

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 dy-

namics 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-*

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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 irrec-

oncilable 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 pre-

sented 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 interogatees 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 ethically 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 fatwabs 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 ar-

gues 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" (Zonana, 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 contrac-

tors 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 post-war 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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