical event; its consequences on the subject can produce medical, psychological or psychiatric disorders, and these are not the only possible expressions of the damage caused to the individual. These health problems do not entitle us to speak of torture as a disease. Hence, the idea of diagnosing or treating torture implies artificially turning it into a mere medical issue.
- ◆ The study of torture from a health and mental health perspective forces us to consider social sciences and biomedical sciences as integrated aspects of the analytical process. We are concerned both with biologically and sociologically-based reductionism; the former denies causal relations (subject-society) in an alienating manner, whilst the latter dilutes the traumatic experience of the individual subject.
- ◆ There is no differentiated and single disorder to account for the trauma of torture at an individual level in a univocal manner. The idea of a torture “syndrome” is discarded. Post Traumatic Stress Disorder (PTSD) is accepted with varying degrees of adhesion, as a specific pathology that can be recognized in some cases, but which does not encompass the whole trauma. In practically the whole region, 70% of people affected concentrate their symptomatology in anxiety-depressive disorders.

That consensus, which we deem to be highly valuable, establishes in our opinion a basis that implies certain shades of political and theoretical differentiation with the views held by other regions. Indeed, it is the reaffirmation of the historical nature of torture in our continent, its characterization as an instrumental expression of political domination over our Latin and Caribbean peoples by trans-national power that makes us beware of the danger of “technifying” historical events. No database that seeks to systematize the practice of torture can undermine the political essence of the phenomenon. Therefore, if individual trauma is to be coded, that cannot be done at the expense of minimizing it.

The debate introduced interesting viewpoints on the issue, revealing critical areas that require a more in-depth analysis and greater discussion:

- ◆ Trauma not only has an impact on the individual subject; indeed, it is precisely on the social subject that the nature of torture is expressed in its most profound dimension as a tool for domination. Its effectiveness is measured on the ability of torture to destroy subjectivity at the level of large groups, to neutralize the key social role of those regarded as a threat by the established power.
- ◆ If psycho-social trauma is a determinant element of the historical nature of torture, how can it be explained that when it comes to the globalization of information it is excluded from all records? It is our task not only to contribute solutions to this problem, but also to be capable of presenting this discussion in all scientific areas, including academic and institutional spheres. Perhaps there is no way - more solid and dramatic - of “documenting” the experience of torture suffered by our Latin-American peoples than as a collective trauma.
- ◆ Interesting regional experiences with specific human groups, especially in Central America, ratify what has been stated. Community-based psychosocial interventions, group work, self-help associations, etc. aimed at peasant communities, native peoples and social movements have allowed us to enrich this social and inter-subjective vision of the trauma of torture and to become aware of the symbolisms, traditions and narrative which give collective suffering a unique connotation from their own cosmovisions. How are these expressions of collective memory socialized and validated as unique forms of social trauma?

- ◆ Valuable new approaches to healing intervention, based on self-diagnosis and self-therapy, have emerged from these experiences in groups. How do these extraordinary experiences establish a dialogue with conventional and hegemonic medical and psychiatric approaches? Can they be coded without losing all their wealth? There is no doubt we are facing concrete forms of democratization of practical medical instruction and therapy.
- ◆ It seems that faced with the temptation of allowing ourselves to be seduced by quantitative methodologies, which enjoy the acceptance of the dominant scientific corpus, we are not only called upon to use qualitative methods, but also to validate them within the scientific community.
- ◆ The first world, and especially Europe, imposes on us the foundations of biological psychiatry; that world establishes the guidelines for scientific activity and research in the field of mental health. A social illustration of this fact is how life everywhere has become “psychiatric”: today, human suffering is called anxiety, hopelessness and frustration are nothing more than depression; both have a neuro-biochemical basis and are treated with psycho-medication. Social conflicts, reduced to environmental factors, lose explanatory and evolutionary relevance, despite the fact that the social suffering of our people increases every day as a result – in addition – of their conditions of structural poverty. Mental illness summarizes it all and social stigma is its inevitable consequence. Therefore, psychiatric taxonomies are a risk. Is it not a real risk for a torture victim registered in a database as suffering a bipolar emotional disorder, to be suddenly reduced to the condition of mentally ill, separated from all the political and repressive experience that gave rise to that morbid process?
- ◆ Psychiatric nosographies in use account only for the specific or partial aspects of the individual trauma caused by torture. Aspects such as the fracture of the historical-vital project, the political and historic situation that puts the State in the position of violator of the torture victim’s civil and political rights, the socio-family impact, stigmatization and social alienation, lack of employment or job-security, impunity for torturers, prolonged uprooting as a result of incarceration, banishment, forced displacement or exile, etc. are some of the human experiences associated to the majority of torture victims. Their assessment as traumatic experiences goes beyond the symptomatic description of any psychiatric nosography. How can all that be placed on record when we describe the individual trauma?

CINTRAS and psychiatric nosography

CINTRAS has developed an interpretative theoretical approach to psychosocial trauma from its practical experience of nearly 20 years providing care for torture victims. Our care work with over three thousand consultees and multiple experiences of psychosocial intervention with groups directly affected and populations at risk, has allowed us to develop a theoretical design for our institutional work. This has been enriched as a result of our permanent scientific dialogue with other similar organizations, both Chilean and foreign.

A critique of PTSD enabled us to resolve some conceptual controversies related to certain specificities of torture-related trauma that makes it very different to other traumatic events. In this critique we have established four levels of analysis:

Pre-traumatic temporality.

Pre-traumatic temporality. It is stated that DSM-IV makes no reference whatsoever to the history before the event: neither to the history of the individual, nor to that other history of a general character that gives meaning to the former. The experience of torture sets itself upon a subject of whom we ignore his/her existing psyche prior to the event and appears to be disconnected from the social processes that preceded and triggered such a trauma. In these conditions in which there is an absence of the historical scenario and ignorance of the configuration of the world, defensive styles and intra-psychic resources of the subject, it is impossible to understand the character to be acquired by the traumatic event in the specific subject.

The subject. PTSD makes him/her a-historic by taking him/her out of his/her relational fields: excluding him/her from the social relationships that characterize the social formation he/she belongs to, from his/her primary and secondary social networks (social, political, religious, family organizations, etc) and from the relationship with the traumatic event itself. This is a process of reciprocal influence between subject and trauma that Ignacio Martín-Baró highlighted as being of extreme importance because it provided the possibility for change in the subject. This a-historical vision makes it possible to uphold an explanation of the phenomenon of torture within the framework of the intra-subjective experience, very distant from the individual subject – social subject dialectic.

The traumatic event. This is a non-specific event that only implies a strong discharge of energy in the psyche of the individual. The quality of the event is ignored, thus disregarding the fundamental difference between torture and all the other events listed in DSM-IV: here torture is produced in a conscious and planned manner by agents of the State against a person in order to violate his/her rights or simply to eliminate him/her; morbid processes are unleashed from the most absolute rationality of power. This is what is qualitatively different. In addition, it is presented as a unique event followed by symptomatic consequences, despite the fact that prolonged dictatorships and transitions with impunity contradict the implicit simplification in the cause-effect formula suggested in the manual.

PTSD as such. The manual discriminates a set of symptoms that become a diagnostic imperative, in such a way that it is always the same for all individuals suffering from this disorder. The reduction of individual damage to the symptoms demanded - which have already been described – cannot be compensated with the application of axis II, III and IV of DSM-IV (personality, somatic illnesses, psycho-social deterioration) which enable the identification of disorders in other levels since, at most, they only capture isolated events whilst ignoring their interdependent relationships and their causal links with society's socio/political conflicts.

We have stated that the intention is not to deny the validity of PTSD, because there is indeed a certain prevalence of this disorder in people that have suffered torture (international figures vary between 7% and 80%: in our cases it is present in no more than 10%). However, the point is that neither PTSD nor any other psychiatric pathology *per se* is able to fully encompass the whole trauma.

Our perspective on the trauma

We shall now mention some of the pillars that support this approach:

- ◆ Psychopathology as well as the psychological and psychosocial disturbances produced by torture are essentially different from the findings of general psychiatric and psychological practice. We are dealing here with disturbances that are not the result of the interior nature of mental processes, or of inter-subjective conflicts, but a product of political events that occur outside the subject, within the social context. It is the violence that arises from conflicts of power that lies at the very core of the traumatic experience.
- ◆ These strategies for domination emerge from State policies supported by ideologies and ethical principles that convey these crimes a patriotic character. The suffering and symptomatology of consultees points towards a new type of causality, to a socio-genesis that severely questions the traditional therapeutic link: it is no longer possible to uphold therapeutic neutrality when human suffering is directly and unequivocally caused by the irrationality of political power.
- ◆ Trauma acquires its maximum significance as psychosocial trauma; it is at this level where it reaches its full dimension as a historical event. It is here where the causalities and inter-relations of the phenomenon become clear, where its fundamental effects as a strategy for political domination through violence become evident. The protagonists are now social subjects in conflict, confronting interests and having a differentiated effect on each other, giving rise – as demonstrated by Martín-Baró – to a social psychology for the winners and a social psychology for the defeated.

♦ The contextual origin of the trauma places the individual that has been affected in the condition of subject-object of social violence: he/she is not a person that is passively involved in an experience of suffering and oppressive pain; the event also has the potential of producing behavioural changes in the subject that can have an impact on the social dynamic, be it perpetuating or modifying a condition of social oppression. One of the mechanisms for the elaboration of the trauma is the recovery of the social protagonism of the tortured person.

♦ The individual psyche represents the personalization of the individual subject. The torture victim is the confirmation of the social trauma in its singularity and uniqueness, as a manifestation that is unique and different to any other. Within that specificity of the individual drama, in that person, it is possible to identify the more general components of the trauma, which are common to other subjects who have shared roughly the same historical events, but influenced by the peculiarities of his/her psyche. This is a personal and unique experience that reflects the dialectic of what is individual and what is social. Therefore, within the universe of people that have been tortured, there are infinite ways of processing and elaborating their traumatic experience and multiple ways in which to become ill.

♦ Individual damage registers the direct impact on the bio-psycho-social unit of the subject in various degrees and variables according to the specific characteristics of the person. Aspects such as his/her previous biological condition, personality, biography, previous morbid history, intellectual level, degree of development of his/her social and theoretical consciousness, political-ideological characteristics, complexity of his/her immediate and secondary social networks, socio-family and labour situation, among others, will define at which level and how the trauma causes its greatest devastation.

♦ Any description of the individual trauma must always address the need to verify and expose the full scope of the damage – the deterioration of corporality, psyche and the way in which the subject functions socially. Damage can have multiple forms: including specific somatic illnesses produced by physical torture, degenerative medical and psychosomatic disorders, all types of psychiatric pathologies, various psychological processes and conflicts, family disfunctions, work, socio-economic, or subsistence-related social problems, alienation and social stigmatization, etc. Pathological events can be acute, recurrent or chronic, evolve into co-morbidity, etc.

♦ Impunity for torturers acts as a permanent re-traumatizing factor in the psyche of tortured persons and lies at the very centre of the chronic nature of certain mental pathologies such as depression and anxiety. Its consolidation within the political processes in the Southern Cone of South America transforms it into an instrument that perpetuates the damage produced by torture and forces us to consider it as a factor that clearly threatens any strategy of therapeutic intervention, be it of a social or individual type.

CINTRAS has tried to systematize the different levels at which socio-historic processes are verified in their relationship with torture and any other form of violation of human rights, from those that are more structural to those that are more individual. For this purpose, it has based itself on the historical-social approach and the various perspectives offered by disciplines such as social medicine, psychiatry and psychology, both social and clinical. According to this approach, the study of torture as a traumatic event, forces and allows us to describe it from its condition of being a political event linked to more concrete forms of domination, to its impact as social trauma and as a specific and many-sided trauma impacting individuals.

Going back to the key question discussed in this paper, the challenge posed by the need to systematize the trauma of torture and incorporate it into a database implies an in-depth study to define concepts, categories, methods or simple descriptions that avoid falling into any kind of reductionism whilst ensuring that they capture the integral nature of the trauma, from the perspective of both the individual and collective damage.