Adversarial Operational Psychology Is Unethical for Psychologists: A Statement from the Coalition for an Ethical Psychology

A Behavioral Science Consultation Team (BSCT) operational psychologist flew from the Guantánamo Bay Detention Center to Bagram Air Base in Afghanistan. There the BSCT picked up three adolescent boys under the age of 16 for a flight back to Guantánamo. During the entire 22-hour flight they were dressed in diapers and orange jumpsuits and chained to the floor in uncomfortable positions. At Guantánamo, the same operational psychologist was in charge of the boys’ interrogation, while claiming to be protecting their health.

A Guantánamo interrogator sought to obtain a confession that could be used to justify an adolescent prisoner’s detention. Concerned that this prisoner was experiencing severe psychological distress, as indicated by his talking to pictures on the wall and crying for his mother, the interrogator asked a BSCT psychologist to observe the next session. This operational psychologist recommended that the youth be placed in linguistic isolation, where no one spoke his language, and that he be told his family wanted nothing to do with him. “Make him as uncomfortable as possible. Work him as hard as possible,” she wrote in her recommendations to the interrogator.

Health professionals, potentially including operational psychologists, observed waterboarding (partial drowning) of prisoners in CIA custody. They watched as each prisoner was strapped to a board, a cloth was placed over his nose and mouth, and water poured on the cloth, causing him to start drowning. In some cases this process was repeated dozens of times. The observer-researchers made recommendations regarding how this form of torture could be made “safer.”

A BSCT operational psychologist at Guantánamo is asked to evaluate the likelihood that a prisoner who has been imprisoned without evidence for almost a decade will “return to the struggle” if released. If the psychologist concludes that this is more than trivial possibility, the prisoner may continue to be indefinitely detained, perhaps for the rest of his life.

Firmly establishing the proper and ethical roles of psychologists engaged in “operational psychology” is today an urgent matter given that the U.S. military and intelligence agencies have used psychologists as torturers and as consultants to national security interrogations in the post-9/11 “war on terror.” The timely discussion of these issues is especially important as some psychologists move to establish operational psychology – the use of psychological skills and principles to improve military and intelligence operations – as a new specialty practice within the profession.

The Coalition for an Ethical Psychology is therefore calling for a broad dialog on the profound ethical challenges posed to our profession by some forms of operational psychology, such as the examples described above. Given the complicity of the American Psychological Association (APA) in psychologist participation in abusive interrogations, we believe these talks cannot be organized under the auspices of the APA. Rather, they must be developed and facilitated by one
or more independent organizations, with the assistance of professional facilitators. The dialog should include not only APA members and non-member psychologists, but also other stakeholders and experts, including human rights advocates, military intelligence professionals and military ethicists, Guantánamo habeas attorneys and released detainees.

In calling for this dialog, we believe that it is important for different groups to clearly and transparently present their positions and the rationale and evidence for them. Our stance is based on over six years of careful inquiry into the ethics and practices of operational psychology. In developing our views we have consulted extensively with psychologists from the U.S. and other countries; members of other health professions; members of related professions including anthropology and the military chaplaincy; active duty and retired military and intelligence professionals; and ethicists from psychology, medicine, and the military. We summarize our position here; in forthcoming publications we will provide further details and extensive documentation.

The Coalition for an Ethical Psychology believes that many operational psychology roles and activities violate core principles of psychological ethics and pose an existential threat to the preservation of psychology as an ethical profession. At the same time, we consider other roles and activities in this domain unobjectionable and consistent with psychological ethics. The former, deeply problematic form of operational psychology we call “adversarial operational psychology.” We refer to the latter form as “collaborative operational psychology.” Before elaborating upon this key distinction, it is useful to briefly discuss what we view as the core principles of psychological ethics underlying the myriad specific standards in the APA ethics code.

**Core Principles of Psychological Ethics**

While there are many important ethical standards relevant to the evaluation of operational psychology, three principles are central to this analysis:

**Do No Harm.** Foundational to psychology as a profession (and to other health and social science professions) is the Do No Harm principle. As the APA ethics code states in its Principle A: “Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons....”

**Informed Consent.** Also essential to psychological ethics (as well as other health professions and social and behavioral sciences) is the principle of informed consent. This principle was established as a foundation for human research in the post-World War II Nuremberg Code that emerged from trials of Nazi doctors. This principle extends to all but the most innocuous actions of professional psychologists. Even in cases where informed consent is not mandatory, such as in cases of court-ordered treatment, informing the client of the psychologist’s actions and of limits to confidentiality is still required.

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1 This distinction was developed by Coalition members Jean Maria Arrigo and Roy Eidelson along with Ray Bennett, a 20-year veteran Army interrogator. It was presented by Roy Eidelson at the annual conference of Psychologists for Social Responsibility in Washington DC in July 2012.
Ethical Monitoring. Also central to psychological ethics is the concept of ethical monitoring. APA members are subject to disciplinary action for violating the ethics code and state-licensed psychologists are subject to the same by their licensing boards. In order for this system of oversight to work, it is necessary for the ethical monitoring agencies to have access to important information on the professional activities of psychologists, especially those accused of abuses.

Collaborative vs. Adversarial Operational Psychology

Operational psychology activities can be categorized as “adversarial” or “collaborative” on the basis of whether they violate any of these three core principles of psychological ethics. Thus, an operational role or activity is deemed adversarial, regardless of other considerations, if (1) it involves either the intent or expectation of harm to the target of an intervention; or (2) the target of intervention has not clearly provided a sufficient measure of voluntary informed consent, or (3) the action is inaccessible to ethical monitoring and accountability from agencies outside the national security establishment. All four of the scenarios that introduced this statement are examples of adversarial operational psychology because they meet one or more of these three criteria. More generally, virtually any operational activity by psychologists – including research – that involves “enemy” targets or is classified as secret will fall into the category of adversarial operational psychology.

In contrast, collaborative operational psychology consists of activities in which all of the following are true: (1) they cause only stipulated (mutually agreed upon) harm; (2) they involve voluntary informed consent; and (3) they are subject to outside professional monitoring. Examples of such activities include personnel selection screenings and psychological evaluations of workers at a national security facility. While these activities are not immune from ethical risks, any potential hazards are usually manageable with careful consideration.

It is the stance of the Coalition for an Ethical Psychology that only collaborative operational psychology activities are consistent with our profession’s traditional ethical principles, and only they should be allowable activities for professional psychologists. We wish to emphasize that we are not taking a position in regard to whether or which adversarial operational psychology activities should be allowed for non-psychologists. But in our view, from the perspective of psychological ethics, psychologists should not engage in adversarial operational psychology. Those who do should be prohibited from holding licenses as practicing psychologists, and they should not be allowed to hold positions undercover in academia, in research organizations, or in professional associations.

Counterarguments

We would like to briefly mention three arguments that are often brought forth to counter positions similar to ours.

Military Necessity. Advocates of adversarial operational psychology often argue that psychologists provide essential expertise necessary to successfully pursue the military mission. Military and intelligence professionals with whom we have consulted question this claim. Many of them argue that most adversarial operational psychology activities require greater expertise
in intelligence issues than in psychology, and that psychologists are often more likely to hinder than to advance military operations. Certainly the central role of psychologists in creating and implementing the “enhanced interrogation” torture program – which reportedly produced little or no useful intelligence – should give everyone pause.

**Government as Client.** Proponents of adversarial operational psychology sometimes argue that traditional ethical principles do not apply because for these activities it is the government, not an individual or group, that is the client. Thus, for example, they claim that the informed consent requirement applies to the government, not to the targets of these activities. But even if this logic were persuasive, there are numerous other ethical standards – including the injunction to “avoid exploitation or harm” – that still apply to these adversarial activities, regardless of the determination of who is the client.

**Duty to Society.** Adversarial operational psychology advocates often argue that the “Do no harm” admonition of Principle A of APA’s ethics code must be balanced with Principle B’s affirmative obligation to benefit society: “They [psychologists] are aware of their professional and scientific responsibilities to society and to the specific communities in which they work.” While we will not offer a full discussion of this issue here, it is important to note that responsibility to society is far from synonymous with obligation to the state or to particular actions of the state. Adherence to Principle B therefore requires a complex and multifaceted analysis of where the interests of “society” actually lie. For example, it is certainly conceivable that the benefit to society would have been far greater if psychologists and others had more actively resisted the creation of CIA black sites and the Guantánamo and Abu Ghraib prisons rather than choosing to serve in them. It is incumbent upon proponents of adversarial operational psychology to address and grapple with these issues.

**Conclusion**

The current blurring of boundaries between psychological practice and intelligence work poses a profound threat to the psychology profession. If the promotion of adversarial operational psychology goes unchallenged, any claim psychology has made that the profession is based upon clear ethical principles will be undermined. Consider, for example, the worrisome recommendation from a proponent of adversarial operational psychology who has argued that the ethics precept “Do no harm” be replaced with “Do as little harm as possible.” The Coalition for an Ethical Psychology believes that any movement in this direction would be a tragedy for the profession of psychology and for society at large. As a veteran Army interrogator once explained to us, “I would never go anywhere near the line demarcating torture. But I can’t claim I never do any harm. Yet your profession (psychology) is based upon a ‘Do no harm ethic’ and we desperately need your profession. We can’t risk its contamination by getting you involved in the work that I do.” While he was speaking specifically about psychologist involvement in interrogations, he could have been referring to adversarial operational psychology as a whole. Neither our profession nor our society can afford such weighty risks.

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