

The mark of torture and the therapeutic relationship

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Abstract

The title of this paper, 'The mark of torture,' comes from the clinical insight that in the intersubjective field of therapy for torture survivors a distinct set of motives tends to repeat itself. These motives are here conceptualized as 'perversion-like states', since they present features and dynamics that can also be found in the so-called 'perversions'. However, the limits and the sense of the use of this term will be discussed and clarified. It is argued that such states are the result of the perverse traumatic experiences of torture in which trauma represents only the *pars destruens* of the process, the disrupting device that disintegrates the previous psychological organization and leaves posttraumatic symptoms as traces of the impact of this experience; while the 'perversion' constructs and converts the functioning of mind - *pars construens* - through its characteristic use of body and pain. It is assumed that this happens through an implicit registration of the experience that may or may not reach the point of changing the characteristics of the person's object relations.

A clinical vignette outlining the development of a particular course of therapy with a torture survivor will illustrate some of these peculiar aspects. This paper implies that a well-founded understanding of these aspects in the interpersonal dynamics of therapy may help the therapeutic dyad to unpack crucial themes created by torture, thus accelerating the patient's progress towards recovery.

Key words: *Trauma; Body; torture; Perversion-like states; Implicit relational knowing.*

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Introduction

The question of a torture survivor syndrome

After a debate developed in the 80s and 90s about the question if torture victims suffered of a distinguished syndrome (Gorst-Unsworth & Goldenberg, 1998; Mollica, et al., 1992; Perez Sales, 2017) and ended with no recognition of a special entity, most of the leading contemporary researchers of trauma and posttraumatic disorders do not distinguish torture victims from other severely traumatized people (Ramsay et al., 1993; Basoglu et al. 2007). None of the contemporary classifications of psychiatric disorders separate this syndrome as a special nosological entity, apart from the possibility to place this syndrome to a certain extent under the category of "Permanent personality changes following a catastrophic experience" (F62.0 in the ICD-10, 2016). However, experts clinically working with survivors continue to acknowledge some special kind of suffering in their patients (de C Williams & van der Merwe, 2013). Regardless of whether or not this syndrome exists as a nosological entity, the clinical literature has by now a consolidated set of data suggesting that torture survivors experience sometimes permanent changes of their personality that partially overlap with those experienced by people who have lived other catastrophic experiences, but also a series of changes that seems to be specific to torture (Laub & Auerhahn, 1989). This article tries to investigate this last series of changes, i.e. those specific to torture, not to pursue the aim of a distinguished syndrome, but to better understand the interpersonal dynamics observable in the clinical setting.

The hypothesis developed in this article is that the practice of torture has a specific impact on the victim's relational skills and leads to an 'perverse-like implicit relational knowing' that will display its features in the following relationships, being them spontaneous or therapeutic. This implicit relational knowing may have a more or less deep impact on the victim's object relations, conducting to a more or less stable way of

relating depending on many subjective and context related variables. However, almost invariably it characterises the survivor's suffering in the phase following torture.

From a psychodynamic perspective, the main theoretical argument here is that torture is characterized not only by trauma - the *pars destruens* of the process - i.e. the disrupting event that disintegrates the previous psychological organisation; but the experience of torture has a 'perverse' component that constructs and converts the functioning of mind - a *pars construens* - tending to change the characteristics of the inner world of victims through its characteristic use of body and pain. This perverse side of the consequences of torture is more elusive and hardly detected, but it is a major source of relational problems and shame and in different ways waits to be relived in therapy.

The pars destruens of torture: the trauma

Trauma, an ambivalent term with which the external event and its effect in the inner world are simultaneously highlighted, is what impresses the objectivity of a disruptive event, difficult or impossible to organize, in the subjective field of experience (Boulanger, 2007). Particularly effective is Bromberg's (1998) definition of trauma, which perfectly fits the description of the experience of torture:

Psychological trauma occurs in situations, explicitly or implicitly interpersonal, in which self-invalidation (sometimes *self-annihilation*) cannot be escaped from or prevented and from which there is no hope of protection, relief, or soothing. If the experience is either prolonged, assaultively violent, or if self-development is weak or immature, then the level of affective arousal is too great for the event to be experienced self-reflectively and given meaning through cognitive processing. (1998, p. 12)

The experience of terror and anxiety, coupled with a feeling of helplessness and absence of any salvation, creates a very intense emotional state against which no defenses

can be put in place, comparable to a state of death or annihilation. In these unbearable painful cases in which physical escape is not possible, dissociation allows for psychological escape (Putnam, 1997). The psychobiological response to threat or danger allows an organism to engage in automatized behaviour, enhancing analgesia, depersonalization, and removal of oneself from traumatic or catastrophic experiences with the aim of enhancing survival during and after the event (Dalenberg et al., 2012). However, when this response is too intense or sustained for a long time, it may produce a series of undesirable long-term consequences: disintegration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behaviour (APA, 2013). Core symptoms of dissociation tends to persist and they include disengagement (not paying attention or “spacing out”), emotional constriction, memory disturbances, depersonalization (feeling outside of and as if you do not belong to your own body), derealization (feeling as though things around you are not real) (Briere et al., 2005; Dell & Lawson, 2009; Lanius et al., 2012; Spiegel et al., 2013). Another frequent set of psychological sequelae of torture reported by clinicians regards personality changes including loss of self-esteem and trust in others, feelings of senselessness, alienation, loneliness, shame and isolation as part of complex trauma (Courtois, 2004; Hermann, 1992; Luxenberg et al., 2001).

In fact, the experience of a traumatic event can create a greater awareness of the possibility of following negative events, resulting in a chronic high arousal responses and feeling of fear and distress. Also for this reason, trauma can destroy the ordinary confidence in one's personal ability to cope with life difficulties and manage experience, and the feeling of one's own effectiveness in the world. If trauma is the result of someone acting in bad faith, it can deprive the subject of the feeling of trust that others may act other than in their own personal interest and the effect of having been treated inhumanly may be that the subject may end up considering

himself as less than human (Graessner & Gurriss, & Pross, 2001; Gerrity, Keane & Tuma, 2001).

Attempts to protect themselves from trauma through various defense mechanisms produce secondary symptoms. The person may limit their experience to avoid reactivation and stimulation of painful memories, or they may try to manage the sense of impotence by unconsciously reintroducing the traumatic situation in an attempt to control it. Alternatively, they can restore it so that, rather than suffering as a passive victim, they can actively control the situation causing suffering and maltreatment to another (Allen, 2005).

Catastrophic dissociation is associated with numbness that help to mitigate unbearable feelings of disintegration, but numbness can endure long after the terror has passes and it alienates the survivor from all that is familiar. Also memories become devoid of emotional impact. Losing the ability to experience feelings in a consistent fashion leads to a loss of familiarity with the self, with widespread interpersonal consequences. (Herman, 1992) The failure to register one's own feelings implies the failure to share one's affective state with an other and to appreciate the other's affectivity, which is the basis of the capacity to feel related to others (Boulanger, 2008). The loss of interiority may bring with it the loss of an internal object world and difficulties keeping thoughts in mind. The traumatic disruption of memory and internal patterns of arousal leads to unfamiliar feeling states that threaten the sense of continuity and gives the typical ruptured sense of time that interrupts the feeling of going on being.

The pars construens of torture: the perverse-like implicit relational knowing

It is argued here that in the case of torture, the pathogenic factor of trauma is to be sought not only in the dis-integrating impact of events that create a series of lacunae and deficits in the psychological functioning, but in the *pars construens* of the process initiated by torture. In fact, in torture the victim's psyche and body are exposed to the *implicit*

registration of a perverse traumatic relational experience.

Torture is highly focused on the individual and aimed at crushing and annihilating his/her personality by way of cruel, systematic and deliberate infliction of psychic or physical violence, most often combined, perpetrated by the torturer. It is now acknowledged that the human and relational element involved in torture - the fact that the violence is perpetrated by human beings - increases the potential negative impact of this kind of experience (Krystal, 1969). As a consequence, torture may, in fact, compromise the possibility of a subsequent significant contact with other human beings, as proved by the emotional retreat and social isolation that the victims of torture experience in the post-traumatic life span (Herman, 1992).

The implicit knowing

The registration of the implicit experience refers to what some contemporary authors and researchers (The Boston Change Process Study Group, 2010) call implicit relational knowing. Much of this knowing is procedural and concerns what we know about interpersonal and intersubjective relationships, that is, how to "be with" someone (D.N. Stern, 1985, 1995). This knowledge integrates affect, cognition, and behavioral/interactive dimensions. Like in Bollas' 'unthought known' (1987) or in Sandler's 'past unconscious' (Sandler & Sandler, 1984), these dimensions may remain unconscious but may also form the basis of much of what could be symbolically represented at a later time. The implicit relational knowing is produced through 'interactive and intersubjective processes' that alter the relational field in the context of a 'shared implicit relationship'. The concept of implicit relational knowing is fundamental to the developmental psychology of preverbal children. Observations and experiments strongly indicate that children interact with caregivers largely relying on this kind of relational knowledge. There is evidence that they have expectations about caregivers' behavior, and they show surprise or confusion when these expectations are violated (Sander, 1988; Trevarthen, 1979; Tro-

nick et al., 1978). Additionally, from the early years of life this implicit knowing is recorded in the form of representations of interpersonal events in non-symbolic form. This is evident not only in their expectations, but also in the generalization of some interactive schemata (Beebe & Lachmann, 1988; Lyons-Ruth, 1991; D.N. Stern, 1985). Development studies have highlighted the existence, in the early years of life, of a continuous process of negotiation that consists of a series of adaptive tasks between the child and the caring environment (Lyons-Ruth & Jacobvitz, 1999; Sander, 1988; Stern 1985; 1995). The particular configuration in each individual of adaptive strategies emerging from this sequence constitutes the initial organization of their field of implicit relational knowing. Several terms and conceptual variations have been proposed in this field: Bowlby's "internal working models" (1973), Stern's "protounarrative envelopes" and "schemas-of-being-with" (1995), and the "relational scripts" of Trevarthen (1993), and this is still an open research field, especially to understand change mechanisms in psychotherapy (The Boston Change Study Group, 2010).

We can reasonably assume that the implicit relational knowing is not only present in the pre-symbolic child. All life is scattered with implicit knowing about the many ways of being with others. Often, this knowing is not symbolically represented, although not necessarily unconscious in psychodynamic terms in the sense that it is not defensively excluded from consciousness.

The key point for the purposes of this article is that a relational trauma such as torture, with its outrageous impact, is able to leave an imprint on the implicit relational knowing of an adult victim, impressing the profile of a perverse character upon their relational schemata of interaction. This knowing may or may not reach a symbolic form, or being internalized in the form of object relation, depending on individual story and object relations pattern. However, at some level its outline may always be retraced in inner world of the victim as more or less deep internalization or generalization of that schema

of interaction. In the context of a massive psychic trauma, this implicit relational knowing may be consolidated in a dead or almost dead internal object. In other less severe cases, this implicit relational knowing presents itself as a more superficial imprint that nevertheless has to be worked through and overcome before previous object relations configuration can re-emerge.

The perverse-like states

Here, I am provisionally using the unsatisfactory term of 'perversion' to mean an area of psychic and relational phenomena. In psychoanalytic terms, perversions were conceptualized by Freud in relation to the events of psycho-sexual development. The term was used to indicate, within his model, fixed and exclusive sexual behavior that has anything but the genital heterosexual relationship as aim (1905). However, having established that such a ('perverse') desire exists in all normal people, Freud conceptualized the large absence of perverse behavior in ordinary people by conceptualizing the removal of such desires as the sacrifice made necessary during development by civilization (Freud, 1905). Since then, the concept of perversion has made a long journey and different authors deepened the psychodynamics of perversion, enlightening about its inner meanings. Most of them used the concept in relation to sexual behavior and in connection with the defense mechanism of disavowal. In 1927 Freud explicitly connected perversions with a defense mechanism in which there is an intrapsychic deception that disavows the reality of castration. After having rejected the strictly psychotic interpretation of 'disavowal' he attempts to construe it on the model of neurosis, that is, as a compromise formation. However a neurotic compromise, because it involves repression, cannot involve the simultaneous presence of two contradictory ideas in consciousness (namely, in castration anxiety, the woman does and does not have a penis). In brief, Freud is busy here with a theoretical effort: trying to account for a defense mechanism that is not psychotic nor neurotic, in which there is neither delusion nor illusion but something par-

taking of both - "two attitudes persist side by side... without influencing each other" (Freud, 1940a (1938), p. 203).

Chasseguet-Smirgel and McDougall's theories expand Freud's theory of disavowal and examine the pre-oedipal roots of perversion and reconstructs the relationship between perversion and reality in a striking similar fashion.

Chasseguet-Smirgel (1984) maintains that perversion derives from the baby's inability to acknowledge the double difference between the sexes and between the generations. This alternative requires a significant degree of strength, for it involves the toleration of considerable psychic pain: the mortification resulting from the baby's recognition of his helplessness and inferiority vis-à-vis the father and the sense of exclusion from the sexual couple. If the little boy can tolerate the psychic pain, he can compensate himself with the aspiration to become like his father and enjoy the father's 'prerogatives' in the future. On the other hand, if he cannot tolerate that psychic pain, he will maintain the illusion that his penis is already an adequate sexual organ and, through the idealization of pregenitality. While this disavowal is perhaps normal at a certain stage of development, its continuation into adult life and enactment can produce perversion.

McDougall (1972) focuses on the disavowal of the meaning of the primal scene. Her understanding of perversion centers on the attempt to master the trauma caused by the child's encounter with the primal scene through counterphobic manic enactment. Whereas in the original situation, the child passively suffered the agonizing realities of exclusion, incomprehensible and unmasterable excitation and narcissistic injury, in the reenactment the perverse individual becomes the active author of an alternative primal scene in which the traumatic element of the original one excised and replace with his 'neosexual inventions'.

McDougall maintains that, developmentally and diagnostically perversion lies between the psychoses and the neuroses, and as such constitutes a 'third structure' which partakes

the elements of both. She argues that disavowal is ubiquitous in perversion and consists in "a destruction of meaning" that proceeds in two steps. In the first the information is registered, it is avowed, in the second, the meaning of that information is 'denuded' through the cutting of associative links - knowing and not knowing. The perverse practices (and drama) then enter to fill the 'gaps' in meaning left in the associative network, where the links have been severed. However, McDougall introduces the idea that not only sexual development is involved in perversion but the manner in which children traverse the separation-individuation process is important as well. In other words, how children negotiate the dissolution of symbiosis, renounce omnipotence and magic, learn to tolerate privation, tension, anxiety and the existence of otherness; and establish a relatively firm separate identity through the internalization of a good enough object will, in large part determine how they manage the challenges of the oedipal phase.

There has been some acknowledgment within psychoanalysis that an exclusively sexual definition of perversion may be too constrictive (Laplanche & Pontalis, 1973, p. 306-7). Fiona Ross (2013) builds on existing support for broadening the concept to encompass more than sexual perversion (Morgenthaler, 1988, p. 13; Phillips, 1994, p. 65; Waddell & Williams, 1991, p. 2013-2013). She finds that there is a grey area between sexual and non sexual perversion, (that she calls "bodily" perversion), "activities that are not ostensibly sexual but, like sexual perversion, reflect a perverse aim, fixation on an inappropriate object, and are rigid, compulsive and addictive, can be described as perversions. These are 'non sexual perversions' emanating like sexual perversions from a perverse psychic structure" (2013, p. 5).

Caper (1998, p. 545) states that perversion can now be redefined in terms of unconscious object relationship, and Melzer (1979, p. 134) believes that perversion can be expressed through any mode of relationship and there is no human activity that cannot be perverted, since the "the essence of the per-

verse impulse is to alter good into bad, while preserving the appearance of good" (1979, p. 132).

The trend in reinterpreting the meaning of perversion is generally towards a relational understanding. Parsons (2000) suggests that instead of the construction of sexuality based on a drive comprising source, aim and object, there has been a shift in conception to source, aim, and quality of relatedness to the object. Masud Khan also writes about perversion in terms of object relations (although with a sexual edge). He considers perversion to be a defence against relationship, giving the appearance of intimacy but lacking reciprocity with the perverse person needing to control the relationship. Khan (1979) explores perversion in terms of his functions of intimacy, alienation of self, form of action, idealization and idolatry for the self: the perverse relates to another not in the frame of an intersubjective encounter, but as to an accomplice who is treated as a subjective object and is forced to act out the fantasy scenery of the perverse. In this way, he induces and forces the other to become an accomplice by establishing a fictional situation in which there is fake intimacy and the voluntary cooperation of a seduced external object; however, the perverse keeps control of the manipulative, dissociated situation (Khan, 1979).

Ruth Stein states that "perversion does not limit itself to the sexual perversion, but is rather a special case of perverse mode of object-relatedness and responses to the demands of reality (...). Consequently, perversion often manifests itself as a disguised often sexualised enactment of hatred and destructiveness which is actualized within a relational structure" (2005, p. 776). She identifies a gradual transition from the narrowly defined concept of sexual perversion to a wider understanding that includes character perversion, perversion in organizations, in relationships and in the therapeutic transference.

Stoller defined perversion in 1975 as the 'erotic form of hatred', taking control and revenge on the original trauma. The concepts

of trauma and perversion are therefore interconnected, and the sphere of sexuality may be used as a means to repair the original injury of a traumatic event.

Kohut (1971) specifies that perversions do not exist alone; they are often part of a series of symptoms that can be explained as sexualized versions of structural defects. Kohut's explanation has much in common with the Winnicottian approach of Khan's work, which characterizes a reparative function for the perverse action. Kohut's definition of 'structural defect' is similar to Stoller's theory that trauma is a component underlying perversion, causing the revenge, hostility, and risk that characterize perversions.

Similarly, Morgenthaler (1988, p. 13) understands perversions on a continuum. He thinks of perversion as having a filling function, designed to assist a failing narcissistic development in early childhood, allowing the development of ego and libido. Perversion is seen as a "prosthetic completion" (1988, p. 14), bridging this inner contradiction between fantasy and reality which is due to lack of developmental integration. This intrasystemic organisation leads to gradations in quality of object relatedness and he sees most people as falling in the middle ground between mature loving relationships and pure perversion.

Limentani (1986) emphasized that what is central to perversions is the perversion of truth. He proposed that the sexual behaviour represented a turning away from an intolerable "truth", (e.g. the truth of gender difference in transvestism or the truth of generational difference in paedophilia). In Limentani's view, the perversion "attacks reality", and some basic facts of life are simultaneously accepted and disavowed.

However, although the concept of perversion seems to expand beyond sexuality, it is undeniable that sexuality is integral part of the history and clinical core of the concept (see Benvenuto, 2016). For this reason, I will adopt here the provisional wording of 'perversion-like states' to refer to the

dynamics left as a mark by torture on the relational skills of survivors.

What emerges clearly from this review is that the perverse treats his partners as if they were not real people, but rather puppets to manipulate on the stage of the perversion. In the perverse act, there is relief from the traumatic or frustrating situation that started the process, but now the result is wonderful, not horrible, not only because of the escape of the threat but due to the immense sensual gratification in its staging (Stoller, 1975). This gratification binds the victim to the repetition of the perverse act. Here anxiety, or anticipation of danger, is experienced as excitement, a word used to describe not voluptuous sensations, but instead the rapid oscillations between the fear of trauma and hope of triumph. A central issue of perversions is that revenge transforms pain into pleasure. Revenge overcomes the positions of the actors of the drama: the victim becomes the executioner, the passive object of the other's hostility and power turns to be the agent of them.

The perverse-like implicit knowing in torture

The perverse core of torture is the dominance of a power relation between victim and torturer that deprives the victim of their value as subject endowed of identity and value in themselves, with autonomous will and existence. Torture acts on the foundational bricks of our relational existence, and tends to bend it according to its shape. The Latin etymology of the word torture, *torquere*, twist, suggests a link with the meaning of deviating, distorting, bending what is straight, in this case, intersubjectivity as mutual recognition and value, and respect of human rights. Therefore, I am using the term of 'perversion', unsatisfactory in itself, in broad sense as 'perverse-like states', to refer to that implicit tampering with the relational meanings of intersubjectivity so to produce an imbalance of power, recognition and subjectivity among the actors involved. Torture sets the logic, policies and dynamics of the interpersonal field of large and small groups according to a binary and asymmetrical subdivision into powerful /powerless,

subject/object, do/done (Benjamin, 2017). In perversions the links which bind the organization together are often sadomasochistic and involve a cruel type of tyranny in which object and the patient are controlled and bullied in a ruthless way. Sometimes the sadism is obvious, but often the tyranny is idealized and develops a seductive hold on the person, who appears to become addicted to it, often gaining a sadomasochistic gratification in the process (Sharff, 1996).

Torture is made of this kind of sadism that expresses through a characteristic use of physical and psychological pain. Its practice produces a conversion in the functioning of mind, a sort of fusion between self and other that, subsequently, undermines the perception of their differences. This fusion results in a sense of closeness that may be colored with a hint of intimacy. However, at a closer look, this intimacy reveals to be at service of manipulation of the other in order to reduce some risk for the self and as a way of seeking revenge and triumph on a dangerous object. Another important characteristic is that it implies an attack on reality, making large use of disavowal.

In torture, as well as often in trauma and perversion, pain and sexualization are frequently used in the frame of a relationship to increase the emotional intensity of the experience and to permanently secure a reversal or distortion of meanings. The body is a fact but also an idea: it is our flesh and bones but also the body-in-mind. It is a surface to inscribe and a register for the psyche (Van der Kolk, 2014). The body serves as both object and subject for others and for oneself, at the same time being a source and target for power (Foucault, 1975, 1976, 1980). "The body as literal site of the self, 'without which agency would have no place of residence' (D.N. Stern, 1985, p. 82) is paramount in arriving at a sense of core self" (Boulanger, 2008, p. 647). For its foundational role, *doing* and *undoing* the mind go through the body. The liminal quality of the body is closely related to its basic and intrinsic relational nature, and it necessarily implies another person (Bowlby, 1969, 1973; Sravish,

et al., 2013; Threvarthen, 1979, 1993; Tronick, 1989). As Mitchell (1993) writes, we are designed to interact with others and, at the beginning this tension to interaction comes into play through the senses, faces, smells and voices. This makes us inclined to search for those elements that are activated through the senses, which constitute the language of our past, the glittering medium not mediated by the language of our first object relationships. That sensorial level of experience keeps existing, even when the language arises, as a substratum in which experience continues to be implicitly registered and produced.

The elements of the implicit registration of torture that often go through bodily experience create an intersubjective field that is subsequently brought into play in other meaningful relationships and, electively, in the therapeutic relationship. A clinical vignette illustrates these aspects and shows that the initial themes of therapy with torture survivors are various configurations of an expectation of the patient to find the same perverse relational configuration of torture in therapy.

Clinical case: Aref

Aref is a 30-year-old Iranian journalist. After an apparent serene childhood and adolescence in a middle-class family during which he enjoyed a good enough parental care, he started to cultivate his political commitment that led him to become a journalist. Imprisoned several times in his country for a total of three years for his political activity against the regime, while in prison, he underwent various forms of physical and psychological torture, including falanga, repeated rapes, suspension, sleep deprivation, being exposed naked to the cold in a flooded water cell and various forms of humiliation.

He complained of a chronic drug-resistant headache, insomnia, flashbacks, inability to concentrate, depersonalization and derealization, back pain, and a series of obsessive-compulsive symptoms of 'making and un-making' and a difficulty in making decisions. He reported the impression that his life was

'dreamt', as if he was not the agent of what was happening to him. He described imaginative absorption states, similar to hallucinations.

Aref started therapy, after having obtained his refugee status, and after a series of missed appointments, delays and phone calls to move our appointment. Once he explained, "When I come here I feel the smell of blankets in jail. It's real, I have the physical sensation of feeling the smell of the blankets. The most amazing thing is that my second time in prison was fine ... I almost liked it. I had my room, my space... ". The therapeutic relationship was coercion to Aref, triggering olfactory flashbacks, sensory memories of the prison. Yet, at times, Aref seemed to have a very intense and close relationship with me, something he wanted and feared at the same time. He used a very seductive way of communicating, conveying me this sense of me being part of his most intimate life. For a long time, the transference and countertransference dynamics have been dealing with a feeling of being two but one at the same time, glued to each other.

Initially, we carried out our sessions with the help of a Farsi cultural and linguistic mediator; later, because of Aref's resistance to talk about significant experience, I imagined he might have difficulty to speak at the presence of a third person, and I explored the possibility to go on the two of us speaking in English. Aref agreed, however, it soon became clear to me that the mediator's nonattendance increased the level of fear that circulated in the therapeutic room. I had enacted what I felt as an 'invite to be alone'. Aref's debut at the first session without the mediator was an anxious, "What do you want to know? What must we start with?", as if forced to comply in order to minimize damage, in a mixed atmosphere of excitement and fear. These questions immediately evoked me the fantasy of me interrogating him. That move probably made Aref feel vulnerable and deprived of any protection. The space of the therapeutic relation available for symbolization became the place of an aggressive relationship in

which one part tries to extract information from the other part.

In the early phase of therapy, I felt the sensation of slippery borders between me and Aref. We could not understand what was initiated by whom. And often therapy replicated core dynamics of torture, which activated powerful feelings of transference and counter-transference with a "crushing" of the reflective space between patient and therapist. This was accompanied by enactments which, in the unfolding of the relationship, reproduced powerful victim-persecutor dynamics with the two roles easily reversible. We were glued in making something happen, in re-staging several 'chunks' of experience. Torture determines a collusion between the victim and his tormentor so that it becomes unclear who is doing what to whom. It is what Sussman (2005) calls being transformed into a "truly heteronymous will", through a fusion between the perpetrator and the victim, this later becoming an agent of their own betrayal. Like many survivors (Brenner, 2014; Howell, 2016, Schimmenti & Caretti, 2016), Aref felt that he no longer had his own will, almost inhabited by 'another,' as if he hosted an intruder.

Dependency issues were the most difficult to deal with in therapy, because they activated experiences of shame, impotence, smallness, and lack of control. Extremely frequent were power struggles and the difficulty of staying within the therapeutic setting, recognizing the other and respecting the rules of therapy, which often assumed the meaning of loss of control, surrender to the other, deprivation of personal freedom etc. This gave us the opportunity to understand in a certain time that fear and consequent control of the other was a central issue in therapy and to reach an agreement on how to mutually signal the emerging of such mental states in the interaction between us.

It is essential for human beings to have a sense of independent agency, being recognized by others as capable of rationality, having the ability, to choose which feelings, desires and emotions to present to others. In torture, the victim suffers a violation that

does cast doubt on his capacity for self-preservation. Insofar as the victim experiences some part of himself to be in collusion with his tormentor, he confronts more than a loss of control over the way he presents himself to others.

In time, Aref had retreated from social contacts and during the therapy (after 8 months from the beginning) he refused a wedding proposal with a girl that he liked and who lived in Canada. He felt weak and stuck. His work was the only part of his identity that he still recognized as important. He would have liked to write pieces, contact colleagues, but he experienced difficulty to concentrate. In order to regain some energy and sense of agency in his life, he practiced meditation, which gave him the feeling of having more control over his life and being able to live into his body, from which he felt generally cut off with unpleasant feelings of pain and depersonalization. Disconnected from his body, the only living space available was that of thoughts. For torture survivors the body is the place where the mark of power is imprinted. It offers powerful testimony of their terrible experience (Gray, 2001; Varvin & Stainer-Popovic, 2002) and sometimes it is rendered the victims' worst enemy by torture (Scarry, 1985). Pain reminds the loss of control over one's life and body, the person's physical impotence, and provokes attention deficits, insomnia (Olsen et al., 2006). Aref suffered from chronic pain, a translation of the intense and acute pain of torture experienced as long-lasting resistant to therapy. The body becomes a difficult place for the psyche to dwell. Aref was all concentrated on his thinking, although he realized that that was not enough to find relief. He was always afraid of making the wrong decision, as if he was constantly committed to redirect his own existence, continually on a cognitive juncture that never led anywhere.

We experienced a turning point in therapy when one day, after almost three years of therapy, he was contacted again by the girl who wanted to marry him. With the help of this distance relationship, in time Aref started to split more clearly good and bad con-

tents of his experience projecting on me and her, with me becoming more clearly an aggressive persecutor wanting to impede his life development and limit his freedom, and her the source of life, gratification and nurturance, opening the future. In other words, Aref shifted to a more clear paranoid schizoid mode of functioning, but became more able to draw a clear cut line between good and bad contents. What was once glued in a powerful mix of opposites that generated an almost dead object to be continually revived through excitation or to be dominated in case it was too alive and out of control, had been processed in our relationship and could be distinguished. After this split could happen, and be reflected on, the themes related to imprisonment and torture faded in the background and Aref's therapy set sail. We could start processing other themes of his childhood that had an influence on his present life.

Comments and concluding remarks

Torture survivors often remain alone, feeling forced into silence and to engaging in an endless and solitary attempt to give subjective meaning to manifestations of their symptoms in order to restore a sense of self that generates motivations and actions. The victim can find a treachery in the physiological responses of their body, in their feelings, behaviors and desire, not only losing control of oneself, but being actively involved in something harmful to oneself. It is what in the torturers' jargon calls 'breaking the prisoner', transforming the prisoner in the same pervert as their torturers. This is a major source of shame in torture. Such fusion may be registered as implicit relational knowing and possibly internalized as an almost dead object that displays itself in multiple aspects of the therapeutic relationship with a perverse character.

Thus, the challenge in therapy is not only to put together the pieces of traumatic dissociation, to reintegrate what has been disintegrated, but also to understand and change the perverse organization of the implicit relational knowing recorded. In some cases, the-

se traumatic experiences are not powerful enough to reorganize the whole personality (although they may sometimes repeat and deepen traumatic developmental experiences), but they are still able to inform and shape the therapeutic relationship. And this can only be undone going through the repetition of the process of fixation at the time of

trauma and conversion of the patient's mental functioning, going through the mark left by torture, in order to free the person from the fixity of its dynamics to process more personal and less traumatic issues.

References

- Allen, J.G. (2005). *Coping with trauma: Hope through understanding*. Washington, London: American Psychiatric Publishing.
- American Psychological Association, (2013). *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. doi: <http://dx.doi.org/10.1176/appi.books.9780890425596.744053>.
- Başoğlu, M., Livanou, M., Crnobarić, C. (2007). Torture vs other cruel, inhuman, and degrading treatment: is the distinction real or apparent? *Archives of General Psychiatry*, 64(3), 277–285. doi:10.1001/archpsyc.64.3.277
- Beebe, B., & Lachmann, F. (1988). The contribution of mother-infant mutual influence to the origins of self and object representations. *Psychoanalytic Psychology*, 5(4), 305-337. <http://dx.doi.org/10.1037/0736-9735.5.4.305>
- Benjamin, J. (2017). *Beyond doer and done to: Recognition theory, intersubjectivity and the third*. London & New York: Routledge.
- Benvenuto, S. (2016). *What are perversions? Sexuality, Ethics, Psychoanalysis*. London: Karnac Books.
- Bollas, C. (1987). *The shadow of the object: Psychoanalysis of the unthought known*. London: Free Association.
- Boulanger, G. (2007). *Wounded by reality: Understanding and treating adult onset trauma*. Mahwah, NJ: The Analytic Press.
- Boulanger, G. (2008). Witnesses to reality: Working psychodynamically with survivors of terror. *Psychoanalytic Dialogues*, 18(5), 638-657.
- Bowlby, J. (1969). *Attachment and loss. Vol. I Attachment*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and loss. Vol. II Separation*. New York: Basic Books.
- Brenner, I. (2014). *Dark matters: Exploring the realm of psychic devastation*. London: Karnac Books..
- Briere, J., Weathers, F.W., Runtz, M. (2005). Is dissociation a multidimensional construct? Data from the multiscale dissociation inventory. *Journal of Traumatic Stress*, 18, pp. 221-231, doi: 10.1002/jts.20024
- Bromberg, P. M. (1998). *Standing in the spaces*. Hillsdale, NJ: Analytic Press.
- Caper (1998). Psychopathology and primitive mental states. *The International Journal of Psychoanalysis*, 79(3), pp. 539-552.
- Chasseguet-Smirgel, J. (1984). *Creativity and perversion*. New York: W. W. Norton & Company.
- Courtois, C. A. (2004). Complex trauma, complex reactions: Assessment and treatment. *Psychotherapy: Theory, Research, Practice, Training*, 41(4), 412-425. doi:10.1037/0033-3204.41.4.412
- Dalenberg, C.J., Brand B.L., Gleaves, D.H., Dorahy, M.J., Loewenstein, R.J., Cardeña, E., Frewen, P.A., Carlson, E.B., Spiegel, D. (2012). Evaluation of the evidence for the trauma and fantasy models of dissociation. *Psychological Bulletin*, 138 (2012), pp. 550-588, doi:10.1037/a0027447.
- De C Williams, A. C., & van der Merwe, J. (2013). The psychological impact of torture. *British Journal of Pain*, 7(2), 101–106. <http://doi.org/10.1177/2049463713483596>
- Dell, P.F. & Lawson, D. (2009). An empirical delineation of the domain of pathological dissociation. In P.F. Dell, J.A. O'Neil (Eds.), *Dissociation and the dissociative disorders: DSM-V and beyond*, Routledge, New York, pp. 667-692.
- Herman, J.L. (1992). *Trauma and recovery*. New York: BasicBooks.

- Howell, E. (2016). *The dissociative mind in psychoanalysis: Understanding and working with trauma*. London, New York: Routledge.
- Foucault, M. (1975). *Discipline and punish: The birth of the prison*. Trans. A. Sheridan, Harmondsworth: Peregrine, 1977.
- Foucault, M. (1976). *The history of sexuality. Vol. 1, An introduction*. Translated by R. Hurley. New York: Penguin Books, 1978.
- Foucault, M. (1980). 'Body/power' and 'truth and power'. In C. Gordon (Ed.) *Michel Foucault: Power/Knowledge* (pp. 55-62). Brighton, UK: Harvester.
- Freud, S. (1905). Three essays on the theory of sexuality. In *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (pp. 125-245). J. Strachey (Trans. and Ed.) vol. 7. London: The Hogarth Press, 1971.
- Freud, S. (1927). Fetishism. In *SE*, vol. 21.
- Freud, S. (1938). Splitting of the Ego in the Process of Defence. In *SE*, vol. 23.
- Frewen, P. & Lanius, P. (2015). *Healing the traumatized self: Consciousness, neuroscience, treatment*. New York: W.W. Norton & Company.
- Gerrity, E., Keane, T.M. & Tuma, F. (Eds.) (2001) *The mental health consequences of torture*. New York, Boston, Dordrecht, London, Moscow: Kluwer Academic/Plenum Publishers.
- Gorst-Unsworth, C. & Goldenberg, E. (1998). Psychological sequelae of torture and organised violence suffered by refugees from Iraq. Trauma-related factors compared with social factors in exile. *The British Journal of Psychiatry*, 172, 90-44.
- Graessner, S., Gurriss, N. & Pross, C. (Eds.). (2001) *At the side of torture survivors: Treating a terrible assault at human dignity*. Baltimore & London: The John Hopkins University Press.
- Gray, A.E. (2001). The body remembers: Dance/movement therapy with an adult survivor of torture. *American Journal of Dance Therapy*, 23(1), 29-43.
- Herman, J.L. (1992). 'Complex PTSD: A syndrome in survivors of prolonged and repeated trauma'. *Journal of Traumatic Stress*, 5, 377-391.
- Howell, E., Itzkowitz, S. (Eds.) (2016). *The dissociative mind in psychoanalysis: Understanding and working with trauma*. London, New York: Routledge.
- Khan, M. (1979). *Alienation in perversions*. New York: International Universities Press.
- Kohut, H. (1971). *The analysis of the self*. New York: Int. Univ. Press.
- Krystal, H. (Ed.). (1969). *Massive psychic trauma*. New York: International Universities Press.
- Lanius, R.A., Brand, B., Vermetten, E., Frewen, P.A., Spiegel D. (2012). The dissociative subtype of posttraumatic stress disorder: rationale, clinical and neurobiological evidence, and implications. *Depression & Anxiety*, 29, pp. 701-708, doi: 10.1002/da.21889
- Laplanche, J., & Pontalis, J.B. (1973). *The language of psycho-analysis*. London: Hogarth Press.
- Laub, D., & Auerhahn, N. C. (1989). Failed empathy – a central theme in the survivor's Holocaust experience. *Psychoanalytic Psychology*, 6(4), 377-400. <http://dx.doi.org/10.1037/0736-9735.6.4.377>
- Limentani, A. (1989). *Between Freud and Klein*. London: Free Association Books
- Luxenberg, T., Spinazzola, J., van der Kolk, B. A. (2001). Complex trauma and disorders of extreme stress (DESNOS) diagnosis, part one: Assessment. *Directions in Psychiatry*, 21, 373-90.
- Lyons-Ruth, K. (1991). Rapprochement or approchement: Mahler's theory reconsidered from the vantage point of recent research on early attachment relationships. *Psychoanalytic Psychology*, 8(1), 1-23. <http://dx.doi.org/10.1037/h0079237>
- Lyons-Ruth, K., & Jacobvitz, D. (1999). Attachment disorganization: unresolved loss, relational violence, and lapses in behavioral and attentional strategies. In J. Cassidy & P. Shaver (Eds.) *Handbook of Attachment Theory and Research*. New York: Guilford.
- McDougall, J. (1972). Primal scene and sexual perversion. *The International Journal of Psychoanalysis*, 53(3), 371-384.
- McDougall, J. (1986). *The theatres of mind: Illusion and truth on the psychoanalytic stage*. London: Free Association.
- Meltzer, D. (1979). *Sexual states of mind*. Strathtay, Perthshire: Clunie Press.
- Mitchell, S. (1993). *Hope and dread in psychoanalysis*. New York: Basic Books.

- Mollica, R. F., Caspi-Yavin, Y., Bollini, P., Truong, T., Tor, S., Lavelle, J. (1992). The Harvard Trauma Questionnaire: Validating a cross-cultural instrument for measuring torture, trauma, and posttraumatic stress disorder in Indochinese refugees. *The Journal of Nervous and Mental Disease*, 180(2), 111–116.
- Morgenthaler, F. (1988). *Homosexuality, heterosexuality, perversion*. Hillsdale, NJ: Analytic Press.
- Ogden, T. (1985). On potential space. *International Journal of Psychoanalysis*, 66, 129-141.
- Ogden, T. (1986). *The matrix of the mind: Object relations and the psychoanalytic dialogue*. Northvale, NJ: Jason Aronson.
- Olsen, D.R., Montgomery, E., Carlsson, J., Foldspang, A. (2006). Prevalent pain and pain level among torture survivors: A follow-up study. *Danish Medical Bulletin*, May, 53(2), 210-4.
- Parson, M. (2000). Sexuality and perversion a hundred years on: discovering what Freud discovered. *International Journal of Psychoanalysis*, 81, 37-49.
- Perez Sales, P. (2017). *Psychological torture: Definition, evaluation and measurement*. Oxon, New York: Routledge.
- Phillips, A. (1994). *On flirtation. Psychoanalytic essays on uncommitted life*. Cambridge, MA: Harvard University Press.
- Putnam, F. W. (1997). *Dissociation in children and adolescents: A developmental perspective*. New York: The Guilford Press.
- Ramsay, R., Gorst-Unsworth, C., & Turner, S. (1993). Psychiatric morbidity in survivors of organised state violence including torture. *British Journal of Psychiatry*, 162, 55–59. <https://doi.org/10.1192/bjp.162.1.55>
- Ross, F. (2013). *Perversion: A Jungian approach*. London: Karnac Books.
- Sander, L. (1988). The event-structure of regulation in the neonate-caregiver system as a biological background for early organisation of psychic structure. In A. Goldberg (Ed.) *Frontiers in self psychology* (pp. 64-77). Hillsdale, NJ: Analytic Press.
- Sandler, J., Sandler, A.M. (1984). The past unconscious, the present unconscious and interpretation of the transference. *Psychoanalytic Inquiry*, 4, 367-399. <http://dx.doi.org/10.1080/07351698409533552>
- Scarry, E. (1985). *The body in pain: The making and unmaking of the world*. Oxford: Oxford University Press.
- Scharff, D. E. (Ed.) (1996). *Object relations theory and practice: An introduction*. Northvale, NJ: Jason Aronson.
- Schimmenti, A., & Caretti, V. (2016). Linking the overwhelming with the unbearable: Developmental trauma, dissociation, and the disconnected self. *Psychoanalytic Psychology*, 33(1), 106-128. doi: 10.1037/a0038019
- Spiegel, D. Lewis-Fernández, R. Lanius, R. Vermetten, E., Simeon, D., Friedman M. (2013). Dissociative disorders in DSM-5. *Annual Review of Clinical Psychology*, 9, 299-326. doi: 10.1146/annurev-clinpsy-050212-185531
- Sravish, A. V., Tronick, E., Hollenstein, T., & Beeghly, M. (2013). Dyadic flexibility during the face-to-face still-face paradigm: A dynamic systems analysis of its temporal organization. *Infant Behavior and Development*, 36(3), 432-437. doi: 10.1016/j.infbeh.2013.03.013
- Stein, R. (2005). Why perversion? 'False love' and the perverse pact. *International Journal of Psychoanalysis*, 86(3), 775-799.
- Stern, D.N. (1985). *The interpersonal world of the infant*. New York: Basic Books.
- Stern, D.N. (1995). *The motherhood constellation*. New York: Basic Books.
- Stoller, R.J. (1975) *The erotic form of hatred*. London: Karnac Books.
- Sussman, D. (2005). What's wrong with torture? *Philosophy and Public Affairs*, 33, 1–33. doi:10.1111/j.1088-4963.2005.00023.x
- The Boston Change Process Study Group (2010). *Change in psychotherapy: A unifying paradigm*. New York: W. W. Norton.
- Trevarthen, C. (1979). Communication and cooperation in early infancy: a description of primary intersubjectivity. In M. M. Bullowa (Ed.) *Before speech: The beginning of interpersonal communication* (pp. 321-349). New York: Cambridge University Press.

- Trevarthen, C. (1993). Brain, science and the human spirit. In J. B. Ashbrook et al. (Eds.) *Brain, culture and the human spirit* (pp. 129-181). Lanham, MD: University Press America.
- Tronick, E.Z. (1989). Emotions and emotional communication in infants. *American Psychologist*, 44(2), 112-119. <http://dx.doi.org/10.1037/0003-066X.44.2.112>
- Tronick, E. Z., Als H., Adamson L., Wise S., & Brazelton T. B. (1978). The infant's response to entrapment between contradictory messages in face-to-face interaction. *Journal of American Academy of Child Psychiatry*, 17, 1-13. [http://dx.doi.org/10.1016/S0002-7138\(09\)62273-1](http://dx.doi.org/10.1016/S0002-7138(09)62273-1)
- Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Viking.
- Varvin, S. & Steiner-Popovic, T. (Eds.) (2002). *Upheaval: Psychoanalytical perspectives on trauma*. Belgrad: International Aid Network.
- Waddell, M. & Williams, G. (1991). Reflections on perverse states of mind. *Free Associations*, 22, 203-2013.
- Winnicott, D.W. (1971). *Playing and reality*. New-York: Basic Books.
- World Health Organisation (2016). *International classification of diseases and related health problems*. 10th Revision. WHO.