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## The Canadian Code of Ethics and the Dark Side of Interrogation

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**I**n a recent CBC documentary about the treatment of detainees at Abu Ghraib and Guantanamo Bay, the announcer called it "one of the most significant stories of our time."

The first part of the story broke in 2003, when photographs of military police abusing detainees at Abu Ghraib prison were made public. In some quarters, the initial story was met with justifications that sounded hauntingly close to examples of the mechanisms of moral disengagement described by Albert Bandura (2002): moral justification through favourable comparisons and euphemistic labelling; minimization of harm; dehumanization of and attribution of blame to the detainees; and displacement/diffusion of responsibility.

However, the photographs also triggered disgust and horror, a US Army investigation into the abuses, and a visit by the Red Cross to the US detention centre at Guantanamo Bay. The findings of the latter two events added significantly to the story. Whistle-blowing articles in medical publications (primarily *The Lancet* and the *New England Journal of Medicine*) created shock waves across the medical community in

2004 and, as further information became available, across the psychology community in 2005 (e.g., Bloche & Marks, 2005). Physicians were found to have been involved in designing, approving, and monitoring interrogations, in reviving detainees to allow interrogations to continue, in failing to report illness and injuries accurately, in helping to hide the fact that a detainee had died during interrogation, in falsifications of death certificates, and in providing the detainees' private medical information to interrogators. Both physicians and psychologists had been found to be members of units known as Behavioral Science Consultation Teams that provided advice to interrogators on how to increase stress levels and exploit fears, and produced "independent" assessments of detainees for interrogation purposes. Methods used in interrogations were described in the leaked Red Cross report as "tantamount to torture" and in direct contravention of the United Nations Convention

against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

Since June 2004, numerous articles have appeared in medical and psychology publications, and in the public media, outlining the findings, trying to understand how such misuse of professional knowledge and skill could have happened when existing national and international codes of ethics and international humanitarian law prohibit such use, and trying to decide what to do to prevent any further misuse. Explanations put forward to explain how it could have happened have included: a failure in leadership; lack of training; the dual loyalty that is endemic to being a military psychologist (or a police psychologist or forensic psychologist, for that matter); lack of guidelines regarding how to resolve conflicts between one's ethics code and the "orders" of superiors; and lack of self-reflection regarding personal and organizational moral disengagement.

Could such things happen in the Canadian military? Yes, they could. History and research unfortunately confirm that, under extreme circumstances, individuals can engage in highly unethical, immoral, or illegal behaviour. However, the Canadian Forces has taken steps to mitigate (or minimize) such events. Since the 1997 Report of the Somalia

Commission of Inquiry drew attention to the role of military culture and ethics in the death of a detained Somalia teenager at the hands of Canadian soldiers, several safeguards have been put in place. They include promoting, through military publications and training, the concept of "professionalism" and extensive references to the legal, moral, and ethical framework of the values, obligations, and responsibilities that each member of the military profession has to Canada. These values and responsibilities include "Respecting the Dignity of all Persons," regard for such legislation as the Canadian Human Rights Act and international humanitarian law (e.g., the Geneva and Hague Conventions), and pointing out that there are no circumstances under which inhumane treatment is authorized. In addition, the fact that some members of the military are "dual professionals" is acknowledged. Such professionals include "doctors, lawyers, clergy, engineers, and psychologists," who are viewed as needing to hold themselves responsible to a second professional ethic (i.e., in addition to the military ethos).

Current Canadian military leadership training recognizes the power of a situation to influence persons to behave in an unethical manner (e.g., Zimbardo, 2004) and, therefore, reminds military

leaders of their obligation to establish the conditions that enable ethical conduct. Of particular interest is the fact that the core organizing principle for the primary role of leaders (reconciling competing outcomes and conduct values) was directly informed by the ethical decision making approach of the *Canadian Code of Ethics for Psychologists*. The safeguards of clearly articulating the profession's values, emphasizing leaders' responsibilities for ethical behaviour in morally ambiguous settings, and developing these skills in realistic pre-deployment training, suggest that it is unlikely that Canadian military psychologists would be asked or would agree to be involved in inhumane methods of interrogation.

The *Canadian Code* provides clear guidelines for ethical behaviour in such situations. Principle I (Respect for the Dignity of Persons) is given the highest weight when ethical principles conflict. Principle II (Responsible Caring) instructs psychologists not to harm others. Principle III (Integrity in Relationships) prohibits lying and deceit. Principle IV (Responsibility to Society) contains a standard that specifically states that psychologists are not to engage in any activity that would contravene international humanitarian law (IV.27), instructs psychologists to speak



poste, et il a déclaré que l'autonomie rédactionnelle serait l'un des premiers points à son ordre du jour (Choi, 2006).

Par surcroît, le congédiement du 20 février est survenu plutôt rapidement dans la foulée de la parution d'un éditorial de Hoey du numéro du 3 janvier du *JAMC* (Hoey, 2006), dans lequel il révélait qu'il avait cédé sous la pression de l'AMC qui demandait de censurer un article dans la section des Nouvelles du numéro du 6 décembre de la

représentants de l'AMC. L'article cosigné par un membre du comité d'enquête (Schuchman et Redelmeier, 2006) a signalé d'autres preuves d'une série de tentatives avortées par l'AMC d'influencer le contenu de la revue (par ex. un éditorial qui contredisait la position de l'AMC sur l'utilisation médicale de la marijuana; un bulletin de nouvelles faisant état de la mort d'un patient attribuable à la fermeture de salles d'urgence au Québec)

## Dark Side

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out when they see clearly unethical behaviour occurring, and requires psychologists to develop and use their skills and knowledge only for ethical purposes.

The field of psychology has made many positive contributions to understanding the causes of torture, how "good people" can be drawn into committing terrible acts, how to treat the very damaging effects of torture, and the role of inhumane and deceitful methods of interrogation in false confessions (e.g., Bandura, 2002; Kassin & Gudjonsson, 2004; Suedfeld, 1990; Zimbardo, 2004). This type of contribution should be our legacy, not the direct or indirect involvement in behaviour we abhor. In the words of Alex Neve, the Secretary General of Amnesty Canada, when proposing at a recent conference five reasons why individuals should not be subjected to

the kind of treatment applied at Abu Ghraib: 1) It's morally wrong; 2) It's illegal; 3) It's wrong; 4) It's ineffective; 5) It's wrong.

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## CMAJ

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co-written by a member of investigative committee (Schuchman & Redelmeier, 2006) reported further evidence of a series of prior unsuccessful attempts by the CMA to influence journal content (e.g., an editorial contradicting the CMA position on the medical use of marijuana; a news report about a patient death attributable to closing Emergency Rooms in Québec) dating back to at least 2001.

The fall-out for the *CMAJ* has been intensely negative. As I write this on March 17<sup>th</sup>, 4 of the 19 editors (Branswell, 2006) and 14 of the 19 editorial board members (Ubelacker, 2006) of the *CMAJ* have resigned. The *British Medical Journal* (Godlee, 2006), *The Lancet* (Spurgeon, 2006), *The Canadian Medical Association Journal* (Sacking of *CMAJ* editors, 2006), and the *New England Journal of Medicine* (Schuchman & Redelmeier, 2006) have responded by challenging the scientific legitimacy of the *CMAJ*, in light of the allegations of compromised editorial independence. We are reminded that the independent exercise of editorial judgement, the freedom to share information and to present perspectives that challenge political or corporate status quo, is one of the hallmarks of a credible scientific journal, and essential to scientific progress.