

UK Council for Psychotherapy- Statement on Torture

The United Kingdom Council for Psychotherapy (UKCP) condemns the use of physical and mental torture. UKCP's focus is on promoting professional standards and the wellbeing of clients/patients, including survivors of torture, it would therefore be abhorrent for a member to be involved in any way with mistreatment of detainees in any circumstances.

Some professional bodies have made statements opposing torture and UKCP seeks to work with these and other organisations to proscribe more effectively torture, including psychological duress, to reduce the chances of professional involvement and failures such as not reporting abusive practices. Unfortunately recent history has revealed the need for more than ethical guidelines.(i)

UKCP believes that effective professional opposition to torture also requires that organisations:

- 1.** Help registrants/members become aware of International law and their link to professional requirements that relate to torture, mistreatment and interrogation.
- 2.** Establish mechanisms to ensure that human rights breaches involving mistreatment are investigated by professional bodies and criminal prosecutions assisted where relevant.
- 3.** Promote the documentation of torture and abuse that supports evidence, especially when it might involve health professionals or psychologists.
- 4.** Set up systems that will assist professionals who know about or suspect mistreatment to act morally, even when they have divided loyalties.
- 5.** Share professional knowledge with care in order to avoid assisting torturers or training people likely to pass on information to others who may abuse.
- 6.** Promote within training and education of members the limitations of intelligence gathering using duress and factors contributing of human rights abuses by professionals.
- 7.** Promote understanding of the impact of mental and physical torture on the health of individuals and their families, including the special needs of women and children survivors and those who come from groups with history oppression.
- 8.** Research the effectiveness of treatments and responses to those who have been tortured.
- 9.** Work with other agencies to identify people who have been tortured and appropriate responses to their complex needs.
- 10.** Ensure that survivors and people at risk of torture in other countries are not returned there.

Background

International law never succeeded in eliminating torture but it prescribed standards and, for a time, it seemed many governments were at least prepared to pay lip service to these values. While treaties against torture and mistreatment have often been broken, at times on an immense scale and over decades, for the most part governments did not seek to vary the prohibitions.

Now there is not only a need to work to eliminate torture but also to ensure that the international standards set up or strengthened after the horrors of WWII are not degraded. Sadly, members of the psychological and health professional communities have been involved in the dilution of standards. This has happened despite general codes of ethics and sometimes even when there is more specific guidance.(ii)

Psychotherapists, as members and fellows of these communities, should be working to ensure that further abuse especially that linked to the behaviour of professionals, does not take place. UKCP therefore seeks to work with related organisations in promoting standards and policies that defend the human rights of detainees and help practitioners avoid being compromised by conflicting loyalties.

Psychological Duress

In the western world at least there has been growing use of psychological manipulation such as deliberate disorientation, stimuli overload, prolonged isolation, restriction of movement, sleep deprivation, exploitation of fears, sexualised verbal abuse and other forms of humiliation.(iii) It is easy to point to examples such as the activities at Abu Ghraib and deaths that were linked to methods of inducing psychological duress.

It is unsafe to assume that the psychological consequences of what has been variously called "torture lite", "softening up" or "coercive interrogation" are minor. One study suggests that mental and physical torture cause the same amount of harm and are indistinguishable in their longterm impact on psychological health.(iv)

Concerns about the use of mental and physical torture are not limited to the military or police. It has been alleged that anywhere there is a vulnerable population there is torture. Amnesty International reports that children are tortured because they are caught up in wars and political conflict; children suspected of criminal activity are most at risk of torture at the hands of the state; children are often detained in conditions that pose a threat to their health and safety, and many children face being beaten or sexually abused by the very adults who are supposed to protect them.

The acceptance of psychological torture is linked to fear of terrorism and crime, yet to allow it in our country or by our personnel means we have no moral basis for objecting when British citizens are psychologically mistreated by others. If we fight terrorism with terror we add fuel to the fire that is already there and put ourselves, especially members of the armed forces who may be captured, at greater risk of inhumane treatment.

The Role of Health Professionals and Psychologists

The growing use of psychological techniques has followed research into how to enhance distress, some funded by the military. It has also made the immediate services of psychologists and psychiatrists important

to intelligence gathering. Thus, from an early stage at Guantánamo "Behavioural Science Consultation Teams" (BSCTs), which include psychologists and psychiatrists, have been used.

Both the American Psychiatric Association and Royal College of Psychiatrists recently have reinforced their opposition to torture. The American Psychiatric Association says " No psychiatrist should participate directly in the interrogation of persons held in custody ... Direct participation includes being present in the interrogation room, asking or suggesting questions, or advising authorities on the use of specific techniques of interrogation with particular detainees."(v)

The RCP has stated its members must not " Apply their knowledge and skills in order to assist in the interrogation of prisoners and detainees in a manner that may adversely affect their physical or mental health."(vi)

The statements to date from the American Psychology Association and British Psychology Society do not go as far as the psychiatric bodies. The APA 2005 "task force" statement on interrogation (vii) is controversial, not least because the majority of its members were from the military, including one reported to have taught interrogation techniques at Guantánamo.(iii) civilian member of the group drafting the statement resigned in protest and later said, " Although the work of the task force made a positive contribution, it fell short of the mark in numerous respects. Most notably, it did not take a strong stand affirming the primacy of international human rights standards as the appropriate basis for a code of professional ethics. This failure is tantamount to complicity in the U.S. government's open defiance and idiosyncratic interpretations of international rights standards."(ix)

Within the APA there is a significant Military Psychology division. The military are seen to exert further influence through defence funding of a wide range of psychological research. Its critics see the APA's statement on interrogation as further compromised by the number of task force members linked to interrogation practices in Guantánamo, Abu Ghraib and Afghanistan.

BPS also has members who are either military officers or who work for the Ministry of Defence but the public know little about their current involvement with interrogations.

However, psychologists are believed to have helped to develop the techniques used by the British Army in Northern Ireland in the 1960's including the combination of hooding, prolonged stress positions, 'white noise', severely restricted diets and sleep deprivation.(x)

A more modern role for military psychologists is helping to prepare personnel for possible capture. For many years there were fears that that counter-interrogation expertise had informed stressful interrogation techniques and it is now established that Guantánamo interrogators were taught by survival instructors.(xi)
(xii)

The BPS statements to date on torture have been found lacking by one of its members, Nimisha Patel, Chief Clinical Psychologist at the Medical Foundation for the Victims of Torture. She wants to see BPS make explicit reference to obligations under international law, the health impact and ineffectiveness of torture as a method of interrogation, and clear mechanisms to support those who may face problems as a result of ethical compliance or wishing to report breaches by others.(xiii)

Conflicting Loyalties and Other Factors

What Patel and many others are concerned about is the likelihood of conflicting loyalties, for example, between a code of ethics and the expectations of colleagues and superiors not governed by or ignoring ethical considerations. Few psychologists or health professionals would join an organisation in order to assist torture yet, in certain circumstances, people may change their initial pattern of responding to unprincipled behaviours.

UKCP believes that the dangers of this happening are greater in closed groups such as intelligence communities; in units encouraged to see themselves as elite or providing services "vital" to security; in centres of detention, especially those overseas or otherwise remote; when there is generalised fear and suspicion, as when working with those suspected of terrorism; and when there is either inducement from senior personnel to ignore human rights or a lack of meaningful oversight. Given the above, there should be special concerns and measures for health professionals and psychologists working in close proximity to interrogators.

Lifton stated that American health professionals at Abu Ghraib and elsewhere were undoubtedly aware of their ethical responsibility to document injuries and raise questions about them. But the medics were part of environment "... so structured, psychologically and militarily, that ordinary people can readily engage in atrocities." The command structure permitted, encouraged, and sometimes orchestrated torture to a degree that it became the norm to which all personnel were expected to comply.(xiv)

Conclusion

Given the potential for complicity in torture the UKCP believes that professional bodies in this country should work together to monitor and educate professionals and the public to prevent this form of unethical behaviour. UKCP seeks to be part of a coalition that will help deter torture and make it easier for those aware of mistreatment or professional involvement in it to make known their concerns.

References

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- (iii) See, for example, Physicians for Human Rights (2005) *Break Them Down: Systematic use of psychological torture by US Forces*. Physicians for Human Rights: Cambridge, MA. Available at <http://physiciansforhumanrights.org/library/documents/reports/break-them-downthe.pdf>
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UKCP has added it's name to the list of coalition partners which makes up International Health Professionals Against Torture