Chapter 5

Psychologists defying torture
The challenge and the path ahead

Stephen Soldz

It is by now generally accepted that the George W. Bush administration engaged in a systematic policy of detainee abuse that sometimes amounted to torture and often consisted of cruel, inhuman, or degrading treatment, both of which are banned by the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Office of the United Nations High Commissioner for Human Rights, 1984, p. 2), signed by the United States. If there had been any doubt that U.S. detainee abuses were the result of a systematic policy, that doubt has surely been erased by publication of detailed reports from the Defense and Justice Departments Inspectors General (Office of the Inspector General of the Department of Defense, 2006; Office of the Inspector General of the Department of Justice, 2008), and the Senate Armed Services Committee (2008a, 2008b, 2008c; Levin, 2008a, 2008b, 2008c). Journalist Jane Mayer (2008) and others have placed the ultimate authorization of the most brutal of these abuses directly in the White House (Greenburg, Rosenberg, & Vogue, 2008a, 2008b).

As information about this policy and its implementation has gradually emerged, it became clear that military and Central Intelligence Agency (CIA) psychologists played central roles in the development and implementation of these abusive tactics. Simultaneously, the American Psychological Association (APA), while publicly opposing torture, took extraordinary measures to encourage and protect psychologist involvement in U.S. national security interrogations at the sites where abuses were rampant. As a result, a movement emerged among APA members and other psychologists to oppose to this prointerrogations policy. By the end of 2008, this movement had succeeded in winning a major change in APA policy, while failing to change those organizational factors that likely contributed to the rejected APA policy. In this chapter I discuss the path ahead for the antitorture movement among psychologists. But first I summarize the evidence regarding psychologists’ important role in detainee abuse and the APA history of inaction regarding that abuse.
TYPOLOGY OF INTERROGATION SETTINGS

U.S. interrogation operations can be somewhat arbitrarily conceptualized as having six, somewhat distinct tracks. The first track was the CIA’s program of secret prisons—the so-called black sites (Council of Europe Committee on Legal Affairs and Human Rights, 2007)—and the “enhanced interrogation” program that occurred in those prisons (Eban, 2007; Eban, Olson, & Goodman, 2007; Mayer, 2007, 2008; Mayer & Goodman, 2007). The second track was the abuses at the prison at Guantánamo Bay, where hundreds of detainees, many bought for sizeable bounties, were imprisoned, deprived for years of any rights of appeal, and abused. The third track was the interrogations conducted in Iraq and Afghanistan by field operatives of the military’s Special Operations Command, along with that of other government agencies (including the CIA and the Defense Intelligence Agency), and various contractors from profit-making firms. The fourth track was the tactical field interrogations undertaken, again in Iraq and Afghanistan, by relatively low-level and often minimally trained and inexperienced military personnel seeking rapid intelligence from potential “insurgents.” Tony Lagouranis (Lagouranis & Mikaelian, 2007) gives a good sense of the experience of many of these interrogators. The fifth track is the rendition program, whereby people were kidnapped and taken to other countries where many were apparently subjected to torture by agents of those countries. Finally, in a sixth track, U.S. intelligence personnel sometimes collaborate with agents of other powers in interrogations of individuals in the control of those powers (Brewer & Arrigo, 2009).

In each of these settings, major abuses of detainees occurred.* From information currently available, it appears that much of this abuse, including most abuses conducted in tracks one and two, was officially sanctioned in the form of interrogation techniques authorized through official memos (Greenberg & Dratel, 2005; Jaffer & Singh, 2007) and/or by high officials in the Pentagon (Sands, 2008), CIA (Eban, 2007; Mayer, 2008), and White House (Greenburg et al., 2008a, 2008b; Mayer, 2008). Other abuses, especially those in tracks three and four, were created in the field and were apparently tolerated by a range of military and civilian officials (Human Rights Watch, 2006; Lagouranis & Mikaelian, 2007; Schmitt & Marshall, 2006).

The most systematized torture regime was that in the CIA’s secret black site prisons where those CIA detainees suspected of being “high value” al Qaeda members were imprisoned. Thanks to the leak of the International

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* I am in no way suggesting that all interrogations in all of these settings were abusive. In some of the settings, such as tactical interrogations, major abuses may have been the minority. Many military personnel had internalized the Geneva Conventions and followed them, even absent the active support of the chain of command.
Committee of the Red Cross (2004) report on the treatment of 14 CIA prisoners (Danner, 2009a, 2009b) and the release by the Obama administration of crucial Office of Legal Counsel memos describing the CIA’s interrogation techniques in the course of rationalizing their legality (Bradbury, 2005a, 2005b, 2005c; Bybee, 2002), we now have a vivid picture of the techniques used by the CIA.

As Mark Danner (2009b) pointed out, one can get a vivid feel for the CIA enhanced interrogation program by examining the section titles for the Red Cross report (International Committee of the Red Cross, 2007, p. 2):

1. Main Elements of the CIA Detention Program
   1.1 Arrest and Transfer
   1.2 Continuous Solitary Confinement and Incommunicado Detention
   1.3 Other Methods of Ill-Treatment
      1.3.1 Suffocation by water
      1.3.2 Prolonged stress standing
      1.3.3 Beatings by use of a collar
      1.3.4 Beating and kicking
      1.3.5 Confinement in a box
      1.3.6 Prolonged nudity
      1.3.7 Sleep deprivation and use of loud music
      1.3.8 Exposure to cold temperature/cold water
      1.3.9 Prolonged use of handcuffs and shackles
      1.3.10 Threats
      1.3.11 Forced shaving
      1.3.12 Deprivation/restricted provision of solid food
   1.4 Further elements of the detention regime

Waterboarding, the deliberate infliction of temporary drowning, was utilized on at least three prisoners; this controlled drowning apparently was induced 83 times in one prisoner and 183 times in another (Bradbury, 2005c; emptywheel, 2009).

Some interrogations at Guantánamo, at least during the years 2002 to 2004, resembled those at the CIA black sites, but were somewhat less systematically brutal. Thus, sleep deprivation usually took the form of moving prisoners (along with the accompanying time-consuming shackling) from cell to cell ever few hours to disrupt sleep, referred to as the “frequent-flyer program,” rather than chaining them to the ceiling (Frakt, 2009; Freeze & Akkad, 2008; White, 2008). Techniques reported in use there included painful stress positions, extremes of heat and cold, forced nudity, prolonged isolation, sleep deprivation, having females smearing (fake) menstrual blood on prisoners, abusing Korans, and sensory overload in the form of strobe lights and/or loud music (Physicians for Human Rights, 2008; Senate Armed Services Committee, 2009). One of the most bizarre aspects
of life at Guantánamo was the manipulation of the number of sheets of toilet paper prisoners could have, including its total removal, along with other “comfort items,” as punishment (Joint Task Force Guantánamo, 2003; Mickum, 2007).

Many of the techniques used at Guantánamo were then adopted for use by Special Forces in Iraq and Afghanistan (Office of the Inspector General of the Department of Defense, 2006; Senate Armed Services Committee, 2009; Soldz, 2008a), combined at times with more traditional beatings and other forms of brutality (Physicians for Human Rights, 2008). One Iraq unit had the slogan “No blood, no foul,” suggesting that any abuse that did not leave marks was acceptable (Human Rights Watch, 2006; Schmitt & Marshall, 2006; Soldz, 2008a). Abusive techniques were also widely used by CIA and private contractor interrogators in Iraq, leading many young traditional military interrogators to believe that these techniques were the way “real professionals” dealt with prisoners; former Iraq interrogator Tony Lagouranis (Lagouranis & Mikaelian, 2007) describes his personal experience of this process in detail.

PSYCHOLOGISTS

It has become clear that psychologists were critical agents, enlisted in the design and implementation of abusive interrogation techniques in tracks one and two of the U.S. detention system. It also seems likely that psychologists also played important roles in track three, though less information is publicly available on these roles. Further, the release of the Office of Legal Counsel torture memos (Bradbury, 2005a, 2005b, 2005c; Bybee, 2002) has clarified that psychologists and other health professionals were critical to the legitimation of abusive techniques, guaranteeing the techniques putative “legality” by the presence of the professionals (Fink, 2009; Warrick & Finn, 2009). I have summarized the evidence regarding psychologists’ involvement in detainee abuse in a series of publications (Olson, Soldz, & Davis, 2008; Soldz, 2008a, 2008e, 2009a, XXXX; Soldz & Olson, 2008b; Soldz, Reisner, & Olson, 2007a), as have numerous other authors (Eban, 2007; Ephron, 2008; Mayer, 2005, 2008), which I won’t duplicate here. I will, however, briefly summarize the information that has emerged.

When the first high-level al Qaeda detainee, Abu Zubaydah, was captured and taken to a CIA black site, a team of interrogators, reportedly led by psychologist James Mitchell, was flown in to direct his detention and interrogation (Eban, 2007). Mitchell and colleague Bruce Jessen were former psychologists from the military’s Survival, Evasion, Resistance, and Escape (SERE) program (Otterman, 2007; Soldz et al., 2007a), part of the Joint Personnel Recovery Administration (JPRA), which trains U.S.
military members at high risk of capture how to resist breaking if captured by “forces that do not abide by the Geneva Conventions” (Office of the Inspector General of the Department of Defense, 2006, p. 23). JPRA provided consultation to the CIA on the interrogation of Zubaydah and provided a more formal 2-day training for the CIA in early July 2002 (Senate Armed Services Committee, 2009).

According to Eban (2007) and Mayer (2007, 2008), Mitchell and Jessen and the firm they created (Morlin, 2007; Steele & Morlin, 2007) supervised many of the detentions and interrogations in the CIA’s enhanced interrogation program in the black sites and trained many, if not most, of the CIA’s interrogators. This program was based upon the “learned helplessness” theory of psychologist and former APA President Martin Seligman, who, under CIA invitation, presented the theory to the Navy SERE School in spring 2002, with Mitchell and Jessen in attendance (Mayer, 2008; Seligman, 2008). While Seligman denies any awareness of the uses to which his work would be put, his appearance at the SERE school at this time raises questions as to why he thought he was invited and what he did there (Mayer & Sullivan, 2008; Soldz, Olson, Reisner, Arrigo, & Welch, 2008).

Life in the black sites consisted of a total manipulation of the environment, along with the utilization of brutal psychical and psychological techniques to induce a sense of complete dependence and break down any ability to resist interrogators. The Council of Europe investigated the black site prisons in Europe and found total isolation was used as an initial step in breaking detainees:

A common feature for many detainees was the four-month isolation regime. During this period of over 120 days, absolutely no human contact was granted with anyone but masked, silent guards. There’s not meant to be anything to hold onto. No familiarity, no comfort, nobody to talk to, no way out. It’s a long time to be all alone with your thoughts. (Council of Europe Committee on Legal Affairs and Human Rights, 2007, p. 52)

In other sites, prisoners were forced to stand for many days at a time by being shackled to the ceiling clad only in a diaper (International Committee of the Red Cross, 2007). Interestingly, in the Office of Legal Council torture memos, this technique is described simply as a form of “sleep deprivation,” ignoring the intense pain from being forced to maintain such a position for many days at a time (Bradbury, 2005a; Soldz, 2009b). In one case, a prisoner’s artificial leg was removed to force him to stand only upon the other leg while shackled (International Committee of the Red Cross, 2007; Mayer, 2008). Additional techniques applied under Mitchell and Jessen’s direction to induce a sense of helplessness included
forced nudity; semistarvation; repeatedly throwing prisoners against the wall; enclosing them in tiny, totally dark boxes designed to make standing or sitting impossible, and breathing difficult; being immersed in freezing water; and being subjected to constant white noise interrupted only by loud music.

**BEHAVIORAL SCIENCE CONSULTATION TEAMS (BSCTS)**

Similar to the CIA program, when top Pentagon officials initiated the program of abusive interrogations at Guantánamo, they turned to the JPRA, the SERE parent agency, and to SERE psychologists for assistance in selecting and training for these interrogations (Baumgartner, 2008; Flaherty, 2008; Senate Armed Services Committee, 2008a, 2008c, 2009; Soldz, 2008e). And the military set up a consultancy service for interrogations involving psychologists and psychiatrists, initially at Guantánamo and later Iraq and Afghanistan, titled Behavioral Science Consultation Teams (BSCTs; Ephron, 2008; Marks, 2005; Marks & Bloche, 2008; Mayer, 2005).

The BSCTs helped design the program of largely psychological abuse that characterized Guantánamo. As the BSCT explained at a crucial October 2002 planning meeting: “What’s more effective than fear based strategies are camp-wide, environmental strategies designed to disrupt cohesion and communication among detainees. [That is the] environment should foster dependence and compliance” (Senate Armed Services Committee, 2008a, Tab 7).

Acting on this insight, likely derived at a September 2002 Fort Bragg training (Office of the Inspector General of the Department of Defense, 2006; Senate Armed Services Committee, 2008c), the BSCT instructions over the years have emphasized the role of the detention environment as a crucial aspect of detention procedures. As Colonel Morgan Banks (2006) expressed in his 2005 instructions to BSCT psychologists: “The psychologist’s goal is to assist in helping make sure that the environment maximizes effective detainee operations. The psychologist can assist in making sure that everything that a detainee sees, hears, and experiences is a part of the overall interrogation plan” (pp. 2–3). Similarly, as then Surgeon General Kiley expressed in his 2006 memorandum on the BSCTs: “The goal [BSCT environmental consultation] is to ensure that the environment maximizes effective detention and interrogation/debriefing operations. BSCs can assist in ensuring that everything that a detainee sees, hears, and experiences is a part of the overall interrogation plan” (p. 11).

Thus, in the only (partially) publicly available BSCT consultation, in September 2003, a BSCT psychologist recommended that 16- or 17-year-old...
Mohammed Jawad when his interrogator found him addressing pictures on the wall and crying for his mother: “He appears to be rather frightened, and it looks as if he could break easily if he were isolated from his support network and made to rely solely on the interrogator,” the BSCT said. As described in *Newsweek*:

> The psychologist recommended that Jawad be moved to a section of the prison where he would be the only Pashto speaker, and be moved again if he somehow began to socialize in his new block. The psychologist also suggested that interrogators emphasize to Jawad that his family appeared to have forgotten him: “Make him as uncomfortable as possible. Work him as hard as possible.” (Ephron, 2008)

Further evidence of disturbing environmental manipulation on the recommendation of BSCTs emerged from a former Guantánamo interrogator: “According to a former interrogator at Guantánamo who was interviewed at length by a lawyer, behavioral scientists control the most minute details of interrogations, to the point of decreeing, in the case of one detainee, that he would be given seven squares of toilet paper per day” (Mayer, 2005).

Adding to a picture of BSCTs as collaborators in a regime of abuse, several sources have reported that BSCTs used information in detainees’ medical records to identify weaknesses such as phobias that could be exploited through increasing fear (Lewis, 2004, 2005; Marks, 2005; Slevin & Stephens, 2004). There have also been repeated accounts by detainees that they were forcibly drugged at Guantánamo (Stein, 2008; Warrick, 2008). Interestingly, at least two BSCT psychologists were among the tiny number of psychologists trained in administering psychoactive drugs.

Psychologists participated in tracks three and four of the U.S. abusive detention and interrogation regime, though far less material is available as to their activities. There were BSCTs in Iraq and Afghanistan, subject in later years to the same operating instructions as were Guantánamo BSCTs. In 2008, newly released sections of the Church (Church, 2005) report of detainees were interpreted by the American Civil Liberties Union (2008) as providing evidence that BSCT psychologists participated in abuses, whereas Stephen Behnke (2008), ethics director of the APA, interpreted these same materials as support for the claim that the psychologists prevented abuses, a claim that Soldz (2008a) found implausible.

Guantánamo commander General Geoffrey Miller recommended the creation of a BSCT as part of his “GTMO-ization” program for Abu Ghraib when he visited in August and September 2003 (Miller, 2003; Senate Armed Services Committee, 2009). This recommendation was acted upon. There was a BSCT at Abu Ghraib prior to the scandal becoming public
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in April 2004 (Zagorin, 2005); this BSCT was reportedly a psychiatrist, Major Scott Uithol (Bloche & Marks, 2005; Taguba, 2004a, p. 19). The organization chart of the Abu Ghraib Joint Interrogation and Debriefing Center (JIDC; Taguba, 2004a, p. 19) shows the BSCT high up in the hierarchy of the interrogation center. Colonel Thomas Pappas, the military intelligence chief at Abu Ghraib, described to General Antonio Taguba the medical and psychiatric monitoring of interrogations there (Taguba, 2004b). It is thus extremely likely that the BSCT, though not psychologists in this case, was complicit in the numerous abuses committed at Abu Ghraib (Hersh, 2004a, 2004b) with command approval (Hersh, 2004a, 2007). These interrogations were authorized to use such techniques as sleep deprivation (euphemistically called “sleep management,” perhaps to skirt concerns that sleep deprivation was illegal), environmental manipulation (such as loud music or strobe lights for hours on end or freezing temperatures on naked detainees), stress positions, and the use of military dogs (Taguba, 2004a).

PROFESSIONAL ASSOCIATION RESPONSE

When the role of psychologists and psychiatrists in Guantánamo abusive interrogations emerged in 2004, pressure started to build upon the professional associations of psychologists and psychiatrists to take a stand against participation in these abuses. The American Psychiatric Association (2005) expressed concern about the reports of psychiatrist involvement in Guantánamo abuses:

The American Psychiatric Association ... is troubled by recent reports regarding alleged violations of professional medical ethics by psychiatrists at Guantánamo Bay. APA is reviewing issues related to psychiatry and interrogation procedures and plans to develop a specific policy statement in the near future.

Later the American Psychiatric Association (2006) instituted a clear policy of nonparticipation in interrogations, abusive or not: “No psychiatrist should participate directly in the interrogation of person[s] held in custody by military or civilian investigative or law enforcement authorities, whether in the United States or elsewhere.”

Not long thereafter, the American Medical Association (2006) issued a policy banning any direct physician participation in interrogations of individual detainees, stating:

Physicians must not conduct, directly participate in, or monitor an interrogation with an intent to intervene, because this undermines the
psychician’s role as healer. Because it is justifiable for physicians to serve in roles that serve the public interest, the AMA policy permits physicians to develop general interrogation strategies that are not coercive, but are humane and respect the rights of individuals.

The American Psychological Association (APA), in contrast, initiated a process to protect the involvement of psychologists in interrogations at Guantánamo and elsewhere. APA officials appointed a Presidential Task Force on Psychological Ethics and National Security (PENS Taskforce), allegedly to examine whether participation in national security interrogations was ethical. To this taskforce the APA appointed a majority, 6 of 10 members, from the military-intelligence community. Five of these members had direct involvement in interrogations at Guantánamo, in Iraq and Afghanistan, or at the CIA black sites (Coalition for an Ethical Psychology, 2008; Society for the Study of Peace Conflict and Violence: Peace Psychology Division 48, 2005). Thus, at a minimum, these six members had a conflict of interest in that their careers could be severely damaged should the task force decide that participation in national security interrogations was unethical for psychologists. Further, the task force had a number of observers who had high-level ties to the intelligence community or the administration.

One of the observers had been a psychologist at the National Security Agency. Another was a former Bush White House official. Several more were APA lobbyists with the military-intelligence establishment. Additionally another observer was a senior APA official whose wife, a military psychologist, had served on a BSCT at Guantánamo. As has two retired counterintelligence operatives explained to dissident task force member Jean Maria Arrigo, it was no accident that these lobbyists and former officials had high-level connections that outranked those of the military task force members, putting those members on notice that any deviation from official policy might not remain confidential (Arrigo, 2007). One of these former counterintelligence operatives, David DeBatto, explained (A. Goodman & Goodman, 2008):

DeBatto interpreted the PENS task force process as a typical legitimization process for a decision made at a higher level in the Department of Defense (DOD) [editors’ insert]. Because of the hierarchical structure of the DOD, he said, it was absolutely impossible that the six DOD members of the task force participated as individuals bringing their expertise and judgment to the policy issues at hand for [inaudible]. He said that they were certainly there as representatives of the decision maker. And because the decision maker’s decision had to be sustained, had to prevail, a quorum of DOD members was necessary, rather than just one or two to express DOD concerns.
The presence of the APA Science Policy observers, DeBatto said, was a standard intimidation tactic to insure the DOD task force members stayed in line. As funding lobbyists and recipients, they were strictly beholden to DOD interests. In effect, they outranked the DOD task force members because of their high-level connections.

The reason for the several task force observers, instead of just one intern in the corner with a notepad, DeBatto said, would be to represent the perspectives of various agencies to the decision maker, so as to broadly legitimize the prior decision—again, a very standard scenario that counterintelligence operatives know about. (Arrigo, 2007)

Not surprising, given its composition, the task force never examined most of the ethical issues involved (Coalition for an Ethical Psychology, 2008; Soldz, XXXX), such as whether psychologists, bound by an ethics code to a “Do no harm” standard (American Psychological Association, 2002), could ethically participate in interrogations that may cause harm. Rather, participation was simply assumed. And the “Do no harm” standard was simply dismissed. For example, then APA President-Elect Gerald Koocher, the editor of a journal and author of a major text on psychological ethics, told the taskforce members on his e-mail list:

In many of the circumstances we will discuss when we meet the psychologist’s role may bear on people who are not “clients” in the traditional sense. Example, the psychologist employed by the CIA, Secret Service, FBI, etc., who helps formulate profiles for risk prevention, negotiation strategy, destabilization, etc., or the psychologist asked to assist interrogators in eliciting data or detecting dissimulation with the intent of preventing harm to many other people. In this case the client is the agency, government, and ultimately the people of the nation (at risk). The goal of such psychologists’ work will ultimately be the protection of others (i.e., innocents) by contributing to the incarceration, debilitation, or even death of the potential perpetrator, who will often remain unaware of the psychologists’ involvement. (Coalition for an Ethical Psychology, 2008; Psychological Ethics and National Security Task Force, 2009, p. 13)

Thus, in Koocher’s view, there was little problem with psychologists “contributing to the incarceration, debilitation, or even death of the potential perpetrator, who will often remain unaware of the psychologists’ involvement.” No task force member objected to this formulation. As this material was kept from the public and other APA members; the “Do not harm” standard here died a secret death at Koocher’s hands with no discussion.
The PENS report reasserted the APA leadership position that psychologist participation in national security interrogations at Guantánamo and elsewhere was not only ethical but critical:

Psychologists have a valuable and ethical role to assist in protecting our nation, other nations, and innocent civilians from harm, which will at times entail gathering information that can be used in our nation’s and other nations’ defense. The Task Force believes that a central role for psychologists working in the area of national security-related investigations is to assist in ensuring that processes are safe, legal, and ethical for all participants. (American Psychological Association, 2005b, p. 2)

Notice that, through this statement, the APA aligned the psychology profession with the nation’s military and national security apparatus. It also unwittingly makes social and political decision-making central to psychology. After all, if psychologists are to protect “our nation ... [and] innocent civilians from harm,” they logically should determine which activities are likely to play such a protective role. In fact, one could argue that they are ethically obligated to perform such an analysis. Thus, many critics, including many retired military leaders, have argued that the unprovoked attack of and occupation of Iraq, or the existence of the Guantánamo detention facility intentionally kept outside of U.S. and international law, place our country and its citizens at greater risk. And it is incontrovertible that the U.S. invasion of Iraq placed its “innocent civilians” at greater risk, given the extensive epidemiological evidence demonstrating that hundreds of thousands, and perhaps considerably more (Burnham, Lafta, Doocy, & Roberts, 2006; Iraq Family Health Survey Study Group, 2008; Keiger, 2007; Opinion Research Business (ORB), 2008; Roberts, Lafta, Garfield, Khudhairi, & Burnham, 2004; Soldz, 2004), have died as a consequence of that invasion. Are the task force and the APA board that approved the report suggesting that psychologists have an ethical obligation to oppose the Iraq war in order to protect those hundreds of thousands of “innocent civilians”? Are they suggesting that psychologists oppose the continuation of the Guantánamo detention facility, in order to reduce the danger to U.S. citizens resulting from the anger generated by its existence throughout much of the world? Or is the APA, rather, creating a specious “ethical” rationale for the psychology profession becoming a servant of whatever the administration in Washington claims is necessary for “national defense”? Unfortunately, none of these issues were even discussed by this “ethics” task force or in any other APA-created forum, despite the fact that the report was issued during the reign of the Bush administration, regularly conceded, even by APA leaders and
task force members in private, to be one of the most militaristic and law-defying administrations in U.S. history.

Also included in this statement from the PENS report is the rather odd statement: “a central role for psychologists working in the area of national security-related investigations is to assist in ensuring that processes are safe, legal, and ethical for all participants” (American Psychological Association, 2005b, p. 2). This formulation poses that psychologists are “safety officers,” preventing interrogations from drifting over the legal limit into abuse or torture. The safety officer conceptualization appears to have been borrowed from Colonel Banks’s (2005a, 2005b) instructions for the BSCT, which in turn borrowed from the quite different safety officer role played by psychologists in the SERE program, where psychologists are responsible solely for assuring safety without the conflicting demands of extracting information (Doran, Hoyt, & Morgan, 2006; Otterman, 2007). It seems likely that this safety officer concept for health professional interrogation consultants in fact derives from the role that these professionals play in legitimizing abuse in the Office of Legal Counsel torture memos (Fink, 2009). The PENS report provides no reason to believe that psychologists have any special expertise in serving as safety officers, and fails to explain why legal personnel, such as the military JAGs (judge advocate generals), are not better assigned the task of keeping interrogations “safe, legal, and ethical.”

This formulation also ignores that such a safety officer role may very well place everyone involved at greater risk. Imagine the interrogation situation. An interrogator decides to ratchet up the physical or psychological pressure on a detainee. The interrogator might ordinarily worry about where the line was demarcating his (or her) actions from abuse. But the interrogator knows that someone else, a psychologist, is designated as the safety officer. So the interrogator can relax and do whatever until the psychologists says stop. The psychologist, however, is an outsider determined to prove that she (or he) is part of the team, not one of those “fuzzy-minded shrinks” who doesn’t understand the military mission and that war is hell. So the psychologist holds back as the interrogator gets rougher. In this scenario, which is psychologically more plausible than that implicitly proposed by the PENS report, “all participants” are placed at higher risk by the purported presence of the psychologist.

I must immediately clarify that I don’t actually believe that BSCT or CIA psychologists aiding interrogations served primarily as safety officers. Rather, all extant evidence is that their primary role was to identify detainee weaknesses for exploitation. In any case, to assure that interrogators did not go over the line of authorized (“legal”) techniques served no protective function at all. Over the last 4 years it has become clear that the techniques authorized under standard operating procedures were themselves abusive. Military investigation after investigation has concluded that the vast majority of abusive interrogation tactics—hypothermia, sleep deprivation (called
sleep manipulation), excruciatingly painful stress positions—among others, were completely legal and authorized. The mythical safety officer psychologist would (and the BSCTs did) allow them to continue.

The PENS report established the essential claim, repeated ad nauseam, that emphasized the safety officer role for psychologists. Thus, in fall 2007, the APA public relations office issued a frequently asked questions (FAQ) document that asserted: “Based on years of careful and thorough analysis, APA has affirmed that psychology has a vital role to play in promoting the use of ethical interrogations to safeguard the welfare of detainees and facilitate communications with them” (American Psychological Association, 2007a; cf. Coalition for an Ethical Psychology, 2008).

Despite repeated repetitions of essentially the same assertion, the APA has yet to produce any evidence of this “careful and thorough analysis” it allegedly spent years conducting. Thus, it did not respond to a request by ethics experts Pope and Gutheil to clarify the nature of this analysis (Behnke, Gutheil, & Pope, 2008; Pope & Gutheil, 2008).

**OPPOSITION TO APA POLICY**

The APA position supporting psychologist participation in interrogations at Guantánamo and elsewhere did not sit well with many members. Opposition arose, both within APA’s governing Council of Representatives and from outside activists. Increasingly, activists utilized professional publications, the press, and Internet media to publicize their dissatisfaction with APA’s position.*

In response to criticism, the APA passed two antitorture resolutions (American Psychological Association, 2006, 2007c) while simultaneously insisting that psychologists continue participating in Guantánamo and CIA interrogations (American Psychological Association, 2007a, 2007b). Both of these resolutions drew heated criticism from critics as inadequate and loophole ridden (Coalition for an Ethical Psychology, 2008; Soldz, 2006b, 2006d, 2007a). The second of these resolutions was so flawed that the APA modified it after withering criticism (American Psychological Association, 2008b; Benjamin, 2007; Soldz & Olson, 2008c). In summer 2007, the APA

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Council, on recommendation of the board, decisively defeated a proposed moratorium on psychologist participation in interrogations at U.S. detention facilities operating in violation of international law (Altman, 2006, 2007; Benjamin, 2007; Woolf, 2007).

The movement to change APA policy continued to grow. In 2006, a movement started to withhold dues from the APA until the association’s policies changed (withholdapadues.com, 2008), eventually gathering over 300 members plus an unknown number who withheld dues independently. A number of prominent psychologists resigned in protest (Jacobs, 2007a; Pope, 2008; Shinn, 2007). After the 2007 moratorium defeat, noted psychologist-author Mary Pipher returned an award she had been given by the APA.

In 2008, activists utilized a never-before-used provision in the APA rules to propose a referendum to ban psychologist participation in detention sites operating outside of or in violation of international law or the Constitution (American Psychological Association, 2008a). (Unlike the previous moratorium, this measure banned not just interrogation support but all psychologist activity at the detention centers, other than treatment of U.S. military personnel.) The measure easily acquired the necessary number of signatures and was put to a vote in summer 2008. In mid-September it was announced that the referendum had passed decisively, with 59% of the vote (Soldz & Olson, 2008a).

WHERE TO FROM HERE?

Psychologist-advocates for social justice won an enormous victory with the passage of the referendum. This success culminated years of struggle by hundreds of activists within and outside the APA. It constituted a major rebuke of the Bush administration’s policy of legalized torture in which psychologists played major roles designing, implementing, standardizing, and disseminating abusive techniques. Referendum passage also provided a stunning rebuke of the APA leadership’s covert, and sometimes overt, accommodation of that policy.

It is not by accident that the referendum victory came as the world was counting the last days and hours of the Bush administration. As predicted earlier by Bryant Welch (2008), a former head of the APA’s Practice Directorate, the APA ended the Bush era with the policy that it should have had at the beginning of the torture regime. Opponents of the 2008 referendum largely claimed to support its “laudable goals” and only to object to its alleged poor execution of those goals. What a far cry this was from the opposition to previous efforts to reform the APA interrogations policy, such as the 2007 moratorium effort. Those efforts were met with perverse claims that psychologists were needed to keep detainees safe. “If psychologists withdraw, people will die,” the person chosen by the APA board to
present its 2007 antitorture resolution told the APA Council. Such rhetoric has largely gone.

Nonetheless, the struggle against U.S. torture and detainee abuse is far from over. Psychologists opposed to U.S. torture have many tasks ahead of us both inside and outside the APA, as I briefly outline next.

**REFERENDUM IMPLEMENTATION**

The first task is to see that the referendum is implemented as was intended by those voting in favor: Psychologists do not belong at Guantánamo or the CIA black sites unless they are working directly for detainees or independent nongovernmental organizations (NGOs). An implementation committee, which included referendum authors as well as APA members opposed to the referendum, met in fall 2008 to discuss a number of details. The APA Council of Representatives accepted that the referendum was in effect at its February 2009 meeting and APA public statements sometimes acknowledge that the referendum is in effect. As of this writing, however, the APA has not made a statement suggesting that psychologists should not serve at Guantánamo, the detention facility at Bagram Air Base in Afghanistan, or any actual detention setting.

The committee criterion to determine when a detention facility is operating outside or in violation of international law or the Constitution are vague and are subject to rival interpretations. Similarly, criteria will be needed to determine when psychologists are “working directly for” the detainee. Finally, we need to pressure the APA to make the referendum policy enforceable as part of the ethics code. Making it enforceable also would make it policy for state licensing boards that use the APA ethics code as their standard.

But more important, it is crucial that we work with the DoD, the new Obama administration, and Congress to incorporate the referendum into government policy. We need to get the DoD to remove the Behavioral Science Consultant (BSC) psychologists from whatever U.S. detention facilities remain after Guantánamo is closed.* And we also need to see

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* The APA referendum would ban members from participating in “illegal” detention centers. As the Obama administration revises U.S. detention policies, it may be harder to make the case that remaining detention centers, such as Bagram Air Base in Afghanistan, are illegal. In any case, the referendum will not necessarily change DoD policy. The DoD could get around it through various means, including encouraging their psychologists to leave the APA, or by simply ignoring or reinterpreting its meaning. Thus, Marks and Bloche (2008) report that several psychiatrists have been trained as BSCT members despite American Psychiatric Association and American Medical Association policies against such participation. Interestingly, the 2006 memorandum on BSCT operations by Army Surgeon General Kiley (2006) quotes the medical association policy but manages to transform its meaning into almost its exact opposite. No such transformation was needed for the then APA policy.
the creation of a new mental health system for detainees at Guantánamo and other detention centers, one that is completely independent of all command pressure. If DoD is nonresponsive, we should work with sympathetic voices in Congress to accomplish these goals through legislation; hopefully, this will be part of a forthcoming revision of the entire military detention and interrogation system. In this effort we can unite with the numerous military and intelligence professionals who have vigorously opposed Bush administration torture policies. Indeed, military attorneys and interrogators have been among those leading the fight against these abuses, while military psychologists have, unfortunately, remained silent or prevaricated.

It is less clear how to impose the referendum policy on the CIA, which requires the agency to pull psychologists from any involvement in the black site detention centers. Perhaps the referendum will only be implemented if the CIA’s entire black site detention system and enhanced interrogation program remains shut, as may result from President Obama’s actions. Here again, we can seek collaboration with Congress, as well as with CIA veterans who have publicly opposed CIA torture. As a first step, under a new administration, the CIA and all other government agencies should be required to follow the interrogations protocols of the Army Field Manual (United States Department of the Army, 2006). The Field Manual is far from perfect, allowing, for example, the use of abusive techniques—iso- lation/segregation, sleep deprivation, and so-called fear up in which detainee fears may be radically exacerbated (Kaye, 2009). Therefore, the Field Manual must be modified at the same time it is made a uniform standard for all detainees. Simultaneously, we should work to restrict psychologists’ roles to those consistent with the referendum and our ethical obligations.

ROLES

The APA referendum, although a major success, does not resolve all major flaws in APA policy toward participation in interrogations. The referendum limits the types of detention settings in which psychologists can work; those at which fundamental human rights are violated are off limits. It fails to deal with the question of what, if any, involvement psychologists should have in interrogations—that is, the question of what roles are appropriate or not appropriate for psychologists to take on (Soldz & Olson, 2008a, 2008b).

Many of us would grant that psychologists may have a valuable role to play in training of interrogators, for example, at the Army training center at Fort Huachuca (Arizona), and in psychological screening of potential interrogators. However, some of us believe—along with many
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senior interrogators—that the APA should follow the American Medical Association and American Psychiatric Association in banning its members from any direct role in the interrogations of individuals. We believe that intelligence interrogation inherently involves “exploitation” of detainees for intelligence potential, as the military describes its activities. This exploitation inherently conflicts with the helping role of practicing psychologists, as represented by Principle A of the APA’s ethics code: “Psychologists strive to benefit those with whom they work and take care to do no harm” (American Psychological Association, 2002). Section 3.06 of the code states “Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to ... expose the person or organization with whom the professional relationship exists to harm or exploitation.” And section 3.08 states: “Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees.” The essence of intelligence is what intelligence professionals correctly call exploitation of assets, as seen, for instance, in the CIA’s infamous Human Resource Exploitation Training Manual (1983). This type of exploitation simply does not benefit those being exploited, nor can it be said to be harmless. It also violates the explicit prohibitions on exploitation in the code. Psychologists should take the ethics code seriously and bow out of all direct involvement in intelligence interrogations, whether or not these interrogations are abusive.

We also need to discuss whether the APA should go further and join our medical colleagues in banning all direct involvement in interrogations, including domestic and nonmilitary interrogations not involving national security. Law enforcement interrogations pose a number of issues distinct from intelligence interrogations. But there still are potential conflicts with the ethical aspirations of our profession that need to be resolved. The disastrous involvement in intelligence interrogations should serve as a warning. Following the strategic aims of those in authority at the expense of independent ethical obligations places psychologists in a perilous position. Yet, placing the responsibility for ethical behavior primarily upon individuals is unrealistic. Any system requiring individuals to become heroes in order to behave ethically will fail.

At present, our ethics code and ethics office have not been up to the task of offering the clear guidance necessary to help our operational psychologists navigate the myriad ethical minefields that are inherent in such dual roles. Therefore, at the very least, we need serious discussion regarding the ethics of psychologists’ participation in individual interrogations. We need to develop new ethical principles and standards to decide first if such work can be ethically performed, and, if so, to then provide the guidance that would be required.
ORGANIZATIONAL REFORM

When the 9/11 attacks occurred, the APA leapt to offer the services of psychologists to the evolving national security state (American Psychological Association, 2003, 2004, 2005a, 2005c; American Psychological Association & FBI Academy, 2002; Coalition for an Ethical Psychology, 2008; Davis, 2008; Summers, 2008). Support for participation in interrogations was simply one manifestation of this effort.*

Leadership in change efforts fell largely on groups that had no standing within APA, such as the WithholdAPAdues movement (2008), Psychologists for an Ethical APA (2008), the Coalition for an Ethical Psychology (2008), and Psychologists for Social Responsibility (2009a). These groups were comprised of individuals who, for the most part, had never before participated in APA governance. Yet, when a referendum representing the position advocated by these groups was eventually submitted to the entire APA membership for a vote, an overwhelming majority, 59% of those voting, repudiated the years-long interrogations policy of the leadership. The official representatives had apparently not represented the majority of those concerned about this issue.

This situation is a sign of serious organizational problems within APA. An organization that is so out of touch with its members needs radical reform. The association’s deep and long-standing relationship to the military-intelligence establishment (Soldz, 2006c; Summers, 2008) needs serious examination. After the PENS listserver was leaked to the press in May 2009, three organizations of psychologists called for an independent investigation of links between the APA and the military-intelligence establishment (Coalition for an Ethical Psychology, 2009; Psychologists for an Ethical APA, 2009; Psychologists for Social Responsibility, 2009b). Such an investigation of the APA could be free standing or, ideally, connected with the Commission of Inquiry discussed later. At the same time, the Nobel Prize-winning NGO, Physicians for Human Rights, called for an investigation of Pentagon–APA ties by the Defense Department Inspector General (Physicians for Human Rights, 2009). These investigations are essential to clarify the extent and nature of these ties as a starting point for serious reform of the APA.

As discussed later, the APA’s ethics policies need serious rethinking. But reform must go further. The organization should closely examine

* Although this effort was led by a few key staff members and elected APA officials with national security connections, most segments of the organization went along. The Council of Representatives never questioned or dissented from the initiative. And the 2007 moratorium effort was opposed by every official committee that was asked for an opinion. Only a small minority of divisions dissented from parts of the policy. For a brief period, the Divisions for Social Justice (DSJ) organized opposition, but ultimately this force succumbed to organizational intimidation. After that, only a few individual council members opposed the reigning policy from within the official structures.
the relationship between psychology and human rights. And institutional reforms are needed to make the organization more responsive to the opinions and wishes of its members.*

In 2008, APA dissidents ran one of their own, Steven Reisner, for president. Reisner was the only one of the five candidates who has opposed the APA’s disastrous interrogations policy (Ephron, 2008). He was the only one who took a leadership role in reform efforts. And he was the only one who is not from the APA inner circle. He had not become socialized to believe that there is only one way to conduct business. Reisner topped the ballot in the nomination phase but eventually lost to an APA insider. This loss stymied efforts to reevaluate the relationship between the APA and the military-intelligence establishment.

The future of the APA is uncertain. If the membership does not remain active in pushing for change, the APA will likely return to business as usual. As in the wider society, only an active and informed membership can provide a counterweight to the forces of inertia and the status quo. However, a number of dissident members have resigned their membership, giving up, for the moment, efforts to reform the APA from within. It is up to those members who remain to insist that their professional organization represent the best of our society, rather than compromise with the worst.

**PUBLIC RECKONING**

Those who cannot remember the past are condemned to repeat it.

—George Santayana

Over the last 8 years, horrifying acts have been committed in our name, both as U.S. citizens and as psychologists. The last several years have featured one revelation after another about the U.S. program of torture and detainee abuse and of psychologists’ roles in that program. Yet we are far from having a complete picture of the extent or nature of the program, or of the institutional failures that enabled its development. To fail to investigate and understand these harsh realities is to acquiesce to their reemergence in the next political crisis.

* One problem is that council tends to include many of the same individuals over time, as its members simply circulate among divisions they can represent. Thus, as Bryant Welch (2008) pointed out last summer, council members tend to identify more with one another and with APA leadership than with the membership they ostensibly represent. And the lesson gets absorbed that only those who do not make major waves will be accepted into this elite club. Perhaps some form of term limits or other efforts to open APA governance are needed.
The United States needs a commission of inquiry, with subpoena power, to examine our recent history of torture and detainee abuse. The commission must expose the legal rationales that justified detainee abuse, the official actions that authorized abuse, the institutional arrangements that implemented abuse, and the unofficial mechanisms that facilitated the spread of abusive behavior to large sectors of the forces on the ground in all three major theaters of the so-called global war on terror.

Psychology, along with the other health professions and social sciences, need its own investigatory process. This process ideally would be a subcommittee of a nationally authorized commission of inquiry. If national action is not forthcoming, the professions themselves should create such a process.

One possibility is that prominent health professionals, along with organizations such as Physicians for Human Rights, Physicians for Social Responsibility, Psychologists for Social Responsibility (PsySR), the Torture Abolition and Survivors Support Coalition International (TASSC), and the International Rehabilitation Council for Torture Victims (IRCT) could collectively form such a health professionals commission of inquiry. This effort should also embrace members of the social sciences—including anthropology—which has its own experiences with secret intelligence activities by U.S. national security institutions in the human terrain systems fieldwork program and other initiatives (Glenn, 2009; Price, 2008).

One major task of this truth commission would be to reveal the role of psychologists in the design, implementation, standardization, and dissemination of U.S. torture and detainee abuse. But the commission would have to look further. Members of all the health professions abetted our nation’s program of torture and detainee abuse. At every torture and detention site, health professionals witnessed—and ignored—multiple signs of abuse. Most health professionals looked the other way when their patients presented with symptoms of abuse. The Physicians for Human Rights study, Broken Laws, Broken Lives (2008), describes one doctor who treated a detainee during torture and told the torturers, “If you go on torturing him in this way, he will die” (p. 85), and then left the patient to his fate. Another detainee describes being treated by a doctor and then how he “heard the doctor say ‘continue’ [to the interrogators]” (p. 21). Guantánamo, psychologists and physicians failed to diagnose posttraumatic stress disorder among detainees subjected to torture and abusive conditions of detention, documenting instead that their abused patients suffered from preexisting personality disorders (Kennedy, Malone, & Franks, 2009; Physicians for Human Rights, 2008). Physicians participated in the often unnecessary, unethical, and deliberately abusive forced feedings of hunger strikers, who were protesting abusive treatment (Miles, 2009).

Further, despite fine-sounding position statements, none of the health professions made significant efforts to stop the abuse. As far as I am aware,
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until the Bush administration was headed for the door, none of the health professions or the social sciences actively condemned the legalized torture openly being committed by our government. Therefore, the commission of inquiry must examine the professions themselves and the institutional, organizational, policy, and ethical failures that allowed such widespread abetting of government torture.

PERSONAL ACCOUNTABILITY

As well as finding and publicizing the facts, we need accountability for those who created and aided the torture system, both for national leaders and participating psychologists. At the level of national leadership, psychologists should support the various efforts by human rights advocates to bring accountability to those in the administration, military, and intelligence agencies who authorized, legitimized, and operated the torture system. On the level of accountability for participating psychologists, the only real avenue, at present, is to bring ethics complaints against specific psychologists. So far, such efforts have been unsuccessful.

Ethics complaints have been filed with the APA Ethics Committee against at least two psychologists. The APA has failed to decide the case of one of these psychologists, Major John Leso, for at least 34 months since the first complaint was filed (Bond, 2008b). In this case an official interrogation log posted on the Web by Time magazine (ORCON [Authoring agency classified by Originator Control], 2003) documents his presence during an obviously abusive interrogation, an interrogation that has been proclaimed to meet the legal standard for torture by the Pentagon official in charge of the military commissions at Guantánamo (Woodward, 2009). Official meeting minutes released by a Senate Committee document active participation in a crucial meeting planning abusive interrogation strategies (Senate Armed Services Committee, 2008a, Tab 7; 2009), strategies which, when used in combination, recently were deemed to meet the legal definition of torture by the top Pentagon official responsible for the military commissions (Woodward, 2009). Instead, apparently, of conducting an investigation of its own, the APA Ethics Committee has sent repeated calls for clarification and further information to the psychologist filing the complaint, including such petty harassing measures as refusing to accept a Web URL for documents from the Senate Armed Services Committee, insisting that the complaining psychologist print them and submit a hard copy. The impression given by the Ethics Committee treatment of the complainant is that it is putting the entire burden of investigation onto the complainant, rather than utilizing the considerably greater resources of the APA.

In the other case, the Ethics Committee refused to even open an investigation, citing lack of evidence, despite considerable evidence warranting
investigation (Soldz & Assange, 2007; Soldz et al., 2007b). That psychologist is closely connected to several members of the top APA leadership and has himself served in various leadership roles in APA; he was given a major award by an APA division just last summer, after the complaint was rejected, and was elected president-elect by another division. The ability of the APA to fairly conduct investigations in such cases can reasonably be doubted.

For years, APA leaders have stated that they will take strong action against any psychologist found to have participated in abuse. In a 2006 debate on Democracy Now!, then APA President Gerald Koocher stated:

I wish I had the assurance that Jane Mayer and that Dr. Reisner apparently have that there are A.P.A. members doing bad things at Guantánamo or elsewhere, because any time I have asked these journalists or other people who are making these assertions for names so that A.P.A. could investigate its members who might be allegedly involved in them, no names have ever been forthcoming. (A. Goodman, Koocher, Reisner, & Xenakis, 2006)

And, in a letter to the American Civil Liberties Union (ACLU), the APA’s ethics director stated “APA will adjudicate any allegation that an APA member has engaged in unethical conduct” (Behnke, 2008). The impotence of such claims is demonstrated by the organization’s failure to aggressively pursue the complaints now that names have been given and complaints filed. As the evidence became overwhelming that psychologists were crucial actors in designing and implementing the U.S. torture regime, the APA has failed to reach any findings at all in any ethics case involving detainee abuse.

The efforts to pursue accountability through state licensing boards have also been unsuccessful. In every case where complaints were filed against psychologists or doctors, the boards have refused to even open a case, citing various arguments for lack of jurisdiction.

Traditional ethics mechanisms thus failed to respond to a systematic program of torture in which psychologists played key roles. It is reasonable to conclude, then, that these ethics mechanisms are inadequate to the challenge of adjudicating instances of horrifying government-sponsored abuse.

While the entire system needs reexamination in light of its dismal record in response to state-sponsored torture, one aspect of ethics enforcement urgently needs immediate reform. The statue of limitations for participating in torture or cruel, inhuman, or degrading treatment needs to be extended. For most offenses the APA has a 4-year statute of limitations on complaints by members and a 5-year limitation on nonmember complaints. State ethics committees also have similar limitations. As this is being written, the APA limitation has been exceeded for any torture participation before 2004. Given the great secrecy with which interrogations are undertaken, in many cases torture participation will not become evident for many years
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postabuse. The statute of limitations for torture, and cruel, inhuman, and degrading treatment should be considerably raised or abolished. The APA conveniently failed to act on this despite calls for change before many of the most egregious abuses would be immunized.

Beyond minor revisions in the current system, the profession must either repair the current ethics accountability system or develop alternative, more effective, mechanisms for accountability for such abuses as participation in state-sanctioned torture, where accountability requires the profession to act counter to government policy. As part of this process, psychology should consider adopting ethical guidelines that preclude psychologists from practicing in situations—for example, in classified or other secretive environments like national security detention centers—where it is extremely difficult to hold them accountable for their actions. Ethics standards that are impossible to enforce due to government secrecy are, as we have learned through their failure to constrain psychologist participation in detainee abuse, no standards at all.

ETHICAL DISCUSSION

The failure of traditional mechanisms for ethics enforcement to respond to this national and professional crisis also points toward a larger crisis in psychological ethics. Many of the APA leaders in psychological ethics were among the strongest promoters and defenders of the APA’s “policy of engagement,” encouraging psychologists to participate in interrogations even after repeated reports of systematic abuse in U.S. interrogations. These leaders included Gerald Koocher, former APA President, editor of the journal Ethics & Behavior, and author of a leading ethics textbook; Stephen Behnke, the APA’s ethics director and steadfast spokesman for the APA interrogation policy; and Olivia Moorehead-Slaughter, chair of the APA’s Ethics Committee and the PENS “ethics” task force. Only one person traditionally associated with psychological ethics, former APA Ethics Chair Ken Pope, publicly criticized the APA for failing to enact adequate ethical requirements to prevent psychologists from being involved in detainee abuse and for failing to provide justification for the APA’s oft-repeated claim that psychologists help keep interrogations safe and ethical (Behnke et al., 2008; Pope, 2008; Pope & Gutheil, 2008, 2009).

Clearly, the organizational mechanisms and intellectual traditions that deal with the types of informed consent therapists should obtain from patients, or researchers from college students, are inadequate to deal with psychologists’ aiding a program of state-sponsored torture. If we do not confront these failures we will be unprepared for the next major crisis.

As part of this reevaluation of psychological ethics, the APA needs to quickly address the obvious weaknesses in the ethics code (American
Section 1.02, which allows psychologists to follow government laws, orders, and regulations in conflict with ethics—the “Nuremberg defense”—should be dropped (Pope & Gutheil, 2009). Rather, if exceptions are to be allowed to certain ethical standards, these exceptions should be individually specified. Current proposals to add “except when fundamental human rights are violated” to 1.02 are themselves problematic due to interpretational ambiguity of “human rights,” allowing the creation of additional loopholes protecting abusers. They should, rather, be scrapped in favor of the strategy of dropping the section entirely and explicitly specifying situations where sections of the ethics code need not be obeyed.

Not currently on the agenda, but also requiring serious attention are revisions to the 2002 ethics code on research ethics, which look as if they permit government-sponsored abuse. For instance, section 3.10, added in 2002, which allows researchers to dispense with informed consent “where otherwise permitted by law or federal or institutional regulations,” is deeply disturbing and needs immediate revision. This provision would allow psychologists to participate in research on imprisoned detainees, among other abuses.

Similarly, section 8.07 permits too high a threshold for allowing the use of deception in research: “Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.” The phrase “severe emotional pain”—changed from “unpleasant emotional experiences” in the prior draft of the ethics code (American Psychological Association, 1992)—was added in 2002. It eerily echoes the definition of psychological torture in the United Nations Convention Against Torture: “‘torture’ means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person” (Office of the United Nations High Commissioner for Human Rights, 1984). Surely a research procedure should not need to meet the legal definition of torture for disqualification as an ethics violation. In addition to revising this abhorrent ethics standard, we need to analyze the processes whereby informed consent was abolished for government-sponsored research and the definition of torture became incorporated into the ethics code.

More broadly, we need to undertake a public dialogue seeking a social consensus on psychological ethics in national security settings. While consensus may be difficult to achieve, the process of dialogue will at a minimum clarify important factors at play in this work. Psychologists working in such settings need a coherent moral foundation at the base of their professional identity rather than a hodgepodge of constraints and permissions.

In furtherance of these efforts, a group of psychologists affiliated with Psychologists for Social Responsibility and intelligence professionals are preparing a Psychology and Military Intelligence Casebook on Interrogation Ethics (Arrigo, Soldz, Bennet, Long, & Davis, 2009). This
project is bringing together psychologists, other social scientists, military interrogators, other intelligence professionals, and ethicists in an effort to elucidate the complex nexus of ethical, practical, and institutional issues affecting psychologists working in national security settings. The casebook aims not at definitive answers but at clarifying the issues that must be dealt with in any serious ethical discussion of such work.

THE DARK SIDE REMAINS

Activist psychologists have achieved an amazing feat in transforming APA policy. In the process we have created a broad, decentralized movement. We brought together many individuals and organizations that collectively were able to successfully challenge the largest mental health organization in the world. This movement shines as a beacon to other activists, showing what a democratic participatory polity can accomplish. It has been noticed by many around the world who are trying to shake off the despair generated by the global war on terror.” It encourages those struggling to transform violent, authoritarian institutions and cultures in the United States and elsewhere. It is not by accident that blogger Andrew Sullivan, an early participant in the fight against torture, headlined his notice of the referendum victory “Know Hope” (Sullivan, 2008).

However, our task is far from over. I will end with a cautionary note. In the wider society, the fight against torture and human-rights abuses is never-ending. With luck, we will soon put an end to the Bush administration’s experiment with legalized torture in national security interrogations. But U.S. support for torture likely will not totally end. After all, U.S. government torture has a long pedigree (McCoy, 2004, 2006, 2009). Intelligence work, by its nature, occurs in the shadows, away from public oversight. Further, as the scholar Darius Rejali (2007) revealed in his magisterial work Torture and Democracy, modern forms of torture, including psychological torture, through their lack of clear, telltale signs, were designed precisely to avoid democratic oversight.

Only continual vigilance, combined with cultural change, can remove our nation from the list of those conducting or condoning torture. We must remember that we live in a society where torture is a prominent feature, not only at national security sites, but in domestic settings as well. Many of our prisons and our urban police departments are institutions where abuse is routine, and such abuses are widely accepted by those in the broader society. Some locked mental health facilities have practices that inmates and their representatives report are tantamount to torture. Abuses, sometimes amounting to torture, are all too commonly tolerated in other institutions ranging from boot camps for adolescents to nursing homes for the elderly. Confronting torture in these settings will likely require different strategies
than those used to deal with abuse in national security detention centers. In the end, only a cultural change will transform the willingness to accept torture as a fact of life in the contemporary United States. Those of us who fought so hard against the Bush torture regime must now turn to the task of dismantling the many facets of abuse in our society. Psychologists can and should help transform a culture tolerant of abuse to one where abuse is unacceptable.

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