

The war in the mind

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Psychology and psychiatry have long had an uneasy relationship with the dark art of interrogation. But what, if anything, can psychologists and psychiatrists tell us about the effectiveness, and the effects, of coercive interrogations -- and the moral questions they raise?

By Drake Bennett | November 27, 2005

TWO WEEKS AGO, as the White House continued to fight a measure sponsored by Senator John McCain, and overwhelmingly approved by the Senate, to prohibit the use of "cruel, inhuman, or degrading treatment or punishment" against anyone in United States custody, the American Psychiatric Association passed a draft of its own resolution opposing torture.

The organization, which represents the majority of American psychiatrists, declared that psychiatrists should not in any way assist in torture or in so-called "coercive interrogations"-also commonly referred to as "torture lite"-which the APA draft defined as "degradation, threats, isolation, imposition of fear, humiliation, sensory deprivation or excessive stimulation, sleep deprivation, exploitation of phobias, or intentional infliction of physical pain such as use of prolonged stress positions." All of these tactics have been described by detainees and leaked government documents as being practiced by interrogators at Guantanamo Bay and other American military detention sites.

At the same time, a debate has roiled the American Psychological Association. The organization is unequivocally opposed to torture of any kind, its ethics director Stephen Behnke emphasized in a recent interview. However, he added, "the American Psychological Association has approached this issue with an appreciation of its complexity." That means, for example, setting up a task force to look at the psychological research literature to determine which interrogation techniques are most effective-a decision that some of the association's members see as sullyng the whole profession by associating it with breaking people rather than helping to cure them.

This debate-about what role, if any, psychiatrists and psychologists could play in interrogations-stems in large part from widely reported revelations this summer that military psychologists and psychiatrists were advising interrogators at Guantanamo. The subtext of this collective soul-searching has been that those with a special understanding of the human mind have

a special ethical responsibility when it comes to prying secrets out of the recalcitrant.

While arguments about torture and coercive interrogations are moral arguments at heart, they do hinge on questions of efficacy. And yet the suggestion that psychologists and psychiatrists have much to contribute to interrogations may rest on a perception that interrogation itself is more of a science than a dark art. Historically, scientific and medical research has been of only limited use to interrogators, and what literature there is on interrogation relies on the recollections of interrogators and the interrogated

rather than on controlled clinical studies.

In recent years, however, there has been a renewed effort by psychologists and psychiatrists to create a more truly scientific literature on torture and interrogation, looking not only at the effectiveness of different methods, but at their long-term effects on those subjected to them-the very questions vital to the ethical and moral debates currently embroiling politicians, psychiatrists, and psychologists alike.

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During the Cold War, the enlistment of psychiatric and psychological research in the service of the state made for some of the era's strangest episodes. In the 1950s and '60s, the CIA and the US military saw immense promise in the hallucinogen LSD as a "truth serum," and experimented on unwitting soldiers, intelligence agents, and even men lured by CIA-hired prostitutes from San Francisco bars to a "safe house" where they were given LSD-laced cocktails.

Other research, however, was more productive. Work in the 1950s by the neuroscientist John Lilly, of the National Institute of Mental Health, suggested that extended sensory deprivation-in Lilly's study, subjects were suspended in water while wearing blacked-out goggles-created unbearable levels of stress in certain people. Sensory deprivation has been a staple of coercive interrogations ever since.

Today there remains interest among military interrogators in psychological research. According to an article by Jane Mayer in The New Yorker last July, interrogators at Guantanamo were particularly interested in research done in the 1970s by Martin Seligman, a psychologist at the University of Pennsylvania, into what he termed "learned helplessness"-the process by which animals (and, Seligman extrapolated, humans) lapsed into submission in the face of uncontrollable punishment. Seligman, Mayer reported, has presented his work to military interrogation specialists. (He declined to be interviewed for this article.)

According to Jonathan Moreno, a bioethicist at the University of Virginia who is writing a book on neuroscience and national security, there has also been a renewal of interest on the part of the Pentagon in truth drugs. Instead of hallucinogens, he says, the focus is on compounds that disarm the subject by targeting the levels of neurotransmitters like dopamine and serotonin. "We may be getting to the point," Moreno says, "where you could actually administer a drug with a protein that helps to stimulate a certain neural center, and that might create an attitude of confidence and trust and low stress in the person being interrogated. It would be much faster than doing it the old-fashioned good cop/bad cop way." It would also, Moreno argues, be more humane, or at least more gently coercive. (Many psychiatrists and neuroscientists are skeptical about the possibilities for such drugs.)

Still, despite the government's interest in predictions like Moreno's, at places like Guantanamo much of the interrogator's arsenal has little to do with contemporary research on the brain or behavior. One of the most influential texts, on which US military and CIA interrogation manuals have drawn heavily over the years, was written 50 years ago by Harold Wolff and Lawrence Hinkle, neurologists at Cornell Medical School. Their book, "Communist Interrogation and Indoctrination of 'Enemies of State,'" was based not on their own research but on the recollections of former KGB interrogators and of American POWs held by the Chinese during the Korean War. (Similar research at around the same time by the psychiatrist Robert Jay Lifton-who spoke to POWs, missionaries, and even Chinese citizens tortured by the Chinese

Communist government-is often cited today to illustrate the unreliability of confessions extracted under torture.)

Interrogators themselves can be dismissive of the help provided by mental health professionals. According to Avi Dicter, the former head of Shin Bet, the Israeli Security Agency, over the course of his 30-year career, "I remember maybe once or twice when we were completely hopeless in an interrogation we tried to get some assistance" from a psychiatrist or a psychologist hidden behind a curtain in the interrogation room. "I think the psychiatrist was as helpful as my mother [would have been]."

This makes sense, says Michael Grodin, a psychiatrist at the Boston University School of Public Health. He's not sure what help psychiatrists would be in an interrogation. "They're trained to listen, to empathize, they're trained to heal. Those are not the kinds of things that one does in the context of most interrogations."

"People have this notion that there are secrets," says Moreno. But, he points out, "You don't need a PhD in psychology to be a torturer."

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Nevertheless, a few psychiatrists and psychologists have continued to research interrogation and coercion, trying to figure out whether and how they work and what sort of marks they leave on those who go through them.

Grodin's work, for example, focuses on torture's human costs. It's a subject that presents obvious difficulties. "There's not a huge amount of literature," Grodin says. "You obviously can't do a randomized clinical trial." Still, he has spoken to around a thousand torture survivors and is looking at how symptoms vary with different forms of torture and across cultures.

New work is also being done on interrogation methods, though most of it focuses on criminal rather than military interrogations. One of the leaders in the field is Saul Kassin, a psychology professor at Williams College whose work focuses in particular on false confessions, which he says occur with alarming frequency in police interrogations. "Modern police interrogation is something of a steamroller," he says. "It produces confessions from the guilty, but it also puts the innocent at risk." (Kassin also points out that police interrogators are prohibited from using most of the coercive methods reportedly allowed in Guantanamo.)

There are, Kassin readily concedes, fundamental differences between criminal and military interrogations. The former are meant to elicit confession, the latter to extract information. In both, though, reliability is important, and in both, he argues, coercion leads to unreliable information. "Everyone has a breaking point. You can certainly get people to talk." But interrogators, he argues, "are not nearly as good at determining if what they're getting is true or not."

On this last point, Kassin has done the sort of falsifiable, controlled study that is rare in a fraught field like interrogation: He set up an experiment in which college students and police investigators were asked to judge both video- and audiotapes of prison inmates' confessions, some of them false, some

true. The police, though more confident in their judgment, did worse than the students, and in some instances did worse than if they had randomly guessed. What that means, Kassin argues, is that the interrogator's gut instinct and hard-earned experience leads, as often as not, to the wrong conclusion.

Kassin and others are also looking at how to design a better interrogation, though most of the research is very new. "Researchers have been so busy identifying some of the problems with interrogations that the next step, techniques that might produce good information, is only really starting," he says. In one promising study, for example, Par Anders Granhag and Maria Hartwig, psychologists at the University of Gothenberg, have shown how, by strategically holding back key information about the crime in question, interrogators can lower the incidence of false confessions while still trapping guilty suspects.

Such work, researchers hope, might help turn interrogation into a little bit less of a dark art and a little bit more of a science. But in the end, it can't resolve the larger ethical questions about what sort of interrogation methods we should allow and in what setting-and if there is any role for psychiatrists or psychologists in the process.

For Grodin, the answer is simple. "It's bad. Don't do it. Just say no." There needs to be, he believes, "a bright line and a big wall between using psychiatry as an agent of the state versus using psychiatry to benefit patients." A psychiatrist is a doctor, and a doctor's Hippocratic oath, he argues, makes the choice clear.

Kassin is less categorical. Part of this may reflect the fact that he is a psychologist, not a psychiatrist. "I don't define psychology as a mental health profession," he says. "I define psychology as the science of human behavior." But, he emphasizes, there is a social as well as scientific benefit in his work. In interrogations, he believes, "effective and humane may not in the end be contradictory." His job is to figure out how.

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