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In **Langage et société** Volume 158, Issue 4, 2016, pages 89 to 105

Translated from the French by Cadenza Academic Translations

ISSN 0181-4095

This document is the English version of:

Muriel Montagut, «», *Langage et société* 2016/4 (No 158) , p. 89-105

Available online at:

<https://www.cairn-int.info/journal-langage-et-societe-2016-4-page-89.htm>

How to cite this article:

Muriel Montagut, «», *Langage et société* 2016/4 (No 158) , p. 89-105

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In the grip of torture: Institutional expectations and speech problems among asylum seekers

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Introduction

Acts of an extremely violent nature tend to leave individuals in a stunned state. They are psychologically blocked by the sheer unthinkability of the cruelty they have been subjected to, and are unable to find the words to share their experience.

Certain circumstances however require individuals to reveal what they have experienced, even if it causes them pain. This is the case for refugees applying for political asylum. In France, they are required to submit an application to the Office Français de Protection des Réfugiés et Apatrides (OFPRA, French Office for the Protection of Refugees and Stateless Persons) and, if their application is judged admissible, are granted an interview with a protection officer in the presence, if necessary, of an interpreter. This officer pays particular attention to the statements of the claimant since it is on this basis, along with the documents provided by the latter, that he or she will assess the situation. The officer may grant political refugee status under the international Convention Relating to the Status of Refugees of July 28, 1951

or the 1946 French Constitution. The Geneva Convention stipulates that protection (conventional asylum) must be granted to any person who “owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country.”¹ If asylum seekers request protection as freedom fighters, their situation is assessed under the 1946 French Constitution (constitutional asylum). Following this interview with the OFPRA officer, refugee status is granted or refused. In the event of rejection, claimants must submit a new request to the Cour Nationale du Droit d’Asile (CNDA, National Court of Asylum) and attend a public hearing before a committee consisting of three individuals and a rapporteur, in which they may seek the support of a lawyer. If individuals are rejected for a second time, they are declared to be “failed asylum seekers.” Throughout the process, applicants’ ability to explain the reasons that have forced them to seek refuge in another country is crucial in the assessment of their situation.

Clinicians who have studied the issue of exile in France (Benslama 2004; Douville and Huguet 1987, Douville 2001; Hirt 2002; Rechtman 1994; Galap 1987; Natahi 2001) have demonstrated the complexity and diversity of the related psychological problems, which should always be assessed on a case by case basis. This approach breaks with a nosological interpretation of the symptoms presented by those in exile, which is overly limited and of limited efficiency in pragmatic terms, and moves away from the classical approach to the psychopathology of immigration. Elsewhere, research by anthropologists (Young 1995), psychiatrists (Summerfield 2001), and sociologists (Fassin and Rechtman 2007) has revealed the social and political construction of the category of post-traumatic stress disorder, a specific problem related to trauma.

Among these highly varied problems, my experience as a clinical psychologist working with this group has revealed the specific speech problems that may develop among individuals who have experienced acts of torture (Montagut 2014). For subjective and cultural reasons,

1. In France, “Subsidiary Protection” (law of 11/20/03) may be granted to individuals who do not meet the conditions for being granted refugee status but are exposed to serious threats in their own country linked to widespread violence resulting from armed conflict(s).

those in exile are not always able to explain in a precise and orderly manner in their OFPRA interview why they have come to France, and this difficulty is aggravated for victims of torture, who are left void of meaning by the psychological chaos produced by this kind of violence and the non-sense it generates. They must contend with a heightened distrust of human beings and consider whether the detailed revelation of their experience to OFPRA or the CNDA will put them or their family in a vulnerable position.

In order to distinguish economic asylum from political asylum, OFPRA officers pay particular attention to the evidence supporting the claimant's story (Didier 1992): they expect a precise, ordered, and factual account proving the truth of the statement, and seek to establish whether the story is consistent and detailed. Claimants cannot simply say that they were abducted, for example, as such a statement will be judged insufficiently detailed and therefore lacking in credibility. In addition to the reasons for their abduction, the expected description is along the lines of: "On (date) 2008, around 11 o'clock, four men dressed in civilian clothes came to get me and forced me into their car (model/color of the vehicle). They took me to an LTTE camp at XX."²

In addition to these detailed facts, preferably supported by convincing documents, there is an informal expectation of consistency between the substance of the story and the way in which it is delivered. Traumatized individuals will express their inner chaos in very different ways from one individual to another (apathy, cynicism, anger, wariness, etc.), but despite this are expected to present the "classic" reactions (nightmares, flashbacks, disturbed sleep, psychosomatic symptoms, memory problems, suicidal thoughts, etc.) connected to post-traumatic stress disorder that can be found on psychological and medical certificates and are standard in psychopathological and psychiatric assessment. It is this consistency between the story and its delivery that can win over the officer's inner conviction, which is the key to granting refugee status. According to Jérôme Valluy, a former CNDA judge and professor of political sociology:

the lack of objective foundation as well as the nature of law in this sphere [asylum law] give the inner conviction of the judge (and the civil servant

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2. Extract from the plea of a political asylum seeker following rejection of his original application. Unless otherwise stated, all translations of cited foreign language material in this article are our own.

in the initial examination) an exceptional role, greatly exceeding that in common law, in the final decision: far from being the ultimate result of an in-depth investigation and legal reasoning, both strongly based on the law, inner conviction purely and simply substitutes itself for both one and the other. A simple sum of subjective and intuitive opinions replaces the search for information and legal syllogism that is supposed to guide judges toward their decision (Valluy 2004).

As a result, convincing the protection officer of a claimant's good faith may not perhaps be sufficient to obtain refugee status, but is nevertheless essential.

This article combines field and academic research. My observations of the gap between the expectations of bodies ruling on asylum applications and the statements that claimants who have been tortured are able to produce are drawn from fourteen years of experience as a clinical psychologist in various asylum seeker centers in France (Centre d'Accueil de Demandeur d'Asile en France, in Chartres, Montreuil, and Béziers) and in a Support and Care Center (Centre d'Écoute et de Soins) opened in 2007 by Médecins Sans Frontières (MSF) in Paris, as well as a dissertation in clinical sociology on the topic of torture (Montagut 2012).³ Using a corpus analyzed during my doctoral research, based on 146 records of former patients who had been tortured and sought exile in France and whom I worked with as a therapist, on semi-structured interviews with former patients also conducted in this context, and on follow-ups conducted with other patients since in various care settings, in this article I outline the specific problems prompted by the inability of some asylum seekers who have suffered acts of torture to express themselves using the conventional speech modes expected by the bodies ruling on asylum. These expected modes lead to the paradox by which the asylum laws that should allow these individuals to receive protection as a priority becomes very difficult for them to access. In order to better tackle these issues, I propose a typology of *inability to speak*, *logorrhea*, and *split discourse*.

3. The mission set for the MSF center was to provide medical and psychological care to individuals exiled in France as a result of persecution or threats, or those escaping conflict or unstable areas, including individuals who had great difficulties accessing mental health care.

1. The grip of torture and impact on speech

1.1. Torture as a desire for desubjectivation that imposes silence

Torture aims to produce a point of rupture in the self, described by psychoanalyst Marcelo Viñar (1997) as “demolition” and musicologist Suzanne Cusick (2008) as “self-betrayal.” Individuals intentionally objectified by a third party at the time of abuse tend either to discard what constitutes them as subjects, or overinvest in their previous identity (Viñar and Viñar 1989).⁴ As I believe the uncoupling of the self from its foundations to be a crucial aspect, I prefer the term “desubjectivation” (Montagut 2014), a particularly suitable term because I see the grip of torture as the product of a desubjectivation of three spaces of subjectivity: intrapsychic, the space internal to object relations; intersubjective, the space of inter-relation between oneself and another; and trans-subjective, the level of relations between the subject and the shared social context (Berenstein and Puget 2008). Following abuse, subjects struggle with feelings of shame, violation of the inner self (intrapsychic level), disaffiliation (intersubjective level), and a sense of no longer belonging to the human community (trans-subjective level). This triple desubjectivation plunges the subject into silence. Addressing another person also requires the *horizon of the other in oneself* (Montagut 2012) not to be overly altered, and for the very idea of conveying one’s experience to retain some meaning (Fédida 2007). Jean Améry (2004 [1966]) speaks of this inability to convey his experience of the torture he suffered in 1943 at Fort Breendonk in Belgium: “What remains of the experience of torture [. . .] is the feeling of becoming a stranger in the world, a profound state that no latter form of communication with people can counteract.”

1.2. Specific speech problems

Speech problems are common in people who have been tortured (Montagut 2012). They may range from specific types of alteration in the pace of speech (speech may be absent or the opposite) to discursive utterance (the gap between what the patient says and the feelings he or she experiences).

4. According to Marcelo and Maren Viñar (1989), torture confronts the self with a choice between two forms of death: the death of the body—the subject abandons his body to the torturer but preserves his identity and beliefs—, or the death of the psyche in order to preserve his physical integrity.

The *inability to speak* and *logorrhea* can resemble known speech problems if patients are depressed and have resulting psychomotor retardation, or conversely are in a high state of agitation. Individuals presenting the *inability to speak* are unable to talk of the abuse, such that any attempt to force speech may result in rupture of the social relation. In the most severe cases, individuals may no longer be able to hold a conversation or address other people: they cannot look others in the eye, and speech is absent. They no longer respond to cues from others, which may be suggestive of problems of a psychotic nature.

Conversely, subjects may no longer be able to retrace events except through a flood of cluttered and nervous speech: this is *logorrhea*. The pace of speech, which leaves no pause for breath and excludes all possibility of conversation, de facto sidelines “the person being spoken to”: his or her presence appears insignificant to the speaker, who seems to be entirely controlled by his or her words and caught up in the urgency of speaking. Petimat, a female Chechen patient who was thirty-four years old when she received therapy at the MSF Support and Care Center, began speaking with overwhelming passion as soon as I had asked my first question. She told me her story in a disordered manner, mixing up her journey to Poland with her status as a *dubliné* asylum seeker in France, via the abuse she had suffered in Chechnya.⁵ When I initially attempted to interrupt this rapid monologue to try to clarify something, the Russian interpreter was not given the opportunity by Petimat to speak, and looked at me in bewilderment after repeating my words. We gave up trying to interrupt the flood of words despite drowning in a jumble of information.

The third speech problem is an issue with discursive utterance marked by the total or partial rupture between speech and feeling, and I thus term it *split discourse*. Speech retains its normal form but appears disjointed from affect, with subjects uttering their words without appearing to experience the slightest emotion. This inhibited affect is perceived by the interlocutor, who may feel somewhat uneasy because the divide between speech and feeling seems to demonstrate the absence of the subject.⁶ Claudine, a Rwandan in her forties with

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5. A *dubliné* is an individual who cannot claim asylum in France due to the Dublin II Regulation (which since 2013 has been replaced by the Dublin III Regulation) on asylum seekers' entry into Europe.
 6. This form of altered speech is reminiscent of the neurolinguistic condition of aprosodia: difficulty understanding and expressing the voice effects produced in speech (Lanteri 1995).

a Tutsi mother and Hutu father whom I treated as a therapist at the MSF Support and Care Center in 2008, presented this problem. Her asylum claim had been rejected, and she felt obliged to attend the consultation out of respect for the doctor who had referred her. She told me her story in a monotone way. Her speech was featureless and showed no emotion, and the story was nothing but a succession of events: her hasty departure from Rwanda, the refugee camp, her return to the country, the murder of her mother, her imprisonment and rape, and the birth of her child from the rape. In my interview notes, I observed that she seemed to be “outside her story.” She also told me that she had told the same story to OFPRA, and then the CNDA. Halfway through the interview she asked me if she could leave because she was tired of repeating it. I offered her a glass of water which she accepted, and we began a much more informal conversation. Claudine spoke of things other than her story, including her hotel room located on the sixth floor and a poorly healed leg fracture that had left her with a limp. Suddenly, she told me that she could no longer stand being with people and that she only wanted to be alone. As she said this she managed to cry, thus reconnecting with her affects. Revealingly, in the decision rejecting her asylum claim, OFPRA had specified that “her statements, *which are not convincing*, [my emphasis], do not establish the reality of the alleged facts.” However, in its “Note for the Refugee Appeals Board,” OFPRA recognized the existence of a “written, precise, and detailed story.”⁷

These three problems appear to demonstrate the failure of the social relation: if they are unable to speak, subjects who have suffered acts of torture assume that their experience cannot be conveyed, and deny their interlocutor’s ability to listen. In the case of logorrhea, the interlocutor’s very presence appears to be denied. Split discourse, which indicates divisions operating at an intrapsychic level, also reflects the new relationship that subjects engage in with others: they accept conversation and dialogue in a pared down manner, as if their emotional being were detached from itself.⁸ This is perhaps the most ambivalent form: subjects recognize the ability of others to listen, but deny them the ability to receive the affective burden typically attached to the

7. Document written by the OFPRA section head, entitled “Statement of Defense.” The Refugee Appeals Board is the former name of the National Court for Asylum Law.

8. Splitting is a defense mechanism that represents a radical disassociation (at the level of Me and objects linked to Me) seeking to protect against deep distress.

substance of speech. Speech appears to be uttered in a forced manner. It is thus the speech form that most clearly denotes the power relationship established between subjects and torturers and which persists in relationships with others following the abuse.

These three alterations in speech are only one of the possible traces of the persistent influence of torture on subjects who have suffered it. It should also be noted that these problems develop in a small number of individuals: although all have an altered relationship to others, speech problems only become a problem for a few.

It is possible for psychotherapists to work toward re-establishing a more fluid relationship with language, freed from the torturers' imposition of silence. The first priority is to restore the possibility of a relationship. This is by no means easy, and requires therapists to adapt their clinical stance: they must for example abandon the position of benevolent neutrality (Sironi 2007) and strive to establish a relationship, or simply some form of contact. Zola, a male patient from Central Africa in his forties, whose asylum claim had been rejected and whose struggles with being in the world I have previously recounted, was unable to say a single word to me during our first meeting (Montagut 2014):⁹

Throughout the session, Zola remained silent and huddled on the couch in front of me. He did not appear to hear the sound of my voice. He did not meet my eyes once. A long and pained wail [. . .] spluttered from his mouth, like a shriek from the depths of his very being.

When the silence returned, my reaction was to keep talking to him:

Faced with his absence, I reinforced my presence. Keeping my eyes on him, I continued my quiet monologue, as I did not want to leave him alone in a silence that I sensed was imbued with painful memories. [. . .] Even if they fell into the void and received no response, my words were the only link that I could establish with this rigid, taut man who kept his foot in contact with a plastic bag that contained—as I would later learn—everything he owned. (ibid.)

Obtaining eye contact, an initial smile, and a leap in trust is a major challenge that sometimes requires several meetings. Continuing to focus on the subject's current suffering may be a provisional strategy,

9. Zola had been referred to me by a former patient who had found him wandering in the street. I supported him for two years, between 2007 to 2009, as part of the therapy I provided at the MSF Support and Care Center in Paris.

as long as this does not become entrenched in avoiding the pain of trauma.

As a psychologist, I can attest from experience that supportive work focused on the effects of torture makes it possible to escape this grip, and the primary disabling symptoms that the individual presents (problems with sleep, difficulty addressing others, suicidal thoughts, etc.) may even disappear within a few months. In the therapeutic context, the first signs of this change will be perceptible in speech terms through the irruption of poetic moments: unique phrases through which previously hindered communication can occur: “The unspeakable slips its way into the sentence, changes the order of the words, twisting them round and thus succeeding in making a new meaning heard. It takes the form of a metaphor so it can be shared” (Montagut 2015). Making use of the metaphorical register enables a break away from the crushing thoughts triggered by talking about horrifying scenes: emotion can thus circulate and the “thing” can be thought about. By restoring form and meaning to the individual’s thoughts and helping make the experience of suffering possible to convey, these poetic irruptions compensate for disordered speech such as the problems of *inability to speak* or *split discourse* that result from acts of torture.

Specialized clinical support, which consists of working on the links with and awareness of torture and the effects of its grip, require time that asylum seekers do not necessarily have; particularly as the feelings of no longer belonging to the human community and the shame of suffering abuse that favor withdrawal substantially delay them receiving appropriate therapeutic support, access to which is often initiated urgently by a third party (doctor, social worker, fellow member of a shared community, etc.) who is concerned about regressive or even suicidal behaviors.

2. Effects of the distorted speech of asylum seekers on their asylum claims

2.1. Reconstructing a personal space and being unable to “say everything”

Many asylum seekers have received no psychotherapeutic support when they attend their OFPRA interview. The patients I meet after their interview regularly tell me that they preferred to remain silent rather than undergo the overly painful experience of telling their story, or indeed that they were unable to say everything; they say that they found it impossible to talk about the violence to which they were

subjected (particularly sexual violence), let alone in the implicitly required mode. OFPRA's requirement that the facts relating to their exile must be set out in minute detail in order to prove their truthfulness—a requirement that is often relayed by the social workers/legal advisors in charge of social support—is challenging for asylum seekers who have experienced torture and are specifically attempting to rebuild the boundaries of a violated personal space. For example, a Cameroonian asylum seeker in her thirties, a member of an opposition political party in her country who was tortured for speaking out, described: “I have forged this armor that makes me invisible, which prevents the other before me from penetrating me. I am always on the defensive, I am always protecting myself from the unknown.”¹⁰

Saying everything is a violent act that can echo the demand for confessions under torture. The case of Tahir shows how this requirement to “say everything” is possible only under certain minimal conditions. Tahir was a young twenty-five-year-old Pakistani man who arrived in France in 2014, and whom I met one year later, when he was an illegal immigrant.¹¹ For administrative reasons, Tahir was unable to claim asylum in France due to the Dublin III Regulation on asylum seekers' entry into Europe. Tahir had travelled through Hungary, where his fingerprints had been taken and where he had submitted an asylum claim. As he had come via a third country, he could not submit a new claim for asylum in France. Once I had established trust with Tahir, he explained to me that he had not spoken in Hungary about the abuse he had suffered, but had simply repeated that it was impossible for him to return to his country. With his asylum claim rejected, Tahir understood that there was a risk he would be deported to Pakistan, and had therefore stopped eating and drinking, and plunged into silence. It is likely his health had become a sufficient concern for the authorities to be release him and leave him to his own devices on the roads of Europe.

During our first meeting, Tahir kept his head down, looking at the ground and avoiding my eyes and my questions, which made him scrunch up his eyes as if I were inflicting a blow on him. A Pakistani man in his sixties, who had taken him in and accompanied him to

10. She received support for two and a half years at the MSF Support and Care Center in Paris.

11. As part of the consultation work I provided as a psychologist at the Cimade center in Béziers.

the session, spoke for him. During our first few meetings, Tahir only uttered a few words, often the same ones, and rarely spoke in sentences. Thanks to his compatriot, we were able to piece together his story: Tahir had been sold by his parents at the age of nine to a rich Pakistani family who had exploited and assaulted him for twelve years. Treated as a domestic and sex slave, he had suffered regular beatings, death threats, and staged fake executions that left him in a state of permanent terror. He was threatened with mutilation if he tried to escape. It was not until he was twenty-one that Tahir dared run away. This was the context in which he left the country and was arrested in Hungary. Fearful that the influential Pakistani family from which he had escaped would find him, he did not tell his story, and his political asylum claim was therefore doomed to failure. However, given his state, it was impossible for the officer handling his claim not to observe Tahir's disturbed behavior.¹²

Over months of regular therapy sessions, the relationship of trust enabled the release of Tahir's speech, even if tackling certain particularly painful aspects remained problematic. At such times Tahir then became unable to finish his sentences and plunged into silence, as if it were impossible to convey the level of violence he had suffered. His words were replaced by gestures of powerlessness and painful grimaces. He was also still unable to name the Pakistani family who had exploited him and kept him in isolation. Any mention of deportation plunged him into a state of extreme agitation, leading him to beg and weep.

In conjunction with the Cimade support worker who had referred him to me, we succeeded on medical grounds in obtaining an initial *récépissé* that allowed Tahir to stay in France for a few more months.¹³ Like many people with such psychological problems, he spent most of his time at the Cimade Center. He began diligently attending French classes, despite having major difficulties with concentration. “*Bonjour,*” and “*Merci, merci France!*” were the first words he learned and he would repeat them over and over again. He began to regain

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12. The man who had taken him in described Tahir's state of extreme submission: when he met him, Tahir could not sit on a chair but remained on the floor, eating with his fingers and even sleeping on the floor.
 13. A document from the Prefecture with a validity of six months confirming the legality of Tahir's administrative status on medical grounds. Cimade is a French association that provides advice and support to migrants, refugees, and asylum seekers.

trust in human beings. Despite persistent and still highly disabling problems, Tahir was able to form his first smiles.

Obtaining this first positive result (the six-month *récépissé*), although far from secure, enabled Tahir to be in the right place to settle his situation in a more sustainable way. An asylum application was written, and thanks to long months of therapeutic work beforehand, Tahir was able this time not only to specify the location but also, *in extremis* during the OFPRA interview, the name of the Pakistani family to whom he had been sold. He was granted subsidiary protection allowing him to remain in France for a year.

In this situation, it was a temporary administrative breakthrough linked to a problematic medical situation that acted as a lever, giving him enough confidence to tell an unknown person during the OFPRA interview about the violence he had suffered. The presence of a compatriot as part of this breakthrough in making the link to the outer world was highly crucial, as it was this third party as an interpreter and intermediary between French and Pakistani culture who enabled the social and psychological support provided by myself and the Cimade support team to be effective. Buoyed by this collective support and put at ease by taking small steps forward (being granted state medical aid, a six-month *récépissé*, French lessons, etc.), Tahir was able to escape the grip of his abusers by acknowledging that they were not all-powerful and could not govern his life.

2.2. A procedure experienced as a violent act

In addition to the breach of intimacy represented by the requirement to “say everything,” the procedure for legal assessment of asylum seekers can be particularly violent for asylum seekers who have been tortured, due to the face-to-face interactions between the officer and the claimant during the OFPRA interview. The difference in status between the person asking the questions and the person who must answer them is a painful reminder of their asymmetrical relationship with the torturer. Some individuals told me that they had cut the interview short due to a fear of striking the OFPRA officer. Discussing their story represented such an intrusion that it generated a violent aggressive impulse. A male Chadian patient in his thirties, who had been tortured and left for dead in a pile of corpses, felt a desire to get up and throw the table at his interlocutor during his OFPRA interview. Talking about his suffering and the dead he had had to leave behind him was unbearable, and has remained so:

I feel it as a direct act of violence. It emerges, it happens suddenly. . . It takes me right back to the past. When that happens I sometimes lose control. I'm angry and smash everything. I become. . . I can turn savage like that. It makes me angry. I don't want anyone to ask me those kinds of things, I want to stay calm.¹⁴

Later on in this individual's course of therapy, we linked this episode back to a torture session in which he had found himself helpless before his torturer, and where he had held his gaze forcefully despite the fact that this meant a harsher beating.

The procedure for analyzing asylum claims is thus designed so that it is likely to cause violence to claimants who have experienced acts of torture.

2.3. Altered speech and asylum claims

Individuals with speech problems such as *split discourse* are unable to describe the violence they have suffered in a socially expected manner, i.e. with a strong albeit repressed emotional charge. On the contrary, for these individuals, words are presented in an unaffected rawness that highlights their dehistoricization (unanchoring of the self and its history). I therefore often observed that these individuals had their asylum claims rejected, despite the fact that they were fully able to discuss their political engagement and its consequences in detail. The rejection decisions from OFPRA that patients showed me noted that while the individual's account was credible, he or she seemed to "be reciting a text learned off by heart." Rejection was often on the grounds of "generic and impersonal observations."

OFPRA recently rejected a female claimant on the grounds of "the vague and poorly supported claims of the applicant, along with the lack of all tangible elements corroborating allegations, with gaps and lacking personal detail." It did however note the violence suffered by the person in question, including the gang rape to which she had been subjected. With regard to an event that had been particularly painful for her, she stated in her OFPRA interview: "It is a horrible fear that can't be described or communicated." To which the officer responded: "Describe the scene to me in detail" (extract from the OFPRA interview report). Obligated to do so by the gravity of the situation, the asylum seeker bowed to this demand, in a cold and detailed manner. In preparing her appeal (at the CNDA), I took the risk of giving her

14. Extract from an interview conducted as part of my doctoral research.

a special psychological certificate: contrary to standard practice, I did not emphasize the trauma she had suffered, but noted “an altered form of discourse that appears to be split: the form is normal but appears disconnected from the affect.” Here I stipulated that this divide between speech and feeling could have an emotional or even traumatic origin. Following this appeal, the asylum seeker was granted political refugee status.

In cases of *logorrhoea*, the situation is equally problematic during the interview with the OFPRA officer, as individuals cannot control their speech or restrict themselves to only answering the questions posed. The uninterrupted flow of speech is problematic because the officer responsible for establishing that the claimant’s fears are well-founded, personal, and current is drowned in a mass of scattered, vague information driven solely by the individual’s urgent need to speak. A number of my patients in this situation have not been granted asylum on their first attempt, but work in the therapeutic environment, a safe space for speaking and shouting, has sometimes enabled them to face the authorities ruling on their asylum claim in a second hearing with a verbal register more in accordance with expectations.¹⁵

Conclusion

The interview with the OFPRA officer involves numerous obstacles, and some biases are widely known, including by the officers themselves. These include for example the cultural dimension of communication (women who cannot speak of sexual violence in front of a man) or the issue of safety (the presence of an interpreter from the same community can be a major obstacle to speaking freely). But the specific speech problems that develop in individuals who have suffered acts of torture remain overlooked.

Dedicated training for OFPRA officers on these problems that can develop following acts of torture would appear necessary. A symposium on torture victims was organized by OFPRA on February 10, 2015 with the involvement of several organizations with specialist expertise in this area.¹⁶ But this burgeoning interaction between the institutions ruling on asylum and support organizations is not enough to

15. In 2015, OFPRA granted 19.1% of asylum claims on the first claim and 15.3% were granted by the CNDA on appeal, according to figures from the Ministry of the Interior (these figures include accompanied minors).

16. Association des Chrétiens pour l’Abolition de la Torture, France Terre d’Asile, Comède, Centre Primo Levi, etc.

counterbalance the logic according to which individuals must provide proof of their status as victims, including physical and psychological proof of the abuse suffered following torture. There is a risk that asylum seekers who do not have medical certificates, who are not receiving psychological care, and whose typical manifestations of trauma do not conform to the hegemonic theory of trauma may not have the same emotional impact on the OFPRA officer, who will trust in his or her subjective opinion to judge the truthfulness of the story. This is particularly the case with individuals who develop split discourse after they are subjected to torture and who are unable to communicate the expected emotion in their account. In a register other than speech, but which evokes the institutional rites discussed by Pierre Bourdieu and revisited by Estelle D'Halluin (2006), asylum seekers with significant memory problems linked to abuse are unable to provide a detailed account in the time required by OFPRA.

A discernible move toward taking the specific circumstances of individuals into account was introduced by allowing claimants to be accompanied by a member of a support organization during their OFPRA interview (since the law on asylum reform, adopted July 15, 2015). However, only those individuals who have forged a link with support organizations or who are staying in asylum seeker detention centers where they are notified of their rights will be able to benefit from this change. In addition, people working with asylum seekers and able to accompany them are so overworked that regular support is difficult to envisage, particularly if the claimant is resident outside the Paris area.

Disparities within asylum seekers' social situations therefore have a strong impact on their ability to produce the expected discourse. The most vulnerable individuals, such as those who have been tortured, have great difficulty understanding and conforming to the discursive norms expected by the authorities ruling on their claims for political asylum, which consist of producing speech that is both detailed, formal (but not overly neat), and also emotional (but not so emotional that the driving factual thread is lost) and enables subjective assessment of "the reality" of the claimant's situation. It is not therefore surprising to observe that numerous individuals whose asylum claims have been rejected, far from being "fake refugees," have been tortured and should have been eligible for statutory protection.¹⁷ It would be

17. To my knowledge there are no reliable figures to illustrate this reality, but my clinical practice among this population since 2002 attests to it.

wrong to think that these are “errors” of judgment on the part of the authorities ruling on asylum. They should rather be seen as reflecting the failings of an asylum policy that is based on suspicion and repression (Le Gall and Remy 2006; Valluy 2009) and does not take into account the situation of individuals who have been subjected to acts of torture.

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Abstract

Applicants for asylum are expected to provide a coherent and detailed story about why they left their country. Their statements must be precise, orderly, and factual. In addition to these facts, which must be supported by convincing documents, there is an informal expectation of consistency between the substance of the story and the way it is expressed. However, asylum seekers who have been subjected to torture may present specific speech problems (inability to speak, logorrhea, and split discourse) that impede assessment of their application and harm their chances of being granted refugee status.

Keywords: asylum seeker, exile, torture, speech problems