

CHAPTER 14

MILITARY PSYCHOLOGIST:
AN OXYMORON

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Our mission is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives.¹

—Mission of the American Psychological Association

The U.S. Army's mission is to fight and win our Nation's wars by providing prompt, sustained land dominance across the full range of military operations and spectrum of conflict in support of combatant commanders.²

—Mission of the U.S. Army

The mission of the Navy is to maintain, train and equip combat-ready Naval forces capable of winning wars, deterring aggression and maintaining freedom of the seas.³

—Mission of the U.S. Navy

The mission of the United States Air Force is to fly, fight and win in air, space and cyberspace. Our rich history and our vision guide our Airmen as we pursue our mission with excellence and integrity to become leaders, innovators and warriors.⁴

—Mission of the U.S. Air Force

The Marine Corps has been America's expeditionary force in readiness since 1775. We are forward deployed to respond swiftly and aggressively

in times of crisis. We are soldiers of the sea, providing forces and detachments to naval ships and shore operations. We are global leaders, developing expeditionary doctrine and innovations that set the example, and leading other countries' forces and agencies in multinational military operations. These unique capabilities make us "First to Fight," and our nation's first line of defense.⁵

—Mission of the U.S. Marine Corps

INTRODUCTION

This chapter argues that the role of a professional psychologist is incompatible with that of an active duty member of the U.S. military. The missions, ethics, goals, and values of the two roles—professional psychologist and active duty member of any of the branches of the military—are contradictory and therefore cannot be simultaneously maintained either ethically or in keeping with international law. Many books, chapters, and journal articles have been written about the contradictions and tensions experienced by all healthcare personnel who are also uniformed members of the armed services—usually called issues of “dual loyalty” or “dual roles,” or even “multiple roles”. They refer to loyalty to the values and ethics of the healthcare profession and to the values, ethics, and dictates of the military chain of command, the latter being not infrequently in conflict with the former.⁶ Much of this literature refers to physicians who are members of the military,⁷ but there is a substantial literature on dual loyalty tensions faced by psychologists as well.⁸ Some of the literature on dual loyalties concludes that it is simply impossible to resolve these issues. This chapter extends that position and argues that military psychologists are not only in an impossible situation but also that in contemporary times the very existence of military psychologists is problematic in several ways: It makes it harder for the American Psychological Association (APA) to make judgments and stand behind its own ethical code. It creates distrust of the profession of psychology as a healing profession. And it creates a false perception that the United States is engaged in just wars, when the present endless wars fought by the United States do not meet even minimal criteria for such a designation.⁹

This chapter is not meant to be an argument in favor of just wars or any wars. However, even those who would argue in favor of so-called just wars would be hard pressed to explain how the United States' contemporary wars might qualify. The participation in, and support of, these wars by psychologists is therefore highly problematic.

DUAL LOYALTY

The chief reason that dual loyalty issues are hard for all uniformed military healthcare personnel is that the U.S. military (like those of other Western countries) expects and demands obedience to *lawful* orders, and the fact that an order is lawful does not guarantee that it is consistent with the ethical codes of the healthcare professions. There are, in fact, by report of military psychologists themselves, times when the military mission leads to orders that are lawful but not in accord with the ethical guidelines of healthcare professions.¹⁰ In addition, some international treaties to which the United States is a signatory define responsibilities of healthcare providers that may, and sometimes do, contradict military orders. These include such treaties as the Geneva Conventions,¹¹ the UN Conventions against Torture,¹² the Nuremberg Conventions,¹³ and others. The Geneva Conventions, for example, were violated during the Bush era by mistreatment of detainees amounting to torture.¹⁴ Military psychologists, ordered to consult to interrogators at Guantanamo, should have, according to the Geneva Conventions, disobeyed those orders and refused to participate in the Behavioral Science Consultation Teams.¹⁵ Were they to have done so, they would have been disobeying “lawful” orders and would therefore have been subject to potentially severe punishment by the military. This is an example of how orders that may be perceived by the military to be lawful, and even seen to be critical to advance the military mission, may violate the ethical code of the APA, and they may violate the universally accepted concept that healthcare professionals do no harm. Such contradictions are at the core of dual loyalty dilemmas.

Not all dual loyalty dilemmas are as consequential as those faced by military psychologists at Guantanamo. In what are commonly described as dual loyalty dilemmas, military psychologists experience tension between officers’, and sometimes commanders’, requests for information about personnel whom they have mandated to receive care, on the one hand, and the professional duty to protect private health information on the other. This creates tension between following orders—an imperative of military culture—and adhering to the ethical principle of confidentiality. This sort of dilemma appears, based on cases described in literature and presentations,¹⁶ to be similar to situations faced by healthcare providers in other settings. In the military context, however, the stakes—for both provider and recipient of services—are likely to be higher than in many civilian settings. Still, it seems that this kind of dilemma is amenable to resolution through some combination of informed consent, educating military personnel regarding what may and what may not be disclosed, and military personnel seeking civilian treatment. Anecdotes about these dilemmas often report acceptable endings, suggesting that the psychologist has navigated dual loyalties successfully, at least successfully from the psychologist’s point of view.¹⁷

By contrast with these relatively simple cases, the situation of psychologists at Guantanamo and other similar sites is one of the most complex cases, a case that has yet to be successfully resolved. In this situation, psychologists faced dual loyalty issues when ordered to consult to interrogators who were using techniques forbidden by international laws and treaties to which the United States is a signatory, forbidden by the universal healthcare dictum to do no harm, *and* forbidden by their own profession's ethical principles. The interrogators were using the so-called enhanced interrogation techniques (EITs), techniques that amount to torture but that had been—in one of the most horrifying denials of common sense and integrity in recent years—disingenuously declared “legal” by attorneys at the Department of Justice.¹⁸ Because they had been declared “legal,” military psychologists were expected by the military to follow orders to support interrogators using those techniques, in spite of the fact that they were forbidden by international treaties, such as the Geneva Conventions, forbidden by APA ethical principles, and forbidden by common principles of healthcare provision and of research, such as “do no harm.” The dilemma for psychologists was even more consequential because attorneys at the Department of Justice had gone on to specify that torture would be redefined as *not being torture* [emphasis mine] if the interrogator showed good faith by consulting a healthcare professional. Both the American Medical Association and the American Psychiatric Association specifically stated that their ethical codes forbade members from participating as consultants to the interrogators; only psychologists were left to support this dishonest and reprehensible scheme. The military psychologists should have, according to international law and ethics, refused to collaborate, and they should have reported the torture. At the same time, they were bound by their military role to provide the consultation that enabled torture. Some may have thought that they could, by their consultation, lessen the torture. But that would not bring them into compliance with international law. If any psychologists chose to comply with international law, APA ethical principles, and healthcare principles, it was not made publicly known. Instead, it appears that the military psychologists chose to follow orders falsely claimed to be legal but factually illegal, and also unethical.¹⁹

But the failure of psychologists to disobey was not the worst failure in this situation. Far worse was the failure of the APA's notorious PENS committee, the Presidential Committee on Ethics and National Security. The PENS committee, on behalf of the organization, specifically endorsed the policy of psychologists consulting to the interrogators and generally endorsed the acceptability of military psychologists obeying orders that were unethical. This left any psychologist who may have wanted to follow the mission of APA, the universal healthcare dictum to do no harm, and the mandate of

international treaties to refrain from torturing detainees, essentially on their own, without the backing by their professional organization. Any military psychologist who disobeyed orders could not, in those circumstances, claim that their professional status was at risk, nor could they expect help or support from the largest professional organization of psychologists in the United States. That organization, APA, had abdicated responsibility to support psychologists disobeying orders by overtly giving them permission to follow unethical orders. If they disobeyed, they could face court martial. They could face loss of future pension. If the military had paid their tuition, they might have to pay it back. The pressures to conform go on and on. Resistance would have been a lonely path, made especially lonely by the actions of the APA, via the PENS committee. And almost all of the more than 100,000 members of APA became complicit bystanders.

As an example of what could have happened, had APA supported disobedience, there is a healthcare provider who refused to follow an order at Guantanamo that the provider saw as unethical. A navy nurse stationed at Guantanamo refused to participate in force-feeding of detainees. The case was made public and brought attention to the inhumane practices, causing public outcry and debate. The nurse, who faced possible punishment, was finally reinstated after nearly two years. According to an article in the *Miami Herald*, the attorney representing the nurse “said the nurse had an increased sense of professional pride because, throughout the inquiry, the nurse got the support of the American Nursing Association, as well as by Physicians for Human Rights.”²⁰ By contrast, there are no publicly known cases of military psychologists at Guantanamo refusing to participate and thus bringing their refusal, and the unethical nature of the orders, to public attention while they were ongoing.²¹ Indeed, given the nature of the PENS report, it is questionable whether the APA would have provided the same sort of support that the American Nursing Association provided.

It is fair to assume that dilemmas comparable in gravity to the one posed by orders to consult to interrogators are still faced by military psychologists even as I write this chapter, and even as you read it. Other military psychologists will face such dilemmas for as long as there are military psychologists. Some of them have not yet been publicly debated as seriously as the events at Guantanamo. For example, military psychologists are on record as assisting in the selection and support of drone operators,²² while drones are often engaged in what is a highly controversial practice of killing without trial, a practice that, at the very least, challenges, and may, in fact, violate international law.²³ The fact that the position of drone operator is extremely stressful has been well documented.²⁴ Recently, four former drone operators became whistle-blowers, and the stressful nature of the work has been the

subject of comment by mental health professionals.²⁵ Given all that, it should be incumbent on psychologists, not to look for more resilient drone operators, but to at the very least protest, and, to be on solid ground ethically, to refuse to participate in the program.

Psychologists have also failed to protest the flawed policy of endless war against people whose culture we do not understand or of the small all-volunteer military that require multiple deployments to war zones. There may be military psychologists who, in good faith, think that by using certain techniques to help soldiers cope with stress and return to the battle, they are engaging in prevention. However, the incidence of suicides among veterans is staggering²⁶ and a testament to the fact that psychologists, who should be protesting policies not in the psychological best interest of soldiers, are instead endorsing and assisting with those policies. Thus, they contribute to harm done to military members, unbearable pain caused to their families. How can any of this possibly make sense in light of APA's mission? One sad answer is that the best way to understand why APA does not require psychologists to protest these inhumane situations is to view them in the context of APA's history of dependence on the military.

HISTORY OF APA IN RELATION TO THE MILITARY

This chapter argues that psychologists are particularly vulnerable to obeying military orders when faced with dual loyalty issues for several interconnected reasons, resulting from the history of psychology in the United States. The first reason psychologists are more vulnerable is because the growth of psychology as a profession (rather than strictly an academic discipline) grew out of the need for clinicians to treat returning military veterans after World War II. That is, since there were not enough psychiatrists, the Department of Veteran Affairs (VA) decided to turn research psychologists into clinicians, and the academic departments of psychology—somewhat reluctantly—began training psychologists to be clinicians.²⁷ Clinical psychology grew from these humble beginnings and gradually became the largest subgroup within the ranks of APA. Thus, both professional psychology and APA have a perceived debt of gratitude toward the U.S. military for the evolution of the profession and the organization.

This history also led to clinical psychologists being perceived as second-rate or auxiliary clinicians (only recruited because there were not enough psychiatrists to do the job.) As a consequence, they were also perceived to be dispensable to the military and veterans, if the need for clinicians were to decrease. In the context of a debt of gratitude, lower status, and possibly becoming dispensable, the APA was always under pressure—subtle and not very subtle—to comply

with the wishes of the U.S. Department of Defense (DoD), to stay in its good graces. It, thus, willingly became a collaborating partner.

One of the outcomes of this partnership is that the APA encourages its young members to consider a career in the military. This encouragement includes efforts such as lobbying for signing bonuses for psychologists who join the military²⁸ and welcoming military recruiters as exhibitors at APA conventions.²⁹ It is not clear whether APA ever successfully grapples with the contradictions in missions, goals, and philosophies between APA and the DoD when engaging in these attempts to help recruit on behalf of the DoD.

Besides their historical origins, however, military psychologists also have to face second-class status for another reason. Psychology in general is very small and relatively weak compared with other healthcare professions—for example, medicine and nursing. There are about 1.3 million active duty military in the United States.³⁰ There are approximately 915,000 actively licensed physicians in the United States³¹ and approximately four million nurses.³² By contrast, there are about 106,000 licensed psychologists.³³ (It is not clear how many of them are actively practicing.) The numbers' difference itself suggests a huge difference in power and resources. Furthermore, there is another status difference. Nurses and doctors did not get their start at the behest of the military. The profession of physician has existed for millennia and the profession of nurse for centuries—long before the well-known story of Florence Nightingale.³⁴

Viewed from this perspective, it is still shocking, but not as surprising, that APA had a hard time standing up to the DoD when it came to the DoD's perceived need to have healthcare professionals consult to interrogators engaged in torture. It seems likely that APA might continue to have difficulty standing up to the DoD, or supporting its members' standing up to the DoD, in the future. Indeed, while APA at last took a strong stand in disagreement with the DoD in August 2015, the governing body is presently wavering, considering undoing that stance, under pressure from some military psychologists and some of their supporters.³⁵

APA Must End Its Dependence on the DoD

In recent years, due, at least in part, to the scandal over psychologists' consulting to interrogators engaged in use of EITs, APA's dependence on the DoD has outlived its usefulness and has, in fact, become a burden so heavy that it has created a threat to the continued viability of the field, as the profession of psychology has become associated with the worst aspects of failure to negotiate the dual loyalty dilemma successfully in recent years. Psychology, sadly and distressingly, has become associated with torture. It is time for psychology to end its decades-long dependence on the DoD and VA for its

definition, to stop trying to win their favor at the expense of APA's ethics. Realistically, a necessary step in its movement away from its dependence on the DoD would be to end support for the role of military psychologists. Without having to provide guidance—or cover—for psychologists serving simultaneously in the military and as healthcare providers, APA would be more at liberty to enforce compliance with its ethics code and international treaties rather than uncritically supporting the government and the DoD. APA could support and even endorse psychological services provided for the military by independent practitioners rather than continuing to endorse an impossible set of dual loyalties. Independent psychologists providing services to the DoD would be psychologists first and clearly be responsible to compliance with the APA ethics code, putting APA in the position of being able to support psychologists who refuse to participate in unethical conduct as well as those who report violations of international law.

APA WOULD FACE CHALLENGES IN STANDING UP TO THE DOD

Recent events at APA suggest that a challenge to any service performed by military psychologists is likely to be targeted with false accusations of depriving service members of needed support and consultation. This is a false accusation because, as discussed previously, psychological services needed or desired by the U.S. military can be, and often are, competently provided by civilians. This chapter simply argues against the idea that military psychologist is a viable professional identity. The role of military psychologist is so burdened with history, with second-class provider status, and with the lack of equality between the APA and the U.S. military, that it is proving to be impossible for anyone in that role to successfully manage the more challenging of the dual loyalty dilemmas.

This chapter also argues that the existence of military psychologists, and other military healthcare providers, puts a patina of respectability on some corrupt and dangerous policies, by suggesting that the United States is engaged in just wars, when its contemporary wars fail the most basic criteria for such a designation,³⁶ and by suggesting that U.S. counterterrorism policies are reasonable and effective, when they are neither.

COUNTERTERRORISM: MILITARY PSYCHOLOGISTS LEND CREDIBILITY WHERE SKEPTICISM IS WARRANTED

Let me introduce you to a bigger picture, one that I learned only gradually, and with increasing horror, over the past 10 years, as I researched how and why youth are recruited to groups using violence—including terrorism.

The horror grew as I became increasingly aware that authorities in the United States and the United Kingdom are addressing such recruitment in ways that are doomed, if not designed, to fail, using programs that are based on secret science and/or flawed science. Indeed, the more closely one examines the process of translation of the flawed science to practice, the more likely it seems that the authorities have little interest in the validity of the frameworks they use to justify programs targeting Muslim communities and rounding up young people, few to none of whom pose a realistic threat.³⁷

Even though Americans of goodwill throughout the country want nothing more than to keep their children safe—including keeping them safe from the threat of future terrorism—there are many powerful Americans whose livelihoods and careers depend on keeping Americans fearful and therefore making sure that there are constant limitations to a sense of security. They depend, for a living, on Americans perceiving—rightly or wrongly, and it sometimes seems that the authorities do not care which—that there is an imminent threat. Some of those who benefit from fear among the citizens are politicians.³⁸ Some are military officers. Some have jobs in the fields of security and surveillance. So while our strongly committed and highly skilled volunteer military understands its goal to be keeping America safe, political leaders all over the world, and corporate leaders in many countries—especially the United States—have a stake in keeping us believing we are not safe—keeping us afraid enough that we will, out of love and respect for the troops, allocate an almost endless supply of money—precious little of which actually makes it to the troops or their families. Instead, the money that we allocate out of love and care for the volunteers who are trying to keep the country safe ends up in the pockets of the shareholders of companies that manufacture arms and military supplies.³⁹ And despite wise counsel to the contrary, beginning with Dwight D. Eisenhower, our political leaders continue endless wars that spawn more wars; torture and reckless killing that inspire hatred of the United States; an aggressive and bullying stance in the international community that makes it impossible for almost any ordinary citizen in many parts of the world to respect the United States; and insistence on our right to use way more than our share of the earth's resources, which enrages almost everyone else, and failure to adhere to international conventions and treaties. Our failure to adhere to these treaties and conventions puts innocent civilians at risk all over the world while enriching the shareholders of military suppliers—companies like Lockheed Martin, whose annual sales of \$46 billion is greater than the annual budget of the state where it is headquartered. And while the existence of our weapons and military technology keep America “exceptional” and “the only superpower,” American officials simultaneously, and falsely, proclaim that it is “extremism” that puts Americans at risk.

Our leaders understand quite well why people in many parts of the world hate the United States and how they can change that. But they are committed, for other reasons, to continuing the actions that create and maintain that hatred—the actions that put money into the hands of shareholders of military suppliers and then into the complicated Wall Street investment systems. The vicious circle of violence in which terrorist actions are but one part may not be so evident to many Americans. What Eisenhower tried to draw attention to decades ago was then the military-industrial complex, but it is now a more complicated military-security-corporate-finance complex. In other words, in order to see who benefits from our fear of terrorism, follow the money.

This chapter, then, although it argues against military psychologists, is not antimilitary personnel. It is antimilitarism as part of a vicious circle that includes fear of terrorism, increases in military budget, enriching of arms suppliers, never-ending war, and extrajudicial killing. And it points out that one result of all that is the United States is, by its own actions, providing arguments useful for the recruiters of youth to organizations that use violence. Recruiters can provide ample evidence, in their recruitment spiels, that the United States is a bully and that any attack on the United States, however small, is to be seen as a victory for the victims of the bully. And so the circle becomes complete: Citizens fear terrorism and thus vote large military budgets. Budgets go to the continuation of endless wars, extrajudicial killing, and creation of refugees, all of which require huge amounts of supplies and logistics operational assistance, provided by private companies, whose enrichment essentially goes to the shareholders and company officials, many of whom invest these funds in Wall Street instruments, and who have sufficient funds to protect themselves from threats. They also use some of that money to fund the candidates who will vote for continued wars. The United States spends outlandish amounts of money on munitions and military supplies, continuing its role as the world's police, perceived by most ordinary civilians in the world as the world's bully. With its superpower status, the United States decides who will rule a variety of countries. Recruiters point out all the meddling, the deaths and destruction caused by the United States, in order to convince militias to take up arms in civil wars against leaders perceived as supported by the United States.⁴⁰ A few Americans are then recruited into what they are led to perceive as a global network of people trying to take down the United States. And authorities, supported by mainstream media, falsely point to those few as the source of all our problems and the justification for more war and more expenditures.

The participation in that vicious circle by psychologists is a travesty against the mission and ethics of health care in general and psychology in

particular. This chapter is not against caring for those who have volunteered but against using those volunteers as an excuse to enrich corporations that manufacture arms and supplies. It is not against defending our citizens but against the ongoing creation of false threats to keep the citizens on edge. It is not against trying to dissuade youth who are tempted to join organizations that use terrorist tactics but against psychologists' participation in the situations that make joining such organizations tempting.

Military psychologists lend credibility to these indefensible actions. Even if military psychologists only add a small amount of credibility to the U.S. endeavor of fighting endless wars to increase the wealth of shareholders, and to be perceived as tough and unbeatable, an exceptional superpower, it should be clear that that is way too much for APA to tolerate, given its mission.

Either APA is in an institutional groupthink style state of denial, or APA is willing to ignore all evidence of the harm done by its close ties with the DoD for other reasons. If APA were acting rationally, following its recent scandal, the organization would be reevaluating all its ties to the DoD, to be sure it does not do more harm than already done by enabling the torture of detainees. If it were acting rationally, it would be concerned not about appeasing military psychologists who are protesting the "Independent Review"⁴¹ that revealed collusion between APA and the DoD but about finding ways to cease putting military psychologists into impossible dual loyalty dilemmas.

To clarify, while those who suffered most from APA's actions were the detainees, it has been clearly documented that the torture of detainees at Guantanamo had tremendous costs to the United States, including to the U.S. military. A recent report by the Carr Center at Harvard's Kennedy School lists many of the costs to the United States, including use of torture on detainees. Torture by the United States was used as a recruiting tool, attracting foreign fighters to Iraq and Afghanistan to fight against the United States. In addition, it had the cost of making the United States, in the eyes of some other Western countries, a "pariah state," and alienating our allies.⁴² And we now know that the leader of ISIS, Abu Bakr al-Baghdadi, was a prisoner at Abu Ghraib, during the time when infamous photos of torture of prisoners were released.⁴³ How can APA ignore this?

FOSTERING FEAR OF TERRORISM

Those of us who research and write about terrorism should be concerned that our work may be used to contribute to both the falsely elevated level of attention to and the consequent unrealistic level of fear of terrorism in the United States. Compare the statistics. It is clear that people are unduly afraid of terrorism and failing to pay attention to some actual dangers—such as the

threat of losing a loved one to cigarette smoking, opioid addiction, gun violence, or automobile accidents, to name a few.⁴⁴

What I have learned in my 15 years of studying terrorism and recruitment of youth to groups using terrorist tactics is that kids who engage in terrorism generally do so not out of hatred or malice, and not out of religious or ideological extremism, but out of a sense of duty, a sense of desire to level an uneven playing field, a sense that the cause being fought for is a good cause, and because they think they are helping their families and friends stay safe in the future.⁴⁵ They are misguided, misled, seduced, and sometimes forced into believing that violence is the best or only effective course of action. But the fundamental motivation is not to kill or maim or die or to cause havoc. One could say something similar about American military pilots who drop bombs on the enemy, about drone operators, and about snipers. They believe that it is necessary to kill others in order to protect their community. And that is the gist of why kids engage in terrorism. They are not necessarily more religiously extreme than their friends. Generally, they are more altruistic, though their altruism is being manipulated and abused by recruiters, in the sense of being willing to die for a cause—or more motivated to see to it that the powerful group that is putting their own group at risk be made to answer for their deeds.

We simply cannot succeed in defeating terrorist groups without being realistic about the reasons why people participate in terrorist tactics. And we cannot succeed while continuing to engage in wars, drone strikes, occupations, and violations of international conventions in places whose cultures we do not understand or respect. In other words, as long as the United States insists on being a world police officer or, in the eyes of the policed, a world bully, there will be people who do not like feeling bullied and who will respond in whatever ways are at hand, including engaging in terrorist actions out of a desire to teach the bully a lesson.

SOCIAL SCIENCE RESEARCH AND THE STATUS QUO

Psychologists are among the social scientists—along with anthropologists, sociologists, economists, and historians—who have the skills that would enable us to bring attention to the vicious circle of endless wars and endless terrorism. We have the skills, and, if we chose—as some have chosen—we could use those skills to illuminate the interdependence of the military, corporate, security, and financial sectors of American society. We can easily connect the dots and educate citizens about who benefits from unjustified levels of fear of terrorism, along with increases in the military, security, and arms suppliers' coffers. We can point out that since our corporations generally take a "grow or die" perspective, the

arms' suppliers will not be satisfied with a level set of expenditures—thus the vicious circle will go on, if unchecked. Social scientists have the capacity and skills to do the analyses that could change the perceptions of the electorate and stop the vicious circle. And some are doing those analyses and working on changing perceptions.⁴⁶ But there are very few who do such analyses.

The roots of social scientists' limited critical analysis of the vicious circle leading to endless war, torture, and terror are historical, but the maintenance of it is contemporary, and disengagement will not be simple. It is clearly time for APA to stand up to the DoD and say, "Enough." But that will also require clinical psychology—a specialty depending, for its continued thriving, on the military—to address the interdependence of APA with the DoD and VA in relation to training clinical psychologists. Presently, the VA and DoD provide over 25 percent of internships approved by the Association of Psychology Postdoctoral and Internship Centers (APPICs). Approved internships are granted in a complicated matching process. There is already a shortfall of 25 percent, —that is, there are not enough APPIC-approved internships to go around. If the DoD and VA were to instantly decide to take away the internships—which is unlikely, since it would leave the hospitals with a shortage of service providers—it could cause a catastrophic situation in clinical psychology graduate schools. APA will have to address that as part of standing up to the DoD.

How Psychologists Understand the APA-DoD Interdependence

When I ask my colleagues whether they think we need military psychologists, the first reaction is usually a blank stare. It is as if even asking the question has violated some sacred understanding. When I press on, some admit they have no answer. But the most common response is that psychological services to active duty military have to be provided by psychologists who are part of the military because the DoD says so. I have heard this response numerous times, despite the fact that it makes no sense. The DoD should not be in control of APA. Furthermore, there are already civilian psychologists treating active duty military and their families. But this response—the DoD says so—is very common; it seems that the military has simply worn down psychologists who might question this point. The comment seems to inadvertently suggest that the overwhelming power of the U.S. military cannot be contained and that they will have their way no matter what. This kind of thinking is, of course, a self-fulfilling prophecy. If APA members have already given up, assuming that compliance is the only course, and that resistance is useless, then it is time to shake APA and its members out of a state of despair.

Rationale for Military Psychologists: The DoD Requires It

The idea that APA has no choice because the military requires psychologists who work for it in some conditions to become active duty military personnel seems to me to reflect an unequivocal belief that, in the relationship between the APA and the DoD, the DoD is in charge and must get its way. It also reflects the belief that the APA needs the military and that it is therefore unthinkable for APA to simply take a clear ethical stance, refuse to have military psychologists, and stick to it. I ponder whether those colleagues believe that APA is and/or should be under the control of the military—that is, could the fact that they explain the need for military psychologists in the context of the DoD's demands be a reflection of a belief that the DoD has more general power over the APA, or just the power to require that services provided in certain situations must be provided by uniformed military? Again, I remind readers that we do not live in a military state. On the other hand, we do live in a militaristic state, where the budget for the military is enormous, dwarfing the comparatively very tiny budget of APA.

Perhaps it is stating the obvious, but despite the apparent wishes of some American politicians, and despite the fact that many in the United States deeply respect and appreciate the military, the United States is not a military state. So APA is, indeed, free to comply or not to comply with the military's wishes or requirements in spite of the difference in the size of their budgets. It suggests some sort of unquestioned and unquestionable axiom is at work if the reason why we need military psychologists is because the DoD says so, in the context of a nation that claims to be a democracy. (For those who wonder who APA does report to, as a 501C3 nonprofit organization, APA is officially under the guidance of, and reports to, the District of Columbia, where it is headquartered and chartered.⁴⁷)

Thus, APA could decline to support the idea of military psychologists while still allowing or even encouraging civilian psychologists to offer services to military personnel. This is exactly what the recent resolution 23B, which the Council of Representatives of APA voted overwhelmingly to support in 2015, put in place for Guantanamo and other present and future sites where detainees might be held in violation of the U.S. Constitution and/or international treaties. The DoD was not happy, and it pushed back against that decision, but APA stood firm—at least at first. But not only the DoD, military psychologists themselves also have pushed back against Resolution 23B, falsely claiming that APA was depriving the military and/or detainees of much-needed services. That is, it is a false claim unless you take as an assumption that the military gets to decide whether civilian psychologists can treat detainees. The premise that by maintaining 23B, APA is depriving

detainees of treatment rests on accepting the DoD's refusal to allow civilian psychologists to provide treatment. Once you accept that refusal, then—and only then—does it make sense that 23B deprives detainees of treatment. But it is not, after all, APA that is doing the depriving. It is the DoD itself, by its refusal to allow civilian psychologists to provide treatment. If APA were to insist on keeping Resolution 23B in place, the DoD could, in theory, simply refuse to have any psychologists provide services to detainees or active duty military and their families anywhere in the world. They could, in theory, choose to have psychiatric social workers, or counselors, or psychiatric nurses perform the services needed. Or they could stop having services available. Would that be an intolerable loss for APA? It seems that some believe it would be. Such a conclusion must be challenged.

DoD *could* simply see to it that all behavioral health services be offered by nonpsychologists as a way to punish APA. But the DoD could also, ultimately, if APA held its position, choose to work with APA to figure out how to get needed psychological services to the military, without requiring that those providing services be active duty military personnel. If needed, civilian psychologists could apply for every one of the various levels of security clearance—indeed some do. That would help them be eligible to travel to where services are needed and to have all the information needed, without actually becoming members of the military. In discussions with those few colleagues who have been willing to entertain these ideas to this point, I have been told to prepare for an uphill battle if I want to challenge military psychologists. I agree. But I am compelled to begin this conversation because I think that the recent APA scandal over psychologists participating in torture is just a small example of the harm done by military psychologists' historic hegemonic domination among psychologists. I do not want APA to see another scandal. And I do want to see APA as a humanitarian organization, not a supporter of war and torture, or even of domination of the world by the United States. APA should do no harm. And it should benefit everyone.

Reason Number Two: Military Only Trust Other Military

The second reason given by colleagues as to why military psychologists are needed is that military only trust other military. That is, if an active duty military member wanted services, they would not want to receive them from a civilian. But active duty military and their families do, indeed, receive services from civilian psychologists. Some health centers and practices have contracts where they provide services on or near bases, sometimes even services mandated by commanders. I have had students placed at such clinics. As a licensed and board-certified clinical psychologist, I receive invitations to apply

for jobs treating military and their families on bases in the United States and overseas. These are sent by civilian organizations contracted by the military to provide clinicians to offer services. They do not require signing up to be a uniformed member of the armed services.

So why, in the face of this contrary evidence, do psychologists still hold on to the belief that military would not trust nonmilitary to provide services? It is as if those fortunate enough to have chosen not to serve in the military want to assuage their guilt with a bargain: honor the military and give the military anything they might want—or think they need—just as long as that will create a steady stream of volunteers, making it unnecessary for a draft to be established. As if the price of not having to serve, and not having their children have to serve, might be to honor and indulge those who do. As if they might say—if active duty military members want psychologists who are also members of the military—well, let us find them some. Psychologists do not seem to wonder whether there might be a solution short of compliance with the expressed distrust of anyone who is not, or has not recently, been active duty. And no one acknowledges that not all military members agree with this idea that only another military member could possibly understand them. That is, few psychologists ask whether *all* active duty military might prefer to have treatment by another active duty member of the military. In fact, some may well prefer treatment by civilians, since they are able to maintain confidentiality and do not have the dual loyalty problem that military psychologists have.⁴⁸ Undoubtedly, many military psychologists claim that, as professionals, they can handle dual loyalties, and that no one need ever be reluctant to share feelings with a military psychologist. But any psychologist can read the literature on dual loyalties, including the books and articles on ethics written by military psychologists as well as those dealing with dual loyalties of various kinds, and see that this is an issue that may be solved to the psychologists' satisfaction but not necessarily to that of the military member seeking treatment.

Even for those active duty military who so prefer to see, for psychological services, another active duty military member, it is likely that in most cases, a civilian with experience will do. We can review some analogous situations for guidance. Active duty military are not the only people who prefer to have care from someone with whom they share an aspect of their identity. The same is often said for first responders, immigrants, victims of rape, those with specific chronic illnesses, and recovering addicts. Yet, some in each group strongly prefer to seek professional help outside their identified communities, and many, probably most, psychotherapists agree that it may be a hurdle, but with time and patience for the establishment of trust, a recovering addict can be successfully treated by someone who has not been addicted; a victim of rape can be successfully treated by a sensitive and respectful therapist who has not

been similarly victimized. And so on. Why is it different when it comes to the military? I think it is different because those psychologists and others who do not have to serve, as long as there are enough volunteers to fill the ranks of enlisted persons, are inclined, partly by appreciation and partly by guilt, to give the volunteers whatever they want.

Rationale Number Three: Money

The third reason given by my colleagues as to why there must be military psychologists is that there is a lot of money at stake. You might think that such a statement refers to the signing bonuses, higher salaries, excellent benefits, and great retirement income that a career military officer would receive. All that appeals to psychologists as much as to anyone else, although at the same time, it makes being a military psychologist much harder, because it creates the problem known colloquially as “golden handcuffs”—it is hard to leave the military, since there is so much at stake.

It also seems likely that if the DoD wants military psychologists, the support APA gives to military psychologists might lead the DoD to be more generous in its funding of behavioral research. The loss of such funding would be a challenge for many psychologists. So not only is there pressure on the individual military psychologist to stay in the military for his or her sake but also for the sake of the organization and for the sake of their peers.

So we have now considered three reasons commonly given as to why we need active duty military psychologists, rather than civilian psychologists, providing services to the military: the military demands it, members of the military would only trust other members of the military, and there is a lot of money at stake. These reasons have, in common, an acceptance of some aspect of the status quo that should be questioned. We should question why the military has say over APA in demanding that services only be provided by active duty psychologists. We should question why it is perceived that active duty military sometimes are unable or unwilling to trust, as providers, anyone who is not active duty themselves. We should also question why money should be accepted as a reason to support the continuation of the oxymoronic role of military psychologists.

Besides these three commonly given reasons for the existence of military psychologists, this chapter considers an additional possible reason, one that is not often talked about. The manly image of the military may serve to counterbalance the fact that psychology—clinical psychology in particular—is a field where most of the professionals are women and where the subject matter it deals with includes historically mostly feminine concerns of care,

compassion, and emotions. Clinical psychology also relies on the historically feminine habits of sharing inner thoughts by talking together in an accepting and supportive setting. The very existence of the traditionally masculine role of the warrior as part of the profession may well provide protection from potential anxiety about identifying with the traditionally feminine aspects of such a role. Anxiety about manliness is a factor that affects contemporary society as has been well documented by psychologists. Stephen J. Ducat, for example, in research and commentary, describes the importance, to men in politics, of presenting a manly image.⁴⁹ If psychologists not only document but also experience the threat of such anxiety, the existence of military psychologists might provide assurance that psychology is not too associated with the feminine.

CONCLUSION

The mission of APA is incompatible with, and even in conflict with, the missions of the various branches of the U.S. military. There are multiple reasons why being a professional psychologist is incompatible with being a member of the military. While all healthcare personnel who are simultaneously active duty military have to grapple with issues of dual loyalty, these issues are specifically harder for military psychologists due to the history of clinical psychology and the relative weakness of the APA in comparison with other healthcare organizations.

The existence of military psychologists contributes to a false impression in the United States that our wars are just wars and thus contributes to a vicious circle of war and terrorism. Psychology has failed to illuminate that vicious circle. APA has thus far been unable to stand up to the military and refuse to support military activities that are contradictory to the profession of psychology.

In order to support its own mission, the APA should take steps to disengage from the DoD immediately, and one of those steps is to recognize that the role of military psychologist is not viable.

NOTES

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16. Demietrice Pittman. "Early Challenges, Emerging Solutions." Paper presented at the American Psychological Association annual conference, Friday, August 5, 2016, Denver, CO.
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33. See report from APA, 2014, at <http://www.apa.org/monitor/2014/06/datapoint.aspx>, accessed September 24, 2016.

34. See report on the history of nursing at <http://www.nursing.upenn.edu/nhhc/Pages/AmericanNursingIntroduction.aspx>, accessed September 24, 2016.

35. See minutes of the Council of Representatives' August 2016 meeting at <http://www.apa.org/about/governance/council/minutes-summer-2016.pdf>, accessed September 24, 2016.

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