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The Psychology of Torture - Part II By Sam Vaknin

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Sometimes the victim comes to crave pain – very much as self-mutilators do – because it is a proof and a reminder of his individuated existence otherwise blurred by the incessant torture. Pain shields the sufferer from disintegration and capitulation. It preserves the veracity of his unthinkable and unspeakable experiences.

This dual process of the victim's alienation and addiction to anguish complements the perpetrator's view of his quarry as "inhuman", or "subhuman". The torturer assumes the position of the sole authority, the exclusive fount of meaning and interpretation, the source of both evil and good.

Torture is about reprogramming the victim to succumb to an alternative exegesis of the world, proffered by the abuser. It is an act of deep, indelible, traumatic indoctrination. The abused also swallows whole and assimilates the torturer's negative view of him and often, as a result, is rendered suicidal, self-destructive, or self-defeating.

Thus, torture has no cut-off date. The sounds, the voices, the smells, the sensations reverberate long after the episode has ended – both in nightmares and in waking moments. The victim's ability to trust other people – i.e., to assume that their motives are at least rational, if not necessarily benign – has been irrevocably undermined. Social institutions are perceived as precariously poised on the verge of an ominous, Kafkaesque mutation. Nothing is either safe, or credible anymore.

Victims typically react by undulating between emotional numbing and increased arousal: insomnia, irritability, restlessness, and attention deficits. Recollections of the traumatic events intrude in the form of dreams, night terrors, flashbacks, and distressing associations.

The tortured develop compulsive rituals to fend off obsessive thoughts. Other psychological sequelae reported include cognitive impairment, reduced capacity to learn, memory disorders, sexual dysfunction, social withdrawal, inability to maintain long-term relationships, or even mere intimacy, phobias, ideas of reference and superstitions, delusions, hallucinations, psychotic microepisodes, and emotional flatness.

Depression and anxiety are very common. These are forms and manifestations of self-directed aggression. The sufferer rages at his own victimhood and resulting multiple

dysfunction. He feels shamed by his new disabilities and responsible, or even guilty, somehow, for his predicament and the dire consequences borne by his nearest and dearest. His sense of self-worth and self-esteem are crippled.

In a nutshell, torture victims suffer from a Post-Traumatic Stress Disorder (PTSD). Their strong feelings of anxiety, guilt, and shame are also typical of victims of childhood abuse, domestic violence, and rape. They feel anxious because the perpetrator's behavior is seemingly arbitrary and unpredictable – or mechanically and inhumanly regular.

They feel guilty and disgraced because, to restore a semblance of order to their shattered world and a modicum of dominion over their chaotic life, they need to transform themselves into the cause of their own degradation and the accomplices of their tormentors.

The CIA, in its "Human Resource Exploitation Training Manual – 1983" (reprinted in the April 1997 issue of Harper's Magazine), summed up the theory of coercion thus:

"The purpose of all coercive techniques is to induce psychological regression in the subject by bringing a superior outside force to bear on his will to resist. Regression is basically a loss of autonomy, a reversion to an earlier behavioral level. As the subject regresses, his learned personality traits fall away in reverse chronological order. He begins to lose the capacity to carry out the highest creative activities, to deal with complex situations, or to cope with stressful interpersonal relationships or repeated frustrations."

Inevitably, in the aftermath of torture, its victims feel helpless and powerless. This loss of control over one's life and body is manifested physically in impotence, attention deficits, and insomnia. This is often exacerbated by the disbelief many torture victims encounter, especially if they are unable to produce scars, or other "objective" proof of their ordeal. Language cannot communicate such an intensely private experience as pain.

Spitz makes the following observation:

"Pain is also unsharable in that it is resistant to language... All our interior states of consciousness: emotional, perceptual, cognitive and somatic can be described as having an object in the external world... This affirms our capacity to move beyond the boundaries of our body into the external, sharable world. This is the space in which we interact and communicate with our environment. But when we explore the interior state of physical pain we find that there is no object 'out there' – no external, referential content. Pain is not of, or for, anything. Pain is. And it draws us away from the space of interaction, the sharable world, inwards. It draws us into the boundaries of our body."

Bystanders resent the tortured because they make them feel guilty and ashamed for having done nothing to prevent the atrocity. The victims threaten their sense of security and their much-needed belief in predictability, justice, and rule of law. The victims, on their part, do not believe that it is possible to effectively communicate to "outsiders" what they have been through. The torture chambers are "another galaxy". This is how Auschwitz was described by the author K. Zetnik in his testimony in the Eichmann trial in

Jerusalem in 1961.

Kenneth Pope in "Torture", a chapter he wrote for the "Encyclopedia of Women and Gender: Sex Similarities and Differences and the Impact of Society on Gender", quotes Harvard psychiatrist Judith Herman:

"It is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear, and speak no evil. The victim, on the contrary, asks the bystander to share the burden of pain. The victim demands action, engagement, and remembering."

But, more often, continued attempts to repress fearful memories result in psychosomatic illnesses (conversion). The victim wishes to forget the torture, to avoid re-experiencing the often life threatening abuse and to shield his human environment from the horrors. In conjunction with the victim's pervasive distrust, this is frequently interpreted as hypervigilance, or even paranoia. It seems that the victims can't win. Torture is forever.

Note - Why Do People Torture?

We should distinguish functional torture from the sadistic variety. The former is calculated to extract information from the tortured or to punish them. It is measured, impersonal, efficient, and disinterested.

The latter – the sadistic variety – fulfils the emotional needs of the perpetrator.

People who find themselves caught up in anomic states – for instance, soldiers in war or incarcerated inmates – tend to feel helpless and alienated. They experience a partial or total loss of control. They have been rendered vulnerable, powerless, and defenseless by events and circumstances beyond their influence.

Torture amounts to exerting an absolute and all-pervasive domination of the victim's existence. It is a coping strategy employed by torturers who wish to reassert control over their lives and, thus, to re-establish their mastery and superiority. By subjugating the tortured – they regain their self-confidence and regulate their sense of self-worth.

Other tormentors channel their negative emotions – pent up aggression, humiliation, rage, envy, diffuse hatred – and displace them. The victim becomes a symbol of everything that's wrong in the torturer's life and the situation he finds himself caught in. The act of torture amounts to misplaced and violent venting.

Many perpetrate heinous acts out of a wish to conform. Torturing others is their way of demonstrating obsequious obeisance to authority, group affiliation, colleagueship, and adherence to the same ethical code of conduct and common values. They bask in the praise that is heaped on them by their superiors, fellow workers, associates, team mates, or collaborators. Their need to belong is so strong that it overpowers ethical, moral, or legal considerations.

Many offenders derive pleasure and satisfaction from sadistic acts of humiliation. To these, inflicting pain is fun. They lack empathy and so their victim's agonized reactions

are merely cause for much hilarity.

Moreover, sadism is rooted in deviant sexuality. The torture inflicted by sadists is bound to involve perverted sex (rape, homosexual rape, voyeurism, exhibitionism, pedophilia, fetishism, and other paraphilias). Aberrant sex, unlimited power, excruciating pain – these are the intoxicating ingredients of the sadistic variant of torture.

Still, torture rarely occurs where it does not have the sanction and blessing of the authorities, whether local or national. A permissive environment is sine qua non. The more abnormal the circumstances, the less normative the milieu, the further the scene of the crime is from public scrutiny – the more is egregious torture likely to occur. This is especially true in totalitarian societies where the use of physical force to discipline or eliminate dissent is an acceptable practice.

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There is one place in which one's privacy, intimacy, integrity and inviolability are guaranteed – one's body, a unique temple and a familiar territory of sensa and personal history. The torturer invades, defiles and desecrates this shrine. He does so publicly, deliberately, repeatedly and, often, sadistically and sexually, with undisguised pleasure. Hence the all-pervasive, long-lasting, and, frequently, irreversible effects and outcomes of torture.

In a way, the torture victim's own body is rendered his worse enemy. It is corporeal agony that compels the sufferer to mutate, his identity to fragment, his ideals and principles to crumble. The body becomes an accomplice of the tormentor, an uninterruptible channel of communication, a treasonous, poisoned territory.

It fosters a humiliating dependency of the abused on the perpetrator. Bodily needs denied – sleep, toilet, food, water – are wrongly perceived by the victim as the direct causes of his degradation and dehumanization. As he sees it, he is rendered bestial not by the sadistic bullies around him but by his own flesh.

The concept of "body" can easily be extended to "family", or "home". Torture is often applied to kin and kith, compatriots, or colleagues. This intends to disrupt the continuity of "surroundings, habits, appearance, relations with others", as the CIA put it in one of its manuals. A sense of cohesive self-identity depends crucially on the familiar and the continuous. By attacking both one's biological body and one's "social body", the victim's psyche is strained to the point of dissociation.

Beatrice Patsalides describes this transmogrification thus in "Ethics of the Unspeakable: Torture Survivors in Psychoanalytic Treatment":

"As the gap between the 'I' and the 'me' deepens, dissociation and alienation increase. The subject that, under torture, was forced into the position of pure object has lost his or her sense of interiority, intimacy, and privacy. Time is experienced now, in the present only, and perspective – that which allows for a sense of relativity – is foreclosed. Thoughts and dreams attack the mind and invade the body as if the protective skin that normally contains our thoughts, gives us space to breathe in between the thought and the thing being thought about, and separates between inside and outside, past and present, me and you, was lost."

Torture robs the victim of the most basic modes of relating to reality and, thus, is the equivalent of cognitive death. Space and time are warped by sleep deprivation. The self ("I") is shattered. The tortured have nothing familiar to hold on to: family, home, personal belongings, loved ones, language, name. Gradually, they lose their mental resilience and sense of freedom. They feel alien – unable to communicate, relate, attach, or

empathize with others.

Torture splinters early childhood grandiose narcissistic fantasies of uniqueness, omnipotence, invulnerability, and impenetrability. But it enhances the fantasy of merger with an idealized and omnipotent (though not benign) other – the inflicter of agony. The twin processes of individuation and separation are reversed.

Torture is the ultimate act of perverted intimacy. The torturer invades the victim's body, pervades his psyche, and possesses his mind. Deprived of contact with others and starved for human interactions, the prey bonds with the predator. "Traumatic bonding", akin to the Stockholm Syndrome, is about hope and the search for meaning in the brutal and indifferent and nightmarish universe of the torture cell.

The abuser becomes the black hole at the center of the victim's surrealistic galaxy, sucking in the sufferer's universal need for solace. The victim tries to "control" his tormentor by becoming one with him (introjecting him) and by appealing to the monster's presumably dormant humanity and empathy.

This bonding is especially strong when the torturer and the tortured form a dyad and "collaborate" in the rituals and acts of torture (for instance, when the victim is coerced into selecting the torture implements and the types of torment to be inflicted, or to choose between two evils).

The psychologist Shirley Spitz offers this powerful overview of the contradictory nature of torture in a seminar titled "The Psychology of Torture" (1989):

"Torture is an obscenity in that it joins what is most private with what is most public. Torture entails all the isolation and extreme solitude of privacy with none of the usual security embodied therein... Torture entails at the same time all the self-exposure of the utterly public with none of its possibilities for camaraderie or shared experience. (The presence of an all powerful other with whom to merge, without the security of the other's benign intentions.)

A further obscenity of torture is the inversion it makes of intimate human relationships. The interrogation is a form of social encounter in which the normal rules of communicating, of relating, of intimacy are manipulated. Dependency needs are elicited by the interrogator, but not so they may be met as in close relationships, but to weaken and confuse. Independence that is offered in return for 'betrayal' is a lie. Silence is intentionally misinterpreted either as confirmation of information or as guilt for 'complicity'.

Torture combines complete humiliating exposure with utter devastating isolation. The final products and outcome of torture are a scarred and often shattered victim and an empty display of the fiction of power."

Obsessed by endless ruminations, demented by pain and a continuum of sleeplessness – the victim regresses, shedding all but the most primitive defense mechanisms: splitting, narcissism, dissociation, Projective Identification, introjection, and cognitive dissonance. The victim constructs an alternative world, often suffering from

depersonalization and derealization, hallucinations, ideas of reference, delusions, and psychotic episodes.

(continued)

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