

Psychological Torture, Coronavirus, and Julian Assange

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Abstract

Psychological and psychiatric understanding of human functioning is socially, culturally, and politically situated. Changes in the disciplines' academic and practical emphasis over time, including construal of normality, often follow advocacy and awareness-raising in the public domain. The present commentary argues that in recent months the issue of psychological torture has undergone just such a transformation, driven by developments in the case of imprisoned WikiLeaks founder Julian Assange. On May 31, 2019, the UN Rapporteur on torture reported that Julian Assange showed all symptoms typical for prolonged exposure to psychological torture. Since that time, efforts to end Julian Assange's persecution and torture, along with parallel developments in the human rights field, have brought increasing coherence and clarity to conceptual and applied issues regarding psychological torture. Specifically, sharper focus has been brought to bear on the key components or techniques of psychological torture, the psychological processes targeted for abuse, and the mechanisms of harm. Due in part to Julian Assange's exposure to such torture techniques, and the medical vulnerabilities caused, his life is currently at imminent risk from coronavirus infection in prison, where he is being held as an un-sentenced prisoner on remand. The present paper argues that the paucity of coherent psychological and psychiatric frameworks within which to understand and communicate about psychological torture has facilitated this very development. Accordingly, it is past time for psychological and psychiatric bodies to end their silence on the psychological torture of Julian Assange.

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The conceptualisation and understanding of psychological health and wellness is powerfully shaped by cultural and social forces. Shifts in the political landscape over time have led to shifts in thinking about psychological disorders, to the extent that what was once considered a psychiatric condition, such as homosexuality, has come to be understood as a normal human state. Similarly, what was once normalised and overlooked, such as family violence and child sexual abuse, has come to be understood as a pressing and sorely neglected social and mental health concern. Changes such as these frequently follow wider efforts at awareness-raising and advocacy in the public domain.

Another form of abuse with devastating psychological and physical consequences, which is currently undergoing just such a contextual shift, is psychological torture. Perhaps because psychological torture occurs largely in political and politicised contexts and is often perpetrated by authorities, relative to other forms of abuse it has been markedly neglected by psychology and psychiatry, whether empirically, theoretically, or in practical terms. Although the sequelae of psychological torture have been well documented, and assessment tools developed, the peer-reviewed academic literatures lack coherent conceptualisations of

the specific components or tactics deployed, the psychological processes targeted for abuse, and the mechanisms by which harm is caused. In the absence of such guiding frameworks, research, identification, and intervention lacks theoretical and empirical coherence, inhibiting wide applicability and broad uptake. Over the last ten months, however, the nature and significance of psychological torture has come rapidly into sharper public focus, as a result of developments in the case of imprisoned WikiLeaks founder Julian Assange.

Julian Assange is currently incarcerated on remand in Belmarsh high security prison, pending US extradition proceedings over 2010 publications that exposed evidence of US war crimes in Iraq and Afghanistan. With the outbreak of the novel coronavirus, COVID-19, which threatens “explosive transmission” (Coker, 2020, p.13) inside prisons, an emergency bail hearing took place on March 25, at which the court heard medical evidence that Julian Assange is not only at high risk of contracting the virus, but of suffering its most devastating effects.

Following the bail hearing, at which bail was denied, nearly 200 doctors, psychiatrists, and psychologists wrote that Julian Assange’s vulnerability to death from coronavirus stems from three main sources: his pre-existing medical conditions, including longstanding respiratory issues; a history of fragile health and medical neglect while a political asylee in the Ecuadorian embassy; and prolonged exposure to psychological torture (Doctors for Assange, 2020).

Psychological torture of Julian Assange

On May 31, 2019, the United Nations Special Rapporteur on torture, Nils Melzer, reported the findings of a May 9 examination of Julian Assange in Belmarsh prison, conducted by Professor Melzer and two medical experts specialised in the assessment and documentation of torture, Dr Pau-Perez Sales and Professor Duarte Vieira Nuno (United Nations Office of the High Commissioner for Human Rights [OHCHR], 2019a). The team’s examination was performed using a structured assessment protocol for victims of torture, the

Istanbul Protocol (OHCHR, 1999). Following the Belmarsh visit, the UN Rapporteur reported that Julian Assange showed “all symptoms typical for prolonged exposure to psychological torture” (OHCHR, 2019a). Professor Melzer stressed that “In 20 years of work with victims of war, violence and political persecution I have never seen a group of democratic States ganging up to deliberately isolate, demonise and abuse a single individual for such a long time and with so little regard for human dignity and the rule of law. The collective persecution of Julian Assange must end here and now” (OHCHR, 2019a).

Five months later, on November 1, the UN Rapporteur issued a further statement warning that Julian Assange’s life was now at risk from the effects of psychological torture, which remained ongoing in Belmarsh prison (OHCHR, 2019b). Professor Melzer denounced the “blatant and sustained arbitrariness shown by both the judiciary and the Government” towards Julian Assange, adding that “unless the UK urgently changes course and alleviates his inhumane situation, Mr. Assange’s continued exposure to arbitrariness and abuse may soon end up costing his life” (OHCHR, 2019b).

The UN Rapporteur further noted that the UK Government’s “outright contempt for Mr. Assange’s rights and integrity” set a worrying example, particularly in light of the government’s recent refusal to conduct an enquiry into UK involvement in the CIA’s torture and rendition program.

Following Nils Melzer’s November 1 statement, and an October 31 case management hearing at which Julian Assange struggled to articulate his name and date of birth, and appeared frail and prematurely aged, a group of then 65 doctors and psychologists (now approaching 200), began writing letters to governments, calling for an end to the psychological torture of Julian Assange. The doctors began by urging the UK Home Secretary, on November 22, 2019, and the UK Secretary of State for Justice, on December 4, to transfer Julian Assange from prison to a university teaching hospital

immediately, as a life-saving measure (Doctors for Assange, 2019a, 2019b).

Medical, psychological and neuropsychological sequelae of psychological torture

After receiving no response from the UK Government, and in light of widespread lack of understanding of psychological torture, on December 16, 2019, the doctors wrote to the Australian Minister for Foreign Affairs, reiterating their calls and warnings, and explicating the components of Julian Assange's psychological torture, as identified by the UN Rapporteur on torture, Nils Melzer (Doctors for Assange, 2019c). The doctors further outlined the mechanisms by which psychological torture causes not only psychological and cognitive harm, but medical harm. That harm, they cautioned, "can prove fatal". They wrote:

Via immunosuppressive and cardiovascular mechanisms, persistently and chronically activated stress physiology causes susceptibility to a range of potentially catastrophic illnesses and diseases, including, but not limited to, cancer and cardiovascular pathology (Brotman, Golden & Wittstein, 2007; Reiche, Nunes & Morimoto, 2004). With chronic and severe stress, for example, and chronically elevated levels of the stress hormone cortisol, both immune cells and brain cells can physically self-destruct, a process known as *apoptosis*. This process has been associated with both reduced brain volume and advanced progression of disease. Cortisol also exerts other well documented immunosuppressive effects, which impair the body's ability to fight disease, and are implicated in physical aspects of ageing (Doctors for Assange, 2019c).

This, the doctors warned, combined with years of fragile health and medical neglect in

the Ecuadorian embassy, places Julian Assange in a precarious medical state, with complex medical and psychological needs that cannot be adequately addressed in a prison setting. In their letter to the Australian Government, the doctors further emphasised that "a victim of psychological torture cannot be adequately medically treated while continuing to be held under the very conditions constituting psychological torture, as is currently the case for Julian Assange" (Doctors for Assange, 2019c).

In addition to physical harm, the doctors' letter enumerated some of the psychological processes targeted in psychological torture, and the psychological harms caused. In Julian Assange's case, this has included persistently attacking his human needs for social connection, safety, survival, self-defence, agency, privacy, and human dignity. The resultant psychological damage, the doctors wrote, is "real and extremely serious" (Doctors for Assange, 2019c). They added:

The term *psychological torture* is not a synonym for mere hardship, suffering or distress. Psychological torture involves extreme mental, emotional and physical harm, which over time causes severe damage and disintegration of a number of critical psychological functions, involving emotions, cognitions, identity and interpersonal functioning. Simply put, psychological torture is the psychological equivalent of relentless physical starvation and assault, with the irreversible damage that such deprivation and abuse entails.

In terms of specific potential neuropsychological and psychological injuries from psychological torture, the doctors cited reduced neuronal activity; severe and long-lasting brain damage; potential cortical atrophy and decrease in the size of the hippocampus (Kim et al., 2015); a 26-29 percent increased risk of premature

death (associated with social isolation alone; Holt-Lunstad et al., 2015); memory, attention, and concentration deficits; impaired ability to reason, think, and speak; loss of a sense of control, agency, and volition, to the extent that the will to live itself can be fatally undermined; extreme helplessness, hopelessness, destabilisation, and despair, all correlates of suicide; persistent trauma, terror, and helplessness; intractable hyper-vigilance to threat; a sense of constant vulnerability and danger; incessant hyper-arousal and fear; and dysregulated cognitive, emotional, and social functioning. Consistent with this, during the first phase of Julian Assange's extradition hearing in February 2020, the court heard that Julian Assange suffers from trauma and persistent psychological distress, to the extent that his suicide risk is high.

Conceptual framework and psychological mechanisms

In a parallel and more systemic development, the UN torture mandate published a report, presented to the UN Human Rights Council on February 28, 2020, examining "conceptual, definitional and interpretative questions arising in relation to the notion of 'psychological torture'" (United Nations, Human Rights Council [UNHRC], 2020, p.1). The report defines psychological torture as "all methods, techniques and circumstances which intend or are designed to purposefully inflict severe mental pain or suffering (UNHRC, 2020, p.6)"

The UN report marked a significant milestone in understanding psychological torture by offering a systematic classification of its key components, the psychological processes targeted, and the key mechanisms of psychological harm. Significantly, all categories of torture techniques identified in the report pertain to Julian Assange.

The UN document, for instance, identifies attacks on a person's need for safety and security as a key psychological torture tactic: "Perhaps the most rudimentary method of psychological torture is the deliberate and purposeful infliction of fear" (UNHRC, 2020, p.13), the report states. In Julian Assange's case, his safety and security have been

threatened by being placed on a National Security Agency (NSA) 'manhunting' target list in 2010 (Shaikh & Goodman, 2014), subjected to a whole-of-government operation and a grand jury seeking extradition (WikiLeaks, 2012), while facing the prospect of lifelong torture and cruel inhuman and degrading treatment in the United States (OHCHR, 2019a; UNHRC, 2016) under Special Administrative Measures (Fitzgerald et al., 2020). Against this backdrop, public figures have repeatedly called for his assassination. Similarly, during the first phase of his extradition hearing, the court heard that the US Government had entertained plans to kidnap or poison Julian Assange while he was in the Ecuadorian embassy.

The UN report notes:

The extreme psychological distress and enormous inner conflicts triggered by fear are often underestimated. In reality, the prolonged experience of fear, in particular, can be more debilitating and agonizing than the actual materialization of that fear, and even the experience of physical torture can be experienced as less traumatizing than the indefinite psychological torment of constant fear and anxiety. In particular, credible and immediate threats have been associated with severe mental suffering, post-traumatic stress disorder, but also chronic pain and other somatic (i.e., physical) symptoms (UNHRC, 2020, p.14).

In addition to fear and threat, the report lists attacks on "dignity and identity" as a key psychological torture tactic. "Public shaming, defamation, calumny, vilification or exposure of intimate details of the victim's private and family life" (UNHRC, 2020, p.14) are some of the means for achieving this, as is "constant audiovisual surveillance" (UNHRC, 2020, p.14). As the UN Rapporteur on torture has noted, Julian Assange has been subject to a sustained campaign of defamation, fabrication, and distortion, having been

baselessly branded a terrorist, foreign agent, and rapist on a world stage for many years. In the Ecuadorian embassy he was surveilled in private, during doctor visits, and while in consultation with his lawyers. In addition to violating his privacy and legal rights, some of that surveillance material was published in order to ridicule and debase him.

As a form of psychological torture, the UN torture mandate writes that “the proactive targeting of victims’ sense of self-worth and identity [occurs] through the systematic and deliberate violation of their dignity... [using] derogatory or feral treatment, ridicule, insults, verbal abuse [and]... humiliation” (UNHRC, 2020, p.14).

Other psychological torture tactics identified in the UN report, and employed against Julian Assange, entail assaults on human psychological needs for:

- *Self-determination*, by “depriv[ing] victims of their control over as many aspects of their lives as possible, to demonstrate complete dominance over them, and to instil a profound sense of helplessness [and] hopelessness” (UNHRC, 2020, p.14). Indeed, powerlessness is listed as a defining feature of psychological torture. In Belmarsh prison, Julian Assange has been rendered powerless and helpless in the face of threat by preventing him from meeting regularly with his lawyers, conducting necessary research, and, at times, even preventing him from reading documents in the case against him.
- *Environmental orientation* and stimulation, by inflicting sensory understimulation and deprivation. This can include withdrawal of oral communication and imposition of sterile environments, which “generally produces apathy, followed by progressively severe disorientation, confusion and, [with more severe and prolonged deprivation], delusional, hallucinatory and psychotic symptoms” (UNHRC, 2020, p.15). In Belmarsh prison, Julian Assange has been systematically denied reading materials, reading glasses for prolonged

periods, and normal prisoner rights for recreation and stimulation such as outdoor walks, or exercise in the prison gymnasium.

- *Social and emotional rapport*, by “imposing isolation, social exclusion, mobbing and betrayal. Persons deprived of meaningful social contact and subjected to emotional manipulation can quickly become deeply destabilized and debilitated. The predominant method of isolation and social exclusion is solitary confinement, which is defined as ‘the confinement of prisoners for 22 hours or more a day’” (UNHRC, 2020, p.15). Julian Assange has been held in isolation in Belmarsh prison for 22-23 hours a day, for months on end.
- *Communal trust*, by arbitrariness and persecution. “Every human being has the inherent need for communal trust. Confronted with the overwhelming power of the State, individuals must be able to compensate for their own powerlessness by relying on the community’s ability and willingness to exercise... adherence to the rule of law and the principles of due process” (UNHRC, 2020, p.16). In Julian Assange’s case, due process and rule of law have been persistently violated. The UN Working Group on Arbitrary Detention ruled that Julian Assange has been arbitrarily detained since 2010 (UNHRC, 2016), and the UN Rapporteur on torture identified over 50 due process violations, and violations of the law, during the Swedish investigation alone (Melzer, 2019).

A psychological climate of impunity

In applying these insights to a real-world case such as that of Julian Assange, what is missing from the lexicon of psychology and psychiatry is terminology to describe the sequelae of torture without shifting the responsibility for suffering onto the victim.

At his extradition hearing in February, the court heard that Julian Assange suffered from clinical depression, trauma, and suicidality. The district court judge referred to these torture sequelae as a “condition”, invoking the

framing of psychological disorder. Such language, however, misrepresents the reality that the impacts of torture are not symptoms of a disorder but injuries sustained as a result of psychological deprivation and assault, much as the bruises and welts from beatings are injuries and not a disease.

In these and other ways, the paucity of widely accepted concepts and language to understand and discuss psychological torture carry real-world consequences. Were psychological torture more widely researched in psychology and psychiatry literatures, coherently conceptualised, and cogently communicated, it is unlikely that states and authorities would have succeeded in psychologically torturing a journalist and publisher in plain sight, for this amount of time.

Even as leading human rights and press freedom authorities warn that Julian Assange has been arbitrarily detained, persecuted, and tortured, and that the extradition proceedings against him threaten to criminalise journalism worldwide (Media, Entertainment and Arts Alliance [MEAA], 2019; Parliamentary Assembly of the Council of Europe [PACE], 2020; PoKempner, 2019; Reporters Without Borders [RSF], 2020), Julian Assange's torture continues unabated. On May 3, 2019, the UN Working Group on Arbitrary Detention announced that his incarceration in Belmarsh prison constitutes continued arbitrary deprivation of liberty (OHCHR, 2019c). In Belmarsh Prison, his isolation, surveillance, helplessness in the face of threat, inability to prepare his defence, and dehumanising, degrading treatment continues, as does his medical neglect.

In a letter published in *The Lancet* on February 17, 2020, titled *End Torture and Medical Neglect of Julian Assange*, the international group of doctors wrote, "Since doctors first began assessing Assange in the Ecuadorian embassy... expert medical opinion and doctors' urgent recommendations have been consistently ignored... Abuse by politically motivated medical neglect sets a dangerous precedent, whereby the medical profession can be manipulated as a political tool." They added, "Should Assange die in a

UK prison... he will effectively have been tortured to death. Much of that torture will have taken place in a prison medical ward, on doctors' watch" (Frost et al., 2020, p.e45).

Even in court, Julian Assange's abuse has continued. On March 10, 2020, the International Bar Association Human Rights Institute (IBAHRI) issued a statement regarding Julian Assange's February extradition hearing, noting the widespread concern over his ill-treatment, and describing conditions during extradition proceedings as "shocking and excessive". The Institute added that the hearing was "reminiscent of the Abu Ghraib Prison Scandal" (IBAHRI, 2020).

Amnesty International, Human Rights Watch, The Committee to Protect Journalists, Reporters without Borders, the Parliamentary Assembly of the Council of Europe, and the International Observatory for Human Rights have all denounced Julian Assange's persecution and called for the extradition request against him to be denied. In stark contrast, official medical, psychological, and psychiatric bodies have remained notably silent. Given the well-known psychological literatures on the complicity of passive bystanders in systemic violence and atrocity, that silence, and the poor understanding of psychological torture upon which it stands, is of grave concern.

Now, with the entry of coronavirus into UK prisons, and Julian Assange's fragile and vulnerable state of health, such silence may well facilitate his death. Ahead of his emergency bail hearing on March 25, 2020, Amnesty International warned, "if Julian Assange is shown to have an underlying condition that puts him at risk, he should be immediately released on bail" (Amnesty International, 2020).

After bail was denied by the district judge, the doctors' group stressed that the ruling defied a rapidly emerging medical, legal, and human rights consensus that vulnerable and low-risk prisoners, including un-sentenced prisoners and those held on remand such as Julian Assange, should be released immediately. This is necessary "to prevent further loss of

life among detainees and staff’ as the UN High Commissioner for Human Rights has urged (OHCHR, 2020).

Should Julian Assange die in prison, whether from coronavirus or any other catastrophic health outcome, we will have become a society that tortures its journalists to death, publically and with impunity, as a warning to all. This, the UN Rapporteur on torture cautions, will represent the ushering of tyranny in through the back door of our own complacency.

It is past time for the psychology and psychiatry professions to come up to speed with social, political, and human rights developments regarding psychological torture and the case of Julian Assange. At stake, along with Julian Assange’s life and health, is our collective democratic wellbeing, which his persecution, and our collective blind eye to his psychological torture, has placed on the line.

Meanwhile, psychologists, psychiatrists, and doctors who would like to join the doctors’ calls to end the torture and medical neglect of Julian Assange may do so by visiting doctorsassange.org, or emailing info@doctorsassange.org, with name, qualifications, position, title, and areas of expertise.

Signed

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