Psychology Under Fire: Adversarial Operational Psychology and Psychological Ethics

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The 9/11 attacks on the United States have motivated psychologists to advance counterterrorism and related operations through psychological principles and skills. These operational psychologists seek to legitimize adversarial interventions against targets by prioritizing societal welfare over traditional, individual-focused principles of psychological ethics. In this essay, we distinguish adversarial operational psychology, which facilitates deceptive and coercive operations, from collaborative operational psychology, which optimizes personnel performance in high-risk operations. Our analysis finds that adversarial operational psychology is largely unsupported by the American Psychological Association Ethics Code, that its potential benefits are exceeded by the likelihood of irreversible harms, and that its military necessity is undemonstrated. We offer a three-factor framework for distinguishing between adversarial and collaborative operational psychology, and we recommend institutional separation of these roles so that professional psychologists do not serve in adversarial capacities.

Keywords: operational psychology, psychological ethics, APA Ethics Code, counterterrorism, psychological torture

For almost a century, American psychologists have assisted national security operations, often outside of public awareness or concern. The progressive social psychologist Kurt Lewin, for example, applied group dynamics to survival training for spies destined for Occupied Europe in World War II. Lewin’s role in this training, unknown to two generations of behavioral scientists (Cooke, 2007), is an example of operational psychol-
ogy—the use of psychological principles and skills to improve the effectiveness of military and intelligence operations.

The psychological roots of operational psychology in the United States lie in the mobilization of American psychologists in World War I by Robert Yerkes, then president of the American Psychological Association (APA) (Kennedy & Williams, 2011a). When prominent noninterventionists contested U.S. entry into the war, Yerkes maneuvered a politically divided APA Council to “throw the machinery of the Association behind mobilization for national service” (Camfield, 1992; p. 100). Along with like-minded colleagues, he then persuaded reluctant military authorities to embrace psychology because “(a) the human factor was as important in warfare as the material and (b) psychologists, as the scientific experts on human behavior, had vital contributions to make to the war effort” (Camfield, 1992; p. 102).

The operational roots of operational psychology lie in the World War II Office of Strategic Services (OSS), precursor to the Central Intelligence Agency (CIA) (Kennedy & Williams, 2011a). A 1944 review of the involvement of social psychologists in the war effort named 14 OSS psychologists drawn from the faculties of notable universities (Marquis, 1944). As one example of their activities, these psychologists developed efficient methods of selection of agents for high-risk missions (Office of Strategic Services Assessment Staff, 1948). The tests predicted fairly well which recruits would complete the costly course of training. However, illustrating the high stakes of selection, “the ability of the tests to predict stress tolerance under combat, or torture by the Gestapo, could only be guessed” (Banks, 1995, p. 78).

Williams, Picano, Roland, and Banks (2006) provide a useful contemporary definition of operational psychology:

Operational psychology is defined as the actions by military psychologists that support the employment and/or sustainment of military forces . . . to attain strategic goals in a theater of war or theater of operations by leveraging and applying their psychological expertise in helping to identify enemy capabilities, personalities, and intentions; facilitating and supporting intelligence operations; designing and implementing assessment and selection programs in support of special populations and high-risk missions; and providing an operationally focused level of mental health support (pp. 194–195).

Although operational research is not specifically mentioned, it is an inseparable component of the actions listed.

After the 9/11 attacks on the United States, operational psychology gained new prominence as the particular characteristics of the terrorist threat—cross-cultural, asymmetric, religiously and ethnically motivated, inspired by charismatic personalities, networked rather than institutional, and manifested through small-group dynamics—attracted psychological expertise to master an unfamiliar enemy. However, operational psychology also became the center of intense controversy and debate following media reports that psychologists were actively involved in the military’s and the CIA’s abusive interrogations of national security detainees at various sites including Guantanamo Bay Naval Base in Cuba and Bagram Airbase in Afghanistan (e.g., Lewis, 2004).

Adversarial Versus Collaborative Operational Psychology

These activities highlight the reinvigoration, as part of the past decade’s “global war on terror,” of the ethically fraught category of operational psychology that is the focus of this article. Within this category we differentiate between adversarial operational psychology and collaborative operational psychology. As we will argue, in most cases specific operational activities can readily be categorized as predominantly adversarial or collaborative, based on the relationship between the operational psychologists and the targets of their interventions.

Collaborative Operational Psychology

Collaborative operational psychology (COP) encompasses the traditional operational psychological tasks of personnel assessment, selection, training, evaluation, and overt operations research to maximize personnel performance and survivability for high-risk military and intelligence operations. It accords with operational medicine, whose official goal is “to maximize performance and survivability of the warfighter” (Naval Operational Medicine Institute, 2011). In COP, the targets of psychological intervention ideally share the psychologist’s overall mission and are party to employment or
social contracts that limit harm and permit legal representation.

Consider, for example, a clinical psychologist instructed to evaluate the mental stability of an employee at a nuclear weapons facility (Picano, Williams, Roland, & Long, 2011). This activity fits the profile of COP. Although the evaluation could possibly have adverse consequences for the employee, it is reasonable to expect the employee to share the overriding commitment to the safe operation of the nuclear facility. In addition, by accepting this position, the employee has, more or less, agreed to such evaluations and, in principle, judicial recourse is available if the employee disputes a negative assessment. Or consider a clinical psychologist assigned to a Special Forces sniper team for mental health care (U.S. Army Medical Department, 2010). In this role the psychologist provides care for the sniper, which is again considered collaborative, although the sniper is in an adversarial relationship to his target.

Adversarial Operational Psychology

In contrast with COP, adversarial operational psychology (AOP) engages psychologists in direct support of deception, coercion, and assault in military and intelligence operations and in covert operations research. It encompasses the tasks of identification and manipulation of adversaries in counterintelligence and counterterrorism operations and of covert behavioral and weapons research on human subjects. The targets of psychological intervention in AOP oppose the psychologist’s mission and/or are subject to nonstipulated harms. Examples of AOP would be the clinical evaluation of a national security detainee in order to uncover psychological vulnerabilities that will subsequently be exploited in an interrogation of the prisoner for intelligence gathering purposes (Frakt, 2009) or the in-house psychological evaluation to discredit a whistleblower or moral dissident in a national security setting (Brewer & Arrigo, 2008).

Clarifying the Nature of Operational Psychology

We emphasize that the COP–AOP categorization is not simply a good-bad distinction for two reasons. First, psychological ethics can be irreconcilable with military ethics. For example, obedience to superiors is a virtue in military ethics but a source of caution in psychological ethics; physical courage is central to military ethics but largely irrelevant to psychological ethics. Second, the COP–AOP categorization does not precisely demarcate ethical professional psychology from unethical professional psychology. Rather, this distinction is a very close approximation that is comprehensible to agents and amenable to institutional implementation. It thereby meets the demands of “psychological realism” in ethics (Flanagan, 1991, p. 32) in a national security setting.

Thus, three clarifications are important at this point. First, operational psychology is a specialization area within a much broader realm of psychological knowledge and practice relevant to military and national security settings. Most psychologists whose work supports the U.S. military and other defense-related agencies are not in operational roles. For example, the many clinical psychologists routinely providing valuable psychological services to soldiers and veterans in VA hospitals and other medical facilities are not engaged in activities characterized as operational psychology. Nor are those psychologists who teach traditional psychology courses at any of the military academies. In contrast, psychologists serving in counterintelligence or counterterrorism roles are working in the operational psychology arena.

Second, we write here about collaborative and adversarial operational psychology, not about collaborative and adversarial operational psychologists. For us, the key considerations and concerns revolve around the operational roles assigned to, or initiated by, psychologists—not the individual psychologists who perform them. By this we mean that it is not our intention to globally categorize people as “ethical professional psychologists” or “unethical professional psychologists.” Instead, our goal is to provide a framework for separating specific operational roles into ethical and unethical categories. In this regard, both COP and AOP involve risks to psychological ethics, and COP activities sometimes transform rapidly into AOP activities—and vice versa—depending on the assignment and exigencies. However, the ethical dilemmas of COP are pliable: they yield to planning, training, monitoring, and negotiation. AOP, on the other hand, has an obdurate
core of exploitation essential to the operation and incompatible with independent oversight.

Third, we are strictly focused on issues of psychological ethics surrounding the use of psychologists for operational roles in military and other national security settings. We recognize that a non-psychologist may ethically assume certain roles that it would be unethical for a psychologist to assume. However, with U.S. society under terrorist threat, leading advocates of AOP (e.g., Ewing & Gelles, 2003) argue that the traditional psychological ethics of professional psychology must be adapted to national security exigencies in order to protect society and promote the greater good. In a recently published edited book, Ethical Practice in Operational Psychology (Kennedy & Williams, 2011b), seven chapters champion AOP. The editors and many chapter authors are themselves operational psychologists. Three served on the controversial 10-member APA Presidential Task Force on Psychological Ethics and National Security (PENS), which declared that psychologists serve to keep interrogations of national security detainees safe, legal, ethical, and effective (APA, 2005).

In sum, while recognizing the valuable contributions of military and intelligence psychologists in COP, our purpose in this essay is to probe and challenge the ethical underpinnings and practical consequences of AOP. We will argue that AOP poses irresolvable ethical conflicts for the psychologists involved, APA’s ethics code fails to support the interpretations of AOP advocates, unintended harmful effects of AOP are significant, and proponents of AOP presume its military necessity (e.g., APA, 2005; Ewing & Gelles, 2003; Johnson, 2008; Kennedy & Williams, 2011b) without providing evidence. We conclude by offering an ethical framework for further discussion and by emphasizing the urgent and critical need for institutional separation of collaborative operational roles from adversarial operational roles so that no psychologists serve in both capacities during any employment contract period.

In our analysis we include the perspectives of several veteran military and intelligence professionals who have worked with military psychologists. Their interviews and correspondence with the first author (Arrigo) have been archived as cited. These individuals offer alternative viewpoints to the uncritical AOP stance presented by Kennedy and Williams (2011b) and related publications (e.g., Department of the Army, 2010; Ewing & Gelles, 2003; Shumate & Borum, 2006).

AOP: Questions and Concerns

Which Ethical Codes Apply?

From the start, it is important to recognize that all active-duty military psychologists are fully deployable soldiers—soldiers first, psychologists second (Debatto, 2011; Johnson, 2008). According to the Department of the Army (2010, January 7), U.S. law and military regulations override the APA Ethics Code:

The [APA] Ethics Code does not supersede applicable U.S. and international law, regulations, or DoD [Department of Defense] policy . . .. The Ethics Code pertains only to a psychologist’s activities that are “part of their scientific, educational or professional roles” pertaining to the profession of psychology. The Code does not, therefore, have purview over the psychologist’s role as a Soldier, civilian, or contractor employee that is unrelated to the practice of psychology. For instance, the dictum for beneficence does not pertain to actions against the enemy in combat (p. 19).

At the same time, the U.S. military requires its medical corps personnel, including psychologists, to maintain professional practice licenses with their state licensing boards. This requirement establishes a strong connection between military psychology and the APA Ethics Code because this Code is the foundation for most state licensing board regulations. The U.S. Army regulations for Behavioral Science Consultation Teams (BSCTs) involved in detention and interrogation operations, headed by state-licensed clinical psychologists, foreground the APA Ethics Code yet ultimately override it. For operational psychologists there is no official line where, in principle at least, national security missions yield to psychological ethics. The mission comes first. This is why psychologists engaged in AOP are essentially military and intelligence professionals with a specialization in psychology, obliged to adhere to psychological ethics only when compatible with the mission (e.g., Olson & Davis, 2008), as illustrated in the Mohammed Jawad case described below.

Operational psychologists who work outside the Department of Defense (DoD) may not even be accountable to military regulations and military ethics. The Detainee Treatment Act of
2005 restricted DoD interrogation techniques to the Human Intelligence Collector Operations, Field Manual 2–22.3 (U.S. Army Headquarters, 2006), which respects the Geneva Conventions—apart from the dispensation for isolation of interrogatees in Appendix M. However, only the discretion and authority of President George W. Bush placed limits on CIA interrogations (Suleman, 2006). Thus, veteran military psychologists under CIA contract were able to initiate waterboarding of detainees, which military regulations forbade but the President approved (Shane, 2009).

Are Psychologists More Ethical Than Doctors and Anthropologists?

We can look to the operational experience of sister professions for useful comparisons with operational psychology. The international history of operational medicine and psychiatry is infamous, with the “Nazi doctors” (Lifton, 1986), tactical diagnoses of dissidents by Soviet psychiatrists to justify forced drugging (Warren, 1975), and persistent, worldwide involvement in torture (Vesti & Somnier, 1994). In the United States, adversarial operational medicine and psychiatry flourished secretly in the Army’s “man-break” biochemical weapons experiments in World War II (Pechura & Rall, 1993), post-war nuclear weapons development programs (Advisory Committee on Human Radiation Experiments, 2005), and the Cold War CIA behavioral modification project MKULTRA (U.S. Senate, 1977).

Early revelations of U.S. torture interrogations in the Iraq War pointed to the involvement of operational physicians (Bloche & Marks, 2005; Miles, 2006) and aroused concern about the psychiatrists initially assigned to BSCTs (Department of Defense, 2002, November 11). In May, 2006 the American Psychiatric Association forbade psychiatrists from “being present in the interrogation room, asking or suggesting questions, or advising authorities on the use of specific techniques of interrogation with particular detainees” (American Psychiatric Association, 2006). Assistant Secretary of Defense for Health Affairs William Winkenwerder (2006) responded that psychiatrists could be assigned to interrogations if no qualified psychologists were available, and the DoD continued to train BSCT psychiatrists (Marks & Bloche, 2008). As is true for psychologists, the missions and regulations of national security agencies can override the professional ethics codes of medical personnel.

Historically, U.S. anthropologists subjugated Native Americans for the Bureau of Indian Affairs and doubled as spies in World War I (Fluehr-Lobban, 2009), developed outrageous ruses for the OSS in World War II (Marks, 1979); facilitated the internment of Japanese Americans (Starn, 1986), planned counterinsurgency research in South America under the U.S. Army’s Project Camelot in 1964 (Horowitz, 1974), and advised the CIA’s Phoenix Program on the capture and killing of alleged counterinsurgents in the Vietnam War (Gusterson, 2008).

Post-9/11, Gusterson (2008) noted that “The Pentagon seems to have decided that anthropology is to the war on terror what physics was to the Cold War.” Secretary of Defense Robert Gates embedded armed anthropologists with “Human Terrain Teams” in combat brigades in Iraq and Afghanistan. The goal was to improve cultural sensitivity, collect intelligence from villagers, and serve as liaisons to local authorities. In 2009, the American Anthropological Association (AAA) Ad Hoc Commission on Anthropology’s Engagement with the Security and Intelligence Communities emphasized the ideal of constructive rather than adversarial engagement between anthropology and the military. The Commission nevertheless attempted to separate professional from adversarial operational duties by declaring the Human Terrain System inconsistent with the AAA Code of Ethics:

When ethnographic investigation is determined by military missions, not subject to external review, where data collection occurs in the context of war, integrated into the goals of counterinsurgency, and in a potentially coercive environment . . ., it can no longer be considered a legitimate professional exercise of anthropology (American Anthropological Association Commission on the Engagement of Anthropology with the U.S. Security and Intelligence Communities, 2009, p. 3).

Advocates for AOP must explain how professional psychologists can adhere to psychological ethics in adversarial operations even though doctors and anthropologists have been unable to adhere to the ethics of their profes-
sions in diverse adversarial operations over decades.

Who Is the Client of AOP?

Like the ethical principles of medicine, psychiatry, anthropology, and law, the principles of psychological ethics evolved to protect the weaker from the stronger. They are designed to protect the patient–client or research subject, as the relatively unknowledgeable, vulnerable, and exposed party, from the psychologist, as the relatively knowledgeable, authoritative, and unexposed party. Indeed the APA Ethics Code largely mandates the psychologist’s responsibility to individual patient–clients (APA, 2010). Proponents of AOP though interpret the government as an appropriate client and recipient of the operational psychologist’s protection.

For example, Dunivin, Banks, Staal, and Stephenson (2011) defend the role of BSCT psychologists in detainee interrogations, arguing that a balance “must be established between ethical responsibilities to an individual and ethical responsibilities to the larger society” (p. 87). Acknowledging that Principle A of the APA Ethics Code—Beneficence and Nonmaleficence—calls upon the psychologist to “do no harm” to the individual being questioned, they claim that Principle B—Fidelity and Responsibility—provides a key counterbalance by protecting the interests of other individuals and the general public.

A full reading of Principle B, however, belies this narrow interpretation. Principle B refers not only to psychologists’ being “aware of their professional and scientific responsibilities to society,” but also emphasizes that psychologists “establish relationships of trust with those with whom they work,” “uphold professional standards of conduct,” “accept appropriate responsibility for their behavior,” “seek to manage conflicts of interest that could lead to exploitation or harm,” and are “concerned about the ethical compliance of their colleagues’ scientific and professional conduct.” Standard 3.08 of the APA Ethics Code on Exploitative Relationships is especially germane here as well (APA, 2010). It states specifically, “Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees.”

Although disarming, the government-as-client analogy is spurious. The reversal of power relations whereby the psychologist serves to protect the collective, stronger party at the expense of the individual, weaker party is a profound alteration—not merely an extension—of traditional ethical practice in psychology.

The government-as-client analogy also fails as a practical matter when conflict emerges between government authorities. Consider an example from military court records. In 2003, BCST psychologist “X” advised on the interrogation of the teenager Mohammed Jawad at Guantanamo Bay Detention Center. Jawad’s defense attorney, Maj. David Frakt, subsequently subpoenaed Dr. X for the 2008 trial of Jawad by the Guantanamo Military Commission. Frakt (2009, p. 22) later wrote:

I also was provided records showing that Mr. Jawad was placed in isolation for two 30-day periods . . . The [second] period of isolation was ordered by intelligence officials upon the recommendation of the Behavioral Science Consultation Team psychologist [X] to socially, physically and linguistically isolate this teenage boy in order to create complete dependence on his interrogator . . . and to break Mr. Jawad and to devastate him emotionally.

At the time, Frakt and the psychologist for the defense reported that Dr. X refused to testify, invoking the right to remain silent to avoid self-incrimination by Section 831, Article 31, of the Uniform Code of Military Justice (Soldz, 2008; S. Soldz, personal communication, May 11, 2011). The government-as-client analogy offers no ethical remedy in this case of conflicting obligations to different government clients such as the local commander and the military court.

Veteran U.S. Army case officer Julianne McKinney (2011, July 9) raised an additional point: “Dr. X worked ‘against’ U.S. service members as much as he or she worked against Jawad” through “the lowering of standards and ethical compromises inflicted on inexperienced interrogators who complied with Dr. X’s advice.” This case may represent rarer abuses of AOP, but proponents need to address the lack of a systematic means of addressing excessive zeal. Williams and Kennedy (2011) seem to incorporate this fervor into the AOP program with alarmist exaggerations such as this: “If psychologists view [the extremists] as individ-
uals, they are terrorists, but if psychologists view their larger true intent, they are genocidists” (p. 137).

Can Current APA Ethical Guidelines Regulate AOP?

Even without the extrapolation of the APA Ethics Code to the government as client, AOP exacerbates current vulnerabilities of the Ethics Code to government discretion. APA Ethics Code Standard 8.05, as adopted in 2002, transfers the “informed consent” obligations of research scientists to government discretion. It states: “Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm . . . or (2) where otherwise permitted by law or federal or institutional regulations” (APA, 2010). Case Officer A (2011, July 4) remarked: “Government agencies will pass whatever institutional regulation needed to accomplish the mission.”

Historically, routine clinical and research activities have provided opportunities and cover for adversarial operations research. For example, clinical psychologist Mitchell Berkun, known for his psychological stress experiments on soldiers in maneuvers at the Nevada Test Site (Berkun, Timiras, & Pace, 1958) and Presidio of Monterey (Berkun, Bialek, Kern, & Yagi, 1962), also secretly conducted a medical mock-death experiment on untrained Army recruits in the course of apparently routine inoculations (Secord, Backman, & Arrigo, 1997–1998). Military experts consulted on this experiment deemed the experiment operationally useless and ethnically dubious (e.g., Rood, 2008). For a more current illustration, the Air Force Research Laboratory, Sandia National Laboratories, and Raytheon Company have developed an electronic-beam weapon that causes the skin of human targets to feel unbearably hot, yet purportedly inflicts no injury if the person runs away promptly. One purpose of this Active Denial System—crowd control, as in repelling intruders at nuclear energy facilities (Sandia National Laboratories, 2005)—would seem to encourage AOP involvement. However, the secretive nature of the project precludes inquiry into the identities and techniques of researchers.

As the acknowledged experts on mind and behavior, psychologists can stretch the range of acceptable conduct in field situations where independent monitors are forbidden access and evidence. An army commander described his harrowing experience of Survival, Evasion, Resistance, and Escape (SERE) training in the mid-1970s, where trainers convincingly feigned the death of a disobedient trainee. Afterward the commander set up a SERE training program in his own division, noting, “[i]t was easygoing compared to that [training] because we didn’t have the psychologists and physicians . . . .” to cover the program risk of staging extreme punishments (Commander A, 2008). That is, the absence of health professionals led the commander to reduce—not increase—the harshness of the exercises.

AOP advocates underestimate the extent to which adversarial operations can draw the psychologist into ethical entanglements that can be difficult to escape. Consider the law enforcement hostage negotiation scenario presented by Gelles and Palarea (2011). To minimize ethical quandaries posed by dual relationships, different operational psychologists take on separate responsibilities. As multiphased operations move from one phase to the next, these responsibilities can include the selection and training of negotiators, stress management for the negotiators, assessment of the hostage taker’s course toward violence, and debriefing and counseling of crisis team members. However, such partitioning is impractical or impossible in many military settings because multiple operational psychologists with the requisite clearances and competencies are typically unavailable on ships, at outposts, in high-risk and secret facilities requiring special clearances, or at similar sites (Johnson, 2008).

In reviewing Gelles and Palarea’s (2011) seemingly straightforward, win–win, crisis negotiation scenario—the hostages will be rescued and the hostage-taker will survive—Case Officer A (2011, April 19) identified a potential ethical problem:

So the hostage negotiator going to violence probably wants to enable a kill shot for his SWAT team. And how is he going to get the terrorist—let’s say it’s a terrorist—over to a window? He can ask the psychologist to help him cause that guy to come to the window. Now does the psychologist do that or not? Is he just helping to get someone to the window, or does he get someone to the window to have him killed? I believe the psychologist would be fully engaged because that’s his job.
This scenario shifts the focus from the potentially manageable issue of multiple relationships to the deeper moral question of when “enabling” becomes “doing.” It is also important to recognize that even if there is consensus that drawing the hostage taker to the window for a “kill shot” is desirable, it is a separate matter as to whether a licensed clinical psychologist—committed to a code of professional ethics—should be permitted this responsibility.

Can AOP Be Monitored and Deterred?

The ethical risks associated with AOP are further magnified by the absence of a reliable system for monitoring and deterring wrongful behavior. AOP advocates themselves have noted, “there must also be established procedures for monitoring and observing the actions of those within the profession along with the sanctioning mechanisms for those who deviate from the accepted standards” (Williams & Kennedy, 2011, p. 132). However, there is no provision in military regulations for the independent monitoring of BSCT psychologists in regard to psychological ethics (Department of the Army, 2010), no recommendation for independent monitoring in the APA PENS Report (APA, 2005), and no advocacy for independent monitoring of which we are aware from any of the proponents of AOP we have cited.

State licensing boards in Alabama, Louisiana, Ohio, and New York have declined to adjudicate well-documented complaints submitted against operational psychologists purportedly involved in abusive interrogations of national security detainees (Eligon, 2011). In particular, the Alabama Board of Examiners did not accept jurisdiction of the 2008 complaint against Dr. X, the BSCT psychologist whom Maj. Frakt implicated in the torture of Jawad at Guantanamo Bay (Lodge, 2009). David Debatto (2011, April 6), a retired police investigator and counterintelligence operative who had worked with psychologists, remarked that if state licensing boards tried to investigate, “The military would throw up as many roadblocks as it could.”

Case Officer A (2011, April 19), himself trained in psychology, pointed to another obstacle to monitoring: the potential use of subordinates as proxies for psychological interventions. He said: “In the military, you have many people with psychological training at the masters level. They have in essence the training that is necessary [for adversarial psychological operations]. I don’t see how you can monitor them.” In fact, the 2010 BSCT instructions call for an enlisted Behavioral Science Technician team member with at least 10 years of experience to serve under direct supervision of a clinical psychologist (Department of the Army, 2010). Any realistic monitoring procedures, therefore, would have to link state licensing boards to judicial procedures in the security sector, penetrating as far as mental health personnel supervised by operational psychologists. This would be an unprecedented incursion of minor civilian authorities into critical operations of the security sector.

Some AOP advocates assert that operational psychologists simply cannot be bound by understandings of psychological ethics that they now consider outdated. Ewing and Gelles (2003) argue, “we cannot continue to place [operational psychologists] in situations where the ethics of their conduct will be judged, post hoc, either by rules ‘irrelevant’ to their vital governmental functions or by professional organizations or licensing authorities” (p. 106). Morgan et al. (2006) further warn: “Efforts to prohibit these professionals from engaging in their work are more likely to alienate them from existing professional organizations rather than influence them to seek new professional roles” (p. 27).

Does Military Necessity Justify AOP?

Proponents of AOP hold that societal welfare must often take priority over the welfare of the individuals with whom the operational psychologist engages. The crux of this utilitarian ethical argument is military necessity, the principle that a nation at war may use any means permitted under the laws of war that are indispensable to a military operation (Forrest, 2007). But establishing military necessity requires advocates to demonstrate that the use of psychologists substantially improves the success of operations in comparison to the use of other military and intelligence specialists. After all, military necessity is the justification for the unique ethical risks associated with AOP. Two examples are instructive.

In the realm of counterterrorism and counterintelligence, Kennedy, Borum, and Fein (2011)
describe an ethical dilemma in recruiting a U.S. service member to collect intelligence from a childhood friend who is part of a possible terrorist cell. An operational psychologist is engaged to assess the soldier’s suitability for the assignment, provide behavioral information useful in managing him, and monitor his management. Two former case officers consulted for this essay were skeptical of the operational value and ethical standing of the operational psychologist.

Presented with this scenario, Case Officer A (2011, April 19), who ran agents in the Middle East in the 1980s, posed an irresolvable conflict with psychological ethics: “but suppose the person [the soldier] has decided his loyalty is really with his friend. And now he starts working against you in the operation . . . . You’ll set traps for him. The psychologist could be involved laying the traps.” As a functional objection to AOP involvement, Case Officer A (2011, July 4) also observed that, in contrast with AOP practitioners, the case officer’s skills involve interpersonal communications, persuasion, and operational planning. Moreover, these skills are employed in the field, at risk, not in the controlled environments of professional psychology. A talented psychologist might be adequately trained, but then he or she would essentially be a case officer, bound by the national security agency’s mission, regulations, and ethics, not primarily by psychological ethics.

Case officer McKinney (2011, April 11), who ran agents against the Soviet Bloc in the 1980s, regarded all of the psychologist’s actions—from the initial test of the service member’s cooperation to the amelioration of conscience—to be elementary moves for highly trained case officers. McKinney acknowledged that a battery of remotely evaluated psychological tests could be helpful in the initial profiling effort, but she noted that trained case officers are as capable as psychologists of determining whether the potential asset’s aberrations can be exploited for operational purposes—and such exploitation could generate irresolvable problems in psychological ethics. She particularly objected to Kennedy et al.’s (2011) successful manipulation of the service member as the measure of AOP value, whereas she regarded acquisition of useful intelligence as the only relevant measure of value.

Evidence of military necessity is similarly lacking in regard to the involvement of operational psychologists in the interrogations of national security detainees. This controversial topic has risen to the level of national debate (e.g., Physicians for Human Rights, 2010) because some of the psychological techniques used are tantamount to torture. The third author, a retired senior interrogator, attested that even though Guantanamo Bay Detention Center was (incorrectly) said to hold the “worst of the worst” terrorists, the Army nevertheless relied on inexperienced interrogators. At a minimum, the BSCT psychologists involved should have—and may have—insisted on well-trained, mentored, experienced interrogators as critical to the operation (Arrigo & Bennett, 2007). The participating psychologists’ inability to accomplish this obvious and essential improvement over the course of years begs explanation.

Bennett also points to the institutional capacity of staff officers, such as BSCT psychologists, to override the expertise of the lower-ranking military specialists who opposed interrogation techniques of the Bush Administration (Arrigo & Bennett, 2007). At the very least, within their utilitarian framework, advocates for AOP need to provide evidence that the contributions of psychologists actually produce incremental value in operations in which they compete for resources, influence, and prestige with established military specialists. Beyond that, military necessity must be of sufficient magnitude to compensate for the harmful unintended consequences of AOP that we discuss next, because the ethics of military necessity requires minimization of harms (Forrest, 2007).

What Are Unintended Harmful Consequences of AOP?

Among those unintended harmful consequences of AOP to psychology as an international profession and as a science are the militarization of psychology, degradation of the scientific method, jeopardy of the public trust, and damage to COP. We briefly consider each here.

Militarization of psychology. Significant, and potentially irreversible, unintended adverse consequences present another troubling dimension of the legitimization of AOP. As the largest and most influential psychological association, APA’s support for AOP would tend to encour-
age the nationalization and militarization of psychology around the world (Moghaddam, 2007). This is especially evident with the visible deployment of U.S. operational psychologists to Afghanistan, Guantanamo Bay, and Iraq and with retirees hiring out as contractors. Indeed, this was one of the concerns that led the Puerto Rican Psychological Association—upon the initiative of a member who had served in the Iraq War—to reject a planned visit in 2010 from the Director of the APA Ethics Office, a notable public advocate for psychologist-assisted interrogations (Rivera-Santana, 2010).

Any militarization of psychology is likely to have domestic consequences as well because defense against foreign enemies is not well distinguished from state control of internal dissidents. This reality was highlighted by news of the detention conditions of U.S. Army Pfc. Bradley Manning, alleged leaker of U.S. intelligence data, which pervaded the media in late 2010 and early 2011. At Marine Corps Base Quantico, Manning reportedly endured domestic application of abusive AOP techniques of detention developed for terrorist suspects in Guantanamo (Pilkington, 2011). David MacMichael, a former commander of the Marine headquarters unit at Quantico, wrote a personal letter to the current Quantico commander recommending court martial of Manning, if merited, but deploring Manning’s “invidious” illegal confinement (MacMichael, 2011).

**Degradation of scientific method.** A further consequence of psychology’s militarization is the politicization and degradation of scientific method. Transparency, data sharing, peer review, and independent monitoring all drop away under military necessity. Former APA President Martin Seligman, a proponent of AOP, took this position in 2003:

> The civilized world is at war with Jihad Islamic terrorism. It takes a bomb in the office of some academics to make them realize that their most basic values are now threatened . . . If we lose the war . . ., fighting fatwahs and no education for women will displace grousing about random assignment of schoolchildren to study education. If we win this war, we can go on to pursue the normal goals of science (Seligman, 2003).

Seligman’s argument assumes cessation of AOP violations of scientific method after defeat of Jihad Islamic terrorism and a subsequent reversal of the degradation of psychological science. Social science historian Ellen Herman argues to the contrary that, since World War II, those who interpret war as a psychological conflict have “bonded psychological knowledge to political power,” in “peacefare” as well as warfare (Herman, 1995, pp. 306–307).

**Jeopardy of the public trust.** Taking an historical perspective, Walsh (2012) ventured that “American intelligence work can taint an entire profession . . .” and noted that CIA spies are forbidden to pose as Peace Corps volunteers, Fulbright Fellows, or accredited American journalists. A Special Operations chaplain, pressed for collection of intelligence on Muslim religious authorities, objected: “We are there to hold to a higher moral ground. You take off your cross and you step down” (Chaplain A, 2010). An author of the American Psychiatric Association’s 2006 Position Statement on Psychiatric Participation in Interrogation of Detainees said, “The whole issue of psychiatrists getting into deceptive positions with people was unacceptable to most of us” (Zomana, 2009).

The legitimization of AOP also crucially risks jeopardizing the public trust in the clinical work, human subjects research, and leadership roles of psychologists.

For good reason, judicial codes of ethics typically caution against even the appearance of impropriety. Impropriety can be understood as “whether a person aware of the facts might reasonably entertain a doubt that the judge would be able to act with integrity, impartiality, and competence” (California Supreme Court, 2009, p. 7). For decades, appearances of impropriety have cost U.S. anthropologists the trust of indigenous peoples. A member of the American Anthropological Association’s Commission on Engagement of Anthropology with the Military and National Security Agencies, 2006–2010, Carolyn Fluehr-Lobban (2009) complained: “Most people think I’m a CIA agent anyway. What else would I be doing coming into the Sudan and learning Arabic and hanging around?”

Appearances of impropriety are easily found in the AOP realm. For instance, Seligman responded to the 9/11 terrorist attacks by convening a counterterrorism and psychology meeting in his home. The psychologist who subsequently created the CIA waterboarding program attended with the CIA Director of Behavioral Sciences Research. In 2002, Seligman lectured CIA interrogators and psychologists on his
technique of inducing “learned helplessness” in dogs, a technique subsequently applied to “enhanced interrogations” of detainees and designated a required core competency of the BSCTs (Department of the Army, 2006). In February 2010, the Army awarded Seligman’s research group a no-bid contract of $31 million for positive psychology-based resilience training of soldiers (Benjamin, 2010). Critics might reasonably entertain a doubt about the impartiality of the contract. Because of secrecy and the deliberate strategic dissemination of false or inaccurate information (i.e., disinformation) in the security sector, there is no way to resolve appearances of impropriety in AOP.

Potential damage to COP. According to military-intelligence sources interviewed by the first author (Arrigo), concealed AOP tactics can interfere with and override more appropriate COP approaches in some situations. These tactics can threaten morale and good order in the military, which depend on commanders’ fair and impartial treatment of subordinates (Rockwood, 2011). For example, commanders use of psychological evaluations to control dissident or disliked subordinates is widely rumored, despite regulations forbidding inappropriate referrals for evaluation (Lauretano, 1998). A veteran of the Air Force Office of Special Investigations stated that investigators are often rewarded for convictions rather than for comprehensive and impartial investigations—and an unfavorable psychological diagnosis of the suspect is a shortcut to a conviction (Special Investigator A, 2010).

Mission goals can therefore sometimes motivate invalid evaluations by operational psychologists, a looming threat that alone can damage performance and morale. A former counterintelligence officer similarly warned, “the military has always used the nut ward as a hanging sword over each agent” (Brewer & Arrigo, 2008, p. 15). Legitimization of clinical psychologists in deceptive and manipulative AOP tactics would further erode trust in COP evaluations of personnel, where high stakes and secrecy can amplify the role of trust. Relevant here as well are reports of psychologists diagnosing veterans as having personality disorders in order to avoid the more costly disability payments associated with the diagnosis of posttraumatic stress disorder (e.g., Union of Concerned Scientists, 2009).

As we have indicated, our concerns about the professional ethics of AOP are deep and multifaceted. To be clear, our discussion of the AOP–COP divide has explicitly focused on whether professional psychologists should engage in particular operational activities. By professional psychologists, we mean individuals who hold recognized professional degrees in psychology as clinicians, researchers, teachers, trainers, consultants, administrators, or other specialists. We do not address broader questions of whether certain operational activities should or should not be undertaken regardless of who is involved, nor do we question the uses of psychological science in national security arenas. Here we question only the extension of professional psychology to include AOP.

A Framework for AOP

The negative consequences of psychologists’ participation in AOP activities highlights the need for greater clarity in distinguishing between AOP and COP. With this goal in mind, we have developed a three-factor framework for judging whether a particular activity should be categorized as AOP or COP, recognizing that we have oversimplified matters by imposing dichotomous distinctions onto factors that are sometimes more nuanced than this representation allows. Nevertheless, we believe our framework establishes grounds for constructive discussion and debate. The three key questions are as follows:

1. Is there a sufficient measure of voluntary informed consent from the target of intervention, including specific contracts or broader agreements in regard to potential harms (i.e., stipulated harms)?
2. Does the action plan of the operation involve either the intent to cause nonstipulated harm, or the expectation of nonstipulated harm greater than any benefit to the target of intervention?
3. Is the action plan of the operation reasonably accessible to the participating psychologist(s) and to ethical oversight and accountability by institutions, boards, or groups beyond the purview of the national security establishment?
In our view a psychological operation is collaborative (COP) only if there is voluntary informed consent by the targets of intervention (Question 1), there is not intended or foreseeable nonstipulated harm (Question 2), and there is effective outside ethical oversight and accountability (Question 3). If any of these three conditions is not met, we categorize the psychological operation as adversarial (AOP).

**Question 1: Is there a sufficient measure of voluntary informed consent from the target of intervention?** If the intervention target has not freely agreed to participation in the operation (directly or through an ongoing contractual arrangement), then the psychological operation cannot be considered collaborative. In general, this means that operational psychology activities that target individuals designated as “enemies” will be categorized as AOP, because consent is highly improbable in these cases. Issues of consent are therefore most salient when making AOP–COP determinations in situations where the target of intervention is “one of our own.”

For example, a disguised or remote psychological evaluation of an unsuspecting individual to determine whether he might be an attractive recruit for a national security assignment would qualify as an AOP activity because of the lack of consent. If this target instead agreed to the evaluation, then it would be accurately viewed as COP, assuming the other necessary conditions were also met. Freely given informed consent is often the basis for distinguishing between stipulated harm and nonstipulated harm. The former refers to those risks the target has knowingly accepted, such as the dangers of combat duty for an enlisted soldier; the latter refers to potential harms of which the target was unaware, such as torture upon capture.

**Question 2: Does the operation involve the intent or expectation of nonstipulated harm greater than any benefit to the target of intervention?** The question of whether a psychological operation subjects the target to nonstipulated harm—intended or merely foreseeable—is usually a relatively easy determination to make. If the psychologist is involved in an activity that runs contrary to the profession’s guiding ethical principle of “do no harm” toward the target of intervention, then the action plan is an instance of AOP. One clear example would be a psychologist’s participation in, or consultation to, the interrogation of a detainee that involves exploitation of his psychological vulnerabilities, intentionally causing him psychological distress and possibly inducing him to act contrary to his interests. Another would be a psychologist working to draw a hostage taker to a window for a kill shot by a sniper. A third example is a situation where the psychologist knowingly gives an unwarranted psychiatric diagnosis to a whistleblower in order to punish her and discredit her claims.

In contrast, the psychologist who conducts personnel evaluations for security clearances at a nuclear weapons facility is not engaging in an activity in which his or her intent is to harm the interviewees, even though some of them may mistakenly be denied clearance as a result of these evaluations. It is important to note here that an action plan designed to subject the intervention target to nonstipulated harm is categorized as AOP even if the participating psychologist personally has no knowledge of this intention (e.g., due to lack of requisite clearances or a cover story from superiors). This is necessary to discourage cover stories in the tasking of psychologists for adversarial operations. A psychological operation is AOP if the participating psychologists are not cleared to know the full scope of the operation as relates to nonstipulated harms to the intervention targets. Consultation to case officers in recruitment of spies is AOP.

**Question 3: Is the action plan of the operation reasonably accessible to the participating psychologist(s) and to outside ethical oversight and accountability?** We consider a psychological operation to be AOP if it does not readily permit state licensing boards, institutional review boards, professional association boards, the U.S. Office of Research Integrity, or other appropriate professional agencies to oversee or monitor these activities. The necessary accountability to a professional code of ethics is diminished or eliminated when the review of evidence of possible ethical wrongdoing is hampered by claims that the work is of a classified nature or that revelations would pose risks to national security.

Consider, for example, a psychologist involved in a top-secret military research project testing an experimental drug judged not to have adverse effects. Although the “do no harm” principle is met here, the lack of transparency
means that this psychologist could violate other standards of professional ethics (e.g., acting outside of areas of competency) without sufficient likelihood of repercussions from civilian agencies. This case highlights a key point: some instances of AOP are unethical for psychologists solely because the actions are taken with the knowledge that they are beyond ethical monitoring and scrutiny by the profession. In short, the presumption that professional oversight and accountability are unnecessary is inherently objectionable on an ethical basis.

Conclusion: A Proposal for Protecting Professional Ethics in Operational Psychology

Our analysis of professional ethics and operational psychology leads us to a clear conclusion: the ethical practice of psychology requires institutional separation of COP from AOP in national security contexts.

Proponents of AOP anticipate that operational psychology will become an official APA area of specialization (Estrada, 2012), similar to the status sought by police and public safety psychology (Stewart, 2012). If operational psychology attains this status, then AOP goals, methods, and legitimization would pertain not only to psychologists employed by the military but equally to clinicians, applied researchers, and trainers employed by civilian intelligence agencies and to academic researchers funded under security-sector grants or contracts. Legitimization of AOP would entitle all of these full-time, part-time, and occasional operational psychologists to work in AOP without risk of stigma and censure—and without oversight by the profession as a whole. One immediate consequence would be the curtailment of ethics complaints against operational psychologists to state licensing boards (Eligon, 2011) and the APA Ethics Committee. In addition, some strategic and financial relationships of the APA with the security sector that are now in a gray zone—such as CIA-funded, invitation-only, APA symposia (e.g., Davis, 2008)—would be normalized.

Our study though points to the importance of excluding AOP from professional psychology. Acknowledging the subordination of AOP to the requirements of national security missions and regulations, we propose that psychologists involved in adversarial operations should serve as intelligence officers or national security contractors with special expertise in psychology, not as professional psychologists. Intelligence officers regularly specialize in related fields such as cultural anthropology and political science. Although lesser steps may create fewer immediate challenges, the third author (Bennett) and military and intelligence advisors insist that only a firm and complete institutional divide between COP and AOP can suffice. If psychologists choose to engage in AOP roles, where professional ethics are secondary to command orders, they must not hold state licenses as clinicians committed to a professional code of ethics. For similar reasons, AOP psychologists must not work in academic or research settings undercover and must not hold positions of influence in professional associations undercover.

We recognize that these proposed changes carry with them significant unsettling ramifications. Professional psychology and the security sector now have a century of institutional and career entanglements. For the security sector, the exclusion of AOP from professional psychology could hinder ease of recruitment of psychologists and the efficiency of deployment in dual roles. For individual psychologists, exclusion could limit funding, research, and career opportunities. For American psychology in general, and the APA in particular, exclusion could impede expansion into the security sector and diminish government funding. Historians of psychology attribute the rise of American psychology to World War II and postwar militarism (e.g., Herman, 1995). The 9/11 attacks created another stimulus for national service and entrepreneurial expansion into AOP for psychologists and others.

The benefits of our proposal should carry much greater weight when considering the inevitable and irreversible trade-offs. Exclusion of AOP from professional psychology can prevent the disastrous unintended consequences we have described, including militarization of psychology internationally, degradation of scientific method in psychology, loss of public trust in psychology, and damage to COP. At the same time, institutional separation of AOP and COP can protect psychologists who work in COP from AOP pressures and preserve their valuable national security roles as evaluators, trainers, therapists, and researchers.

A key purpose of this article is to initiate a fruitful and multidimensional discussion between advocates and critics of AOP, including
those in the national security system whose work is affected by the unsubstantiated claim that AOP is a military necessity. Toward this end, and prior to this much needed discussion, we recommend that the APA Commission for Recognition of Specialties and Proficiencies in Psychology deny efforts to promote operational psychology, including AOP, as a recognized specialty area in psychology (e.g., Kennedy, 2010). We also recommend that practitioners not be eligible for certification through the American Board of Professional Psychology (ABPP) as operational psychologists.

The issues we have explored in this essay are matters of great consequence, not only for operational psychologists, the APA, the behavioral sciences, and the health professions. They are also of great consequence for all national security personnel whose work is directly or indirectly affected by AOP. Representatives from the fields of military ethics, civil–military relations, international law, and international psychology are crucial voices in this much needed dialogue about psychological ethics.

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COMMENTARY

An Examination of “Adversarial” Operational Psychology

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Operational psychology has remained under pressure from its critics. Arrigo, Eidelson, and Bennett (2012) proposed a split of operational psychology activities into 2 categories: “collaborative” and “adversarial,” on the basis of their concerns that certain professional activities are unethical and inappropriate for psychology practitioners. Arguments to separate these activities are examined along with the authors’ recommendations to bar psychologists from practicing in areas deemed “adversarial” by the Arrigo et al. criteria. Implications for military, government, public safety, and industrial psychologists are discussed. The applicability of the American Psychological Association’s (2010) Ethical Principles of Psychologists and Code of Conduct is also addressed.

Keywords: operational psychology, ethics, military

As operational psychology (OP) has continued to develop and mature as a specialty area among the various disciplines of applied psychology, it has remained under pressure from critics. In an attempt to focus and perhaps clarify their criticism, Arrigo, Eidelson, and Bennett (2012) published an article in Peace and Conflict: Journal of Peace Psychology in which they proposed to split the activities of OP into two categories: collaborative operational psychology (COP) and adversarial operational psychology (AOP). In their thought-provoking critique, Arrigo et al. proposed the following three criteria to determine whether an activity should be declared “adversarial” in contrast to “collaborative.”

1. Is there voluntary informed consent? Is there stipulation—via contract or agreement between the subject of the intervention and the psychologist—regarding potential harms?
2. Does the action plan involve intent or expectation of possible harm that has not been stipulated?
3. Is the action plan disclosed to the participating psychologist(s)? Is the action plan and the activity reasonably accessible to ethical oversight by boards beyond the purview of the national security establishment?

If the OP activity meets these criteria, it would be considered collaborative, and if not, then adversarial. In other words, if there is voluntary informed consent by the individual involved, if there is no expectation of harm, and if the activity has oversight by psychological...
boards outside of the national security establishment, then psychologists can perform these activities and Arrigo et al. (2012) would consider them to be COP. In contrast, activities falling outside of these parameters would constitute AOP and be inappropriate for psychologists to support. Moreover, according to Arrigo et al., any psychologists involved in such activities should not be granted licensure, association membership, or advanced professional status as psychologists.

This categorical model and subsequent exclusion criteria appear to be based on a number of troubling assumptions. Arrigo et al. (2012), in their focus on government and military operational psychologists, seem to imply that only operational psychologists working in such organizations are involved in professional activities that would be classified as adversarial. In fact, many subspecialties within the psychological profession conduct such activities. For example, psychologists who consult to the jury selection process routinely serve the interests of their attorney/client by either training the lawyers or advising firsthand in the retention or removal of potential jurors who are more likely to decide against their client. This is done without recourse on the juror’s part and without any stipulation of potential harm to the opposing attorney/client. Second, psychologists who advise marketing firms, run focus groups, or help shape advertising messages work to the benefit of their organizational client with limited, if any, obligation of concern for the consumer who is the subject of their influence focus. Third, psychology teachers/professors in academic settings work to serve the learning motivations of their students. But they are also agents of the institution and will deliver painful consequences to students who produce unacceptable results. Their ultimate loyalty is to the institution and its standards. Fourth, psychologists who advise police and public safety organizations provide consultation often designed to sway public opinion against criminals and to reward citizens who help them arrest and imprison criminals. All of this is done without permission, informed consent, or legal recourse by the criminal. And finally, psychologists who advise corporations on identification of internal and external threats to information security or safety engage in development of managerial messages and detection processes to thwart the desires of people who are the focus of their efforts.

Although not an exhaustive list, the activities described above illustrate that there are a number of specialty practice areas within the body of ethical practitioners whose work may fail to meet the COP criteria as defined by Arrigo et al. (2012).

It is worth noting that the profession of psychology is not a mental health or health care profession (Grisso, 2001). Health care provision is but one activity within clinical and counseling psychology, two popular applied psychology specialties areas. However, much of the framework that our profession has relied on in its construction of ethical guidelines and professional standards has come from health care models. This same bias is apparent in Arrigo et al.’s (2012) COP/AOP criteria. As a result, we argue that any model used to categorize professional psychology activities should focus on the nature of the activity and not on the subgroup of psychologists involved. In other words, even if we accept the term adversarial, the dichotomization should be disconnected from any given type of psychology or psychologist and aligned with the nature of the activity (adversarial vs. collaborative). If all the psychologists who conduct “adversarial” activities (as defined by Arrigo et al.) were to be ejected from the psychology profession, the number would reflect a group much larger than that of government and military operational psychologists. Perhaps health care/mental health service psychologists will ultimately demand a separate designation and association of their own, to differentiate themselves from those psychologists whose work involves loyalty to a third party—be it the U.S. government, local municipalities, public safety, or industrial entities. We argue, however, that all practitioners (clinical or otherwise) engage in third party loyalty. Furthermore, we assert that multiple relationships are inherent in nearly all psychological specialty areas to greater and lesser degrees (American Psychological Association [APA], 2013; Kennedy & Williams, 2011; Lowman, 2006).

In the spirit of clarification, we suggest that rather than adversarial, the phrase third party client service activities be used to designate the recipient of the service. We also suggest that rather than collaborative, the phrase subject col-
laborative service be used to designate the focus of the service and loyalty.

The current article examines Arrigo et al.’s (2012) proposal and the following two arguments: (a) Should OP activities be split into two categories (AOP/COP), one constituting intelligence officers and national security contractors with psychological expertise and the other constituting operational psychologists who work in the public safety or law enforcement sector but are focused on human performance in high-risk operations as opposed to deceptive and coercive operations? and (b) Should operational psychologists conducting AOP activities be barred from APA membership, exempted from the APA’s (2010) Ethical Principles of Psychologists and Code of Conduct (hereinafter, Ethics Code) and be refused American Board of Professional Psychology specialty status?

To their credit, Arrigo et al. (2012) have presented a thoughtful and reasoned argument that dissects OP and highlights a number of legitimate concerns. These concerns have been openly discussed and argued in a variety of forums, but not so clearly and professionally as in this article. That said, we take exception to a number of their statements, find fault in their reasoning, and disagree with their overall conclusions.

Collaborative Versus Adversarial Operational Psychology

Arrigo et al. (2012) characterize COP as encompassing “the traditional operational psychological tasks of personnel assessment, selection, training, evaluation, and overt operations research to maximize personnel performance and survivability for high-risk military and intelligence operations” (p. 385). The practice of COP is contrasted with AOP in the following description of AOP activities: “direct support of deception, coercion, and assault in military and intelligence operations and in covert operations research” (p. 386). This description is further amplified by the following phrases: “manipulation of adversaries,” “weapons research on human subjects,” and the use of psychological intervention resulting in “nonstipulated harms,” as well as the targeting and discrediting of moral dissidents of the state. Although these expressions and colorful descriptions grab the reader’s attention, some of their characterizations press the bounds of credulity. We have been collectively practicing in the field of OP (including both COP and AOP as loosely defined by Arrigo et al.) for more than 30 years and have yet to witness anything like what these authors have described.

In the absence of education and awareness concerning OP practice, critics have felt unconstrained in their negative characterizations and aspersions. Psychological consultation to law enforcement detention has been demonized as inhumane and called support to torture (Alexander, 2008; Lagouranis, 2007). Similarly, consultation to an intelligence investigator or interrogator frequently carries the implication of a scene from Abu Ghraib, where no psychologist was present (Danner, 2004; McCoy, 2006). It is disappointing to continue to find such unfair, inaccurate, and unfounded accusations among professional colleagues. Furthermore, if there is such evidence of unethical OP practice, it stands to reason that it should not be an indictment of the specialty but of the given practitioner. We do not recommend disbanding clinical practice because a therapist sleeps with his patient; the facts are investigated, the therapist is censored if appropriate, and he or she is even prosecuted if the behavior was criminal in nature.

Setting aside Arrigo et al.’s (2012) characterizations of OP activities, let us address their overarching recommendation that OP should be split into two practice categories. In essence it would be a cleaving away of one practice category because, from the perspective of the authors, AOP practitioners should not be considered psychologists at all. Instead, they should be considered intelligence officers or other professionals who have expertise in psychology or behavioral science. Their recommendation appears to hang on a single assumption, namely that it is “OK” to be unethical from a psychological perspective, as long as you are not a psychologist—“A nonpsychologist may ethically assume certain roles that it would be unethical for a psychologist to assume” (p. 387). Therefore, they argue that certain roles or activities cannot be performed ethically by a psychologist. In other words, these activities are simply outside the ethical boundaries of any psychologist or psychology practice. Accordingly, Arrigo et al. define many of the intelligence and national security support activities performed by operational psychologists as un-
ethical activities; hence, by implication, defining such practitioners as unethical psychologists. We examine this conclusion in the coming paragraphs; however, it is curious to note the authors’ sole focus concerns intelligence, military, and national security practitioners, apparently exempting law enforcement, police, public safety, forensic evaluators, jury selection consultants, social psychological market researchers, and so forth, from among the fold of AOP practitioners. As stated previously, we suspect the outcry from this wider audience would be significant if our colleagues chose to extend their criticism to these well-established fields of psychological practice.

This line of reasoning asserts that certain activities are simply outside of the scope of practice and therefore cannot be performed by psychologists or if they are performed, they cannot be performed ethically by their very nature. We reject this statement as it pertains to the activities described as OP in the current research literature (APA, 2005; Civiello, 2009; Kennedy, Borum, & Fein, 2011; Kennedy & Williams, 2011; Staal & Stephenson, 2006; Stephenson, 2007; Staal & Stephenson, 2013; Williams & Johnson, 2006; Williams, Picano, Roland, & Banks, 2006). The APA has examined the practice of OP and the specific practices of various operational psychologists over the past decade and has consistently supported both. There have been a few instances in which this governing body of American psychology has identified the potential misconduct of a given practitioner and in those instances it has acted appropriately to investigate and adjudicate them accordingly. However, this has been no different than in any other specialty area of practice within the discipline.

The APA recognized early on that OP might require additional support given the complexity of its practice and the potential for practitioners to face challenging ethical dilemmas. Therefore, the Psychological Ethics and National Security Task Force was established (APA, 2005) in addition to a release of amplifying guidance (a series of APA memoranda). Arrigo et al. (2012) attempt to discredit these efforts as well as APA’s support to research helping frame the ethical issues and application of ethical standards surrounding OP (Kennedy & Williams, 2011). Despite the fact that there is nothing in the APA (2010) Ethics Code that precludes operational psychologists from supporting national security activities (APA, 2005), Arrigo et al. have suggested that the code may be inadequate to accommodate the work of AOP. As a result, they conclude that AOP practice should be separated and discarded as an illegitimate aspect of OP. A few operational psychologists have also criticized the current code as inadequate (Freedman, 2009; Gravitz, 2009), but instead of suggesting that aspects of the practice be discarded, these and others have recommended amendments to the code to help guide operational psychologists through the complex ethical challenges they face.

We would like to note that the APA Ethics Code was not designed to address specific practice areas. It was written to provide parameters for psychologists regardless of the context of their work (APA, 2010). It is for this reason that we believe the APA Ethics Code is sufficient to guide the ethical behavior of operational psychologists. Furthermore, we agree that operational psychologists would benefit from an amplification of the code to include specific OP practice vignettes and case studies. As one example, the APA published specialty guidelines for forensic psychology (APA, 2013), which articulate specifically tailored advisory guidance to forensic practitioners using the Ethics Code as a framework. We continue to assert that such guidelines would be of great assistance to OP (Staal & Stephenson, 2013).

Instead of isolation, as Arrigo et al. (2012) assert, we recommend engagement. OP practitioners (COPs/AOPs) should not be cut away from their professional peers, barred from membership, or exempted from the Ethics Code. On the contrary, these individuals should be integrated into the ranks of other professional psychologists who have to thoughtfully navigate challenging obstacles in the performance of their work. There is no difference between these psychologists serving in the military or other national security arenas and those supporting law enforcement, public safety, forensic evaluation, or social psychological market research (to name just a few). Are these ethical challenges to include the potential for dual agency, power differential between identified clients, limits to confidentiality and informed consent, and so forth? Absolutely, but that is the reason there is an ethics code and a governing body for
the profession, to provide guidance, mentorship, and consultation.

Summary

The separation of OP into COP and AOP activities is a false dichotomy and unnecessary. Moreover, Arrigo et al.’s (2012) recommendation for isolation and separation of COP from AOP practitioners is ill advised. The full spectrum of OP activities has been reviewed and debated over the past decade and the APA, as our profession’s senior governing body, has repeatedly affirmed the ethical practice of these activities in their entirety. As an applied specialty, OP has matured to the point of developing its own practice guidelines, and we encourage practitioners to continue to do so. We echo previous calls for greater professional development and an expansion of training, society and association support, and certification (Staal & Stephenson, 2013).

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COMMENTARY REPLY

Adversarial Operational Psychology Is Unethical Psychology: A Reply to Staal and Greene (2015)

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In this essay we respond to Staal and Greene’s (2015) critique of our ethical rejection of “adversarial operational psychology” (AOP; Arrigo, Eidelson, & Bennett, 2012). We rebut their evasive attempt to expand AOP beyond the security sector, and we explain how AOP elements of power, resources, secrecy, ideological control, and strategic deception defy civic-sector norms. We also discuss their failure to address our foundational questions, including purported military necessity as the justification for AOP and the limited capacity of civic institutions to monitor conduct in AOP. We conclude that the demands of psychological and military ethics point to exclusion of AOP from professional psychology.

Keywords: psychological ethics, military ethics, operational psychology, American Psychological Association

We welcome this opportunity to respond to Staal and Greene’s (2015) critique of our essay, “Psychology Under Fire: Adversarial Operational Psychology and Psychological Ethics” (Arrigo, Eidelson, & Bennett, 2012). In that article we distinguished adversarial operational psychology (AOP) from collaborative operational psychology (COP). In contrast to COP, which is primarily aimed at optimizing personnel performance in high-risk operations, we wrote that AOP:

. . . engages psychologists in direct support of deception, coercion, and assault in military and intelligence operations and in covert operations research. It encompasses the tasks of identification and ma-
nipulation of adversaries in counterintelligence and counterterrorism operations and of covert behavioral and weapons research on human subjects. (p. 386)

While acknowledging the valuable contributions of military and intelligence psychologists involved in COP, we argued that AOP poses irresolvable ethical conflicts for the psychologists involved, APA’s ethics code fails to support the interpretations of AOP advocates, unintended harmful effects of AOP are significant, and proponents of AOP presume its military necessity... without providing evidence. (p. 387)

To facilitate discussion of these critical issues, we offered three criteria for distinguishing between AOP and COP:

1. Is there a sufficient measure of voluntary informed consent from the target of intervention, including specific contracts or broader agreements in regard to potential harms (i.e., stipulated harms)? If yes, then it is COP; if no, then it is AOP.
2. Does the action plan of the operation involve either the intent to cause nonstipulated harm, or the expectation of nonstipulated harm greater than any benefit to the target of intervention? If no, then it is COP; if yes, then it is AOP.
3. Is the action plan of the operation reasonably accessible to the participating psychologist(s) and to ethical oversight and accountability by institutions, boards, or groups beyond the purview of the national security establishment? If yes, then it is COP; if no, then it is AOP.

Our article addressed psychological ethics from health care to research. We emphasized that the AOP critique was based on particular activities and not on individuals:

We write here about collaborative and adversarial operational psychology, not about collaborative and adversarial operational psychologists. For us, the key considerations and concerns revolve around the operational roles assigned to, or initiated by, psychologists—not the individual psychologists who perform them. By this we mean that it is not our intention to globally categorize people as “ethical professional psychologists” or “unethical professional psychologists.” Instead, our goal is to provide a framework for separating specific operational roles into ethical and unethical categories. (p. 386)

We then proposed an alternative for the occupational specialty of AOP:

... psychologists involved in adversarial operations should serve as intelligence officers or national security contractors with special expertise in psychology, not as professional psychologists. ... If psychologists choose to engage in AOP roles, where professional ethics are secondary to command orders, they must not hold state licenses as clinicians committed to a professional code of ethics. For similar reasons, AOP psychologists must not work in academic or research settings undercover and must not hold positions of influence in professional associations undercover. (p. 396)

We were explicit about our hope that our AOP analysis might be the springboard for constructive discussion among stakeholders within psychology and beyond. As we review here, the response offered by Staal and Greene is disappointing because it evades the substantive issues rather than directly engaging with the claims and recommendations with which they disagree.

**AOP and the Civic Sector**

Their evasion strategy begins with the extension of our AOP-COP framework in the civic sector. Operational psychology as we have described it occurs specifically in national security-related operations conducted by the military and government intelligence agencies. This accords with Staal’s own prior definition:

Operational psychology is a specialty within the field of psychology that applies behavioral science principles to enable key decision makers to more effectively understand, develop, target, and/or influence an individual, group or organization to accomplish tactical, operational, or strategic objectives within the domain of national security or national defense. (Staal & Stephenson, 2013, p. 97, emphasis in original)

This point of agreement should serve as the basis for engagement with important issues. Instead, Staal and Greene dismiss our AOP-COP framework because we fail to apply it to civic domains where the AOP-COP framework was never intended and is incoherent. They claim, “There is no difference between these psychologists serving in the military or other national security arenas, and those supporting law enforcement, public safety, forensic evaluation, or social psychological market research (to name just a few)” (p. 267). But Staal and Greene’s analogy between psychologists’ activities in the
civic sector and AOP obscures the vast disparities in four ways.

Selection Criteria

First, the AOP psychologist typically has a Top Secret clearance (Department of the Army, 2006), usually combined with a Sensitive Compartmented Information clearance, as TS/SCI (e.g., Booz Allen Hamilton, 2013; The Military Psychologist, 2012). Minimum requirements for the 10-year background investigation for Top Secret clearance include: a Federal Bureau of Investigation (FBI) check on the candidate and spouse or partner; an extensive interview of the candidate by trained investigative personnel, with possibly a lie detector test; personal interviews of two superiors or coworkers for each job, of neighbors for the last five years of residence, and perhaps of former spouses, relatives, and cohabitants; and investigation of financial status and credit habits for the past seven years (e.g., White House, 1991).

Following military necessity, the investigative process selects for a degree of loyalty and ideological conformity almost unknown in the civic sector. It disqualifies candidates for sensitive AOP positions who would qualify for the vast majority of COP positions that do not require TS/SCI clearance.

Moral Autonomy

Second, in the military, the psychologist engaged in AOP activities is a fully deployable soldier, typically a member of a highly coordinated and interdependent team, obligated to put the operational mission first, under national security criteria that supersede the APA Ethics Code (Department of the Army, 2009; American Psychological Association, 2002). The moral autonomy of the military psychologist is quite limited. Disobeying a combat commander’s direct order due to moral objections, or revealing state secrets pertinent to moral dissidence, can result in a general court martial with penalties up to a lengthy prison sentence. These dire professional obligations and penalties are not found in the civic sector.

Legal Recourse

Third, unlike the target of psychological intervention in the civic sector, the target of an AOP intervention—whether service member, ally, civilian, or enemy—has severely limited legal recourse during peacetime (e.g., to sue or to subpoena evidence) and less during wartime. In contrast, the AOP psychologist has heightened protections against prosecution for violations of psychological ethics. The Feres Doctrine (Feres v. United States, 1950) bars service members from suing the government—or its AOP psychologists—for harms while on active duty.

Covert operations and operational research afford additional protection to AOP psychologists. The 1977 Senate investigation of the infamous CIA behavioral modification project MKULTRA (United States Senate, 1977) found that the CIA had contracted with researchers at dozens of universities and other civilian institutions, with eminent psychologists participating in AOP roles (Greenfield, 1977). Citing security concerns, the U.S. Supreme Court (CIA v. Sims, 1985) subsequently ruled against disclosing the identities of the MKULTRA institutions or scientists. This ruling still stands as a precedent to discourage state licensing boards that would attempt to censure AOP psychologists. In fact, state licensing boards have so far declined to adjudicate ethics complaints against AOP psychologists (e.g., Eligon, 2011). The extent of reputational and legal protection for AOP psychologists and contractors should not be underestimated.

Ethics Monitors

Fourth, the AOP and civic sectors diverge substantially in regard to access by ethics monitors, such as independent review panels, investigative reporters, social activists, citizen committees, attorneys, family members, bystanders with cameras, and potential whistleblowers subject to only mild penalties. Further, professional archivists have singled out the small-scale secret operations, in which AOP psychologists are likely to participate, for failures in basic recordkeeping. For mission success and career protection, commanders have clear incentives to suppress documentation (Soyka & Wilczek, 2014). In sensitive cases, records are intentionally destroyed, as happened with the videotapes of CIA “black site” interrogations (Mazzetti, 2009).
In sum, AOP is intrinsically a security-sector activity. For sheer power and secrecy of operations, the only likenesses to AOP in the civic sector would arise in corrupt institutions or organized crime, without the constraints of military ethics, ideals, and accountability. The common feature of third-party clients therefore cannot unite operational psychology in the security sector with other forms of practice in the civic sector, as Staal and Greene contend.

False Analogies

Staal and Greene present civic examples in an attempt to illustrate equivalent moral risks of operational psychology in the civic and security sectors. In their example of psychologists’ roles in jury selection though, the actual targets of the intervention are the defendant and plaintiff, not the prospective jurors as the authors suggest, and both sides are legally entitled to whatever benefits and protections the psychologists can provide. In their example of psychologists involved in academic instruction, although teachers are indeed “agents of the institution and will deliver painful consequences to students who produce unacceptable results” (p. 265), this is a stipulated harm. Students have implicitly consented to a grading system that may work for or against them. As a reminder, our original article noted that a similar situation of actual operational psychology—security clearance screening—qualifies as collaborative rather than adversarial because it involves the applicant’s stipulated understanding that the assessment may work for or against the applicant.

In addition, Staal and Greene argue that it would be wrong to eliminate certain forms of practice for psychologists simply because some members of the profession may behave in unethical ways: “We don’t recommend disbanding clinical practice because a therapist sleeps with his patient; we investigate the facts, censor them if appropriate, and even prosecute them if their behavior was criminal in nature” (p. 266). However, sexual relations between clinician and client are not an intrinsic element of the psychotherapeutic relationship. In contrast, the three elements we have highlighted in our AOP framework—lack of informed consent, non-stipulated harm rather than beneficence, and insufficient outside ethical oversight—are intrinsic elements of AOP. Whereas the clinician-client engagement continues to be psychotherapy in the absence of sexual misconduct, national security operations cease to be AOP if none of these three features is present.

This example and others offered by the authors obscure the distinction between “institutional betrayal” by government and military on the one hand and betrayal by individual role players and untrusted institutions (e.g., prisons) on the other. Institutional betrayal involves “violation of trust and dependency perpetrated against any member of an institution in a way that does not necessarily arise from an individual’s less-privileged identity” (Smith & Freyd, 2014, p. 577) and is therefore deeply destructive of social trust.

Staal and Greene’s analogical argument that AOP is no different from familiar domains of professional psychological practice should not lead civil sector psychologists to worry that restrictions on AOP could imperil their own careers. The prohibition on physicians’ participation in legally authorized executions by lethal injection is no reason for doctors around the country to worry that they will lose their prescribing privileges. And the banning of specific toy products dangerous to children should not arouse visions of a dystopic future with no toys. Even within the military and other national security arenas, the great majority of psychologists—such as those who provide services in Veterans Affairs hospitals—do not serve in AOP roles and would not be adversely affected by our proposals.

APA and the Legitimization of AOP

In ethical defense of AOP, Staal and Greene write, “The American Psychological Association has examined the practice of operational psychology and the specific practices of various operational psychologists over the last decade and has consistently supported both” (p. 267). APA’s endorsement is indeed clear, but the Association is far from an honest broker in this arena. Staal and Greene fail to mention the APA’s strong and undisclosed ties and collaboration with the military and intelligence establishment, which have included currying favor with the CIA and the Department of Defense in an extensive effort to gain greater opportunities for psychologists in the national security realm.
We support our assertion with evidence from several related sources.

The APA PENS Report

Staal and Greene reference the report of the APA’s 2005 Presidential Task Force on Psychological Ethics and National Security (PENS; American Psychological Association, 2005) to demonstrate that the APA Ethics Code allows psychologists to serve in various AOP roles, such as consultants to detainee interrogations. But well documented facts impugn the independence and legitimacy of the PENS report (Arrigo, 2006). Foremost in this context, the majority of the individuals selected for the PENS Task Force members were themselves operational psychologists representing military and intelligence agencies; several of them had served in chains of command publicly accused of detainee abuses (Society for the Study of Peace, Conflict, & Violence, 2005).

After the PENS report was published, a counterintelligence veteran identified the task force process as a “social legitimization process for a decision made at higher levels” (Debatto, 2007). More recently, investigative reporter James Risen’s (2014) Pay Any Price: Greed, Power, and Endless War provided documentary evidence that the national security establishment guided the APA’s Ethics Office and Science Directorate in creating the PENS process and selecting the task force members. According to private e-mails obtained by Risen, senior APA staff collaborated with CIA and Bush White House officials to develop a position on psychological ethics to support the abusive detention and interrogation operations that took place—with psychologist participation—at places such as Guantanamo Detention Center and CIA black sites. Indeed, Risen suggests that the government’s enhanced interrogation program might not have been viable apart from APA cover.

Ethical Evasion

Despite multiple complaints, state licensing boards have adjudicated no cases pertaining to abusive detention or interrogation operations, and the APA has sanctioned no accused members. In 2013, after a 7-year delay, the APA closed an ethics complaint against an accused Guantanamo psychologist without review and adjudication by the full Ethics Committee (Ackerman, 2014). The APA Ethics Office reached its decision despite extensive evidence of the psychologist’s participation in the design and implementation of a detainee’s brutal treatment, which included daily 20-hr interrogations, isolation, frequent hooding, forced nakedness, and terrorization by military dogs. Among the authoritative sources of evidence are a leaked interrogation log (Zagorin & Duffy, 2005), a U.S. Senate report (United States Senate, 2008), and a report from the bipartisan Constitution Project (2013). We present this as a test case for Staal and Greene’s defense of AOP as a viable military occupational specialty under the APA Ethics Code.

Skepticism About Sources

In our original article, our military intelligence consultants deconstructed cases published by AOP psychologists to illustrate ethical and effective AOP. Staal and Greene objected: “We have been collectively practicing in the field of operational psychology (to include both COP and AOP as loosely defined by Arrigo et al.) for over 30 years and have yet to witness anything like what these authors have described” (p. 266). They suggested that the descriptions and scenarios we present are fantastical and suffer from our “absence of education and awareness concerning operational psychology practice . . . ” (p. 266).

They seek to disqualify the contributions from seven retired intelligence consultants (archived as cited, together with their true names) who had worked closely with security-sector psychologists. Among these was the retired senior interrogator who coauthored our article and had earlier initiated a symposium of interrogators and psychologists to address interrogation ethics (Bennett, 2007). One of our consultants, Julianne McKinney (personal communication, November 10, 2014), replies directly to Staal and Greene: “Deniability, plausible or otherwise, is a hallmark of AOP. Open admissions would be potentially prosecutable. . . . Because you allegedly did not witness abuses in the system, they did not occur?”

The skepticism of Staal and Greene points to their own conflicts of interest as operational psychologists for the U.S. military. The public assertions of psychologists involved in AOP
cannot reasonably be presumed credible, nor understood as their sincere positions. Indeed this reality represents one of our essential concerns about AOP: it draws psychology into a realm where no one is to be trusted and discourse and scholarship fail.

Strategic Deception

Whereas we believe that AOP activities should be deemed unethical for psychologists, Staal and Greene argue for the full integration of AOP as an area of professional specialization just like any other within the civic sector. But even beyond the question of whether AOP violates foundational ethical principles of our profession, AOP has the obvious potential to covertly supersede or corrupt the missions and procedures of civic-sector organizations.

Strategic deception (Pumphrey & Echevarria, 2003) is essential to most adversarial operations in national security settings. Although AOP psychologists do not necessarily receive formal training in strategic deception, they become confederates as part of the teamwork where this knowledge is regularly applied. Over the course of their operational assignments, these psychologists also develop networks and primary loyalties that traditionally last long beyond their AOP positions and clearances and transcend commitments to their roles in other organizations.

Strategic Deception in the Civic Sector

Incorporating active or former AOP psychologists into civic sector enterprises inevitably runs the risk of manipulation or subterfuge to the enterprise. Such enterprises, including APA, cannot realistically develop protection mechanisms to withstand the counterintelligence training and resources of the security sector. Strategic deception (Pumphrey & Echevarria, 2003) is essential to most adversarial operations in national security settings. Although AOP psychologists do not necessarily receive formal training in strategic deception, they become confederates as part of the teamwork where this knowledge is regularly applied. Over the course of their operational assignments, these psychologists also develop networks and primary loyalties that traditionally last long beyond their AOP positions and clearances and transcend commitments to their roles in other organizations.

Intelligence scholars and international law distinguish between *ruses*, which are morally acceptable uses of strategic deception, and *treachery*, which is unacceptable (Beres, 2008). Camouflage and decoys are examples of the former, while feigned surrender and pretense of civilian status are instances of the latter. By our reckoning, AOP strategic deception of civic-sector organizations falls into the category of treachery through pretense of civilian status and/or pretense of operating within the organization’s rules and norms.

These are not abstract worries. AOP strategic deception appears to have been central to the APA PENS process. As private email exchanges published by Risen (2014) reveal, upon release of the PENS report, the APA’s Director of Science Policy wrote to congratulate and thank a recently retired top CIA official for having developed the idea of the PENS meeting. The same email reassured this official that the PENS task force members had been “carefully selected” (p. 200) with his goals in mind. APA ethics standards and policies that resulted from this strategic deception are thus suspect, including application of the very APA Ethics Code that Staal and Greene cite to support AOP in the security sector.

Any realistic program for AOP as a specialty area of professional psychology must acknowledge and resolve the stubborn problems of strategic deception. Its acceptance in professional psychology would defeat both clinical practice and psychological science. AOP would thus take its place in the social and historical analysis of science as the “‘coopting’ of science to economic and political goals” (Yearley, Mercer, Pitman, Oreskes, & Conway, 2012, p. 533).

Strategic Deception in the Security Sector

Although Staal and Greene deny conflict between AOP and COP, AOP strategic deceptions pose serious risks to COP. Service members’ trust in COP is crucial for job selection, clearances, mandated behavioral health evaluations, redeployment health assessments, criminal investigations, disability evaluations, therapy for posttraumatic stress disorder and traumatic brain injury, and more. But service members can reasonably fear conflicts of interest in interventions by any psychologists holding positions open to AOP psychologists or those ordered by any commander with access to AOP psychologists. In a related profession, chaplains reject adversarial roles in operations in order to prevent breach of trust. Indeed, Army regulations decree chaplain communications confidential in matters of conscience or religion with anyone, including enemy prisoners of war (Department of the Army, 2009, Section 16–2).

Unlike AOP, all COP psychological interventions occur with the possibility of substantial
stipulated but not unstipulated harms. As reported by COP psychologists themselves, in COP settings the psychologist may not be fully aware of the potential harms or may neglect to warn the service member. Many sensitive Army specialties, such as Special Forces operator, require a behavioral health clearance. Psychological information pertinent to selection or retention is then reported to the Commander (Hoyt, 2013). In order for COP assessments to be effective, it is essential that they be conducted free of unstipulated harms and without even an appearance of conflict of interest toward those who are subject to evaluation. But this standard becomes impossible to achieve with AOP clinical psychologists available for strategic deception.

AOP strategic deceptions also undermine the chain of command. The crux of the problem is that commanders can, and do, use psychologists strategically to work around military norms and regulations in the manipulation of subordinates. At Guantanamo Bay Detention Center, authorities, in effect, substituted psychologists for warrant officer specialists in interrogation as mentors of newly trained interrogators, to carry out Bush Administration interrogation policy opposed by senior interrogators (Arrigo & Bennett, 2007). Repeating a common complaint, one counterintelligence officer remarked, “The military has always used the nut ward as a hanging sword over each agent” (Anonymous Counterintelligence Officer, 2007, Item no. 464)—in particular, to silence dissidents and cover up problems. An order for a “mental health evaluation (MHE) has the same status as any other military order,” facilitating the strategically false MHE order, although “reprisal” MHEs are prohibited (U.S. Department of Defense, 2013, pp. 2–3).

Ethics of Strategic Deception

Normative guidelines center on military necessity, feasibility, and costs-versus-benefits analysis. Here military necessity means “national security is at stake” and “deception is crucial to victory” (Pumphrey & Echevarria, 2003, p. 3). This is a high threshold for AOP. Only the feasibility of strategic deception has been demonstrated in cases presented. Staal and Greene provide no cost-benefit analysis. They provide no evidence that the contributions of AOP psychologists substantially improve the success of operations in comparison to the contributions of traditional Military Operational Specialties.

The military necessity of AOP is appropriately viewed as a hypothesis, not as an inviolable premise. To argue that such examples exist but must be kept classified—and thereby beyond ethical review by outside boards and the scientific community—reaffirms one of the inherent problems of AOP for psychological ethics. The independent monitoring and review of health professionals and scientific researchers alike are central features of the function, ethics, and identity of professional psychology. Yet advocates for AOP argue for suspension of these protections for undemonstrated assurances that national security and societal welfare require it.

Military Command Structure and Psychological Ethics

Staal and Greene reject the moral distinction between AOP and COP, but an examination of command structure supports some distinction. The U.S. Army divides military professionals into three major categories of professional responsibility: Combat Arms, such as infantry and artillery; Combat Support, such as military intelligence and military police; and Combat Service Support, which performs tasks that “are not necessarily unique to the Army” (Department of the Army, 2003, Chap. 1, p. 2), such as logistics and medicine. COP and AOP are not military categories (although that is our goal), but overall COP functionally serves a Combat Service Support role, and overall AOP functionally serves a Combat Support role.

Neither AOP nor COP practitioners have command authority when operating as psychologists or allied health practitioners. Clinical COP practitioners answer to a medical command bound by the American Medical Association’s “do not harm” ethical principle, or they are part of an interdisciplinary team that includes officers bound by this principle. In contrast, AOP clinical psychologists assigned to Behavioral Science Consultation Teams and other Combat Support roles are removed from medical commands, with their “do no harm” ethic, and instead are assigned as “special staff” to Commanders of detentions and interrogation operations with their “force projec-
tion” mission mandate (Department of the Army, 2003, p. 4). This structurally separates the clinical AOP practitioners from the normal training and review authorities of medical command under which almost all other clinical military psychologists operate. AOP practitioners are also more likely to work with civilian personnel not bound by military professional standards contained in the Law of Armed Conflict (Department of the Army, 1956).

Command structure therefore determines the extent to which foundational psychological ethics and military ethics coincide. In contrast to COP where the two largely overlap, the magnitude of divergence for AOP places AOP well beyond appropriate ethical bounds for professional psychologists.

**Conclusion**

We find Staal and Greene’s defense of AOP to be weak and tangential. They attempt to extend AOP from the security sector to the civic sector and there dismiss it with a reductio ad absurdum argument. They construct false analogies to minimize unintended consequences of AOP. They appeal to the moral authority of the APA PENS Report, now proven illegitimate, to legitimize AOP. And they offer no coherent argument for why the practice of AOP—where the targets of an operation are subjected to unstipulated harms, or denied informed consent protections, or where the operation itself lies beyond outside review—should be deemed ethical for professional psychologists.

Most importantly, Staal and Greene disregard the foundational questions about AOP that occupy much of our original article. These questions probe military necessity as the moral justification for AOP; the capacity of civic institutions to monitor ethical conduct in AOP; and the unintended consequences of AOP, including militarization of psychology internationally, degradation of scientific method, jeopardy of the public trust in professional psychology, and the undermining of COP and chain of command in the security sector.

Far from maligning traditional operational psychology, our proposed framework for eliminating psychologists’ participation in AOP attempts a compromise within the national security setting. The line between collaborative and adversarial operational psychology does not precisely separate the ethically problematic from the ethically acceptable for professional psychologists. But we have tentatively accepted the pragmatic view of intelligence consultants that the AOP-COP dividing line must be institutionally cogent and manageable and that only a bright-line distinction can be workable.

We call upon the military’s commitment to just war theory (Rockwood, 2007) and our profession’s commitment to psychological ethics for the urgency of sincere deliberation about the distinction we have proposed between collaborative and adversarial operational psychology. Military psychologists themselves warn that counterinsurgency operations—among the likely sites of AOP—blur their primary ethical distinction between *jus ad bellum* (government’s justification for war) and *jus in bello* (soldiers’ just conduct in war). The result can be infractions that “single-handedly undermine the legitimacy of a war effort, as well as bring shame and dishonor upon the military. Such was arguably the central significance of the Abu Ghraib scandal” (Jennings & Hannah, 2011, pp. 566–567). Likewise, professional psychology’s credibility depends upon implementation of core ethical and epistemic standards, unbiased by self-interest. Thus, we pose the AOP-COP framework as productive for inquiry and deliberation by parties at interest.

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COMMENTARY REPLY

Operational Psychology: An Ethical Practice—A Reply to Arrigo, Eidelson, and Rockwood (2015)

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As we considered Arrigo, Eidelson, and Rockwood’s (2015) response, it became clear that we disagree on a basic issue—the appropriate locus of accountability in human behavior. In this, our final response, we address this underlying difference while providing counterpoint to their claims about operational psychology (OP).

Arrigo et al. (2012) propose three main criteria separating ethical from unethical OP: (a) Has there been informed consent? (b) Is there unstipulated harm? and (c) Is there external oversight? Let’s consider the case of a violent extremist. First, when adults choose violent action they are sufficiently informed regarding the risks and don’t need psychologists to point them out. Second, although we believe that OPs have an ethical responsibility to all parties, we assert that their primary responsibility is to their client organization. Moreover, individuals who have chosen violence or criminal behavior should face consequences, including those not requiring cautionary stipulations by a psychologist; for example, hostage negotiators may use an OP to help separate hostage takers from captives, allowing law enforcement to shoot the hostage takers (if necessary). We believe such consultation (resulting in unstipulated harm) is appropriate and ethical. Lastly, we reject the assertion that direct public oversight of national security activities (involving an OP) is required for them to be ethical. We believe that the American Psychological Association’s (APA’s) definition of “reasonable” oversight is sufficient: “the term reasonable means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances” (APA, 2010, p. 2). Arrigo et al. (2015) make several assumptions about OPs that are based on inaccuracies and misinformation.

Ideological Conformity

They assert that the security clearance investigative process (often required for OPs) ensures that only organizationally loyal and ideologically conforming psychologists are hired. This statement suggests that psychologists with such clearances conform ideologically to beliefs unacceptable to Arrigo et al. (2015). To imply that such psychologists would ignore their personal and professional values to comply with organizational direction grossly underestimates our colleagues’ integrity and moral courage.

Moral Autonomy

...the psychologist engaged in AOP activities is ... obligated to put the operational mission first, under national security criteria that supersede the APA Ethics Code.
This is inaccurate. Much has been written regarding proper balance between APA ethics and organizational responsibilities (Kennedy & Johnson, 2009; Staal & King, 2000). Furthermore, most state licenses (required of all military and government OPs) demand compliance with APA ethics. Therefore, strong mechanisms are in place to uphold the primacy of the APA code.

Disobeying a combat commander’s direct order due to moral objections can result in a general court martial with penalties up to a lengthy prison sentence.

Not true. Numerous mechanisms exist for expressing moral objection or for reporting illegal or inappropriate conduct (Inspector General, Chain of Command, Legal, First Sergeant, and Chaplain—entities external to the individual’s Commander). Whistleblower protections carry great power in the investigation of formal complaints. Arrigo et al. (2015) want us to see a boogie man when there is no one in the closet.

Limited Legal Recourse

The target of an AOP intervention—whether service member, ally, civilian, or enemy—has severely limited legal recourse.

We have never heard of an OP “targeting” a fellow service member or ally. War offers no exception. Law and professional ethics are not situational or contextual in this regard.

Lack of Proper Oversight (Panels, Reporters, Activists, Attorneys, Bystanders With Cameras, etc.)

National security operations sometimes make it necessary to restrict access to information for safety and security purposes. However, this is not just true within the government sector. Reporters, journalists, or activists cannot enter civilian corporations and successfully demand company e-mails, research files, and formulas. Corporations have compliance monitors, security and safety procedures and personnel, and legal mechanisms as do military and government entities.

Impugning the APA and Its PENS Task Force

APA ethics standards and policies are thus suspect, including application of the very APA Ethics Code that Staal and Greene cite to support . . .

If Arrigo et al. (2015) assert that an OP practitioner’s behavior is “unethical” and also find fault with the ethics code guiding evaluation of that behavior, then what code are they using to determine the ethical standard? If they impugn the basis of their own standard, their logic becomes circular and collapses on itself. They attack practitioners for failing to meet a code they don’t support.

It is stunning that these authors cite Arrigo (2006) in their attack. Arrigo (2006) amounts to 200 pages of private e-mail exchanges between Psychological Ethics and National Security (PENS) Task Force members. The fact that Dr. Arrigo published this private correspondence against the wishes of her colleagues led us to wonder, “Was there informed consent or unstipulated harm?” We submit that the APA Task Force members had neither protection. Moreover, we find it hypocritical and disingenuous to cite such a document in their indictment. Dr. Arrigo, upon completion of the PENS Report, complimented both the make-up of the Task Force membership as well as the quality of the product. “The depth, scope, and wisdom of this document are indeed impressive, and I approve it as a Task Force member” (Arrigo, 2006). Yet, she argues to discredit them both in this exchange.

After researching the Latin, we were pleased to learn that such arguments form the basis of the dialectical method commonly used in professional debate to expose a fallacy in someone else’s argument. We accept the compliment.

In summary, we addressed a handful of the many inaccuracies in their rebuttal. We contend that a more basic difference in values lies at the root of this disagreement. They propose an approach to the ethical complexities of OP that would isolate colleagues whose basic values diverge from theirs. In contrast, we argue that there is room in the APA for diversity in values, opinions, and practices. We take seriously the points we have heard and we appreciate the opportunity to offer an opposing perspective.
References


Correction to Lykes and Sibley (2014)

In the article “Liberation Psychology and Pragmatic Solidarity: North–South Collaborations Through The Ignacio Martín-Baró Fund,” by M. Brinton Lykes and Erin Sibley (Peace and Conflict: Journal of Peace Psychology, 2014, Vol. 20, No. 3, pp. 209–226. http://dx.doi.org/10.1037/pac0000045), the author note should have included a statement that Susan Opotow served as action editor for this article during her term as Peace and Conflict’s editor. The online version of this article has been corrected.

http://dx.doi.org/10.1037/pac0000104
COMMENTARY REPLY

Adversarial Operational Psychology: Returning to the Foundational Issues

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We appreciate the participation of Drs. Staal and Greene in this dialogue, and we respond to four representative issues raised in their preceding rebuttal. We conclude with a call to all stakeholders to grapple with foundational issues that they evaded.

Accountability

Staal and Greene (2015) present an unrealistic and misleading view of operational psychology as a realm in which psychological ethics accords with military ethics, individual ethics accords with organizational ethics, and organizational role players have moral autonomy. In complex organizations, the search for the “locus of accountability” they posit is often futile because of the “problem of many hands”: ultimate moral responsibility for events can rarely be fully traced (Bovens, 1998, p. 8). Indeed the national security system epitomizes complexity, with its multilevel organization, multicomponent causal interactions, plasticity, and evolving contingencies (Mitchell, 2009, p. 21). The prospect of capturing the prevailing ethics of both professional psychology and adversarial national security operations with a “unified moral theory” is remote, even as a joint endeavor by ethicists and operatives (Arrigo, 2001).

In contrast to our original proposal (Arrigo, Eidelson, & Bennett, 2012), Staal and Greene (2015) offer no coherent ethical framework for operational psychology in the intersection of psychological ethics and military ethics. Their ad hoc beliefs—such as “we assert that [operational psychologists’] primary responsibility is to their client organization” (p. 279) and “we believe the APA’s definition of ‘reasonable’ oversight is sufficient” (p. 279)—accommodate abuses characteristic of the Bush Administration’s “war on terror” operations (U.S. Senate Committee on Armed Services, 2008) or even Soviet psychiatry (Reich, 1983).

Platitudes

To uphold psychological ethics in the security sector, Staal and Greene (2015) appeal to the virtue of individual psychologists, the availability of procedures for reporting and prosecut-
ing unethical conduct, and the efficacy of whistleblower protections. They overlook the classic studies of conformity, obedience, dissidence, and bystander behavior, which point to the dominance of strong situational pressures over personal character in moral conduct (e.g., Doris, 2002).

Their assurances are dramatically undercut by the recent U.S. Senate Intelligence Committee executive summary description of the activities of CIA contract psychologists James Mitchell and Bruce Jessen (U.S. Senate Committee on Intelligence, 2014). Mitchell and Jessen designed and implemented torturous “enhanced interrogation techniques,” including waterboarding, authorized by senior government officials. They were paid handsomely for their work and afforded a $5 million indemnification contract to cover expenses for possible criminal prosecution. In 2011, the Texas State Board of Examiners of Psychologists dismissed an ethics complaint filed against Mitchell for his abuse of detainees (Robbins, 2011).

Staal and Greene (2015) similarly err in construing psychologists engaged in adversarial operational psychology (AOP) as morally autonomous agents committed to defending psychological ethics. In fact, the AOP psychologists selected for the American Psychological Association’s (APA) Psychological Ethics and National Security (PENS) Task Force deferred to the Bush Administration’s characterization of war-on-terror detention and interrogation operations as not constituting torture or cruel, inhuman, or degrading treatment. APA members were also protected by the revised APA Ethical Standard 1.02, which permitted them to comply with their government employer (APA, 2005; Arrigo, 2007).

The reliance of Staal and Greene (2015) on platitudes over institutional practices manifests also in their assertion, “We have never heard of an OP ‘targeting’ a fellow service member or ally” (p. 280). The book Ethical Practice in Operational Psychology (Kennedy & Williams, 2011), in which Staal coauthored two chapters, favorably reports the case of an AOP psychologist’s intricate manipulation of a service member to spy on a childhood friend (Kennedy, Borum, & Fein, 2011, p. 74).

Ad Hominem Arguments

Staal and Greene criticize first-author Arrigo for reneging on the confidentiality agreement of the 2005 APA PENS Task Force by releasing task force listserv communications to the media (Fink, 2009). However, from the outset the listserv was surreptitiously available to the superiors of the security-sector members and to undisclosed high-ranking “observers” with conflicts of interest. Among these “observers” was Russell Newman, Director of the APA Practice Directorate, whom APA Board liaison Barry Anton brought into the meeting as a key player (Arrigo, 2006). In 2006 Arrigo inadvertently learned that Newman was married to BSCT (Behavioral Science Consultation Team) psychologist Debra Dunivin. She was stationed at Guantanamo Bay Detention Center where detainee abuse and torture had allegedly taken place (Arrigo, 2007). After consultation with counterintelligence professionals, a former APA president, and human rights scholars, in 2009 Arrigo notified the APA counsel (Arrigo & Montgomery, 2010–2015) and then publicly released the listserv (Fink, 2009). PENS-related e-mail correspondence between APA and CIA officials, recently revealed by James Risen (2014), confirms that strategic deception was central to the PENS proceedings. This deception invalidated the task force confidentiality agreement.

AOP-COP, A Practicable Proposal

We have distinguished collaborative operational psychology (COP)—tasks that are more or less compatible with traditional psychological ethics—from adversarial operational psychology (AOP)—tasks that are not (Arrigo et al., 2012). To resolve the ethics conflict over the military necessity of contested tasks, we propose that intelligence officers with advanced training in scientific psychology—not professional psychologists—perform the AOP tasks believed necessary for mission effectiveness, subject to military ethics and international humanitarian law. This proposal accords with the Kuhnian principle in the social epistemology of science that “[s]ometimes a crisis is resolved by creating a new scientific specialty” (Wray, 2012, p. 7). Staal and Greene themselves have not adduced support from intelligence profes-
sionals or COP psychologists for retaining AOP within professional psychology.

Looking Ahead

We conclude this dialogue with an invitation to all stakeholders to respond to foundational issues that Staal and Greene have twice evaded: lack of evidence that AOP is critical to mission success; corruption of chain of command through AOP targeting of personnel; inadequate monitoring of AOP clinical psychologists by state licensing boards; absence of peer review in AOP research; and the use of AOP strategic deception in civic-sector settings, including the APA Board, Council of Representatives, and Ethics Committee.

References


