
20. Psychological torture

Pau Pérez-Sales

DOES ‘PSYCHOLOGICAL’ TORTURE EXIST? MAPPING THE SEMANTIC FIELD

Psychological torture is part of our folk language, part of the experience of survivors, appears in court rulings and news and it is incorporated in our daily life. Society imposes the concept because it is a *common-sense* concept. But for a survivor, a researcher or a therapist there is a mind-body unity that makes it fallacious to distinguish purely physical or purely psychological methods or impacts.

The term – and many other versions connected to the idea – is, however, used and there are different meanings associated with it. Box 20.1 summarizes the broad semantic field of psychological torture.

BOX 20.1 DEFINITIONS OF PSYCHOLOGICAL TORTURE AND CONNECTED TERMS

Emphasis on Target and Purpose

- Methods used to break down a detainee psychologically (Kramer, 2010).
- Methods aimed at profoundly disrupting the senses or the personality (PHR, 2005).
- The use of methods upon a person intended to obliterate the personality of the victim or to diminish his physical or mental capacities, even if they do not cause physical pain or mental anguish (extracted from the definition in the Inter-American Convention for Prevention and Sanction of Torture).

Emphasis on Method

- Methods which cause aversive stimuli not based on producing physical pain or that do not physically attack the body (Quiroga and Jaranson, 2008; Reyes, 2008).
- No touch-torture (Cunniffe, 2013).
- A set of practices to inflict pain or suffering without resorting to direct physical violence, thus including those techniques in which there is no ‘aggression’ but there is physical pain (like being held in stress positions) (CSHRA, 2005).

Emphasis on Impact

- Brain torture: Physical torture that targets the brain (i.e. blows to the head, anoxia, chemicals or drugs) (Panayiotou, Jackson and Crowe, 2010).
- Mental torture: Actions producing severe mental pain or suffering. This suffering can be described in non-clinical terms (e.g. despair, loneliness, disorientation, terror, depres-

sion, confusion, claustrophobia, anxiety or loss of personality) or it may take the form of clinically recognized psychiatric conditions, although it need not (Luban and Shue, 2012).

Connected terms

- *White torture*: Torture based on the use of sensory deprivation techniques leading to disintegration of personality and psychotic-like symptoms (Suedfeld, 1990).
- *No-touch torture*: Techniques developed in MK-Ultra and other CIA-sponsored research programs aimed, as reflected in the Kubark manual 'to induce psychological regression in the subject by bringing a superior outside force to bear on his will to resist'. McCoy (2006, 2012) groups these techniques into two categories: 'sensory disorientation' and 'self-inflicted pain'.
- *Clean torture*: Torture, either physical or psychological, that leaves no marks. Although such torture may involve intense physical pain, it leaves almost no marks visible to an observer (Rejali, 2007).
- *Lite torture*: Low-intensity torture that uses coercive methods (e.g. sleep deprivation, stress positions) to a level that might not provoke enough suffering be judged to violate the prohibition against torture. A special case in the US context are the so-called 'Enhanced Interrogation Techniques'. The concept purposively ignores the subjective nature of suffering and its cumulative effect (Wolfendale, 2009).
- *Non-violent torture*: Use of coercive methods that do not imply physical violence (specially applied to the use of music and unbearable noise). It hides the fact that all torture methods entail a form of violence.
- *Moral injury*: Being forced to act in a way that transgresses deeply held moral beliefs and expectations, or to witness such acts. This is often associated with lasting psychological, biological, spiritual, behavioral and social impacts (Nickerson et al., 2015).

Source: CSHRA, 2005; Cunliffe, 2013; Kramer, 2010; Luban and Shue, 2012; McCoy, 2006; Nickerson et al., 2015; Panayiotou, Jackson and Crowe, 2010; Physicians for Human Rights, 2005; Quiroga and Jaranson, 2008; Rejali, 2007; Reyes, 2008; Suedfeld, 1990; Wolfendale, 2009.

An extensive definition of psychological torture (i.e. defining it by the methods usually considered as constituting it) would include, as the most cited examples, solitary confinement; confinement in spaces where the environment is inhuman; deprivation of food, water or clothes; sleep-deprivation; prolonged stress positions or strenuous exercises; continuous interrogation; manipulation of the senses (blindfolding, hooding, the use of lights, loud noise, music or shouting); forced nakedness and other unacceptable sexual behaviours; the use of phobias; breaking moral taboos or sacrilege; arbitrary rules and random punishments; ambivalent behaviours with alternate affection and hate; threats of physical torture or death, including dry and wet asphyxia and mock executions; threats to relatives and loved ones or forced witnessing of torture; among many others. The list is endless.

Three Categories in One Term

The review in Box 20.1 leads us, in fact, to three different conceptions of psychological torture in the interplay between the physical and psychological elements of distress:

Type 1: Situations where the person is submitted to *pure cognitive and emotional suffering*, with two nuclear elements:

- Threats and fear
- Questioning the core self through emotions (humiliation, shame and guilt)

Type 2: Situations where the person is submitted to cognitive and emotional attacks through no-touch physical manipulation of the body. This includes, for instance, solitary confinement, music or painful sounds, hunger or sleep deprivation. This does not necessarily mean that there is no physical pain (hunger can be very painful) but there is a ‘hands-off’ policy.

Type 3: Situations where the person is submitted to a physical attack that in fact is transactional to a critical psychological attack. The body is used as a means to critically target the mind. Examples would include asphyxia or prolonged stress positions. In dry asphyxia (use of plastic bags) or wet asphyxia (such as the ‘tacho’, the ‘bañera’ or waterboarding), the breathlessness produces critical anguish due to being confronted with the survival instinct, uncontrollability and feeling physically close to an imminent death (Başoğlu, 2017b).

All these three patterns can be combined in the model shown in Figure 20.1.

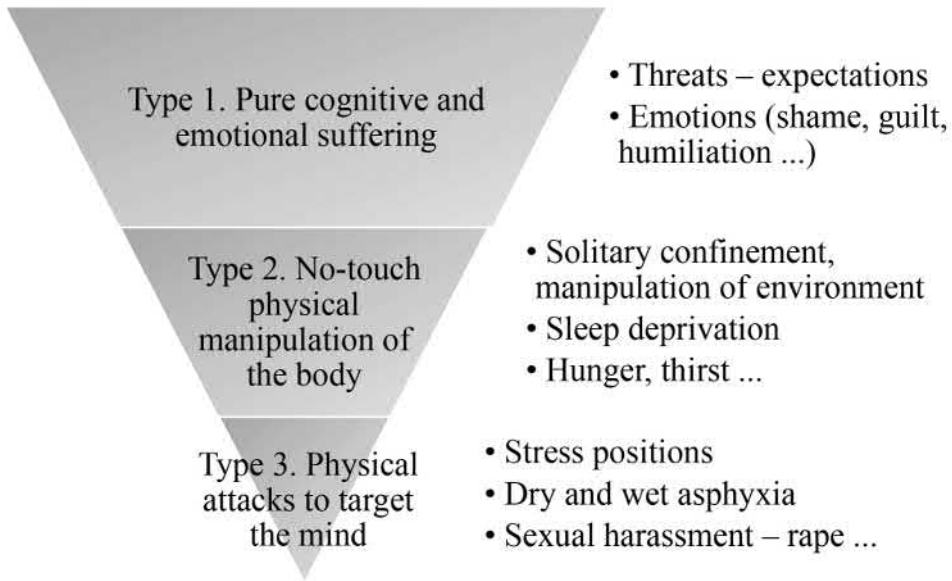


Figure 20.1 *Patterns of psychological torture*

Pragmatic and Pedagogical Reasons for Using the Notion of Psychological Torture

It is unclear whether this medical and psychological classification and the mixture of concepts in the semantic field of psychological torture have practical implications in terms of legal claims, diagnosis and treatment. But there is a strong pragmatic and pedagogical reason to reflect on it. It is the same kind of debate as to whether the distinction between torture and cruel, inhuman and degrading treatment (CIDT) must be maintained. From a medical and psychological point of view, surely not: there is no correlation between the severity of the acts perpetrated to a person, the level of physical and especially emotional suffering and the short- and long-term damage associated with these acts. Apparently less severe actions from the point of view of physical pain (like being kept naked in public) would be considered degrading treatment by most western courts although they can produce extreme psychological distress and permanent identity damage to many survivors. However, from a legal point of view the distinction is necessary as a way to scale the severity of the wrongdoing and the responsibility and associated punishment of it. Not every act against others can be sanctioned at the same level.

Furthermore, when we speak of psychological torture, we want to make a change in outlook. What we want to indicate is that the ultimate battlefield of torture is not the body in pain (which is the primary one) but the 'I', the self, the identity.¹ The ultimate target of torture is the human being, understood as a consciousness that feels. When talking about psychological torture, what we do is, from an epistemological, pragmatic and pedagogical point of view, (a) break the myth of wrecked bodies as the defining nucleus of torture and (b) focus our reflection on the psychological processes associated with the breaking of will that torture implies. Physical pain and broken bodies are usually the main source of suffering in the short term. But, in the long term, torture is about submission, dignity and will, and this is what, in most cases, defines damage and healing.

From a practical point of view, the term has gained acceptance in the medical, legal, social and folk domains, and, what is most important and is the reason that justifies this chapter: while not denying the unity of mind and body, it simply puts the focus on the process of attacking the sentient consciousness that we call a 'human being'. This is why it deserves being a topic on its own.

CHARACTERIZING TORTURE AND PSYCHOLOGICAL TORTURE FROM A MEDICAL AND PSYCHOLOGICAL POINT OF VIEW

The Old Idea of Regression

The situations that are nowadays included as potentially violating the United Nations Convention against Torture (UNCAT) include contexts that do not fit into the classical interrogational model of torture on which most reflections are still based.

¹ In some legal definitions, such as that in the *Inter-American Convention to Prevent and Punish Torture* (IACPPT) the 'personality' is included, which medical professionals would consider to be a different concept. Identity refers to who are you; personality refers to how you normally react in life.

The origin of the idea of psychological torture is usually given as rooted in notions from the 1950s and summarized in the 1963 CIA Kubark manual. According to this, physical torture often creates resistance while psychological torture destroys it (pp. 90–91). The purpose of contemporary torture was allegedly defined in the *Human Resource Exploitation Training Manual* as to progressively reduce the victim to an infantile regressive state where the person will surrender to the will of the perpetrator, while not letting the person enter into apathy and passive avoidance (CIA, 1963, 1983). This idea has been developed extensively, including contextual, interactional and cognitive elements, into different comprehensive models of torture (Pérez-Sales, 2017; Başoğlu, 2017a).

Some contexts involving long-term coercion and damage clearly reproduce the model (i.e. trafficking or detention centres for migrants), while others pursue a temporary breakdown of the person (e.g. torture in demonstrations, obtaining a confession in a short-term detention center). These are not clear-cut categories, but there is a continuum. Some studies show, for instance, that permanent identity breakdown can result from brief incommunicado detentions (Pérez-Sales, Navarro-Lashayas and Plaza, 2016).

Definition of Torture and Psychological Torture

There is a legal definition of torture that analyses four elements: three related to the act perpetrated (purpose, intent and state involvement) and one related to impact (severity of pain or suffering). This is the definition intended to be used by governments, institutions and courts. For the purpose of research and work with survivors it can be useful to conceptualize torture as ‘the use of techniques of physical, cognitive, emotional or sensory attacks that target the conscious mind aiming to coerce, break the will and ultimately produce an identity breakdown of the person’. This is associated with physical and psychological suffering and damage in most of the persons exposed to such techniques. The methods or techniques may be used alone or together with other methods to produce a cumulative effect. From this point of view, torture and psychological torture are indistinguishable. In a restricted definition, involving only Type 1 and Type 2, Psychological Torture (PT) (Figure 20.1), ‘involves attacking or manipulating the inputs and processes of the conscious mind that allow the person to stay oriented in the surrounding world, retain control and have the adequate conditions to judge, understand and freely make decisions which are the essential constitutive ingredients of an unharmed self’ (Pérez-Sales, 2017, p. 8).

Figure 20.2 shows the relationship between coercion, will and identity and torture. In the following sections, we will go through the process involved in each one of them.

This definition implies an important change in outlook. Over the years there have been many efforts to classify torture methods (Rejali, 2007). But the experience of survivors shows that the list of torture methods is as infinite as the imagination, circumstances and tools available to the perpetrator, and that the torture method itself, as horrible as it can be, represents the symbolic space in which the interaction between the torturer and the tortured takes place. What torture means is an attempt to subdue a human being and the method represents the specific way in which the self is attacked. We will go back to this idea later in this chapter.



Figure 20.2 *Torture, coercion and will*

Comparing Medical, Ethical, Sociological and Legal Definitions of Torture

The well-known legal definition of torture reflected in UNCAT Article 1, discussed elsewhere in this book, considers torture as essentially the intentional infliction of (or omission of protection from) physical or mental pain or suffering by State agents for one of the purposes stated in the Convention (information or confession, punishment, intimidation or discrimination being the most well-known examples). As already said, the definition emphasizes the acts that one person exercises over another. This does not necessarily reflect the medical and psychological aspects stated above that emphasize the ultimate goal of the torturing process: coercing, breaking and submitting a human being (Viñar, 1993). From a neurobiological point of view, this is achieved by building contexts (including pain, but not reduced to only that) which induce overwhelming primary emotions² (helplessness, loss of control and fear) and unbearable secondary emotions (humiliation, shame and guilt) that leave indelible marks on most people subjected to such processes. The legal definition of a certain phenomenon is the practical expression of political agreements that try to protect essential values, defining what are to be considered duties and transgressions and the consequences of both. Its adequacy to medical knowledge and science might be only partial.

From an ethical and philosophical point of view, torture would be defined as an imposed relationship between two or more human beings characterized by a violation of dignity (understood as the lack of recognition and respect) and a violation of autonomy (expressed in

² Primary emotions are those innate to human beings: joy, fear, sadness, disgust and anger. Secondary emotions or self-conscious emotions are interpersonal emotions acquired during the first years of life in interactions with others: shame, pride, guilt, among others.

the absolute power, control and imposing of the will of the perpetrator and the absolute lack of control, powerlessness and suppression of free will of the victim) (Luban and Shue, 2012; Maier, 2011; Pollmann, 2011; Sussman, 2005). In philosophy and ethics, free will means free choice in the likeness of absolute agency. This is a complex and ambiguous concept for a health professional that can be reframed in terms of independence of choice and integrity of cognitive and emotional mechanisms (Bandura, 2008).

Additionally, from a socio-political point of view, torture is a method of social control that instils fear and helplessness in individuals and society as a whole. Torture takes places because there is a machinery (a torturing system) that crosscut all different levels of a State and a society, from those who design, those who order or protect, those who decide not to know, and those that are direct immediate perpetrators, to a society at large that suffers, tolerates or even supports it.

HOW DOES PSYCHOLOGICAL TORTURE WORK? AN INTEGRATIVE VIEW

In contemporary torture the victim is often forced to play an active role in his or her own suffering by displacing the focus from the external infliction of pain by the torturer to subtle no-touch methods of pitting the person against his own body and mind, leading, through these battles, to a process of cognitive and emotional exhaustion (Pérez-Sales, 2017). Examples are wall-standing for hours instead of beatings, or creating scenarios that foster expectations of unsurmountable pain, instead of the use of the pain itself. In contemporary torture, pain is not the only and core element of torture, but one more, and often not the most important, of a set of different components of a global process of breaking the self.

Table 20.1 offers a layered, integrative picture of torture from a teleological (purpose it serves) point of view. If the purpose of torture is breaking the self, the table proposes to understand methods of torture not in a classical way, through their *modus operandi*, but through their *target*. The table considers a map of basic human needs and the way torturing methods act in the overall process of demolishing the self. Level 1 shows how torture is the result of a combination of methods that act upon different targets including a combined and cumulative effect. Of course, one torture method can act upon more than one target. Sexual harassment is an attack on at least three basic needs: safety and sense of security; physical integrity and body boundaries; and identity linked to gender and sexuality. Importantly enough, Level 1 also puts at the same level fear, manipulation of hope or humiliation, with environment manipulation or pain. All of them are part of the same process and none can be understood without the other. This is the basis of the idea of a ‘torturing environment’ that we will develop below.

To group methods according to the basic needs of a human being means abandoning classifications based on which technique (among almost infinite possible methods) is used to produce pain or suffering, and focusing instead on the aim that the perpetrator seeks to achieve with the technique. While the list of torture methods is limited only by human imagination, all methods seek to impact on a short range of basic human functions.

Table 20.1 Torture – an integrative view from the point of view of attacks on human needs

<p>Level 1 A MAP OF HUMAN NEEDS AND POTENTIAL ATTACKS</p>	<p>1. Basic physiological functions [primary needs]: Size and cell conditions, sleep/waking disruptions, food and water intake, heat/cold, humidity, urination/defecation...</p> <p>2. Relation to the environment: Sensory deprivation (hooding, earmuffs ...), handling time, sounds, noises, music, light conditions, mind-altering methods</p> <p>3. Need for safety: Fear/panic (witnessing, threats to person/family, use of phobias), manipulation of hope/pain, expectations/terror (waiting time, ruminations on past, present and future), near-death (dry and wet asphyxia, mock executions ...)</p> <p>4. Physical integrity: Pain inflicted by others (beatings, blunt trauma), self-inflicted forced pain (stress positions, positional torture), exhaustion exercises, extreme pain (electric, chemical mechanical pain devices ...), mutilations, brain injury...</p> <p>5. Reproduction/sexual integrity: Forced nakedness, forced sex, sexual assaults, rape</p> <p>6. Need for belonging, acceptance and care: Blocking human contact (isolation, solitary confinement, incommunicado detention), breaking social identity networks (family, social, political, religious networks), manipulation of affect (forced traumatic bonding with the torturer, love/hate manipulations, random rewards ...)</p>
<p>Level 2 NEUROBIOLOGICAL IMPACTS</p>	<p>1. Consensus system. Arousal system (tension – control): Confusion, unreality, emotional exhaustion</p> <p>2. System of fight and defense (primary emotions): Fear, anxiety, hyperarousal, rage, hopelessness</p> <p>3. System of secondary emotions (social emotions): Humiliation, guilt, shame</p> <p>4. Higher functions: Impaired reasoning, impairment of the capacity for reflection, reasoned judgment and decision making</p> <p>5. Ego functions (metacognitive functions): Questioning the self/identity, submissive pseudo-self, identity loss, submissive attitudes</p>
<p>Level 3 MEDICAL AND PSYCHOLOGICAL SYNDROMES</p>	<p>1. Brain: Brain damage, neuropsychological alterations</p> <p>2. Affect and anxiety circuits: Acute and chronic PTSD, panic attacks and other anxiety symptoms, permanent fear – phobias, chronic depression, dysthymia, chronic guilt, learned helplessness.</p> <p>3. Higher functions (mind) – identity: Lasting personality changes, lasting changes in belief systems and worldviews, complex PTSD, modified/changed/grafted identity, identification with aggressor/perpetrator</p>

Torturing Environments

We define a torturing environment ‘as a set of conditions or practices that obliterate the control and will of a detainee and that compromise the self’ (Pérez-Sales, 2017). A torturing environment is formed by a set of cumulative or sequential attacks to basic needs, creating physical, cognitive and emotional exhaustion and confusion, and the interconnection of the expectations of pain with actual physical pain and actions targeted to the self. Its final purpose is to break the will of the person. The Torturing Environment Scale (TES) (Pérez-Sales, 2017), now in its second version, is a tool specifically designed to profile torture methods, adopting a new outlook that gathers them together according to which human function is under attack.

The role of pain in torture

Pain has been and is considered the core element of torture. The very definition of the Convention itself speaks of inflicting severe pain or suffering. In her indispensable book

The Body in Pain, Elaine Scarry (1985) takes up her analysis of torture in the idea that pain is inexpressible and indescribable, and in this very nature of its inexpressibility is where the possibility of connection between the victim and others is broken, the victim becomes isolated and her world of meanings and relationships is mostly destroyed. The experience of the body boundaries being violated, of the lack of empathy and compassion in the process of destroying the body, the breaking of limits in consideration for dignity and care among human beings and the profound incommunicability of the experience of pain constitute the core of the alienating disruption of torture. The production of pain is finally the exhibition of power. Whoever can inflict this pain is the one who holds absolute power over the body. Not necessarily over the mind.

Through extreme and unbearable pain, the human being is reduced to an animal state. Unable to think or feel anything other than pain or terror. There is an obliteration of consciousness, focused in a desperate attempt to survive. Inhuman pain confronts the person with cruelty, brutality, viciousness, defencelessness, uncontrollability and inescapability, all of them elements that leave a permanent mark both in the body (as unspecific pains or chronic insomnia that lasts for decades) and the mind (as scripted memories of fear). The attempt to preserve life often forces the person into breaking her own moral rules and into submission, which finally ends the circle of humiliation and shame.

No doubt this classical analysis around pain is accurate. But this analysis can be kept the same without the need for extreme physical pain. As we know from the testimonies of survivors of torture, it is often the waiting time, the expectations of pain that feed the fear and terror that destroy the person. The terror and ruminations associated with expectations of pain and the anguish in the face of the unknown are, in the experience of many survivors, more destructive than the pain itself, which, paradoxical as it may seem, has sometimes been described as a relief. Physical pain and suffering are, increasingly, a certain possibility that leads the person to terror, but not the core element of torture in itself. It is part of a more global architecture of breaking the self.

Fear and threats

The prospect of pain and unending waiting time becomes more devastating than pain itself when it is unavoidably associated with ruminations and manipulation of expectations. This potentially adds to an oppressive atmosphere, lack of rules and arbitrariness of the situation; the feeling of the unreal; the need for hope and the destructiveness of each thwarted hope. In an atmosphere of physical exhaustion, there is a cognitive and emotional battle that debilitates the person: time ('we have unlimited time, and at the end, everybody talks'); the omnipotence and control of the torturer ('everything is possible – we can do whatever we want with you', 'we are in absolute control'); pain and death as a clear possibility; uncertainty (isolation, blindfolding, changing time and norms ...); loneliness; absurdity and lack of meaning, etc. The person is physically and emotionally overwhelmed and confronted with a set of impossible dilemmas: one's own body is both one's own enemy but at the same time one's only support. The mind is both a source of anguish, rumination and shame, and of one's inner self and identity. The torturer is both the cause of all pain and the key to relief.

Identity

Finally, there is consciousness and identity. Denigration and disgust lead to questioning the self. Elements that foster this are being treated as an animal and not a human being, feeling

clumsy, childish, blocked, simple, foul-smelling, or dirty, being stripped or abused, not being able to think clearly and being confronted with unsolvable ethical dilemmas and ambivalent situations in an atmosphere of increasing physical, psychological and emotional exhaustion. We will discuss this process in detail in the following sections.

Case Studies

Type 1 Psychological Torture: cognitive and emotional suffering – humiliation

In the legal world, humiliation is equated to degrading treatment and considered in the lowest rank of the gradation of torture. This is anchored in the strong association between torture and physical pain. But secondary emotions (humiliation, shame and guilt) leave long-lasting marks, and for most survivors these marks are permanent. Studying secondary emotions provides a good example of how neglected psychological torture is in the legal world, something we will review later.

Humiliation is an interaction between human beings that deprives one party of their dignity, understood as the basic right to be respected by others. Humiliation is the aversive feeling of perceiving one's identity being degraded, ridiculed, demeaned or devalued – of being treated like a non-human being.

Shame and humiliation (as guilt) are determined by culture, experiences in childhood, ego characteristics and cognitive traits and are thus extremely painful individual answers to a certain situation and interaction (including the characteristics of the perpetrators). Humiliation is for some people an extremely painful irreversible stain that entails an imbalance between an offender and an offended that needs some kind of restoring action. Forgiving is possible but requires the contribution of the offender and his/her wish to restore equilibrium. When this is not possible, the mental suffering of humiliation finds alleviation in real or imaginary justice or revenge. In therapy, the patients with the worst prognosis are those that feel so deeply ashamed that there is no way to restore equilibrium (Baer, Vorbrüggen and Vorbrüggen, 2007). This can happen because the perpetrator is not accessible, impunity prevails and forgiveness is unacceptable. Even justice is sometimes not enough because justice is done in the name of society while the harm of humiliation is perpetrated on an interpersonal basis.

As humiliation is associated with a lessening of one's valued identity or status, humiliation can be experienced collectively, and a person can feel humiliated by feeling an attack to his or her group identity.

How painful is the pain of humiliation?

It can be helpful to see the intensity of the pain associated with humiliation in neurophysiology experiments. For instance, Otten and Jonas (2014) have compared parameters of the overall intensity of cortical activation in different emotions by recording the participant's EEG while they read a potentially emotional scenario and think about how they would feel in that situation. They found out that humiliation was the negative emotion that aroused the highest activation pattern, even more than happiness, anger or shame, and that it was a long-lasting increase. A series of experimental studies have shown that physical and social pain share a common phenomenological and neural basis (Eisenberger, 2012a, 2012b; Kross et al., 2011). Social pain – the profound distress experienced when social ties are absent, threatened, damaged, or lost – is elaborated by the same neural and neurochemical substrates involved in processing physical pain, including both the affective and somato-sensorial components of

pain. This opens new avenues of research in understanding the deep emotional *and physical* suffering associated with negative social emotions, the ‘embodiment’ of emotional suffering and the way that extreme emotions have biological consequences. Both biological pain and the impact of emotions that target identity can be traced and can leave long-lasting damage. A recent review has shown the deep interconnections between acute and chronic shame and the risk of medical diseases (Dolezal and Lyons, 2017).

Is humiliation a form of psychological pain?

Why is being criticized by others so painful? Embarrassment, humiliation, shame and guilt are painful self-conscious emotions (Leary and Tangney, 2012) that are markers of emotional suffering in a similar way to how physical pain is a marker of suffering in a component of the physical body. We built identity in early infancy by being progressively aware of the impact we have on the world that surrounds us, and as we grow up, by contrasting expectations and outcomes. The self has, thus, a ‘nuclear identity’ resulting from the reflection on oneself, an ‘experiential identity’, the fruit of successes or failures in daily interaction with the environment, and a ‘relational identity’ stemming from experience with others and the feedback that they give us. One single overloading negative experience of threat to physical integrity has deeper and longer-lasting effects than many non-negative experiences. An attack by a mad dog or the loss of all control during a car accident will have a deeper impact on one’s sense of security and emotional trauma than many previous non-negative experiences.

In a similar way, torture is an overloading negative experience of attack to the inner self. The person faces situations for which they can hardly ever be prepared and are attacked on their nuclear identity and who they are (execrable, weak, nasty, stupid, ridiculous ...), their experiential identity and what they do (blocked, without memory, confused, incapable of thinking, hasty, saying precisely what they should not say, stupid ...) and their relational identity and how others treat them (vulnerable, helpless, submissive, at the mercy of others that are repulsive, deprived of dignity, humiliated ...). All this happens along with overwhelming emotions and loss of control.

As with physical torture, the impact of the attacks on self and identity greatly depends on individual and vulnerability factors. Besides a neurobiological proneness to embarrassment and shame shown in image studies (Müller-Pinzler et al., 2015), we might hypothesize vulnerabilities linked to a personal life history and previous negative underlying assumptions on self that torture somehow confirms (Platt and Freyd, 2012), a cognitive style linked to self-critical thinking (Harman and Lee, 2009) and rumination, ego strength (Gregg and Sedikides, 2010), value priorities in life (universalism versus self-direction) (Silfver, Helkama, Lönnqvist and Verkasalo, 2008), shameful identities (Leary and Tangney, 2012) and stigma and the personal meaning of humiliations and shame (Leeming and Boyle, 2004).

Type 2 Psychological torture: no-touch physical manipulation – sleep regulation

Sleep deprivation alters most aspects of the cognitive and emotional functioning of the human brain. Some of these functions are necessary for understanding context, using memory,

processing information and for proper assessment, judgement and decision making. Sleep deprivation also affects emotion regulation and impulse control. In sleep deprivation:

- a. Working memory is altered. Both retrieval of old information, that is blurred and blocked, and consolidation of new memories. Thus, memory is more vulnerable to being changed, mixed, distorted or manipulated (Poe, 2017).
- b. Recognition of emotions is affected and a tendency emerges for negative emotional labelling of neutral stimuli (Killgore, Balkin, Yarnell and Capaldi, 2017; Tempesta et al., 2010).
- c. Cognitive functioning can be impaired, including executive attention and higher cognitive functions. In long-term chronic partial sleep deprivation, profound neurocognitive deficits accumulate over time, in spite of subjective adaptation to the sensation of sleepiness. Studies show that individual vulnerability to sleep loss plays a critical role in the affects produced (Dinges, 2005; Lim and Dinges, 2010).
- d. One can become less morally aware and less able to recognize morality in others, although results are inconclusive (Barnes, Gunia, and Wagner, 2015; Killgore et al, 2007; Tempesta et al., 2012).
- e. Regulatory-inhibitory systems are impaired leading to short-term impulsive decisions and wrongful assessment of risk-taking behaviours (McKenna, Dickinson, and Orff, 2007).

All these elements imply that in the creation of a torturing environment, sleep deprivation is a cue in provoking the following phenomena:

- The unreal can be confused with the real
- The environment can be perceived as more menacing and strong emotions are elicited that overflow the person
- Memory and reasoning are more vulnerable to distortion through suggestive influences
- The rational analysis and evaluation of incoming information and decision making are impaired, and the person is less able to resist coercive pressures and persuasion influences
- Moral decisions are impaired.

Type 3 Psychological torture: physical attack targeting the mind – wet asphyxia

In dry and wet asphyxia, survivors describe the anguish of a near death experience. In the debate on whether waterboarding was considered torture, Christian Correa, a Chilean attorney and Secretary of the National Commission on Political Imprisonment and Torture explained the effects of torture by ‘submarine’: ‘Besides the physical pain, torture also provoked a near-death experience that made victims feel helpless. Most victims reported feeling deep humiliation and that [during “submarine”] their lives were entirely at the mercy of their torturers’. According to the Valech report (2005), this is precisely why torture is used: to destroy prisoners’ will, dignity, and moral, psychological and physical resolve, so that they reveal the desired information. The Commission report describes the deep psychological trauma suffered by torture victims not only at the time of their torture but, significantly, even thirty years later. Most victims reported having some or all of the symptoms of post-traumatic stress disorder, including feelings of insecurity or fear, humiliation, worthlessness, shame, guilt, depression, anxiety and hopelessness. A man tortured at age 22 in 1980 and interviewed 24 years later in 2004 said, ‘Even today I wake up because of having nightmares of dying from drowning’ (Correa, 2007).

From Coercion to Identity Change

There is a progression from breaking the will in short-term coercion to causing permanent damage and changes through prolonged torture (Figure 20.2).

Short-term torture: coercion and breaking the will

Defining the breaking point

In short-term torture the objective is a temporary attack to produce emotional pain and suffering for any of two kinds of purposes: (a) punishment, humiliation, instilling fear or intimidating, or (b) coercing the person to act against his wish and will.

We define the breaking point as being when in the subjective experience of the survivor, the perpetrator achieves their goal by either making an indelible mark of humiliation or fear in the person that will determine their future actions (e.g. refraining from being involved again in political activities) or by obtaining from the survivor what the perpetrator wanted (e.g. confession, information, accusation).

It is important to bear in mind that it is the subjective experience of the survivor that defines the breaking point. For instance, a Basque survivor recalled in therapy how he endured three days of very harsh physical torture without even answering the initial question about his name until a last day when after a seemingly endless session of dry asphyxia he was submitted to credible menaces to his family and in his words, he broke. This means he gave his name and some basic, useless contextual information already known to the police. The shame was deep and prolonged. A Palestinian survivor of torture recalled in therapy how he endured three days of harsh torture by the Israeli intelligence services until a day when after four hours of extremely painful positions ('banana') and credible immediate menaces to his family he admitted to some of the things attributed to him. He was proud of himself as he had resisted three days of unbearable physical and psychological pain and never considered that he had been 'broken'. The definition is not based on what the perpetrator *gets* but on what the survivor *thinks and feels*. This distinction is, obviously, of utmost importance in therapy.

The IRRD model as an example

Davis and Leo (2012b) have applied these principles to the specific case of interrogational torture and have proposed the 'Interrogation-related regulatory decline (IRRD) model' for induced confessions. According to their model, self-regulation is the process by which individuals control their thoughts, emotions and behaviours in service of the pursuit of one or more goals. In interrogation the person must avoid the impulse to accept what the interrogator asserts in order to stop suffering. This means a balance between short-term objectives (stop suffering) and long-term objectives (stating innocence). But the energy for self-regulation is limited and there is an ego-depletion process that affects tasks requiring cognitive and emotional resources. What they call the 'perfect storm' of a false confession is the combination of 'the Big Three': high levels of emotions – emotional distress, due to the events that triggered or justified detention or to the interrogation itself; fatigue and sleep deprivation; and low food and water intake and especially glucose depletion (Davis and Leo, 2012a). This is usually associated with lengthy interrogations (more than four continuous hours with alternating interrogators) using coercive interrogation techniques. In an expanded version of their model they

add environments that foster fear, actions that question self-esteem and identity and coercive styles of questioning.

Prolonged attacks to self and identity

Interrogational torture seeks a temporary break in the person's will, and in some cases achieve permanent submission and collaboration. The well known cases of Marcia Merino (1993) or Luz Arce (1993), in Chile, are examples of people who, after torture, collaborated for years with the intelligence services of the dictatorship, even identifying with it, although later, when circumstances changed, they became partially self-critical. Similar transient changes in identity can be observed in child soldiers, chronically sexually abused children, victims of trafficking who 'choose' to continue with their captors, members of religious sects, members of extremist paramilitary groups or people who have been in totalitarian institutions such as prisons or concentration camps for a long time. In that case, there is prolonged torture that, as an effect, goes beyond the temporary breaking of the will to provoke identity changes, which in some aspects will be reversible and in others will be permanent and already part of the future identity of the person.

Identity is constructed in a dialectical way with the environment and especially in interaction with the different groups we belong to. Many mechanisms operate in the evolution of identity under a torturing environment, but it is important to highlight the following factors:

1. *Isolation.* In order to change a natural person's identity through torture, the first necessary element is to isolate him or her from the influence of other identities. This may involve physical isolation incorporating violence or psychological isolation, or controlling sources of information and learning.
2. *Breaking with the past.* Everything that belongs to the subjects' previous identities must be eliminated. Family, community groups, world view or ideology are all remnants of a past that must be eradicated.
3. *Stimulus control.* Regulations, rituals, codes, structures and planning prevent the person from developing and exercising his free will by accustoming him to a planned and submissive life. The person finds in the absence of will, affective anaesthesia and compliance with rules a source of stimulus and pleasure. Continuous and controlled action prevents reflection by creating situations where reversal will be virtually impossible.
4. *Fear, panic and terror.* Caused by threats of pain or actual pain (e.g. trafficking, child soldiers) or by the psychological internalization of fear, for example through the use of humiliation, threats of rejection (e.g. child abuse, gender violence, sects).
5. *Lack of control.* Fully-controlled environments where there is a control of noise, lights, temperature, and the organisation of time including any seemingly banal element in which the person can try to exercise control (e.g. concentration camps, prolonged kidnappings).
6. *Helplessness and arbitrariness.* The institution or the perpetrator is the ultimate decision maker without necessarily having to be logical in these decisions. The hierarchy is more important than the instruction itself. Any discussion or search for logic is punishable.
7. *Use of the body.* Breaking or dissolution of bodily limits and intimacy. The body can be stripped, beaten, used or transgressed, as an expression that nothing escapes the power of the other, that there are rules that break the unquestionable and as a way of annulling intimate and essential aspects of the core personal identity. If this is possible, everything is now possible.

8. *Affective and emotional manipulation.* The person is involved in overwhelming emotions that progressively lead to confusion or exhaustion. In this context, the person is highly susceptible to messages that alleviate distress or fear, that provide emotional attachments or love and that the person wishes to see as sincere. This generates emotional ambivalence towards the perpetrator who becomes the one who handles the emotions of affection and pain, creating a deep dependency.
9. *Breaking cognitive patterns, beliefs and worldviews.* Forcing experiences that produce irreversible changes in the way human beings are perceived, in the principles of trust, kindness and reciprocity, breaking personal ideological values and the principles of security, justice and order. Forcing to suppress or minimize reflective processes as an adaptive survival strategy, which in the long run will allow the adoption of new principles.
10. *Questioning of moral principles.* The person experiences how the differences between right and wrong, between good and evil, are blurred, subject to ethical dilemmas in which survival is at stake. Human, ideological and commitment values are questioned and broken through situations that generate contradictions and insoluble dilemmas. In any case, such circumstances will generate guilt, shame and the need to avoid and distance oneself from the past and to flee forward by clinging to more or less utilitarian explanations that preserve a minimum sense of dignity.
11. *Group pressure.* Human beings have a deep need for belonging, and in contexts of isolation and fear seek shared elements of identity with others to feel protected and experience the strength of the group. This includes multiple elements: seeing other groups as enemies, making it very difficult to be admitted to a group and costly to leave, collective actions of perpetrating harm with dilution of responsibility in the group, rituals and symbolic practices, emphasis on loyalty as a value even above life itself, rules of reciprocity and debt, and the creation of mythologies with positive values or with ideas of collective power, among others.
12. *New paradigms.* Models of understanding reality that involve new values and meanings, and which are transmitted through readings, group discussions, re-education, control of behaviour and attitudes by supervisors or leaders and internal control systems, the achievement of objectives, reinforcement of progress in the right direction and punishment of deviations.

All these methods do not work in isolation, but in different combinations and sequences. Moreover, depending on the torturing environment and the ultimate goal of the break and identity modification there will be more emphasis on one technique or another.

Sometimes, the changes may lead to the creation of a pseudo-self. That means one or more dissociated identities that coexist or overlap with the former self, which may in part reappear when the conditions of torture cease. At other times, the changes will be progressive and will imply a more or less permanent transformation of the person who will find in this new identity elements that are definitively incorporated into his or her previous identity.

PSYCHOLOGICAL CONSEQUENCES

Understanding Suffering and Damage

The breaking point is a temporary submission through fear, suffering, manipulation or confusion. Sometimes it leaves no marks. It is a transitory process. But sometimes it affects the way the person understands himself, others or the surrounding world (Figure 20.3). In dimensions related to the self, it can lead to loss of self-confidence and a deteriorated image of self, loss of sense of control and agency and feelings of vulnerability and helplessness, lack of tolerance to uncertainty and ambiguity and the need to be re-assured in front of minor problems, internal attributions of responsibility, leading to remorse or guilt, the inability to make sense of the experience (why me?), difficulties in finding a purpose and meaning in life (including spirituality and ideological convictions), a perception of a lack of future and a lack of a sense of wholeness associated with the life project.

In relation to others, the psychological impact of torture relates to changes in the basic belief in the kindness of human beings, to the capacity for having trust and confidence in others, broken expectations of empathy and compassion and eventually losing one's own's capacity for feeling empathy or compassion, along with a loss of the capacity to express the experience, either through words, art or movement, the incommunicability of the experience of torture and the associated experience of alienation from those that did not undergo a similar experience and might not understand what it means.

Finally, there is a lack of a sense of security and fears are now part of the daily emotions. Some of those fears are known and rational, while others are unknown and apparently irrational. The disturbing idea that our life can depend on randomness and everything can change in a moment can take root. Furthermore, survivors may have a sense of loss of an old world of order and a predictable universe where there is justice for those who have been wronged and punishment for those responsible for wrongdoing.

All these complex elements are the expression of damage to the identity, understood as the way the person sees herself from an individual and a collective dimension. The consciousness of what we call a human being is transformed and torture can be part of a new identity.

The VIVO scale was created in an attempt to measure this complex network of phenomena as an aid for forensic documentation and especially for psychotherapy (Pérez-Sales et al., 2012). It is a 116-item measure that offers a profile of the impact of experience of trauma, crisis and loss in ten conceptual blocks (Worldviews, Attitude towards the World, View of Human Beings, Coping, Impact of Past Situations, Emotions, Telling the Experience, Consequences, Social Support and Identity) and 35 subscales.

Epidemiological Data on the Devastating Impact of Psychological Torture

Although the above concepts reflect the experience of most survivors, clinical research is largely based on the concept of post-traumatic stress disorder. It is beyond the scope of this chapter to review the studies that have compared the prevalence of psychological disorders linked to physical and psychological torture. Furthermore, there are strong methodological problems: (a) studies are mostly based on ad-hoc definitions from a list of torture methods of what is considered 'psychological torture', and (b) most persons have been subjected to both physical and psychological torture and it is quite difficult to isolate the effect of one or

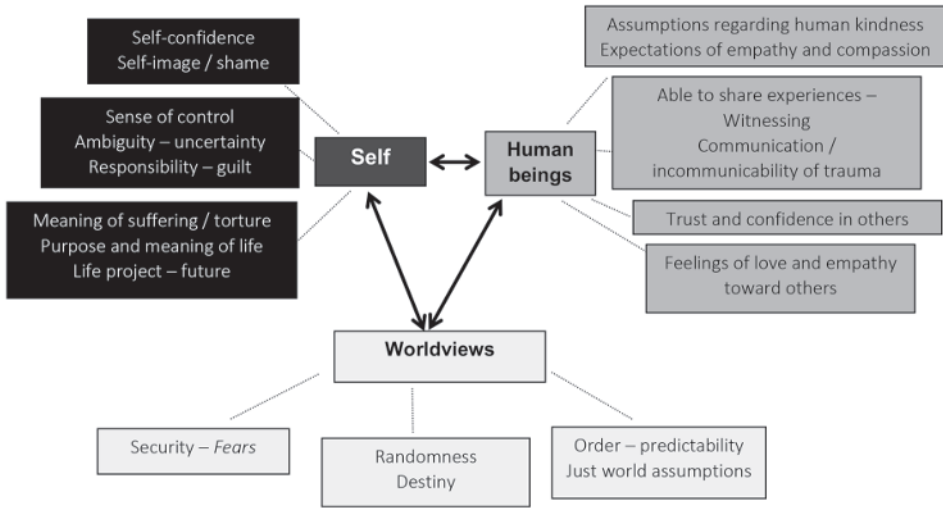


Figure 20.3 Conscious and unconscious beliefs and assumptions about the world, others and self challenged by torture as an extreme traumatic experience

the other. Table 20.2 collects a selection of studies from different contexts and cultural backgrounds that compare the impacts of physical versus psychological torture. This cross-cultural narrative review shows the equal or greater impact and sequels of psychological over physical torture.

CONTRASTING THE MEDICAL AND LEGAL DEFINITIONS OF TORTURE

Psychological torture has been progressively recognized in the international legal sphere through the statements and hearings of multiple international bodies. We will not present or summarize those finding here, since they are explored at length in earlier chapters of this book, save to say that they embrace a broad range of practices and experiences.

The purpose of this section is limited to highlighting some relevant aspects in which the legal and medical models of understanding torture diverge.

Torture is not equivalent to physical pain: although the UNCAT definition includes physical or mental pain or suffering, in the folk conception, torture is associated with producing extreme physical pain. However physical pain is only one of many elements (although an extremely important one) employed in the process of breaking the self.

Fear and threats are not only critical elements in breaking the will of the survivor, but they leave indelible marks and can turn into deep, permanent anguish over time. Research shows that this anguish is a biological imprint of extreme and insurmountable feelings of vulnerability, unpredictability and loss of control.

Table 20.2 Long-term psychiatric consequences of physical versus psychological torture

Author	Sample	Findings
Somnier and Genefke (1986)	200 VoT resettled in Denmark. Qualitative in-depth interviews	Psychological torture was associated with more severe and lasting clinical symptoms.
Momartin, Silove, Manicavasagar and Steel (2003)	126 Bosnian Muslim refugees resettled in Australia	PTSD was predicted by threat to life but not physical torture. Threat to life and traumatic loss also contributed to symptom severity and disability associated with PTSD.
Bauer, Priebe, Häring and Adamczak (1993)	55 former German Democratic Republic political prisoners	Psychological torture produced enduring depression, anxiety and psychosomatic disorders that persisted over time without improvement.
Hooberman, Rosenfeld, Lhewa, Rasmussen and Keller (2007)	325 VoT resettled in the US	PTSD, anxiety and depression symptoms were significantly correlated with rape/sexual assault but not to psychological torture (witnessing the torture of others, torture of family members, deprivation/passive torture) nor physical torture (beating).
De Zoysa and Fernando (2007)	90 survivors – Sri Lanka	No differences found. Results indicated that in most cases survivors suffered both physical and psychological torture.
Başoğlu, Livanou, and Crnobaric (2007)	279 VoT – Balkans	Psychological torture (sham executions, threats of rape, sexual advances, threats against self or family, witnessing the torture of others, humiliating treatment, isolation, deprivation of urination/defecation, blindfolding, sleep deprivation) was as distressing as physical torture. Physical pain per se was not the most important determinant of traumatic stress in survivors of torture.
Başoğlu (2009)	432 torture survivors in former Yugoslavia and Turkey	Post-traumatic stress disorder was related to psychological torture (war-related captivity, deprivation of basic needs, sexual torture, exposure to extreme temperatures, isolation and forced stress positions) but not to physical torture.
Punamäki, Qouta, and Sarraj (2010)	275 Palestinian men	Both physical and psychological torture methods were associated with increased PTSD symptoms, especially when combined. Psychological torture was also associated with increased somatic symptoms.
Kira, Ashby, Odenat and Lewandowsky (2013)	326 VoT from 30 countries (mainly Burma, Butan) resettled in the US	Torture predicts Cumulative Trauma Disorder (CTD) but not PTSD. Witnessing and being subjected to sexual tortures were significant predictors of PTSD and Cumulative Trauma Disorder.
Choi, Lee and Lee (2017)	206 Korean VoT tortured between 1970 and 2000	Psychological torture and deprivation but not physical damage explained post-traumatic stress disorder (PTSD).

Questioning the self through humiliation, or the use of methods that induce shame or guilt is not a minor form of ill-treatment but probably one of the most severe. The suffering and psychological pain associated with self-conscious emotions often leaves permanent scars and damage which are even more severe in the long term than physical pain. The category *inhuman or degrading treatment* as an indicator of severity is misleading as it entails the idea of less-severe torture or torture-lite, thus hiding the devastating nature of psychological torture.

Emphasising the **severity of suffering** as a criterion to distinguish ill-treatment and torture is not consistent with medical and psychological scientific evidence. It is impossible to medically define a limit for ‘extreme suffering’ or ‘extreme psychological suffering’ because that limit depends on the subjective experience of each survivor. It assumes a linear relationship between the torture experience, the severity of suffering and psychological impacts which

in fact does not occur. There are different profiles of torturing environments that produce different types of suffering (affective, emotional, somatosensorial ...), which are impossible to quantify and can affect individuals in very particular ways. The impact of torture depends on the physical and psychological characteristics of the detainee and his or her physical and psychological vulnerability and resilience.

From the point of view of perpetrators, torture is the ‘art’ of finding the limits of physical and psychological endurance to reach a breaking point of temporary or permanent submission. The torturer seeks the ‘limits’ of the tortured person. But what are the limits? The only true limit is death. It is impossible to assess psychological damage or severe psychological suffering during the act of torture, whether interrogational or not. The only possible way is to state clear regulations in any situation liable to turn into torture, taking as a reference what science shows are the limits that guarantee not harming another human being.

The methods employed are relevant, but they should not be the central criteria. Torture methods cannot be conceptualized as more or less humane – ‘rough’ or ‘lite’ or amounting, by themselves, to ill-treatment or torture according to the supposed level of suffering they entail. Each torture method causes a different type of physical or psychological pain and awakens different personal dreads. Each method or set of methods challenges different psychological and physical limits, but in the end, all methods are strategies within the broader game of domination and subjugation. The most banal technique can destroy a victim if applied to a person vulnerable to it. Finding the solution to what can be considered torture in a list of *authorised methods* is, thus, erroneous from a medical and psychological point of view and confers a false sense of protection. It makes more sense to assess the aims and targets of torture, and the different pathways involved in breaking the individual. And, accordingly, protect human beings from these situations or environments.

Time and reiteration are partially relevant criteria to assess torture. They are not necessarily a signal of more severe suffering or consequences, because even very short ill-treatment periods can have long-lasting effects. But both can be criteria to support intentionality. It is misleading to distinguish ill-treatment from torture using length of detention or reiteration of abuses as a primary criterion.

All the above leads to the conclusion that in defining torture and distinguishing it from ill-treatment, the emphasis should be placed on the purpose, not the method. The legal world should move towards sentences, resolutions and statements where intentionality, motivation and purposes are put at the centre, while the severity of suffering is considered a secondary element.

PROFILING TORTURE FOR SCIENTIFIC STUDIES

Trying to produce academic research from across all these complex worlds requires tools that allow the profiling of torture. Torture has traditionally been measured through checklists. There have been various attempts to create such checklists, including, to name a few, the Exposure to Torture Scale (Başoğlu, 1999), the Allodi Torture Scale (Allodi, 1991) and the Torture Checklist (Rasmussen, Crager, Keatley, Keller and Rosenfeld, 2011). A review collected up to 48 different checklists of war-related events (including torture), ranging in length from 8 to 164 items (Green, Rasmussen and Rosenfeld, 2010). They are mostly designed in terms of semi-structured interviews for use in rapid assessments with displaced populations

or in refugee camps, as an aid to elaborate clinical histories in rehabilitation centres, or for forensic assessments of legal claims. None of these checklists has been validated (Green et al., 2010; Hollifield et al., 2002), nor have their psychometric properties been published; they are useful insofar as they provide a structured listing of methods. Torture severity measurements are somewhat more refined versions of a checklist. Half of the studies in Green's review derived scores by simply summing the number of different types of abuse suffered (whether or not they were considered to be torture). A small number of studies also took into account the frequency and duration of techniques. None of these measures includes the subjective perception of the impact of each torture method. Only the Semi-Structured Interview for Survivors of War (SISOW) (Başoğlu, 1999) operationalizes torture severity by calculating the total number of types of torture (from a list of 44 events), frequency of exposure to torture, duration of detention and perceived severity of each type of experienced torture (i.e. distress) rated along a 5-point Likert scale. The SISOW was designed for use in the Balkans and the list of torture methods was derived from the testimony of survivors. Its applicability in other countries or cultures might be limited.

Checklists, in summary, are rough and inaccurate measures of torture that can incorporate neither the infinite methods of producing suffering that the human imagination of perpetrators can create nor the subjective experience of the combination of methods that happens in actual torture. According to what we called earlier in this chapter the *teleological approach*, although the number of torture methods is infinite, the final targets (coercion or breaking of the self) are limited. A more parsimonious node of research is to focus not on the method of producing suffering, but on the profile of attacks on the different physical and psychological systems of a human being and the purpose of using the method in this overall process of breaking the person (see Table 20.1). We need to understand torture methods framed in the overall picture of the torturing process. This connects with the idea that the impact of torture is not related to a single technique but to a cumulative effect or a combination of techniques that if used alone would not produce the same effects (Koenig, Stover and Fletcher, 2009; Reyes, 2008).

This, among other reasons, suggests shifting academic research from defining and measuring torture methods, to defining and measuring *torturing environments*. We define a torturing environment as a milieu that creates the conditions for torture. It is made up of a group of contextual elements, conditions and practices that obliterate the will and control of the victim, compromising the self. This environment will amount to cruel, inhuman or degrading treatment or torture when it has been generated for any of the purposes stated in the United Nations definition. The creation of a torturing environment can include one or more of the following: attacks to primary needs and relation to the environment; attacks to the need for safety and physical integrity, including pain, threats and fear; and attacks to the self and identity, including individual, group and collective dimensions of identity (Table 20.1).

The Torturing Environment Scale (TES) (Pérez-Sales, 2017) was designed as an alternative that adopts this new outlook by gathering torture methods which attack human functioning using a purposive approach to offer a profile of a torture interaction (if used on an individual basis) or a torture milieu (if used as a tool for monitoring detention centres). It can also be used for forensic reports as a complementary tool to the Istanbul Protocol (IP) to better define the experience of the alleged survivor. The TES is a measure of the complex and multidimensional

elements that can target a human being submitted to torture.³ We hope more measures will emerge that open up the field of research on how torture targets the self and the mind.

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³ The TES can be freely accessed in English, Spanish and French through the website of the Project (www.picosocial.info).

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