

Clinical Torture: Drifting in the Atrocity Triangle

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Abstract

So as to immunize the Bush White House against cases involving the abuse of detainees held under the war on terror, its legal advisors warped laws prohibiting torture. More recently, evidence reveals that the CIA colluded with the American Psychological Association (APA) to rewrite an ethics policy that would enable psychologists to participate in harsh interrogations as well as torture. The shift from consultant to that of a hands-on operational psychologist marks a significant development in what is described herein as *clinical* torture. Moreover, the adoption of a new role in the interrogation and torture program demonstrates the dynamics of drift in the atrocity triangle that features perpetrators, victims, and bystanders. Specifically, psychologists progress from bystanders to becoming perpetrators in ways that abandon their obligation to do no harm. This article explores the nuances of the atrocity triangle and the atrocity-producing situation set forth by Stanley Cohen and Robert Jay Lifton. Implications to the prosecution of group offenders are discussed throughout.

Key words

Torture; human rights; war crimes; crimes against humanity

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Resumen

Con el objetivo de inmunizar la Casa Blanca de Bush frente a los casos relacionados con abusos a detenidos desarrollados en el marco de la guerra contra el terrorismo, sus asesores legales pervirtieron las leyes que prohibían la tortura. Más recientemente, se ha demostrado que la CIA confabuló con la Asociación Americana de Psicología, para reescribir su código de conducta ética y permitir a psicólogos participar en interrogatorios agresivos y en torturas. El cambio de consultor a psicólogo operacional directamente implicado marca un importante desarrollo en lo que se describe en este artículo como tortura *clínica*. Además, la adopción de un nuevo rol en el programa de interrogación y tortura demuestra la dinámica del rumbo del triángulo de atrocidad en el que están implicados responsables, víctimas y testigos. Los psicólogos en concreto pasan de ser testigos a convertirse en responsables, dejando de lado su obligación de no dañar. Este artículo analiza los matices del triángulo de atrocidad y la situación de crear atrocidad, expuestos por Stanley Cohen y Robert Jay Lifton. A lo largo del texto se analizan las implicaciones en los juicios a criminales pertenecientes a bandas organizadas.

Palabras clave

Tortura; derechos humanos; crímenes de guerra; crímenes contra la humanidad

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1. Introduction

Group offending has strong implications to politics as well as to jurisprudence, emerging as a significant socio-legal phenomenon. As an illustration of just how far group offending can expand into political sphere, this article explores torture particularly as it was reactivated in the global war on terror. For more than a decade, legal scholars have carefully documented how lawyers in the Bush administration strategically undermined the integrity of anti-torture statutes and treaties in an attempt to give cover to the White House (Danner 2004, Greenberg and Dratel 2005, Sands 2008).¹ Still, another key mechanism of torture has only recently come to light: namely, a joint effort between the American Psychological Association (APA) and the Central Intelligence Agency (CIA). Together, they concocted a new set of ethical guidelines that would enable psychologists to participate in torture (with impunity). In return for their secret cooperation, the CIA would shower the APA with funding and other professional benefits. Moreover, psychologists soon assumed a greater – even hands-on -- role in the torture program. Rather than simply providing consultation, some psychologists became operational to the extent of carrying out abuse and torture, including waterboarding. In 2014, the Senate Select Committee on Intelligence (SSCI) reported that the CIA had, to a degree previously unknown, overwhelmingly outsourced operations to health professionals who were granted exclusive authority to develop, operate, and assess what had become a *clinical torture* program.

As the title suggest, clinical torture occurs within an atrocity triangle involving not only victims and perpetrators but also bystanders. Stanley Cohen (2001) was quick to explain, however, that observers could become perpetrators. While the classic work of Milgram (1974) and Kelman and Hamilton (1989, see Welch 1990) on crimes of obedience figure prominently in the CIA's torture program, the shifting role of psychologists demands a closer examination of the atrocity triangle in which health care professionals drifted from bystanding to perpetrating. Adding another layer of conceptual interpretation to clinical torture, discussion also turns to lessons drawn by Robert Jay Lifton and his book *The Nazi Doctors: Medical Killing and the Psychology of Genocide*. Commenting on the recent revelations of psychologists engaged in torture, Lifton reminds us that professionals, too, are vulnerable to being socialized to internalize group norms while adapting to the demands of the authorities. That atrocity-producing situation is rife with potent psychological and sociological forces, most notably the ritual reversal in which health professionals retreat from their pledges to do no harm. Before delving into the atrocity triangle and the dynamics of drift, critical attention is turned to developments dating back to the Cold War as the CIA expanded its interest in psychological manipulation and clinical torture.

2. The “science” of torture

During the Cold War, the US government supported the CIA's pursuit of research on mind-control as a means to combat Communism and espionage. Billions of tax dollars were funneled into experiments aimed at studying the effects of hallucinogenic drugs, electric shock, and sensory deprivation, becoming a massive scientific campaign that McCoy calls 'a veritable Manhattan Project of the mind'

¹ At the international level, the widely accepted definition is clearly laid out in Article 1 of the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984):

[T]he term 'torture' means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes of obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.

(McCoy 2006, p. 7, Simpson 1994). Those developments are especially relevant to a genealogy of modern torture since they reflect a strong dependence on behavioral and psychological research in formulating its theoretical foundation (Welch 2009a, 2009b). Whereas traditional forms of torture implemented physical tactics targeting the body, modern torture relies increasingly on psychological techniques to induce pain and suffering. Among its innovations, the emerging 'science' of interrogation produced a method known as no-touch torture. Psychologists had concluded that physical pain regardless of its intensity generated resistance, and therefore undermined efforts to extract truthful information from the subject (Biderman 1960). To overcome that hurdle, a new psychological paradigm of torture was designed that integrated self-inflicted pain with sensory deprivation (CIA 1963). Researchers theorized that subjects capitulate more readily to interrogation when they feel responsible for their own suffering because the synergy of physical and psychological trauma unfastens personal identity (Biderman and Zimmer 1961, Watson 1978). The iconic image of a hooded Iraqi detainee at Abu Ghraib standing on a box with arms extended to electrical wires suggests a CIA interrogation method geared toward both sensory deprivation (i.e., the hood) and self-inflicted pain (i.e., extended arms) (McCoy 2006, 2012, Welch 2007, 2014).

The origins of modern torture are commonly traced to a CIA training manual titled KUBARK Counterintelligence Interrogation (CIA 1963, declassified in 1997). It is in that instructional booklet that no-touch torture was codified for purposes of teaching interrogators 'scientifically-informed' techniques assumed to be effective in extracting details from persons suspected of clandestine plans or insurgent activities. The objective of KUBARK is clear:

Unlike the police interrogation, the CI [counterintelligence] interrogation is not aimed at causing the interrogatee to incriminate himself as a means of bringing him to trial. Admissions of complicity are not, to a CI service, ends in themselves but merely preludes to the acquisition of more information. (CIA 1963, p. 5)

KUBARK's techniques aimed at 'breaking' prisoners (or 'pulling information from a recalcitrant subject' p. 30) are different from earlier forms of interrogation: most notably due to its focus on psychological pain. Furthermore, the infliction of injuries would be difficult to detect since the scars remain deep inside the psyche (Doerr-Zegers *et al.* 1992, Welch 2011).

Written in a clinical tone, KUBARK claims to follow some basic theoretical principles. As a central tenet, the manual theorizes that interrogation is improved significantly when the subject undergoes disorientation, leading to a regression of personality. With a weaker personal identity, according to that hypothesis, the subject becomes needy and dependent on a stronger even authoritative figure. Because the new paradigm of interrogation also strives toward efficiency, the process is accelerated by the use of isolation and sensory deprivation techniques (e.g., hooding and 'sleep adjustment'). Confusion is achieved further by delivering nonviolent blows on the psyche (e.g., personal insults and sexual humiliation). The overarching objective of those psychological methods is to maximize the destructive force of self-inflicted pain. According to KUBARK: 'It has been plausibly suggested that, whereas pain inflicted on a person from outside himself may actually focus or intensify his will to resist, his resistance is likelier to be sapped by the pain in which he seems to inflict upon himself' (CIA 1963, p. 59).

State power--notably the US government--has been instrumental in globalizing modern torture (see Crelinsten and Schmid 1995, Rejali 1994). Techniques devised by the CIA (contained in KUBARK) with the support of key research psychologists were propagated initially through the US AID's Office of Public Safety to police departments in Asia in the 1960s then later to Latin America after 1975. Soon the US Army Mobile Training Teams circulated the CIA's interrogation paradigm in the 1980s throughout much of Central America (McCoy 2006). Whereas the activities within those programs were covert, the political rationale was not: 'scientific'

torture would serve national security by battling the growing threat of Communism (Hinton 2006, Huggins *et al.* 2002). For the most part, torture was put back in the CIA's toolbox at the end of the Cold War while the US government resumed its public stance supporting human rights principles (e.g., participating in the World Conference on Human Rights in Vienna [1993], and ratifying the UN Convention Against Torture). After the attacks on September 11th, however, relatively dormant political rationales surrounding the protection of national security would once again lead to the resurgence of torture as a prominent technology in the war on terror.

3. The geometrics of perpetrating

Cohen's extensive research into human rights abuses and the tendency to neglect them became the subject of his *States of Denial: Knowing About Atrocities and Suffering* (Cohen 2001). Of keen interest is the atrocity triangle featuring victims in one corner and their perpetrators in the other. Correspondingly, bystanders are positioned in the third angle from which they witness atrocities but often fail to report them, thereby keeping in motion a pattern of violence (see Crelinsten 2003). With respect to torture, there are several types of immediate bystanders who have first hand knowledge of victimization: for example, soldiers who escort detainees as well as doctors who provide medical evaluations. More to point of this analysis, the CIA "interrogation" (torture) program also enlisted psychologists who initially served as consultants and later drifted toward the role of torturer.

Various forms of denial facilitate the dynamics of perpetrating. For instance, when evidence of torture eventually reaches public awareness, official denial begins to switch from one level to the next. First, *literal* denial becomes the standard response by which authorities blatantly refute accusations, simply stating that torture did not happen. As more facts surface, authorities then offer *interpretive* denial by spinning alternative explanations (e.g., insisting that waterboarding does not constitute torture). When those two techniques of denial fail to convince the public, a third strategy is employed. Cohen calls it *implicatory* denial by which torture is justified, becoming the "lesser evil" in the face of terrorist threat (see Ignatieff 2004, 2005).

In the case of psychologists drifting from consultant to operational, torture is denied, contested, or minimized by way of several reinterpretations: euphemisms, legalism, denial of responsibility, and isolation. Cohen (2001) explains that jargon and euphemistic labels mask and sanitize the harm inflicted; indeed, medical terms impose a seemingly scientific and neutral-free connotation while making the "intervention" appear respectable (perhaps humane) in part because those carrying out the task are health care professionals. To be discussed later, medical personnel involved in the CIA's interrogation (torture) program introduced bizarre procedures they termed as *rectal hydration* and *rectal feeding*. Given the power of euphemisms, entire organizational units benefit from elitist titles such as Behavioral Science Consultation Team (BSCT), a unit of psychologists based within the U.S. Department of Defense.

Similarly legalism augments reinterpretation so as to confound our understanding of human rights abuse. The Bush administration's use of the term "unlawful enemy combatant" (who were initially denied P.O.W. status) and "enhanced interrogation techniques" were ubiquitous. Moreover, White House lawyers installed gradations of maltreatment and torture that were subject to executive review and authorization, thereby allowing them to seem restraint (Welch 2011). Cohen (2001) points out that legal discourse depicts a non-pictorial world that keeps images from entering our consciousness (or what Orwell [1949] called "mental pictures"). When the term "waterboarding" hit critical mass such legalism was sufficiently challenged since the image of a detainee strapped to a board and subject to mock drowning strains the government's claim of safe and legal interrogation. "Interpretive denials are not

full-fledged lies," in the words of Cohen "they create an opaque moat between rhetoric and reality" (Cohen 2001, p. 108).

Drift in the atrocity triangle is also stimulated by other techniques of neutralization (Sykes and Matza 1957). *Denial of responsibility*, for instance, it is a potent maneuver for evading accountability, especially as it invokes forces of nature (atrocities just happen). In the event that a detainee dies in custody due to harsh conditions of confinement, abuse, or torture, authorities simply report (assuming they report it all) that the prisoner died (perhaps due to natural causes). Thus, the government is swift to say, "don't blame us." When those excuses are discredited, the authorities activate the "isolation" excuse in which the atrocity is regarded as not only unfortunate but also isolated. Usually an internal investigation is launched and years later a (redacted) report is released that white washes the incident and directs blame to low-level servicemen (and women) and not the leadership that ordered the abuse. Of course, the scandal at Abu Ghraib remains the classic example of that form of "isolation" (Hersh 2004, Welch 2006).

Righteousness and *necessity* also pave the way for atrocities carried out by governmental operatives and their partners, issuing claims of transcendence aimed at protecting the eternal good (Katz 1988). Throughout the Bush presidency, "enhanced interrogations" were justified as essential to save American lives (as well as Western civilization). Those rationalizations are often coupled with belief that "they started it" (e.g., attacking the World Trade Center), thereby denying abused detainees victimhood ("they got what they deserved"). Moreover, "advantageous comparisons" alter the balance of violence by allowing the perpetrator to claim, for example, that waterboarding is not as severe as hijacking planes into skyscrapers. Of course, all of these "intellectual fandangos" – as Cohen (2001) calls them – are activated by deep-seated racism, bigotry, and Islamophobia (Welch 2015a).

Before turning to specific incidents of group offending and clinical torture, it is also important to recognize a wider meta-narrative that mobilizes drift within the atrocity triangle. Consider the thrust of the Third Way in which bad faith is carried out in good faith, becoming the "voice of reason" and a "pragmatic compromise" between two extremes: unbridled trust in interrogators and the total prohibition against torture (Cohen 2006, p. 306). The Third Way relies on triple assurances, as dubious as they appear. First, tolerance and *laissez-faire* allows interrogators to operate in a twilight zone outside the rule of law. Then Vice-President Dick Cheney famously demanded that harsh interrogation (and torture) be carried out on "the dark side" (Mayer 2009). Second, a blind eye would be turned away from those abuses. Third, authorities assuage critics by insisting that harsh tactics are regulated and supervised by legal and medical experts (once again, reinforcing claims of professionalism and restraint).

3. Group offending and clinical torture

Group offending in the context of clinical torture has been made public through much needed oversight. In 2014, the SSCI published its report on the CIA's detention and interrogation program. The 500-page summary is an unclassified portion of the full report that spans more than 6,700 pages (still classified). The Committee's study initially dates back to 2007 when the CIA destroyed its videotapes of interrogation of detainees, many of who were waterboarded (Mazzetti 2007). The CIA's destruction of evidence of abuse (and torture) defied a court order to archive evidence. By keeping those disturbing images from reaching the media and the public, the CIA seems to committed to maintaining a non-pictorial world that otherwise would undermine its legitimacy and credibility (see Cohen 2001, Orwell 1949).

Given the wealth of previously uncovered human rights abuses, the Committee expanded its investigation from 2001 to 2009. In the foreword to the Report, Senator Diane Feinstein, the Committee's Chairman, sets the record straight:

detainees were, indeed, “tortured” and that the conditions of confinement were “cruel, inhuman, and degrading” (SSCI 2014, Foreword, p. 4, see Findings and Conclusions, p. 3-4). Furthermore, the report counters the (false) claims of torture effectiveness:

It is my sincere and deep hope that through the release of these Findings and Conclusions and Executive Summary that U.S. policy will never again allow for secret indefinite detention and the use of coercive interrogations. As the Study describes, prior to the attacks of September 2001, the CIA itself determined from its own experience with coercive interrogations, that such techniques “do not produce intelligence,” “will probably result in false answers,” and had historically proven to be ineffective. Yet these conclusions were ignored. We cannot again allow history to be forgotten and grievous past mistakes to be repeated. (SSCI 2014, Foreword, p. 3, see Findings and Conclusions, p. 2-3)

Among their findings, the Committee revealed that: “Two contract psychologists devised the CIA's enhanced interrogation techniques and played a central role in the operation, assessments, and management of the CIA's Detention and Interrogation Program. By 2005, the CIA had overwhelmingly outsourced operations related to the program” (SSCI 2014, Findings and Conclusions, p. 11). The reliance on health professionals – to a degree previously unknown – has enormous implications to drift within the atrocity triangle. The Committee revealed that the two CIA psychologists, James Mitchell (code name “Grayson Swigert”) and Bruce Jessen (code name “Hammond Dunbar”) served as the torture program's chief architects. Still, the Senate report found that Mitchell and Jessen were more than mere consultants; eventually, they were granted exclusive authority to develop, operate, and assess their own interrogation operations. The psychologists' prior experience was at the US Air Force Survival, Evasion, Resistance and Escape (SERE) School. However, “neither psychologist had any experience as an interrogator, nor did either have specialized knowledge of al-Qa'ida, a background in counterterrorism, or any relevant cultural or linguistic expertise” (SSCI 2014, Findings and Conclusions, p. 11). In an eerie twist to psychological theory, Mitchell and Jessen (mis)applied the research on “learned helplessness” (developed by esteemed scholar Martin Seligman 1975). In a memo, Mitchell (“Grayson Swigert”) proposed that “learned helplessness” would render detainees “passive and depressed in response to adverse and uncontrollable events, and would thus cooperate and provide information” (SSCI 2014, Findings and Conclusions, p. 19).

Whereas the infliction of “learned helplessness” through an array of techniques (e.g., sensory deprivation, sensory bombardment, waterboarding) speaks to an emerging clinical torture, recent revelations of profiteering throws crucial light on the conceits of the program (Welch 2015b). Even though the Committee found that the use of “enhanced techniques was not an effective means of acquiring intelligence or gaining cooperation from detainees” (SSCI 2014, Findings and Conclusions, p. 2), Mitchell, Jessen & Associates (the company they formed) were financially rewarded with an \$81 million contract (and a budget in excess of \$180 million dollars). Additionally, Mitchell and Jessen each received over \$1 million from the CIA. Again, Mitchell and Jessen were much more than architects and consultants; they become “operational psychologists” directly involved in interrogation and waterboarding. Moreover, they paid themselves handsomely. Their daily compensation reached \$1800 per day, which was four times that of other interrogators (SSCI 2014, Report, p. 66). Mitchell and Jessen were also legally immunized from potential prosecutions with a multi-year indemnification; since 2007, the CIA has paid out more than \$1 million pursuant to the agreement. Overall, extensive outsourcing became a key strategy in this province of the war on terror. In 2008, 85 percent of the workforce in the CIA's Rendition, Detention, and Interrogation Group was comprised of contractors (SSCI 2014, Findings and Conclusions, p. 12, see Welch 2015b).

Evidence of clinical torture in the war on terror has attracted critical attention from human rights groups. In their report, *Doing Harm: Health Professionals' Central Role in the CIA Torture Program* (PHR 2014), Physicians for Human Rights examined a host of ethical and legal matters. PHR highlights the vital role of health professionals and finds that without their participation, "this illegal program might have been prevented" (2014, p. 3). Their report also concludes that "the violations committed by health professionals represent not only a gross breach of medical and professional ethics, but also violations of domestic and international law" (2014, p. 3). PHR (2014, p. 3) outlines eight categories of abuse by health professionals, each of which points to the clinical character of torture.

- 1) Designing, directing, and profiting from the torture program
- 2) Intentionally inflicting harm on detainees
- 3) Enabling DoJ lawyers to create a fiction of "safe, legal, and effective" interrogation practices
- 4) Engaging in potential human subjects research to provide legal cover for torture
- 5) Monitoring detainee torture and calibrating levels of pain
- 6) Evaluating and treating detainees for purposes of torture
- 7) Conditioning medical care on cooperation with interrogators
- 8) Failing to document physical and/or psychological evidence of torture

PHR cites numerous incidents of CIA health professionals deliberately inflicting harm on detainees, such as administering clinical procedures for non-medical reasons. One of the most egregious examples of direct medical participation in torture is the use of *rectal rehydration* (or *rectal feeding*). According to SSCI, a medical officer described the rectal rehydration procedure in a February 27, 2004 email: "[r]egarding the rectal tube, if you place it and open up the IV tubing, the flow will self regulate, sloshing up the large intestine . . . [w]hat I infer is that you get a tube up as far as you can, then open the IV wide. No need to squeeze the bag – let gravity do the work." (PHR 2014, p. 100). While the CIA has defended its use of rectal rehydration as a "well acknowledged medical technique," (SSCI 2014, p. 115), PHR insists that health professionals failed to establish or document medical necessity (PHR 2014, p. 6). "Moreover, the summary indicates that rectal hydration was used to control and/or punish the detainee . . . Insertion of any object into the rectum of an individual without his consent constitutes a form of sexual assault" (PHR 2014, p. 6).

Similarly, the SSCI (2014) revealed that health professionals collected data on interrogation practices in a manner that may constitute human subjects experimentation. PHR puts that finding into its proper historical context, noting that one of the key restrictions regarding medical ethics that came out of World War II was the prohibition against unethical human subjects experimentation. That ban was established upon discovering the atrocities committed by the Nazis and their medical staff (see Lifton 2000). To safeguard against such abuses, any research subject of a study must provide informed consent. The following entry demonstrates the type of data collection from detainees being tortured:

NOTE: In order to best inform future medical judgments and recommendations, it is important that every application of the waterboard be thoroughly documented: how long each application (and the entire procedure) lasted, how much water was used in the process (realizing that much splashes off), how exactly the water was applied, if a seal was achieved, if the naso- or oropharynx was filled, what sort of volume was expelled, how long was the break between applications, and how the subject looked between each treatment. (PHR 2014, p. 8)

To reiterate, PHR (2014) contends that human subjects research without consent violates the Nuremberg Code, and could constitute a crime against humanity. SSCI (2014) clearly illustrates that health professionals were deeply involved in the CIA

torture program. In violation of professional ethics, medical personnel also monitored detainee torture and calibrated levels of pain; evaluated and treated detainees for purposes of torture; conditioned medical care on cooperation with interrogators; and failed to document physical and/or psychological evidence of torture (PHR 2014, p. 3). In response to the well-established pattern of clinical torture that relies on medical knowledge to inflict harm, PHR advises: "Those in the healing professions, the psychologists and physicians who became part of the CIA's torture machine, must face the detainees they hurt and recognize that it is never acceptable to use the skills for healing to destroy bodies and minds" (PHR 2014, p. 13, see Institute on Medicine as a Profession 2013).

4. Inter-organizational collusion

As the SSCI clearly reports, clinical torture in the global war on terror was actually one of cooperation – arguably co-option – between different groups. In his book *Pay Any Price: Greed, Power, and the Endless War*, James Risen (2014) divulges rare evidence of planning clinical torture. Moreover, if not for the discovery of an email archive, a full understanding of the close – and secret -- relationship between the American Psychological Association (APA) and the Central Intelligence Agency (CIA) would have remained concealed. The emails reveal how the CIA planted its own behavioral scientists into the APA's ethics panel, thereby revising its professional conduct guidelines that would permit the troubled torture program to continue. In return, influential psychologists in the APA were awarded government funding and fringe benefits. The source of the email archive was Scott Gerwehr, a researcher with ties to the CIA and the Pentagon who died (in 2008) while on the verge of becoming a whistleblower. Before his untimely death at the age of 40, he began communicating with a human rights group as well as a journalist, along the way sharing a trove of emails spanning 622 messages from 2003 to 2006. It shows a tight network of psychologists, academics, think tank analysts, and government operatives who together created the infrastructure for torture in the wake of 9/11. According to Risen, the emails do not necessarily drop any "explosive bombshells" but rather they reveal an "utter banality" in their re-working an ethics policy that would accommodate national security (Risen 2014, p. 192).

In 2004, the Abu Ghraib (Iraq) prison scandal sent the CIA and the Pentagon scrambling for legal, political, and professional cover. Since there was evidence of involvement by psychologists, the APA, too, sought refuge from a barrage of allegations of ethics violations. The following year, the APA issued its Presidential Task Force on Psychological Ethics and National Security (PENS), stating that psychologists could ethically participate in interrogation sessions to ensure that they were safe, legal, ethical, and effective. As Risen points out, that phrasing is "almost identical to the language used by the military's Behavioral Science Consultation Teams at Guantanamo [Bay]" (Risen 2014, p. 197). As result, the APA had provided much needed protection for the Bush administration. The emails reveal that shortly after the photos of prisoner abuse at Abu Ghraib were released, APA officials convened a private meeting with CIA, military, and other national security agencies. Among those invited were Kirk Hubbard (CIA), Kirk Kennedy (Pentagon), Scott Gerwehr (RAND Corporation, and later the Defense Group), and Stephen Behnke (APA, Director APA Ethics Office). Their aim was to address "unique ethical issues" that had been raised by psychologists in the aftermath of Abu Ghraib; however, there is clear evidence of collusion that would mobilize drift from bystander to perpetrator.

The purpose of the meeting is to bring together people with an interest in the ethical aspects of national security related investigations, to identify the important questions, and to discuss how we as a national organization can better assist psychologists and other mental health professionals sort out appropriate from inappropriate uses of psychology. We want to ask individuals involved in the work what the salient issues are, whether more or better guidance is needed, and how

best to provide guidance (e.g., through ethics consultations) that may be deemed appropriate or helpful. I would like to emphasize that we will not advertise the meeting other than this letter to the individual invitees, that we will not publish or otherwise make public the names of attendees or the substance of our discussions, and that in the meeting we will neither assess nor investigate the behavior of any specific individual or group. (Soldz *et al.* 2015, p. 38-39)

Soon the PENS task force was formed with a policy already poised to be ratified by committee. From the onset, the composition of the panel was heavily skewed in favor of the government. "Of the 10 psychologists appointed to it, six had connections with the defense or intelligence communities; one member was the chief psychologist for U.S. Special Forces. In addition, a senior APA member official who attended meetings of the task force as an "observer" (Russ Newman) was married to a psychologist (Lt. Col. Debra Dunivin) assigned to one of the military's Behavioral Science Consultation Teams – military units involved in interrogation. Jean Maria Arrigo, an independent social psychologist, was also appointed to the panel but now regrets participating. She realized later that her role was to make the committee appear unbiased – "I was there as a dupe . . . This was an effort by the Bush administration to gain legitimacy through the APA" (Risen 2014, p. 199, 200).

In congratulating members of the PENS task force for endorsing the continued involvement of psychologists in the interrogation program, Geoffrey Mumford (APA Director, Science Policy) sent an email to Kirk Hubbard (CIA Counterterrorism Center, Department of Defense Counterintelligence Field Activity) that included the following statement:

Belated thanks for your note and update...sounds like your settling in nicely...always nice to know your locked and loaded and ready for bear. I thought you and many of those copied here would be interested to know that APA grabbed the bull by the horns and released this Task Force Report today: <http://www.apa.org/releases/pens0705.html> (cited in Soldz *et al.* 2015, p. 37).

As the SSCI reported, Jim Mitchell is a psychologist who (along with Bruce Jessen) served as a CIA contractor. Their firm Mitchell Jessen and Associates were awarded a multi-million dollar contract to develop and administer the CIA's interrogation program. As the PENS task force was being released, Kirk Hubbard had retired from the CIA to work as a consultant for Mitchell, Jessen and Associates. Hubbard also tried to recruit Gerwehr to join him. "You would be perfect, but you probably wouldn't want to relocate to Spokane! Obviously candidates cannot be extreme liberals as some psychologists seem to be" (Risen 2014, p. 201). Gerwehr declined the offer, and then began talking to journalists and a human rights group about the APA/CIA connection (Eban 2007).

While the APA, the CIA, and various contractors were engaged in tight networking to develop and conceal torture methods, other forms of correspondence were taking place to expose those deeds. Author James Risen shared the APA email archive with human rights investigators who, in 2015, published their report: *All the President's Psychologists: The American Psychological Association's Secret Complicity with the White House and the US Intelligence Community in Support of the CIA's "Enhanced" Interrogation Program* (Soldz *et al.* 2015). The title clearly draws parallels to the Nixon administration's efforts to cover up the Watergate break-in. That scandal hit critical mass under the title *All the President's Men* (Woodward and Bernstein 1974). Similarly, *All the President's Psychologists* goes to great lengths to document and verify significant activities unfolding behind the scenes. In the preface of their report, the authors are quick to remind us of the importance of organizations and professions, especially in the realm of health care. "A profession is characterized by a specialized body of knowledge applied in the service of the individual patient and society. It is incumbent upon a profession to disseminate and expand such knowledge, to abide by codes of ethics worthy of the designation of 'profession,' including the responsibility to self-regulate" (Soldz *et al.*

2015, p. 9). Moreover, the APA governs the ethical conduct of its members through a code of ethics. "That code, like that of other health professions, is based on principles of avoiding harm and improving people's lives" (Soldz *et al.* 2015, p. 9).

All the President's Psychologists delivers five chief findings. First, the report offers some wider context for understanding organizational behavior. The Abu Ghraib scandal not only made international headlines but also gave pause to the CIA as its Inspector General raised internal questions about the legality of certain "enhanced" interrogation techniques. Apparently, health professionals inside the CIA's Office of Medical Services (OMS) resisted being assigned tasks related to the monitoring and evaluating the supposed safety and efficacy of the those techniques. So as to fill in that institutional vacuum, the APA revised its code of ethics (PENS) in ways that would allow its psychologists to take over the role of monitoring and evaluating the interrogation program, thereby bringing into line with the legal framework (see Bloche 2011).

The legal paradigm described in the second finding of *All the President's Psychologists*, explicitly recommends psychologists be involved in (a) evaluating the efficacy of the techniques, and (b) determining what constitutes cruel, inhuman, and degrading treatment (CIDT) (Soldz *et al.* 2015, p. 23). It is important to note that CIDT (along with torture) is prohibited under domestic and international law. "Without the monitoring and research permitted by the PENS language, individuals who implemented, planned, or authorized the "enhanced" interrogation program likely faced heightened risk of future prosecution" (Soldz *et al.* 2015, p. 13). The APA/CIA connection is rife with secrecy and denial, casting ethical doubt over the interrogation program. Third, the report seems to validate such suspicion. Messages contained in the APA email archive show that members of the panel included the following topics: the importance of systematic data collection during interrogations, the value of disrupting the interrogated individual's sleep wake cycle, the value of increasing, their fear and anxiety, and specific potential interrogation techniques. Additionally, two other techniques were proposed to attendees:

"What pharmacological agents are known to affect apparent truth-telling behavior?"

"What are sensory overloads on the maintenance of deceptive behaviors? How might we overload the system or overwhelm the senses and see how it affects deceptive behaviors?" (Soldz *et al.* 2015, p. 29)

Given the central role of Mitchell and Jessen in the CIA interrogation program, they were conspicuously unavailable for follow-up comment after one of the APA/CIA/RAND sessions. Hubbard circulated an email to Mumford indicating that he was unlikely to hear from Mitchell and Jessen, implying that they were engaged in clandestine (clinical) torture activities at a CIA black site:

"You won't get any feedback from Mitchell or Jessen. They are doing special things to special people in special places, and generally are not available." (cited in Soldz *et al.* 2015, p. 40)

Fourth, *All the President's Psychologists* discovered that APA repeatedly denied any jurisdiction over the actions of Mitchell and Jessen, insisting that neither of them belong to their association. To the contrary, Mitchell was an APA member until 2006, which includes much of the time he allegedly tortured CIA detainees (SSCI 2014). During that time frame it was well documented in the media that he was the architect of certain of the abusive interrogation techniques (Mayer 2005). Finally, the analysis of the APA email archive affirms a professional atmosphere void of any apprehension that there might be something seriously wrong about the interrogation program. Indeed, a sense of banality pervades, even as investigative journalists and the International Committee of the Red Cross were responding to credible reports of detainee abuse (Mayer 2005, Soldz *et al.* 2015, p. 32-33).

From a group-offending standpoint, there is much speculation over why the APA would collude with the CIA in re-writing its ethics policy. One plausible explanation is their long-term relationship. For nearly a century, the field of psychology in the U.S. has earned much of its professional status and funding from the federal government, most notably through the military and national security sectors. American psychologists were awarded contracts during the First and Second World Wars. Over time, Defense Department and the Veterans Administration became two of the largest employers of psychologists. It has been said that compared to their psychiatric counterparts (who are medical doctors), American psychologists viewed themselves as “second rate,” especially since they did not have the authority to prescribe medication. As the psychopharmacological market gained momentum, psychologists were further marginalized. The Pentagon came to the rescue, thus granting some psychologists prescription-writing privileges at military hospitals. Philip Zimbardo (renowned psychologist) tapped into that issue saying what the psychological profession desired was prescription privileges. “Turning against the interrogation program would have put the psychological profession’s entire relationship with the CIA and Pentagon at risk” (Risen 2014, p. 197).

5. Ritual reversals

To illuminate the complexity of clinical torture and the geometrics of perpetrating, we turn to lessons from Robert Jay Lifton and his classic work *The Nazi Doctors: Medical Killing and the Psychology of Genocide*. Admittedly, any comparison to the Holocaust should proceed cautiously given the enormity of the cruelty, torture, and extermination. Still, keeping focus on health care personnel there are clear implications to professional ethics. Lifton (2015) recently commented on revelations of the CIA torture program administered by psychologists. Among many key insights, he points to the “atrocity-producing situation” in which health care workers internalize a different set of norms set forth by the political authorities. That phenomenon, as studied by Lifton, is best captured in the Nazi campaign to re-order, re-gear, and re-construct professional organizations (i.e., groups of physicians and scientists) so as to accommodate the fascist vision. While stressing that Americans are not Nazis, Lifton describes how the Bush administration colluded with the APA to give the interrogation (torture) program a veneer of legitimacy.

Lifton explores how Nazi doctors abandoned the Hippocratic oath—a pledge to heal and not harm. “The oath was perceived as little more than a distant and muted ritual one had performed at medical school graduation” (Lifton 2000, p. 433). That ritual was then reversed not only by the demands of the concentration camps but also by the rewards: such as upward mobility in the Nazi hierarchy and enhanced status as a scientist. Similarly, psychologists operating within the CIA interrogation (torture) program – that they themselves had designed – not only earned exorbitant government funding but also allowed them to rub shoulders with the elite intelligence community. Indeed, the allure of entering the clandestine world of counterterrorism with “Tier One operators” (i.e., CIA case officers and US Special Operations) attracted many ambitious psychologists willing to prove that they were very much on board (Risen 2014, p. 186). Recall the email message in the APA archive: “You won’t get any feedback from Mitchell or Jessen. They are doing special things to special people in special places, and generally are not available” (Soldz *et al.* 2015, p. 40).

In addition to the aura of (perverse) science that promotes its own sense of elitism, psychologists were drawn into the spectacle of the war on terror, a post 9/11 campaign that embodied a fierce American patriotism and militarism. Rather than remaining on the sidelines pondering the condition of the national psyche, many psychologists enthusiastically enlisted their support for the Commander-in-Chief. Like many social movements, the war on terror ritualistically honors its sacred community by invoking the victims of 9/11. That cultural reference to sacrifice elevates the war on terror to a noble cause, thereby garnering public consensus

and solidarity (Welch 2006). Moreover, the war on terror was repeatedly touted as “saving lives” (SSCI 2014, p. 303). Defending the interrogation program CIA Director Michael Hayden told a meeting of foreign ambassadors to the U.S. that “[t]his is not CIA's program. This is not the President's program. This is America's program” (SSCI 2014, p. 6).

Perpetrating clinical torture demands what Lifton calls *psychic numbing*, a diminished capacity or inclination to feel. That interruption in psychic action (or human mental life), paves the way for a related mechanism of “derealization” in which one divests oneself “from the actuality of what one is part of, not experiencing it is as ‘real’” (Lifton 2000, p. 442). Psychologist James Mitchell, on several occasions, has publicly acknowledged that he personally abused and even waterboarded detainees (Lifton 2015). Furthermore, a “blanket of numbing” appears to have transpired at a collective level (Lifton 2000, p. 443).² As noted previously, *All the President's Psychologists* found that there is no evidence that any APA official expressed concern over mounting reports of psychologist involvement in detainee abuse (Soldz *et al.* 2015, p. 10-11). Irony is not lost on the fact that as psychologists they are trained in the detection and treatment of human suffering. Even the media was tracking callous abuse of detainees. In her exposé, “The Experiment,” Jane Mayer (2005) documented the role of psychologists in the abuse of detainees.

According to a counterterrorism expert familiar with the interrogation of the Al Qaeda suspect, Mitchell announced that the suspect needed to be subjected to rougher methods. The man should be treated like the dogs in [psychologist Martin Seligman's] classic behavioral psychology experiment, he said... Mitchell's position was opposed by the counterterrorism expert, who had not spent time at a sere school. He reminded Mitchell that he was dealing with human beings, not dogs. According to the expert, Mitchell replied that the experiments were good science.

As human rights advocates point out, Mitchell was allegedly recommending “a detainee should be treated like a dog did not elicit either alarm or further investigation” (Soldz *et al.* 2015, p. 34).

Ritual reversals – that is, the abandonment of professional ethics – is facilitated by other organizational dynamics. Among them is the *diffusion of responsibility*, which is key to the maintenance of the “atrocity-producing situation” (Lifton 2000, p. 444, 2015). Much like the Nazi doctors, the operational psychologists in the CIA interrogation (torture) program responded to a combination military orders (inherent to the war on terror), designated role (science expert), and desirable attitude (committed to “saving lives”). Blame is further diffused by internalizing the belief that responsibility ultimately lays with those who ordered them: namely, the Director of the CIA, the Secretary of Defense, and, of course, the Commander-in-Chief. Of course, the appeal to higher authorities is central to the techniques of neutralization (Sykes and Matza 1957). Altogether, those forces reinforce a sense of teamwork in which one is a mere player.

6. Conclusion

As some final reflection on the phenomena involving ritual reversals, psychic numbing, and the diffusion of responsibility, we turn to *middle knowledge*. Such (un)awareness refers to “something one knows and does not know, or acts upon without clearly knowing, or knows and does not act upon” (Lifton 2000, p. 489, see

² For on-line interviews with James Mitchell, see the following videos:

VICE News Exclusive: The Architect of the CIA's Enhanced Interrogation Program

<https://www.youtube.com/watch?v=MmNUi0itl-8> (visited 27 May 2015)

Megyn Kelly Dr. James Mitchell : FULL INTERVIEW Man who interrogated KSM (VIDEO) A 9/11 Mastermind

<https://www.youtube.com/watch?v=VTzwa9S444c> (visited 27 May 2015)

Sharyl Attkisson Interviews the Man Who Waterboarded 9/11 Mastermind

<https://www.youtube.com/watch?v=qUI3QoxE9fk> (visited 27 May 2015)

Cohen 2001). Lifton goes on to explain that there is a moment when knowledge and numbing interact but the knowledge does not seep through. Moreover, there are often “atmospheric” dynamics swirling about. It seems as though there is “something in the air” that anticipates the atrocity-producing situation. Middle knowledge is perpetuated by vague normative guidelines as well as confusion, making it difficult for perpetrators to clearly determine what is moral, ethical, and lawful. “The process is both arcane and secret on the one hand, and ordinary and almost respectable on the other (Lifton 2000, p. 489, see Alexander 1949).

In the case of the war on terror and the CIA interrogation (torture) program, such confusion was produced by the Bush administration’s decision to revoke the Geneva Conventions (another ritual reversal). By the time, the U.S. Supreme Court struck down that policy the damage was done (see *Hamdan v. Rumseld* 2006). Correspondingly, another cultural force that contributed to the confusion is American exceptionalism. That worldview gained enormous traction during the early years of the war on terror since it denied that international laws and treaties apply to the United States. American exceptionalism -- as a form of rationalization -- allowed the Bush White House to opt for the “lesser evil” and commit war crimes in the name of national security (see Ignatieff 2004, 2005).

As a remedy to those problems, Physicians for Human Rights strongly recommends that all government employees – and contractors -- who have “engaged in and/or authorized torture and ill-treatment of detainees should be held legally responsible for their roles” (PHR 2014, p. 14, see Hoffman 2015). So as to impose greater transparency and comprehensive accounting on the CIA torture program, the full report of the SSCI (2014) should be released to the public. Moreover, the U.S. President and Congress should create a federal commission to investigate and document the role that health professionals played in all interrogation and detention programs related to the war on terror. Members of that non-partisan panel would have appropriate security clearance to conduct a thorough investigation as well as possess the authority to exercise subpoena powers. Based on its findings, the commission would have the power to refer cases to the U.S. Department of Justice for prosecutions. Other recommendations apply to national associations of health professionals. For instance, the American Psychological Association and other health professional organizations should join the American Medical Association and American Psychiatric Association in strictly prohibiting members from directly or indirectly participating in the interrogation of individuals. To further regain the public confidence, those health professionals should reaffirm the ethical obligation to do no harm and declare that their skills and expertise will not be used to participate in torture, ill-treatment, or unethical human subjects research.

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