

- Retrieved from https://www.washingtonpost.com/world/middle_east/the-hospitals-were-slaughterhouses-a-journey-into-syrias-secret-torture-wards/2017/04/02/90ccaa6e-0d61-11e7-b2bb-417e331877d9_story.html
- Mitscherlich, A., & Mielke F. (1949) Doctors of infamy: The story of Nazi medical crimes. *Social Forces* 28(1), 102. Doi: <https://doi.org/10.2307/2572123>
- Pérez-Sales, P, den Otter, J.....Kastrup, M. (2018), WPA Position Statement on Banning the Participation of Psychiatrists in the Interrogation of Detainees. *World Psychiatry*, 17(2), 237-238. doi: 10.1002/wps.20539.
- Reuter, C, & Scheuermann, C. (2014, January 27). The Stench Was Unfathomable. *Spiegel Online*. Retrieved from <http://www.spiegel.de/international/world/spiegel-reporting-supports-accounts-of-tortureandexecution-in-syria-a-945760.html>
- Rubenstein, L., & Bittle M. (2010) Responsibility for protection of medical workers and facilities in armed conflict. *Lancet*, 375(9711), 329-40. doi: 10.1016/S0140-6736(09)61926-7.
- U.N. HRC, 24th Sess., U.N. Doc A/HRC/24/CRP.2 (Sept. 13, 2013) available from https://www.securitycouncilreport.org/atf/cf/%7B65BF9B-6D27-4E9C-8CD3CF6E4FF96FF9%7D/a_hrc_24_crp_2.pdf
- U.N. HRC, 31st Sess., U.N. Doc A-HRC-31-CRP.1 (Feb. 3, 2016) available from https://www.ohchr.org/Documents/HRBodies/HRCouncil/CoISyria/A-HRC-31-CRP1_en.pdf
- World Medical Association. *Declaration of Tokyo*, Tokyo, October 1975, available from <https://www.wma.net/what-we-do/medical-ethics/declaration-of-tokyo/>

Psychological torture

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Dear Editor,

I read with great interest your latest thematic issue focused on sleep deprivation, described in the editorial as a method of psychological torture. During the last couple of years, I have noticed the concept of psychological torture appearing more frequently in the Torture Journal and most recently also in a global consultation issued by the UN Special Rapporteur on Torture to gather information for his next report on the same topic.

Reflecting on my nearly 30 years of experience as a clinical psychologist providing rehabilitation support to torture survivors and documenting torture, I am compelled to express my concern and increasing alarm at the use and promotion of the concept of “psychological torture.” My concerns are for two reasons.

First, it seems that the drafters of the UN Convention against Torture (United Nations, 1984) demonstrated insight and foresight in focusing the international definition of torture on the severe physical and psychological *pain and suffering* experienced by survivors rather than on the nature of the different acts that can inflict such suffering. This approach achieved three crucial objectives: (a) It placed the survivor and their experience of what they endured at the centre of understanding of what is torture; (b) it explicitly acknowledged the severity of their pain and suffering; and

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(c) it provided longevity to the definition of torture in a world where methods of torture frequently change, multiply, mutate and evolve, while recognising that whatever those methods, or however they are named or euphemistically described or defended by states, one of the key elements in defining torture is the severe physical and psychological impact on survivors.

Health professionals working with torture survivors have spent the last 35 years trying to persuade judges and other decision-makers to recognise and give effect to this important statement and it seems that collectively in our field, we are increasingly successful achieving consideration of both physical and psychological pain and suffering in their decision-making. I think we all agree that there is still a long way to go but it seems we are heading in the right direction. However, the promotion of the concept of psychological torture both directs gaze to the question of which method is torture (and which is not) – methods which are ever-changing and defended by perpetrators for their own gains; and it shifts the focus away from the *impact* on survivors and their families. It thereby affirms, however unintentionally, the views of conservative judges and political and other decision-makers in their historic focus on the act over the impact. An important and dangerous consequence is that whilst isolated “wins” in debates in specific contexts may be seen as “victories,” the global impact of such a shift in focus would be detrimental for survivors in obtaining justice or other legal recognition of the severity of the ill-treatment to which they have been exposed and appropriate and quality support, and rehabilitation to rebuild their lives.

Second, one of the greatest achievements of health professionals working against torture is the globally recognised Istanbul

Protocol (United Nations, 2004), which provides an inter-disciplinary manual and standards for the effective documentation and investigation of torture. The entire premise of the Istanbul Protocol is that torture can only be effectively documented if lawyers, doctors and mental health professionals work together; and if forensic medical examinations always evaluate physical and psychological signs of torture, regardless of the type of allegations that are being evaluated. Despite the clarity provided by the Istanbul Protocol, many states still document and investigate allegations of beatings, executions or use of stress positions, for example, by exclusively examining physical symptoms—and not engage or heed mental health/psychological expertise at all. Unfortunately, conceptualising or defining certain practices as psychological torture opens up questions of how to categorise certain acts or methods, rather than focusing on the impact (of multiple methods often used simultaneously) as indicated in the international definition of torture; and it risks reinforcing an approach of binary categorisation (physical *or* psychological) which contradicts international consensus and best practice established over decades, as contained within the Istanbul Protocol.

The authors contributing to the latest issue of *Torture Journal* identify a very important problem – that psychological aspects of torture are poorly understood and under-recognised by decision-makers. If we are to contribute to improving this situation, we need to focus our efforts on meticulously assessing, documenting and explaining the psychological impact of all types of torture practices on survivors and their families, and their variations in each specific individual and family and their specific context. This can help reinforce the global definition of

torture and our hard-earned consensus on best practices in documenting and investigating torture, to ensure justice and reparation for survivors and their families.

References

- United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 1984
- United Nations Office of the High Commissioner for Human Rights. Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment ('Istanbul Protocol'), HR/P/PT/8/Rev.1./2004