

**REPORT OF THE APA DIVISION 56 TASK FORCE EXAMINING PSYCHOLOGISTS'  
ROLE IN INTERROGATION FROM THE PERSPECTIVE OF TRAUMA**

SUBMITTED DECEMBER 9, 2008

NNAMDI POLE, CHAIR  
&  
JULIAN D. FORD  
SUE GRAND  
IBRAHIM KIRA  
GIL REYES  
RICCARDO RIVAS  
MORGAN SAMMONS  
(TASK FORCE MEMBERS)

## Task Force Membership and Disclosures

The American Psychological Association Division 56 Task Force Examining Psychologists' Role in Interrogation from the Perspective of Trauma was assembled to articulate a consensual statement from trauma-oriented psychologists. It was not intended to accurately balance the perspectives of all relevant constituents to the larger debate (e.g., ethicists, legal scholars, politicians, detainees, military officials, etc.). For example, it would be fair to say that the current task force under-represents psychologists with direct military experience. This is in contrast with the APA Psychological Ethics and National Security (PENS) task force, which was criticized for over-representing the perspective of military psychologists and thus having too many potential conflicts of interest (Goodman, 2008; Lott, 2007). Given that the PENS task force was charged with reporting on behalf of all psychologists and given the long history of apparent interdependence between the United States military and American psychology (Summers, in press) such potential conflicts of interest were viewed with concern by some observers. On the other hand, it is also important to note that many other professions have been (and continue to be) supported by military organizations and thus such support by itself should not be taken as evidence of an improper quid pro quo relationship. Furthermore, it may be unavoidable to gather a task force of psychologists who are both highly knowledgeable about the relevant issues and entirely free of the appearance of bias of one type or another. As a task force, we aimed to achieve relatively fair and balanced collective judgments despite our individual personal biases. Part of our process for doing so was to explicitly acknowledge any involvement with the interrogation issue that could be perceived by others as posing a conflict of interest. Such disclosures are offered below along with a brief description of the relevant background of each task force member.

**Julian D. Ford** is an Associate Professor of Psychiatry and Director of both the University of Connecticut Health Center Department of Psychiatry Center for the Treatment of Child Trauma and the Center for Trauma Response, Recovery and Preparedness. Dr. Ford teaches psychotherapy and research ethics to graduate and medical students and psychiatry residents at the University of Connecticut School of Medicine where he has served on the faculty since 1998. Dr. Ford discloses having worked as a psychologist in the Department of Veterans Affairs from 1990 to 1998 and having served as a consultant for the Department of Veterans Affairs and the Department of Defense as a reviewer of research grants. Dr. Ford reports that he has not personally engaged in advocacy on either side of the interrogation issue.

**Sue Grand** is Associate Editor of *Psychoanalytic Dialogues* and has been on faculty at the Psychoanalytic Institute of Northern California, the NYU PD Program in Psychoanalysis and Psychotherapy, and the Steve Mitchell Center for Relational Psychoanalysis. She is the author of *The Reproduction of Evil: A Clinical and Cultural Study*. Dr. Grand discloses that she has signed the moratorium on APA dues, has authored a critical essay regarding the detention/interrogation system which was published in the Fall 2008 issue of *Psychoanalytic Dialogues*, and participated in protests of the APA policy at the 2008 Annual Conference.

**Ibrahim Kira** is Director of the Center for Trauma and Torture Survivors (CTTS) in Decatur, Georgia. He was previously a psychologist and supervisor at ACCESS Community Health and Research Center in Dearborn, MI, a consultant at the Center for Conflict and Peace

Studies at Wayne State University in Detroit, MI, and at the Yale University Child Study Center in New Haven, CT. Dr. Kira discloses involvement with activities aimed at reforming the APA policy on detainee interrogations including signing a November 1, 2007 letter to the U.S. senate on this matter.

**Nnamdi Pole** is Chair of this task force and Associate Professor of Psychology at Smith College. He has taught ethics to doctoral students in clinical psychology at the University of Michigan where he served on the faculty between 2001 and 2008. He has also published research in the areas of ethnic minority mental health and posttraumatic stress in police officers. Dr. Pole discloses predoctoral and postdoctoral training within the Department of Veterans Affairs and having served as a consultant for the Department of Defense as a reviewer of research grants. Dr. Pole's current academic institution, Smith College, has taken a public stand against psychologists' participation in interrogation. However, Dr. Pole was not a member of the faculty when this decision was made.

**Gil Reyes** is Associate Dean for Clinical Training at Fielding Graduate University, Chair of the APA Division 56 Disaster Response Committee and Division 56 Executive Committee Member, and a member of the Steering Committee of the Psychologists for Social Responsibility. Dr. Reyes discloses that he is a member of the Steering Committee of Psychologists for Social Responsibility, an organization that has taken a strong stand against the involvement of psychologists in activities that violate human rights standards, even when such activities are sanctioned by legal or governmental authorities. Dr. Reyes further discloses that he has worked on projects, presentations, and publications with psychologists who have been involved in activities of the U.S. military and civilian intelligence and security agencies since 2002.

**Riccardo Rivas** is a licensed psychologist and a consultant with the Collier County Sheriffs Office in Naples Florida. He has worked as a Psychologist with the Department of Veterans Affairs, as the Regional Liaison and Trainer for the International Critical Incident Stress Foundation and is currently in private practice. He has evaluated and treated hundreds of combat veterans, emergency personnel, and trauma survivors during his career. Dr. Rivas discloses that he signed the 2008 APA petition resolution ballot but has not otherwise engaged in advocacy on this issue.

**Morgan Sammons** is Dean of the California School of Professional Psychology in San Francisco, CA and is retired from several military roles including Special Assistant to the United States Navy Surgeon General for Mental Health and Traumatic Brain Injury. Dr. Sammons discloses that he is one of ten psychologists who was trained in the Department of Defense Psychopharmacology Demonstration Project (PDP).

## **I. Overview of the Report**

### **a. Charge**

The Task Force Examining Psychologists' Role in Interrogation From The Perspective of Trauma was assembled in response to the APA Division 56 President's 2007 charge for: "a report to the Executive Committee of Division 56 in which there is consideration of the role of psychologists in national security interrogations from the perspective of trauma-oriented psychologists. This report should include a review of current empirical and clinical knowledge on the possible and probable short-term and long-term psychological consequences of known (or suspected) coercive interrogation techniques. It should clarify which aspects of the interrogation process are potentially traumatic for both the interrogated and the interrogator. The task force will not conduct investigations into allegations of wrongdoing by psychologists or others nor should it seek to make recommendations beyond the expertise of its members. However, the task force may incorporate or refer to the findings of other bodies that have examined this issue including, for example, the findings of other APA committees and media reports."

### **b. Structure**

The report begins with: (i) an overview summarizing the charge, structure, and main conclusions of the report; followed by: (ii) a formal introduction to the report; (iii) a chronology of key events in the interrogation and detention controversy; (iv) evolution and summary of APA's policy on torture, detention, and interrogations; (v) a summary of arguments for and against psychologist involvement in detention and interrogation; (vi) an examination of the interrogation controversy through the lens of trauma-oriented psychology with particular attention to evidence of psychological harm and methods to reduce risk of harm; and closes with (vii) specific conclusions and recommendations and (viii) a bibliography.

### **c. Summary of main conclusions**

In brief, the Task Force concludes that some of the interrogation procedures ascribed to the United States military and intelligence agencies including but not limited to waterboarding, humiliation, and painful stress positions have been empirically/credibly associated with traumatic stress both to the interrogated and the interrogator. To reduce the risk for traumatic stress, we recommend that psychologists should: (1) adhere to all APA Ethical Standards and recent policies regarding interrogation, detention, and torture, (2) promote low levels of risk for traumatic stress and avoid situations that heighten traumatic stress, (3) conduct or seek assessments of trauma risk if working in detention or interrogation settings, (4) recommend ways of reducing trauma risk, conduct or seek assessments of post-traumatic psychological distress, recommend appropriate interventions for psychologically affected personnel or detainees, and refuse to participate in activities that increase risk for trauma if heightened risk for trauma is revealed, (5) support proper training of personnel involved in detention and interrogation, (6) advocate for the protection of human rights and due process for detainees, (7) support increased transparency of the detention and interrogation process, (8) avoid conflicts between the role of the interrogation consultant and the role of the mental health provider if working in settings that conduct interrogation and detention, (9) institute extra protections for vulnerable populations

(e.g., minors, ethnic minorities, members of low status groups), and (10) collaborate on ethical research into poorly understood aspects of the interrogation and detention process.

## II. Introduction to the Report

The involvement of psychologists in national security interrogations in places like Abu Ghraib, Guantanamo Bay, CIA black sites, and other undisclosed secret prisons has become a matter of considerable controversy. The issue has not only been addressed in the popular media as evidenced by articles in venues such as *The New York Times*, *Vanity Fair*, *The New Yorker*, and *Psychology Today* but it has also received widespread attention in diverse professional publications such as: the *APA Monitor on Psychology*, *National Psychologist*, *Military Psychology*, *Community Psychologist*, *European Psychologist*, *California Psychologist*, *Journal of the American Medical Association*, *New England Journal of Medicine*, *Lancet*, *British Medical Journal*, *Journal of Psychiatry & Law*, *Psychiatric News*, *Military Medicine*, *The Chronicle of Higher Education*, *Analysis of Social Issues and Public Policy*, *Cornell Law Review*, *Seton Hall Law Review*, and *Congressional Quarterly* (to name a few). In fact, there has been so much written on the issue that a thorough review of the relevant literature would be unwieldy in a report such as this. Therefore, our literature review selectively focuses on: (a) documents that explain the historical and social context of the controversial national security interrogations; (b) documents that explain the evolution of the American Psychological Association (APA) policy toward national security interrogations and torture; (c) documents that address arguments for and against psychologists' involvement in interrogations; (d) documents that describe the unique potential contribution of trauma-oriented psychologists to the debate; (e) clinical and empirical findings regarding possible or probable consequences of harsh interrogation practices; and (f) clinical and empirical findings suggesting ways of reducing negative psychological outcomes during interrogation. Our goal, as professionals with expertise in psychological trauma, is to clarify what (if anything) is traumatic about hash interrogations, to whom, and why.

At the outset, we wish to clearly state that we recognize that a discussion of the traumatogenic aspects of interrogation is not necessarily equivalent to a discussion of the traumatogenic aspects of torture. Whereas the former is controversial the latter is not. Virtually all parties to this discussion agree that psychologists should have no direct or indirect role in torture (in part because of its potential for inducing psychological trauma). Thus, it has been relatively easy to arrive at the policy that psychologists should not directly or indirectly engage in any activity that leads to torture. It has been harder to determine what APA policy would best support that goal in practice. Complications arise in attempting to draw the boundaries around just what is meant not only by "torture" but also by "interrogation." The uninitiated layperson might assume that interrogation only pertains to the process of questioning a detainee. However, it has become clear that in the current climate of national security interrogations, the interrogation process begins from the moment that the detainee is captured. Documents reveal that procedures, equated by some to torture (e.g., prolonged isolation), were deliberately put in place to "enhance and exploit the disorientation and disorganization felt by a newly arrived detainee in the interrogation process" (Goodman, 2008). For this reason, throughout the following document we consider not only psychologists' involvement in the narrow "interrogation" situation but also the broader "interrogation and detention" situation. We do so recognizing the risk of exceeding the boundaries of our charge and moving into the territory of raising questions about whether and to what extent incarceration in general is traumatogenic (C.

Haney, 2006). However, we consider such a risk unavoidable given the previous and current structure of the controversial national security interrogations.

Before proceeding we also wish make a few statements about topics that will not be addressed in this report. First, we will not attempt to determine which interrogation practices are most effective for yielding truthful information because such a determination would be beyond the scope of expertise of this task force. Moreover, this issue has been looked at in detail by others with a general consensual opinion that abusive interrogation techniques do not elicit reliable information (Intelligence Science Board, 2006). Second, we will not formally evaluate the ethical merits of psychologists' involvement in interrogations. We believe that the ethical implications of psychologists' involvement should be revisited by a task force of trained ethicists charged with considering the full costs and benefits of psychologists' continued involvement. As trauma-oriented psychologists, we will necessarily focus on the potential costs of psychologists' involvement in national security detention and interrogation. We hope that a careful explication of such costs will contribute to future refinement of APA ethical policies by being thoughtfully balanced against benefits outlined by other qualified experts. We hope that future ethics task forces will understand that their role is not to achieve an ethical "compromise" but rather to achieve an ethically correct solution to this controversy. Such a conclusion will likely recognize that ethics must not be conflated with the law so that psychologists understand that their evaluation of an ethical course of action should be independent of whether such an action is favored by existing laws.

### III. Chronology of Key Events in the Interrogation and Detention Controversy

Though psychologists and other behavioral scientists first taught the military to use “debility, dread, and dependency” to facilitate interrogation more than fifty years ago (Fein, 2006; Goodman, 2008; McCoy, 2006), the history of the current debate is most directly traced to the September 11, 2001 terrorists attacks on the United States (U.S.). The basic facts surrounding the tragedies that occurred on that day are known throughout the world and do not require repeating here. Yet, it is important to emphasize that an attack of this scope was unprecedented in U.S. history. It was also followed by other events that were reminders of the vulnerability of the United States to terrorist attack (e.g., Anthrax attacks, major northeast blackout, London train bombing). Thus, it is not entirely surprising that some U.S. government officials may have considered themselves justified in taking unprecedented steps to prevent future attacks. What follows is a selective chronology of events that unfolded after September 11<sup>th</sup> that bear on the interrogation and detention controversy. This chronology indicates when the public first became aware that controversial procedures were being used in the pursuit of actionable intelligence from detainees. It also includes documentation of when and how psychologists became involved in the controversy. Though sources are cited for each item in the chronology, it should be noted that it was not possible within the scope of our budget and charge to independently verify the information provided by all sources. We apologize for any errors in our reporting and particularly regret any instances in which specific individuals are named erroneously. We have tried to be careful to indicate that in most instances the guilt or innocence of accused individuals has not been formally established. Yet, we considered it important to mention the specific allegations because it is these allegations that have formed the basis of much of the controversy.

On September 20, 2001, President George W. Bush declared Global War on Terror. Shortly thereafter, the United Nations adopted resolution 1373 requiring all member nations to criminalize complicity in terrorist activities.

On February 7, 2002, President Bush issued an order indicating that “Common Article 3 of Geneva does not apply to either al Qaeda or Taliban detainees” because neither qualified as prisoners of war. The administration also argued that “detainees could be held indefinitely without charge, without access to counsel, without any recourse to challenge their detention... beyond the reach of any federal court” and without rights of habeas corpus. At the same time, the President assured Americans that detainees would be treated “humanely and, to the extent appropriate with military necessity, in a manner consistent with” the Geneva Conventions (Lewis, 2004).

On February 28, 2002, the American Psychological Association (APA) co-sponsored the invitation-only conference “Countering Terrorism: Integration of Theory and Practice” with the Quantico FBI Academy and the University of Pennsylvania Solomon Asch Center. The purpose was to discuss the application of social science knowledge to fight the war on terror (Summers, in press).

In May 8, 2002, Jose Padilla was arrested in Chicago based upon information extracted from Abu Zubaydah, a detained senior al Qaeda official, who alleged that Padilla was planning

to plant a “dirty bomb” (The Associated Press, 2007). This event was later cited as evidence of the effectiveness of the U.S. military’s interrogation practices, which in the case of Zubaydah, apparently included waterboarding (Shane, 2008). If Padilla was indeed planning to plant a dirty bomb and had succeeded it would likely caused significant destruction and death.

In July 2002, Pentagon General Counsel William “Jim” Haynes II issued a memo inquiring about Survival, Evasion, Resistance Escape (SERE) techniques (Mazzetti, 2008a). SERE was designed to train American troops to withstand techniques such as sleep deprivation, isolation, and stress positions. It is not clear why Haynes was inquiring about SERE. Jerald Ogrisseg, a former top military psychologist, testified before Congress that the SERE program was only intended to protect troops. Yet, some have alleged that the purpose of the Haynes inquiry was to use SERE to devise harsher interrogation practices (Flaherty, 2008).

On August 1, 2002, Jay S. Bybee, Office of Legal Counsel for Alberto Gonzales, Counsel to the president issued a “torture” memo defining torture as acts that “result in significant psychological harm of significant duration” (Priest, 2004). This memo has been cited as part of the legal basis for the controversial harsh interrogation policy, arguing that techniques that fell below this threshold could not constitute torture. Similar memos issued by John Yoo and Robert Delahunty endorsed the view that torture only referred to “extreme acts” causing pain similar to that caused by organ failure or other life threatening experiences.

It has been reported that on September 16, 2002, The Army Special Operations Command and Joint Personnel Recovery Agency for JTF-170 (Guantanamo) Interrogation Personnel convened a conference to discuss reverse engineering SERE techniques for the purposes of interrogation at Guantanamo. These techniques (which included waterboarding) were: (a) allegedly taught to Behavioral Science Consultation Teams (BSCTs) by psychologists James Mitchell and Bruce Jessen (former SERE psychologists and former APA members); (b) later shown to have been used in Afghanistan and Iraq (Summers, in press); and (c) have been allegedly used in secret CIA detention centers in Thailand (Flaherty, 2008). BSCT teams have also been accused of consulting on the detention conditions in ways that may have promoted abuse (Mayer, 2005, 2008).

In October 2002, John Fredman, CIA attorney, advised military officials that acts of torture are subjective. He is quoted as saying “If the detainee dies, you’re doing it wrong.” General Michael Dunleavy, military commander in charge of Guantanamo Bay requested approval to use harsher interrogation techniques at around this time. A recently leaked standard operating procedures manual suggests that there were plans put in place to deliberately hide the harsh interrogation techniques from the International Red Cross inspectors at Guantanamo Bay (Goodman, 2008; Grier, 2008; Mazzetti & Shane, 2008).

In November 2002, Army Col. John Ley and military lawyers warned the Joint Chiefs of Staff that harsh interrogation techniques could be illegal and that there is not good evidence that “shackling prisoners into stressful positions, disrupting their sleep, or subjecting them to cold” would lead to reliable evidence (Grier, 2008). It is not clear whether Former Secretary of Defense, Donald Rumsfeld received these warnings (Flaherty, 2008).

On December 2, 2002, Secretary Rumsfeld approved aggressive interrogation techniques exceeding standard Army Field Manual procedures based on recommendation of William Haynes (Flaherty, 2008). As a result, the Standard Operating Procedures Manual for Guantanamo Bay in 2003 and 2004 prescribed up to four weeks of isolation for newly arrived detainees to facilitate interrogation (in apparent violation of Geneva conventions) (Summers, in press).

On March 1, 2003, Khalid Shaikh Mohammed was captured in Pakistan and taken to a secret CIA prison in Poland. It would be many years before the public would learn that his interrogation likely involved harsh techniques such as cold temperatures, sleep deprivation, pain, fear-induction, and waterboarding (“used about 100 times over a period of two weeks”) in addition to the conventional interrogation practice of rapport building. In the course of his interrogation, Mr. Mohammed claimed a role in the beheading of journalist, Daniel Pearl. Though some information yielded from this interrogation was judged to be “not credible,” some of his information was later corroborated and figured prominently in the 9/11 commissions report (Shane, 2008).

In April 2003, Secretary Rumsfeld retracted his memo authorizing harsh interrogations.

From August 31 to September 9, 2003, Major General Geoffrey Miller led a team to Iraq with a primary goal of evaluating their procedure for rapidly extracting actionable intelligence from the detainees. Gitmo operational procedures and interrogation authorities were reportedly used as the template (Miller, 2003), suggesting a mechanism by which harsh practices authorized for Guantanamo Bay migrated to Iraq.

In November 2003, an Iraqi detainee died of asphyxia during an interrogation under "circumstances that should have led" medical personnel "to consider detainee abuse" but apparently did not (Church, 2005) (<http://action.aclu.org/torturefoia/released/102405/3212.pdf>).

In March 2004, Army Major General Antonio M. Taguba filed a report detailing “numerous incidents of sadistic, blatant, and wanton criminal abuses” at Abu Ghraib prison. This report was later leaked to the press.

In April 2004, reports appeared on television (*60 Minutes II*) and in *The New Yorker* magazine of detainee abuse at Abu Ghraib prison including photos that heightened public concerns about the detention and interrogation procedures. Witnesses reported that the abuse included: urinating on detainees, jumping and pounding on a detainees wounded leg, pouring acid on a detainee, and sodomization of a detainee with a baton (Hersh, 2004).

Between May 5<sup>th</sup> and 7<sup>th</sup> 2004, Navy Inspector General, Vice Admiral Church went to Guantanamo to evaluate and report on the treatment of detainees. His initial public comments suggested that reports of abuses were exaggerated and limited to a few isolated instances. On May 13, 2004, the Inspector General established a multidisciplinary team to monitor allegations of detainee and prisoner abuse (Young, 2006).

On November 30, 2004, the *New York Times* reported that the International Committee of the Red Cross found conditions at Guantanamo Bay that were “tantamount to torture” involving both physical and psychological coercion and reported its conclusions to the U.S. government in a confidential report (as per their agreement not to publicly disclose findings of their visits in exchange for their exclusive right to visit the detention facilities). Moreover, the Red Cross alleged that medical workers and BSCT psychologists participated in planning the coercive interrogations sometimes by using health information against the detainees. According to another confidential report “psychological torture” had been observed by the International Red Cross as early as January 2003 (Lewis, 2004).

In February 2005, American Psychological Association President Ron Levant and the APA Board of Directors appointed a Presidential Task Force on Psychological Ethics and National Security (Lott, 2007). Its charge was to examine whether the current APA ethics code adequately covered the issue of psychologists’ involvement in national security activities and whether additional policy was needed.

In March 2005, the Pentagon released an executive summary of Vice Admiral Church’s testimony to the U.S. Senate Armed Services Committee about photos and reported abuses at Abu Ghraib. Large sections were redacted.

In June 2005, after an interrogation process that began around November 2002, Mohammed Al-Qahtani, alleged to be the missing 20<sup>th</sup> hijacker from the Sept. 11<sup>th</sup> attacks, confessed and claimed that 30 other Guantanamo Bay prisoners were Osama Bin Laden’s bodyguards. Reports subsequently surfaced that his interrogation process involved “months of isolation, sleep deprivation, forced nudity, and even a stint where a female interrogator allegedly performed lap dances on him” (Goodman, 2008). Psychologist, APA member, and member of a BSCT team, Major John Leso, has been accused of being present during the harsh interrogation of Mohammed Al-Qahtani (Bloche & Marks, 2005). Al-Qahtani later said that his confessions were the false result of harsh interrogation practices. He nonetheless faces the death penalty if convicted of the crimes to which he confessed (Goodman, 2008).

Also in June 2005, the APA Presidential Task Force on Psychological Ethics and National Security (PENS) final report was adopted by the APA Board of Directors and authorized for public distribution. The report: (a) emphasized that psychologists do not support or engage in torture and (b) rejected the contention that psychologists working in national security settings were beyond the purview of normal APA ethical standards. Yet, it also concluded that “it is consistent with the APA Ethics Code for psychologists to serve in consultative roles to interrogation and information-gathering processes for national security purposes.” The report also noted that the PENS task force was unable to achieve consensus on: (a) the role of international human rights standards in the APA ethics code; (b) the degree to which psychologists may ethically disguise the nature and purpose of their work; and (c) whether the details of the task force deliberations should be made public.

In July 2005, Jane Mayer, of *The New Yorker* magazine, became one of the first journalists to break the story that psychologists were apparently involved in harsh interrogation practices (Mayer, 2005).

On October 19, 2005, former APA President Ronald Levant visited the U.S. Joint Task Force Station at Guantanamo Bay along with other health and Department of Defense officials. He stated the trip did not involve an investigative component but that his purpose was “to inform the participants about the APA’s position against torture and cruel, inhuman, or degrading treatment.” President Levant saw this trip as necessary, in part, because, in his view, the media had repeatedly misrepresented APA’s position on this issue and intimated that APA lacked clear ethical requirements for psychologists in interrogation situations (Levant, 2007).

In February 2006, the United Nations released a report indicating that the interrogation and detention practices at Guantanamo Bay were tantamount to torture (Lynch, 2006).

In May 2006, the American Medical Association House of Delegates adopted a new policy that physicians cannot ethically conduct or directly participate in the interrogation of individual detainees. Shortly thereafter the American Psychiatric Association adopted a similar policy (Moran, 2006). This prohibited physician’s involvement in behavioral science consultation teams (BSCT). The new policy was made known to the Department of Defense.

On June 7<sup>th</sup>, 2006 *New York Times* reported that the military had decided to employ psychologists rather than psychiatrists in interrogations because the American Medical Association has discouraged psychiatrists from being involved in interrogations (Lewis, 2006).

On June 29, 2006, the United States Supreme Court ruled that the military commissions set up by President Bush were not authorized by federal law, not required by military necessity, and not consistent with the Geneva Conventions (Lane, 2006).

In July 2006, Deputy Secretary of Defense Gordon England distributed a memo stating that common article 3 of the Geneva Convention applies to the treatment of detainees held by the Department of Defense (Miles, 2006).

On July 31, 2006, twenty former Army interrogators wrote the House Armed Services Committee opposing the use of harsh techniques as "counter-productive to the intelligence gathering mission" (Arrigo & Wagner, 2007).

In August 2006, the APA Council of Representatives passed a *Resolution Against Torture, Cruel, Inhuman, and Degrading Treatment* (<http://www.apa.org/governance/cpm/chapter3.html#2>).

On February 9, 2007, the *Washington Post* published a first person account from a former interrogator, Eric Fair, who worked in Iraq in early 2004. He reported that he was given specific instructions to induce sleep deprivation, stress positions, and forced nudity. Furthermore, he stated that despite the American insistence that abuses at Abu Ghraib were isolated instances, “aggressive, and in many ways abusive, techniques were used daily in Iraq, all in the name of acquiring the intelligence necessary to bring an end to the insurgency.” Mr. Fair reported that since returning from Iraq he has suffered chronic PTSD and guilt (Fair, 2007).

In May 2007, a Pentagon report showed that psychologists were involved in reverse engineering SERE techniques for interrogation [<http://www.fas.org/irp/agency/dod/abuse.pdf>].

On June 6, 2007 an open letter was sent to APA President Sharon Brehm opposing psychologists' involvement in national security interrogations signed by multiple psychologists. Among the people mentioned in the letter was Col. Larry James, a member of the PENS task force and the chief psychologist for the Joint Intelligence Group at Guantanamo, who was accused by the authors of the letter of being complicit in "transforming SERE techniques into standard operating interrogation procedure" (<http://www.ipetitions.com/petition/BrehmLetter/>).

On June 18, 2007 a letter was sent to APA President Sharon Brehm from Col. Larry James denying ever receiving SERE training or teaching SERE techniques and ever using torture, cruel, or abusive treatment of any kind in any setting. Furthermore, he stated that no one in his chain of command has ever ordered him to act inconsistently with the ethics code and that, in fact, he went to Abu Ghraib after the abuse scandal to prevent further abuse. Finally, he objected to having his name used in association with these techniques in open letter and argued that the open letter did harm by undermining efforts to prevent harsh and abusive interrogation techniques and by causing pain and discouragement to military psychologists seeking to do the right thing (<http://psychoanalystsopposewar.org/blog/wp-content/uploads/2007/06/larryjameslettertoapapresidentdrsharonbrehm.pdf>).

By the end June of 2007 it was clear that resignations had occurred in APA because of the "interrogation" issue.

In July 2007, The Psychologists for Social Responsibility and the Executive Committees of Divisions 9, 27, 39, 45, and 48 endorsed a proposal calling for a moratorium on psychologist involvement in interrogations.

In August 2007, during the annual APA conference in San Francisco, a heated debate ensued on the interrogation issue. APA considered and rejected a resolution asking for a moratorium on psychologist involvement in interrogations. Instead, on August 19, 2007, the APA Council of Representatives reaffirmed and clarified its opposition to "torture and any form of cruel, inhuman, or degrading treatment, or punishment" specifically prohibiting 19 procedures including mock executions, sleep deprivation, rape, waterboarding, physical assault and sexual humiliation. Some practices were only prohibited if "used in a manner that represents significant pain or suffering or in a manner that a reasonable person would judge to cause lasting harm" (<http://www.apa.org/governance/resolutions/notorture0807.html>). This was viewed by some as a loophole that allowed for the enhanced interrogation techniques in secret prisons. Psychologists were still permitted to work at detention centers where the psychological maltreatment of prisoners was alleged to be ongoing.

On August 21, 2007, Mary Pipher, APA member and best selling author of *Reviving Ophelia*, returned her APA Presidential Citation Award "with pain and sorrow" in protest of APA sanctioning "its members' participation in ... enhanced interrogations at CIA Black Sites and at Guantanamo" because it has "legitimized the process of torture in defiance of the Geneva Conventions." Furthermore, she noted that the detention of prisoners in secret prisons without

habeas corpus rights, access to family, media, or attorneys is inconsistent with the APA code of ethics (American Psychological Association, 2002) value of “respect for dignity and worth of all people, with special responsibility to the most vulnerable.” Similarly, the “secretive and dishonest” nature of the prisons contradicts the APA commitment to honesty and accuracy. Finally, the practices of sleep deprivation and sensory over-stimulation violate our pledge to “do no harm.”

In September 2007, psychology professors at Earlham College were the first to sign a resolution stating that participation by psychologists in interrogations of prisoners incarcerated in foreign detention centers that do not afford internationally recognized due process is unethical. Other colleges and Universities joined over the next several months (e.g., University of Rhode Island, Mount Holyoke College, Smith College, Guilford College, Cal State Long Beach, and York College CUNY).

In October 2007, Marybeth Shinn, APA member since 1980, resigned from APA alleging that: (1) APA condones work in violation of international law in detention centers, (2) APA leadership discourages dissent, and (3) APA failed to call a moratorium on involvement with interrogation.

On November 1, 2007, a letter was sent to Senators Jay Rockefeller and Christopher Bond expressing concern about the role of psychologists in abusive interrogations and asking Congress to investigate prior allegations of wrongdoings by psychologists (including whether psychologists provided “medical supervision” of interrogations) and to prohibit abusive tactics and health providers’ role in them. The letter is signed by a range of psychologists including Phil Zimbardo (former APA President), Mike Wessells and Jean Maria Arrigo (former members of PENS task force), Elliot Mishler (Harvard Professor of Social Psychology), Jerome Singer (Yale University Professor-Emeritus of Psychology), Ibrahim Kira (member of the present task force) and organizations (e.g., Coalition for an Ethical Psychology, Psychologists for Social Responsibility, Psychologists for an Ethical APA).

On November 19, 2007, Paul Dokecki (APA member since 1962, ethics professor, and mentee of one of the original authors of the APA ethics code) resigned from APA because of “the ethically problematic APA position on interrogation and torture that has been emerging over the last several months.”

In December 2007, Uwe Jacobs, Clinical Director of Survivors International, a non-profit organization devoted to providing services to torture survivors, resigned APA after acknowledging the positive aspects of the compromise that had occurred in the most recent APA resolution but nonetheless cited his “private sense of resignation and queasiness over the dirty pool that had been played.”

On December 6, 2007, the CIA admitted that it had made videotapes of harsh interrogations of terror suspects in 2002 but discontinued the practice at the end of 2002 and destroyed the tapes in 2005 (Mazzetti, 2007). These tapes are believed by some to have contained physical evidence of the actual suffering caused by the controversial interrogation

techniques and may have given information about who was directly involved in some interrogations.

On December 14, 2007, Physicians for Human Rights (PHR) called for a Department of Justice investigation of doctors present during harsh interrogation practices. They also asked APA to agree to a moratorium on members participating in national security investigations.

In January 2008, California State Senator Mark-Ridley-Thomas, Chair of the California Senate Committee on Business, Professions, & Economic development, introduced (and passed) Bill SJR19 discouraging California licensed health professionals from involvement in detainee interrogations punishable by loss of license.

On January 22, 2008, *Toronto Globe and Mail* reported that a Canadian official found a torture instrument under a chair in an Afghan interrogation room after November 5, 2007 suggesting that Canadian transferred detainees were still being tortured in Afghan prisons six months after conditions were supposed to have been improved (Kroing, 2008).

On February 6<sup>th</sup>, 2008, Kenneth Pope (former Chair of Ethics committee) resigned from the American Psychological Association.

On February 15, 2008, APA President, Alan Kazdin and Chief Executive Officer, Norman B. Anderson wrote a letter to President Bush urging him to sign the 2008 Intelligence Authorization Act banning waterboarding and other enhanced interrogation techniques.

In an interview with the Associated Press published on February 16, 2008, Gitmo interrogator, Paul Rester noted that U.S. troops were helped in fighting the Taliban in Afghanistan by information obtained through “casual questioning” of detainees with no torture involved. He stated that only two detainees received harsher treatment at Guantanamo (Mohammed Al-Qahtani and a second unidentified person who allegedly recruited hijacker, Mohamed Atta). He noted that his job was “thankless” and complained of the unfair depiction of Gitmo interrogation practices in the press and noted that rapport based interrogation techniques were the norm at Gitmo (Associated Press, 2008).

On February 22, 2008, the APA Council unanimously passed modified language of August 2007 interrogation resolution to address possible loopholes in the description of prohibited psychologist behaviors. The language was written in collaboration with representatives of the Peace, Military, and Legal divisions of APA.

On April 27, 2008, the *New York Times* reported that the Bush administration’s Justice Department was still arguing that CIA agents could use interrogation techniques normally prohibited by international law under circumstances that the President deemed appropriate (e.g., to thwart a terrorist attack). This was true despite the fact that the President had signed an executive order appearing to comply with the Supreme Court decision that such practices should be banned (Mazzetti, 2008b).

On April 28, 2008, Psychologists for an Ethical APA offered the following resolution “Be it resolved that psychologists may not work in settings where persons are held outside of, or in violation of, either International Law (e.g., the U.N. Convention Against Torture and the Geneva Conventions) or the U.S. Constitution (where appropriate), unless they are working directly for the persons being detained or for an independent third party working to protect human rights.”

On April 30, 2008, the American Civil Liberties Union (ACLU) released newly declassified sections of the Church Report revealing that psychologists served in “special” operational positions in Afghanistan and Iraq (analogous to BSCT in Guantanamo Bay) that involved providing direct support to interrogations. These psychologists were not involved with providing mental health care. The report also documented that harsh interrogation techniques were widespread and continued at least until July 2004 even after they were prohibited by a May 2004 memo. The report detailed deaths in Iraq in which abuse was suspected as a contributing factor. In one case a “detainee was initially reported to have slumped over during interrogation and then to have died despite attempted medical resuscitation. Autopsy... revealed broken ribs and compromised respiration. Sources ... have subsequently suggested that respiration may have been compromised by hooding, and that medical personnel may have placed an IV line after death to falsely suggest that resuscitation had been attempted.” In another case, “investigation and autopsy suggest this detainee died of asphyxia caused by smothering and chest compression during an interrogation.” In another case, “detainee was allowed to sleep after interrogation and later was found unresponsive. He died despite emergency medical resuscitation efforts... lasting about one hour. An Army physician at the time suspected cardiac arrest, but the exact cause of death remains uncertain.” In one instance, a psychologist apparently requested halting an interrogation because of concerns of abuse (Church, 2005).

On May 21, 2008, *The New York Times* reported that some FBI agents were so concerned about abuses at Guantanamo that they complained to senior officials in the Justice Department and began keeping a “war crimes” file to document reported abuses. Agents were told by senior FBI officials to close the file in 2003 because it was not part of their mission to pursue this investigation.

On June 12, 2008, the U.S. Supreme Court ruled that the Guantanamo Bay detainees have a constitutional right to challenge their detention in federal court thus effectively restoring the habeas corpus rights rescinded by President Bush.

In June 2008, APA reported to this task force that of approximately 148,000 members, 77 were known to have resigned over the interrogation issue and another 379 indicated that they withheld their dues because of APA’s interrogation policies.

On September 17, 2008, APA announced that a resolution passed banning psychologists’ involvement in settings in which detainees are held outside of international law unless they are working to protect the detainee or the detainee’s human rights.

#### **IV. Evolution and Summary of APA's Policy on Torture, Detention, and Interrogations**

Recent evolution of APA policy on the detention and interrogation controversy was briefly addressed in the previous section. In this section, we will further elaborate the history and evolution of this policy. We consider it necessary to do so because APA officials have repeatedly stated that their policy has been misunderstood and/or misrepresented in the media (Levant, 2007). Thus, as a task force, we considered it important to show that we understand APA policy. Though the American Psychological Association (APA) policy on interrogations has evolved rapidly over the last several years, APA has long condemned psychologists' involvement with torture. An APA website (<http://www.apa.org/releases/faqinterrogation.html>) indicates that the APA Council of Representatives has adopted at least six resolutions prohibiting psychologists' involvement in any form of torture over the last 20 years (1986, 2005, 2006, & 2007). Despite these statements, many psychologists believe that there continues to be an ethical conflict in participating in detention centers that utilize pervasive and chronic isolation, unless the psychologist's function is to ameliorate, prevent, and treat psychological harms (Olson & Davis, 2008a). To thoughtfully consider these concerns, it is important to review the revisions of APA's policies beginning with the 2005 Task Force on Psychological Ethics and National Security (PENS) Report.

The PENS Report explicitly rejected the idea that the prohibition on torture only applied when psychologists were acting as health providers and specifically stated that these prohibitions extend to psychologists working in national security settings. It also endorsed 12 statements concerning psychologists ethical obligations in national security matters: (1) psychologists do not engage in, direct, support, facilitate, or offer training in torture or other cruel, inhuman, or degrading treatment; (2) psychologists are alert to acts of torture and other cruel, inhuman, or degrading treatment, and have an ethical responsibility to report these acts to the appropriate authorities; (3) psychologists who serve in the role of supporting an interrogation do not use health care related information from an individual's medical record to the detriment of the individual's safety and well-being, (4) psychologists do not engage in behaviors that violate the laws of the United States, although psychologists may refuse for ethical reasons to follow laws or orders that are unjust or that violate basic principles of human rights; (5) psychologists are aware of and clarify their role in situations where the nature of their professional identity and professional function may be ambiguous; (6) psychologists are sensitive to the problems inherent in mixing potentially inconsistent roles such as health care provider and consultant to an interrogation, and refrain from engaging in such multiple relationships; (7) 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, and when doing so psychologists are mindful of factors unique to these roles and contexts that require special ethical consideration; (8) psychologists who consult on interrogation techniques are mindful that the individual being interrogated may not have engaged in untoward behavior and may not have information of interest to the interrogator; (9) psychologists make clear the limits of confidentiality; (10) psychologists are aware of and do not act beyond their competencies, except in unusual circumstances, such as set forth in the Ethics Code; (11) psychologists clarify for themselves the identity of their client and retain ethical obligations to individuals who are not their clients; and (12) psychologists consult when they are facing difficult ethical dilemmas. Furthermore, the PENS task force made 10 recommendations to the APA: (1) publicly reaffirm its 1986 resolution

against torture and other cruel, inhuman, or degrading treatment, (2) develop a casebook to illustrate the 12 statements in the PENS report, (3) continue to evaluate the fit between the existing Ethics Code and psychologists work in national security matters, (4) offer ethics consultation to psychologists whose work involves classified material, (5) collaborate with national security organizations and psychologists employed by them to foster the adherence to APA ethical standards, (6) forward the PENS report to the Department of Defense and other relevant government agencies, (7) encourage further relevant research, (8) recognize the importance of these matters beyond the United States and therefore foster cross-national collaboration, (9) consider creating an archive describing actual psychologists contributions to national security activities with an emphasis on meeting ethical challenges, and (10) view the PENS report as an initial step toward addressing a complicated issue.

In response to concerns about apparent loopholes in their policy and failure to specifically define torture in the months and years following the release of the PENS report, the APA Council of Representatives later clarified that it included in its “unequivocal condemnation” all techniques considered torture or cruel, inhuman or degrading treatment or punishment under the United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment; the Geneva Conventions; the Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment; the Basic Principles for the Treatment of Prisoners, the McCain Amendment, and the United Nations Principles on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment. This resulted in an “absolute prohibition against mock executions; waterboarding or any other form of simulated drowning or suffocation; sexual humiliation; rape; cultural or religious humiliation; exploitation of fears, phobias or psychopathology; induced hypothermia; the use of psychotropic drugs or mind-altering substances; hooding; forced nakedness; stress positions; the use of dogs to threaten or intimidate; physical assault including slapping or shaking; exposure to extreme heat or cold; threats of harm or death; isolation; sensory deprivation and over-stimulation; sleep deprivation; or the threatened use of any of the above techniques to an individual or to members of an individual’s family. Psychologists are absolutely prohibited from knowingly planning, designing, participating in or assisting in the use of all condemned techniques at any time and may not enlist others to employ these techniques in order to circumvent this resolution's prohibition.”

In their 2007 resolution, APA also requested that the United States legal system refuse to accept testimony resulting from banned interrogation techniques and addressed the issue of questionable detention practices, “In recognizing that torture and other cruel, inhuman and degrading treatment or punishment can result not only from the behavior of individuals but also from the conditions of confinement, the APA expressed grave concern over settings in which detainees are deprived of adequate protection of their human rights.” On the other hand, APA continued to allow limited involvement of psychologists in interrogations as long as such involvement is not in violation of other policies outlined above even in settings that detain prisoners in apparent violation of international human rights standards. “APA affirmed the prerogative of psychologists to work in such settings within strict ethical guidelines and a ‘no exceptions’ prohibition against torture and other forms of cruel or inhuman treatment... but it

also will explore ways to support psychologists who refuse to work in such settings and/or who refuse to obey orders that constitute inflicting torture.”

In August 2008 a petition was circulated by some APA members proposing that “psychologists may not work in settings where persons are held outside of, or in violation of, either international Law (e.g., the UN Convention Against Torture and the Geneva Conventions) or the US Constitution (where appropriate), unless they are working directly for persons being detained or for an independent third party working to protect human rights” (<http://www.apa.org/governance/resolutions/work-settings.html>). Voting on this petition was completed on September 15, 2008. It passed in a final vote of 8,792 to 6,157. The resolution is scheduled to become policy at the annual APA meeting in August 2009. On October 2, 2008, APA President Alan Kazdin wrote a letter to President George W. Bush informing him of the new APA policy.

Violation of enforceable APA policies by APA members is punishable through the normal APA process for ethical breaches. The APA Ethics Office will investigate alleged violations and decide upon directives (e.g., cease and desist order, mandatory supervision, mandatory education, mandatory evaluation, and/or probation) and/or sanctions (reprimand, censure, expulsion, and/or stipulated resignation) (<http://www.apa.org/ethics/rules.html>). However, it is important to note that APA has not investigated alleged violations by two psychologists who have been identified in the media as developers of specific harsh interrogation techniques (i.e., the reverse-engineered SERE techniques) because they are not APA members. The APA has, however, discredited their interrogation practices. APA has actively disseminated its policy to the public, its membership, the President of the United States, and key officials in Congress, the Department of Defense, and the Central Intelligence Agency.

## V. Arguments for and against psychologist involvement in detention and interrogations

In this section, we summarize the main arguments for and against psychologists maintaining some involvement in national security interrogation and detention. We are doing so to further establish context for our efforts and clarify some specifics about the controversy.

Advocates of psychologists maintaining involvement in national security detention and interrogation have argued:

- 1) By being involved, psychologists can safeguard detainee welfare and facilitate communications with them; consult with parties inside and outside of the military to prevent torture and other forms of cruel, inhumane and degrading treatment; and blow the whistle on abuses if they occur. This is not just a hypothetical argument. Actual psychologists have either voiced appropriate concerns and/or reportedly prevented harm in this current crisis. For example, psychologist, Dr. Jerald Ogrisseg, testified that he expressed concerns in 2002 that using waterboarding as an interrogation technique is illegal (Mazzetti & Shane, 2008). APA member, Dr. Mike Gelles reportedly protested prisoner abuse at Guantanamo Bay. Finally, psychologist, Dr. Larry James, was reportedly sent to Abu Ghraib to prevent further abuse. If APA adopts a policy that prohibits psychologists from having any role in all or certain settings in which national security interrogations occur then psychologists cannot be present to bring abuses to public awareness, and/or to act benevolently to prevent abuses. There is concern that detainees will receive worse treatment if psychologists are not present. This point was made forcefully by Dr. James at the 2007 APA meeting when he reportedly said, "If we remove psychologists from Guantanamo, innocent people are going to die" (Goodman, 2008).
- 2) Prohibiting psychologists from having any involvement may have the effect of forcing many military and prison psychologists to either leave APA or face sanctions from either APA or their employers. It is important to remember that APA only has direct sanctioning powers over its members and it is not necessary to be a member of APA to function as a psychologist. There are likely many psychologists who feel a strong affiliation with APA and strong sympathy with the concerns about harsh interrogations. These psychologists may be supporting this cause in their own way (e.g., by protecting detainees from harm) and may feel unduly punished by being forced to choose their professional organization or their job. Some may resign their jobs but many more will probably resign APA and continue to do their jobs but without a relationship with APA. Thus, these psychologists may become isolated and less able to find support in advocating for change when needed. Furthermore, if APA policy alienates military psychologists then such psychologists will be beyond the sphere of APA influence should it become necessary to sanction them for abuses.
- 3) Interrogations can be done ethically and their overall aim is a benevolent one, namely to identify individuals responsible for the violation of laws and/or to prevent future criminal acts. APA endorses this type of interrogation and rejects the notion that abusive interrogations are effective. Psychologists have a natural role in this process because successful and ethical interrogations contain strong psychological components. For example, most interrogation experts recommend using rapport building techniques that involve

sensitivity to the detainee's motivations and culture (Intelligence Science Board, 2006). Psychologists have considerable expertise in assessing both motivation and culture. Because it is unlikely that national security interrogations will be discontinued simply because psychologists choose not to participate in them, it is likely that such assessments will be made by less qualified professionals if psychologists choose not to be involved with them.

- 4) Though some have argued that APA should issue an absolute prohibition similar to the prohibition issued by the American Medical Association (AMA) and the American Psychiatric Association (ApA), it is important to remember that psychologists perform a wide range of professional functions beyond their role as health care providers (arguably a broader range than the typical member of AMA or ApA). Whereas the typical member of the latter organizations has a primary identity as a health care provider and might easily argue that participation in interrogation of detainee is antithetical to their clinical work, many psychologists are non-clinicians with primary identities as educators and/or scientists with specific knowledge about effective methods of educating information or persuading people. Such psychologists may believe that their ethical obligation is to use their psychological expertise to protect the general public from terrorist attack by assisting with the effective elicitation of relevant information (Hubbard, 2007). Put another way, whereas the role of the mental health care provider calls to mind our ethical obligations of beneficence and non-maleficence to the detainees, the role of the scientist calls to mind our ethical obligations to the broader society (e.g., preventing foreseeable harm that could come from future terrorist attacks). Moreover, it is worth noting that the AMA prohibition on interrogation is not as absolute as some may think. For example, the AMA states that "Physicians may participate in developing effective interrogation strategies for general training purposes." However, the position goes on to state "These strategies must not threaten or cause physical injury or mental suffering and must be humane and respect the rights of individuals." In addition, the AMA has asserted that even positive interrogation strategies such as "rapport building" should not be developed for individual detainees (Moran, 2006). Finally, in some respects, the AMA position is not as strict as the APA position because apparently the former has no enforcement mechanism for psychiatrists who are involved in interrogations (Behnke & Koocher, 2007).
- 5) Though specific psychologists have been linked to harsh interrogation practices, there is very little evidence that many APA members have been directly involved in such practices. That is, most psychologists who have been named in connection with the controversy are not APA members. Thus, it appears that under the current APA policy, APA psychologists are acting ethically and that changing the policy would do nothing to stop accused psychologists of engaging in questionable practices.
- 6) Some people who oppose APA's policy on interrogations misunderstand the APA policy. There is considerable misinformation in the popular press suggesting that APA supports torture when in fact APA explicitly opposes torture.
- 7) Psychologists routinely "work with" bad actors (e.g., rapists, child abusers, etc.) without necessarily condoning their behavior. Why should mere employment in a secret prison be seen as condoning the prison?

- 8) It is possible that harsh interrogations are the exception rather than the rule. If so, should psychologists refuse to participate in any interrogations even if most are not ethically problematic (Meyers, 2007)?
- 9) It would be highly unusual for APA to dictate where a psychologist can practice. Thus, totally banning psychologists participation in certain settings may set a bad precedent.

Those opposed to psychologists' involvement in interrogations have raised the following concerns:

- 1) Many allied professional organizations (e.g., American Medical Association, American Psychiatric Association, and American Nursing Association) have taken a stronger stance than the American Psychological Association and prohibited the involvement of their members in interrogations. In this context, the American Psychological Association's position appears out of step with recognized medical ethics standards.
- 2) Psychologist involvement lends legitimacy to the institutions in which the harsh interrogations and other human rights abuses occur. In detention facilities, psychologists appear to work in secret, without informed consent, and without legal, professional, and community oversight. Neither reporters nor independent mental health experts are permitted to interview detainees, and some international groups, like Amnesty International, have been denied access to detainees. Up until recently, the detainees have not been protected by constitutional and other guarantees. Human Rights Watch (2008) published a report indicating that most of the nearly 300 prisoners at Guantanamo Bay have been held for many years (i.e., six or more) without being charged with a crime. This indefinite detention in itself has been called "morally reprehensible" (Olson & Soldz, 2007). It is unknown how many of the detainees are innocent of wrongdoing and up until recently there has been little mechanism to challenge their detention. It is known that until recently no one has been convicted of a crime. It is also known through experimental research that innocent people who are believed by the interrogator to be guilty are especially likely to receive coercive interrogations and that even neutral outside parties are likely to mistakenly discount their claims of innocence (S. M. Kassin, Goldstein, & Savitsky, 2003). The conditions of detainee incarceration can involve isolation for most of the day (i.e., over 20 hours) with only two hours of exercise a day. They have few visitors and are usually denied any contact with family members. These conditions have been judged by some experts to be in violation of international law. In leaked reports investigators for the International Committee of the Red Cross concluded that detainee treatment, including solitary confinement, "amounted to torture." Finally, credible reports indicate that torture and other abuses have occurred and that deaths and serious mental health consequences have also resulted. This suggests that the ethics of the individual psychologist may be less important than the ethics of the situation (Olson & Soldz, 2007). In other words, it may be impossible for a psychologist to behave ethically while knowingly working within such a system.
- 3) It is difficult to draw exact boundaries around what constitutes torture and interrogation. In the earliest days of this debate, there was concern that APA was supporting the narrow

definition of torture endorsed by the Bush Administration. Most critics believe that APA policy has been improved greatly by embracing the higher, broader definition of torture codified in international law. Yet, the definition of interrogation remains slippery. Most casual observers assume that interrogation only refers to practices that occur during the face-to-face questioning of a detainee. However, it has become clear that military interrogations often occur in a broader context that begins with the apprehension and detention of the suspect. For example, the *Miller Report* (which established the Iraq interrogation practices based on Gitmo practices) noted, “To achieve rapid exploitations of internees it is necessary to integrate detention operations, interrogation operations, and collection management under one command authority... It is essential that the guard force be actively engaged in setting the conditions for successful exploitation of the internees” (Miller, 2003). Long term isolation and other abusive practices may occur long before the individual is actually interrogated. Yet, these practices are in place to facilitate the interrogation. Thus, APA policy must contend with the ethics of a psychologists’ involvement in the entire detention process including contributing to a program of captivity that intentionally incorporates harm (even if the psychologist is only engaged in rapport-building aspects of this process). Finally, well-intentioned psychologists may find it difficult in the heat of the moment to carefully evaluate whether their particular action will combine with the larger detention system to cause serious distress and/or lasting harm. When looked at in this complicated way, some have argued that is best for psychologists to distance themselves from any institution in which the detainee is being held without normal protections.

- 4) Psychologists on the “inside” may not help to prevent abuses as APA has suggested. There is little other than anecdotal evidence (i.e., a few isolated instances mentioned above) to suggest that the mere presence of a psychologist will generally protect detainees. On the other hand, there are numerous social psychological studies showing that humans can be surprisingly susceptible to situational pressures to conform and commit harmful acts (Asch, 1955; C. Haney, Banks, & Zimbardo, 1973; Milgram, 1974). Both Zimbardo (2007) and Lott (2007) noted that it may be naïve to assume that psychologists can easily comply with the ethical mandates of the American Psychological Association in the face of powerful social psychological pressures to the contrary. Zimbardo (2007, p. 69) stated that psychologists “cannot make readily informed ethical decisions because they do not have full knowledge of how their personal contributions are being used in secret or classified missions... Moreover, definitions of basic terms are not constant, but shifting, so it becomes difficult or impossible to make a fully informed ethical judgment about any specific aspect of one’s functions.” The changing of definitions refers to the difficulty in getting clear statements from the U.S. government about what does and does not constitute torture. Furthermore, many military psychologists assigned to classified projects are bound not to divulge any information connected with their assignment. This means that even when they are wrongfully accused of being involved in problematic procedures, they are unable to defend themselves and answer questions of interest to the general public. Finally, it is likely that whistle blowers will encounter negative repercussions (e.g., being fired, harassed, demoted, or reassigned to hazardous locations). It requires tremendous courage (and in some cases willingness to disobey orders or break prior pledges of confidentiality) to oppose actions within a military organization especially if one has relatively low status. Thus, while it is possible that some individuals will act as APA expects, is it really sensible to form a policy based on the

expectation that they will do so? Is it fair for APA to expect psychologists to put themselves at professional risk in this way without the promise of adequate support if a psychologist finds himself or herself ostracized or fired by their employer?

- 5) In detention centers in which human rights are being violated, it is especially important to segregate the role of the mental health provider from the interrogator (or consultant to the interrogator) (Olson & Soldz, 2007). This line of argument would permit psychologists to provide mental health care to either detainees or interrogators but not to otherwise assist with the goal of extracting information especially if such extraction induces any harm. People who are providing health care should not have a dual role where they might also be asked to participate in harm. Even if there are prohibitions against the same psychologist being engaged in both health care and interrogations (as is currently the case), it is possible that ambiguities may arise, which could undermine trust in psychologists by both detainees and the military personnel who may wish to consult with them for mental health reasons (Olson & Davis, 2008b). Thus, one might argue that it would be simpler to eliminate the psychologist consultant role to prevent any misunderstandings.
- 6) Though psychologists routinely work with bad actors, they are also trained to have a very low threshold for sensitivity to potential abuse to vulnerable populations. If such abuse is at all suspected psychologists are told to act by reporting to authorities. The current APA policy does not give sufficient directions for how psychologists should react to uncorroborated suspicions of abuse when authorities appear to be perpetrators of the abuse. In other words, reporting suspected abuse may not be effective when the abuse appears to be ordered by the top of the chain of command. Furthermore, when the alleged abuse pertains to elements that pervade the entire detention/interrogation system (e.g., prolonged isolation) it may be difficult for authorities to see/acknowledge the problem or respond to it effectively.
- 7) The lack of transparency in the current interrogation procedures prevents a confident assessment of exactly what role psychologists are playing in the process. Thus, it is very difficult to monitor and intervene against alleged abuses. Given the seriousness of the allegations and the absence of transparency in the system, the only way to ensure that psychologists are not involved in abuses is to prevent their participation in the interrogation process.
- 8) There is a concern that individuals affiliated with the military have had too much influence in developing the APA policy towards psychologists' involvement in national security interrogation and detention. This is also related to a broader concern that psychologists have had too close and too long of a relationship with the military in developing harsh interrogation techniques. These concerns raise an apparent conflict of interest that would be exacerbated by psychologists' continued involvement with detention and interrogation and raise questions about whether APA officials have acted objectively in determining APA policy on detention and interrogation.
- 9) In his resignation letter, Ken Pope raised two additional concerns. His concerns center on the distinction made within the APA ethics code between "general principles" and "ethical standards." The former are considered "aspirational in nature" but "do not represent

obligations and should not form the basis for imposing sanctions.” The ethical standards, on the other hand, are enforceable (American Psychological Association, 2002). Pope’s resignation was most strongly motivated by: (a) his observation that though the APA ethics code has enforceable standards for the protection of vulnerable groups such as “lab animals, students, and people with questionable capacity to consent,” APA had chosen not to derive specific standards for the protection of detainees and (b) his concern that 2002 Ethics code included the new enforceable standard "If the conflict [between law and ethics] is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority (Standard 1.02)” when the code had previously only required psychologists to make their conflict known and seek ways to resolve the conflict. Pope believes that this subtle change represents a significant departure from ethical values established following the Nuremberg trials by failing to keep a clear separation between ethics and law. This wording could be read to imply that a psychologist following the law (even a law in conflict with other ethical standards) is always acting in accordance with the APA ethical standards.

## **VI. Examining the Controversy Through the Lens of Trauma-Oriented Psychology**

Having outlined this important background information, we will now turn to the main purpose of our report: to consider the interrogation/detention issue from the perspective of trauma-oriented psychologists. We will do so in two ways. First, we will examine the possible and probable psychological consequences of harsh interrogation and detention techniques. Second, we will identify factors that reduce the risk for negative psychological consequences of interrogation and detention. In both sections, we will emphasize (but not limit ourselves to) questions of traumatic stress. Our justification for broadening our focus beyond traumatic stress follows from our understanding that traumatic stress occurs at the endpoint of a continuum of other negative psychological processes. According to the *Encyclopedia of Psychological Trauma*, traumatic stress “refers to psychological and physiological reactions to stressors that threaten the person’s life or bodily integrity (or witnessing this happen to another person) and that involves the subjective experience of extreme fear, helplessness, or horror due to being beyond the person’s ordinary capacity to cope” (Horowitz, in press). In some cases, prior to being traumatic, stressors may simply challenge various psychological and biological systems and cause normal coping responses. It is understood that as stressors persist or present with sufficient intensity, coping capacities will eventually fail and a variety of symptoms may emerge finally resulting in a serious breakdown. Therefore, in addition to traumatic stress, we will consider other evidence of failing psychobiological capacities (e.g., symptoms) that may credibly raise the risk for traumatic stress. Put another way, we are concerned with preventing not only traumatic stress but also the serious risk of traumatic stress. We expect that the threshold for traumatic stress will vary from person to person and that identifying the threshold for any particular person is beyond current psychological science. Thus, we recommend erring on the side of caution.

### **A. Possible and Probable Consequences of Harsh Interrogation and Detention Techniques**

Several credible sources have now documented that: (a) prohibited or controversial interrogation practices (e.g., prolonged isolation, chronic solitary confinement which can last for years, sensory deprivation and sensory overload, stress positions, hooding, sleep deprivation, waterboarding, sexual and cultural humiliation, threats with dogs, threats of being buried alive, threats against family members) have occurred during the War on Terror (Fair, 2007; Huskey, 2007; Lagournis & Mikaelian, 2007; Shane, 2008); (b) such practices were at one time officially sanctioned by United States policy (Fair, 2007); and (c) as of this writing, such practices may still be officially sanctioned for use in secret detention centers (Mazzetti, 2008b). Moreover, there is now substantial evidence that despite APA’s long-standing condemnation of torture and cruel, inhuman, or degrading practices, psychologists have had at least some role in developing and implementing techniques that have been used in abusive interrogations (Miller, 2003; Soldz, 2007). We believe that these apparent facts justify a close examination of the short term and long term psychological consequences of these procedures on the interrogated, the officials who conduct and support the interrogation, and the broader society.

Everyone agrees that the abovementioned harsh interrogation practices and the entire indeterminate detention process are unpleasant. However, there is controversy about whether all of these practices cause lasting harm and/or whether they may qualify as traumatic (Grier, 2008).

Though most detainees have not been evaluated by independent mental health experts, information gleaned from their lawyers and from a sample of 11 detainees who have been assessed by medical teams suggests that some detainees have exhibited significant behavioral and mental health problems (e.g., PTSD, depression, auditory hallucinations, delusions, thought disorder, diminished capacity to stand trial, suicidal ideation and attempts, smearing feces on the walls) (Falkoff, 2007; Physicians for Human Rights, 2008; Smith, 2007). For instance, Salim Ahmed Hamdan, one of Osama Bin Laden's drivers, was reported to be at one time too mentally unstable to participate appropriately in his own defense. There is even some evidence that interrogators have suffered declines in mental health following their participation in abusive interrogations (Fair, 2007; Lagournis & Mikaelian, 2007). On the other hand, the prevalence of these mental health problems in the detention settings and among interrogators is unknown and therefore it is also unknown whether it is reasonable to conclude on the basis of this evidence alone that these problems were caused by harsh interrogation/detention practices rather than, for example, pre-existing conditions or the result of other unknown processes. Commander Pauline A. Storum, a spokeswoman for the Guantanamo prison facility, stated that about 10 percent of Guantanamo detainees could be found mentally ill compared with rates exceeding 50% among inmates in American correctional institutions (W. Glaberson, 2008). Given the absence of consensus on this issue, we have turned to the broader literature for further guidance as to whether elements of the current detention and interrogation program have been systematically linked to negative psychological outcomes.

**1. Effects of Torture on the Interrogated.** As anyone who has followed the interrogation issue in the popular media can attest, torture has been defined in different ways by different people. This is no less true in the empirical literature. Nonetheless, in general, most studies seem to recognize the following definition adopted during the 1984 United Nations Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment: "torture means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purpose as 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" (United Nations, 1995). Though the last sentence seems to imply that actions that are officially sanctioned by law cannot be legally defined as torture, for our purposes this legal qualification is irrelevant. The legal status of an act is not known to be an important determinant of whether or not it is traumatogenic. Thus, even if certain acts are found to be legal in the eyes of international law, we may still judge them to be traumatogenic. Conversely, acts that are found to be illegal in the eyes of international law may be found not to be traumatogenic. In either case, judgments about the trauma inducing nature of acts should not depend upon their potentially changing legal status.

It is important to note that the U.N. definition of torture highlights interrogation as one of the primary purposes of torture and also views governmental support of torture as a key component of its power. Thus, though one might wish to separate torture from the issue of national security interrogations (given that both the United States government and the APA have

clearly stated that they do not sanction torture), it would seem disingenuous and imprudent not to acknowledge that torture, detention, government sanction, and interrogation have historically gone together. Furthermore, it is clear that the U.N. definition of torture includes acts intended to cause only psychological suffering, which suggests that non-physical acts included among the United States' harsh interrogation techniques could potentially qualify as torture. Indeed, scholars have noted that since the 1970s there has been a trend towards increased use of psychological methods for torture because they are less likely to leave physical evidence that could later be used for prosecution (Vorbruggen & Baer, 2007).

Effects of torture have been reviewed extensively elsewhere (Quiroga, in press; Quiroga & Jaranson, 2005) and will only be summarized relatively briefly here with the understanding that it should be relatively obvious to most readers that torture is harmful. Studies have found that torture survivors have elevated rates of sleep disturbances (Astrom, Lunde, Ortmann, & Boysen, 1989), physical health problems (e.g., neurological disorders, blood pressure disorders, and respiratory disorders) (Jaranson et al., 2004; Kira et al., 2006); attachment difficulties (Kanninen, Punamaki, & Qouta, 2003), and other mental health problems (Carlsson, Mortensen, & Kastrup, 2005; Gerrity, Keane, & Tuma, 2001) including posttraumatic stress disorder (Basoglu et al., 2005; de Jong et al., 2001; Silove, Steel, McGorry, Miles, & Drobny, 2002). Some studies suggest that PTSD is more likely to result from torture than many other types of trauma (Silove et al., 2002) and that torture is more predictive of PTSD than depression (Basoglu et al., 2005).

Yet, other research suggests that apparent relationships between torture and PTSD may be better explained by greater cumulative trauma exposure in torture survivors rather than the torture itself. This study also found that torture survivors may be more resilient, endorse more posttraumatic growth, and may be more religious than other trauma survivors (Kira et al., 2006). Of course, it is important to realize the posttraumatic growth can co-exist with high levels of posttraumatic stress within the same person (Cordova & Andrykowski, 2003).

At a broader level, torture is known to commonly break down the self and lead to affect dysregulation, psychoform and somatoform dissociation, and disorganized attachment (Carlsson et al., 2005; Kanninen et al., 2003). The intensity of and/or risk for psychopathology in torture survivors increases with increased fear and loss of control (Basoglu et al., 2005), level of trauma exposure (Mollica, McInnes, Poole, & Tor, 1998), and chronic injuries sustained from torture (Rasmussen, Rosenfeld, Reeves, & Keller, 2007). Moreover, torture may have multi-generational effects. Children of torture survivors have been found to exhibit elevated symptoms of anxiety, depression, PTSD, and attention deficit hyperactivity disorder (Daud, Skoglund, & Rydelius, 2005). Finally, one must consider that if torture is occurring in a detention facility that detainees who are not tortured may witness effects of torture and/or learn of the torture of others, which can be a traumatic stressors in their own right (Basoglu, Livanou, & Crnobaric, 2007).

In sum, the data are compelling in showing an association between exposure to torture and negative outcomes including PTSD. Though the literature falls short of demonstrating a causal link between torture and negative psychological outcomes, it would be difficult to establish such a link without randomly assigning people to being tortured.

**2. Effects of Specific Interrogation Practices on the Interrogated.** As noted above, there is still controversy about whether some harsh interrogation practices constitute torture. It is important, therefore, to examine what is known about the effects of the specific practices that comprise the harsh interrogation program (e.g., sleep deprivation, sensory deprivation, social isolation, etc.). Psychologists have been involved in conducting research on such techniques for a long time (Broum, 2006; Summers, in press). Controlled experiments can offer much clarity about potential causal influences of particular practices but because many such studies have been conducted on United States college students rather than actual detainees, it is unknown how well the results apply to actual interrogation situations and across cultures (Broum, 2006; Hazlett, 2006). On the other hand, in the absence of evidence to the contrary, it would be most conservative to assume that such findings could extend to detainees and interrogators involved in the War on Terror. Focusing on mental and physical health consequences, there is evidence that sensory deprivation and social isolation for even four hours (such as might occur in isolated incarceration) can alter information processing (i.e., concentration and attention) and potentiate hallucinations (Bexton, Heron, & Scott, 1954). In addition, such deprivation has been associated with increased anxiety and depression (M. Zuckerman, Persky, Miller, & Levine, 1970) and occasional paranoid delusions (Ziskind, 1965; J. Zuckerman, 1964). Finally, there is evidence that isolation can exacerbate pre-existing psychiatric conditions (Tooke & Brown, 1992). Sleep deprivation worsens mood (Lieberman, Tharion, Shukitt-Hale, Spekman, & Tulley, 2002) and immune functioning (Everson, 1997) and increases sensitivity to pain (Kundermann, Krieg, Schreiber, & Lautenbacher, 2004). In the Stanford prison experiment (described in detail in the next section), one pseudoprisoner, who showed no signs of psychopathology prior to the study, exhibited disorganized thinking, uncontrolled crying, and extreme rage within 36 hours of his pseudoimprisonment of sufficient severity that he had to be released from the study. Another became physically ill, refused to eat, and also became very tearful at his predicament. Still another developed a rash all over his body when his request to be released was denied. Another went on hunger strike (C. Haney et al., 1973). Taken together, these studies suggest at least short term disruptions in normal functioning following specific procedures that have been part of the United States enhanced interrogation program.

Though long-term pain and physical discomfort has not been frequently studied in the published laboratory studies for obvious reasons, clinical evidence suggests that such factors are important contributors to complex PTSD (Herman, 1992). Similarly, there are no published studies of the psychological effects of waterboarding. However, given that waterboarding is intended to generate perceived life threat (i.e., the sensation of drowning), it is worth noting that perceived life threat is one of the strongest correlates of PTSD symptom severity in the literature (weighted average correlation = .26) (Ozer, Best, Lipsey, & Weiss, 2003). Furthermore, given that advocates of waterboarding sometimes argue that it is not harmful because the life threat is only perceived and not actual, it is also worth pointing out that a study of cancer patients showed that perceived life threat was a more important predictor of psychological distress than actual life threat (Laubmeier & Zakowski, 2004). Moreover, it is likely that long-term, indefinite detention without external oversight fosters unpredictability and uncontrollability in both the detainees and their loved ones, which has been shown in a variety of animal and human studies to increase the likelihood of PTSD symptoms (Basoglu et al., 2007; Basoglu & Mineka, 1992; Foa, Zinbarg, & Rothbaum, 1992). One recent and particularly relevant survey study of 279 torture survivors concluded that non-physical stressors incurred during detention (e.g., humiliation, forced stress

positions, sham executions, exposure to sensory discomfort, witnessing torture of significant others, isolation, threats of rape) was associated with similar levels of mental distress, uncontrollability, social disability, and PTSD symptoms as physical torture (e.g., beating, suffocation, shock, burning, forced extraction of teeth, needles under toenails or fingernails). Importantly, the influences of each type of procedure was examined separately (though the authors noted that in practice these procedures almost always co-occur) (Basoglu et al., 2007). In addition, the prevention of contact with relatives and friends for many years probably severely undermines the detainees' social support, which is widely regarded as a protective factor against PTSD (Brewin, Andrews, & Valentine, 2000; Ozer et al., 2003). Finally, in addition to being vulnerable by virtue of their status as indefinite detainees, some detainees belong to other vulnerable groups. For example, some detainees are probably minors. If harsh interrogation techniques are used on children their effects may be especially harmful and long-lasting (Otte et al., 2005; Pole et al., 2007).

**3. Effects of Detention-Interrogation on Attachment.** According to news reports, accounts by former detainees, and by lawyers for the detainees, the detention/interrogation process seems to rupture familiar relational bonds, and it also seems to impair the formation of new attachments. From the moment of arrest and deportation, contact with family is severely restricted; prisoners are often held in protracted solitary confinement; they cannot speak the language of their captors; they are unable to communicate with the outside world, and their detention status is indefinite. Their contact with lawyers is restricted, and under surveillance, so that detainees have difficulty collaborating with, and trusting, their defense attorneys (Falkoff, 2007; Smith, 2007). Interrogation practices have tended to emphasize 'harsh' techniques, rather than rapport-building techniques. This diminishes the sense of shared humanity which might otherwise emerge between detainee and interrogator, or between detainee and guard (Fair, 2007; Lagouris & Mikaelian, 2007). Moreover, these conditions replicate the conditions of disorganized attachment documented in longitudinal studies of parent-child dyads by Lyons-Ruth (2001; 2003) and Ogawa et al. (1997). In disorganized attachment, the attachment situation involves double-binds. Typically, the only available attachment figure evokes fear, there is an increased need for attachment, and the frightening attachment figure appears to be the only solution to fear. This pattern contrasts with secure attachment, in which the attachment system acts as a buffer against extreme fear arousal.

According to a review of attachment related trauma by Howell (2005), disorganized attachment contributes to dissociation, hypo-arousal *and* hyper-arousal, despair, loss of control, and what Hesse and Main (1999) refer to as "fright without solution." This constellation of symptoms is not restricted to the effects of pathological early development. Contemporary trauma studies are increasingly looking at the mediating role of ruptured attachment in the development of adult onset PTSD (Boulanger, 2007). To Boulanger, adult-onset catastrophic events are intertwined with ruptured attachment, and it is the ruptured attachment which impedes healing from these events. Without trusted attachments, PTSD becomes exacerbated, and more intractable. When catastrophic events sever familiar attachments and prohibit the establishment of new attachments, we might expect lasting deleterious effects. These deleterious effects are illustrated by the testimony of detainee Hamdan (W. Glaberson, 2008). He reported that his airplane trip to Guantanamo involved an initial catastrophic event (i.e., he was tied down and shackled in a position that inflamed a previous back injury). This was followed, during his six

year detention, by prolonged isolation, helplessness, sexual humiliation at the hands of a female interrogator, separation from familiar attachments and obstacles to forming new ones. He described his experience as ‘like a graveyard where you place a dead person in a tomb’ (W. Glaberson, 2008). That deprivation of attachment contributed significantly to Hamdan’s moribund state of mind is suggested by the results of an unintentional naturalistic experiment that occurred when he had his attachments restored and then taken away again. Hamdan was briefly moved into the detainees’ favorite camp (Camp 4) where men live communally, and share meals and prayers. Speaking of Camp 4, Hamdan said, “You share a room with other people, and have almost a normal life... You speak together. You pray together... I felt like I started to live again.” Hamdan was then moved back to solitary confinement his lawyers reported that he could “barely discuss any subject other than his wish to get back to Camp 4” (W. Glaberson, 2008).

**4. Risk of False Confession.** The expected and desired outcome of an interrogation is the arrival at truthful statements. Unfortunately, the truth is rarely known with certainty before (or sometimes after) the interrogation. One hopes that a detainee who confesses information at the end of an interrogation is telling the truth. Indeed, evidence suggests that most confessions of guilt come from parties who are actually guilty (Leo & Ofshe, 1998). Yet, it is also clear that false confessions have occurred (Bedau & Radelet, 1987; Rattner, 1988) and that the risk of false confession varies with gender and culture (Klaver, Lee, & Rose, 2008). Constanzo et al. (2007) reported that close to 25% of convictions shown to be wrongful on the basis of DNA evidence were achieved through false confessions. Other evidence indicates that false confessions were particularly likely to occur when the crimes are most serious (e.g., murder or rape) (Drizin & Leo, 2004). False confession has to be considered as a potential harm in its own right because jurors are more influenced by confessions than eyewitness testimony (S. Kassin & Neumann, 1997) and more likely to render a guilty judgment based on a confession even when the confession is subsequently withdrawn (DeClue, 2005; S. Kassin & Sukel, 1997). For serious crimes, such as the ones that Guantanamo detainees may eventually be charged, a guilty verdict can mean a death sentence, which is clearly a traumatic stressor (especially for an innocent detainee and his/her loved ones). Though we could find no published research on the relationship between torture and false confessions (Constanzo et al., 2007), techniques less coercive than torture have produced false confessions (Constanzo & Leo, 2007; Kassin & Gudjonsson, 2004). Experimental evidence suggests that elements of harsh interrogation can increase the likelihood of false confession. Serious stressors can overwhelm an individual's information processing capacities and/or potentiate dissociative experiences that can contaminate the accuracy of memories (Ford, 2005). Even moderate stress (e.g., Trier Social Stress Test) has been shown to disrupt memory recall and to lead to false memories (Payne, Nadel, Allen, Thomas, & Jacobs, 2002). Sensory deprivation increases susceptibility to influence without necessarily increasing truthfulness of confessions (Myers, Murphy, Smith, & Goffard, 1966). Sleep deprivation and fatigue has been shown to cause increased suggestibility and increased rates of false confession (Blagrove, 1996). In fact, Blagrove (1996) concluded that one or two night’s sleep loss can make the difference between true and false confessions.

**5. Effects of Interrogation on the Interrogator and Other Officials.** Relatively less attention has been devoted to considering the potential negative psychological effects of the interrogation/detention process on the interrogator and/or other involved officials (including

psychologists). Role conflicts may be especially intense for military officers who are also psychologists. Experimental research shows that interrogators randomly assigned to use coercive strategies are more likely than those assigned to use non-coercive strategies to form demeaning judgments about their interviewee including finding them less intelligent and reasonable (O'Neal, Kipnis, & Craig, 1994). Recent anecdotal evidence suggests that more serious traumatic effects may occur. One Iraqi interrogator reported chronic nightmares, intrusive recollections, and guilt three years after participating in interrogations (Fair, 2007). Another also reported symptoms consistent with chronic PTSD and indicated that during the process of implementing torture and harsh interrogation techniques, he became desensitized, emotionally numb, and developed urges to brutalize prisoners (Lagournis & Mikaelian, 2007).

Even psychologists who are not directly involved in the actual implementation of harsh interrogation practices may be harmed by learning of unethical behavior enacted by institutions to which they are affiliated. One can assume that most psychologists and interrogators engage in their work for benevolent purposes and will not knowingly participate in procedures that they know to be unethical and abusive. However, the preponderance of the evidence that has emerged in the media over the last several years suggests that it is possible that psychologists or interrogators may find themselves working for an institution that is later discovered to have acted improperly as a matter of policy. We should not underestimate the potential psychological impact of discovering that an organization to which one is strongly affiliated has intentionally acted in a way that seems antithetical to stated values of both the member and the organization. This might result in a loss of group identity, feelings of helplessness, shame, and vicarious 'perpetrator' guilt with unknown long-term effects (Morrison & Robinson, 1997). Psychologists who have withheld their APA dues and/or resigned from the APA may have done so to resolve psychological dissonance and shame arising from such a discovery. Depending on the circumstances, the member of the organization might experience a sense of betrayal by the organization and perhaps also be susceptible to what Freyd has termed "betrayal trauma." Betrayal trauma "occurs when the people or institutions we depend on for survival violate us in some way." Intense betrayal trauma can be predictive of posttraumatic outcomes (e.g., PTSD and dissociative symptoms) (Freyd, DePrince, & Gleaves, 2007). Though these are admittedly only speculations, some support for them comes from studies of police officers, who also: (a) view themselves as serving the public good, (b) operate in a paramilitary environment, and (c) conduct interrogations as part of their work. Studies have found that work stress caused by perceived betrayals within their organization account for more variance in PTSD symptoms than exposure to life-threatening trauma (A. M. Liberman et al., 2002; Pole, in press). Finally, another potential harm that could befall a professional working in these environments is the harm of being falsely accused of behaving unethically. It must be extremely hurtful, disturbing, and potentially traumatic to be falsely accused of committing or assisting in acts of torture especially when the psychologist has not only not committed such acts but also put himself or herself at risk by bringing abuses to public attention. This is not just a hypothetical risk. In the current controversy, accusations of wrongdoing have been loosely made sometimes involving psychologists with otherwise impeccable credentials. Some thought should be given to preventing these damaging effects.

**6. Effects on the broader society/community.** It has been noted that torture, indefinite detention, and coercive interrogations can have untoward psychological effects on the broader community (i.e., people who are not detained but who are aware that harsh interrogations are

taking place without oversight or repercussions) (Kira, 2002, August). This could include lawyers working with detainees, United States military personnel working in detention centers, combat troops in Iraq and Afghanistan, and ordinary United States citizens. One concern is that such interrogations can heighten fear and anxiety in the general community not of terrorists but of the socially sanctioned authorities (Otis, 2006). This is especially true in a situation where the state declares the power to monitor and apprehend anyone with suspected ties to terrorism and to hold them indefinitely without proof of wrongdoing or specific charge. Scholars have also written about other potential deleterious effects including: (a) loss of public support for the government's actions both inside and outside of the United States (this could both limit the ability of the U.S. government to address future terrorism and limit the support that we currently enjoy from foreign allies), (b) increased risk for U.S. troops who are captured on the battlefield (i.e., U.S. engagement in harsh interrogations may be seen to justify similar or worse treatment of captured U.S. troops), (c) increased risk that U.S. troops and government officials may be charged with international war crimes, (d) loss of moral standing and leadership with regard to human rights, and (e) visiting shame and dishonor upon the U.S. military, which as a long and proud tradition of upholding human rights (Coulam, 2006).

Polling data suggest that the majority of United States citizens: (a) believe that abuses similar to those discovered at Abu Ghraib are still occurring, (b) oppose indefinite detention and sending terror suspects to secret prison cites where they may be tortured but, (c) instead support affording terror suspects the same rights as U.S. citizens and full compliance with international treaties and United Nations resolutions, and (d) favor punishment for officials who order or engage in torture, degrading, or cruel treatment (Kull et al., 2006). In fact, it would be fair to say that the general United States public is broadly discontent with the Bush Administration's policies on detention and interrogation as evidenced by historic low approval rating of President Bush, whose signature policy has been the War on Terror (<http://www.pollingreport.com/BushJob.htm>).

Thus, one can reasonably ask about the long-term effects, in a democracy, of major discord between public opinion and government policy? Indeed, one could further ask whether our current circumstances are a sign of a cultural transformation or traumatization in response to the horrific September 11, 2001 attacks. To what extent have we as a culture of psychologists adopted the "better safe than sorry" principle that characterizes posttraumatic stress disorder and used it to justify actions that we would have fiercely opposed in August of 2001? To what extent, has APA as an organization demonstrated increased irritability, hostility, and belligerence, increased 'black and white' thinking, increased fragmentation, helplessness, shame, and guilt since trying to bring our skills and knowledge to bear to cope with a post-9/11 world? Can our current crisis be understood, in part, as an imperfect adaptation to the trauma of the September 11<sup>th</sup> terrorist attacks?

In sum, there is suggestive evidence that the entire detention process as well as specific components of the harsh interrogation system can be either traumatogenic or otherwise detrimental to detainee mental health. In considering this evidence, one must recognize that the best controlled studies have typically documented short-term effects that may not be lasting. On the other hand, media reports suggest that these techniques are typically used with greater frequency and intensity than found in studies with college students and in combination with each

other. Little is known about whether exposure to multiple harsh interrogation techniques leads to additive or multiplicative risk for traumatization. It is probable that the effects could be similar to the well-documented traumatic effects of other complex traumatic stressors such as childhood abuse, domestic violence, humiliation trauma, and war atrocities (Zurbriggen & Freyd, 2004). This would imply lasting severe psychological harm to the victim, disruptions in information processing and declarative memory (Yasik, Saigh, Oberfield, & Halamandaris, 2007), disturbances in attachment (especially with regard to issues of dominance and submission), other affective and cognitive impairments (e.g., engendering distrusts, demoralization, alienation, pessimism, social detachment, affect dysregulation, and dissociation), and long-lasting physiological changes (e.g., chronically elevated resting heart rate, increased autonomic reactivity to startling sounds and trauma-reminders, reduced activity in regulatory centers of the brain and increased activity in fear centers of the brain) (Pole, 2007; Williams et al., 2006).

## B. Preventing and Decreasing Traumatic Risk

Having documented that traumatic stress and other negative psychological effects are possible outcomes of harsh interrogation, we now turn to the wealth of evidence from behavioral science about factors that are likely to reduce the risk of these negative outcomes.

1. **Situationism.** One important factor is the situations in which interrogations occur. Laypersons often wish to blame flaws in individual character for harmful behavior. However, social psychologists have long argued that situations may be more powerful determinants of human behavior than personality traits (Asch, 1955; Milgram, 1974; Zimbardo, 2007). Though most psychologists are familiar with some of the most famous studies in this tradition, we will review two in detail because of their close relevance to the detention and abusive interrogation issue.

a. The 1971 Stanford Prison experiment involved middle-class, male college students who were prescreened to eliminate psychopathology, prior drug abuse, and prior criminal activity. Participants were randomly assigned to play the role of either “guard” or “prisoner” in what was supposed to be a two week simulation of prison life. Based on consultation with an actual former prisoner, several steps were taken to ensure that the pseudoprisoners would have an experience that approximated actual prison life. For example, they were arrested by actual police officers; detained for a short period in an actual police department and jail; stripped naked, searched, and sprayed with decontaminant upon arrival at the Stanford pseudoprison; referred to by ID numbers rather than names; and forced to wear stocking caps (to simulate shaved heads) and a prison uniform. The pseudoguards were charged with maintaining order in the pseudoprison and were also told to wear identical uniforms (khaki shirt and pants, whistle, billy club, and mirrored sunglasses). Importantly, *the pseudoguards were given no specific training* on how to guard the pseudoprisoners. Thus, the Stanford experiment offers some insight into what kinds of behaviors are likely to result in the absence of clearly defined rules in a detainment situation.

What happened was that within six days, the pseudoguards spontaneously committed several abusive acts in the process of attempting to maintain order including: forcing pseudoprisoners to do push ups while stepping on them, spraying them with cold carbon-dioxide,

stripping them naked, removing their beds, assigning them to clean toilets without gloves, forcing them to use a bucket in their cell for a bathroom and then leaving the soiled bucket in their cell for extended periods, prolonged solitary confinement, and sexual humiliation that was startlingly similar to the behavior observed at Abu Ghraib (e.g., simulated sodomy).

Interestingly, these abusive tendencies not only characterized the naïve pseudoguards' behavior but also influenced the trained psychologist who led the study (Zimbardo) and a former prisoner consultant to the study. None of the personality measures used in the study were able to predict which pseudoguards were likely to be most abusive. This led the investigators to conclude that the situation was the more powerful determinant of the abusive behavior (C. Haney et al., 1973; C. Haney & Zimbardo, 1988; Zimbardo, 2007). If this conclusion is correct then perhaps modifications to the situation, such as providing the pseudoguards with clear ethical rules of conduct and oversight to encourage adherence to the rules may have resulted in less abusive behavior.

b. The Milgram (1974) "obedience studies" were motivated by the wish to understand whether war crimes committed during World War II could be credibly attributed to a strong psychological compulsion to follow orders (as many Nuremberg defendants claimed) rather than personality defects in the perpetrators (as may outside observers assumed). Milgram's obedience studies go to the heart of what we can expect from typical human beings when instructed by legitimate authorities to harm another human being.

In the Milgram studies, participants were led to believe that they had been randomly assigned to the role of either "teacher" or "learner." In actuality, all participants were assigned to the role of "teacher." The learner was a confederate actor trained by the experimenter to follow a standardized script. Participant/teachers were also deceived into believing that the goal of the experiment was to understand the effects of punishment on learning. The punishment was ostensibly an electric shock that was to be delivered by the "teacher" and increased every time the "learner" made a mistake by pressing clearly labeled buttons. Prior to beginning the experiment, the "teacher" was given an actual sample shock to verify that the shocks would cause pain but during the experiment (and unbeknownst to the "teacher") no actual shocks were delivered to the "learner." As the experiment proceeded, the "learner" made repeated scripted mistakes that prompted the "teacher" to implement the increasing punishment. As the punishments increased, the "actor-learner" (who was hidden from view in the primary condition of the experiment) began to protest, cry out in pain, complain of a heart condition, demand to be released, and eventually became unresponsive (and ostensibly dead). "Teachers" who wished to stop implementing the shocks during the experiment were told by the authoritative experimenter that they must continue. Unbeknownst to the "teacher" participants, the main goal of the study was to determine how many shocks the participant would administer before either refusing to continue or reaching the maximum shock level.

Initial results revealed that 65% of participants obeyed orders to deliver shocks all the way to the maximum level even though they believed that such shocks caused serious pain and possibly killed the "learner." This basic result, which has been replicated in many countries (Blass, 1999), suggests that most ordinary, presumably non-malicious individuals can be easily coerced into inflicting harm onto others if instructed to do so by a credible authority. Yet,

Milgram also found in follow-up studies that several situational factors seemed to decrease the proportion of participants who obeyed the instructions: (a) conducting the study in less prestigious setting, (b) having the authority give directions remotely (i.e., over the phone), (c) putting the “teacher” in close proximity to the “learner” and making the administration of the shocks more direct (i.e., having the teacher place the learner’s hand on an electrified plate). Also, a recent meta-analysis found that disobedience was most likely to occur at the point that the “learners” asserted their right to be released rather than in response to increased assertions of pain (Packer, in press).

As applied to national security interrogations, these results imply that conducting interrogations in specialized, prestigious settings (e.g., secret prisons) and within the context of a military culture that specifically trains obedience to authority, increases the chances that orders to commit harm will be followed. Though it would obviously be preferable that such orders were not given, in order to further reduce the risk of harm when such orders are given it may be wise to separate the task of interrogation from the normal military chain of command. Moreover, increasing the interrogator’s sense of personal responsibility for the detainees’ welfare and clarifying the detainees’ basic human rights including their right to question their detention at the outset of the interrogation could provide additional safeguards against abuse.

**2. The Role of Training and Expertise.** The participants in the studies reviewed above differ in an important way from the people who have been at the heart of the interrogation controversy. Namely, whereas both the Zimbardo and Milgram studies intentionally focused on the behavior of ordinary citizens, the current crises have centered around the behavior of supposed professionals. Thus, one might reasonably ask about the role of training and expertise in mitigating risk for traumatic stress.

It appears that lack of training has been a contributing factor in the documented cases of abuse during detention and interrogation. Media reports suggest that in the earliest days of the War on Terror, some detention centers lacked experts on interrogation (Shane, 2008). The Church Report noted that none of the medical personnel deployed to Iraq received prior training about how to meet their Geneva Convention responsibilities and “only a handful mentioned following the Geneva Convention as one of their duties” (Church, 2005). One reason why ethical training can be so important is that in its absence humans appear to be susceptible to a variety of cognitive distortions. For example, Markman et al. (2008) found that presenting undergraduates with descriptions of U.S. troop mistreatment of detainees at Abu Ghraib followed by descriptions of past atrocities committed under Saddam Hussein made the students more likely to endorse harsh interrogation practices than control groups of students who were not primed with such information. This suggests that people are susceptible to moral relativism and that their behavior may become less ethical if they compare their own behavior to known worse behavior. This kind of comparison can easily be made in a warzone where the negative behavior of the enemy is often made salient to the warriors and interrogators. Thus, it makes sense to prevent such relativism by establishing clear absolute standards of ethical behavior.

Yet, expertise is no panacea for problems in the interrogation process. Overall, professional interrogators (e.g., police officers, polygraphers) only perform slightly better than chance levels when asked to distinguish true from deceptive statements (Garrido, Masip, &

Herrero, 2004; Meissner & Kassin, 2002; Vrij & Mann, 2001). Other research has shown that people who receive interrogation training develop an increased tendency to believe that others are lying to them (Masip, Alonso, Garrido, & Aton, 2005; Meissner & Kassin, 2002) and develop over-confidence in their ability to detect deception (S. Kassin & Gudjonsson, 2004). For example, one study found that undergraduates performed better than police officers in judging deceptive statements because officers tended to judge truthful statements as false statements. Undergraduates and officers were equally good at judging deceptive statements (Garrido et al., 2004). Most disturbingly, one study found that “interrogators become most coercive when questioning innocent suspects, because truthful suspects are regarded as resistant and defiant” (Kassin et al., 2003). As Costanzo et al. (2007) have pointed out, this could lead “to a biased style of questioning which seeks to confirm guilt while ignoring or discounting information that suggests that a suspect is being truthful.” If harsh interrogation procedures are permitted to be used to obtain confessions then one would expect that these would be frequently used with innocent suspects, perhaps at levels of intensity or frequency that would elevate risk for traumatic stress. Thankfully, most experts seem to believe that harsh techniques are not effective for yielding credible information (Intelligence Science Board, 2006) and thus may be less likely to endorse the use of such techniques than inexperienced and/or untrained interrogators.

**3. Lessons from Literature on Police Brutality.** Though the question of how to reduce harm during national security investigations has not been addressed in great detail in the literature, a related question has. Namely, how to prevent excessive use of force among police officers? Though there are important differences between police work and national security work there are also important similarities that argue in favor of examining this literature. In addition, there is evidence that reforms implemented over the last several decades has led to a reduction in excessive police force (Walker, 2005).

Certain elements of police culture have been frequently implicated in contributing to police violence (Skolnick & Fyfe, 1993). Many of these elements can also be found in the national security interrogation situation. Written and unwritten codes of loyalty, obedience, and silence can have direct and indirect negative effects. Of particular importance are the cultural norms for the appropriate use of coercive force within the police department (Scrivner, 1994). Early studies found the use of excessive force was frequently condoned and seen as morally legitimate within police departments (Westley, 1953). More recent studies suggest that this perception is changing (Micucci & Gomme, 2005). This could be because efforts to prevent excessive force have largely focused on changing organizational attitudes towards the appropriate use of force (Ekenvall, 2002). For example, some departments have found success by enlisting officers to work with reforming their peers rather than implementing the change top down. In particular, “problem officers” have been successfully tapped to lead reform efforts (Toch, 2008). As applied to the national security interrogation debate, establishing clear ethical cultural norms and peer support of those norms might minimize risk of abusive interrogations.

Pressures from the surrounding society have been mentioned as contributing to excessive police violence (Skolnick & Fyfe, 1993). For example, there is a repeated dynamic of middle and upper class citizens and political figures pressuring police officers to “get tough” on crime. When police departments have responded to this pressure by implementing aggressive tactics in low income and minority communities, they have found themselves initially applauded but

ultimately criticized when their new policies inevitably result in a high profile tragedy (Daniels, 2000). Officers under these circumstances report feeling in a double bind, scapegoats for a system that is uncomfortable with what they view as necessary actions to produce results. It is possible that something similar has operated during the War on Terror. The horrors of September 11<sup>th</sup> have undoubtedly created a sense of public pressure to prevent future terrorist attacks. Because the detainees are from a different culture (i.e., look different and behave differently), there is a greater risk that the public will overlook or even implicitly encourage excessive force if it is believed to achieve the larger goal of preventing terrorism. Yet, this dynamic must be addressed with an eye towards more pervasive racially biased attitudes that are more likely to permit abuses when they occur against people of low status (Daniels, 2000; Worden, 1996). In fact, some authors have mentioned that elements of sexism have been involved in both the Stanford prison experiment and the Abu Ghraib abuses. Many of the abuses have taken the form of humiliating male prisoners by either feminizing them or sexually degrading them (Zurbriggen, 2008). Thus, increasing sensitivity to cultural and gender issues may decrease risk for particular kinds of abuses against particular kinds of people.

The police brutality literature has also pointed to certain personality factors that increase the risk for excessive violence. These results appear to contradict the view (advocated by some social psychologists) that personality does not play an important role in engaging in abuses. In this regard it is important to note that even the Stanford prison experiment found that about a third of the pseudoguards seemed to particularly enjoy abusing the pseudoprisoners and a third seemed to actively refrain from punishing the pseudoprisoners (Zimbardo, 2007) suggesting important individual differences. Excessive force is more likely to be used by police officers who: (a) view civilians as being basically selfish, (b) see the most important function of the police as crime control, and (c) assume that the public is hostile towards them. On the other hand, officers who: (a) assume that civilians are motivated by complex circumstances, (b) see the most important function of police as offering assistance, and (c) assume that the public has a positive attitude towards them are less likely to use excessive force (Worden, 1996). A survey of police psychologists found that officers who used excessive force were more likely to be “chronic offenders, officers with multiple and unresolved job-related traumas, immature officers who show early problems with use of force (often while still in training), heavy handed veterans who think good police work involves use of force, and officers whose personal problems become overwhelming (Scrivner, 1994). In a dissertation study, Gibson (2007) found that excessive force complaints in a sample of 923 officers could be predicted from elevations in their pre-employment MMPI scales (i.e., scales 4 and 9 the aggressive behavior scales). If this finding replicates with national security interrogators then similar data may be used to screen out interrogators who are more likely to commit abuse.

Overall, it is currently believed that clarifying departmental policy, improving recruitment standards and improving training can prevent excessive force (Micucci & Gomme, 2005). Other authors have emphasized increasing accountability by having officers document their use of force, developing a citizen complaint system and citizen oversight committees, and using the resulting data to intervene early with at risk officers (Walker, 2005) as helpful strategies. When these types of reforms fail then it is important to have the courts as an additional setting where grievances can be heard and adjudicated fairly (Skolnick & Fyfe, 1993). Yet, this can be a challenge if other officer witnesses refuse to testify or if the judicial system is

actively biased against believing allegations of abuse by law enforcement officials (Daniels, 2000). Many of these strategies could be modified for use in the national security interrogation situation. Of particular importance is the idea of making the interrogation process more transparent. This would potentially make the process less traumatic for all involved. To this end, many experts (DeClue, 2005; Leo & Ofshe, 1998) recommend mandatory videorecording of the entire interrogation process. Though such recordings would likely fail to capture contextual factors such as the length of detention or isolation prior to formal questioning, they could go a long way towards answering questions about the credibility of any confessions elicited during the process. In addition, Institutional Review Boards (IRBs) or similar entities might consider monitoring the consulting activities of academic psychologists when there is a high potential that research findings could be used to perpetrate abuse.

## VII. Conclusions and Recommendations

We conclude that the United States' harsh interrogation-detention program has consisted of conditions (e.g., indefinite detention, little contact with lawyers, no contact with relatives or significant others, prolonged absence of due process, awareness that other prisoners have been tortured, lack of predictability or control regarding potential threats to survival and/or bodily integrity) and techniques (e.g., prolonged isolation, waterboarding, humiliation, painful stress positions) that have an unacceptably high potential to provoke extreme stress reactions and psychological harm among those detained within the program. These conditions and techniques in their aggregate are similar (if not equivalent) to experiences that have resulted in psychological trauma and posttraumatic psychological disturbances in other populations. The evidence for risk of psychological trauma to detained enemy combatants is particularly compelling and well-grounded in formal research. There is also sufficiently suggestive theoretical basis for and anecdotal evidence of psychological harm in interrogators and the broader society to warrant concern about these effects as well. We were particularly struck by the fact that the potentially traumatic elements include not only activities designed to extract information from prisoners but also much of the detention process as it is currently conceived, beyond much oversight, or compliance with human rights standards. Given the pervasiveness of these traumatogenic elements, it is questionable whether psychologists can function in settings that implement harsh interrogation techniques or indefinite detention without participating in, or being adversely affected by, heightened risk for the psychological harm of others. Yet, we are aware that there are many settings in which detainees are held briefly, interrogated humanely, and treated appropriately. Thus, as a group of psychologists with expertise in preventing traumatic stress and ameliorating debilitating post-traumatic sequelae, we recommend that the following steps be taken to minimize the risk of psychological trauma throughout the United States detention and interrogation system so that all settings are held to the same appropriately high standards:

1. The risk of psychologists contributing to traumatic stress and negative posttraumatic sequelae will be minimized by fostering adherence to both the *APA Ethical Principles and Code of Conduct* and the subsequent refinements of APA policies pertaining to interrogation, detention, and torture. Because the *Ethical Principles* provide one of the few mechanisms of enforcement within APA and because enforcement is likely to increase adherence, we believe that it would be helpful if the APA ethics code were

revised to incorporate, as enforceable standards, the specific interrogation and torture-related policy refinements that have been ratified by APA since 2002. By making this recommendation we do not wish to imply that psychologists have not been, by and large, already adhering to the highest ethical standards in their work. We have not formally investigated this issue. Nonetheless, it is our view that we can go further in preventing ethical violations by psychologists (and thus further in preventing psychological trauma) even if only a minority of psychologists have behaved unethically. We can do so by revising the ethical standards accordingly.

2. Psychologists should avoid situations that heighten the risk for traumatic stress occurring. Among other things, this means that psychologists should not provide professional services in secret prisons that appear to be beyond the reach of the human rights standards or in settings in which human rights abuses seem to be permitted. It also suggests that psychologists should not support or participate in national security detention or interrogation procedures that constitute cruel or inhuman treatment or that have been shown to cause clinically significant psychological impairment.
3. If psychologists work in detention and/or interrogation settings then they should conduct or seek an assessment of the potential traumatic features of detainee treatment before, during, and after interrogation. This assessment can be informal or formal depending upon whether other systems of oversight are in place. The assessment should, however, include an examination of situational and social psychological factors that could elevate risk of trauma among individuals who might not otherwise be so predisposed (e.g., orders from authorities to commit harm, lack of oversight or rules). Because not all psychologists have expertise in assessing traumatic stress risk and/or social psychological factors, the assessment should be conducted by psychologists who have this specific expertise. Psychologists who have a role that prohibits direct assessment of the detainee (e.g., behavioral science consultants) should ensure that the assessment is done by another psychologist who is both competent and free of role conflict.
4. If a psychologist works in detention/interrogation settings in which the risk of traumatic stress is significantly elevated, then she or he should: (a) formally recommend alterations that could reduce the traumatogenic potential of the detention and interrogation process (n.b. including recommendations to policy-makers and/or local authorities if appropriate); (b) conduct or seek an assessment for known post-trauma sequelae (e.g., post-traumatic stress symptoms, depression, dissociation, etc.) in detainees, interrogators, and other directly or indirectly involved staff; (c) recommend appropriate psychological interventions for any detainees or personnel found to be suffering from clinically significant psychological difficulties; and (d) refuse to participate in activities that significantly increase risk of traumatic stress and/or lasting untoward psychological effects. If a psychologist working in such settings does not have specific expertise required to meet some of the above recommendations then she or he should consult with psychologist(s) who have this expertise. Psychologists who have a role that prohibits direct assessment and/or intervention with detainees (e.g., behavioral science consultants) should ensure that the assessment and/or intervention is done by another psychologist who is both competent and free of role conflict.

5. Because some detainee abuses have been credibly linked to an absence of appropriate training and/or expertise among professionals charged with custody of the detainees, psychologists should advocate for, participate in designing, and/or assist with providing appropriate and comprehensive training to all personnel involved in interacting with detainees. This training should include: (a) clear ethical guidelines emphasizing the prohibition of causing harm and the importance of protecting human rights, (b) a research-based overview of the nature and consequences of traumatic stress and post-traumatic impairment as they relate to the interrogation and confinement process presented in layperson terms including practical implications, and (c) detailed review of research on false confessions, in layperson terms with practical implications for enhancing the validity and utility of information gathered in the course of interrogation and detention. Though some of these training recommendations may appear outside our charge, we believe that the presence of appropriately trained personnel reduces the risk for traumatic stress. For example, interrogators who are aware of the factors that contribute to false confession may be less likely to believe that harsh interrogation will yield accurate confessions. Because not all psychologists have expertise in these specific matters, APA should develop standardized training materials that cover the current state of psychological knowledge and practices on these important topics, and ensure that these materials are regularly updated by qualified psychologists in consultation with experts from other fields such as law enforcement, the military, and human rights.
6. Because violating human rights can increase the risk for traumatic stress and post-traumatic impairment, psychologists should collaborate with legal, military and other colleagues to protect the human rights of all detainees. Indefinite detention without formal charge and without opportunity to challenge its lawfulness creates an unacceptably high risk for trauma in a population that has not been formally shown to have violated any laws. Psychologists should oppose such detention.
7. Psychologists should support increased transparency during the detention and interrogation process. Such increased transparency could reduce the likelihood of traumatizing practices, increase the likelihood that traumatizing practices will be identified and stopped as early as possible, and protect ethical psychologists and other workers within the system from being falsely accused of acting unethically. We recognize that this recommendation raises an apparent conflict with the goal of secrecy commonly endorsed by national security organizations. We concur that full transparency is unreasonable and counterproductive. At the same time, we believe that increased transparency is both a safeguard against abusive/traumatizing practices and potentially reconcilable with national security priorities. Though the details of achieving a balance between transparency and legitimate national security needs are beyond the scope of this task force's expertise, we believe that reasonable, knowledgeable intelligence experts, in consultation with psychologists, can provide expertise in human behavior to assist in the improvement of existing oversight systems.
8. If psychologists are going to continue to be involved in national security detention and interrogation then it will be essential to continue, as recommended by current military

guidelines and the current APA ethics code, to segregate the function of interrogation consultant from that of mental health provider. As documented earlier in our report, the current detention/interrogation system severely disrupts normal attachments (e.g., eliminates contact between detainees and family members, restricts contact between detainee and lawyers, etc.) and such disruptions have been linked with post-trauma psychopathology. Under these circumstances, a mental health provider becomes an especially important potential relationship with heightened risk for doing harm if his or her role becomes corrupted or confusing to the detainee. Though there is no guarantee that, even with the appropriate segregation of roles, the mental health provider will not be perceived as participating in the interrogation, such separation increases the likelihood that the mental health provider will be able to foster a trusting therapeutic relationship, which can facilitate the treatment of any traumatic stress reactions.

9. Psychologists should advocate for extra protections for detainees who are from vulnerable populations such as minors, ethnic minorities, or other groups that have limited access to socioeconomic or political resources or are potentially subject to societal discrimination or prejudice. Such groups may be more likely to receive coercive interrogations and/or excessive force and less likely to be sympathetically viewed by the general public. Psychologists may work within sponsor/authorizing organizations to institute developmental, gender and culture sensitivity trainings for interrogators, and should review evidence concerning the impact of different forms of traumatic stressors and differential sensitivity to the interrogation/detention setting/process on different (and particularly vulnerable) ages, genders, and cultural backgrounds. Such psychologists should, to whatever extent possible, guard against such information being used to exploit vulnerable populations and instead emphasize ways to enhance safety and psychological well-being in the interrogation process. If psychologists lack relevant expertise to meet the recommendations above then they should seek or advocate for outside expert consultation.
10. Psychologists should collaborate with colleagues from a variety of professions and organizations (including the military and intelligence organizations) to conduct ethical research on several aspects of the detention and interrogation-process including its potential for inducing trauma. Recent reviews suggest that most of the interrogation procedures used today have not received recent rigorous study (Intelligence Science Board, 2006). Furthermore, very little of the existing research has been directed towards understanding the psychological effects of interrogation and detention on people working within and outside the interrogation and detention system. Thus, we recommend greater research emphasis on potential indirect effects of the detention/interrogation process. Finally, research is needed to determine whether the presence of psychologists can improve adherence to human rights standards and reduce risk of traumatic stress. Much of the support for psychologist involvement in the interrogation process stems from an assumption of psychologist helpfulness that we believe should be posed as an empirical question. Though ethical constraints might prevent conducting such a study through random assignment, useful information could result from examining existing records of the presence of psychologists on staff and the incidence of reported (or alleged) abuse.

We hope that these recommendations are not taken out of context or otherwise misconstrued. Our mandate was to determine whether the United States detention and interrogation program elevates risk for psychological trauma. There are many other interesting topics that are related to the broader interrogation controversy but that were beyond the scope of our inquiry and our recommendations. For example, it is not our intention to endorse any particular detention or interrogation system but rather to point the way toward improving such systems from the point of view of reducing the likelihood for traumatic stress and debilitating post-traumatic impairment. We also do not intend for our recommendations to be extended beyond the national security detention and interrogation situation. We recognize that some might wish to apply our recommendations to civilian criminal justice interrogation and detention situations. We would caution against such a course and instead advise an independent study of the factors that may apply in those situations. We further recognize that psychologists have been participants in the collection of national security data for many years. We have no reason to doubt that ethical behavior has been the norm in these circumstances and that psychologists' participation has assisted in safeguarding the lives and security of people throughout the world. Thus, we do not wish to broadly malign the behavior or impugn the motives of dedicated psychologists who work in national security or military settings. At the same time, we feel the need to address the troubling instances in which psychologists and others have been implicated in abusive practices and have sought to contribute to the process of addressing these concerns with this report. Finally, we recognize that this report has implications for policy makers. We exercised restraint in making policy recommendations so as not to exceed our areas of expertise. Nonetheless, we hope that policy-makers will attend to the evidence of trauma-induction documented in this report and make efforts to reformulate this system so that it prevents, reduces, and treats, traumatic consequences of interrogation and detention.

### VIII. Bibliography

- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
- Arrigo, J. M., & Wagner, R. V. (2007). Psychologists and military interrogators rethink the psychology of torture. *Peace and Conflict*, 13(4), 393-398.
- Asch, S. E. (1955). Opinions and social pressure. *Scientific American*, 193, 31-35.
- Associated Press. (2008, February 16). Gitmo interrogation chief stands by techniques: Says casual questioning, not torture, is the norm --- in a 'thankless' job. *MSNBC.com*.
- Astrom, C., Lunde, I., Ortmann, J., & Boysen, G. (1989). Sleep disturbances in torture survivors. *Acta Neurologica Scandinavica*, 79, 150-154.
- Basoglu, M., Livanou, M., & Crnobaric, C. (2007). Torture vs other cruel, inhuman, and degrading treatment: Is the distinction real or apparent? *Archives of General Psychiatry*, 64, 277-285.
- Basoglu, M., Livanou, M., Crnobaric, C., Franciskovic, T., Suljic, E., Duric, D., et al. (2005). Psychiatric and Cognitive Effects of War in Former Yugoslavia: Association of Lack of Redress for Trauma and Posttraumatic Stress Reactions. *JAMA*, 294, 580-590.
- Basoglu, M., & Mineka, S. (1992). The role of uncontrollability and unpredictability of stress in the development of post-torture stress symptoms. In M. Basoglu (Ed.), *Torture and its consequences: Current treatment approaches* (pp. 182-225): Cambridge University Press.
- Bedau, H., & Radelet, M. (1987). Miscarriages of justice in potentially capital cases. *Stanford Law Review*, 40, 21-197.
- Behnke, S. H., & Koocher, G. P. (2007). Commentary on "Psychologists and the use of torture in interrogations". *Analysis of social issues and public policy*, 7, 21-27.
- Bexton, W., Heron, W., & Scott, T. (1954). Effects of decreased variation in the sensory environment. *Canadian Journal of Psychology*, 8, 70-76.
- Blagrove, M. (1996). Effects of length of sleep deprivation on interrogative suggestibility. *Journal of Experimental Psychology: Applied*, 2, 48-59.
- Blass, T. (1999). The Milgram paradigm after 35 years: Some things we now know about obedience to authority. *Journal of Applied Social Psychology*, 29, 9555-9978.
- Bloche, M. G., & Marks, J. H. (2005). Doctors and interrogators at Guantanamo Bay. *New England Journal of Medicine*, 353, 6-8.
- Boulanger, G. (2007). *Wounded by Reality*. Mahwah, N.J: Analytic Press.
- Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for Posttraumatic Stress Disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology*, 68(5), 748-766.
- Broum, R. (2006). Approaching truth: Behavioral science lessons on educating information from human sources. In Intelligence Science Board (Ed.), *Educating Information*. Washinton, DC: NDIC Press.
- Carlsson, J. M., Mortensen, E. L., & Kastrup, M. (2005). A follow-up study of mental health and health-related quality of life in tortured refugees in multidisciplinary treatment. *Journal of Nervous and Mental Disease*, 193, 651-657.
- Church, A. T. (2005). *Review of Department of Defense Detention Operations and Detainee Interrogation Techniques*: U.S. Government.

- Cordova, M. J., & Andrykowski, M. A. (2003). Responses to cancer diagnosis and treatment: posttraumatic stress and posttraumatic growth. *Seminars in Clinical Neuropsychiatry*, 8(4), 286-296.
- Coulam, R. (2006). Approaches to interrogation in the struggle against terrorism: Considerations of cost and benefit. In Intelligence Science Board (Ed.), *Educing Information: Interrogation: Science and Art: Foundations for the future*. Washington, DC: National Defense College.
- Daniels, R. (2000). The crisis of police brutality and misconduct in America: The causes and the cure. In J. Nelson (Ed.), *Police Brutality: An Anthology* (pp. 240-260). New York: W.W. Norton & Company.
- Daud, A., Skoglund, E., & Rydelius, P. (2005). Children in families of torture victims: transgenerational transmission of parents' traumatic experiences to their children *International Journal of Social Welfare*, 14, 23-32.
- de Jong, J., Komproe, I. H., Ommeren, M. V., Masri, M. E., Araya, M., Khaled, N., et al. (2001). Lifetime Events and Posttraumatic Stress Disorder in 4 Postconflict Settings. *JAMA*, 286, 555-562.
- DeClue, G. (2005). *Interrogations and disputed confessions: A manual for forensic psychological practice*. Sarasota, FL: Professional Resource Press.
- Drizin, S. A., & Leo, R. A. (2004). The problem of false confessions in the post-DNA world. *North Carolina Law Review*, 82, 891-1007.
- Ekenvall, B. (2002). Police attitudes toward fellow officer misconduct: The Swedish case and a comparison with USA and Croatia. *Journal of Scandinavian Studies in Criminology and Crime Prevention*, 3, 210-232.
- Everson, C. (1997). Sleep deprivation and the immune system. In M. Pressman & W. Orr (Eds.), *Understanding sleep: Evaluation and treatment of sleep disorders* (pp. 401-424). Washington, DC: American Psychological Association.
- Fair, E. (2007, February 9). An Iraq interrogator's nightmare. *Washington Post*.
- Falkoff, M. (Ed.). (2007). *Poems from Guantanamo*. Iowa City, IA: University of Iowa Press.
- Fein, R. A. (2006). U.S. Experience and Research in Educing Information: A Brief History. In Intelligence Science Board (Ed.), *Educing Information: Interrogation: Science and Art: Foundations for the future* (pp. xi-xiii). Washington, DC: National Defense College.
- Flaherty, A. (2008, June 16). Military lawyers objected to harsher interrogation. *The Mercury News*.
- Foa, E., Zinbarg, R., & Rothbaum, B. (1992). Uncontrollability and unpredictability in posttraumatic stress disorder: An animal model. *Psychological Bulletin*, 112, 218-238.
- Ford, J. D. (2005). Treatment implications of altered affect regulation and information processing following child maltreatment. *Psychiatric Annals* 35, 410-419.
- Freyd, J. J., DePrince, A. P., & Gleaves, D. (2007). The state of betrayal trauma theory: Reply to McNally (2007) - Conceptual issues and future directions. *Memory*, 15, 295-311.
- Garrido, E., Masip, J., & Herrero, C. (2004). Police officers' credibility judgments: Accuracy and estimated ability *International Journal of Psychology*, 39, 254-275.
- Gerrity, E., Keane, T. M., & Tuma, F. (Eds.). (2001). *The mental health consequences of torture*. Bethesda, MD: National Institute of Mental Health.
- Gibson, S. L. (2007). *The MMPI and MMPI-2 scores: Predicting use of force complaints in criminal justice*. Capella University.

- Glaberson, W. (2008, July 16). Detainee Challenges Guantanamo by Describing Life There. *New York Times*, p. A13.
- Glaberson, W. (2008, April, 26). Detainees' Mental Health Is Latest Battle. *New York Times*.
- Goodman, D. (2008, March 1). The enablers: The psychology industry's long and shameful history with torture. *Mother Jones*.
- Grier, P. (2008). Disagreement widespread within U.S. government over 2002 harsh interrogations. *The Christian Science Monitor*.
- Haney, C. (2006). *Reforming punishment: Psychological limits to the pains of imprisonment*. Washington, DC: APA Books.
- Haney, C., Banks, C., & Zimbardo, P. G. (1973). Interpersonal Dynamics In A Simulated Prison. *International Journal of Criminology and Penology*, 1, 69-97.
- Haney, C., & Zimbardo, P. G. (1988). The past and future of U.S. prison policy: Twenty-five years after the Stanford Prison Experiment. *American Psychologist*, 53, 709-727.
- Hazlett, G. (2006). Research on detection of deception: What we know vs. what we think we know. In *Educing Information*.
- Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress*, 5, 377-391.
- Hersh, S. M. (2004, May 10). Torture at Abu Ghraib: American soldiers brutalized Iraqis. How far up does the responsibility go? *The New Yorker*.
- Hesse, E., & Main, M. (1999). Second generation effects of unresolved trauma in non-maltreating parents: Dissociated, frightened and threatening parental behavior. *Psychoanalytic Inquiry*, 19, 481-540.
- Horowitz, M. (in press). Traumatic Stress. In G. Reyes, J. D. Elhai & J. D. Ford (Eds.), *Encyclopedia of Psychological Trauma*. New York: John Wiley & Sons.
- Howell, E. (2005). *The Dissociated Mind*. Mahwah, N.J.: Analytic Press.
- Hubbard, K. M. (2007). Psychologists and interrogations: What's torture got to do with it? *Analysis of social issues and public policy*, 7, 29-33.
- Huskey, K. A. (2007). The 'Sex Interrogators' of Guantanamo. In T. McKelvey (Ed.), *One of the Guys*. Emeryville, CA: Seal Press.
- Intelligence Science Board. (2006). *Educing Information: Interrogation: Science and Art: Foundations for the future*: National Defense College.
- Jaranson, J. M., Butcher, J., Halcon, L., Johnson, D. R., Robertson, C., Savik, K., et al. (2004). Somali and Oromo refugees: Correlates of torture and trauma history. *American Journal of Public Health*, 94, 591-598.
- Kanninen, K., Punamaki, R., & Qouta, S. (2003). Personality and trauma: Adult attachment and posttraumatic distress among former political prisoners. *Peace and Conflict: Journal of Peace Psychology*, 9, 97-126.
- Kassin, S., & Gudjonsson, G. (2004). The Psychology of Confessions: A Review of the Literature and Issues. *Psychological Science in the Public Interest* 5(2), 33-67.
- Kassin, S., & Neumann, K. (1997). On the power of confession evidence: An experimental test of the 'fundamental difference' hypothesis. *Law and Human Behavior*, 21, 469-484.
- Kassin, S., & Sukel, H. (1997). Coerced confessions and the jury: An experimental test of the 'harmless error' rule. *Law and Human Behavior*, 21, 27-46.
- Kassin, S. M., Goldstein, C. C., & Savitsky, K. (2003). Behavioral confirmation in the interrogation room: On the dangers of presuming guilt. *Law and Human Behavior*, 27, 187-203.

- Kira, I. A. (2002, August). *Suicide terror and collective trauma: A collective terror management paradigm*. Paper presented at the American Psychological Association.
- Kira, I. A., Templin, T., Lewandowski, L., Clifford, D., Wiencek, P., Hammad, A., et al. (2006). The effects of torture: Two community studies. *Peace and Conflict: Journal of Peace Psychology, 12*, 205-228.
- Klaver, J. R., Lee, Z., & Rose, V. G. (2008). Effects of personality, interrogation techniques and plausibility in an experimental false confession paradigm. *Legal and Criminological Psychology, 13*, 71-88.
- Kroing, P. (2008, January 22). Detainee torture remains a reality, reports show. *Globe and Mail*.
- Kull, S., Ramsay, C., Weber, S., Lewis, E., Speck, M., & Subias, S. (2006). *American and international opinion on the rights of terrorism suspects*. Menlo Park, CA: WorldPublicOpinion.org.
- Kundermann, B., Krieg, J., Schreiber, W., & Lautenbacher, S. (2004). The effects of sleep deprivation on pain. *Pain Research and Management, 9*, 25-32.
- Lagournis, T., & Mikaelian, A. (2007). *Fear Up Harsh: An Army Interrogator's Dark Journey Through Iraq*. New York: Nal Caliber Press.
- Lane, C. (2006, June 30). High court rejects detainee tribunals: 5 to 3 Ruling Curbs President's Claim of Wartime Power. *Washington Post*.
- Laubmeier, K. K., & Zakowski, S. G. (2004). The role of objective versus perceived life threat in the psychological adjustment to cancer. *Psychology and Health, 19*, 425-437.
- Leo, R. A., & Ofshe, R. J. (1998). The consequences of false confessions: Deprivations of liberty and miscarriages of justice in the age of psychological interrogation. *Journal of Criminal Law and Criminology, 88*, 429-497.
- Levant, R. F. (2007). Visit to the U.S. Joint Task Force Station at Guantanamo Bay: A First-Person Account. *Military Psychology, 19*, 1-7.
- Lewis, N. A. (2004, November 30). Red Cross Finds Detainee Abuse in Guantanamo. *New York Times*.
- Lewis, N. A. (2006, June 7). Psychologists preferred for detainees. *New York Times*.
- Liberman, A. M., Best, S. R., Metzler, T. J., Fagan, J. A., Weiss, D. S., & Marmar, C. R. (2002). Routine occupational stress and psychological distress in police. *Policing: An international journal of police strategies and management, 25*, 421-439.
- Liberman, H., Tharion, W., Shukitt-Hale, B., Spekman, K., & Tulley, R. (2002). Effects of caffeine, sleep loss, and stress on cognitive performance and mood during U.S. Navy SEAL training. *Psychopharmacology, 164*, 250-261.
- Lott, B. (2007). APA and the participation of psychologists in situations in which human rights are violated: Comment on "psychologists and the use of torture in interrogations". *Analysis of social issues and public policy, 7*, 35-43.
- Lynch, C. (2006, February 14, 2006). U.N. draft decries U.S. on detainee treatment. *Washington Post*.
- Lyons-Ruth, K. (2001). The two-person construction of defenses: Disorganized attachment strategies, unintegrated mental states and hostile/helpless relational processes. *Psychologist Psychoanalyst, 21*, 13-17.
- Lyons-Ruth, K. (2003). *Disorganized attachment and the relational context of dissociation*. Paper presented at the International Society for Traumatic Stress Studies.

- Masip, J., Alonso, H., Garrido, E., & Aton, C. (2005). Generalized communicative suspicion (GCS) among police officers: Accounting for the investigator bias effect. *Journal of Applied Social Psychology, 35*, 1046-1066.
- Mayer, J. (2005, July 11 & 18). The experiment. *The New Yorker*, 60-71.
- Mayer, J. (2008). *The Dark Side: The inside story of how the War on Terror turned into a war on American ideals*. New York: Doubleday.
- Mazzetti, M. (2007, December 6, 2007). C.I.A. Destroyed 2 Tapes Showing Interrogations *New York Times*.
- Mazzetti, M. (2008a, June 17). Ex-pentagon lawyers face inquiry on interrogation role. *New York Times*.
- Mazzetti, M. (2008b, April 27). Letters give C.I.A. tactics a legal rationale. *New York Times*.
- Mazzetti, M., & Shane, S. (2008, June 18). Notes show confusion on interrogation methods. *New York Times*.
- McCoy, A. W. (2006). *A question of torture: CIA interrogation, from the Cold War to the war on terror*. New York: Metropolitan Books/Henry Holt and Co.
- Meissner, C. A., & Kassin, S. M. (2002). "He's guilty!": Investigator bias in judgments of truth and deception. *Law and Human Behavior, 26*, 469-480.
- Meyers, J. (2007). Letter to the editor: Response to 'Lies and coercion: why psychiatrists should not participate in police and intelligence interrogations. . *Journal of the American Academy of Psychiatry and the law, 35*, 137.
- Micucci, A. J., & Gomme, I. M. (2005). American police and subculture support for the use of excessive force. *Journal of Criminal Justice, 33*, 487-500.
- Miles, D. (2006). England Memo Underscores Policy on Humane Treatment of Detainees [Electronic Version]. *American Forces Information Service*. Retrieved May 10, 2008 from <http://www.globalsecurity.org/security/library/news/2006/07/sec-060711-afps01.htm>.
- Milgram, S. (1974). *Obedience to Authority*. New York: Harper and Row.
- Miller, G. D. (2003). *Assessment of DoD Counterterrorism interrogation and Detention Operations in Iraq*: United States Army.
- Mollica, R. F., McInnes, K., Poole, C., & Tor, S. (1998). Dose-effect relationships of trauma to symptoms of depression and post-traumatic stress disorder among Cambodian survivors of mass violence. *British Journal of Psychiatry, 173*, 482-488.
- Moran, M. (2006). AMA Interrogation policy similar to APA's position. *Psychiatric News, 41*, 1-4.
- Morrison, E. W., & Robinson, S. L. (1997). When Employees Feel Betrayed: A Model of How Psychological Contract Violation Develops. *The Academy of Management Review, 22*, 226-256.
- Myers, T., Murphy, D., Smith, S., & Goffard, S. (1966). *Experimental studies of sensory deprivation and social isolation*.
- O'Neal, E., Kipnis, D., & Craig, K. (1994). Effects on the persuader of employing a coercive influence technique. *Basic and Applied Social Psychology, 15*, 225-238.
- Ogawa, J. R., Sroufe, L. A., Weinfeld, N. S., Carlson, E. A., & Egeland, B. (1997). Development and the fragmented self: Longitudinal study of dissociative symptomatology in a nonclinical sample. *Development and Psychopathology, 9*, 855-879.
- Olson, B., & Davis, M. (2008a). APA and the Myths and Costs of Endorsing Psychologist Involvement in Detainee Interrogations. *The National Psychologist, 17*, 18.

- Olson, B., & Davis, M. (2008b). Dissenters say APA's interrogation policy relies on myths. *The National Psychologist*, 17, 18.
- Olson, B., & Soldz, S. (2007). Positive illusions and the necessity of a bright line forbidding psychologist involvement in detainee interrogations. *Analysis of social issues and public policy*, 7, 45-54.
- Otis, P. (2006). Educing information: The right initiative at the right time by the right people In *Educing Information: Interrogation: Science and Art: Foundations for the future* (pp. xv-xx). Washington, DC: Intelligence Science Board.
- Otte, C., Neylan, T. C., Pole, N., Metzler, T., Best, S., Henn-Haase, C., et al. (2005). Association between childhood trauma and catecholamine responses to psychological stress in police academy recruits. *Biological Psychiatry*, 57, 27-32.
- Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. S. (2003). Predictors of posttraumatic stress disorder symptoms in adults: A meta-analysis. *Psychological Bulletin*, 129, 52-73.
- Packer, D. (in press). Identifying systematic disobedience in Milgram's obedience experiments: A meta-analytic review. *Perspectives on Psychological Science*.
- Payne, J. D., Nadel, L., Allen, J. J. B., Thomas, K. G. F., & Jacobs, W. J. (2002). Stress increases false memories. *Memory*, 10, 1-6.
- Physicians for Human Rights. (2008). *Broken laws, broken lives: Medical evidence of torture by US personnel and its impact*. Physicians for Human Rights.
- Pole, N. (2007). The psychophysiology of posttraumatic stress disorder: A meta-analysis. *Psychological Bulletin*, 133(5), 725-746.
- Pole, N. (in press). Predictors of PTSD symptoms in police officers: From childhood to retirement. In D. Delahanty (Ed.), *The Psychobiology of Trauma and Resilience Across the Lifespan*. New York, NY: Rowman & Littlefield Publishers.
- Pole, N., Otte, C., Neylan, T. C., Metzler, T. J., Best, S. R., Henn-Haase, C., et al. (2007). Associations between childhood trauma and emotion-modulated psychophysiological responses to startling sounds: A study of police cadets. *Journal of Abnormal Psychology*, 116, 352-361.
- Priest, D. (2004, June 13, 2004). Justice Dept. Memo Says Torture 'May Be Justified'. *Washington Post*.
- Quiroga, J. (in press). Torture. In G. Reyes, J. D. Elhai & J. D. Ford (Eds.), *Encyclopedia of Psychological Trauma*. Hoboken, NJ: John Wiley & Sons.
- Quiroga, J., & Jaranson, J. M. (2005). Politically-motivated torture and its survivors: A desk study review of the literature. *Torture*, 16, 1-112.
- Rasmussen, A., Rosenfeld, B., Reeves, K., & Keller, A. S. (2007). The effects of torture-related injuries in long-term psychological distress in a Punjabi Sikh sample. *Journal of Abnormal Psychology*, 116, 734-740.
- Rattner, A. (1988). Convicted but innocent: Wrongful conviction and the criminal justice system. *Law and Human Behavior*, 12, 283-293.
- Scrivner, E. (1994). Police brutality. In M. Costanzo & S. Oskamp (Eds.), *Violence and the Law* (pp. 181-202). Thousand Oaks, CA: Sage.
- Shane, S. (2008, June 22). Inside a 9/11 mastermind's interrogation. *New York Times*.
- Silove, D., Steel, Z., McGorry, P., Miles, V., & Drobny, J. (2002). The impact of torture on post-traumatic stress symptoms in war-affected Tamil refugees and immigrants. *Comprehensive Psychiatry*, 43, 49-55.

- Skolnick, J. H., & Fyfe, J. J. (1993). *Above the law: Police and the excessive use of force*. New York: The Free Press.
- Smith, C. S. (2007). *Eight O'Clock Ferry to the Windward Side: Seeking Justice in Guantanamo Bay*. New York: Nation Books.
- Soldz, S. (2007). *Aid and Comfort for Torturers: Psychology and Coercive Interrogations*. Paper presented at the Unfree Association: The Politics and Psychology of Torture in a Time of Terror.
- Summers, F. (in press). Making Sense of the APA: A History of the Relationship Between Psychology and the Military. *Psychoanalytic Dialogues*.
- The Associated Press. (2007, August 16). Legal timeline in Jose Padilla's case since his 2002 arrest. *International Herald Tribune*.
- Toch, H. (2008). Police officers as change agents in police reform. *Policing and Society*, 18, 60-71.
- Tooke, S. K., & Brown, J. S. (1992). Perceptions of seclusion: Comparing patient and staff reactions. *Journal of Psychosocial Nursing*, 30, 23-26.
- United Nations. (1995). Convention against torture and other cruel, inhuman, or degrading treatment or punishment. In *Human rights 1945-1995. Blue Book Series*. (Vol. VII, pp. 294-300): United Nations,.
- Vorbruggen, M., & Baer, H. U. (2007). Humiliation: The lasting effect of torture. *Military Medicine* 172, 29-33.
- Vrij, A., & Mann, S. (2001). Who killed my relative?: Police officers' ability to detect real-life high-stake lies. *Psychology, Crime, and Law*, 7, 119-132.
- Walker, S. (2005). *The new world of police accountability*. Thousand Oaks, CA: Sage.
- Westley, W. A. (1953). Violence and the police. *The American Journal of Sociology*, 59, 34-41.
- Williams, L. M., Kemp, A. H., Felmingham, K., Barton, M., Olivieri, G., Peduto, A., et al. (2006). Trauma modulates amygdala and medial prefrontal responses to consciously attended fear. *NeuroImage*, 29, 347-357.
- Worden, R. E. (1996). The causes of police brutality: Theory and evidence on police use of force. In W. A. Geller & H. Toch (Eds.), *Police violence: Understanding and controlling police abuse of force* (pp. 23-51). New Haven: Yale University Press.
- Yasik, A. E., Saigh, P. A., Oberfield, R. A., & Halamandaris, P. V. (2007). Posttraumatic stress disorder: Memory and learning performance in children and adolescents. *Biological Psychiatry*, 61, 382-388.
- Young, S. R. (2006). *Review of DoD-Directed Investigations of Detainee Abuse (Report No. 06-INTEL-10)*: Department of Defense.
- Zimbardo, P. G. (2007). *The Lucifer Effect: Understanding How Good People Turn Evil*. New York: Random House.
- Ziskind, E. (1965). An explanation of mental symptoms found in acute sensory deprivation: Research 1958-1963. *American Journal of Psychology*, 121, 939-946.
- Zuckerman, J. (1964). Perceptual isolation as a stress situation. *General Psychiatry*, 11, 255-276.
- Zuckerman, M., Persky, H., Miller, L., & Levine, B. (1970). Sensory deprivation versus sensory variation. *Journal of Abnormal Psychology*, 76, 76-82.
- Zurbriggen, E. L. (2008). Sexualized torture and abuse at Abu Ghraib prison: Feminist psychological analyses. *Feminism and Psychology*, 18, 301-320.
- Zurbriggen, E. L., & Freyd, J. J. (2004). The link between child sexual abuse and risky sexual behavior: The role of dissociative tendencies, information-processing effects, and

consensual sex decision mechanisms. In L. J. Koenig & L. S. Doll (Eds.), *From child sexual abuse to adult sexual risk: trauma, revictimization, and intervention* (pp. 135-157). Washington, DC: American Psychological Association.