Psychological torture and the APA

Bram Fridhandler, Ph.D.

(See end of article.)

Far worse [than the statement of the American Psychiatric Association] is the recent report of the American Psychological Association’s “Presidential Task Force”. This report rehearses conventional ethical principles about care of individual patients, but then does an about-face when it comes to sanctioning input from psychologists and advice on techniques to be used in interrogation. In effect, it becomes acceptable for a health professional to dispense with any ethical responsibilities when their training and expertise is used outside a strictly therapeutic context. The use of such knowledge in creating techniques intended to damage the minds of people under interrogation, and to advise how these techniques can be refined, is grossly unethical, and the fact that a professional body can support such activity is a disgrace. (Wilks, 2005, p. 430)

In this statement by the Chair of Medical Ethics of the British Medical Association, the APA's position on the involvement of psychologists in interrogation is excoriated. In San Francisco, Uwe Jacobs, Ph.D., Director of Survivors International, the mission of which is to offer healing services to victims of torture, has expressed the deepest dismay over the failure of the APA to take a clear stand against psychologist involvement in abuse. What is going on?

The revelation of torture in the prison at Abu Ghraib shocked the world and directed attention to psychological abuse of prisoners by the United States. At least as far back as November 2004 (Lewis, 2004, 2005), there have been well-founded reports of psychologists assisting in coercive interrogation at Guantánamo Bay. The role of psychologists became central with the formulation of Pentagon policy that made psychology the primary discipline in advising on psychological techniques in interrogation, because of the fact that psychiatrists, having taken the physicians' oath to do no harm, were increasingly off-limits. The ethical question for our discipline was brought to a head.

In this context, 2005 APA President Ronald Levant appointed the task force on Psychological Ethics and National Security (PENS) to develop the organization's position. The task force was chaired by Olivia Moorehead-Slaughter, who now chairs the APA Ethics Committee. In June 2005, it released its report (American Psychological Association, 2005), not to universal acclaim, as Wilks's response makes clear. Having been approved by the APA Council of Representatives, the report, which includes detailed interpretations of the APA Ethics Code and recommendations for further action, is now official policy.

Much of the controversy over the position of American psychology has centered on different responses to this report. For example, President Levant (2005) commends it for making clear that "psychologists never engage in, direct, support or facilitate torture or cruel, inhuman or degrading treatment...[and] have an ethical obligation to report such behaviors." He points out that a reported abuse involving a mental health professional, using a detainee's phobia to inflict
severe distress, would be clearly prohibited by the report.\footnote{Hopefully, he was saying that this constituted cruel or inhuman treatment and would be prohibited on that basis. The other possibility is that he was saying it would be prohibited only if it made use of information from the detainee's medical record.} The New York Times (Lewis, 2005b), however, described the report as a limited statement: "In seeming to refer to the situations reported at Guantánamo, which might fall short of torture or cruel treatment, it said only that they 'require special ethical consideration.'" The Times also quoted criticism from the Executive Director of Physicians for Human Rights, "In view of what has happened at places like Guantánamo, we need clarity, and what's lacking here is an explicit commitment not to participate in coercive interrogations."

What is the truth here? Is it conceivable that APA policy allows psychologists to participate in torture?

The task force had to deal with the fact that psychologists have long participated in law enforcement at many levels, local to federal, and in many capacities, including advising on interrogation. For this reason, and also to avoid severing APA's relationship with Department of Defense psychologists and therefore leaving them without APA guidance and support, the task force did not prohibit all involvement with interrogation. The central statement to this effect is, "Psychologists may serve in various national security-related roles, such as a consultant to an interrogation, in a manner that is consistent with the Ethics Code." In the context of apparent psychologist participation in abuses, this position has appalled many people within and outside our profession.\footnote{APA's current President Gerald Koocher (2006) made matters worse when he sweepingly referred to APA's critics as "opportunistic commentators masquerading as scholars."}

However, all the other conclusions and recommendations in the report vigorously limit the involvement of psychologists in such activities, to such an extent that the provision permitting involvement may be a dead letter. For example, the report states that psychologists must never use information from an individual's medical record to the detriment of his or her safety and well-being, must clarify the nature of their role to any detainee with whom they interact, must clarify the limits of confidentiality, must use their knowledge of culture to prevent (not inflict) mental harm, and must report abuse to relevant authorities, including the APA when they are aware of a psychologist's participation. Dr. Moorehead-Slaughter (2006), in her role as Chair of the APA Ethics Committee, recently stated, "I will vigorously pursue the sanctioning of any psychologist found to have engaged in behaviors prohibited in the PENS report."

In the context of this policy, I believe that statements depicting the APA as soft on torture are misleading and probably unjust. The APA may have gone as far as it can in the direction of prohibiting involvement with interrogation. To be sure, a better position would have been to prohibit \textit{any} involvement with vulnerable detainees who lack the protections afforded by the American criminal justice system, such as habeas corpus and consistent access to attorneys. But the APA position contains many safeguards, and in any event, is unlikely to change in the foreseeable future.
So the question now becomes, Is APA following its own policy? The PENS report contains ten recommendations—how many have been implemented? The PENS report prohibits many practices—how many psychologists have been sanctioned for engaging in these practices? And if the delay in sanctioning these psychologists is due to difficulty in obtaining reliable information, as APA Ethics Director Stephen Behnke has stated (Goodman, 2005), then it's time for the APA to do some vigorous information-gathering of its own.

References


Update July 2, 2006:

The controversy has deepened with two recent developments: the Pentagon's decision to turn solely to psychologists for consultation on interrogation at Guantánamo after the AMA and the American Psychiatric Association stated that it is unethical for psychiatrists or other physicians to do so, and statements by APA leadership that seem to permit psychologist involvement with abuse.
The Pentagon's new policy governing the activities of such consultants appears to be specifically drafted to allow psychologists to participate in coercive interrogations without violating APA ethics as interpreted by the PENS report (Dept. of Defense, 2006). It states, for example, that a psychologist cannot provide both health care and consultation to interrogation in the same setting. Nevertheless, APA policy prohibits any psychologist from participating in "torture or other cruel, inhuman, or degrading treatment." So, as Michael Donner noted (Donner, 2005) and the APA Task Force emphasized (APA, 2005), defining these terms through the use of examples is crucial. Without this, neither military psychologists nor their commanders will know what is prohibited.

Statements from APA leaders within the last few weeks have not helped; instead, they have opened up the possibility that the APA policy permits facilitation of abuse. In his recent statement, Ethics Director Behnke (2006) focuses on the fact that the AMA's policy permits physician involvement in non-coercive interrogations and therefore the APA is not alone in permitting such involvement. APA President Koocher, interviewed on Democracy Now! (Goodman, 2006), emphasized that psychologists often take non-health care roles and stated that APA policy permits consultation to military interrogations as long as these "do not involve torture, that do not involve degradation, or do not involve any effort to harm a client."3

Neither leader responded to the press reports of psychologist involvement in specific, reported instances of cruel, inhuman, and degrading treatment. For example, Dr. Koocher was asked to respond to reports that a mental health professional has advised interrogators to exploit a detainee's fear of the dark; Dr. Koocher did not respond, except to say that psychologists may legitimately take many roles. Moreover, APA hasn't indicated whether psychologists can be involved in any way in interrogations that include outright torture such as "waterboarding" (a method of making a prisoner believe that he is about to be drowned).

Without the case examples called for by the APA Task Force, the association's policy is unlikely to be of real value in guiding psychologist conduct. The absence of such case examples seems to reflect a reluctance on the part of APA leadership to clash with the military on the central issue.

Additional References for Update


Donner, M., (2005). Healing the mind or breaking the spirit: The role of psychology during interrogations. The California Psychologist, 39:1

3 Behnke and Koocher differ on the issue of coercion. Behnke states that APA policy prohibits psychologist involvement with coercion, whereas Koocher states that psychologists are routinely involved in evaluations that "might be deemed to have coercive elements." The Task Force report does not address coercion per se.

Bram Fridhandler, Ph.D. is Ethics Chair for SFPA and is in private practice in San Francisco and Pleasanton, providing individual and couples therapy and child custody evaluations. The statements in this article do not necessarily reflect the position of the San Francisco Psychological Association.