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Dr. Y. Stein  
Psychiatrist and Psychoanalyst

Jerusalem

Jerusalem, 12 August 2003

Expert Opinion for the Court  
Possible psychological consequences  
of the “secret facility” and the actions carried on there

I, Dr. Y. Stein, ID #####, Medical License No. ##### and Psychiatric Specialists License No. #####, hereby give testimony in writing in the matter of the secret facility. I am aware that, pursuant to the Penal Law, expert testimony given in writing is the same as court testimony under oath as regards the giving of false testimony.

My professional qualifications are as follows:

Doctor of Medicine, Tel Aviv University, 1968.  
Residency in psychiatry, Hadassah University Hospital, Jerusalem.  
Specialist’s certificate in psychiatry, 1975.  
Specialist’s certificate in psychiatry in Holland, 1983.  
Masters degree in psychotherapy and psychiatry, Israel Psychoanalysis Institute.  
Member, Israeli and International Psychoanalysis Society.  
Instructor and adviser in psychoanalysis, Israel Psychoanalysis Institute.  
Research associate, Freud Institute, The Hebrew University, Jerusalem.  
Private clinical practice since 1975.  
Experience in providing expert opinions for the courts.

My professional opinion:

My opinion is based on eight affidavits that were made by detainees or former detainees in the facility.

[Names and ID numbers]

Description of the facility and the interrogations, based on testimony of detainees

The term “Shabak [General Security Service] interrogators” or “Shabak interrogations” as they appear in this opinion refer to the interrogators and interrogations as such. All the detainees are taken to the facility blindfolded and in shackles. They are not told where they are. The facility, they are informed, is a submarine, a space ship, outside of Israel, a facility on the moon. Their property is taken from them, including watch and money.

They are taken to a cell that is, on average, one meter on two meters in size. It has no windows and almost no air. The walls are generally painted black. It is impossible to distinguish between night and day. They cannot see the ceiling. They remain in the cell for one month, on average. They do not receive a change of clothes. They are generally not given

the chance to shower, and if they are, they are not given soap. The toilets are located inside the cell and are almost never emptied. A stench permeates the cell. The soldiers are unable to enter the cell because of the stench. The mattresses are damp and filthy. There is an insufficient number of blankets. The food is placed on the garbage can or on the "bathroom." The detainees are not allowed to see the soldiers who bring the food, and are required to cover their eyes each time the soldiers come into the cell. The food is generally inedible. The water is polluted. They are only provided a change of clothes when they are taken to have their detention extended. They are never allowed to leave the cell, except for interrogations. Sometimes, an annoying noise is made by a fan, and sometimes soldiers bang on the cell for some time. The detainees do not hear a human voice except for that of their interrogators. In some cases, they are prevented from sleeping. J. was allowed no more than two hours of sleep a day. They also woke him up. R. was interrogated for five days, during which he was not allowed to sleep.

### The interrogations

Detainees are blindfolded on their way to being interrogated, but the blindfold is removed at the interrogation and they see their interrogators. Some of the detainees were beaten all over their bodies during the interrogation. Shuman was forced to undress in the medic's room in the presence of several persons who joked about his nakedness. Nasser J. was placed on a small chair and held in the "shabach" position. His shackles were kept very tight, and he was struck in the face, stomach, and other parts of his body. He was not allowed to go to the bathroom. As a result of the torture, he confessed to a variety of offenses. The interrogators brought a picture of his father in prisoner's clothes and played an audiocassette in which his father was a detainee. They threatened to torture his father. They did not let him see an attorney. A. testified that they beat him.

H. testified that they let him hear his son's voice coming from a cell. He was blindfolded and did not know if his son was in the cell. When he tried to encourage his son, they bound his right hand (his left had been amputated) behind his back and threatened to keep his son in the cell. From time to time, when they brought food into the cell and his movement did not please the guards, he was beaten. Once, when he refused to get up, three soldiers came into the cell and beat him.

AH. testified that, during the first three days of the interrogation, he was not allowed to sleep. He was tied to a chair in the "shabach" position. During the interrogation, they beat him. The interrogator placed his feet on AH. genitals. His hands were bound in an area that had undergone surgery. More than once, the blows knocked him off the chair. He worried that he would end up disabled or even dead.

Bader testified that they grabbed him by the throat while his hands were bound in front of him, and that they punched him. One interrogator threatened him with murder and deportation, and told him that they would arrest his mother and sister.

### Medical treatment

Bader testified that the medic and the physicians, from whom one would expect compassion, saw him day after day in the same clothes, without underpants, and smelled the stench he exuded, and said nothing. AH. testified that they frequently took him to the physician. The physician did not check specific problems, but only his general condition, and asked psychological questions such as what he was thinking and what he did when he was in the cell. H. testified that they took him to the physician twice a week. He told the physician about the poor condition of his health and hygiene, but the physician said that he did not have the authority to do anything about it.

R. testified that he was frequently taken to the physician. Although he suffered incredible stomach pains, the physician did not examine him, and suggested that he take aspirin. When he fell ill, they brought him two kinds of medications, but he could not see their color because of the lack of lighting.

Shuman testified that he was taken to hospital. They forced him to undress and joked about his nakedness. The medic shackled him.

A number of detainees stated that their weight fell sharply, up to 20 kilograms, during their detention. R. described his appearance following his secret detention – long hair, skinny, black nails, horrifying.

The psychological basis used for breaking a person down psychologically is referred to in the professional literature as DDD: debility, dependency, dread.

Debility is based on the craving for separation, extreme fatigue, illness, all or some of the above, intended to decrease resistance.

Dependency is a situation and atmosphere in which the detainee is completely dependent on his interrogator for everything.

Dread is the fear of death, illness, torture, punishment, harm to relatives, never being able to return home, isolation, being forgotten.

All or some of the component elements of DDD are employed. The fundamental technique is based on combining sensory deprivation and sleep deprivation. With the resultant psychological forming a foundation, other techniques are used to break the detainee, if he is not broken before then.

Sensory deprivation is a situation in which a person is denied external, optical, and aural stimuli. To achieve this, the person is placed in a small, dark room and is prevented from maintaining any contact with the outside world. All his personal possessions, including his watch, is taken from him to make it impossible for him to orient himself in terms of time. Motor deprivation, such as being placed in an isolated cell, intensifies the psychological responses to sensory deprivation.

Sensory deprivation is liable to rapidly cause the following psychological phenomena:

1. sensory disorders
2. disturbance of body image
3. hallucinations
4. concentration disorders
5. confusion
6. changes in spatial orientation
7. labile emotions

Deprivation of orientation in time by keeping the cell dark quickly led to lack of control of the situation. Sensory deprivation and motor deprivation led to difficulties in thought processes. The ego functions require feedback to maintain continued functioning. In order to balance even slightly the lack of external stimuli, the individual creates substitute internal stimuli. This explains the hallucinations in some of these cases. Hallucinations indicate the inability to distinguish between reality and fantasy. Disorientation in time also contributes to a significant breakdown in distinguishing between reality and fantasy. Because of the difficulty in checking reality where the person does not benefit from feedback, paranoia leads to disturbance in self-perception. Some of the symptoms created by sensory deprivation are

psychotic. In this situation, the individual is unable to differentiate between truth and falsity: he has difficulty in benefiting from his ability to think logically, from his memory, and from his past experience, and is affected greatly by external influences, to the extent that his reactions become automatic.

Interim conclusions: The use of sensory deprivation alone is sufficient to create a situation whereby, within days or weeks, a person is no longer responsible for his decisions. Even in a case of sensory deprivation, in which no other deprivations as described by the detainees are used, a person can become confused within a short period of time. A person can be in a situation of sensory deprivation and show the stated symptoms even though the sanitary conditions are favorable, the food is reasonable in quality and quantity, and the walls of the room are normal.

Sleep deprivation causes severe disturbance to ability to remember, to discriminate, and to concentrate, creates a tendency to pathological suspicion, impulsiveness, and false thoughts. In most cases, consciousness is blurred, thus leading to a rapid decline in reaction and memory.

I would like to illustrate the effectiveness of sensory deprivation and sleep deprivation. For this purpose, I will use a testimony given to me by a citizen of South Africa who was arrested pursuant to the emergency statutes enacted by the apartheid government. She was placed in a dark cell with a small ray of light and walls that were painted gray. The cell contained only a mattress. This was not solitary confinement. All her possessions were taken from her, including her watch. She was unable to distinguish between day and night. Throughout her detention, she was isolated, except for her contact with the interrogators. The interrogations were rather altruistic, and the interrogators did not use insults, threats, or physical harm. She was questioned day and night, and was constantly deprived of sleep. Before the first weekend of her detention, she began to suffer from optical hallucinations. Two days later, she suffered high blood pressure and was taken to hospital. When she looked in a mirror in the hospital bathroom, she thought she was looking at another woman. After a day in the hospital, she was returned to detention. She lost a lot of weight. (She was given reasonable food three times a day.) She realized that she was losing her sanity. It should be noted that she had a strong personality, strong will, and self-awareness. These characteristics did not prevent the development of psychotic symptoms – hallucinations and self-perception disorder – within less than two weeks. This case demonstrates how quickly a balanced, normal, and even strong-willed person can reach the breaking point without the use of physical or psychological pressure, except for sensory deprivation and partial sleep deprivation. When persons with psychological disorders are involved, the likelihood of severe consequences increases, and may lead to irreversible psychological conditions.

Short breaks in sensory deprivation have no appreciable influence on the effect created. At best, they briefly lengthen the time before the symptoms occur.

In general, sleep deprivation and sensory deprivation are used together to give a combined effect. Using this as a foundation, the interrogators build techniques intended to break the personality and judgment capability of the detainee, by the following:

Degradation: to decrease the self esteem of the detainee.

Disinformation: to create cognitive and emotional confusion.

Creation of sense of betrayal by the external world: to create a sense of hopelessness and to weaken resistance.

Creation of psychological dependence on the interrogators: the conflict between enmity toward the interrogator and the need for human contact when in total isolation creates emotional confusion, feelings of guilt, and decline in self-esteem.

Psychological threats of physical or emotional harm, or imprisonment of relatives: the responsibility for these actions is placed on the detainee as a means of pressure.

Threat of the use of force: this threat is often worse than the use of force itself.

The facility, the secrecy in which it is held, and the manner of its operation assist in attaining the goal of applying the said physical and psychological torture outside of public view. The very existence of a place that is “on the moon,” a place without location or address, is part of the method to disorient the detainee. He does not know where he is. The described cells are extremely small, generally without windows, have no light or almost no light, making it impossible to distinguish between day and night. Cells of this kind increase the sense of disorientation. The aural disturbances also play a role in this matter. The detainees with watches must hand them over. They had no idea what time it was. The detention is one of optic isolation and generally also one of aural isolation. The detainees are also not allowed to see the guards. This rule is not instituted for reasons of secrecy, for if that were the intention, the interrogators also would not show their faces, which they do. The detainees remain in total isolation, and do not know what will happen to them. As a prisoner in some unknown place, their condition is much worse than that of a person whose detention and place of detention are known. The reason is that the detainees in the present case do not know if there is anyone who can help them, and they live with the troublesome feeling that they are totally abandoned, and that their families do not know what befell them. The interrogators keep them like a blind mole, in the words of one of the detainees. They have a fear that they will disappear without anybody knowing what happened to them. This situation undermines their fundamental sense of security. Being held for a long time in a suffocating, stinking cell without being able to see the air outside gives them a feeling of intense claustrophobia. The lack of movement weakens them physically and decreases their resistance to disease, and increases the effect of sensory deprivation. The “medical treatment” they receive gives them an illusion that they have someone to turn to, but that is in vain. The physician says that can do nothing. Specific illnesses are not treated. The standard treatment is aspirin.

It is apparent that the Shabak uses the described basic methods in the cases described in order to break the detainee. Sensory deprivation, with or without sleep deprivation, is sufficient in many cases to confuse a person in a situation in which he no longer has a clear self-perception and body image. Judgment is undermined, as is the sense of reality and ability to check reality. If we add to sensory deprivation and sleep deprivation other elements of interrogation, such as those described, the likelihood that grave psychological changes will follow increases.

From the interrogation perspective, the use of these methods to break the detainee causes the detainee to attest to everything, truth and lies, provided that they let him alone. The difference between previous cases of Shabak interrogations and those in the cases of the secret facility, according to the reports and petitions published in the past on the matter, is that the detention conditions are especially harsh, and the detainees are kept in complete isolation, and that no one, not even the detainees, know the location where they are being held. This fact affects, inter alia, their psychological condition and their ability to withstand what they are undergoing. The secrecy of the location of the detention facility facilitates the use of forbidden methods of interrogation.

Assuming that the declarations of the detainees are indeed found to be true, the cases described are instances of physical and psychological torture for all intents and purposes.

The cooperation of physicians in the course of the torture and in the operation of facilities of the kind described violates the fundamental elements of the medical profession. This is so even if their cooperation was passive. By acting in this way, they violate the Hippocratic Oath as well as the Tokyo Convention of 1975, which prohibits physicians from actively or passively participating in acts of torture.

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