PERPETRATION IN COMBAT, TRAUMA, AND THE SOCIAL PSYCHOLOGY OF KILLING: AN INTEGRATIVE REVIEW OF CLINICAL AND SOCIAL PSYCHOLOGY LITERATURE WITH IMPLICATIONS FOR TREATMENT

A dissertation submitted to the Wright Institute
Graduate School of Psychology, in partial fulfillment of the
requirements for the degree of Doctor of Psychology

by

ZENOBIA S. BAALBAKI
AUGUST 2009

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Conventional cognitive behavioral clinical approaches to combat trauma neglect the significant contribution of perpetration of violence and killing in combat in the development of combat PTSD and combat stress injuries. The importance of emotions highly correlated with perpetration induced traumatic stress, such as guilt, are overlooked in the standard evidence based models of treatment. This critical synthesis of clinical and social psychology literature identifies these deficits in the current PTSD literature and contrasts alternative perspectives of etiology and treatment that remedy these deficits. In addition, the social psychology literature presents conceptualizations of psychological and social processes at work in contexts of organized killing including the combat environment. Mechanisms of moral disengagement are examined in the literature as a model for understanding complex socio-cognitive processes involved in rationalizing moral transgressions, such as killing. It is proposed that mechanisms of moral disengagement which attempt to protect soldiers from moral culpability while enabling

their participation in killing ultimately contribute to negative psychological consequences and trauma. Particularly, dehumanization processes and the effects of the obedience to authority situation are discussed as elements of the combat context with specific salience to the traumatic impact on soldiers. The critical synthesis of these literatures advances alternative perspectives on combat trauma. Implications for clinical applications in treatment with soldiers and veterans are provided.

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Introduction

Background to the Problem: Neglect of Our Returning Veterans

Eight years after the start of American military intervention in the Middle-East in Afghanistan and then in Iraq, our country faces a mental health crisis for its returning soldiers on a level not experienced since the post Vietnam War era. As far back as 2004, in a study published in the New England Journal of Medicine, researchers from Walter Reed Army Institute of Research studying active Army and Marine Corp personnel reported on the significant mental health risks to military services members and the perception of significant barriers to receiving mental health services reported by the study participants (Hoge et al., 2004). Additionally, the study noted that of those responders who met criteria for a mental health disorder (either clinical depression, anxiety, or PTSD), only 23 to 40% sought mental health care. The current numbers of soldiers suffering from PTSD is at least as high as in the post Vietnam era according to a Rand research monograph completed in 2008 that sighted approximately 20% of returning veterans suffering from PTSD (Rand, 2008). Hoge et al. in 2006 also reported a prevalence rate of mental health problems of 19.1 % in services members returning from Iraq. These figures point to a growing demand for adequate mental health intervention for combat trauma, and by extension, a thorough comprehension of the experiences of combat veterans that leave them traumatized. Yet, news reports in 2008 and 2009 on a growing number of veterans and service member suicides suggests that the system for addressing severe combat stress injury is failing many soldiers.

The news headlines in January and February 2009 reported that the number of suicides among US soldiers was at its highest level since the army began keeping count in 1980. The number had risen for the fourth straight year in a row ending 2008 (Alvarez, 2009), and the suicide rate of, "20.2 per 100,000 is higher than the adjusted civilian rate for the first time since the Vietnam War," the associated press reported (Jelinek, 2009). More than 128 soldiers killed themselves in 2008, and the monthly numbers have risen in the three months leading into the beginning of 2009. The National Institute of Mental Health announced in November 2008 that in collaboration with the Army they were initiating a 50 million dollar study to try to determine the risk factors impacting the suicidal behavior in hopes of reducing these incidents of suicide among soldiers. However, little is understood about the dramatic increases other than that they are the highest numbers in US Army history.

Some profiles of military suicides have also featured tragic accounts of soldiers who were not given proper assessment for suicidality, were over medicated with psychoactive medications including anti-depressants which may have increased their suicidality, and who slipped through the large cracks in the Veterans Administration mental health system and the active military psychiatric system despite the soldiers' many attempts and pleas of their family members to get help. These tragic stories ended in many soldiers taking their own lives (Benjamin & de Yoanna, 2009).

Additionally, a full half page New York Times cover article in January 2008 (Sontag & Alvarez, 2008) , told of incidents during 2005-2007 of 121 soldiers, many suffering from obvious symptoms of PTSD, who within months of returning to civilian life, came to murder a girlfriend, a wife, or a stranger. Many of the soldiers reported complete loss of memory of

the events, and some admitted that the killing occurred during drugged blackouts. Such incidents are perhaps the isolated extremes of severe reactions and disturbance in the latest generation of veterans. However, there is a noticeable silence and lack of a comprehensive effort at understanding the possible role that combat trauma has played in these recent violent incidents involving returning veterans and service members.

It is clear that more soldiers are seeking mental health assistance sooner than did many Vietnam veterans, and the pressure on the system to provide services for those in need is enormous. There have been complaints by veterans of systematic denial of the diagnoses of PTSD and of connected benefits, and they attribute this to the pressures within the VA system to slow down the demands for mental health services and benefits (Brown, 2009). One charge leveled by veterans' advocates is that denial of benefits is accomplished by subjecting veterans to exhaustive and invasive qualification processes to obtain a diagnosis of PTSD and receive psychological services that should be readily available (Brown, 2009, Vedantam, 2005). In addition, an expose by National Public Radio in late 2007 cited a U.S. Army report recording dramatic increases since the beginning of the Iraq War in the number of discharges of soldiers on grounds of psychological disorders other than PTSD, namely, for "misconduct", "drug abuse", or "personality disorders". The article reports that since the beginning of the Iraq War, 28,000 soldiers have been kicked out of the army for personality disorders and misconduct (Zwerdling, 2007). The implication of these personality and conduct diagnoses is that soldiers who have received these discharges cannot then receive diagnoses of PTSD, and therefore neither can they receive services or benefits for PTSD. Some veteran advocacy groups charge that an emerging controversy in the last few years over the prevalence of the diagnosis of PTSD for veterans and challenges to the application

of the diagnosis are a threat to the system of awarding disability and compensation to veterans. They feel that the increasing scrutiny is a deliberate attempt to deprive soldiers of benefits (Vedantem, 2005).

The need for effective treatment is escalating yearly and is of critical importance. In the current climate of soldiers returning from US invasions in Afghanistan and Iraq with both physical and psychological stress injuries, there has been a warranted resurgence in attention to both general combat stress injuries and clinical level post-traumatic stress disorder, and a reappraisal of treatment efficacy. Our society is facing once again the physical and psychological costs of soldiers' participation in combat violence and must confront profound questions about the legitimacy of sending men and women into war. We must continuously assess the nature of the psychological costs of war for soldiers as stories of suicides and homicides of returning soldiers accumulate. And finally, it is the responsibility of psychiatrists and psychologists to understand accurately the psychological impact of specific experiences in war and be able respond adequately. It is against this current social and political background that this literature review on the subject of combat trauma is undertaken.

Purpose of the Study

It is the purpose of this literature review to provide a synthesis of literature which can illuminate the topic of perpetration and killing in combat trauma. It is the contention here that within the conventional clinical perspectives on combat trauma and its treatment, there is an avoidance and neglect in considering the significance of soldiers' perpetration and participation in violence and killing. The term *perpetration* will appear throughout this dissertation and will serve to refer to soldiers' active roles and positions of agency in

perpetrating against foreign combatants and/or civilians acts of destructive harm, aggression, violence, or killing during combat and military occupation. Its use here is not meant to contain a legalistic meaning associated with having committed a crime or any assumptions about ethics, only that a *perpetrator* is the one who has carried out the acts violence and possibly lethal actions. The term *killing* is used in the title of this paper and at times in the body because it is the most obvious, systematic, and extreme form of perpetration that the soldier is specifically conditioned to do. However, obviously, not all soldiers have killed for certain, and many have been perpetrators nonetheless, having participated in the other many forms of extreme violence that occur in the combat context.

The Neglect of the Subject of Perpetration in the Clinical Literature on Combat Trauma

In the aftermath of the Vietnam War, the field of clinical psychology dramatically expanded research and other resources devoted to studying post-traumatic stress syndrome in combat soldiers, as well as in other traumatized populations. This research which included investigation of the etiology of PTSD has almost entirely focused on soldiers' experiences of being victims of violence, of the threat of violence, and of other kinds of stress inducing factors in war such as exhaustion, physical injury, and the death and loss of comrades. However, almost nowhere in the research has the specific subject of the psychological impact of soldiers as *participants* and *perpetrators* of violence been directly addressed. Nor has the particular subject of social mechanism of dehumanization as it is utilized in the combat context been studied or even much discussed as an issue of significance in relation to the psychological consequences of participation in violence in the combat environment. Dehumanization is a complex term that will be defined more clearly in the fourth chapter of

the literature review. A general description of dehumanization would define it as a psychological process whereby groups view each other or one group views another as less than human and thus not deserving of moral consideration. Perhaps because of its complexity as a psychological mechanism and its use more often in inter-group conflict, investigation of the effects of dehumanization on the individual or in contributing to collective and individual trauma is sparse. Killing the enemy and participation in acts of violence and dehumanizing degradation of the enemy have not been considered by the military or the clinical establishment to be very significant causal factors in the understanding of combat trauma. The consideration of soldiers as perpetrators of violence that produces trauma is generally given small mention in the PTSD literature.

In contrast, the verbal accounts, memoirs, fiction and non-fiction literature dealing with combat, both past and present, written by the soldiers themselves reveal a strikingly different reality. One conclusion is that killing other human beings figures prominently in memory and makes a dramatic tale. But more importantly for the study of trauma is that soldiers consistently report that killing and witnessing killing of both civilians *and enemy fighters* are sometimes the most disturbing and lasting traumatic experiences during combat, impacting them as much and sometimes more than fear for their own lives, physical injury, or the death of comrades (Grossman, 1995, Fontana, Rosenheck, & Brett, 1992). A notable exception to the relative silence on the subject of dehumanization in the military was the spring 2008 "Winter Soldiers" testimony hearings when hundreds of veterans from the Iraq and Afghanistan wars came together to testify and witness testimony about their experiences in war. This was a repeat of the famous original Winter Soldiers hearings in 1971 on the Vietnam War. An entire panel discussion at these latest hearings was devoted to the specific

subject of dehumanization within the combat environment, including dehumanization of the 'enemy' combatants and civilians, as well as of the soldiers themselves.

In addition, amidst an avalanche of action adventure memoirs of Iraq War veterans, several fairly critical books have also appeared in the popular literature written by returning veterans who want to speak particularly about the dehumanizing violence demanded of them in the service of subjugating the Iraqi people.[1] Nonetheless, in the sphere of research, there has been little examination of the specific impact of being the perpetrator of violence, and there has been no research focused on soldiers' experience of killing or of the types of dehumanizing rituals, practices, and social conditioning which they are subjected to in preparation for their engagement in killing.

One of the few pieces of research devoted to looking at the impact of killing on soldiers and its relationship to PTSD was conducted by researcher and writer Rachel McNair. For her doctoral dissertation research, later published as a section in her book, *Perpetration-Induced Traumatic Stress: The Psychological Consequences of Killing* (2002), McNair re-examined data from the National Vietnam Veterans Readjustment Study. She looked specifically at how participation in killing during combat, as a separate factor, correlated with the level of post-traumatic stress in soldiers. McNair found that indeed, soldiers who had participated in killing suffered more severe levels of PTSD than those who had not, at comparable levels of battle intensity. In order to better define the phenomena of trauma resulting from committing violence and killing, McNair introduces the concept of Perpetration-Induced Traumatic Stress (PITS) as a subcategory to PTSD. McNair believes

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[1] See Aidan Delgado's *The Sutras of Abu Ghraib: Notes from a Conscientious Objector* (2007), Joshua Key's *The Deserter's Tale: The Story of An Ordinary Soldier Who Walked Away from the War in Iraq* as told to Lawrence Hill (2007), and *Road from Ar-Ramadi: The Private Rebellion of Staff Sergeant Mejia: An Iraq War Memoir* by Camilo Mejia (2008).

that the more general designation of PTSD has obscured the need for distinguishing the particular reactions to killing and that a more precise articulation of the impact of perpetration is called for.

In addition to McNair's work, there is one other (perhaps the only other) older published research paper on a study of the relationship between war zone trauma and PTSD symptomatology and other psychiatric diagnoses in which the researchers measured a specific variable for perpetration. The results of the study support the later conclusions of McNair's research. The researchers stated that their findings indicated that factor of having been an agent of killing and having failed at preventing death rated most closely (more than the threat of one's own death) with generalized psychiatric distress and with suicide attempts (Fontana, et al., 1992).

There are clearly a number of reasons for the institutional, societal, military, and academic neglect of the subject of soldiers as perpetrators. Most significantly, there is an immense stigma attached to soldiers who express their traumatic reactions in general and even more so regarding a resistance to killing the enemy. This stigma serves the social function of silencing soldiers on the subject of guilt and questions of the moral legitimacy of war. Although experiences of guilt are rarely voiced, it is likely that this unspoken issue underlies the general stigmatization of depressive reactions in soldiers. The collective silencing of guilt is overtly presented as a gesture of rejection of weakness (since to have feelings of doubt or remorse is seen as weakness). But, behind this fear of an appearance of weakness lies greater psychological dangers connected to guilt. For, more significantly, the expressed guilt of some soldiers inevitably throws into the open the possibility that other soldiers are also engaging in activity worthy of guilt. In this way, soldiers' loyalty to the

group and to the military in general will exert pressure on them to deny any reaction that calls into question their own morality and that of their fellow soldiers' regarding participation in violent behavior in war. It may even call in to question the morality of the entire war endeavor.

The discussion of perpetration by soldiers, including the use of accurate language to describe it (instead of military language that obscures and sanitizes)[2] and any attention paid to the role of soldier as killer inherently forces society to think about questions of how we draw lines between good killing and bad killing. It forces society to justify how we perceive different kinds of violence and killing. In general, American society would prefer to avoid having this discussion. As the military institutions also do not stand to benefit from this type of debate, they also shut down discussion in all possible ways.

In a long *New Yorker* piece that begins with the subject of soldiers returning from Iraq, writer Dan Baum presents some of the evidence of an almost bizarre, "conspiracy of silence" (Baum, 2004, p.48) within the military and Veterans Administration against directly speaking of soldiers' experiences of killing and of the psychological repercussions (Baum, 2004). Baum notes the fact that the 2004 "Iraq War Clinician Guide" does not once mention in 200 pages soldiers' participation in killing enemy combatants. Neither is killing listed in the assessment questionnaires, which are given to soldiers for the purpose of asking about their exposure to traumatic incidents. There is only a brief mention of "witnessing" *civilian* casualties as a combat stress experience. Baum also describes a similar absence in the Army's "War Psychiatry" medical-corp textbook for combat trauma. He notes that in this extensive 500 page manual, a list of twenty "Combat Stress Factors" fails to include any

[2] The best known sanitizing terminology used for killing of the enemy and killing of the civilians are likely: "engaging the target" and "collateral damage" respectively.

mention of killing. In addition, Baum finds through his interviews with a number of Veteran Administration psychologists that even in these clinical settings, there is reportedly little guidance or a structured treatment model for dealing with PTSD resulting specifically from trauma related to the killing done by a soldier. Baum focuses much of his attention on the military establishment's neglect of these important needs not only because of the glaring suppression of discussion, but also because of the obvious implications for many soldiers soon returning from Iraq and Afghanistan who are likely to be suffering from their experiences yet not able to receive adequate clinical comprehension of critical aspects of their distress.

Another discussion of the type of code of silence concerning these issues is found in an article written by psychologist, psychoanalyst, and political activist, Stephen Soldz, Ph.D. Soldz is well known for his advocacy in challenging the American Psychological Association in 2007 to pass a clear ban on any involvement by professional psychologists in interrogation practices of enemy combatants held by the CIA and other defense entities. In a 2005 essay titled "To Heal or to Patch?" (Soldz, 2005) Soldz critiques a Wall Street Journal article regarding military therapists working with soldiers in Iraq. Soldz points out that the mental health workers interviewed for the article only slightly acknowledged the inherent ethical conflict present in their work within the military context. This conflict of interest in their two professional roles, of both being clinical psychologists and active personnel military, was not a great concern, or at least not one openly discussed. Clearly, the primary function of these mental health workers serving the goals of the military is to help soldiers recover from trauma enough to return to combat and finish their tours of duty. Soldz calls attention to the fact that in doing their job for the military and sending already traumatized soldiers back into

the situation that caused the trauma, the clinicians are at the same time violating their clinical oaths to "do no harm" in terms of protecting soldiers' health. The 'treatment' is designed to make it possible for soldiers to go back to work and, in essence, to be exposed to further traumatic experiences. Soldz states that the ethical guidelines for psychologists and social workers do recognize conflicts between therapists' oaths to their patients and their loyalty to institutions and/or legal obligations to society at large. However, ethical guidelines prescribe that therapists make an effort to resolve conflicts of interest that occur while they are attempting to serve patients, take steps to change policies that are creating the conflicts, and inform patients of the competing interests impacting the therapist's treatment of the patient. Soldz emphasizes that in general there are no such efforts being made by military clinicians to abide by these guidelines or instructions. In contrast, there is hardly any open recognition of the conflict of interest that exists. The military's code of silence on such matters makes it impossible to suggest that psychological health is incompatible with combat.

I would argue that the military clinicians do not come down impartially on both sides of this 'conflict' of competing loyalties. Ultimately, the clinicians are working foremost for the military, and the impetus for treating soldiers is to ensure that soldiers can continue to do their jobs (Knox, 2003). It would seem clear that one central reason military clinicians do not speak openly about the potential harm soldiers face in returning to combat after an initial trauma reaction or of the likelihood of re-traumatization is that to acknowledge these realities is to expose how the military is minimizing if not ignoring the psychological dangers soldiers are being asked to risk. The issue of military psychology is just one instance illustrating how the structures in place within the military and in the larger culture are not allowing an accurate recognition and account of the potential long-term psychological harm soldiers are

being subjected to in combat. The particular issue of harm due to killing and being conditioned to kill has been kept even further out on the end of a continuum of topics to be silent about.

Only recently, a small number of military psychologists, psychiatrists, and educators have spoken out on the problem of institutional and societal resistance to addressing soldiers' participation in killing as a significant contributor to traumatic stress. West Point philosophy and ethics professor, Maj. Peter Kilner, profiled in a Wall Street Journal news article titled "Breaking a Taboo, Army Confronts Guilt After Combat" (Jaffe, 2005) expressed his view that soldiers' experiences of killing has long been a taboo subject in the military environment. Yet, Kilner frames the central problem of institutional silence on the subject of killing as a lack of direct discussion that deprives soldiers of emotionally establishing an ethical ground for their role as soldiers and of developing a moral justification for their killing in combat. Not having developed a firm moral grounding prior to their participation in violence, Kilner argues, leaves soldiers more vulnerable to question their actions after they leave the battlefield. Kilner maintains that soldiers who can't justify their actions are more likely to have PTSD. But his solution to this problem is in training leaders to be able to explain adequately to their soldiers why the killing they do is moral and right (Jaffe, 2005). For Kilner, the purpose of discussion prior to combat without euphemisms and with verbal openness on the subject of killing by soldiers is to make sure that soldiers are thoroughly conditioned to feel comfortable and morally justified to kill before they are sent to the battlefield. Kilner does not consider the possibility of a not unlikely situation arising where soldiers are unable to generate moral justification and conviction inside themselves. Such a circumstance could result from a soldier's own internal psychology or moral standards or it

could result from political and external war events that contradict the moral justifications created. Kilner does not suggest what the consequences will be under circumstances where no amount of conditioning can provide moral certainty.

Similarly, military psychologist, Dave Grossman, in his book entitled, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (1995) states that the study of the effects of soldiers' participation in violence and killing is a profoundly neglected subject, long overdue for intellectual investigation. Grossman's book is perhaps the only detailed qualitative inquiry into the subject of killing by soldiers as it normally occurs in combat in non-atrocity situations. Like Kilner, Grossman proposes that the military's avoidance of directly addressing the psychological experiences of soldiers' participation in killing does a disservice to soldiers, leaving them vulnerable to feelings of betrayal by their superiors, and potentially increases negative psychological consequences.

Rationale for the Integrative Literature Review

As has been discussed so far, there is a significant deficit in the clinical literature concerning the significance of killing in combat trauma. This integrative literature will attempt to address some of this deficit by exploring relevant literature which can illuminate the subject and by suggesting a general new perspective. Only by understanding the current basis for treatment of combat PTSD is it possible to speculate about why there is this deficit. In addition, there is a need to establish the importance of the issue of killing for soldiers and explain how social-psychological mechanisms are employed to ensure that soldiers can kill in war. There is very minimal cross-disciplinary study and published literature integrating clinical, social, and/or military and political psychology. This integration is necessary for

examining the social forces, dynamics, and mechanisms that operate in the conditioning which enable soldiers to kill. Thus far, there has been little or no clinical discussion of how these phenomena may impact mental health in the long term. Comprehending the social psychological mechanisms of killing that are at work in the combat situation is critical for understanding the etiological context of combat stress injury, and for competently assisting veterans and soldiers in their recovery. Recognition of the nature of the social psychological context in combat, for example, of the dehumanization of both the enemy and the soldier within the battlefield environment in which they co-exist can have critical implications for properly treating psychologically wounded soldiers, although this subject is hardly acknowledged in the conventional literature and practice of clinical psychology.

This dissertation will be an integrative review of some of the cross-disciplinary literature that can inform some of these topic just described. The review will begin with both a critique of some conventional perspectives on PTSD, and contrasting alternative perspectives advanced by key clinical thinkers. A review of literature concerned with the question of man's resistance to killing and of the ill-suitedness of the human psyche for committing violence against fellow humans will be presented. And finally, contributions from social psychology in understanding mechanisms of moral disengagement, socialization processes in control organizations like the military, and the psychological impact on soldiers will be discussed with the idea that clinical thinking on combat trauma can benefit from a greater integration with understandings in social psychology regarding collective structures of violence. It is the contention of this dissertation that greater attention and thoughtful inquiry needs to take place in clinical psychology in order to create a broader social-psychological understanding of the perpetration of violence that leads to combat stress

injuries. The aim of such an integration and synthesis is to put forward a cross disciplinary perspective that promotes more effective and ethical practices for the prevention and treatment of combat stress injury and post traumatic stress disorder.

Method

Because the objective of this integrative literature review is to conclude with a novel clinical perspective and general recommendations on the subject of combat trauma, it was necessary to begin the discussion with a review of what is conventionally presented as the authoritative treatments and perspectives. The word conventional is used here to mean the standard within the established clinical resources associated with combat PTSD connected for example with the Veterans Administration system, active military mental health services, and the psychology medical establishment in general. This review of the conventional treatment models is limited to the cognitive behavioral therapy modalities with only brief mention of other practices. The rationale for this limitation is that cognitive therapies are the ones being represented as the best practice models for PTSD with little attention being given to primarily non-cognitive treatments and perspectives. Despite its widespread use in medical practice, biological medication intervention is also not reviewed, as it is not situated as a competing therapeutic intervention to the alternatives which will be presented. Despite the limitation of the review to CBT, within the scope of cognitive treatment for combat PTSD, I have presented a broad review of credible authors on this subject, and presented the material according to a thematic argument.

In the second chapter of the literature review, I have chosen to present specific clinical contributors, and generally one main text is referenced for each author. This pattern

of presenting a narrow range of work is maintained throughout the literature review. For example in the third chapter, I focus on the particular work *On Killing,* by Dave Grossman, and the arguments he presents in this specific text. I then utilize writing and arguments from Howard Zinn, again from one main text to extend and elaborate the topic further without attempting to present a broad range of writers and texts. Similarly, in the last chapter of the review, I have chosen specific writer theorists to frame the topics. In this chapter, for example, several articles from the main author, Albert Bandura, are used to present key concepts, and other journal material and authors supplement the main thematic issue and extend it at times.

The justification for the narrow focus on key authors and works in much of the body of the literature review lies in the relative breath of the outer and related topics verses the sparseness of the literature on the specific dissertation topic. There is very little established literature on the particular focus of the dissertation relating to the psychology of killing in combat and the implications of this understanding for the treatment of combat trauma. What literature there is that specifically addresses or comes close to addressing the central topic is focused in a few singular works by authors such as Dave Grossman, Rachel McNair, Jonathan Shay and Robert J. Lifton, for example. As a result, in many respects breadth is compromised due to the sparse literature available. In contrast, the overall integrative literature review is drawing from other related topics potentially of too much breadth, but which can contribute to an understanding of the main focus topic. In choosing to integrate clinical psychology literature with contributions from social psychology and even some political psychology, the review achieves a cross disciplinary breadth. However, because of this breadth of disciplines, and the scope of what can be adequately reviewed in this

dissertation, again, selective choices of authors and the key constructs to elaborate on were made. The disadvantage of such a narrow selection of material and authors is that it lends possible criticism of the analysis based on the level of subjectivity involved in the process of selecting material to review. In contrast, the advantage of this organization is a freedom to bring seemingly disparate academic material together and offer a novel perspective on how they are both related and relevant to creating an important understanding of specific trauma experiences in combat. The choice to utilize narrow and specific source material despite the disadvantages was made with the ultimate goal of the synthesis in mind to make very general clinical recommendations. The conclusions to be drawn from such a review and synthesis are meant to provide implications for clinical thought without a specific product or treatment model. In this respect, the aspiration of the integrative review is not to provide an authoritative alternative to what exists but rather to offer novel insights into certain gaps in the clinical thinking on combat trauma and suggest direction for cross disciplinary contributions that can benefit clinical thinking.

Organization of the Chapters of the Literature Review

The literature review will be organized into four chapters, each dealing with a relevant topic area. The first chapter will be an overview of the conventional models of treatment most espoused in the Veterans Administration, military system, and clinical establishment and currently promoted as evidence based best practice models for addressing post traumatic stress disorder. The second chapter of the literature review will include a short discussion of some relevant dissertation research that diverges somewhat from the conventional models and focuses on alternative concerns and areas of significance for

understanding combat PTSD. This chapter will also be a discussion of the works of several well known clinicians who have broadened the analyses of combat injury in more progressive ways. Some of these writers have engaged in contextualizing our understanding of trauma within the larger socio-political environment. The work of Rachel McNair, who conducted perhaps the only empirical research on the specific impact of "Perpetration-Induced Traumatic Stress," will be discussed. In addition to McNair, attention will be given to several key texts written by the following clinical thinkers: Judith Herman M.D., Jonathan Shay M.D., Ph.D, Charles Figley M.D. and William Nash M.D., and Robert J. Lifton, M.D.. Shay and Lifton have written extensively on humanistic issues of combat trauma from a less conventional perspective and with an emphasis on understanding the significance of soldiers' exposure and participation in killing as well as the social and socio-political context of this participation as it relates to combat trauma.

In the third chapter, I will review work that explores the nature of man's capacity for extreme violence and killing of his fellow man as well as his often strong resistance to killing. This discussion should provide a backdrop for understanding the ways in which our basic capacity for violence has been historically manipulated and harnessed for militaristic purposes in opposition to our resistance to killing. This chapter also provides a rationale for exploring further the contributions of social psychology, as it becomes clear that social systems and mechanism are required to condition men to kill each other.

Chapter four will extend the literature review further into an analysis of studies in social psychology that contribute to an understanding of inter-group violence, killing, and dehumanization. The principle contributions discussed in this chapter will be from the studies of social psychologist Albert Bandura. Work from other authors who build on Bandura's

conceptualizations will be discussed to add to the understanding of how group processes of obedience to authority, moral disengagement, and dehumanization function to create the environment necessary for soldiers to bypass inhibitions to perpetration of extreme cruelty and violence. The Bandura section of this chapter concludes with a model of author Dave Grossman that provides a framework for understanding the context and dynamics of killing in combat and which overlaps with Bandura's conceptions. Grossman's model provides a reminder of the functioning of the combat context as a penultimate environment of manipulation of man's capacity for violence. Using two aspects from Grossman's model as a framework, "the demands of authority" and "moral emotional distance", journal literature from social psychology will be reviewed to illuminate these topic areas. Chapter four then shifts to a short review of contributions by Emanuel Castano (2008) followed by the lengthy review of an essay by John Darley (1992).

Chapter five will be a summary and synthesis of the literature review in totality. This synthesis should bring together these varying clinical and social psychological contributions to provide a basis for a clinical perspective of combat PTSD and combat stress injuries derived from a more social-psychological and systems oriented view. The final chapter will discuss my conclusions from this review and elaborate further on my understanding of this contribution to clinical treatment and thinking about combat trauma.

Conventional Models of PTSD Etiology and Treatment

Introduction

In this beginning chapter section of the literature review, I will be presenting an overview of conventional treatments for combat posttraumatic stress disorder. As well, this literature will describe to some degree the etiological theoretical understandings of PTSD that underlie the models of treatment. The chapter will begin with a brief description of the PTSD diagnosis, as this is in most cases the basis for the treatment goals of the conventional models. The middle section is an organized account of the different available treatments, with most of the emphasis placed on the cognitive behavioral therapies that are given primary standing in the clinical literature and in the Veterans Administration's PTSD establishment. I will only briefly list and describe other models that are generally given little recognition. The main concern here is to look at what interventions are being promoted by the clinical establishment and PTSD researchers. However, this is not to assume that they are the most practiced, only that they are held up as a standard to be followed. After discussing these treatment models, I will highlight some of the theoretical assumptions that underlie these cognitive models, outline a number of the debates in the literature about the efficacy claims and conclusions drawn from the research, as well as discuss some of the contradictions found in the underlying theories. Finally, I will suggest some problems with the DSM based approach and with the lack of adequate distinction given to PTSD resulting from combat apart from other posttraumatic stress disorder categories such as trauma from assault or natural disasters.

DSM-IV PTSD Diagnosis

Posttraumatic Stress Disorder is classified in the DSM as an anxiety disorder. The diagnosis requires that there be a precipitating event that is identifiable and clearly linked to the subsequent symptoms experienced (DSM-IV, 2000). Additionally, there are six or more total symptom criteria to be met across three domains or "clusters" referred to as "re-experiencing", "avoidance and numbing" and "hyper-arousal" symptoms. There are seventeen item descriptions of these symptoms to be selected from, with the diagnosis requiring one criterion to be met from cluster B, three from C, and two from cluster D. Cluster B would include such symptoms as flashback, nightmares, or intrusive images and thoughts. Cluster C includes avoidance behaviors such as isolating oneself, detachment or estrangement from others, and dissociation. Cluster D contains persistent arousal symptoms such as disturbed sleep, hyper-vigilance, startling, and outbursts of anger. Finally, the patient must have experienced symptoms for longer than one month, with an acute designation being less than three months and chronic being longer than three months. Traumatic stress reactions and symptoms are considered a normal response to traumatic experience, but a diagnosis of these symptoms as a disorder is considered an indicator of an individual's failure to recover from trauma in a normal amount of time with a normal level of diminishing severity. Many of the cognitive therapies that are considered best practice treatments by authorities such as the National Center for PTSD, are based on addressing these symptom categories found in the DSM diagnostic criteria.

Psychosocial Treatments for Combat PTSD

The US Department of Veterans Affairs National Center for Posttraumatic Stress Disorder (NCPTSD) lists on its website a number of therapy modalities appropriate for treating PTSD. Among these are: Psychodynamic, Cognitive Behavioral, EMDR, Group Therapy, Inpatient Therapy, Hypnosis, Creative Therapies, and Social Rehabilitative Therapies. Despite the fact that the NCPTSD is run by the Veterans Administration, most of these modalities listed on their information site are treatments non-specific to combat veterans, and there is little description provided that delineates the content within these interventions and models that is specific to veterans.

The current practice guidelines for PTSD put out by the American Psychiatric Association recommends CBT as the treatment of choice (Friedman, 2006). For the most part the NCPTSD, the Veterans Administration, military psychiatry, and the preeminent academic researchers of PTSD give much less attention to the non-cognitive behavioral treatments as a primary intervention. Both a cause of this little attention and an effect of it is that most research is conducted using CBT models. Intervention through dynamic therapy, group therapy and family therapy are sited on the NCPTSD website as being secondary or additional counseling that may be helpful. Because CBT has been presented to the public and veterans as the most effective therapy approach, this paper will also describe in some detail the different sub-types of CBT followed by the literature regarding the efficacy claims of these approaches.

Cognitive Behavioral Treatments for PTSD

Cognitive behavioral treatments include: traditional Cognitive Behavioral Therapy, Exposure Therapy (which includes in vivo, flooding, EMDR, and Virtual Reality Therapy), Cognitive Processing Therapy, and Stress Inoculation Training. Below will be further elaboration on these methods.

Traditional Cognitive Behavioral Therapy

The general practice of CBT is concerned with managing symptoms through acquisition and maintenance of coping skills, challenging "misattributions and assumptions" underlying cognitive patterns (dysfunctional thinking) through methods of "cognitive restructuring", and correcting "distorted schemata" (Sherman, 1998, p.415). In place of the distorted thinking, "reality oriented interpretations" are substituted. CBT has two central processes at work. One is to change the person's appraisal or conception of the original traumatic event, alter its meaning and the process of assigning meaning. And the second goal is to create a change in the person's attributions about the traumatic event. In this case, the therapy serves to create a new interpretation and explanation of the event in terms of why it happened and how it happened. Elements of the aims of traditional cognitive behavioral therapy overlap with Cognitive Processing Therapy, which is really a sub-type of traditional CBT with emphasis derived from social-cognitive theory.

Stress Inoculation Training

SITs is essentially an intervention designed to teach and practice stress management techniques that are designed to reduce anxiety. Coping strategies are applied in order to

diminish anxiety experienced when fear inducing thoughts or stimuli is encountered. SITs works on three channels of stress experiencing, the physical, the behavioral, and the cognitive. Coping strategies include: relaxation techniques, problem solving, and anger management tools. The relaxation techniques include methods for muscle relaxing and breathing control. Additional interventions include: "covert modeling", role playing, and "guided self dialogue", as well as teaching a method of "thought stopping" (Resick & Calhoun, 2001, pp. 69-70). SITs would be considered a treatment based on management of symptoms, and it is clearly cognitive based. Like exposure therapies, the techniques used are aimed at a form of desensitization. It is possible for these techniques and strategies to be used in conjunction with exposure methods, but SITs on its own does not fall into the category of an exposure therapy, as it is not necessary or a requirement of the intervention (as is the case with exposure treatments) to confront traumatic memories directly or use deliberate exposure to anxiety producing stimuli in order to implement the techniques. SITs is not a trauma focused therapy in essence, but rather is concerned with skills acquisition and the conscious utilization of defenses to control anxiety. The intervention is being used to address post traumatic stress symptoms, but it has also been suggested for use as a preventative inoculation treatment used for the purpose of desensitizing soldiers to anxiety situations prior to their going into combat.

Exposure Therapy

Exposure Therapy is essentially a group of treatments aimed at desensitization to stimuli that recalls traumatic events. Several differing approaches fall into the umbrella category of exposure therapy. They include: Prolonged Exposure, Flooding and In-vivo, Imaginal, and

most recently, Virtual Reality. They all have in common the attempt to diminish PTSD symptoms, by extinguishing anxiety associated with intrusive thoughts and reducing avoidant behaviors through gradual exposure to anxiety stimuli under controlled conditions (Sherman, 1998). Eye Movement Desensitization and Reprocessing Therapy, commonly referred to as EMDR, is a exposure type of treatment that has sometimes shown itself in research studies to be more effective than non-cognitive therapies. However, Foa and Meadows (1997) in a critical review of PTSD treatment research did not find any research support for the efficacy of EMDR. As well, the NCPTSD and others have claimed that when the eye movement component of the treatment (which is what essentially defines this as a specific therapy) is removed, the treatment effect remains the same. These finding would suggest that EMDR's effectiveness and mechanism of action is based on the exposure component that is found in all other exposure therapies and not in its claim to uniqueness in using rapid eye movements.

Prolonged Exposure and Flooding or in-vivo exposure therapy are subcategories of the basic exposure therapy which basically have the same central goals and methods. Methods are employed to expose patients to anxiety producing stimuli associated with the traumatic event either by in-vivo methods or imaginally. The aim is to first induce anxiety, confront it, and then to slowly diminish it. In the initial treatments using systematic desensitization, the patient is repeatedly exposed to stimulus that activates anxiety while relaxation techniques are utilized to reduce that anxiety. This process is repeated until exposure to the stimulus no longer produces anxiety in the patient. Prolonged Exposure therapy doesn't require repeated exposures but rather emphasizes the duration of exposure in order to confront the fear response fully and achieve anxiety reduction. All of these interventions rest on the theory that repeated or prolonged exposure and confrontation with

trauma related material will result in eventual habituation to the stimulus and desensitization to it, to the point of no occurrence of an anxiety response. The diminished or extinguished anxiety should lead to a decrease in avoidance behavior and intrusive symptoms.

Barbara Rothbaum (2002) explains the theory behind exposure therapy as based on the concept (citing Foa & Kozak, 1986) of a "fear network in memory formation" or a "fear structure." The fear structure forms as a conditioned response derived from the trauma experience. She contends that a goal of treatment is to "correct pathological aspects of the fear structure," and additionally to transform the traumatic event into a "specific occurrence" rather than a generalized negative representation (Rothbaum, 2002, p.60). Rothbaum emphasizes that strict clinical guidelines for using prolonged exposure therapy should be followed or anxiety and fear could actually be increased. Specifically, the exposure must be of sufficient duration to reduce anxiety, and clinicians should not shy away from confrontation with the trauma memories or engage in avoidance themselves. Detail has to be encouraged for recounting with intensity the trauma memories. Without sufficient duration of the exposure, there would not be engagement with the full extent of the anxiety and avoidance would be maintained. In effect, anxiety could increase as it is activated but not fully addressed to the point of extinguishing. It is recommended that although the patient should not be dissociated from stimulus, neither should they be too overwhelmed. Finally, therapists should not be influenced by fears that exposure is hurtful or creating new pain, nor assume that patients will not want to participate. And at the same time, therapists must be cautious about their own use of power in the treatment and make sure that patients are ultimately in control of the exposure process (Rothbaum, 2002).

Virtual Reality Exposure Therapy is the most recent development in methods of exposure treatment. VRE utilizes computer simulation technology to create a virtual reality interface of sensory input to form a whole environment around the participant. The technology is sophisticated enough to create visual, auditory, and even olfactory sensory stimuli to be experienced simultaneously in a state of complete immersion. At the same time, biofeedback is used to monitor the physiologic response in the client as a way to discern the levels of arousal and anxiety being produced (Spira, Pyne, & Wiederhold, 2007). Of course, the patient can also provide verbal accounts of their subjective level of anxiety. In this way the clinician can then adjust the controls of certain stimuli. The software is detailed in creating day or night scenarios, weather conditions, and different visual effects to match the patient's memory of the disturbing situation. In the case of Vietnam veterans, for example, a total landscape environment can be created to portray a helicopter ride and landing under fire in a jungle environment, complete with all sounds and vibrations and smells that would be present. Through this recreation of a scenarios and environments, patients are able to re-experience the clinically relevant events without having to rely on their own verbalization or having to produce internal imagery, as is normally required in other exposure interventions (Rizzo, Rothbaum, & Graap, 2007). The clinician is in a conductor type of role, as he or she is able to manipulate the virtual environment one element at a time as the scenario unfolds to meet the client's exposure needs. However, using a joystick, the patient is also able to take certain actions in interaction with the virtual environment and the clinician can utilize this client interaction to influence levels of arousal (Spira et al., 2007). One drawback to the VRE intervention for combat is that the virtual creation is organized around a discreet event and particular location that is recreated. However, this is not necessarily an obstacle if many

sessions are available, and as well, the benefits of being able to provide this level of exposure experience seems to far outweigh the drawbacks. VRE treatment follows the same principles as other exposure therapies in that repeated and/or prolonged exposure to the trauma associated stimuli will desensitize the patient and eventually anxiety will diminish or subside altogether.

Cognitive Processing Therapy

Cognitive Processing Therapy was derived from social cognitive theories of trauma that are concerned with information processing and cognition. CPT, which was developed initially for treating survivors of sexual assault by clinician researchers Resick and Schnicke (1992), focuses on the impact to a person's belief system that results from a traumatic experience. According to Resick and Calhoun (2001), Marti Horowitz popularized cognitive processing theory's application to the understanding of trauma. Horowitz used the term "completion tendency" to explain the psychological need to constantly integrate new information with pre-existing experiences that form beliefs. The experience of trauma often leaves individuals with incompatible new information that is stuck in the mind, unprocessed and un-integrated.

Trauma theorists in the 1970s and 1980s turned to learning theory in psychology to understand the responses to trauma that were being observed. As a result, cognitive processing theories developed out of premises drawn from Ivan Pavlov's "classical conditioning" model. In the new social cognitive understandings of trauma, avoidant behaviors found in trauma survivors could be explained as fear responses developed from Skinnerian "operant conditioning". Avoidance symptom behaviors observed in PTSD are attempts to avoid cues and stimuli that will activate fear and anxiety as a conditioned emotional response (Resick and Calhoun, 2001).

In the social-cognitive model, trauma memory is processed by integrating it and accommodating it to the individual's pre-existing beliefs. These beliefs include assumptions and representations of the person's relationship to others. Resick and Calhoun (2001), (citing Brewin, Dalgleish, & Joseph, 1996), describe how researchers have paid significant attention to memory processing and representation formation as significant components in PTSD. Brewin et al. have made distinctions between "verbally accessible memories" which are consciously processed and easily accessed, verses "situationally accessed memories" (SAMs) which are experienced as intrusive symptoms (such as imagery and flashbacks) (Resick & Calhoun, 2001, p.65). Resick, who is one of the creators of CPT, contends that a central element of cognitive processing therapy involves activation of the SAMs, which will be altered by continual expression, habituation, and relaxation. This notion is consistent with other cognitive therapies, namely prolonged exposure, which assume that fear memories must be activated in order to confront them.

In addition, a second critical goal of treatment is to engage in a "search for meaning," so as to "ascribe cause or blame and resolve conflicts between the event and prior beliefs and expectations" (Resick & Calhoun, 2001, p.65). "Faulty beliefs" about the trauma event, according to Resick, and over generalized conclusions about one's self and the world must be recognized and challenged. She describes such faulty beliefs as the ones created by the trauma event and which generally manifest in experiencing self-blame and guilt. Resick's account describes such emotions of guilt, shame, sadness, anger, and sometimes still fear, as "secondary" or "manufactured" emotions that do not result from the actual experience of the trauma event, but from the subsequent interpretations about it (2001, p.65). In this explanation, the secondary emotions derive from "faulty" interpretations made by the patient

and are linked to beliefs that were damaged by the trauma about issues such as "safety, trust, control, self-esteem, intimacy" (2001, p.64). Because the faulty interpretations are challenged and altered, then prior beliefs can be restored and the secondary emotions stemming from them can dissipate. The goal of CPT is to diminish symptoms and emotional suffering through this assisted cognitive processing and restructuring.

Efficacy of Psychosocial Treatments for Combat PTSD

The NCPTSD website states that a number of these treatments may be appropriate interventions for different individuals, however, the primary evaluation and recommendations concerning the treatment options are determined by the level of efficacy established through clinical trials and research studies. Therefore, for many of these modalities they have little to say on whether the therapies are recommended or whether they are generally effective in treating PTSD. To some degree the efficacy of most of the non-cognitive treatment are called into question by the institutional authorities in the field of PTSD treatment.

The NCPTSD factsheet on empirical evidence regarding treatment for PTSD asserts that the research suggests that Cognitive Behavioral therapies have been the most rigorously studied and have the most proven effectiveness with regard to reduction of symptoms to a level of significance. They cite a figure of 60-80 % reductions in treatments with civilian population. Although this information is provided on the website of NCPTSD and of the Department of Veterans Affairs, it is noteworthy that it also says that with veterans suffering from chronic combat PTSD, symptom reduction is likely to be considerably less than those positive figures.

Similarly, Foa and Meadows (1997), in a critical review of psychosocial treatments for PTSD, note that although the efficacy of cognitive treatments such as imaginal and exposure therapies are consistently supported by research data, there is also some evidence that the efficacy of these treatments is stronger in non-veteran populations than for veterans. Foa and Meadows in their review (1997) basically dismiss the few clinical studies conducted on psychodynamic interventions because of their supposed methodological inadequacies. Because the characteristics of studies of psychodynamic therapy do not meet a standard of assessment of outcome similar to that of CBT studies, they claim that efficacy cannot be established. In contrast, they claim that CBT treatments have been the most rigorously studied of all the psychosocial treatments modalities and therefore can claim greater efficacy. In the same critical review, support for the effectiveness of Stress Inoculation Training was also established; however, again this was circumscribed to a population of female assault victims receiving treatment for PTSD.

Debates Regarding Efficacy

Sherman (1998) laments the absence at the time of his writing of a large outcome literature on treatment for PTSD. His meta-analysis (an analysis of combined data from a number of studies) of controlled clinical trials reviewed both published and unpublished studies and combined studies on people with PTSD derived from a variety of etiological traumas. He noted that exposure therapy was the modality with the greatest representation and it was lent general support as a treatment for all types of PTSD by the results of the meta-analysis (Sherman 1998). However, he also recommended that caution be used in the

application of exposure techniques by unqualified practitioners, as there was some evidence that in-vivo treatment can have reverse effects on anxiety if not used properly.

Sherman also concludes from the results of the meta-analysis that the magnitude of improvement resulting from even the treatment with the best outcomes is still moderate. Creamer, Elliot, Forbes, Biddle, & Hawthorne (2006) conducted a two year follow up study on outcomes for a number of treatments of combat PTSD in particular. This study examined the long term outcomes on a trial of 2000 Vietnam veterans who completed a 12 week program of group based CBT approaches including skills management components and trauma discussion. Results showed significant improvements overall, but still showed a fair amount of treatment failure. One third of the population treated had significant improvement. One third had small improvement, and approximately one third failed to benefit. These findings reveal that a large number of veterans still fail to experience symptom change from treatment. Although Friedman writing as a psychiatrist treating military returnees from Iraq and Afghanistan, reaffirms that CBT treatments are "designated as the treatment of choice in all PTSD practice guidelines published to date" (2006, p.591), he also notes that treatment still often results in partial improvement rather than complete remission. Additionally, Friedman contends that research studies in general may give a somewhat misleading picture of intervention effectiveness, as they often attempt to study an isolated or single method or intervention, whereas in actual practice, most patients receive at least two or more treatments and interventions. Similarly, Bornstein (2003) in a dissertation meta-analysis of group treatments for PTSD that included comparisons of cognitive restructuring, psycho-education, exposure, supportive, and process group therapy, found a great deal of overlap between specific interventions found across treatment modalities. She also found few differences in

outcome between treatment modalities even though all treatments seem to have positive effects. Again, it was established that few therapies conducted were in essence "pure" (Bornstein, 2003).

Assumptions and Contradictions of CBT Treatment for Combat PTSD

In surveying the literature on conventional treatments for PTSD, primarily cognitive behavioral treatments, it is clear that a number of core premises underlie the interventions and the goals of treatment. The development of contemporary PTSD treatment largely came out of the work of researchers and clinicians who were treating survivors of sexual assault or rape victims. Although attention to what were commonly known as "shell shock" and "battle fatigue" existed well before the work of these researchers became fully established, the concept of PTSD is still relatively new, and the application of this terminology and diagnosis to developing treatments for combat related post traumatic stress followed in the footsteps of work done with civilian trauma survivors. Because of this fact, certain assumptions and central focus points in treatment were established with these other populations in mind and then were extended to work with combat veterans. Most significant among these assumptions is the conceptualization of PTSD symptomology as based primarily on fear and manifest anxiety stemming from underlying fear. This conceptualization and assumption is understandable given that the first research work on PTSD came out of clinical work with survivors of sexual assault. It also makes sense when one considers the central role of fear in the experiences of a number of other types of trauma survivors such as those who live through natural disasters or victims of torture. However, there are a number of issues that call into question the wisdom of grouping combat trauma together with other types of trauma

experiences due to significant differences in the dynamics of combat violence. Foremost of these differences is that a great number of soldiers and veterans have been in the role of perpetrators of violence, and the combat injury that they may experience is defined by a situation in which they are both victims and perpetrators of violence. These gaps in the clinical discourse about PTSD will be discussed here within the scope of the literature already presented, as they are relevant to an understanding of the particular needs of treatment for combat soldiers and veterans. Through this discussion, it will be evident that the conventional modalities are not focused on key aspects of combat trauma, and that these issues are neglected by the authoritative PTSD organizations and the clinical establishment who define the preferred and recommended best practices.

The core CBT treatments were developed from theory that used models of "classical conditioning" and ideas from learning theory to explain the development of fear "networks" or "structures" (Rothbaum, 2002, p.60) as a human response to traumatic experience. Rothbaum uses the terms 'network' and 'structure' to refer to a set of interconnected or linked unconscious and conscious psychological stimulus, associations, cognitive representations, and responses. Fear and anxiety became the central focus of PTSD theorizing and the primary explanation for intrusive and avoidant symptoms defined in the PTSD diagnosis. In PTSD assessment using the DSM-IV (2000), emotions of guilt and shame are relegated to "associated features" of PTSD, but they don't warrant inclusion in the key criteria for the diagnosis. The majority of research on emotion in PTSD has been focused on fear as the predominant emotion in the symptoms formations within the disorder. There is no doubt that within civilian samples of survivors of trauma, fear and anxiety are primary emotions. There is also no question that a large part of combat PTSD is also driven by fear

and anxiety. However, emotions such as anger, hopelessness, sadness, horror, guilt, and shame, emotions, which not surprisingly are often connected to experiences of perpetration, are no less significant to many soldiers' and veterans' experiences of traumatic injury. These emotions are of critical importance, yet they are neglected by the DSM and by the theorizing that underlies many of the modalities of CBT treatments. These other emotions are deserving of greater research and clinical attention (Resick, Monson, & Rizvi, 2008).

There has been some recognition by researchers that guilt has posed challenges for the clinician treating the combat veteran using the standard CBT practices prescribed for PTSD, especially in the case of exposure treatments. Rothbaum (2002) in a short review of empirical literature on exposure therapy discussing six studies using exposure therapy with Vietnam veterans, found that although some benefits were established from Prolonged Exposure treatment, the effects were nonetheless small. She suggests that the results may have been due to the exposure techniques being used on memories that "included guilt-producing ones rather than focusing on anxiety-producing incidents" (2002, p. 62). This comment reveals the understanding that exposure in itself may have little effect on conflicts of guilt, and yet this is not seen by Rothbaum and others to be a significant problem in the context of overall treatment.

Other researchers have made side notes about distinctions of working with veterans' PTSD, however they do not necessarily speak of guilt as a central focus point in these comments. Foa and Meadows (1997) note specific considerations relating to treatment of veterans, highlighting a significant difference between civilian trauma survivors and veterans in regards to the potential role of perpetration in the veterans' experience. William Nash and Deleen Baker (2007) also write that although exposure therapies have had some success in

the treatment of combat veterans, in general, the "learning-theory based treatments" have not proved to be as effective with combat stress injuries and combat PTSD that are "not caused by *specific events* involving terror or horror" (Nash & Baker, 2007, p.74).

Rothbaum, despite her qualifications mentioned above, defends the use of exposure therapy with veterans, and she asserts that this treatment has systematically been used in cases of combat PTSD with good results. Addressing one potential criticism of exposure therapy, she states that it is a misconception that exposure therapy can only be used with discrete trauma incidents, a possible obstacle in cases of more dispersed memories of combat spread over time and spaces. Rothbaum asserts that many sessions may be required, but that the use of "representative" trauma memories can allow for generalizations to be made such that the totality of combat trauma experiences are confronted (Rothbaum, 2002). In addition, Rothbaum argues that exposure therapy does have the potential to diminish affects other than anxiety and fear, such as depression, sadness, shame or guilt, and anger. She cites some positive research results suggesting treatment effects on guilt and shame with the use of exposure therapy. However, Rothbaum concedes that with patients for whom anger is the central response pattern more than anxiety, the benefits from exposure therapy may be modest. She recommends that exposure be combined with cognitive restructuring to address issues such as "self-blame or distorted relationships to self, others," or distortions to one's worldview (Rothbaum, 2002, p.73). Brewin et al. (cited by Resick & Calhoun, 2001, p.64) advocate that in exposure treatment cases where patients experience acute "secondary emotions", such as shame, guilt, and self-blame, cognitive restructuring would be indicated more than simple exposure. Similarly, Friedman (2006) refers to the recommended choice of cognitive restructuring interventions over exposure therapy in cases where patients were

more troubled by cognitions relating to feelings of guilt, helplessness, and inadequacy than by avoidant behavior and fearful hyper-vigilance.

Cognitive restructuring is a principal component of CBT therapy in general and specifically of Cognitive Processing Therapy. Central to the progress of recovery within the socio-cognitive theories of trauma is for patients to re-establish equilibrium within themselves through a reconstruction of core and fundamental beliefs (Resick & Calhoun, 2001). This equilibrium, it is proposed by theorists, is attained through the process of reinterpreting the meaning of the traumatic event/s so as to reduce the cognitive distance and any dissonance between a prior belief system or worldview and new perceptions or beliefs created by the trauma event/s. Friedman (2006, p.591) describes "erroneous cognitions" about personal guilt or inadequacy, that presumably need to be confronted as unhelpful negative self interpretations and "restructured." Brewin et al. (as cited in Resick & Calhoun, 2001) describe how in Cognitive Processing Therapy, the patient may have to "resolve a conflict" between the trauma event and prior beliefs or assumptions by "editing autobiographical memories," of the event in order to "re-establish the pre-existing belief system" (2001, p.65). In a similar line of reasoning, Sherman (1998) put forward that all of the "preferred" cognitive treatment modalities share a few important elements. One of the key common elements is the goal of helping the patient to develop a "realistic appraisal of the threat experienced during trauma" and "a reinterpretation of its meaning." Furthermore, he describes the objective that the patient gains a "mastery over recollections" (Sherman, 1998, p.428).

Brewin et al. (as cited by Resick & Calhoun, 2001) provide the one instance in which the theorists suggest the possibility that patients could resolve their conflict by altering the

pre-existing belief system to "accommodate the new information and experiences" (2001, p. 65) instead of manipulating the appraisal of the trauma to fit a prior worldview or set of beliefs. In almost all cases, the researchers' and theorists' assumption of the aim of cognitive treatments that employ a restructuring intervention – is to integrate the meaning of the traumatic event/s and the reaction to it with assumptions and perceptions that existed prior to the traumatic experiences. This assumption makes sense when applied to the circumstances of a victim of rape or assault or of disasters and accidents, in that, therapy interventions should seek to help patients not generalize the trauma incident into a perception that they are in constant danger. Nor is it appropriate for these types of survivors to hold onto self-blame or guilt that is clearly and unquestionably a distortion in their perceptions. In instances where soldiers and veterans are in continued states of hyper-arousal or fear and anxiety despite a return to civilian life, it is also clear that diminishing that fear is the aim of treatment. However, in the case of soldiers who have been perpetrators of atrocity, or participants in normal violence and killing in combat, the presence of guilt or shame may not be a distortion at all. This is not to say that soldiers should be left to suffer such pain without assistance, only that the experiences of culpability and responsibility that give rise to these emotions are quite complicated and perhaps should not be denied or 'extinguished' in treatment. Expressions of guilt and shame in veterans might be entirely rational, and a veteran "might rightly resist attempts to challenge the justification for his guilt" (Foa & Meadows, 1997). Clinicians must be cautious not to simply deny this reality or take it away from their patients.

Richard McNally, in a discussion of certain problematic issues in the study of PTSD, suggests that Pavlovian animal conditioning models of PTSD that "reduce trauma to its biological basis," in general, obscure the moral complexity of trauma and cannot capture the

"uniquely human" aspects of it (McNally, 2003, p.237). He adds, that the problem of the veteran as perpetrator's experience of trauma cannot be resolved simply by reversing the roles of victim and victimizer. Presumably, McNally finds this not a solution because the soldier can occupy both positions at once. Beyond several occasional footnotes concerning the problem of treating the soldier or veteran who has been a perpetrator of violence using models of treatment designed originally for persons suffering from incidents of trauma that are entirely different in their character and moral dynamics, there has been extremely little attention paid to this issue. Nor has attention been given specifically to the contribution of dehumanization (again with veterans in the dual position of one who dehumanizes and one who has been dehumanized) to the development and suffering in PTSD.

Some trauma experts, namely Kessler, Sonnega, Bromet, Hughes, and Nelson in their 1995 research (as cited by Resick et al., 2008), as well as Herman (1997), have noted that traumatic event such as accidents and natural disasters are less causally related to PTSD than more personally directed trauma experiences such as assaults or torture. As well, war veterans have higher rates of PTSD than many other groups of people who survive trauma events. Speaking about victims of torture, Judith Herman put forward the idea that when individuals undergo extremely painful experiences at the hands of another human being, those who have a rational explanation for maltreatment by that other human being are more resilient and usually have less severe traumatic stress reactions (Herman, 1997). This difference between the impacts of differing types of trauma scenarios suggests the significant role of attribution and how survivors conceptualize the agency behind the trauma event. It opens the question of how attribution figures into the treatment process with soldiers and veterans for whom attributions of responsibility and agency in their trauma experiences may

rightly include their self. Many of the CBT interventions seek to change negative attributions of the trauma events in hopes of minimizing negative thinking. However, these interventions assume that "reality oriented" (Sherman, 1998, p.415), accurate, non-distorting, "realistic appraisal[s]," (1998, p.428) interpretations, and meanings of the trauma experiences are supposed to be positive and include only positive representations of the self. Naturally, in treating combat trauma that includes perpetration, the question then arises as to how we chose interpretations, and what is a "realistic appraisal" of threat, when the actions of one's self may be a part of the threat or feared experience?

Exposure treatments in general are relying on the supposition that the exposure intervention allows for "re-experiencing" of elements of the trauma, now in the absence of a "real" threat such that anxiety and fear can be gradually lessened as the patient internalizes this absence. However, again, this model assumes that the feared threat is contained in an external location. There is no mention of how this anxiety or terror is resolved if aspects of the fear representation originate or are held in the soldier's experience of himself or in his own participation in the trauma. It is not clear how such fears are to be addressed. Most certainly, this is not clear within the models presented by CBT.

In a more recent research study of Cognitive Processing Therapy applied specifically to a group of veterans with military-related PTSD, researchers argued again for the efficacy of CPT in treatment for combat PTSD (Monson et al., 2006). The authors noted that there have been few controlled studies using cognitive interventions specifically with veterans with combat related PTSD, and those that have been conducted usually consisted of exposure techniques. Monson et al. (2006), assert that CPT, which has both exposure components and cognitive restructuring, is uniquely suited to treating the veteran population because it can

focus on emotions such as sadness, guilt, and anger. Furthermore, they contend that CPT can "address cognitions related to committing, witnessing, and experiencing acts of violence, that often co-occur in the context of combat traumatization" (2006, p. 904). It is not clear why the authors write that such cognitions *co-occur* in the *context* of combat trauma, but it appears that they assume these are side issues, not the central part of the trauma itself. Despite these assertions of the appropriateness of CPT for dealing with all aspects of combat PTSD, it remains a question exactly how complex issues of guilt are addressed and in what way. If the valid and rational emotions of guilt in veterans who have legitimate responsibility in actions of violence or perpetration are to be respected and understood fully, how can suffering from guilt and other pain be alleviated without engaging in denial? How can suffering be alleviated without simply eliminating guilt through normalizing and rationalizing processes that are the standard interventions of cognitive restructuring? A central question should be: how can therapies both allow veterans to address the moral issues of participation or responsibility for violence, yet find a way out of suffering and guilt that doesn't deny this experience?

A final comment should be made about Virtual Reality Exposure Therapy and the issue of desensitization in general. One goal of exposure treatment is to desensitize the patient to anxiety producing stimuli that represents and recalls the trauma memory. Fear and anxiety are *extinguished* in this way. Virtual Reality Therapy is a cutting edge exposure treatment method that has been touted as one of the latest CBT innovations and viewed as extremely promising. The military has awarded large grants to research groups such as the Virtual Reality Medical Center in San Diego for the improvement of their systems and for development of studies testing efficacy with veterans. As well, VRE is being designed for

application with pre-deployment soldiers for the purposed of stress inoculation (Wiederhold, B.K., 2006). A premise behind the use of virtual reality software technology is that greater and greater sophistication in the software will allow for a virtual recreation of the combat environment in which soldiers can be desensitized to their surroundings and not experience any arousal or fear. The purpose of the Stress Inoculation virtual reality pre-deployment treatment is presumably to inoculate soldiers from experiencing unwanted anxiety and fear when they enter the real combat environment.

Clinician and researcher, Barbara Rothbaum, who is a co-owner in Virtually Better, Inc., a company that is commercializing virtual reality therapy, is quoted in an online magazine article for Medpage Today describing the VRE PTSD intervention in the civilian setting as attempting "to add positive element to patients' memories of the trauma. The hope is that patients then will not remember the incident as overwhelmingly fearful and negative." She likens this intervention to getting back on a bicycle you fell off and adds, "We're changing the memory so it's not something you have to get over" (Geber, 2008). Rothbaum's account is given in the context of an article about treating combat veterans, and presumably she believes there are no differences in these treatment goals described in her quote when they will be applied to treatment with veterans.

The question that emerges from these descriptions is in what way can one add "positive elements" to violence in war? And if one does so, are there any ethical considerations that should be made. What are the implications of making war experiences and particularly killing experiences, memories that one need not "get over" because they have become so normalized? Neither Rothbaum nor other researchers writing about VRE have answered or even asked any of these questions in their writing so far. In one small

instance of an article on the Virtual Reality applications for treatment of combat PTSD, Rizzo et al. (2007) mention their continued consideration within the development of VR systems of whether they should include in the virtual combat scenarios the option for the patient to be holding a weapon. They are not certain of the "wisdom" (2007, p.196) of building this aspect into the scenario, as it would require decisions about whether the client will be able to fire the weapon when it is deemed a "relevant component for the therapeutic process" (Rizzo et al., 2007, p.197). The researchers decided to put off that decision until version 2.1 of the software, but the issue didn't warrant any further discussion in their account of clinical considerations of the VRE. They do not ask whether desensitization of the scenario of shooting at people has any negative consequences beyond the initial goal of reducing anxiety in patients. Nor do they ask whether people should or shouldn't have fear and anxiety in the real environments of the combat context. There is no recognition in these testimonies that *virtual reality,* no matter how sophisticated a simulation, is *not* reality. It is but a distorted and reductionistic reality at best, devoid of any moral meanings or considerations that are so salient in the experiences of real soldiers in real situations.

This dissertation is presenting these questions because it is apparent that the modalities which are being held up as the most promising innovations in combat PTSD treatment are unwilling to look at the possible dire consequences of desensitizing soldiers, and humans in general, to scenarios of violence, even ones in which they are in the starring role as perpetrator. Additionally, it should be considered with great caution how pre-deployment inoculation factors into making killing the enemy easier and in essence making lethal warfare easier. Is this really a side issue consequence of desensitization?

The VR simulations created for clinical purposes were created out of recycled graphic assets from military software programs. The use of virtual tactical simulation technology by the Army for training purposes (*Full Spectrum Command*) that inspired a commercialized x-box game, *Full Spectrum Warrior,* for enjoyment by children, would suggest that little concern is being given to all the possible social effects of war simulation games. The decisions to create these simulated killing environments and condition people to feel very normal in them are both commercial (in the case of x-box games) and pragmatic and political (in the case of the military), but it remains to be discussed how mental health clinicians should consider their participation in this kind of conditioning of patients in the name of healing them.

The next chapter of the review of the literature will turn from the conventional treatment for combat PTSD to alternative views of the central issues in combat PTSD etiology and treatment. The discussion will focus on the contributions of several clinicians and researchers who are placing issues of participation in violence by soldiers and veterans as well as attention to the political context in which soldiers and their injuries exist in the forefront of their interest and theorizing.

Alternative Perspectives on Combat Trauma

Judith Herman

Judith Herman, M.D., in her groundbreaking book, *Trauma and Recovery* (1997), wrote that one half of the central dialectic of traumatic response is the will to deny horrible events and their effects. She contends that the will to deny and forget is true for both the victims of trauma and for the larger society in which those events take place, a society that may bear responsibility for their occurrence. The other side of the dialectic is the will to proclaim aloud the horrible events and refuse to let them be buried. There is a parallel between the force of repression of individuals who suffer trauma and the repression of the society around them. Herman speaks of the way that societies, like individuals, employ the defenses of denial, repression, dissociation, and forgetting in the way they respond to psychological traumas, particularly of marginalized groups within a culture. Knowledge and recognition of traumatic events inevitably intrude into public awareness but have historically so often been pushed back and forgotten through a process of collective amnesia, the reality of traumas only to be rediscovered at a later time. She concludes: "Therefore, an understanding of psychological trauma begins with rediscovering history" (Herman, 1997, p.2).

Herman's book examines the progression of the study of psychological trauma over a century as it moved towards the formal recognition of post-traumatic stress disorder. She compares this progression of clinical attention within the world of combat soldiers to the parallel history of the understanding of trauma in the realm of domestic violence against

women and children. In her analysis of the long struggle for recognition and acknowledgement of psychological trauma, Herman describes the way in which societies are complicit in the silencing of the traumatized and in maintaining a social order that denies the damaging experiences of those who have suffered. Concerning combat trauma, she notes that during wartime in both World Wars there was a progressive investigation into the nature of the acute distress of soldiers who broke down from what was then known as "shell shock" or "battle fatigue". The main motivation for this attention was in the service of returning soldiers back to the field in a functioning condition to fight. It was for this purpose that investigation into the psychiatric breakdown of soldiers was initiated, and it established a new understanding of these syndromes as psychological rather than medical. However, in each post war period this dedication to opening the field of knowledge of war trauma was shut down, and the suffering of veterans was covered over and ignored by a society that was uncomfortable or even "embarrassed" by the vision of damaged soldiers.

According to Herman, victims of trauma have historically been stigmatized by the larger culture. This has been in part a function of the power of those who inflict trauma – the abusers – who attempt to silence their victims. But as well, those who witness trauma, and the surrounding society that becomes conscious of it, frequently attempt to abandon the sufferer. Society flees any identification with the victims of trauma and rejects being witness to the story of the victims' experiences. For those who witness and are faced with an implicit demand to act to relieve trauma, meeting this demand frequently requires action that challenges the social order within which abuse and trauma have been allowed to occur. In the case of combat trauma, confronting the source of combat injury could require challenging the social order of the powerful institutions of war which place soldiers in positions of physical

and psychological harm. It is easier for those in society who witness to deny traumatic events through the questioning of the credibility of the victim and his or her version of reality or any reality that will suggest collective responsibility for trauma. The witness can in this way hope to avoid the burden of identifying with victimization or, worse yet, experiencing the pain of the traumatized persons. In addition, a society that refuses to witness avoids responsibility for uncovering larger meanings and structures behind the source of trauma.

Nonetheless, the advancement of the study of trauma has continued despite the fact that it has gone through cycles of recognition and denial, and that "periods of active investigation have alternated with periods of oblivion." Lines of inquiry and discovery are "forgotten and must periodically be reclaimed" (Herman, 1997, p.7).

According to Herman, the periods of renewed investigation and study occur as a result of shifts in the larger political culture and the resurgence of support for the exposure of traumatization. For these reasons, she says: the "systematic study of psychological trauma therefore depends on the support of a political movement," one that provides a social context in which victims are affirmed and protected and that gives "voice to the disempowered." Herman goes further in saying that "the study of war trauma becomes legitimate only in a context that challenges the sacrifice of young men in war." Alternatively, "in the absence of a strong political movement for human rights, the active process of bearing witness inevitably gives way to the process of forgetting" (Herman, 1997, p.9).

In Herman's account, soldiers are unquestioningly "victims" – persons who are used and abused in society's wars. In the equation of trauma, it is not the soldier who has the "prerogative to name and define reality." Although he or she may be simultaneously honored or idealized in society, soldiers suffer many traumatizing experiences that exist outside the

"socially validated reality" (Herman, 1997, p.8). It is society that chooses what to recognize and validate within the traumas of war and what aspects of war trauma are to be investigated and studied. Therefore, it is not surprising that lines of inquiry and investigation that potentially call in to question the legitimacy or inevitability of war trauma in a way that threatens society's dependence on the capacity for making war would be suppressed.

Rachel McNair

If Judith Herman has posed the general question about what has been collectively denied in our knowledge of trauma, then researcher and writer, Rachel McNair, has provided some answers to this question as it pertains to combat trauma. In her doctoral thesis and subsequent book, McNair argues that perpetration and the psychological consequences for soldiers who kill in combat have largely been overlooked in terms of understanding combat trauma (McNair,1999, 2002). McNair coined the term Perpetration-Induced Traumatic Stress (PITS) in an effort to describe the specific contribution of perpetration and specifically killing in combat in causing psychological traumatic injury. Part of the need for new terminology comes from aspects of the definition of PTSD, which may preclude PITS. For example, in the required criteria for PTSD as stated in the DSM-IV, the traumatized person must be a victim of circumstances that created, "fear, helplessness, or horror" according to the criteria outlined (DSM-IV, 2000). In essence, the description also assumes the traumatized person was subjected to something out of his or her control, and this characteristic of the circumstances of trauma is generally not what we assume of someone who is the perpetrator of the violence experienced. McNair points out that the definitions in the PTSD diagnosis, furthermore, do not consider in any way that, "active participation may

accentuate trauma" (McNair, 2002, p.1). As McNair defines it, PITS is not necessarily a 'disorder' as in the DSM designations, nor is it necessarily, "post" as in Post-Traumatic Stress. She clarifies that with PITS, the condition and the stressor may be both in the past and be continuous in the present. The most significant part of her definition includes the idea that although PITS may involve aspects of the symptomatology of the DSM defined PTSD that result from trauma as normally considered in the diagnosis, it is specifically a product of "situations for which the person in question was a causal participant" (McNair, 2002, p. 7).

Another issue not addressed by the diagnosis of PTSD, but of more pertinence to perpetration trauma is the subject of guilt. In theory, PTSD can be suffered with or without the presence of guilt feelings. The expression of guilt is not relevant to the DSM diagnosis. However, with PITS, it could be argued that guilt is far more relevant, and the expression of symptoms related to guilt could be a significant factor in determining that someone is suffering from this type of trauma response. At the same time, guilt is not always overtly expressed and is frequently denied even when it is a significant contributor to the trauma reaction; therefore the determination of the presence of this symptom is made more complex.

In line with Judith Herman's theorizing about the patterns of societal denial of certain trauma phenomenon, McNair suggests a number of reasons that perpetration and the psychological responses to perpetration have not been studied or even written about at length. Both in the clinical research literature related to combat PTSD, as well as in the societal response to potential traumatic stress of the military population, there is little or no recognition of the role of killing the enemy as a significant factor leading to trauma. The military itself deliberately minimizes the psychological impact of normal combat killing, usually only sometimes referring to psychological consequences of the accidental killing of

civilians. McNair cites four possible reasons for this obscuring, or what she calls 'blind spots' and neglect of the subject. She refers to one reason as "sympathy for the veteran" (McNair, 2002, p.162) and a strong need to deny that soldiers have any reason for suffering psychological consequences. Another way to describe this would be to say that others want to avoid any suggestion that soldiers participate in something for which they might feel guilty.

A second related reason is that society as a whole feels responsibility for soldiers, and both leaders and the public would prefer to avoid any collective responsibility for negative actions of soldiers or the possible collective guilt that would result. Therefore, there is denial again of the idea of perpetration trauma as an indication of wrongdoing by soldiers for which society may also be responsible. Thirdly, McNair cites the "nature of controversy" as a reason (McNair, 2002, p.162). In the past, pro-war advocates were often opposed to the concept of PTSD because of perceived possible consequences. They feared that if PTSD was seen as arising from war, then the practice of war will come under more criticism. The recognition of perpetration trauma is therefore even more of a threat to a perception of the costs of war as being limited to physical injury.

Finally, the notion of perpetration is generally associated with criminals, villains, and other marginalized and maligned people felt to be undeserving of public sympathy. So, collectively, society is resistant to include soldiers in the perpetration category, or vice versa, to open the door for the possibility that other kinds of perpetrators or supposed wrongdoers might be suffering from trauma or deserving of sympathy. The reasons for collective societal denial of the importance of active participation in violence and killing as a key aspect of combat trauma are obviously not limited to those described above by McNair.

Rachel McNair's doctoral research study was a secondary analysis of research data collected for the National Vietnam Veterans Adjustment Study conducted in the early 1980's. The NVVAS did not differentiate between perpetrators and non-perpetrators in analyzing their results on specific PTSD symptom patterns. However, data on whether the veteran had killed in combat or participated in atrocities (killing of civilians) was collected and comparisons were made in relation to general mean scores for PTSD as measured using a modified Mississippi Scale for Combat-Related PTSD. Self-report data was collected on the level of battle intensity (light or heavy combat) as one variable and whether the soldier had engaged in killing as a separate variable, such that killing was differentiated from the level of exposure to more intense combat. The results reflected the range of scores on the PTSD measure with mean scores beginning at a higher level for soldiers who had killed than for those who had not, across the different levels of battle intensity.

In McNair's secondary analysis, she attempts to tease out the specific contribution of normal combat perpetration (removing those cases who had engaged in atrocities) in PTSD symptomology. A simple factor structure analysis of PTSD showed no significant differences between the two groups of perpetrators and non-perpetrators. However, McNair hypothesized that symptom patterns (as reflected in the factors of subscales) in cases of combat PTSD might differ for veterans who had killed during wartime from those who had not been participants in killing. The findings of her exploratory analysis of the more detailed scales within the PTSD data gathered from extensive sets of questions supported this hypothesis. McNair differentiates normal perpetration from both battle intensity and participation in atrocities as a way of establishing that normal perpetration in combat in itself has an impact on specific aspects of PTSD. She argues that a more nuanced understanding of PTSD

symptomology specific to issues of perpetration has practical applications for treatment of PTSD.

A final comment should be made on the specific issue of guilt that McNair discusses in her conclusions. She critiques the NVVRS for the fact that, "guilt simply wasn't adequately covered in this data set" (McNair, 1999, p.134). The one question that relates to guilt in the data gathering questionnaire is badly worded and worded in the negative, which causes confusion in its interpretation, according to McNair. She quotes this question in the NVVRS as: "I have no guilt over things done in the military" (McNair, 1999, p.132). She notes that although the effect size was small for any differences, nonetheless, the perpetration groups scored higher (reverse-scored) on this item reflecting higher levels of guilt. Additionally, she suggests that other items which indicate the presence of survivor guilt might also be reflecting sublimated guilt related to perpetration about which the veteran is in denial. McNair recommends, given the inadequate questioning on guilt of such a large study, that further research is needed to ascertain the important role of guilt in PTSD (McNair, 1999).

McNair (2007) also questions how issues specific to PITS might be relevant to determining effective treatment for veterans. Similar to questions posed earlier in this chapter, she suggests that "some therapies that work well for other groups may be counter-indicated in PITS" (McNair, 2007). She also cites Foa and Meadows (1997) cautioning that perpetrators with PTSD, unlike those who have been purely victims of violence, may not benefit the same or could even deteriorate from interventions like Prolonged Exposure and Flooding techniques, and as well, 'alternative strategies' may be required when guilt is a quite justified emotion.

McNair (2007, p.155) furthermore questions the ethics of "undoing an aversion to an act" through desensitization methods when that act is killing. In an understatement, she suggests that this is an open question for therapy and presents problems that are not usually encountered with other traumatized populations. PITS may necessitate the development of different approaches according to McNair, and she mentions that "the human community in diverse cultures and through many historical periods" has struggled with "the phenomenon of dealing with killing." She offers that 'experienced' therapists have suggested turning to various concepts that I would point out are usually associated with religious practices, such as: "atonement, repentance and forgiveness, bearing witness... and reidentifying one's self ... as in being 'born again' " (McNair, 2007, p.155).

McNair's work first in her dissertation research and then developed further in her book on Perpetration Induced Traumatic Stress is really one of the few if not the only investigations devoted specifically to issues of perpetration. Within mainstream clinical psychology few studies have even challenged the conventional focus on DSM symptomology. Some exceptions within dissertation research will be reviewed next in order to delineate the general parameters of what is being researched related to issues of guilt and other so called 'secondary' emotions in PTSD.

Relevant Doctoral Studies

In many ways, combat PTSD research and theorizing has progressed despite the limited conceptualizations and models of treatment endorsed by the National Center for PTSD and promoted by many research institutions as discussed earlier in this chapter. In particular, some relevant doctoral dissertation research in psychology should be mentioned.

Several studies specifically on combat PTSD shift consideration away from solely looking at DSM defined symptomology variables and into areas of psychological interest that have not been given sufficient attention previously. The focus of many of these dissertations is on issues such as: grief, guilt, shame, aggression, and forgiveness. Stemming from the DSM criteria model, these categories of emotions have typically been placed on the periphery of PTSD diagnosis and thought of as secondary phenomenon and to be of lesser importance than the main diagnostic factors. The shifted emphasis displayed in these doctoral studies is in contrast to the majority of conventional treatment studies discussed earlier that privilege fear as being the main emotional reference point for understanding PTSD, including combat PTSD. In addition, these studies seek a deeper understanding of the significance of these key emotional factors occurring in combat veterans with posttraumatic stress, even if simply to establish a positive correlation between the prevalence of these emotional factors and severity of PTSD symptoms .

For example, both Roberts (1999) and Vergolias (1997) examined correlations between levels of guilt and PTSD severity in combat veterans. Vergolias attempted to study relationships between predictor variables of combat and atrocity exposure and the development of PTSD, guilt and hostility. Not surprisingly, the data showed that guilt and hostility usually increased with PTSD levels. He concluded as well that combat PTSD and guilt resulted from war stressors, whereas hostility was more likely a result of the PTSD and of guilt. The Roberts dissertation was interested in treatment outcome and hypothesized that different levels of guilt may influence treatment outcome and recovery. Her results concluded that both low levels of guilt and high levels created barriers to recovery, while moderate levels actually fostered trauma recovery. This last result is particularly interesting

because it suggests how guilt in moderation (i.e. not too severe as to create debilitating depression and not too low indicating rigid defendedness) can be utilized in treatment in the service of recovery.

Two other doctoral studies have similarly looked at both guilt and shame in relation to PTSD symptomology. Hazeltine (1997) examined guilt and shame proneness of Vietnam Veterans in relationship to both a global measure of PTSD and specific associated symptoms. Results were as expected confirming this positive correlation, and the study supported the 'viability' of the concepts of guilt and shame in the understanding of PTSD treatment. Hazeltine also emphasized the need for greater integration of the literature on cognitive processing in combat trauma and the literature on guilt. Harrigan (2007) also used a sample of Vietnam combat veterans in a study examining relationships between guilt, shame, 'causal attributions' (i.e. self-blame), 'world assumption beliefs', and PTSD symptom severity. His research concluded that shame and social cognitions are significant factors in the maintenance of PTSD. But, in contrast to initial hypotheses, guilt was also found to be an emotional process with significant adaptive functions in coping with psychological trauma from combat. Harrigan recommends that clinicians might be served by developing shame based interventions for application in treatments.

Prevost (1996) and Pivar (2000) both conducted doctoral research studies focusing on grief as it related to PSTD in samples of Vietnam War combat veterans. Both studies established correlations between aspects of unresolved grief and symptoms of combat PTSD. Pivar (2000) showed that grief is distinguishable from PTSD and depression, and that unresolved grief was found to be present in 71% of the veteran sample within the study. From her results the researcher concluded that unresolved grief should be considered as a

separate and significant stressor in veteran populations with PTSD. Similarly, Prevost (1996) concluded in her study that the level of 'grief resolution' be a consideration in PTSD treatment plans.

Raney (2003) examined a set of factors related to forgiveness in prediction of combat PTSD as well as depression and aggression sequelae in a subsample of veterans studied previously. The research also looked at some prior disposing military factors in the prediction, including exposure to 'hurting and killing' others. A most interesting result of this study was in contrast to the researcher's expectations. He found that the combination of factors most predictive of PTSD was the exposure to hurting and killing others combined with two opposing levels of forgiveness, namely high- other forgiveness and low self-forgiveness. Although the author does not refer to this forgiveness combination as representing guilt, it would stand to reason that low self-forgiveness would indicate the presence of internalized guilt and self-blame. The study also looked at different combinations of effects between PTSD avoidance and numbing symptoms, physical and psychological aggression, depression, hyperarousal, and self or other forgiveness. Nelson-Pechota (2003) also discussed forgiveness in her doctoral dissertation, as an issue related to the role of spirituality in combat PTSD treatment. She found that forgiveness among other spiritual issues was a coping resource related to recovery, and she suggested that her study supports the idea that forgiveness mediates between war related guilt and severity of PTSD symptoms. She recommends that spiritual issues be included in treatment with veterans.

The doctoral studies briefly described above are just a sample of some recent research that seeks to widen the understanding of the contribution of emotional factors such as guilt and shame in PTSD. These issues have been conventionally considered secondary factors in

PTSD, set behind fear in their relative importance in the etiology and treatment conceptualization. Despite the development of these alternative emphases in dissertation research including some other types of meaning based models of etiology or treatment, most of studies still suffer from noticeable limitations. Generally, they seek to find correlations between particular emotional factors (non-DSM criteria variables) with the standard PTSD symptoms or measures of general severity. However, almost none of these studies refer to the sources of these emotional factors. That is, the studies use assessments to measure guilt, shame, aggression, or related subcategories of emotions and behaviors but only in general terms and without reference to what kind of war experiences they are derived from. Raney (2003) conducted the only study within this grouping that looked at a predictive relationship of forgiveness combined with a history of exposure to hurting or killing others to severity of PTSD.

Aside from the McNair research, there have been no studies designed specifically to isolate the particular experiences that are most related to guilt found in PTSD suffering veterans. Nor are there studies or much of a clinical literature particularly addressing the contribution of perpetration to combat PTSD and how this is relevant to treatment. Two notable clinical authors and thinkers who have offered significant contributions to these issues specifically and provide further insight into alternative approaches are Jonathan Shay, M.D.,Ph.D. and Robert J. Lifton, M.D.. They have elaborately articulated their ideas on the core issues of combat trauma and on treatment which recognize the both the importance of addressing soldiers' experiences of participating in destructive violence and the complex functioning of guilt in the process of recovery. They both will be discussed later in this section.

Before moving forward to discuss Shay and Lifton, I will review briefly some of the ideas put forward in a 2007 publication on combat stress injuries edited and partly written by two military psychologists, Charles Figley and Willam P. Nash, who offer a thoughtful discussion of the current knowledge of combat trauma. In some respects they provide a broader conceptualization and understanding of combat injury than the standard textbooks. However, Figley and Nash's work still does not represent a radical shift in perspective nor address the particular issue of perpetration in depth or very directly. Nor do their chapters on treatment developments deviate from the conventional.

Figley and Nash

In the book entitled *Combat Stress Injuries: Theory, Research, and Management*, editors Charles Figley and Willam P. Nash offer a thoughtful and authoritative review of current knowledge of etiology and standard recommended treatments for combat stress injury. Of relevance to this literature review are some parts of the two chapters written by William Nash on "The Stressors of War" and "Combat/Operational Stress Adaptations and Injuries". Within these chapters, of particular interest is how the author presents and organizes the material and how he frames the particular issues of perpetration, guilt and shame, and the designation of post-traumatic stress disorder.

Nash calls attention to what he refers to as the ethical considerations of labeling combat/operational stress reactions. He explains that this terminology is chosen intentionally to distinguish the concept from PTSD and to articulate a particular model separate from that of the clinical disorder. The book is concerned with combat stress injuries of all types and levels of severity without reference to whether they meet criteria for a disorder, but

moreover, the authors hope to "suggest guidelines for discriminating pathological stress symptoms from truly normal adaptive responses to stress" (Nash, 2007b, p.60). The word operational is included alongside combat to clarify that not all stress injuries occur in active combat and can sometimes occur in military rear and support operations. The author cautions that the labeling of stress injuries is critically important particularly if the label designates a psychiatric diagnosis, as this can stigmatize soldiers and harm the individual as well as his unit. There is the possibility, Nash warns, that those who are labeled lose the trust of others, lose respect from their peers, as well as potentially lose their own self respect. According to Nash, as a result of these potential consequences of psychiatric labeling, there occurred over many decades an attempt to normalize stress reactions. In addition, there were attempts to avoid considering breakdowns in combat as sicknesses or illnesses. In the combat arena measures were taken to presume that soldiers could easily recover from breakdown and quickly return to work with the proper care.

Nash describes the ethical dilemma of labeling one in which over pathologizing soldiers' normal stress reactions can hurt individuals, but, on the other hand, minimizing real problems that need to be addressed can leave soldiers untreated as well as collude with stigmatization that will continue to be a deterrent to soldiers seeking care. Furthermore, Nash laments that "partly because of continued efforts to keep combat stress reaction de-medicalized and distinct from mental disorders like PTSD, etiological theories regarding battlefield stress casualties have not kept pace" (Nash, 2007b, p.38) with the kind of research and theoretical attention give to PTSD. The book is an attempt to organize an understanding of all types and degrees of stress injury including but not limited to PTSD.

What is of particular significance in Nash's description of the labeling issue is that in one sense it is a progressive view. It is an attempt to move the nomenclature of combat trauma forward. He explains the intentional use of terminology in order to normalize the experiences of combat injuries and not view them as mental defectiveness or a serious illness. On the other hand, Nash correctly points out that there is the potential danger of normalizing to the point of minimizing. However, he does not consider that perhaps it is possible to define as normal (as in frequent) something extremely serious and severe. The authors seem caught in the desire to shed light on the frequency and seriousness of combat stress injuries (which are not necessarily PTSD) and to emphasize all the many stressors that will understandably lead to injury, but they are at the same time reluctant to in any way suggest that harm could be permanent. Nor do they recommend challenging the stigmatization which functions to silence soldiers on the subject of their injuries and to cover the damage being done.

In his section describing the stressors of war, Nash actually lists 'killing' as one of the emotional stressors, along with shame and guilt grouped together. Nonetheless, the section on killing as a stressor is afforded one small paragraph in which he cites the book of Dave Grossman's (1995) on this subject, as well as the work of Rachel McNair. He does not provide any analysis or elaboration of this topic (Nash, 2007a). On the subject of shame and guilt as emotional stressors, Nash highlights the pressure on soldiers to live up to the expectations of the leader and their comrades and the shame of feeling one has failed to do so. He refers to survivor guilt that is often openly acknowledged. But most importantly, Nash gives some attention to guilt related to the killing of others, which he says is not often acknowledged openly and perhaps not even consciously recognized. He says that expression

of this type of guilt is more frequently apparent as it emerges in dreams and flashbacks or fantasies. Often these fantasies are self destructive in nature. Nash suggests that one potential reason for the repression of guilt for killing others is that open recognition of it can evoke even more painful feelings of shame that are too difficult to allow into consciousness (Nash,2007a).

The topics of shame and guilt make a second appearance in the book in another chapter devoted to the types of stress injuries and adaptations. In the organization of the book, shame and guilt are categorized as emotional stressors as well as types of injuries. Nash outlines three umbrella categories of combat and operational injuries. These are: 1) traumatic stress injuries, 2) operational fatigue injuries, and 3) grief injuries. Shame and guilt as well as "damage to core beliefs" (Nash, 2007b, p.53) make up the first category of traumatic stress injuries. In the discussion of shame and guilt, there is again a mention of guilt after survival. There is also mention of shame derived from experiences of helplessness during traumatic events (not specified), but there is no mention of guilt or shame regarding participation in perpetration.

Damage to core beliefs is an impact injury of some significance in Nash's account, and this is important as it relates to violence and involvement in violence. Although, Nash does not directly or specifically state a connection of this type of injury to perpetration, some of his citations point to this association. Citing Janoff-Bulman's (1992) three fundamental assumptions, 1) the world is benevolent, 2) the world is meaningful, 3) the self is worthy, Nash says that these core beliefs are critical to feeling safety and confidence in one's environment. Trauma experiences often violate one or more of these beliefs. Nash goes on to quote three of the central authors whose works have been presented in this dissertation in this

section on the shattering of core beliefs. From Robert J. Lifton (1988), Nash cites Lifton's idea that "radical intrusion of the reality of death into the minds of warfighters, what Lifton called the 'death imprint'," (Nash, 2007, p.53) is a source of destruction of core beliefs that is extremely difficult to repair.

Citing Jonathan Shay (1994, p.33) on combat trauma's ability to "destroy the capacity for social trust," Nash goes on to say that this occurs because it "shatters the illusion that people are basically benevolent and good" (Nash, 2007b, p.54). And finally, he adds an idea from Grossman (1995) who he says "argued that for young soldiers in combat, the very act of killing another human being can shatter core beliefs, especially beliefs about one's own goodness" (Nash, 2007b, p.54). Nash offers these citations from three authors who clearly connect the immersion of soldiers in death and active participation in causing death with the shattering of core beliefs, and, in doing so, he suggests his recognition of the relevance of this perspective on perpetration. He adds to this summary his own contention that those soldiers and veterans who have suffered this type of relational damage "must construct new belief systems that transcend the old and incorporate, somehow, the brutal realities of war without sacrificing everything that is positive about human existence" (Nash, 2007b, p.54). Clearly this is a bold statement and assessment of the psychological consequences of such trauma. Noticeably, Nash wrote that "somehow" a soldier must integrate these new horrible experiences in war while retaining a faith in the goodness of human existence, as if he isn't at all sure how this is done.

Figley and Nash's book is interesting, cutting edge, and progressive at times in the way they write the introduction and in Nash's opening chapters about the stressors of war, types of combat injuries, and processes of adaptation. They compile some interesting

research in a chapter for the middle of the book. However, when it comes to the third section of the book on the subject of treatment models, the material collected for chapter presentations on treatment returns solidly to the conventional cognitive perspectives many of which were reviewed at the start of this literature review. This is both surprising and disappointing given some of the emphases of their earlier chapters.

For example, in the section on shame and guilt as significant elements of many combat injuries, Nash offers this nuanced and noticeably humanistic perspective on the issue. He says:

> "Recovering from traumatic shame and guilt requires the construction of a new set of beliefs about one's self and one's place in the world, - beliefs that allow for very human weaknesses at sometimes crucial moments. Overcoming guilt and shame depends on forgiveness" (Nash, 2007b, p.54).

In contrast, in third section of the book, devoted to treatments (which is here referred to as "management programs" because the authors are not looking solely at PTSD proper), the chapters are strikingly conventional in their content. The chapters include two concerning British and Canadian programs, one chapter on medication management, one on combat stress teams in the field who do crisis management, one chapter on advice for families, two chapters devoted to Virtual Reality applications to treatment of PTSD, and one chapter on 'spirituality' and 'readjustment' which refers specifically here to the role of religion in recovery. All of these topics would likely have some contribution to treatment of trauma. However, the material presented seems narrow and uninspired compared to the more promising perspective with which Figley and Nash begin their book.

Jonathan Shay

Psychiatrist Jonathan Shay M.D., Ph.D., author of *Achilles in Vietnam (1994) and Odysseus in America* (2002), has worked for the past thirty five years with Vietnam War veterans suffering from severe and chronic combat post-traumatic stress. Shay is in no way outside the mainstream or establishment psychiatry, having spent much of his career in the Veterans Administration system as well as engaged in consulting with military administrations and been a visiting scholar at the Naval War College in 2001. Nonetheless, some of his contributions to thinking about combat PTSD are unique and particularly relevant to an analysis of the dynamics and consequences of perpetration. His thinking, particularly in the book *Achilles in Vietnam,* offers unique insights into the emotional issues of aggression and grief experienced by combat soldiers in Vietnam. Shay writes about his observations of extreme rage and explosiveness found in many veterans suffering from PTSD. Many of these veterans recount experiences of raging violence committed during wartime and explosive anger problems that persist years after the war. Shay devotes several sections of his book to hypothesizing about the particular relationship between rage and grief. He explains that in his view grief and rage are interrelated emotions, and that for many veterans he has worked with, the replacement of grief with rage as a coping mechanism in wartime can result in permanent changes to the soldier or veteran's way of being. Shay draws attention to the fact that particularly in the Vietnam War, soldiers lacked any respite allowing for what he calls the "communalization" of trauma and grief (Shay, 1994). His concept of communalization refers essentially collective mourning, and the circumstance in

Vietnam was of great significance, Shay contends, in regards to the numerous experiences of death of one's comrades with no opportunity for normal bereavement.

Shay hypothesizes that as soldiers on the battlefield accumulate experiences of loss and destruction that are un-mourned and unattended to, the emotions of grief and guilt that have been obstructed are transformed into anger and rage. Consequently, many soldiers become enraged warriors able to be easily triggered into episodes of extreme violence. He gives the name, "berzerk state" to these types of episodes of unrestrained violence and killing that many Vietnam veterans describe. Shay (1994, p. 81) states that "preeminent among the triggers of the berserk state is, of course, bereavement." This relationship of grief to killing rage was further solidified by the apparent "conscious motivational technique used by some (leaders) in the American military during the Vietnam War." Soldiers were encouraged with the admonition "Don't get sad, get even!" to put aside grief and to feel only revengeful in the face of losing friends in battle (Shay, 1994, p. 81). In this way, officers and soldiers would actively encourage the suppression of grief and its transformation into vengeful killing.

Shay introduces the concept of what he terms 'berserk state' or 'berserk rage' to identify a particular state of mind and body, one that accompanies intense acts of violence. He explains that he chose this word to capture the state in which soldiers describe going into battle, often in frenzy, with a loss of human restraint well beyond a singular destructive aim. Shay notes that, "a soldier who routs the enemy single-handedly is often in the grip of a special state of mind, body and social disconnection at the time of the memorable deed. Such men, often regarded by their commanders as 'the best,' have often been honored as heroes" (1994, p.77). At the same time, soldiers will later speak of themselves as having acted like "animals," recounting "pain and remorse after the berzerking is over" (Shay, 1994, p.83).

Shay lists many characteristics that veterans have used to describe themselves in the berserk state, such as: crazed, insane, all powerful, insatiable, socially disconnected, fearless, godlike, indiscriminate, reckless, invulnerable, intoxicated, exalted, insensible to pain, cold and indifferent, frenzied, animal or beast like, cruel, without restraint or discrimination, paranoid, oblivious to one's own safety, and merciless.

Within this list of descriptions of characteristics of the berserk state, there are similarities to the language used in the first hand accounts quoted by Joanna Bourke in her book *An Intimate History of Killing* (1999). Bourke's analysis in the chapter "Joys of Slaughter" provides accounts from soldiers of self descriptions in war of feeling "exalted," "intoxicated," invulnerable and fearless, or having a sense of power to the point of "godlike" invincibility. These descriptions convey the mental state of many of the veterans who describe killing with what has the facile appearance of positive and even euphoric mental and emotional sensations. However, in a more complex interpretation, one can easily argue that these descriptions are not about simply killing itself, so much as the experience of power and control that is attained (or regained) through the act of killing. What one misses in Bourke's citations, which Shay emphasizes in his interviews with veterans, is the account of the prior experiences of loss of control, helplessness, and latent grief. Each of these experiences, of loss and helplessness, precedes the emergence of vengeful rage and the subsequent intoxicating release of fury through excessive unrestrained violence directed in retaliation at the enemy. The "joy" that Bourke sees in many soldiers' literary words can be interpreted not to be joy in spilled blood and guts, sadistic cruelty, or merciless "animal-like" crazed behavior. The "joy" is the exhilaration of release and relief from the fear and pain of being powerless, vulnerable, and bereaved. But the psychological cost of release from the initial

pain through the berserk experience of transformation may be very great. This pain is transmuted, perhaps, but not lost or truly expelled.

Shay highlights the fact that although many veterans describe feeling like a god while in the berserk state, they are also cognizant of having "lost their humanity" (Shay, 1994, p.82) in the same process. Furthermore, berzerk states, "can destroy the *capacity for virtue*" (Shay, 1994, p.86). Shay believes that soldiers who live through these episodes in war are frequently changed forever. Recurrences of rage states in civilian life are the most common symptoms of the veteran with post-traumatic stress, as the berserk state "imparts emotional deadness, vulnerability, and explosive rage to his psychology and a permanent hyper-arousal to his physiology" (Shay, 1994, p.98). Shay concludes his assessment of the clinical importance of the berserk state with the statement that his many years of experience with Vietnam combat veterans lead him "to place the berserk state at the heart of their most severe psychological and psycho-physiological injuries" (Shay, 1994, p.98).

To summarize, Shay is focusing on unmourned grief that is a product of combat experiences that are traumatic, particularly the deaths of close friends in the field. From the narratives of the veterans he treats, Shay cites examples of events which drive soldiers to the berserk state including "betrayal, insult, or humiliation by a leader, death of a friend-in-arms, being wounded, being overrun, surrounded, or trapped, seeing dead comrades who have been mutilated by the enemy, and unexpected deliverance from certain death" (Shay, 1994, p.80). Although Shay emphasizes bereavement as the primary source of grief, his list suggests that grief derives from many sources. Another way to conceptualize this is to say that soldiers are hurt repeatedly, experiencing an aggregate of *wounds* in different forms that need redress but are not attended to. All of these many types of experiences accumulate into a compounded

and immeasurable source of feelings of loss, disillusionment, and helplessness, which then have the potential to be transformed into a dangerous rage.

Shay's analysis and contribution to thinking about the relation of grief to rage, lends itself as well to considering the nature of perpetration as trauma. Perpetration can be considered in two ways in relation to the analysis discussed. On the one hand, perpetration could be considered in light of the damage created in the berserk state. Shay is articulating how berserk violence and killing is permanently psychologically damaging because, in essence, the soldier is driven into behavior that is a distortion of his true need (i.e. for communalization of his grief in the service of healing the initial traumas). In Shay's understanding, the berserk state is both a defensive expression of trauma as well as a further expansion of trauma, as the soldier participates in a transmutation of his traumatic experience into the form of extreme violence. In this way, perpetration in the form of killing in the berserk state is traumatic, as it damages the soldier further. From another vantage point, one that Shay does not consider, perpetration as it occurs in the ordinary killing of the enemy (apart from an extreme or an excessive berserk rampage) could also be included with the examples listed above of the initial experiences and events that give rise to grief, and unresolved guilt, and that drive the soldier towards berserk rage. In this understanding, perpetration can be seen in two ways. It can be an initial traumatic experience (the normal expected activity of killing the enemy) that potentially evokes guilt. And it can also occur as the consequence of an initial traumatization (of both perpetration and non-perpetration types) that has not been addressed or integrated, and is further transformed and expressed in the form of berserk killing.

Jonathan Shay provides some unique and useful conceptualization of combat trauma and the workings of rage and guilt. He takes a perspective that is challenging of more conventional attitudes that trauma is something that can always be recovered from. He says quite clearly in his book that he believes the berserk state can change men forever psychologically. Regarding recovery from combat trauma, Shay contends that returning to "normal" is not possible. What is possible, we don't really know, although recovery can happen. Nonetheless, he maintains that many veterans are able to create satisfying and meaningful lives after war trauma while remaining, by DSM standards, "highly symptomatic" (1994, p186). That is, they may recover a sense of meaning and purpose in their lives, as well as restore capacities for positive trusting relationships, even make significant contributions to society, despite continuing to have DSM type symptoms such as sleep problems, anxieties or hyper-vigilance, or other hyper-arousal symptoms. Shay also critiques the conventional criteria of PTSD for neglecting to describe or account for the significant impact of rage and grief experiences in combat trauma that can devastate the mental life of veterans and alter personality irreparably. He highlights the fact that our authorities on the subject of PTSD do not adequately recognize or acknowledge these harms.

In regards to treatment, Shay emphasizes that, "Forgetting combat trauma is not a legitimate goal of treatment" (1994, p.192). Here, his assertion stands in stark contrast to cognitive behavioral theorists who maintain that through cognitive restructuring processes forgetting is both possible and desirable. Instead, for Shay remembering and grieving are the central task. In addition, Shay describes the treatment for combat trauma as primarily comprised of personal narrative creation, but before the processes of narrative construction

and grieving can take place, "preconditions of healing" are required, which include "Safety, self-care, and sobriety" (1994, p.187).

Because Shay believes that full recovery is often times not possible for veterans, he puts a great deal of emphasis on the subject of prevention of combat trauma. He recognizes in his book that ideally the best prevention is the end of war and combat, but given the unlikelihood of this social transformation happening anytime soon, he discusses his general recommendations for prevention of combat trauma. These include: acknowledging psychiatric casualties instead of encouraging denial, maintaining unit cohesion, valuing collective and individual grief-work, discouraging berzerking behavior, eliminating humiliation and degradation practices in the military training, and promoting ethics of respecting the enemy. Finally, Shay asserts that "the essential injuries in combat PTSD are moral and social, and the central treatment must be moral and social" (1994, p.187). Many of these themes found in Shay list of problematic practices that he recommends changing are taken up as well in the work of Robert J. Lifton.

In *Achilles in Vietnam*, Shay does not claim to be focusing on killing in combat, or speaking about perpetration related guilt, nor consequences of soldier participation in killing and/or atrocities as a central problem. Nonetheless, his main issues of betrayal and moral injury, destruction of social trust, grief's transmutation to violence in the form of berzerking, survival guilt, and dehumanization all are connected directly or indirectly to issues of perpetration.

Finally, Shay verges on taking a political stance in his suggestion at the end of his book that the issues of trauma of combat soldiers are a human rights issue that is as much the fault of our own system of war as of our enemies. Shay contends that the study of war trauma

is worthy of being a "basis for a science of human rights". And he concludes that: "war always represents a violation of soldiers' human rights in which the enemy and the soldiers' own armies collaborate more or less equally" (1994, p.209). The issue of the political stance of a clinician will be taken up and elaborated in the next discussion of Robert J. Lifton, who clearly felt that, a "survivor mission" that included political activism is in the service of recovery, and this process involves the clinician's support and activism as well.

Robert J. Lifton

The last clinical writer and thinker who will be discussed in this chapter of the literature review will be psychiatrist Robert J. Lifton. Like Jonathan Shay, Lifton's work and ideas about combat trauma were acquired through many decades of contact and therapeutic work with Vietnam Veterans. My discussion will center on his book, *Home From the War: Learning from Vietnam Veterans* is the main account of his work with veterans and the knowledge he acquired during the early 1970's. *Home from the War* was first published in 1973, and the latest edition with an introduction concerning American involvement in the Iraq War was published in 2005.

Lifton was also one of the foremost advocates for the recognition and establishment of a clinical diagnostic category for posttraumatic stress and its entry into the official diagnostic manual of psychiatry. Over the last three decades there have been some clinicians and researchers who have disparaged the PTSD diagnosis, challenged its validity, and called into question the basis for its development. Some have argued the fact that the diagnosis emerged in response to a particular population of war veterans following the Vietnam War diminishes its credibility as a category generalizable to any war trauma. Others have asserted

that the statistics on numbers of veterans claiming to have PTSD is exaggerated and biased by the fact of compensation given to veterans with the diagnosis, the contention being that many veterans are malingering for profit. The charge has also been leveled that PTSD was the creation of those who had an anti-war agenda and who sought to dramatize and exaggerate the accounts of the impact of the war on veterans in order to further the anti-war movement. This particular criticism has been directed at Robert J. Lifton in particular. Such controversies have persisted in the clinical and military literature to the present day.

There is no question that the Vietnam War had special characteristics. Numerous writers have recounted devastating aspects of the war situation: strains of the natural terrain of the country, the guerilla warfare conditions, the lack of any clear frontlines, a relentless insurgency, the lack of differentiation between combatants and non-combatants, the chaos, and the moral uncertainty and lack of clarity of the military purpose. Perhaps, one could argue that this was the first modern war of this character that America had fought, but it has clearly not been the last. The occupation of Iraq and the current escalation of the intervention in Afghanistan have presented another opportunity for becoming mired in a vicious and hopeless engagement. Recent figures of posttraumatic stress injuries and PTSD in the population of returning Iraq and Afghanistan soldiers that mirror the rates from the post Vietnam era should lay to rest any doubts of the validity of the combat trauma diagnosis. In fact, as Figley and Nash (2007) point out, limiting our attention to only official PTSD cases, does not acknowledge the full extent of all combat stress injuries that include sub-clinical injuries, active combat injuries, and those that for whatever reason did not meet the full diagnostic criteria for PTSD. The results of the recent conflicts in the Middle-East should also lay to rest the idea that a Vietnam like war circumstance and its consequences for

soldiers and society could not befall us again. Robert J. Lifton recommends, "maintaining a dialectic in our minds between the specificity of the Vietnam War and its relationship to all war" (2005, p.19).

In *Home From the War*, Lifton describes his experiences in the early 1970's leading what came to be known as "rap" groups with veterans of the Vietnam War. The groups were started by veterans, most of whom were involved with the Vietnam Veterans Against the War organization. They had asked Lifton and other clinicians to participate in these group meetings as psychiatrists or psychologists and facilitators in their therapeutic process. Lifton describes his participation as part therapeutic, part investigative, and connected to his anti-war advocacy research. Lifton is open in saying that the rap group participants were not a representative group of veterans and were certainly self-selected from their affiliation with the anti-war movement and VVAW. Nonetheless, he believes that these veterans had experiences of therapeutic exchange and healing through the rap group format that were valuable for understanding the trauma that most of these veterans were suffering from.

Robert J. Lifton's clinical work as it is described in this book stands out for a number of important reasons relevant to the themes discussed so far in this dissertation. First, in contrast to many of the cognitive behavioral models currently represented as best practice treatments, Lifton placed perpetration and experiences of death in the center of his theorizing about trauma. Unlike the mainstream combat PTSD literature, his work does not shy away from the significance of the soldier's experiences of participation in violence and atrocities. Instead, he sought to contextualize this participation in the soldier's entire experience of immersion in death (what he called the "death imprint"), both as the one threatened and the

one being a killer. Furthermore he contextualizes these experiences in terms of the overall war project they were involved in.

Secondly, Lifton's work with the veterans involved speaking about and working with guilt without denial or avoidance. He offers a different interpretation and solution to the problem of guilt of the victim perpetrator that these veterans developed for themselves in the group process. And finally, with these particular veterans, Lifton was purposefully embracing in his work a political stance in alliance with them. He steps out of the old school model of neutrality, which he argues has no place in this situation. He maintains that the social context of this work at that time demanded his positioning himself within the challenge to the establishment and within the anti-war movement. Moreover, he believed that the anti-war activity of these veterans was integral to the creation of conditions in which they could redefine their trauma and transform the meaning of their trauma experiences. Transforming the meaning of one's trauma is certainly also a goal of many of the conventional models discussed earlier in this paper, such as in cognitive processing theory. But the significant and central difference in Lifton's conceptualization of transformation of meaning is the absence of attempts to erase or control memory, or to shift meaning necessarily away from its conflicts or painful implications, or away from its connection to guilt and moral responsibility. In this conceptualization, guilt is not something to escape but rather to confront and change one's relationship to. Lifton says:

> In all this, the veterans struggled towards a new relationship to their guilt. They sought from the very guilt that seemed to hold them in static 'deadness' an energy for 'coming to life'. Indeed, their entire relationship to their anti-war organization was bound up with this quest. (2005, p.103)

In this quote, Lifton expresses his belief in the connections between confrontation with guilt, transformation, and political activism. His understanding of the veterans' guilt and his conceptualization of how this guilt can be a functional aspect in the process of healing war trauma will be elaborated on further, but before this, some other critical terminology articulated by Lifton in this text will be described.

He begins with an articulation of the differences between a concept of the "hero" versus the "socialized warrior" (2005, p.27). The hero concept is a representation of the mythology of a noble warrior who has a specified ritual (containing moral grounding) in killing the enemy and does so with honor. The mythical vision of the noble warrior ideal, a notion which Shay also elaborated on, is betrayed by the development of the socialized warrior. The socialized warrior has been conditioned and "robotized" (2005, p.27) to function as part of the social order. He exists in a state of obedience and has no moral autonomy of his own. The Vietnam veteran was the epitome of the socialized warrior who was stripped of his heroic meaning, purpose, quest, or "political-ethical vision", and manipulated into a role comprised only of "cultivation of skill in killing and surviving" (2005, p. 29).

Other important concepts within Lifton's account are the "death imprint", "death guilt" (2005, p. 38) and the "atrocity producing situation" (2005, p.41). The death imprint is the psychic impact of total immersion in death, and death guilt is the result of this imprint, as the soldier experiences his own position and participation whether as victim or perpetrator. The atrocity producing situation is Lifton's description of a war context with the characteristics of the Vietnam environment. There is no need here to fully elaborate on the descriptive elements of the atrocity producing situation. A few descriptors should suffice,

such as: counterinsurgency conditions, deterioration of the rules of engagement, chaos, and loss of comprehension of the ethic of the war mission. Lifton describes a situation "where chaos and anti-meaning reign… (in which) all killing touches upon atrocity" (2005, p. 123). Finally, further discussion here will concern Lifton's concept of "animating guilt" and the opposing processes of numbing, avoidance of guilt, and desensitization; as well, his ideas about the possibility of transformation of self and the relationship of self and world will be elaborated upon.

In Lifton's account, veterans of Vietnam and veterans of new wars similar in character to Vietnam are likely to have experienced an atrocity producing situation as well as an immersion in death that leaves them with a death imprint in memory and conscious or unconscious death guilt. The source of the guilt, as Lifton describes it, is built upon images of "transgression", to do with "two kinds of death, that which they witnessed and 'survived' (death of buddies), and that which they inflicted" (2005, p. 100). Despite their difference, the two types of transgression merge. Furthermore, they feel, "above all they are survivors who cannot inwardly justify what they have done and are, therefore caught in a vicious circle of death and guilt" (2005, p. 101). Additionally, the veteran carries death guilt for his general involvement with the larger transgression of participation in a "killing force" and the whole military project.

According to Lifton, a large number of these veterans affected by combat trauma will live lives characterized by strategies of avoidance of confrontation with this guilt and by processes of numbing. Lifton calls this state of numbed and dissociated guilt "static guilt". He says it is "characterized by a closed universe of transgression and expected punishment in which one is unable to extricate oneself from a death-like individual condition" (2005,

p.126). This numbed guilt is a 'deadened' state wherein "the entire being is frozen or desensitized in order to avoid feeling the 'wound' (or death) one has caused (or thinks one has caused), leaving one anesthetized from much of life itself" (2005, p.127). Added to the numbed static guilt, Lifton mentions another form of static "self-lacerating" guilt which he says is "characterized by a continuous reenactment of killing of the self" (2005, p.127).

In terms of the collective military unit, Lifton says there is a collective psychological commitment to denial and avoidance of guilt that is self protective for fear of punishment or humiliation. Furthermore, the larger society maintains a numbed static guilt concerning the war as an entire enterprise. Americans, in his view, "resist the full revelations" of veterans' attempts to confront guilt. They prefer to not know, "for these [revelations] threatened their own symbolizations around national virtue and military honor" (2005, p.132). The choice of veterans to confront guilt and responsibility leaves them vulnerable to all kinds of abuse and attack from both inside and outside. For these reasons, so many veterans choose to continue to avoid or resist such a confrontation and instead continue a psychological process of desensitization into their civilian lives. "They remain defended from guilt and either remain silent or outspokenly combative against the enemy" (2005, p. 109). However, even after this conscious or unconscious choice to confront guilt is made, an internal struggle will remain between denial of guilt and the pressure of "insistent actuality," as Lifton calls it.

"Animating guilt" is probably the most significant concept of Lifton's book, in addition to the notion of transformation. In contrast to a static guilt, confrontation with guilt brings the possibility of animating, in the service of altering one's relationship to guilt. Animating guilt is a process of engaging one's feelings and imagery connected to themes of transgression, but central to the engagement is the desire to make guilt active and present,

and ultimately a source of self-knowledge. In Lifton's words, it is "bringing one's self to life around one's guilt" (2005, p.127).

In contrast to conventional treatment interventions that intend to use prolonged exposure in order to desensitize and eliminate feelings of guilt, Lifton's idea is to reduce the presence of numbing and desensitizing defenses in the context of the safe environment of the group. The process is not meant to be completed or achieved through a well delineated exploration of certain events, or confined to a therapeutic timetable or space. Lifton says:

> Our experience was that veterans could never isolate all guilt around one or two particular actions and then be done with it- guilt is simply not manageable in that way. But recalling specific images of death guilt enabled him to explore pressures contributing to and images beyond his actions, and then gradually, alter his relationship to guilt in vitalizing ways. (2005, p.107)

The animation of guilt creates life energy out of an "aspiration emanating from a sustained and formative dissatisfaction with both self and world" (2005, p.128). However, it could not be simply an exploration of traumatic experiences giving rise to guilt for purposes of self-condemnation or condemnation of one's world. Dissatisfaction and condemnation require a simultaneous imagining of a self outside the guilt and a life affirming "possibility beyond" it. Both "animating guilt and image beyond the guilt are in a continuous dialectical relationship, one requiring the other" (2005, p.127). In this way, recovery and healing are a process of moving away from static numbing or denial, through animated guilt with the intention of movement towards transformation and change.

The final concept in Lifton's account of the process of recovery that should be elaborated is that of transformation. The animation of guilt has provided an illumination (the idea of 'illuminating guilt' being one Lifton borrows from Buber) that points a path through a critical self-evaluation and transformation into full emotional consciousness and connection to others. It is a path that leads back to personal integrity and the moral autonomy that has been destroyed by participation in war. Thus, transformation involves changes in the self that also require changes in one's relationship to the world outside oneself and an alteration of the meaning of this relationship. Within Lifton's constructive model of transformation, the survivor, who has come into confrontation with guilt and not avoided it by denial or numbing or sequestering memories into mental "dead-space" (in veterans terminology), must not remain fixed in this confrontation. He must be able to move into new forms and formulations of self and world. For Lifton's veterans, this task meant "both confronting and transcending the war" through an examination that ultimately "propels one beyond it" (2005, p.302). He says that political protest and critique of society "became crucial to psychological health" (2005, p. 287). The work of the veterans "gave the lie" to a belief "that psychology, being internal, has nothing to do with institutional and historical process "2005, p.287).

Confronting the external brought "re-examination of the war," and "of institutional destructiveness" (2005, p. 283) and one's participation in this structure. This meant examining one's action before and during the war, what was done or not done, but also, the veterans attempted to transform and revive positive aspects of the wartime life and relationships including communal loyalty, dedication, and love, and direct these values towards new ethical purposes of inner revolution and socio-political challenges. Lifton emphasizes that as much as the veterans engaged in a critique of political leaders and the

institutions "promoting militarism and war" (2005, p. 87) and reassessed the external circumstances of their participation in the war, they also insisted on a personal accountability for their own decisions to be in the war. He says, "I was struck by the emphasis of the men, in thus reconstituting themselves, placed on responsibility and volition...they inevitably came back to the self –judgment, that they had themselves entered willingly into these processes" (2005, p. 287). This insistence on personal accountability and responsibility for their participation was part of the struggle for the creation of survivor integrity and reclaiming autonomy.

Clearly, for the veterans that Lifton worked with, the healing and recovery process was twofold. It was both a struggle for personal accountability and reclaiming moral autonomy, and it was a struggle integrally bound up with social and political activism that sought to bring some transformation not only to their insides but to the world outside themselves. It was the survivors' way of confronting not only their personal responsibility for actions taken in war but a way to confront and hopefully transform the institutional arrangements and the society as a whole that had created the conditions for the trauma they had experienced.

A criticism of Lifton. In a background chapter on Vietnam within a book concerning the psychological and psychosocial consequences of combat deployment in the Persian Gulf War, the author, Dr. David Marlowe, offers a strong critique of Robert J. Lifton's work in *Home from the War* and of Liftons' theorizing about combat PTSD. Marlowe, citing Lifton as a primary advocate for the development and addition of a posttraumatic stress diagnostic category to the DSM, critiques Lifton's formulation of the PTSD diagnosis, and his credibility. Marlowe is careful to qualify that he accepts the need for such a category

covering trauma in general, however, in regards to combat trauma specifically, Marlowe believes that Lifton's account, and the observational research he participated in with a particular group of Vietnam veterans, created biased clinical assumptions that seriously call into question the validity of the disorder.

Marlowe takes issue with the premise that Vietnam was in general an "atrocity producing situation" and that most Vietnam veterans were involved in some forms of atrocity and particularly traumatic violence. Marlowe argues first that it is not possible (numerically speaking) for the number of veterans claiming to suffer from combat trauma to have had actually been involved in heavy combat in Vietnam, implying that either the numbers of veterans claiming to have PTSD are exaggerations or their trauma didn't result from heavy combat or participation in atrocities. In regards to the latter possible explanation, Marlowe contends that most PTSD does not develop primarily from atrocity experiences, and not even usually from heavy combat engagement, but is just as likely to emerge from the general stressors of deployment. In regards to the first issue of what he views as exaggerated claims, Marlowe questions the credibility of the accounts given in the original VVAW Winter Soldier hearings of 1971 (which Lifton attended), saying that evidence was later discovered showing that some participants were imposters who were pushing "falsehoods and half – truths." The hearings, Marlowe complains, "painted Vietnam as a catchment of continuous atrocities and 'dehumanized' behavior" (Marlowe, 2001, p.94), a depiction he obviously rejects as a distortion created to fit a political agenda of the participants.

Marlowe argues that, in fact, atrocities were rare occurrences with incidents such as the Mai Lai massacre being an anomaly quite uncharacteristic of normal operations. Furthermore, Lifton's characterization of soldiers in Vietnam as "bearing multiple traumata

of both victim and perpetrator," is a distortion of reality. Marlowe takes Lifton to task for having "implicit assumptions underlying" (2001, p. 97) his etiological and diagnostic thought, his attributional model, and the paradigm of posttraumatic stress that he developed based on a notion of Vietnam veterans as traumatized "victims and executioners" (2001, p.96). "To say that this image of Vietnam is Dantesque is perhaps an understatement," Marlowe complains, "and from my perspective, the establishing data may well be problematic in that is arose out of highly politicized sources" (2001, p. 94).

Marlowe attributes these supposed biases to false conclusions Lifton made based on his limited experiences with the perceptions of a "small cadre of anti-war veterans" with whom he worked (2001, p.97). Marlowe describes these veterans as an 'anti-war set' who misrepresented the whole for their own political purposes. As a result, Lifton as well, developed his own distorted picture of war trauma that emphasized an atrocity history and resulting death guilt. In Marlowe's view, this bias was a direct result of Lifton's own anti-war agenda and political activism.

A criticism of Marlowe. What is most interesting about the criticism leveled here by Marlowe is that the precise issue that he is focusing on for his attack on Lifton, that is, Lifton's political stance and engagement with veterans looking to be anti-war activists, is exactly what Lifton is arguing is a central component of the veterans' struggle for recovery. Marlowe assumes that Lifton's political attitude preceded his judgments about the impact of war experiences on the veterans. This assumption is actually not at all clear. Lifton himself does say that his anti-war impulses developed earlier after the Second World War when he spent time in Hiroshima and wrote a book about this subject. But it is also completely logical to think that his work with the veterans of Vietnam expanded his belief in the necessity of a

clinician adopting an anti-war stance in the service of supporting these struggling veterans. However, I think Lifton would also say that it hardly matters which came first, in that he was following the desires of this particular group of veterans, and they led him to understand their path to recovery as one involving such social activism. The question is not whether their perspectives of war were valid (they are after all perspectives drawn from subjective experiences), rather the question is whether these veterans and their interpretations of their experiences with trauma were representative of a larger phenomenon or not. Despite Marlowe's claim to have some objective numbers on his side, the personal historical records by soldiers in Vietnam seems to support the alternative perspective, that indeed Vietnam was overall an 'atrocity producing situation'. What Marlowe missed in Lifton's account, is Lifton's assertion that within the Vietnam context, *all killing* became tainted and touched by atrocity because of the confusion and breakdown of moral legitimacy of the war as a whole. In the case of trauma, it doesn't matter if legally speaking most incidents and tactical policies do not meet the definition of atrocity.

Additionally, Lifton makes no claim to be writing as a hard scientist whose conclusions were deduced from controlled experiments with random samples of veterans and random samples of wars. He never claims to be an unbiased observer, but instead refers to himself as a psychiatrist, investigative researcher, *and* an anti-war activist, with all those agendas and biases working at the same time.

At the time that Marlowe wrote his book regarding the aftermath of the Persian Gulf War, one can imagine how he might have felt confident in attempting to relegate the collective trauma legacy of the Vietnam War with all its controversy and unresolved conflicts into a category by itself. The Gulf War invasion was a war of vindication for American

military hawks and its relative 'success' was said to have broken the spell of the Vietnam War failures. However, Marlowe, and those who think like him, might have spoken too soon on this subject. For in the wake of the invasions of Iraq and Afghanistan, the lessons and traumas of Vietnam look like they are to be experienced all over again. It is Lifton's message and perspective that appear to be the ones that will prove most credible, as combat trauma asserts itself again in the lives of so many Americans and in our social consciousness once again.

Finally, it is Marlowe who hypocritically makes no mention of his own biases and political stances. His own writing of this book was created as a project of Rand's National Defense Research Institute, prepared for the Office of the Secretary of the Defense. The institute is stated to be "a federally funded research and development center sponsored by the Office of the Secretary of Defense, the Joint Staff, the unified commands, and the defense agencies" (Marlowe, 2001, p.v). Perhaps Marlowe thinks there is no bias to his own research from its sponsorship by institutional entities completely devoted to the activity of war. I am sure he would argue that he has no particular agenda (political or otherwise) in the conclusions of his own investigation. But it would be a difficult argument to make (when Marlowe was reporting to the DoD and commissioned by Rand) that he is any less politically situated and positioned than a clinician such as Lifton was at the time that he collected his observations of the VVAW's veterans' rap groups. At least one can say for Lifton that he disclosed his political stance and his biases. He declared openly that in his work with this population it was necessary that he abandon the neutrality of scientist researcher at the time that he functioned as an advocate and clinician. The same cannot be said for Marlowe, who writes his monograph including this critique under the illusion that he stands as a social

scientist with no "underlying or implicit assumptions" in his work, and no biases towards producing an interpretation of psychological war trauma that is inoffensive to the military institutions paying him to write it.

This chapter of the literature review began with a discussion and analysis of the conventional and mainstream thinking on combat PTSD and its treatment. This review was not meant to suggest that all or even most clinicians are practicing cognitive behavioral therapies with soldiers and veterans. In reality, there are many many clinicians, psychologists, psychiatrists, social workers and other mental health professionals who have varied perspectives on treatment, a great many with an appreciation of perpetration induced trauma. Rather, it was meant to provide an overview and critique of the current trends that reflect a bias by establishment research and medical institutions towards these models. In addition, the 'alternative perspectives' presented may not really be out of the mainstream at all in terms of what is being practiced by so many clinicians in the privacy of their consulting rooms. However, this part of the review was meant to highlight a few of the works and thinking by the creators of those works that best articulate a perspective which is many ways an answer to the criticism leveled here at the practices which are being referred to here as 'conventional'.

In the next chapter of this literature review, other broader questions will be contemplated regarding the nature or nurture contribution in violence and killing conducted in warfare. This is important to explore because oftentimes the idea of violence and war being part of 'human nature' has been pointed to as a rationale for continued militarization in our society and the acceptance of a war and killing filled world. The idea of man's 'natural' resistance to killing will be considered, as well as the historical record on this subject

presented by one researcher. This discussion should provide a backdrop for understanding the ways in which our basic capacity for violence and for dehumanization has been historically manipulated and harnessed for militaristic purposes in opposition to our resistance to killing. This chapter provides a rationale for exploring further the contributions of social psychology, as it becomes clear that social systems and social psychological mechanisms are required to condition men to kill each other.

The Nature and Nurture of Killing and Warfare

Introduction

This chapter will review some of the literature regarding central questions within the topic of humankind's capacity for violence. The work and ideas of academics, historians, and researchers presented here address questions about whether there is an inherent, or at least a deeply socialized, resistance to killing in man. The question is important because so often societies justify war making and take atrocities for granted through the rationalization that human violence is nature at work that cannot really be changed. Even if we know that there is the possibility for non-violence in the resolution of conflicts, we more often believe that violent methods will unavoidable. In addition, the history of warfare has in so many ways been glorified and the true psychological costs to soldiers is obscured behind notions that despite the harm soldiers are elevated by war and made stronger by their experiences. If a truer understanding of how killing and war actually scar and offend the psyche of soldiers could be illuminated, then perhaps society would find it much harder to send young men and women to war.

To come to a different understanding, the myths of war making and the glory of warriors must be challenged, and questions must be answered. For instance, how do we account for the phenomenon of so much writing by veterans and soldiers that often seems to glorify killing in war? In which discipline can we look to understand the answers to these

Society seems to assume that soldiers are psychologically prepared to kill other soldiers (the enemy ones) simply because they so often enough do carry out their mission in killing the enemy. There is the supposition that soldiers, more than others, will be prepared to kill by virtue of the evidence of their willingness to go to war and through their military training. However, in the aftermath of war there are countless testimonies given by soldiers, mostly recorded in histories and biographies of war, of obvious psychological distress concerning their participation in violence and killing. This suggests that most human beings have not, in actuality, ever easily managed to engage in the act, or even been a witness to the act, of killing other humans.

Military psychologist, Dave Grossman, in his study of killing in combat, contends that humans have an inherent resistance to killing. In his book, *On Killing: The Psychological Cost of Learning to Kill in War and Society* (1995), he looks at the historical evidence and concludes that the act of killing is against men's nature. Most of his approach to his data proceeds from the opposite direction than that of researcher Rachel McNair, who attempts to use quantitative methodology to isolate killing as a causal factor in PTSD. Instead, Grossman attempts to establish his argument by gathering the historical evidence of iterative behaviors in combat that point to his conclusion. His book is a qualitative study predominantly using both personal interviews with veterans taken during his career as a military psychologist along with historical records and anecdotal accounts of combat and wartime experiences of military leaders and soldiers in battle. Grossman presents these accounts to support the hypothesis that soldiers resist killing the enemy more often than not. The primary historical data (analyzed) from which he draws his conclusions is that of records of the rate of 'non-firing' found throughout battle history. Grossman surveys records and

stories of the many means of resistance used by soldiers to avoid firing their weapons at the enemy with lethal result. Furthermore, he argues that conventional adherence to a dichotomous model of either "fight-or-flight" in the battle situation obscures the reality of a number of alternative behaviors that are in fact the one's most engaged in. He contends that these primary alternatives of "posturing" or "submission," in fact, predominate in combat (and all aggressive) confrontations.

By substantiating the idea that historically men frequently resist killing- even in battle, Grossman attempts to prove that when soldiers do kill, they have done so under great social and psychological pressure, and against their own inherent nature. In making his argument, Grossman challenges the notion that 'psychiatric casualties' (defined as breakdown in the combat arena) result substantially from physical and mental exhaustion, injury, exposure to death, or fear of personal injury and death. Grossman concludes from the historical evidence that having to kill other human beings has been, historically, most responsible for psychiatric casualties during wartime, more than any other factor.

Dave Grossman: On Killing

Research of S.L.A. Marshall. Grossman's analysis of historical evidence begins with a presentation of the W.W.II work of military field historian, S.L.A. Marshall. Marshall had served in W.W.I and later became a combat historian in W.W.II both in the Pacific theater and then in Central Europe. His many years of service as an army reserve officer, then as a major, and finally, by the end of the second World War, as a colonel were the basis for his numerous books and reports for the military on American ground combat performance. Marshall's expertise was his skill at collecting first hand data in the field about combat

numerous books and reports for the military on American ground combat performance. Marshall's expertise was his skill at collecting first hand data in the field about combat performance. Using his own developed technique aptly called the "after-action interview," Marshall would amass accounts of the actions that soldiers had taken in the field through interviewing unit members on-site directly after battle and detailing their recollections of what had occurred.

In 1947, Marshall's book, *Men Against Fire:The Problem of Battle Command* was published and quickly attained widespread notoriety. The purpose of Marshall's book was principally to point out serious deficiencies he observed in combat performance and command. He provided recommendations of how these problems could be addressed by leaders in order to better prepare men for battle. Marshall pinpointed a central problem that caught the attention of the military after the book's publication. He made the observation of ineffective fire power and low ratio of fire by soldiers in the field. In his chapter entitled, "Ratio of Fire', based on post-battle data, he concluded that "on an average, no more than 15 per cent of men had actually fired at enemy positions....during the course of an entire engagement" (Marshall, 2000, p.54). Later Marshall adjusted that figure to assert that in general no more than one in four men (25%) fires his weapon during an engagement. Although both the book and Marshall's claims became widely known, many critics questioned Marshall's methodology and his data. In the introduction to the 2000 edition of *Men Against Fire*, the author, Russell W. Glen, noted that the ratio-of-fire figures which Marshall reported were challenged when the book first came out, and that in recent years there has been significant evidence put forward that Marshall invented his ratio-of-fire values along with some of his personal accounts. Nonetheless, Russell W. Glen concludes that these

discrepancies found in Marshall's work do not invalidate his larger message (one which many military leaders and veterans supported) that a serious problem (for command) existed in soldiers' hesitancy to fire on the enemy even when survival demanded it. Marshall wished to focus attention on this strategic weakness as an important *training problem* to be addressed by improvements in battle command. He presented his dramatic statistics so that his point could not be ignored. As a result of his work, the military establishment was to implement dramatic new training strategies in the post W.W. II era.

Although, Marshall's objective was to offer considerations for training and leadership, he made many relevant observations about why soldiers are reluctant to fire their weapons at peak efficiency. Of significance to the issue of resistance to killing, are Marshall's statements such as the following:

> It must be said in favor of some who did not use their weapons that they did not shirk the final risk of battle. They were not malingerers. They did not hold back from the danger point. They were there to be killed if the enemy fire searched and found them. (Marshall, 2000, p.59)

Here, Marshall is clearly emphasizing that the reluctance to employ one's weapon was not related to fear of being hurt or of unwillingness to put one's self in mortal danger. As a soldier himself, often enough Marshall saw men put themselves directly in harm's way, and he did not believe that danger to one's self was the primary fear of men in war. Marshall goes on later in the book to present at some length his thoughts about what *does* lie behind the soldiers' resistance. Marshall suggests that, in addition to a strong socialized prohibition outside of war against taking another life, it is a soldier's own autonomous reluctance to kill

and fear of killing, which prevented engagement and caused 'battle fatigue' in the cases he discusses. At length he states:

> A revealing light is thrown on this subject through the studies by Medical Corp psychiatrists of the combat fatigue cases in the European Theater. They found that fear of killing, rather than fear of being killed, was the most common cause of battle fatigue in the individual, and that fear of failure ran a strong second. It is therefore reasonable to believe that the average and normally healthy individual – the man who can endure the mental and physical stresses of combat – still has such a usually unrealized resistance toward killing a fellow man that he will not of his own volition take life if it is possible to turn away from that responsibility. Though it is improbable that he may ever analyze his own feelings so searchingly as to know what is stopping his own hand, his hand is nonetheless stopped. At the vital point, he becomes a conscientious objector, unknowing. This is something to the American credit. But it is likewise something which needs to be analyzed and understood if we are to prevail against it in the interests of battle efficiency. (Marshall, 2000, p.79)

This fascinating passage from *Men Against Fire* conveys a number of key ideas in addition to the central point that a great many soldiers will resist killing if left to their own volition. One important point is that this resistance is not readily or consciously recognized even by the soldier himself. The culture of the military environment requires a denial of any desire to resist or of moral distress at being asked to kill. Furthermore, implicit in Marshall's statement is the idea that effective battle depends upon the commander's ability to *prevail against* the inherent resistance to killing within his soldiers. Of course, Marshall doesn't

question the necessity of the interests of command for "battle efficiency" taking precedent over the will of soldiers not to kill.

Grossman's further analysis of historical data. Grossman continues to build on these influential observations of S.L.A. Marshall through his analysis of historical battle records and military history supporting the idea of soldiers' resistance to killing. One aspect of Grossman's argument focuses on the very concrete issue of the fire capacity of weaponry throughout a number of military eras. For example, Grossman compares the historical knowledge about the firing capacity of weaponry in the Napoleonic Wars and the American Civil War with the known kill rates recorded from actual battles. What becomes clear from examining this data is that the actual kill rates are strikingly lower than what the capacity of the weaponry would allow.

Grossman cites in great detail the specific example of Gettysburg records in which there was previously unaccounted for evidence of thousands of discarded muskets on the battlefield, 90% of which were still loaded and 50% (12,000 weapons) which had been loaded multiple times. This bizarre fact, Grossman concludes, could not be a function of *misloading*. It can only suggest that soldiers were not trying to fire their weapons at the enemy with any efficiency at all and even avoiding firing their weapon by being deliberately occupied with continuous loading. The data from Gettysburg is just one example of the type of evidence that Grossman cites to establish that what Marshall discovered in W.W.II existed long before. He outlines other battle records that similarly reveal that weaponry was not fired anywhere close to its capacity, and that most of the damage in prior wars was caused by long range artillery that minimized any direct participation in face to face killing.

One empirical study described by Grossman, designed to test Marshall's hypotheses of rates of non-firing, was conducted by the British Defense Operational Analysis Establishment's field studies division in 1986. The analysis looked at historical studies of more than one hundred nineteenth and twentieth century battles to determine the killing effectiveness of these military units. The study used current technology to establish the potential effectiveness rates of the units and their weaponry and compared this to the historical combat performances and actual casualty rates. The conclusion, once again, was that, "the killing potential in these circumstances was much greater than the actual historical casualty rates" (Grossman, 1995, p.16).

Another phenomena that Grossman highlights as a significant part of deliberate non-killing behavior on the battlefield, is evidence of miss-firing. He says, "the intentional miss can be a very subtle form of disobedience," for generally it is difficult to detect and requires only a slight shift of a weapon to ensure that fire goes high over the target. Grossman then provides a substantial number of verbal accounts of unexplained miss-firing, culled from not only the vast number of Civil War records, but among others: Ardant du Picq's descriptions of French soldiering behavior in the 1860's, accounts of Prussian soldiers from the 1700's described by Keegan and Holmes in their 1985 book, *Soldiers*, the memoirs of a British platoon commander in W.W. I, and even the account of a Contra unit in Nicaragua. From many of these descriptions, Grossman argues, the evidence of soldiers' non-compliance and outmaneuvering of their superiors is easily disguised as "soldierly incompetence" (Grossman, 1995, p.15).

Grossman's conclusions drawn from the amassed data on battlefield misfiring supports other evidence he presents of man's noncompliance with the demand to kill. He

draws attention to the human use on the battlefield of recognized patterns of aggression found in the animal kingdom. He contends that the same patterns of posturing behavior seen in the animal kingdom can help explain human battle tactics. In his introductory chapter to *On Killing* entitled, "Fight or Flight, Posture or Submit", Grossman suggests that lack of attention to possible battle behaviors other than killing has led the evidence to be overlooked - that most of the time, warriors like other creatures in the animal kingdom are not inclined to kill members of their own species. If one looks to the animal world, one observes that the, "posturing, mock battle, and submission process is vital to the survival of the species," (1995, p.6) and this is also true of humankind, whether one looks at street gangs, tribal warriors, or across cultures of the world. Many posturing behaviors are employed well before killing is resorted to for resolving aggressive conflict. Grossman blames a conceptual "fight or flight" dichotomy and its misapplication in interpreting intra-species conflict for the "misunderstanding of the psychology of the battlefield" (1995, p. 5). Additionally, he quotes Richard Heckler's observation that "the notion that the only alternatives to conflict are fight or flight is embedded in our culture, and our educational institutions have done little to challenge it. The traditional American military policy raises it to a law of nature" (Heckler, 1992, as cited in Grossman, 1995, p.5). This cultural illusion has the impact of concealing the real nature of aggressive conflict throughout most of history and concealing the reality that men, like animals, prefer to deter enemies before resorting to killing them.

Grossman presents a compelling number of descriptions of battle tactics in history from the Civil War, the Napoleonic era, and the era of the Greek and Roman legions that are clearly modes of 'posturing' behavior. These tactics are extremely "orchestrated" and "ritualized" *displays* of violence. Typically these battle behaviors, which are designed to

frighten the enemy into retreat well before any lethal force is engaged, involve incredible shows of dress and noise, such as: rebel yells and shouting hurrahs, varied battle cries, sirens, whistles, bugles and horns, showy plumes and tall hats, bright uniforms, cumbersome but fierce some armor, banging, charges, explosions, and daunting battle formations. Grossman concludes: "In war, as in gang war, posturing is the name of the game" (1995, p.7).

A final aspect of Grossman's analysis of historical data that should be highlighted also supports the argument that psychiatric casualties in war are most attributable to the trauma of killing. In his chapter entitled "Reign of Fear", Grossman's method of separating out data is very close to Rachel McNair, in the sense that he attempts to rule out possible causal factors (other than fear of killing or fear of the obligation to kill) that could explain psychiatric casualties during combat. In essence, his method considers the combat trauma data and parses away other conventionally held explanations for etiology of the trauma. I will present his main points here in a general way.

Grossman begins by pointing out that fear has been the number one conventional explanation given for psychiatric breakdown in wartime. However, a close examination of fear and what types of fear are involved has rarely been done. It has generally been assumed that the main fears of soldiers in combat are of bodily injury or one's own death. Grossman challenges this view. He cites several clinical studies of both American and Israeli soldiers who were interviewed immediately after combat in which, remarkably, fear of injury or death was not determined to be the main source of psychiatric casualties. In the study of Israeli soldiers, by far the most common answers given concerning fear were related to "letting others down" (Shalit, 1988 as cited by Grossman 1995, p.52).

More significantly, in Grossman's argument that the general presumption of fear, "does not reign supreme on the battlefield" (1995, p. 65), he compares levels of casualties of soldiers with other types of participants (many non-combatants) in wartime. As examples, Grossman describes in some detail the experiences of victims of bombing air-raids in W.W.II, naval personnel, air bomber crews, prisoners of war, and medical personnel (medics), all of whom are participants or victims in wartime or on the battlefronts and who face significant danger, possible injury or death, but who have nonetheless shown extremely low rates of psychiatric breakdown. In the case of air bombers and naval crews, these are populations who, although they face significant danger of being killed and are also responsible for attacking the enemy, are rarely involved any face-to-face combat. In addition, all of these groups shared with combat soldiers comparable levels of physical and mental exhaustion, fear of injury, danger, exposure to natural elements, and severe deprivation at times. However, they suffer dramatically lower levels of traumatic stress and breakdown than frontline soldiers. Grossman's comparison of these differences creates a compelling argument for the conclusion that the key causal factor in psychiatric casualties and post-traumatic stress is the demand for and active participation in perpetration of violence and killing in combat.

The Character of the 'Natural Soldier' and the 'Pleasures of War'

S.L.A. Marshall argued in *Men Against Fire* that the key to winning battles is superior firepower, and yet only one in four men in the field was effectively using his weapon. This small percentage of men was in general responsible for 90% of the firepower. Similarly, according to author Gwynne Dyer in the book *War* (1985), research in W.W.II

concluded that 1% of U.S. Army Air corps fighter pilots were responsible for 40% of the air-to-air killing, and the majority of pilots never even attempted to shoot any other planes down (Dyer, as cited in Grossman, 1995). Marshall had recommended that the other three quarters of the infantry soldiers were in need of more effective training processes to increase the possibility of their overcoming their resistance to firing on the enemy. In the post- W.W.II era, the military took dramatic steps to correct this problem, implementing conditioning strategies precisely for this purpose. In the Korean War, firing rates had risen to about 55%, and by the end of the Vietnam War, soldiers had upwards of a 90% firing rate.

Marshall had also emphasized recognition of the particular merits of the 1 in 4 soldier – the man who was inclined to fire without being compelled and who would die firing his weapon. He believed that these types of soldiers needed to be utilized to the most advantage as leaders and models. How did Marshall explain the 'character' of these individuals? Marshall did not express a clear hypothesis about intrinsic qualities or a difference in character of men who needed no prompting to fight. He certainly did not describe them as more violence prone or 'natural killers' of a different nature than average men. It seemed more likely that Marshall viewed this minority of soldiers as being to a higher degree driven to obedience, to loyalty, and to protecting the group.

In Grossman's account, he cites figures provided by W.W.II researchers, Swank and Marchand and published in 1946, that approximately 2% of soldiers are "predisposed towards aggressive psychopathic tendencies" (1995, p.61). Grossman takes issue with this terminology, stating that neither of the designations of "psychopath" or "sociopath" are appropriate descriptions of this small portion of soldiers disposed to killing easily. He contends that a more accurate description would be to say that a small percentage of soldiers

need neither provocation nor a legitimate reason in order to kill without remorse or regret. He adds, furthermore, that these dispositions of temperament do not prevent the same individuals from returning to society as normal productive citizens when they leave the military. Finally, Grossman defends the particular character types who occupy this group of soldiers as being completely necessary to the wartime context. He gives them a rather generous functional description as the metaphoric "sheepdogs" of the military (and society for that matter), who are easily able to exert aggression in the service of protection and survival. This description seems to parallel Jonathan Shay's observation that men who carry out berzerking behavior, despite having transgressed into complete uncontrolled killing, are often viewed as heroic and necessary because of their apparent willingness to take unimaginable risks and sacrifice their lives easily.

Can soldiers really enjoy killing? But what of an entirely contradictory supposition which must be considered here that some men not only need no prodding but are particularly drawn to violence and/or may even be gratified or enjoy killing? Such a viewpoint is presented in a chapter of the book *An Intimate History of Killing: Face to Face Killing in 20th Century Warfare* (1999) by Joanna Bourke. Bourke's chapter titled "The Pleasures of War" begins with excerpts from an essay of the same title written in 1984 by Vietnam veteran William Broyles. Broyles' essay expounds upon his view that many soldiers experience a great 'love' of combat but are ashamed to admit this out of fear of condemnation. In Bourke's paraphrase Broyles claims that combat offers much that is both attractive and "even pleasurable" for many people, and that "the thrill of destruction is irresistible." Furthermore, "killing had a spiritual resonance and aesthetic poignancy" (1999, p.2) Bourke goes on to say

that Broyles is not unique in his sentiments. She cites the many themes of excitement, pleasure in killing, and "murderous potential" (1999, p.40) found in literature and film. The fact that film depends upon the fantastical imagination does not deter Bourke from the assumption that these creative expressions accurately represent the reality of killing in war, or at least our feelings about it.

In a chapter section entitled "Joyful Slaughter", Bourke continues in this vein, asserting that actual combat experiences do not dent the enthusiasm for imaginative violence. She says: "Time and time again, in the writings of combatants from all three wars, we read of men's (and women's) enjoyment of killing" (1999, p.18). What follows in her illustration are a number of first person quotes from former soldiers generally describing moments in combat that appear to support a picture of their "joy" or satisfaction in the wartime destruction and in their own successful killing. Many of the verbal descriptions use sexual connotations. Bourke presents some analysis of the verbal accounts she presents, but she tends to focus her attention on the imaginative quality of storytelling of combat experiences without questioning what this means for an interpretation of actual experience. Bourke takes language in these accounts in their literal meaning without questioning whether the descriptions mirror reality or not. However, in the quotes included, taken from published memoirs, there is a decidedly superficial and surreal quality to the narratives. In addition, what stands out in many of the monologues is a focus on the narrator's experience of exerting power as well as an exhilaration and intoxication associated with being in control of a situation. There are also many expressions of infatuation with the sheer bombastic nature of the warfare environment. Bourke ends this chapter with the claim: "Fear, anxiety, pain; these are only too familiar in combat. But excitement, joy and satisfaction were equally

fundamental emotions, inspired by imagining that they had scored a good, clean, 'kill'"(1999, p.31).

In my judgment, Bourke's interpretation of the words of the narrators remains unconvincing. Although in some cases (perhaps in the hypothesized two percent of soldiers who are perversely or pathologically in thrall with killing) such explanations might be valid, the sources of satisfaction and joy expressed deserve a deeper and more psychologically complex explanation. For example, the emotions described by many of these writers may not be so much accurately describing a pleasurable relationship to their own experience of lethal violence as to their regained position of power in the context of combat and the great need to establish a sense of agency and control within it.

In his essay "Violence and Human Nature" (part of the book collection of essays entitled *Passionate Declaration: Essays on War and Justice*), the progressive historian Howard Zinn rejects the account that soldiers, bombardiers, and others willingly going into the military do so because of any great love of war, a "lusting to kill", or an "enthusiasm for violence" (Zinn, 2003, p.41). Zinn comments on the same type of literature that Joanna Burke analyzes in which he says both 'observers' and soldiers speak of the "lures of war for man," and "its attractions and enticements, as if something in men's nature makes war desirable for them" (2003, p.42). Zinn counters the interpretation offered by many such descriptions. For example, speaking of J. Glen Gray's work, *The Warriors* published in1959), Zinn quotes from the chapter entitled "The Enduring Appeals of Battle," in which Gray writes of the "delights" of combat, including that of a "delight for destruction" (as cited by Zinn, 2003, p.42). Zinn asserts his skepticism about this type of attribution. He writes:

> destroying things. All of the elements Gray and others have talked about as "the enduring appeals" of war are appeals not of violence or murder but of the concomitants of the war situation. It is sad that life is so drab, so unsatisfying for so many that combat gives them their first ecstatic pleasures, whether in 'seeing' or companionship or work done well. It challenges us to find what the philosopher William James called 'the moral equivalent of war,' ways to make life outside of war vivid, affectionate, even thrilling. (Zinn, 2003, p.43)

Like Bourke, Zinn gives recognition to the valuable contribution of the body of American war literature from those who have experienced combat. He cites the work of writers such as: Ernest Hemingway, Kurt Vonnegut, Joseph Heller, Norman Mailer, Paul Fussell, Philip Caputo, and Tim O'Brien. However, Zinn makes interpretations of the thematic trends in contrast to Bourke's themes of idealizing and grandiosity. Instead, Zinn focuses on the depressive character of war experiences. He states:

> The men they write about are not (with occasional exceptions) bloodthirsty killers, consumed by some ferocious instinct to maim and destroy other human beings ... they experience fear more than hate, fatigue more than rage, boredom more than vengefulness. If any of them turn into crazed killers for some moment or some hour, it is not hard to find the cause in the crazed circumstances of war, coming on top of the ordinary upbringing of a young man in a civilized country. (2003, p.44)

Zinn concludes that the war stories of our literature are far from suggesting that the agency of killing lies in the inner aggressive "nature" of men.

Zinn concludes that the war stories of our literature are far from suggesting that the agency of killing lies in the inner aggressive "nature" of men.

But what of those Vietnam soldiers who came to fight in their war with a 90% firing rate? How do we explain their behavior? Had they simply been conditioned into having a new "nature", now equivalent to the select 2% who fired willingly and without hesitation in W.W.II? Had their "nature" been changed? And how do we explain those firsthand accounts (even more common to Vietnam soldiers) of gratification in killing, if one does not accept the idea put forward by writers such as Bourke – that, 'the thrill of the kill' is a function of a supposed inherent aggression in human nature? I suggest here that other questions and explanations should be explored for understanding the mechanism of violence in the case of soldiers. For example, does this gratification serve to defend and protect soldiers from other psychological emotions or breakdown? Is zealous killing a product of rage that emerges out of other aspects of the combat experience?

Jonathan Shay's analysis of killing rage, discussed in the previous chapter of this literature review, offers a compelling explanation of the complex dynamics of how normal soldiers become driven into killing states without conscious volition. There may very well exist a 2% of "pathological" sociopaths within the soldiering population who need no explanation for their willingness to kill mindlessly (Grossman, 1995). However, it is the normal, non-pathological soldier's behavior which needs explanation. Shay's account further establishes that the fact that soldiers commit lethal violence even in a seemingly zealous and grandiose way does not in any way contradict the notion that for most soldiers, killing is antithetical to their conscience. In this way, the rampage or grandiose spree of perpetration,

even one filled with thrill or erotic charge, can be seen as possibly the defensive reaction to previous emotional and physical trauma and injury. And just as S.L.A. Marshall proposed that the largest proportion of men are not aware consciously of their resistance to killing, so they are also rarely cognizant of the defensive function of their turn to zealous violence.

A nature or nurture debate about man's ability to kill other men. Thus far, I have tried to present the evidence, arguments, and research of others that if the soldier has any *natural*, inherent, or intrinsic stance towards killing fellow humans, even enemy soldiers, it is one of resistance against this act. Colonel S.L.A. Marshall, who urged the military establishment to implement measures that would compel men to overcome their resistance to killing, still did not doubt this resistance was deeply socialized in men at a core level. Marshall explains:

> He is what his home, his religion, his schooling, and the moral code and ideals of the society around him have made him. The Army cannot unmake him. It must reckon with the fact that he comes from a civilization in which aggression, connected with the taking of a life, is prohibited and unacceptable. The teaching and ideals of that civilization are against killing, against taking advantage. The fear of aggression has been expressed to him so strongly and absorbed by him so deeply and so pervadingly – practically with his mother's milk – that it is part of the normal man's emotional make-up. This is his great handicap when he enters combat. It stays his trigger finger even though he is hardly conscious that it is a restraint upon him. Because it is an emotional and not an intellectual handicap, it is not removable by intellectual reasoning, such as: 'Kill or be killed'. (Marshall, 2000, p.78)

Without going as far as to say that the resistance to killing is *innate* to men, Marshall argues that it is, at least, deeply socialized into man's psychological make-up. Nonetheless, the conclusions drawn from the arguments and evidence put forth by both Marshall and Grossman fall in direct contrast to the most longstanding claims about man's aggressive "nature".

In *Violence and Human Nature*, Howard Zinn makes the point that people will commonly explain human violence by citing "human nature." However, Zinn counters that the prevalence of violence throughout history and the "persistence" of war "does not prove that its origin is in human nature" (Zinn, 2003, p.40). Indeed, he says, in both the many social sciences and hard sciences there is no evidence of human "instinct" or specific "genetics" to account for aggressive human violence found in war. Zinn considers some of the arguments made by the finest intellects of the last century who wrestled with the question of the source of human violence and war. Notably, both Freud, the father of psychology, and E.O. Wilson, the reknown socio-biologist, attempted to answer this question by appealing to history. In turning to history, Zinn argues, they both revealed that they could not find the answers in their own fields of expertise. They each finally resorted to the common logic cited above that "history is full of warfare," and therefore such violence must "come out of something deep in human nature, something biological" (2003, p. 35). Though its appeal is widespread, this logic is fallacious, says Zinn. It is "wrong because there is no real evidence for it. Not in genetics, not in zoology, not in psychology, not in anthropology, not in history, not even in the ordinary experiences of soldiers in war" (Zinn, 2003, p.35). Zinn then qualifies that E.O. Wilson's critics attributed more extreme views about innate aggression to him than he actually held. A closer reading of Wilson's definitions of "innate" and "aggression" lends a

milder interpretation to his ideas, one closer to the broader and more accepted notion that humans have a "genetic potential" (2003, p. 36) for violence.

Similarly, according to Zinn, the zoologist Konrad Lorenz, as much as he attempted to explain human aggression in evolutionary biological terms supported by the premise of "aggressive instincts", also could not scientifically confirm his belief. Lorenz eventually stated that human instincts are far less dangerous than man's "emotional allegiance to cultural values" (Zinn, 2003, p.39). Zinn further contends that the hard sciences of the geneticists have been no more successful at establishing specific aggressive genes or virtually anything with which to attribute particular human personality traits and consequent social behavior. He cites the statements issued at the 1986 International Conference of Scientists held in Seville that asserted: "Modern war involves institutional use of personal characteristics such as obedience, suggestibility, and idealism .... We conclude that biology does not condemn humanity to war" (Zinn, 2003, p. 36).

Implications for Thinking About War Trauma and Perpetration

The idea that humankind is psychologically adapted to and *capable* of killing – even easily at times- without great cost - is also frequently advanced by pointing to the prevalence and apparent universality of human violence. The view is that surely something so prevalent is evolutionarily necessary. It is sometimes argued that if humans were not able to commit violence without suffering from severely life damaging psychological consequences, then this predilection for violence would have been ultimately eliminated by natural selection. In such reasoning, the significance of psychological consequences is dismissed because warfare is accepted as determined by nature. If war and the killing that comes with it are viewed as

natural and determined, then the symptoms of trauma that result from it, which persist in opposition, relentlessly communicating a challenge to and rejection of such assaults on the human psyche, are dismissed as pathological.

Of course, clinical psychology recognizes that the actual mechanisms of defense activated in situations of danger are, in fact, adaptive stress reactions at the time of the traumatic experience. But if they persist too long after the fact, they are labeled as maladaptive and problematic, thrown into the category of clinical disorder. Psychologists argue that in general these persistent symptoms of distress, avoidance, and vigilance, are no longer functional adaptations for existing in the normal range of societal circumstances. Surely, when a survivor of assault or a serious injury accident continues to have fear based symptoms, for example, these recurring fear and flight reactions become maladaptive. In many cases, this would also be true for the veteran who remains hyper-vigilant and fearful once back in his or her civilian life. However, I would argue that there are key differences in the case of symptoms arising from perpetration. Trauma from killing other humans is certainly, as Shay put it, a moral and social injury. The nature of this trauma has to do with both internal perceptions of the self, as well as an alteration of character. If a soldier continues to fear or mourn this transformation of the self (not just a memory of an event) and to experience guilt, it is for good reason. His psyche is still in a state of trauma that cannot be undone, but this should not be dismissed as pathological. I make this point here to put forward the perspective that soldiers' psychological reactions to committing violence are a normal response to the demands of abnormal circumstances (war), a view that Zinn emphasizes. But I would argue, in addition, that the message contained in the persistence of symptoms is also consistent with *reality* and an accurate reflection of the harm done in war

violence. This symptomatic communication is neither a pathological distortion nor something to be ignored or dismissed.

Finally, another similar and commonly assumed but false conclusion is that because humans are *capable* of great aggression including killing other humans, mankind therefore inevitably and by necessity *will* engage in violence. And, as Grossman has pointed out, rarely do historians and researchers document the many ways in which soldiers resist the possibility of taking other's lives despite pressures to participate in killing. Zinn argues that society is the agent for either socializing violence and war or socializing resistance to violence and creating anti-war sentiments. He recognizes that to use human nature to explain violence, killing, and war is far simpler and takes less thought than to strive to comprehend the social environments that feed and promote violence and war. He says: "To analyze the social, economic, and cultural factors that throughout human history have led to so many wars – that is hard work. Once can hardly blame people for avoiding it" (Zinn, 2003, p.40).

If violence and killing in war are *not* our biological destiny, not an inevitable part of humanity, and if we can recognize that experiences of participating in extreme violence can be the "undoing of character" as described by psychiatrist Jonathan Shay, how is it that society collectively is not responding to the danger of the soldier's burden of killing? Our institutions address only minimally the harms of post traumatic stress injury, knowledge of which is forced upon on us by the voices of the veterans of Vietnam and now of those returning soldiers from the invasions in the Middle East. Society is willing to speak of the mortal dangers soldiers face and of the strain of their employment. The news and images reflect the obvious harms caused by the aggression of "the enemy". However, there is still relative silence on the matter of the killing we ask our soldiers to commit, or of the harm that

society inflicts upon them in this way. To fully recognize this reality opens our culture to the possibility of questioning whether our demands are legitimate, worth the consequences, and whether we must take responsibility for the long term harm that is done to the soldiers fighting our wars. To open such questions may lead to criticism of our wars and to demands for collective social responsibility for the damage done. Because of these possibilities, the tendency to protect the status quo position of our military institutions and to reject responsibility leads to what Judith Herman describes as the "collective amnesia" of society and a societal denial of the true extent of the trauma to soldiers.

The Social Psychology of Organized Killing

Introduction

The previous chapter presented the contention that even the normal and expected perpetration of violence by soldiers in combat does not occur with ease and without conditions being created that coerce and demand it. The literature presented suggested that perpetration of violence in warfare is induced through great social and psychological pressures put upon soldiers. The material of this final chapter of the literature review is a selection of literature from social psychology which can be used to illuminate underlying processes occurring in the perpetration of violence. This literature seeks to explain the psychological mechanisms at work in social organizations which enable individuals within groups and institutions to commit violence and perpetrate immoral acts of harm against others. The material presented is not a broad overview of social psychological thought regarding social group behavior or theories on aggression. Rather it is a selection of work by a few key authors who have focused their attention on the subject of moral agency and the understanding of psychological mechanisms utilized in the violation of moral standards by individuals in organizational groups and contexts which encourage these violations. This social psychology perspective moves away from exploring theories of pathological attributions in individuals as sources of violence and shifts attention to examining the psychological processes of the social system within which the individual exists.

The purpose of the understanding provided by this social psychology literature is to both to explain some of the mechanisms by which humans become capable of committing "inhumanities" (Bandura, 1999) and atrocities against other humans, and also to describe how the psychological processes that function to allow these violations potentially damage the individual. The literature presented here supports the contention that this damage can be considered trauma. Thus far in the dissertation, the claim has been that killing in combat (or equivalent types of perpetrated violence against the enemy) is traumatic. This has implied no more than that the commission of an act of extreme violence is in and of itself a source of trauma. However, it is proposed now that the following analysis in this chapter of the psychological mechanisms operating in situations of organized violence (which includes the combat context among others) will provide a basis for a more complex understanding of the source of trauma. The idea that will be elaborated in the synthesis and discussion is that trauma arises not simply from the action of perpetration or participation in violence, but rather that the psychological processes activated in the context of violence and activated to enable perpetration are in themselves sources of trauma. For an example, (one which will be expounded upon in the synthesis and discussion) consider the process of dehumanizing the enemy which enables a soldier not to see his adversary as fully human, and thus, makes this enemy into a type of object that is easier to kill. Once dehumanization has occurred, the act of killing the other may or may not be experienced as traumatic and may or may not result in psychological breakdown later in time. The purpose of the dehumanization is to eliminate the negative feelings and hesitation that would otherwise occur in violating a moral sanction against killing other people. However, there is sufficient evidence that engaging in a process of dehumanizing another group or person has an effect of dehumanizing the perpetrator as

well and leaving him damaged in this way (Kelman, 1973). The concept of dehumanization will be more accurately defined and elaborated on in the body of this chapter. This simple example is given to show how a process that is active in a general way within the milieu of the combat environment can have an altering effect on the combat soldier. This alteration is defined here as a form of trauma.

Other important qualifications should be made about the material to be presented in this chapter. The analysis and models presented are not addressing processes operating solely in the war context. They certainly include the military as a relevant social organization of control and the combat context as one in which complex dynamics of moral agency come into play. However, the analyses of the psychology of violence in social organizations and of mechanisms of moral disengagement (Bandura, 1990) are applied more broadly to many kinds of organizations that engage in immoral behavior and to many situations in which moral agency is activated. In addition, in the places within the material where the discussion is explicitly referring to intergroup violence and conflict, or warfare, the material presented is generally concerned with the extremes of inhumane violations, such as, atrocity and genocide. The authors do not address themselves to what would be considered the normal activity of war according to the rules of engagement or standard operating procedures in fighting the enemy. However, it is the assumption of this dissertation that the mechanisms and social processes at work in the "perpetration of inhumanities" (Bandura, 1999) are, for the most part, not substantively or qualitatively different from those that are functioning in the normal combat context and in normal killing and perpetration of violence. Rather, the differences in moral consequences lie on a continuum between what are generally understood as morally or legally acceptable actions of violence compared with what is deemed morally

or legally unacceptable violence, with the most extreme end being genocidal violence which is defined as a crime against humanity. These distinctions are determined by perceptions of the actors' levels of adherence to laws of war and humanitarian law, and obvious they matter in terms of the destructive results of violence and perhaps in terms of the level of psychological harm in many cases to the person who transgresses. However, despite the differences in degree of utilization of mechanisms of moral disengagement, (for example, what degree of moral rationalization is required to justify killing in the case of a combat soldier firing on an enemy combatant compared to the degree required for a combat soldier deliberately firing on civilians or executing a prisoner) the psychological cognitive processes are substantively the same across different contexts of violence and moral transgression. Therefore, the social psychology literature presented is usefully applied to the main concern of this chapter, which is to understand the processes not only in obvious forms of inhumane conduct, or of atrocity, but what is involved in normal (mostly legal) combat violence.

The material to be presented will be organized by author, with the first work examined being that of social psychologist Albert Bandura. Bandura's work spans several decades with a number of journal articles that introduce his social cognitive theory of moral agency and discuss a model of moral disengagement. Other material will be added in brief that contributes to Bandura's conceptualization. Following this, two articles by author and social psychologist, Emanuel Castano, will be discussed which build on the work of Bandura. Castano adds further thought to the theory of moral disengagement and particular attention to defense of the social group against experiencing emotions of collective guilt and shame. He also addresses violations of humanitarian law by combatants and the role of social identifications in these violations and acts of atrocity. Finally, a review by social

psychologist John Darley will be discussed that analyzes several key works of prominent social psychologists and sociologists. These works focus on the functioning of social organizations in the production of "evil" (Darley, 1992). Through Darley and some of the primary sources that he discusses, the analysis of institutional and organizational pathology that produces violence will be better understood. His discussion is relevant to a comprehension of the military institution's role in conditioning men to kill. Although Castano comments explicitly that he is not referring to normal killing in combat of enemy combatants because this "does not require much theorizing" (Castano et al. 2008, p.5), this qualification is not supported by the analysis in this dissertation. It is the contention here that examination of normal violence in combat is just as needed as theorizing about violations of rules of engagement. It is the assertion here that the psychological and social mechanisms functioning in normal conditions of violence in combat are the same, and the differences in situations of perpetration of inhumanities and violations of codes of conduct, again, lie on a continuum.

Bandura's Processes of Moral Disengagement in the Exercise of Moral Agency

Bandura (1990, 1999, 2002) presents a social cognitive theory of the selective exercise of moral agency and moral control. The theory develops a model for understanding the self-regulatory psychological mechanisms at work in moral control which can be activated in the service of adhering to internalized moral standards or which can be selectively disengaged in order to carry out immoral conduct. Bandura's concept of moral disengagement refers to the use of a number of psychological mechanisms for disengaging self-sanctions that generally maintain moral conduct. Bi-passing self-sanctions enables the

individual to commit immoral, harmful, and aggressive or destructive behavior towards others.

Bandura describes his theory as "agentic" as opposed to simply cognitive in it orientation. The theory is not confined to an explanation of cognition concerning morality, but rather concerns the exercise of moral agency and explanation of the processes and mechanisms through which behaviors follow out of moral cognitions. Bandura says, "moral reasoning is translated into actions through self-regulatory mechanisms rooted in moral standards" (1999, p.193). These internal standards were adopted early in life through normal socialization. However, Bandura reasons that "moral standards do not operate invariantly" (p.194) as regulators of conduct, and therefore activation or, alternatively, disengagement of self-censure vary in differing circumstances and contexts. It can be assumed that in situations where internal moral standards are not in conflict with external demands or with motivations that challenge them, self-censure will be maintained the moral standards upheld in a person's behavior. The purpose of disengagement mechanisms is to allow a person or group to bi-pass moral self-sanctioning in order to commit actions that violate their own moral standards, while preserving a self-perception of being moral.

Moral justification. One of the key processes in moral disengagement is moral justification. This is a process of justifying the morality of one's actions by re-construing them as serving higher moral purposes. In warfare, this is achieved by "cognitive restructuring the moral value of killing, so that it can be done free from self-censuring restraints" (Bandura, 1990, p.29). Detrimental conduct, including violence, is made socially and personally acceptable using utilitarian justifications and defining harmful actions as

serving a valued purpose. Aggressive or destructive conduct is justified in the name of protection, defense, or necessity. Usually a moral imperative is created and non-violent options are dismissed.

Advantageous comparison and euphemistic labeling. Closely related to moral justification are the practices of "advantageous comparison" and the use of "euphemistic labeling". In the processes of advantageous comparison, harmful conduct is made to appear less severe or insignificant by comparisons made with even more reprehensible actions. This process exploits contrasts in order to exonerate the harmful conduct. The perpetrator of harm uses advantageous comparison to create a further moral justification by suggesting that worse outcomes are possible if the destructive measures are not allowed to be taken. Euphemistic labeling is also utilized to distort perceptions of inhumane activities and make them appear benign. Through sanitizing language, actions can be obscured and made to appear acceptable and even respectable. Empathetic identifications are prevented by use of objectifying language, especially in the use of military terminology such as "collateral damage" or "taking out a target". Such terms cover over accurate descriptions of the consequences of death or killing. The aggression involved is denied in the euphemistic language terms, and resistance to allowing the particular destructive behavior is thereby reduced. Euphemistic language of passivity can also be used to give an appearance that actions happen without agency or responsibility assigned to specific persons. Collectively operating together these three practices, moral justification, advantageous comparison, and euphemistic labeling, contribute significantly to moral disengagement. Bandura maintains that "cognitive restructuring of harmful conduct through moral justification, sanitizing language, and exonerating

comparisons, taken together, is the most powerful set of psychological mechanisms for disengaging moral control" (1999, p.196).

Disregard and distortion of consequences. Another disengagement process that relies on cognitively restructuring one's own or the public's perceptions of harmful actions is the practice of disregarding and/or distorting the consequences of those actions. "Detrimental results of one's conduct are ignored, minimized, distorted, or disbelieved" (1996, p.66). One technique used to achieve this disregard is to increase distance between the one doing the destructive action and the victims, so that harmful results are not visible to the perpetrators or others. Carpet bombing (high altitude with no specific target), bomber drones operated remotely, or other recent technologies like lasers that kill from great distances (with the 'target' seen on a video screen), depersonalize killing and are meant to put full destructive results out of sight, easier to deny, and so, out of mind. Physical distance allows for more destruction because when suffering and pain are experienced up close and vicariously, it is more difficult to disengage self-sanctions and cause more harm. The military has banned publication of much of the photography of war deaths, either of the enemy or our own soldiers, for precisely this reason, ensuring society's collective moral disengagement. Discrediting evidence of harm is another means of denying destructive consequences, recognition of which might otherwise prevent moral disengagement and elicit guilt.

Diffusion and displacement of responsibility. So far, the mechanisms of moral disengagement described have been those that can operate in both individuals and in groups or organizations. However, the following mechanisms of "displacement and diffusion of responsibility" are processes that operate in organizational settings and institutions. They are

products of a relationship between the individuals executing the actions that cause harm and the social environments that enable, if not support or even demand the perpetration of harmful or violent acts (Bandura, 1999).

Diffusion of responsibility is achieved in a number of ways, all of which serve to diminish any sense of personal agency for those who are involved in harmful or inhumane conduct. Harmful actions can be subdivided into separate tasks and subfunctions so that the full effects are not perceived by any of the actors who participate in only small parts of an overall destructive project. "Fractional contribution is easily isolated from the eventual function" (Bandura, 1990, p.36), while a division of labor ensures that no one person can be held accountable for the entire end result. Practices of *deindividuation* (Tsang, 2002, Zimbardo, 2007) serve to create anonymity and to disconnect behaviors and results from particular and identifiable individuals, thus diffusing responsibility. Responsibility diffused in this way further weakens moral questioning. Collective action takes away individual personal agency and allows each person to excuse their smaller role or deny any part at all in harmful outcomes.

Displacement of responsibility is a mechanism that has similarity to diffusion in that it functions to erase personal accountability for individuals carrying out immoral acts. However, the displacement process relies on a system in which a legitimate authority assumes responsibility for the actions executed. In this way, it can serve to create a perception that minimizes a perpetrator's agentive role when a rationalization is employed to explain harmful conduct as simply following orders and directives from the authority. Displacement of responsibility is one of the most important component processes of moral disengagement, as it has been utilized in many of history's gravest episodes of atrocity and

perpetration of inhumanities, but also in cases of corporate malfeasance and deceptions. The most important feature of displacement of responsibility is that it usually relies on social relationships of "obedience to authority," a psycho-social phenomenon most famously researched by Stanley Milgram (1963, 1974).

Bandura (1990, 2002) explains that the degree of obedience to authority, as well as the potential level of aggression elicited by the obedience situation, increases with the degree of legitimacy of the authority and the closeness of proximity to the persons carrying out the actions. In addition, characteristics of the obedience situation include indirect forms of communication in demands made to functionaries. Demands by authorities may be made overtly and stated explicitly. However, often behaviors expected to be executed are not overtly communicated and are implicitly understood. Authorities often deliberately "keep themselves intentionally uninformed" (2002, p.107) about outcomes in order not to incriminate themselves after the fact. In addition, "when harmful practices are publicized, they are officially dismissed as only isolated incidents arising from misunderstanding of what has been authorized or the blame assigned to subordinates, who are portrayed as misguided or overzealous" (Bandura,1999, p.197).

One of the best examples of such a situation is the reaction of authorities to the revelations of abusive military guards at Abu-Ghraib prison in Iraq. Although the military police guards viewed their abusive behavior as in keeping with orders and expectations of their superiors and intelligence officers' instructions, when the offenses were exposed, no one with greater status than a staff sergeant was held accountable. Although clearly there is a known chain of command leading between those staff sergeants and their commanders, to higher military brass through to the highest 'commander in chief', no higher military

authorities were determined to be punishably responsible for establishing a precedent for torture and abuse or for directly issuing commands calling for the abusive treatment of detainees. The government portrayed the abuses as isolated incidents by a few exceptional low level soldiers committing misconduct.

Dehumanization and attribution of blame. The final processes outlined by Bandura as contributors to moral disengagement of self-sanctions are "dehumanization" and "attribution of blame" both of which relate to how perpetrators perceive the victims of their aggression (1990, 1999, 2002). Attribution of blame to one's enemies or to the victim of perpetration is somewhat self explanatory and discrete. It refers precisely to the tactics of assigning blame to adversaries and to the circumstances of adversaries as justification for engaging in harmful treatment. The aggression is then depicted as a defensive reaction to others' provocations. It holds victims of aggression responsible for the harm that befalls them and thereby exonerates acts of violence as supposed punishment that is justified as retaliation. Both attribution of blame and dehumanization can be grouped together as categories of moral disengagement that operate on the recipients of violence, who are characterized as deserving of the harm directed at them.

Dehumanization is one of the most significant and detrimental of the mechanisms used in inter group conflict and violence. It is not a concept that is easily understood in its full depth and meaning, and thus warrants extensive description. Like displacement of responsibility in situations of obedience to authority, dehumanization has also figured prominently in historical episodes of genocide. However, dehumanization is a critical process that must be understood in terms of its function and impact in the normal combat situation, as

it is more often than not a significant aspect of warfare (Kelman, 1973, Kelman & Hamilton, 1993). Bandura citing Ivie (1980) states that: "During wartime, nations cast their enemies in the most dehumanized, demonic, and bestial images to make it easier to kill them. The process of dehumanization is an essential ingredient in the perpetration of inhumanities" (Bandura, 1999, p.200). If soldiers find themselves in a position of identifying with enemy combatants or if they begin empathizing with the pain and suffering of their enemies, inevitably this creates remorse and a reluctance to cause more pain and destruction. Dehumanization is a tool used in warfare to prevent soldiers from sympathizing or empathizing with those they are told to hurt, aggressively control, or kill.

Dehumanization is generally defined as behavior by one group or individual towards another, in which a person or group is treated as subhuman and lacking or divested of human qualities (Bandura, 1999, 2002) such as feelings, sensibilities, and intrinsic value. Dehumanized victims are actively degraded, and viewed as degenerated objects without human rights. Social psychologist Herbert Kelman (1973), who wrote extensively about the role of dehumanization in genocidal and atrocity situations in his seminal essay, "Violence without Moral Restraint," suggests that an understanding of processes of dehumanization is advanced by first delineating and comprehending what it means to perceive and relate to other persons as fully human. He proposes two fundamental characteristics ascribed to those we perceive as fully human. We conceive of those who are human to possess both *identity* and *community*. Kelman explains a perception of identity in another as seeing that person as an "individual, independent and distinguishable from others, capable of making choices, and entitled to live his own life on the basis of his own goals and values" (1973, p.48). To see persons as possessing community is to perceive them (as well as one's self) as part of an

"interconnected network of individuals who care for each other, who recognize each other's individuality, and who respect each other's rights.... It implies that the individual has value and that he is valued by others" (1973, p. 49). Death in the humanized circumstance is personal and individualized, says Kelman, felt as a loss to the human community. In contrast, in the dehumanized situation, death does not impact us personally, is not felt, and its significance erased. Kelman, who is writing particularly about phenomenon within incidences of "sanctioned massacres" is talking about explicit and extreme forms of dehumanization in which whole groups of people can be perceived as belonging to a "category" that is, "excluded from the human family" and for which "moral restraints against killing them are more readily overcome" (1973, p. 49).

Sanctioned massacres and circumstances of systematic killing depend upon use of extreme forms of dehumanization, as does violence in most ethno-religious conflicts. However, conventional war contexts may or may not be characterized by such extremes, or have isolated instances of extreme dehumanizing behavior. The "atrocity producing situations" that Lifton (1973) described would certainly seem to fall closer in character to the conditions that Kelman examines. Nonetheless, normal war situations probably utilize at least more mild forms of dehumanization of the enemy that have been referred to as *infra-humanization.*[3]

Castano and Giner-Sorolla (2006) write that norms in Western society create inhibitions in most people against endorsement of blatant forms of dehumanization wherein enemies would be viewed as literally not human. However, the lesser form of infra-humanization may take the place of dehumanization in a wide number of contexts, and again,

[3] See Leyens et al., 2000, 2001 for further review of infra-humanization theory and research developed in the social psychology literature in the late 1990s.

is not qualitatively different but rather a milder form in degree. The concept of infra-humanization has been utilized in social psychology studies of the phenomenon of "in-group" and "out-group" distinctions and identifications. Castano and Giner-Sorolla (2006) describe infrahumanization as a process that, like dehumanization, seeks to deny an individual or group characteristics that are essentially human. Infrahumunization may depend on subtler distinctions (than with blatant dehumanization) of characteristics ascribed or denied to victimized out- groups or those identified as enemies. The goal in such instances would be to define the out-group as less civilized or more primitive than the in-group, and possibly of more questionable worth in human value. For example, Castano and Giner-Sorolla identify "secondary emotions" such as "love, guilt, humiliation, and hope" as key examples of human emotional capacities that might be denied in infrahumanization. These secondary emotions are differentiated from primary emotions of anger, fear, and pleasure which can also be characteristic of animals (2006, p.805) and are viewed as less civilizing and humanizing. The relevance of processes of infrahumanization in intergroup conflict is the same as dehumanization, in that prejudiced perceptions of an out-group lead to a loosening of moral controls on violence and perpetration of inhumane treatment towards out-groups and adversaries.

Summary of Bandura's Conceptualization and Supporting Theory

Bandura conceptualizes the exercise of moral agency particularly in relation to the perpetration of aggression and harmful conduct. His conceptualization outlines the functioning of self-sanctions against perpetration and the disengagement of moral controls as variable and dependent on the utilizing of psychological mechanisms. As described above,

Bandura's model of moral disengagement includes a number of different psychological processes including: moral justification, euphemistic labeling and advantageous comparison, distortion and disregard of consequences, diffusion and displacement of responsibility, and finally, attribution of blame and dehumanization. Collectively, and in different combinations, these processes operate on moral agency and disengage controls on inhumane and immoral conduct.

Other authors have developed some similar conceptualizations, as well as built on and extended aspects of Bandura's model. Castano (2008) builds on Bandura and will be reviewed later in this chapter. However, some parallel conceptualizations should be noted here. Tsang (2002) theorized about the psychological process of "moral rationalization" that operates in conjunction with situational factors in the overriding of internalized moral principles for the purpose of engaging in "immoral behavior." Much of Tsang's account overlaps with Bandura's model, and she makes certain comparisons with his concepts. For instance, Tsang describes her concept of moral rationalization as akin to moral disengagement, yet she also positions moral disengagement as an underlying process in moral rationalization. Tsang contends that moral rationalization is not actually necessary in circumstances where certain "situational factors" are operating that already serve to override morality. The situational factors that Tsang describes include: an obedience to authority situation, effect of roles, routinization, deindividuation, and inaction of others. It is clear that many of these situational factors are aspects of the same mechanisms that Bandura describes. Most of these factors including obedience and role assignment, as well as deindividuation are contained in the account of diffusion and displacement of authority. Routinization will be further explored in the review of Darley's discussion and in Kelman and Hamilton. Tsang

maintains that a number of these factors can prevent morality from even being salient, however when morality does become salient, then moral rationalization becomes operative (Tsang, 2002). Tsang provides a fairly elaborate examination of motivations for moral rationalization that seeks to explain why rationalizations are necessary for reconstruing behavior to make it consistent with internal morality standards. An account of her entire analysis is not needed in this review, but the central thesis is relevant. The principal contribution of Tsang's article is her general corroboration for a cognitive model of psychological processes operating in acts of transgression and immorality. She lends support for further investigation and theorizing on interactional explanations of violence over a dispositional approach which focuses on individual personality characteristics.

Relevance of mechanisms of moral disengagement for the combat context. Bandura explains in several of his research papers that the use of mechanisms of moral disengagement in the exercise of moral agency takes place in many different social contexts where the consequences of loosening of moral self-sanctions results in harm to others. He cites examples of corporate malfeasance and injurious practices that have taken place in the auto and manufacturing industry and pharmaceuticals, environmental pollution and waste, and famously in the tobacco industry. In many of these cases, responsible parties denied the causes of harm or denied responsibility using rationalizations and justifications or any combination of processes to avoid appearing to have deliberately caused harm or death to citizens. As well, weapons and firearm trafficking and trafficking in women are legal and illegal industries where diffusion of responsibility and advantageous comparison among other mechanisms can be utilized to deflect moral culpability.

However, by far the most consistent arena wherein mechanisms of moral disengagement are used to justify overt and deliberate aggression is in the combat context. On the subject of militaries' use of particularly moral justification for the purpose of carrying out killing, Bandura can be quoted at length. He states:

> Rapid radical shifts in destructive behavior through moral justification are most strikingly revealed in military conduct. The conversion of socialized people into dedicated fighters is achieved not by altering their personality structures, aggressive drives, or moral standards. Rather, it is accomplished by cognitively redefining the morality of killing so that it can be done free from self-censure. Through moral justification of violent means, people see themselves as fighting ruthless oppressors protecting their cherished values, preserving world peace, saving humanity from subjugation, or honoring their country's commitments. Just war tenets were devised to specify when the use of violent force is morally justified. However, given people's dexterous facility for justifying violent means, all kinds of inhumanities get clothed in moral wrappings. (Bandura,1999, p.195)

In this quote, Bandura describes how combat almost requires the use of moral justifications in order to rationalize the violence that military projects inevitably engage in. Political philosophy that defines 'just war' and the international consensus regarding humanitarian laws of war provide some guidelines for morally justifiable killing (by articulating what is not justifiable), however, those guidelines remain a human interpretation utilized in the same psychological processes that occur in cases of violations of the laws of war and in cases of

atrocity. That is to say, the laws of war define what is illegal war for the purpose of morally justifying legal war, and therefore, permissible killing.

The overlap of Grossman's model of the Killing Equation with Bandura. The battlefield is a social context comprised of a number of factors that enable the soldier to overcome resistance to killing the enemy. Military psychologist Dave Grossman (1995) provides a model, the "killing equation" as he titles it, illustrating how these many factors come together to influence soldiers on the battlefield to fulfill their obligation to kill. Grossman's formulation of relevant factors includes: 1) the demands of authority (including the proximity of authority figures (the leaders) to the soldier, the intensity of the demand to kill, and the legitimacy of the leader and of the demands), 2) group absolution that provides relief from the burden of guilt (including the cohesion and level of identification within the group, its legitimacy, and the size and proximity of the members), 3) the target attractiveness of the victim (including the relevance of the victim, payoff of killing - relative killer's gain verses enemy's loss) 4) emotional and physical distance from the victim (including cultural, moral, mechanical distance) and 5) the killing disposition of the soldier (including level of aggression present, temperament, recent experiences, and conditioning). The military structure and social environment manipulates these factors to create the optimal conditions for soldiers to overcome socialized resistance to killing.

In examining Grossman's model, it is clear that at least three of the factors correspond to several of Bandura's mechanisms of moral disengagement. The psychological processes described by Bandura become operational and active as a result of the conditions that Grossman is describing. For example, the demands of a legitimate and close authority

created by an obedience situation (as the military environment is) provide the condition for a displacement of responsibility. The environment of the military unit with all its cohesion, loyalty, and identification which provides "group absolution", as Grossman describes it, makes operational a diffusion of responsibility utilized to unburden the individual from personal responsibility and possible guilt. And finally, and "emotional, moral, and cultural distance" between the soldier and the victim is created through psychological and social processes of dehumanization and moral devaluation of the enemy. Bandura's psychological processes utilized for disengaging personal moral agency and controls are clearly at work in the situational conditions of the combat battlefield described by Grossman.

Moral agency is socially situated. Bandura's analysis focuses on the psychological mechanisms that function in the individual and the social sphere rejecting a dualism between the personal and the social structure of moral agency. He does not expand his examination on the nature of organizational and systemic social practices of moral disengagement beyond concluding remarks that recognize the social structural contribution to perpetration of inhumanities (2002). Further discussion of organizations will be provided by Darley's review. However, two final key points made by Bandura should be added in conclusion. The first point is relevant to the thesis of combat trauma's relationship to psychological processes of moral disengagement. The second provides a transition to the following discussion of organizations.

Bandura explains that disengagement practices are generally gradualistic, meaning that they do not usually work instantly to elicit immoral behaviors out of those who were generally moral. Rather, change occurs incrementally as people and organizations begin to

disengage sanctions and to engage in questionable practices. As people become desensitized from their immoral actions or aggressions, transgression can become even more severe. And as harm becomes evident, pressure builds to rationalize even further that consequences are unavoidable, victims are to blame, and eventually, "inhumane practices become thoughtlessly routinized" (1999, p.203). A recognition of the role of desensitization (achieved through repeated and routinized actions) in the gradualistic escalation of transgression is important. Desensitization figures prominently in the experience of perpetration of violence in combat, and in the traumatic stress consequence of numbing that often persists beyond the combat situation. This connection will be examined later in the synthesis following the literature review.

Finally, Bandura emphasizes that some of the disengagement mechanisms are clearly, "built into the organizational and authority structures of societal systems. The ideological orientation of societies shape the form of moral justifications ... socio-structural practices create conditions conducive to moral disengagement" (2002, p.116). He concludes that the social systems which practice "principled resort to destructiveness" (p.116) should be of alarming concern, and our "agentic capabilities" as individuals who are both products and reproducers of our social systems must be marshaled to change the nature of those systems.

On the Perils of Glorifying the In-Group and the Defense Against Guilt and Shame: Castano's View

Emanuel Castano (2008) draws on Albert Bandura's work with the concept of moral disengagement strategies (Bandura, 1990) for his own analysis of particular dynamics in inter-group conflict. Castano writes that members of in-groups, such as nations, utilize moral

disengagement strategies to rationalize immoral violence which has been committed by themselves or by other members of the in-group. Inter-group conflict and violence is not inevitable or "inescapable" says Castano, nor a part of human nature. Instead, he sees inter-group violence as an "end product" resulting from a "series of cognitive and motivational processes (Castano, 2008, p.154). Individuals' appraisals of immoral actions and violence committed by one's group towards an enemy or out-group are influenced by the social identities of members of the group and the level of identification with the larger group. The relative closeness of the identifications creates the need for rationalizations of transgressions of other members or of the group as a whole.

Castano's view is that a large part of violence in human conflicts, especially ethno-religious or nationalistic inter-group conflicts is enabled by processes of moral disengagement. He contends that war and military operations in general almost always result in some incidents of death or destructive harm to civilian non-combatants. Because of these inevitabilities, under even the best of circumstances in justified war, psychological mental work is required by the perpetrating group to "explain, justify, morally disengage from it" (2008, p. 155). The in-group defends its actions in this way. The most blatant form of defense is sheer denial of harm and of the consequences of violent actions. But when undeniable realities are experienced in the field, the more sophisticated defenses of disengagement strategies are usually employed.

Castano's analysis identifies *in-group glorification* as a central determinant of the use of moral disengagement practices. He points out that political and social psychological literature has made important distinctions between patriotism and nationalism. Patriotism is viewed as a healthy admiration and attachment to one's nation, whereas nationalism is

characterized by excessive notions of superiority and grandiose representations of one's nation. In-group glorification (of which nationalism is one expression) is conceived as a kind of "uncritical aggrandizing of the in-group at the expense of other groups, which are thus considered inferior" (p. 161). The importance of in-group glorification lies in its positive correlation with the use of moral disengagement strategies.

Within the context of nations and societies, Castano explains, in-group glorification can be viewed as a psychological defense mechanism. However, he proposes that it not be considered as a function of individual actors who hold specific ideological make ups and have deviant psychological characteristics. Instead, in-group glorification should be seen as a social phenomenon that boosts the collective self esteem, one which is a "collective enterprise fueled by social actors and political leaders" (p. 166). In this perspective, in-group glorification takes the form of a collective narrative that glorifies the group or nation, often exemplified in political speeches in campaigns, and which minimizes events that reflect badly on the group or nation. In a related conceptualization, Ervin Staub (Staub, 1989, cited by Darley, 1992) theorized on the impact of threats to self esteem and self concepts in societies and nations, wherein glorification practices combined with perceived vulnerability can lead to conditions of scapegoating and aggression directed at outside or marginalized groups who are blamed for negative conditions or the perceived danger to the in-group.

As stated above in-group glorification is significantly related to utilization of moral disengagement mechanisms. In the face of harmful or destructive actions by the glorified in-group, social pressures determine the use of processes such as justification, minimization, and euphemisms that will obscure reality and lead to a distorted appraisal of the harms committed. The strategies are employed to avoid criticism of the in-group. Castano

emphasizes the importance of the particular disengagement strategy of dehumanization, which he describes as "particularly heinous and as having longer-lasting consequences" (p.166). In addition to his description of dehumanization behavior as reducing victims to objects (non-human or less than human), Castano identifies less blatant forms of dehumanizing attributions. Emotional infrahumanization is described as: construing the other group's experience of emotions as lacking depth, seeing them as lacking an inner life, minimizing their uniquely human qualities, conceptually excluding them from the moral human community (citing Opotow, 1990).

Castano conceptualizes one function of dehumanization (among other moral disengagement processes) as being a psychological defense mechanism. Practices of dehumanization enable one group to victimize another and commit violence against them more easily by reducing resistance and psychological distress that would normally be elicited from empathizing with the pain experienced by victims. He makes explicit the link between the use of these strategies and the attempt to prevent self assessments of culpability and eliminate related negative emotions of guilt and shame which would otherwise emerge in the face of transgressions against morality.

Disengagement practices defend against guilt and shame. Castano writes that both in-group glorification and dehumanization of the out-group work together to create exonerating cognitions which function to lessen or extinguish guilt. The experience of guilt depends on the degree to which a group recognizes or accepts responsibility and how it perceives the legitimacy or illegitimacy of the harmful actions. Members of a group or nation in which other members have engaged in immoral behaviors or committed abhorrent abuses often

experience guilt or shame through their strong identifications with the group as a whole. Examples of national shame inducing incidents such as highly regarded leaders caught in scandals, or American military men and women discovered abusing prisoners, easily come to mind. Castano states: "To the extent that this connection is based on interpersonal interdependence with group members, as is with a group of friends or sport teammates, it is guilt that emerges in the case of in-group wrongdoings" (2008, p. 164). When the relationship is one of a shared identity, people will experience shame more readily in the face of exposed wrongdoing by other members of one's group. Military units, naturally, fall into the category of groups in which members share both interdependence and strong identifications. The larger public in society also shares a national identity with the military entity. Because of these strong relationships, guilt and shame have the possibility of being collectively shared in many cases, and therefore, the pressure exists to provide rationalizations and legitimacy for violence committed by the military belonging to our nation.

Guilt, asserts Castano, often has a productive function in that it can influence and alter behavior to prevent further harm, or give rise to motivations to rectify wrongdoing. In contrast, the defense against guilt and shame through utilization of the moral disengagement processes more often perpetuates wrongdoing and stands in the way of reconciliation or repair. Dehumanization, according to Castano (2008) and Ervin Staub (cited by Darley, 1992), has a particularly lasting influence on relationships between groups, who frequently (in Staub's account) develop longstanding historical animosities, stereotyped characterizations of each other, and imprinted negative representations of the other held in the collective minds.

The combat situation and violations of humanitarian laws. In a paper on the subject of group identification processes and dynamics with regard to combatant behavior, Castano, Leidner, and Slawuta (2008) investigate the salience and influence of these factors in the combat situation on decisions by combatants to respect or violate humanitarian law. The authors argue that although social identity is always a factor in determining social behavior, this influence is more significant in the combat situation.

They write:

> The effect of social identities held by combatants is even more important in shaping their behavior than is typically the case. Respect or disregard for the international humanitarian law is therefore largely a matter of group behavior, not only because it is usually small-to-average-sized groups of individuals who commit violations or decide to respect the law, but also and perhaps most importantly, because the combatant is acting not a as a unique individual but rather as a soldier either of an army of a certain country or of a non-state army which defines itself in political, religious or ideological terms. (Castano et al., 2008, p.2)

In this context, combatants may view their behavior, even when it entails violations of law, as condoned behavior and even required by their membership in the group.

Castano et al. suggest that we can assume that soldiers are more likely to be in-group glorifiers than the average person in society. "Soldiers are more likely to see themselves as those whose duty it is to defend the morally superior in-group against the dehumanized out-group" (2008, p.7). The degree to which this perception is upheld is determined by support coming from the multiple groups to which the soldier belongs, starting with the combatant's

unit, the larger military, the state, and the nation as a whole. Dehumanization of the enemy takes place at various levels of society, including depictions in the media, declarations by politicians and government spokespersons and supposed experts, and of course in the military leadership passed down the chain of command. If, as the authors write is often the case, we can expect at the start of a conflict "the views of the out-group to become more negative and out-group members to be demonized and dehumanized," then in terms of soldiers conduct, "from this it follows that international humanitarian law might come to be perceived as not entirely applicable- after all, the enemy is not quite human" (Castano et al., 2008, p.7).

Within the military unit in high stress situations, "dehumanizing rhetoric about the out-group finds easy confirmation in everyday occurrences" (p.9). Attitudes within the unit group become more polarized and more extreme than they would otherwise be for individual members. Theoretically, this could work in a positive direction to control behavior towards respect for moral conduct. However, more often because perceptions are spread biasing attitudes towards a devaluing of the out-group, the group's polarizing trend is usually towards a more negative attitude than would be formed by individuals. The unit cohesiveness that is fostered for purposes of protecting soldiers, providing organization and order, absolving soldiers of personal responsibility for decisions and outcomes and thereby preserving individual members' "psychological equanimity" has the effect of making transgressions against humanitarian law more likely to occur and more likely to be excused.

The authors report on a survey released in 2007 of US army service members serving in Iraq in which fewer than half the soldiers said they would report violations by other service members including killing of non-combatants. Of approximately 6000 respondents,

47% of soldiers and 38% of Marines said they believed non-combatants should be "treated with dignity and respect", while 17% of both groups stated that non-combatants "should be treated as insurgents" (Castano et al., 2008, p. 10). Approximately 40% of the respondents felt that torture should be allowed under certain conditions including gathering information about insurgents. The data presented illustrates the problematic views of military personnel in regards to their regard for humanitarian law in practice. And the authors note that if soldiers actually behave in line with the views they expressed in their survey, possibly 40 or 50,000 military personnel in Iraq could be committing violations of military rules of engagement and humanitarian law on a regular basis.

Castano et al. contend that the narrative which a group, in this case the military, tells itself, "the story about themselves, the group they are in conflict with, and their relationship (sometimes rooted in the distant past) is of great importance" (p. 12) and integral to the conditions in which transgressions occur. The combination of in-group glorification and demonization of the outside 'other' gives rise to a situation in which "annihilation of the other is not only unproblematic, but also morally required" (p. 12). The authors' pessimistic conclusion is that as long as armed conflict exists, violations of standards of conduct in the combat environment will continue to occur, however, the hope is to minimize the scope of violations and their frequency. Moreover, the presence of abstract standards of humanitarian laws such as the Geneva Conventions does not provide enough safeguard against destructive and unchecked violence in the combat context. The overall narrative in war and the social identities of soldiers as well as the depiction of the enemy must be altered radically in order to prevent atrocities and minimize destructive and clearly unnecessary and illegal violence in the contexts of combat and military occupation.

Darley's Essay Review on "Organizations for the Production of Evil"

Darley (1992) continues a line of thought introduced above in Bandura's final conclusions about the role of organizations in the production of violence and harmful actions. His review on this subject draws on work from several influential books that contribute to a theory of violence by organizations. He discusses significant contributions from: Robert J. Lifton's book *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (1986), Stanley Milgram's famous work *Obedience to Authority* (1974), Herbert Kelman and Lee Hamilton's *Crimes of Obedience: Towards a Social Psychology of Authority and Responsibility* (1989), and Ervin Staub on *The Roots of Evil: The Origins of Genocide and Other Group Violence* (1989). Darley both analyzes ideas and conceptualizations from these texts and offers his own perspective on some of the conclusions of these theorists.

Darley begins his discussion with a consideration of notions of "evil" and evil persons, which he believes underlie societal assumptions about the source of destructive and violent social behavior. Darley points out that our societal and everyday conceptions of "evil" and of acts of violence that most people would conceive of as immoral and cruel generally ascribe causes for such behavior to individual psychology and pathology. However, to ignore the role of the social systems in creating such individuals, Darley says, is to engage in the "fundamental attribution error," attributing behavior, "to the internal dispositions of an individual rather than to recognize that it stems from situational pressures" (1992, p. 217). Darley counters such everyday conceptions, maintaining that individual psychology is actually "largely irrelevant" (p.217) to the commission of most acts of serious harm and

inhumanity. On the contrary, he argues, organizational pathology is most responsible. Although we draw on our conceptualizations of individual level psychology to formulate understandings, a study of the psychology of organizations must be further developed to adequately understand how individuals participate in organized pathological practices and projects, and how organizations produce those individuals.

The conditions for creation of destructive organizations. Darley considers Ervin Staub's thesis about the preconditions for the creation of destructive organizations and the rise of genocidal cultures. Staub argues in his 1989 book on genocide and intergroup violence that "difficult life conditions" such as economic stress, and societal conditions of hardship and vulnerabilities create conditions that can lead to blaming and scapegoating of particular groups who are held responsible for problems and suffering. Certain cultural tendencies also add to possible divisions in societies such that one group may be specifically targeted for violence. Darley critiques Staub's conception of genocidal preconditions as being too broad and vague, in that periodically almost any country or society could be construed to meet these criteria.

However, some of Staub's descriptions are particularly useful in terms of understanding even milder forms of in-group out-group conflict and scapegoating in societies such as the American society, which may not be genocidal but is still prone to producing systems of control, aggression and warmaking that may target a particular ideological or cultural group. Staub describes conditions one could say are collective psychological ones, in which a society has experienced a loss of control, damage or loss of collective self-esteem, threats to security and economic well being, even threats to worldview and ideology. He also

mentions countries, peoples, and cultures with a vulnerable collective self concept that has been challenged or wounded, while the people maintain sentiments or beliefs of superiority. All of these characteristics supposedly leave societies or groups susceptible to reacting in violence towards those who can be held responsible for such threats. Similarly, Castano (2008) (some of whose work was reviewed earlier in this chapter) suggests that cultural entitlement and narcissism, nationalism, and in-group glorification are phenomena that potentially lead to a kind of national or group paranoia and the development of organized aggression. Particularly in countries and societies that are non-totalitarian, generally non-repressive, and ostensibly democratic, institutional organizations (and their leaders) that come to commit immoral actions and enact destructive violence driven policies do so through a gradual transformation. Many organizations take incremental steps, according to Darley, without intention or even any consciousness by the participants of the movement towards harmful and immoral conduct. The point here is that non-authoritarian democratic system cannot assume their immunity to the formation of destructive organizations; in fact, they may need to be more vigilant and analytic that those nations and societies where destructive apparatus and violence are assumed to be legitimate methods of controlling society.

Organizations of social control. According to Darley, a society's organizations of social control must be considered for their particular vulnerability to abuses of physical power that result in excessive violence and harm against those they control. The category of social control organizations would include such bodies as military, police, para-military, and prisons. The "propensity for harm" is very great in such organizations where "clearly pressures are high." "One 'obeys orders' and often ones' own life is in danger. Those to be

controlled are the enemy and are often dehumanized" (1992, p.212). All of these types of organizations rely on command structures that demand obedience within the hierarchy of command authority.

Kelman and Hamilton (1989) commenting on military and social control agencies within their analysis of crimes of obedience make similar assertions about control organizations. "The most obvious sources of crimes of obedience are military, paramilitary and social control hierarchies, in which soldiers, security agents, and police take on role obligations that explicitly include the use of forces.... The goals of these bureaucracies and the role definitions of actors within them, in fact, require harm to certain categories of others (such as enemy or subversive)" (1989, p.314). Kelman and Hamilton note that control bureaucracies (such as the military) differ from other types of aggressive organizations (such as a corporation) in that there is more likelihood that those who participate in them are knowingly and consciously engaging in violence against targeted victims. That is, it is more difficult in these systems to deny destructive consequences (except perhaps in situations within the military where technologies are utilized that create physical distance from victims). And finally the line between what is prescribed and what is forbidden behavior is a murky one, for a paradox exists, as Kelman and Hamilton state: "crimes of obedience accompany lawful obedience" (p.314) in the directed commission of violence in the service of control.

Within such systems and organizations there is a directed mission of committing controlled and calculated violence against a group or groups of people for the purpose of controlling those people. Therefore, Darley explains, within these systems, strict rules govern what behaviors are expected and allowed from the participants, how violence is permitted to

be expressed and executed, and who it is permitted to be directed at. However, he says, "pressures to bend those rules and replace formal rules with informal rules that prescribe different and more lax standards" are clearly evident. The informal understandings are well known by those in the system, whether it be those of police arresting citizens, guards in a prison, or soldiers in combat. Transgressions by the foot soldiers of any type of social control organization are understood by those in the system to be expected and to be most often excused and to be covered up. Darley notes that usually the organization itself designs "standard sets of interventions" (p.218) created for preventing transgression and pathology in social control organizations. But he does not draw attention to the well known reality that these boundaries and interventions and measures are not usually implemented so as to actually prevent the immoral excesses of power and patterns of violence occurring well outside the rules and standards.

Nonetheless, Darley emphasizes that it is clear why organizations of social control are vulnerable to transgressions of violence and immoral victimization, even how they "can shift towards becoming illicitly destructive machines; they are destructive machines to begin with" (1992, p.212). The pressures put upon the individuals who make up and function in such highly aggressive organizations are enormous and frequently "highly coercive and reinforced by real physical threats" (1992, p.217). Moreover, these contextual pressures demand responses and participation that ultimately socializes those individuals such that they become available for perpetuating the institution and for reproducing other similar systems and organizations.

The next set of important questions to be considered concern the socializing processes of violent organizations. How do these processes affect and transform the individuals within

these organizations? And, what psychological mechanisms (building off of Bandura's concepts reviewed earlier) are most at work in these social contexts of obedience and violence?

Organizations socialize individuals into harmful conduct. The processes by which organizations socialize individual members to perpetrate harmful actions are substantively the same in normal organizations of everyday life (such as corporations or bureaucracies) as in organizations of social control and even in killing organizations. To reemphasize a central point made earlier in this chapter, the differences between everyday organizations and killing organizations are ones mainly of degree and of the severity of coercion employed, not of substance. In other words, the results to those harmed and those doing the harm may have substantive and qualitative differences (for example, a result of death versus a result of impaired health or exploitation, or the result of becoming a killer versus becoming a liar and a cheat) but the psychological mechanisms involved in creating the harms are not different. The social conditions that give rise to destructive organizations and the propensity for harm of certain types of organizations, namely those created for purposes of social control, have been discussed previously. The question that follows from this point forward is: what are the processes by which individuals are socialized within organizations into committing acts of harm or violence, and what are the effects and outcomes to the individual participants?

Bandura described the actual mechanisms utilized for rationalizing harm and for mentally bypassing moral social and personal sanctions that would normally prevent people from engaging in harmful immoral acts. But there are larger social structures and dynamics in the organizational environment, be it a corporation or a prison or the military context,

which produce conditions within which those mechanisms of moral disengagement are utilized. These are the situational pressures exerting themselves on the individuals and necessitating a disengagement of moral self-sanctioning. In some conceptualizations (Tsang, 2002) the situational factors (of conditions of obedience for example) are so powerful in displacing responsibility and the organization provides such an absolution of responsibility to the individual that moral justifications or rationalizations are not even necessary for most of the participants involved in the harmful conduct. Justifications are made on the institutional level and spared the individual members. Whichever conceptualization is adhered to, the understanding of the situational context that socializes individuals to accept and carryout harmful actions is the same. These organizational conditions are almost always ones containing rigid authority structures and consequent conditions of obedience to authority. Additionally, situations with high levels of role adherence as exemplified in the Stanford Prison Experiments (Zimbardo, 2007) are conducive to the socialization process that leads to violence and loss of moral restraint. Kelman (1973), in analyzing conditions of extreme violence and killing, adds the concept of "routinization" to his trio of processes, which including 'authorization' (the authority situation) and 'dehumanization' function in interrelated fashion to create conditions allowing individuals to carry out violent projects.

Socialization inside an organization, and particularly within an authority context, contains the same processes of influence that operate in societies in general and in cultural groups. Darley cites Kelman and Hamilton (1989) in their account of modes of social influence that function in the relationship between individuals and the society in which they exist. Kelman and Hamilton describe three distinct modes of social influence: compliance, identification, and internalization. Compliance refers to the way individuals accept and

comply with the influence of a person or group in hopes of approval, reward, acceptance, or to avoid punishment. Identification occurs when a person "adopts behavior associated with a satisfying self-defining relationship to another person or a group. A 'self-defining relationship' refers to a role relationship that forms a part of the person's self image" (Kelman & Hamilton, 1989, p.104). In Darley's words, identification "implies a commitment to a particular role within society as a part of the individual's self-definition" (Darley, 1992, p.208).

The third mode of influence, internalization, is explained by Darley as the condition when an individual has accepted the values of a group or society and made them their own. Kelman and Hamilton also describe internalization as accepting induced behavior that is congruent with one's value system or worldview. According to Kelman and Hamilton, rules, roles, and values follow from these three modes of influence. Compliance induces a rule orientation and a tendency to obey authority. Identifications foster adherence to role expectations. And, internalization of social and interpersonal influences establishes a value system and standards to be maintained.

Kelman and Hamilton also associate several emotions with violation of any of these three modes and the orientations that stem from them. They describe *fear* as being most associated with violation of compliance and obedience. *Guilt* is connected to violations of role expectations. And, violation of internalized values also connects to remorse (a kind of guilt) and "self-disappointment" which one could also describe as a form of guilt or *shame*.

The purpose of presenting Kelman and Hamilton's account of these general socialization processes is to suggest how they might function as well in specific organizations, and particularly those organizations of social control such as the military.

Within the military context a very rigid system of authority, obedience, roles, and values is operating at all times, and it is not hard to imagine the pressure on soldiers to conform to all of the expectations and demands of the environment. The obedience to authority structure in the military system is so fundamental to the process by which individuals comply with the demands for them to perpetrate violence against others, that more should be said about the findings of the foundational experiments conducted by the father of obedience research, Stanley Milgram. Milgram's experiments provide a model for explaining the obedience to authority phenomena which is so often a mechanism employed in the socialization process.

Milgram's studies on obedience to authority and The Stanford Prison Experiment. Two of the most famous experiments in social psychology are Stanley Milgram's laboratory experiments on 'obedience to authority' and social psychologist Philip Zimbardo's Stanford Prison Experiment. The two have something in common in that the conclusions and knowledge developed from the results provided greater understanding of the dynamics of violence in social organizations, particular those that rely on obedience to authority. As well, both studies advanced the theoretical shift in psychology of violence away from a focus on the individual and towards a social *situationalist* paradigm.

Milgram's obedience experiments were conducted in the early 1960's and had a very simple overall design, although aspects were manipulated in later experiments to tease out specific variables of the situation. Participants in the study were recruited through advertisements from the local area in New Haven, Connecticut. The naïve subjects were told they would be participating in a "learning" experiment in which they would be playing the role of the "teacher". The ostensible purpose of the experiment was to study the effects of

punishment on learning and memory, using a series of word pairs. Confederate participants were playing the role of "learners." Each teacher was instructed to administer an electric shock to a learner, as a punishment, and with increasing intensity, each time that the learner missed a correct answer. The shock generator was in front of the subject and was marked with an incremental series of voltages from 15 to 450 volts as well as descriptors such as "mild", "moderate", "severe", and "danger". An "experimenter" who was also a confederate of the 'victim' learner stood next to each subject wearing a white lab coat and instructing the subject when to shock the victim for each planned mistake of the learner. The experimenter also told the teacher subject that the shock would be very painful but would not cause permanent damage to the victim learner. The learner sat outside the view of the teacher subject behind a makeshift wall. As the shock level increased, the learner made distressed sounds, then protests of pain, a request to stop the experiment, and at the highest levels, if they were reached, the victim would fall silent. A quantitative value was assigned to each subject's performance corresponding to the point at which they refused to continue to participate or go further with the level of shock. If a subject did not complete a full refusal and proceeded to follow the orders and prodding of the experimenter to continue to the top of the shock intensity range of 450 volts, the experimenter then called the end of the experiment.

Milgram, as well as a poll of Yale psychology majors he asked for predictions, had speculated that only a small percentage (an average of 1.2%) of subjects would proceed to inflict the shocks all the way to the top end of the shock intensity range (Milgram, 1963). The results of the experiment came as a disturbing surprise. Sixty-five percent of participants complied with the commands of the experimenter functioning as a 'scientific' authority to

continue inflicting the shocks. The subjects had been told that there would be no permanent harm to the victims, however, the learners were told to sound as if they were in great pain and potentially being damaged or even killed. The shock generator signs also indicated that there was a near fatal danger at the top end of intensity, marked by an ominous "X" following the 450 volt. A number of the subjects displayed a dramatic stress response, with some pleading with the experimenter to stop the experiment, and yet when prodded by the experimenter with instructions that they must continue and had no choice, they would obey the demand to continue and proceeded to the end. Of 40 subjects, 26 were "obedient" subjects who obeyed the orders of the experimenters to the very end, and only 14 people defied the experimenter and broke off the procedure at some point before the end. The shock generator contained thirty lever switches indicating increments of 15 volt increases. None of the subjects stopped the experiment prior to administering the first 20 levels (approximately, 300 volts).

Milgram replicated his initial experiment a number of times in the mid-sixties with variations in the setting and procedures that influenced the obedience behavior to some degree. However, his overall finding remained conclusive. Milgram articulated two major surprising findings in his first published article on the study (1963). The first finding was of the "sheer strength of the obedient tendencies manifested in this situation" (1963, p. 376), which were stunningly underpredicted. In addition to the Yale seniors he had polled for their predictions, Milgram also later asked a group of fourty psychiatrists for their predictions on a replica situation. The psychiatrists (who estimated an obedience rate of .125% in the subjects) fared even worse than the Yale students in their predictions. Thomas Blass (1999) quotes Milgram's in a letter of 1962, where he reported wryly that: "The psychiatrists-

although they expressed great certainty in the accuracy of their predictions – were wrong by a factor of 500. Indeed, I have little doubt that a group of charwomen would do as well" (Blass, 1999, p. 964).

The second finding Milgram highlighted was the unanticipated "extraordinary tension generated by the experiment" (p.377). Here he refers to the many instances of distress and anxiety displayed by the subjects who continued to obey despite their obvious ambivalence, anxiety, desire to stop, and conflict. Milgram describes this internal but public conflict as one between the person's pull to obey the authority and the desire to relieve the victim's suffering as well as their own mental distress. Clearly, for a majority of people, the psychological pull of obedience to authority was the more powerful force in this conflict.

Milgram (1963) explained that obedience can be considered a "basic element" of the structure of social life. It functions in binding people to many systems of authority which are required by necessities for "communal" living and an organized society. Thus, obedience has many productive functions, asserts Milgram, and certainly not all obedience entail acts of violence. For these reasons, the tendency towards obedience is deeply ingrained in the human social psyche. However, as the experiments and real life have shown, the human obedience tendency is obviously easily manipulated and can be potentially exploited for purposes of violent projects. The ability of authority to manipulate and command destructive obedience rests on a shared perception between the authority and the one who is being commanded (Milgram, 1974). The perception includes the acceptance that the authority is in a position of social control, that he holds a right to issue commands, and that there is an obligation to obey. In addition, the authority is understood to be the one defining the meaning of the actions commanded. Milgram posited the existence of experiential "agentic state" that the

obedient subject shifts to in the authority situation which allows the shared perceptions, the transfer of responsibility and agency to the authority, and the acceptance of an obligation to obey the authority's dictates.

Milgram viewed the findings of his studies as advancing the social psychological understanding of the conditions under which the phenomenon of obedience occurs. Milgram's experiments display both the deeply ingrained "disposition" of most people not to harm or hurt other human beings, but also the deeply ingrained predisposition to obey authority. In terms of the significance of these scientific revelations to understanding the influence of structures of authority in the situational violence of social organizations, it should be relatively clear how even the evidence of contrived laboratory experiments illuminates (to a degree) what occurs in the natural world. Social control organizations like the military, with their heightened reliance on hierarchies of authority and strict adherence to rules and roles, are almost perfect environments for eliciting obedience in those whose role is one of functionary. Closely related to the power of socialized structures of authority and obedience are the influences of "conformity pressures" in "total situations" wherein rules and role adherence can create inducements to perpetrate violence even without direct demands from authorities. Zimbardo's experiment at Stanford University in 1971 where he created a mock prison environment served to exemplify these types of total situation phenomena.

Zimbardo writes that the "value of the Stanford Prison Experiment (SPE) resides in demonstrating the evil that good people can be readily induced into doing to other good people within the context of socially approved roles, rules, and norms, a legitimizing ideology, and institutional support that transcends individual agency" (Zimbardo, Maslach, & Haney, 2000). Zimbardo and his colleagues created a mock prison, complete with guards,

prisoners, cells, cell blocks, and uniforms, as well as conditions of deprivation. They recruited subjects from the local community to be part of the experiment and to be randomly assigned as guards or prisoners. The experiment was intended to be run for a two week period, however, it was stopped after six days because of the severity of abusiveness and cruelty displayed by the (fake) guards. Several people role playing the prisoners had been released early because of psychological trauma. The researchers were shocked by the level of aggressive behavior that had so quickly and pervasively emerged. The researchers observed at the time that "the guards steadily increased their coercive and aggressive tactics, humiliation, and dehumanization of the prisoners day by day" and their "hostile treatment of the prisoners, together with arbitrary and capricious displays of their dominating power and authority, soon began to have adverse effects on the prisoners" (Zimbardo et al., 2000, p.201). Prisoners were "crying, screaming, cursing" and also acting "pathological" as a result of the stress (p.201). Both guards and prisoners displayed classic behaviors of a prison environment in which deindividuation functions on both guards and prisoners. Both groups developed prison nick names and stereotypical reputations. They developed behavioral patterns of submission and rebellion, suppression and punishment. Dehumanizing treatment of prisoners, some of which began with the automatic anonymity of the prison condition, was escalated rapidly and zealously by the guards. Despite being actually normal citizens of the upper middle class locality of Palo Alto, California, and despite their random assignment as guards or prisoners, the participants transformed easily into stereotyped personalities adhered to the prison setting.

A significant aspect of the prison experiment was that the overall authority was with the researchers, who were largely absent from the environment (they observed the activity

from one way mirrors), and who in no way gave instruction or commands to the guards to be abusive or punishing. The guards developed these behaviors on their own. This condition is significant because it illustrates the power of the situation itself and the understood roles and expectations of behavior attached to the roles in eliciting aggressive and inhumane behavior out of presumably average people. The Zimbardo experiment also illustrates starkly the socializing process that occurs in an isolating control organization which happens so quickly and so completely. Both the Milgram and Zimbardo research projects contribute to the understanding of violence in social organizations, particularly where obedience to authority and role conformity are significantly defining the environment.

Routinization. Kelman (1973) articulated in his seminal article on "Violence Without Moral Restraint" and again in a book chapter written collaboratively with Lee Hamilton (Kelman & Hamilton, 1993) the three components of the genocidal context and/or specifically instances of "sanctioned massacres". The three critical components are: *authorization, routinization, and dehumanization.* Authorization is Kelman's equivalent term for the authority situation which has been discussed already through the brief presentation of Milgram's work and in the articulation of Bandura's formulation of the contexts which produce displacement of responsibility. Dehumanization, as well, has been defined and described to some degree earlier in this chapter. Routinization was however only briefly referenced (as one of Tsang's situational factors) and should be given a little more elaboration here. The three components, authorization, dehumanization, and routinization, which Kelman associates with the genocidal context, are three socializing conditions through

which destructive behaviors become morally possible and resulting in a "*conversion*" (Darley, 1992) of the individual.

Kelman envisions authorization (as Bandura does) as the condition by which individuals are relieved of making critical decisions or taking responsibility for the final outcomes of harmful acts of violence. He describes how once a person has entered the authority context other situational characteristics of routinization serve to further minimize the instances in which moral questions would arise. Routinization is created by subdividing operations into small discrete tasks and devising divisions of labor that prevent any single person from being responsible for an outcome. Awareness of the meaning of any given activity is obscured, and is instead replaced by technical proficiency in operations as a main concern. Tasks are normalized by their being highly programmed and automatically, mechanically, and routinely carried out without any reminders of the overall destructive purposes and final outcomes. Routinization works in conjunction with the authority situation and role adherence, as the individual is placed in a position of functionary and expected to fulfill their function without questioning decisions and rationales. Both routinization and obedience are "fostered in the course of military training and reinforced by the structure of the military authority situation" (Kelman & Hamilton, 1993, p.237).

The conversion process. Returning to Darley's account of the conversion of individuals by organizations into "evildoers", he provides some account of how conversion actually occurs as a result of the many social conditions and pressures that were described above. He says:

> "The essence of the process [of conversion] involves causing individuals under pressure to take small steps along a continuum that ends with evildoing. Each step is so small as to be essentially continuous with previous ones; after each step, the individual is positioned to take the next one. The individual's morality follows rather than leads." (Darley, 1992, p.208)

Darley notes that similarly, Staub theorizes about a "continuum of destructiveness" in which a "perpetrator" is constrained on a path of rationalizing and justifying prior actions, and in the process is led to continue and to commit even more harmful actions. Tsang (2006), as well, theorized about the escalation of immoral actions that is a frequent result of utilizing moral rationalizations.

Additionally, Darley considers the question of what way and to what degree are individuals altered by the conversion process. Darley contends that the "encounter" with the pathological organization begins the conversion process which "morally alters the person who participates" (p.209) in the social projects of violence. He reminds us that the capacity for aggressive and even "evil" actions resides in all of us, and it is the conversion process that activates this latent capability for violence and makes it actual. He argues that "the person who goes a certain distance in the process has been fundamentally changed" (1992, p.209).

The "doubled personality" as a result of conversion. According to Darley, Robert J. Lifton offers in his book, *The Nazi Doctors: Medical Killing and the Psychology of Genocid*e, two propositions derived from his social and psychological analysis of Nazi doctors who served in the holocaust as torture scientists. One proposition is that situations have been created wherein ordinary people could become participants in the commission of

evil forms of violence, and that in this process the participants are transformed psychologically. The second proposition is that the transformation involves a conversion process in which a "doubling" occurs in the personality of the participants. Lifton, in Darley's account, suggests that humans do adapt to morally reprehensible situations and conditions of extreme violence, but they are psychologically altered during this process. Lifton's idea is that a central adaption mechanism is the development of a "division in the self into two functioning wholes" (p.206). The separate personality is developed so that it may function as a whole self and cope with participating in inhumane actions and the killing situation. This alternative self will "blank out the implications of those actions and function as a cog within the terrible machine" (Darley, 1992, p. 205).

In comparison to Lifton's notion of the doubled personality, Darley considers Stanley Milgram's "agentic state". Milgram posited the existence of an agentic state on the basis of his observations in the obedience studies. Milgram describes the agentic state as one in which a person turns their agency over to the will of another who is an authority. The person is therefore, carrying out the agency of that authority and can be said to be "agentic". Milgram's account of the agentic state in Darley's view appears somewhat pseudoscientific and is not theorized well enough to be convincing. The account leaves many questions unanswered, such as how exactly the shift into and out of the agentic state occurs, or whether it can be permanent. Nonetheless, the general idea of a shift in consciousness that takes place in individuals responding in the obedience situation to demands to violate internalized moral sanctions remains useful as well as being a starting point for further theorizing.

In a comparison of Lifton's notion of the 'doubling of personality' and Milgram's conception of the agentic state, they share some similarities. Both theorists conceive of a

necessarily altered mental state or condition in the individual who has been induced to perpetrate great harm on another person or persons. Milgram's concept relies on the relationship between a person and an authority that is commanding obedience. His idea by definition involves a social and relational situation. Lifton's concept involves description of a purely internal process within the personality that adapts to external immoral conditions. However, both are positing the need to explain the changes in the individual that occur in adapting to the demands of the pathological situation. Darley reports that, in contrast, Ervin Staub expressed (in personal communications to Darley) his rejection of the idea of a necessary altered state to account for atrocity behavior. Staub argues that the "central explanatory mechanism is the motivated profound devaluation and dehumanization of a target group or groups" to which "the ordinary rules of morality no longer apply" (Darley,1992, p.206). In this view, the presence of dehumanization alone is sufficient explanation for seemingly normal individuals perpetrating atrocities in severe inter-group conflicts.

A permanent alteration of the individual. Darley states that, in his view, an alteration in a person through the conversion process is normally a permanent outcome. He qualifies that "moral reorganizations and recovery" from negative conversion are of course, possible. However, he explains, in "reconstituting morality and moral integrity," the emerging guilt will be very significant. Because reconstitution is a painful process in which the doors to guilt and shame open - as rationalizations are undone, naturally, few people wish to embark on such on the recovery path, and the negative moral transformations generally persist. Darley does not answer the question of why certain people remain altered while others find

(willingly or unwillingly?) their way to recovery of an autonomous moral self. Possibly, the outcome is determined in part by the severity of the perversion of morality in the socialization process that occurred. And perhaps, the outcome may depend on the character of the new environment into which the person moved after leaving the pathological organization.

Darley reports that (in personal communications) Lifton qualified that he did not regard the doubling phenomenon as necessarily a permanent alteration. Lifton speculated that although it may be prolonged, the doubling state may be temporary depending on the particular circumstances. Milgram, as well, never argued that a shift to the agentic state was a permanent or fundamental change. However, he believed that the susceptibility to respond with obedience in the authority situation was in the human hardwiring, and the potential of the agentic state was already pre-existing in all people. This conceptualization would imply the idea of potential movement in or out of an agentic state in relation to encounters with the authority situation, rather than a permanent change or a permanent recovery. Of course, Milgram was drawing his conclusions from observations of obedience behavior in very short one hour duration controlled experiments in which it would have been impossible to observe the kind of alterations that might occur in total environments experienced for extended periods of time. Nor, as Darley points out, was it likely, ethically speaking, for Milgram to suggest that he had effected a permanent alteration on his experimental subjects.

The question of the permanence of changes and alterations within persons, resulting from the socialization process in destructive organizations, remains open. But a second important question concerns the results of conversion. In what ways has the person has been altered? What are these changes and what remains of them after individuals leave the

particular organizational context? Darley suggests that conversion has left participants in a state of increased readiness to participate again in destructive or harmful actions in the face of similar contexts or conditions that might present themselves. Such individuals might even seek out these circumstances because they are already adapted and conditioned into these certain environments and systems. Routines and authority patterns are easily reestablished. Moral rationalizations and justifications that were once adhered to are more easily generated in new contexts. In the case of individuals who have participated in control organizations with killing operations, the moral barriers against killing and aggression that were breached before are weakened permanently. Patterns of dehumanization practices are recalled and can be drawn upon and activated once again. Darley writes of those who have been conditioned in the most violent organizations that, "The continuing mark of their past experiences with the killing machine is mental, and consists of the structures of moral thought that they were led to use to rationalize their actions in the first place" (1992, p. 210). These structures if they have remained intact are available to set in motion new actions and to produce new destructive apparatus and rationalizations.

Darley writes that particularly the use of dehumanization contributes to the alteration of an individual, influencing perceptions over time and shaping how a person "defines others who resemble in any way the 'target' groups who were devalued and dehumanized" (p.210). Additionally, target groups upon whom violence is deemed acceptable tend to get larger and more broadly defined over time. This occurs in the sense that a category of people that was once a narrowly defined object of aggression is expanded to include related categories of people. Darley uses the example of "communists" as a target group that becomes expanded to include anyone associating with communists or anyone who voiced an opinion that could

be construed as sympathetic to communism, and so forth. Another more current example might be the target group of a particular 'terrorist organization', a category that comes to include all 'terrorists' and then any group that has used terrorist techniques as well as any country or leader that protects or excuses any of those groups targeted so far. And so on. This phenomenon is created by the kinds of "mental adjustments" in perception of other groups, cultures, societies, or nations which takes place in the dehumanization or infrahumanization processes, and which likely continue to influence thinking long after the original conditioning experiences which utilized such mechanisms.

There is a logic to all organizational social systems that has been internalized and absorbed into the minds of its individual members. In the military, it is a logic that rationalizes the world according to the ideology of the military and of war makers. It contains a purely utilitarian perspective on life and on lives, and one that excuses, in Darley's words, the "regrettable necessities" of killing certain peoples. This value system, once adopted and internalized and maintained as part of a particular self conception (as moral warrior and patriotic crusader) can hardly be abandoned at the end of the war. The defining of the self through these many socializing processes leaves a great many soldiers unable to relinquish this conditioned internalized representation of themselves and the world. Nor can they find their place and a non-warrior identity once living again outside the military world.

Synthesis of the Literature Review

The integration and synthesis of the four chapters of the literature review will begin with a summation of its key conclusions before proceeding to discuss in further detail the primary material of each of the chapters and how they relate to each other and provide grounds for these more concisely stated conclusions.

People, including soldiers in an ordinary combat context, do not kill other human beings easily or without psychological consequences. For soldiers to be enabled to commit acts of violence and kill others in war, they must be conditioned and socialized to do so. Psychological processes and mechanisms of moral disengagement are utilized in violent organizations including the military context to enable soldiers to bypass their own moral prohibitions against killing so as to fulfill their obligation to kill. These processes cause psychological moral and social injury to soldiers, who are altered by them in potentially lasting ways. However, the conventional cognitive behavioral treatment models that are presented as evidence based best practices in many psychiatric and psychological treatment settings ignore the importance of perpetration in combat trauma experiences. These modalities reveal a glaring lack of attention to the importance of guilt in combat trauma symptomology. The conventional treatment models do not recognize the need to accept and work with guilt stemming from perpetration in such a way that does not attempt to deny or eradicate it, but rather utilizes it in the recovery process. An alternative and novel clinical perspective would seek to remedy this lack of attention to guilt and would build on the work of those clinician theorists who have presented alternative and nuanced understandings of both injury and recovery. In addition, an alternative and new approach to clinical work with

combat trauma should be able to make use of a comprehension of the socio-cognitive psychological mechanisms at work in the context of inter-group violence and their impact on the individual participant. Most importantly the effects of the rationalization and justification processes, the obedience to authority structure, and particularly of dehumanization processes should be considered in the clinical comprehension of combat trauma. This addition of knowledge of the social psychological complexities of combat injury would advance a more informed clinical approach to treating the psychological injuries of soldiers and veterans.

Chapter three of the literature review entitled "The Nature and Nurture of Killing" is a long discourse on the subject of how we conceive of human inter-group violence and whether humankind has an inherent propensity for violence against fellow humans that makes war inevitable, or whether this notion is actually a false assumption and mythology. Grossman (1995) provided some useful data on the historical accounts of battlefields which suggest that men in war have often resisted killing their enemy. He suggests that much of the elaborate battlefield behavior that is recounted in history displays dramatic posturing on the part of men similar to that displayed by our relatives in the primate kingdom. But, according to Grossman this posturing and display does not reflect an intention to engage in actual killing behavior.

John Protevi, in *Affect, Agency and Responsibility: The Act of Killing in the Age of Cyborgs* (Protevi, 2008), writes that "intra-species conflicts" are "marked by display and submission, which along with flight are much more likely to occur before fight (especially fight to the death)" (p.405). Protevi attributes at least part of the human inhibition on close range killing of one's own species to a "proto-empathetic identification." That is, humans instinctually identify with and experience empathy for one another, which inhibits violence

and killing. Protevi writes that "the phenomenological approach finds support in the widespread recognition of the humanity of the opponent through the sight of the face," and "many battlefield accounts show how the face of the enemy has profound inhibitory effects" (p.406). This proto-empathetic identification is fundamentally linked, according to Protevi, to "affect, body image and bodily integrity," such that it is extremely difficult to inflict pain or death on one another without some intervention that distances perpetrator and victim, or cognitively blocks or overrides empathic identification.

Returning to Grossman's analysis and argument, regardless whether one is convinced by his data or his supposition of an inherent resistance to killing in mankind, the importance of his work lies in his overall message, which is that men are not born killers, nor do they willingly and without considerable pressure and precisely constructed conditions engage in killing behavior. Furthermore, he concludes that when soldiers comply with the demands to kill, there are psychological costs.

The data collected by S.L.A. Marshall during and after World War II battles revealed that a high percentage of infantry soldiers failed to fire their weapons. This revelation shocked the military leadership. In the subsequent years, military training regimens reflected the effort to radically change this combat behavior and to condition soldiers to fire without hesitation, reflexively (without volition or conscious control) when commanded to do so. These efforts succeeded and resulted in dramatic and often unrestrained use of firing power by soldiers in the Vietnam theater.

Protevi contends that in order to kill, soldiers need to be in a "de-subjectified state" relying on "rages, reflexes, and panics" (2008, p.407). He cites Shay's (1994) notion of berserker rage as exemplifying rage consumed reflexive killing that takes place particularly

in free-fire zones of the combat field. "Contemporary military training cuts subjectivity out of the loop so that most soldiers' bodies are able to temporarily withstand the stress of the act of killing" (2008, p. 409). The non-subjective state reflects the loss of agency by the rage-induced or reflex-controlled soldier. Particularly in the case of Vietnam veterans it was evident that a great many soldiers who had operated as "rage or panic agents" without subjective agency and who engaged in atrocities and indiscriminate killing in war, were severely traumatized by their experiences and later developed a retrospective sense of agency and moral culpability (Protevi, 2008, Lifton, 2005).

Contributions from humanist historian Howard Zinn on the subject of the nature and nurture of killing were presented in the review as a way of examining the historical assumptions and mythology concerning human's supposed natural propensity to make war. Zinn's conclusion is that humans are certainly susceptible to socialization and conditioning that promotes violent conflict, but this is not destiny, and humankind is certainly also capable of being socialized not to kill each other and to follow our other natural capacities for peaceful coexistence. This knowledge is obscured by the structures and ideology of war-making, and part of that ideology serves to cover up the psychological traumatic consequences to humans, especially soldiers, who are utilized to fight wars. Judith Herman proposed that shifting societal recognition of particular traumas is always mediated by the current political hegemony of ideas that are in place. Therefore, the efforts to build greater clinical psychological and psychiatric understandings of trauma have repeatedly had to work against forces of non-recognition in the larger society. Politically challenging perspectives of trauma compete with collective denial and amnesia. Combat trauma is one of our most socially threatening crises because if fully comprehended, its existence challenges the excess

of political exercises of American military power and the privilege of imperialist ideologies that promote war making.

Researchers like Rachel McNair and psychologists like Dave Grossman have attempted in their work to bring greater recognition to the significance of participation in killing in combat and how it contributes to the psychological consequences in post traumatic combat stress injuries. Despite these efforts, the conventional recommended treatment models put forward by the medical establishment and many PTSD experts do not reflect any of this kind of recognition. The first chapter of the literature review presented a sample of the primary literature describing conventional cognitive behavior models which tend to be the recommended best practices in medical organizations such as the Veterans Administration PTSD mental health treatment programs. This synthesis will not go into detail again about the theoretical bases for the conventional models as described in the first chapter. However, the gaps in the clinical discourse will be restated and some of the central issues for debate will be mentioned here again.

The primary deficits in the theoretical literatures that are the focus here relate to the neglect of the issue of combat perpetration and the connected emotional components of guilt and shame that emerge frequently experienced as a consequence of perpetration. In addition, the effects of destructive cognitive processes functioning in the military organization and the combat environment that allow soldiers to violate their own internal moral standards against killing are not at all considered in mainstream clinical psychological theory of the etiology of combat trauma. The core CBT treatment models rely on theories based on the premise that fear and anxiety are the central emotional components in combat stress injury and stress disorders. The DSM-IV (2000) diagnostic criteria guidelines for the PTSD diagnosis relegate

the emotions of guilt and shame (which are highly connected with acts of perpetration in combat) to side issue "associated features" of PTSD instead considering them significant aspects of the symptomology of the disorder.

Attention to symptoms of numbing and dissociative issues that may stem from both the stress response and from the effect of socio-cognitive mechanisms that have negatively affected and possibly altered a soldier may be accounted for in some of the symptom criteria in the avoidance cluster. However, the limitations of the DSM diagnostic model and of the clinical cognitive theories discussed do not allow for investigation or explanation of the complex etiology of these symptoms beyond the fear structure explanation and perhaps biological contributions. The formulations are certainly in no respect drawing on social psychological explanations or theory.

As discussed in the literature review, Cognitive Processing Therapy and other models proposing the use of cognitive restructuring as an intervention suppose that negative emotions, such as guilt, are usually the result of erroneous cognitions. They need to be contradicted or 'restructured' so as to eliminate negative perceptions created by the trauma event/s and thereby diminish or extinguish feelings of guilt related to them. Some theorists proposed editing autobiographical memories and manipulating appraisals of the trauma so as to eradicate cognitive dissonance and conflict between these newly formed perceptions and interpretations (and feelings attached to them) and the person's beliefs and worldview prior to the traumatic experience. It was mentioned in the review that only one set of researchers, Brewin et al. (cited in Resick & Calhoun, 2001) suggested the possibility that trauma survivors might resolve this conflict (presumably as a positive step in recovery) by altering

their belief systems to "accommodate the new information" (2001, p.65) and interpretations stemming from the traumatic experiences.

In addition, only a few of the clinical researchers made reference to (and only as sidebar comments) the particular difficulties presented by issues of perpetration and guilt in the treatment of combat veterans. Little recognition is given to the possibility that the etiological formulations and treatment assumptions, which were initially derived from clinical observations with victims of sexual assault and other non-combat related trauma survivors, might have significant limitations when applied to combat trauma.

The review of the conventional cognitive treatments concluded with a final section discussing assumptions and contradictions of these modalities. In this last part of the discussion, integration with the material of later chapters was initiated to some degree by delineating the deficits and gaps in the literature that are revealed through an analysis of the theoretical assumptions and limitations of the models. Particularly highlighted was the neglect of important categories of emotions which are especially related to traumatic experiences of perpetration. It was proposed that emotions such as guilt, shame, anger and rage, horror and disgust, self-blame, sadness or grief, fear of one's self, and hopelessness should all be considered potentially critical aspects of combat post traumatic stress with the same relevance to combat trauma symptomology and treatment as fear reactions. It was recommended that clinicians be cautious in denying the rational feelings of guilt felt by soldiers and veterans who have been participants in acts of violence or killing for which they feel moral responsibility. The cognitive models presented entirely leave out any considerations of moral conflicts and injury, or of the damage caused by dehumanization practices that are so intrinsic to violence in the combat environment. The notion that veterans

in treatment need to be expediently relieved of guilt or moral doubts in a way that may in fact be a denial of the reality of their experiences is challenged by an alternative view that guilt is not only appropriate at times, but something to be engaged with, confronted, and utilized in the processes of recovery and healing combat trauma (Lifton, 2005).

Normalizing and rationalizing processes that are standard interventions in cognitive restructuring can be a kind of collusion with the source of trauma in the case of psychological combat injury, for it denies the extraordinariness of experiences of the death environment and participation in extreme violence. As both Howard Zinn and Robert Lifton have emphasized, combat environments are neither normal nor rational, and trauma created in them cannot be treated by these kinds of attempts to rationalize violence. To do so is to replicate the original strategy of the conditioning environment of the trauma which functioned to make killing and violence unremarkable, routine, and normal.

Similarly, exposure therapy treatment practices that seek to desensitize may be unintentionally recreating aspects of the trauma environment, which were inherently desensitizing through repetition of violent actions that ultimately results in muted and rote dehumanized responses. It was suggested in the last part of the discussion of the conventional models, that Virtual Reality Therapies are also making a grave error in creating a treatment objective of desensitizing soldiers through simulated exposure to traumatic stimuli. The contention in the criticism of this intervention is that orchestrated desensitization has possible destructive consequences. First, it has the potential to create an ongoing and pervasive desensitization in a person to many or all forms of violence. There are no assured boundaries that make desensitization only operative in the case of specific targets. Second, such an approach treats events and our experience of them as simply stimulus and response, shutting

down meaning and or ethical and relational concerns; again, this replicates the functioning of the trauma environment of combat.

A contrasting argument was made by Kruppa (1991) who defends exposure therapy techniques that desensitize. She asserts that the idea that such interventions will desensitize individuals to scenes of violence is unfounded, that in fact, this is not the purpose or result of the therapy. Instead, the exposure therapy is only directed at extinguishing anxiety related to intrusive memories and flashbacks of the offence. She says: "The distinction here is between targeting extinction of the anxiety resulting from the commission of a serious violent crime versus targeting intrusive and distressing images associated with the offence," (1991, p.402) with exposure therapy holding the latter objective. She concludes that flashbacks and depression can be reduced while leaving intact the remorse and guilt concerning the index offense.

Kruppa's argument and qualifications seem extremely flawed. It is not at all clear how, as she assumes, one can disentangle the relevant emotions from each other or from the memories to which they are all connected. It stands to reason that unconscious feelings of guilt are what lie beneath manifest anxiety, and intrusive memories are a symptom of the unresolved disturbing emotions. The memories trigger anxiety. If one extinguishes the anxiety related to the images and representations of the experience of committing violence, then there is no conscious connection to unconscious guilt. There is really no warranted satisfaction in saying that guilt has been maintained. It has been disconnected and separated from the violent representations even further than it was before the desensitizing intervention. Moreover, Kruppa's explanation relies on odd assumptions, for example, the idea that we can accurately manipulate and control which of many connected emotions we

are desensitized from (e.g. anxiety but not guilt). Another unanalyzed assumption is that anxiety is expendable and has no useful purpose such as notifying a person that something dangerous, psychologically threatening, or morally repugnant is about to occur.

The central issues of perpetration, anger and guilt, desensitization, and moral and social injury are recognized and examined in the works of Jonathan Shay and Robert J. Lifton. The literature review focused on these two authors and their clinical contributions precisely because they offer description, explanation, and have opened avenues for further investigation of many aspects of combat trauma that are neglected in the conventional cognitive behavioral literature. A soldier's experience in death (death immersion as Lifton puts it), his fear of the threat of his own death and the death around him, as well as his role in causing death either directly or by his participation in the overall military project are subjects not ignored by these two authors. The impact of death and killing are fully acknowledged and given standing as central factors in the etiology of combat trauma and injury. The moral and existential questions created in the 'atrocity producing situation' are placed in the forefront of the understanding of combat injury, and they are viewed as critical issues to be confronted in any recovery process.

In *Achilles in Vietnam*, Shay offers useful analogies and conceptualizations drawn from classical Greek literature of war to illuminate soldier's experiences with death and killing and the connected emotional dilemmas and consequences. He particularly draws attention to experiences of rage killing (berzerking) and its psychological and physiological consequences, as well as to the importance of grief and mourning processes. Shay pinpoints the lack of communalization of bereavement grief (particularly in Vietnam) that leads soldiers to develop extreme rage that can result in berserk killing. He also explores the

particular contribution of feelings of betrayal that accompanied trauma in Vietnam. Shay's account clearly shows his recognition of the traumatic consequences involving, among other things, fear and damaged physiology arising from incidents of fear driven or rage driven hyper-arousal. However, more significantly, he conveys his principal conception of combat trauma as much more than an injury of fear, and above all, a moral and social injury.

Lifton's work particular focuses on the important role of guilt in both understanding perpetration trauma and the more easily acknowledged trauma of the survivor (survivor guilt). Lifton's investigation of combat trauma and recovery in Vietnam veterans not only establishes that guilt cannot be denied, ignored, extinguished through further exercises in desensitization, eliminated through continued moral rationalizations, or eradicated through a cognitive sleight of hand, but his account also demonstrated the critical role guilt can play in veterans' recovery process. Lifton suggests that guilt, far from being extinguished without examination, should in fact be "animated", brought into conscious illumination, embraced and confronted, before it can be alleviated through a transformational process that moves beyond guilt. Issues of shame, which are less discussed by Lifton, have particular psychological differences from guilt, but nonetheless, they can probably be confronted and utilized in a similar way with some additional considerations. Both Shay and Lifton have conceptions of treatment and recovery in combat trauma that are not based on building up defenses against negative appraisal of war trauma experiences or against negative emotions. Additionally, the two clinical theorists share a belief in the centrality of the group as a medium of the healing process. Shay cited the lack of communalization of grief in wartime as a source of injury that leads to anger and further injury in its violent consequences. In the recovery process, the communalization of trauma experiences becomes a means of healing.

Lifton similarly describes the group process of his veterans and their shared and collective efforts at addressing their wounds from war as critical to each individual person's process of recovery.

Judith Herman's general thesis on trauma, the research of both McNair and Grossman, and the clinical accounts and analysis of Lifton and Shay all contribute to forming an alternative perspective focusing on aspects of combat trauma that have been neglected. Of this group of clinical thinkers and authors, Grossman, Shay, and Lifton discuss to some degree in their work the subject of dehumanization practices in war. All of them describe the role of dehumanization of the enemy in creating conditions of violence and killing, and it's particularly insidious effect on both the victims and the perpetrators involved in violent acts in war. As Kelman (1973, Kelman & Hamilton,1993) noted, dehumanization practices are almost always a part of war situations, but Shay expresses the view that dehumanization of the enemy actually "endangers soldiers' physical survival during war and moral recovery after it" (Shay, 1994, p.202). Like Kelman, Lifton seems to assume that dehumanization is unavoidable or intrinsic to a majority of war contexts, and preventing human conflict on the whole is the way to change this. In contrast, Shay and Grossman appear to argue from a standpoint that considers wars inevitable, and therefore, a strategy for preventing trauma is to decrease dehumanization practices in military training and combat culture and remove it from the relationship with the enemy. Their recommendations presume as well, that this kind of change is possible to implement as a matter of policy.

On the subject of dehumanization, Lifton is probably the most descriptive within his account of the Vietnam experience and its atrocity producing conditions that relied on racism and devaluing of both the enemy and the Vietnamese population as a whole. Lifton was able

to depict dehumanization through the words of Vietnam veterans. Their accounts often spoke of aspects of their own dehumanization, for example, in the form of loss of autonomy, or persistant memories of ruthlessly devastating the Vietnamese people, creating a degraded sense of one's own humanity and one's relationship to the world. Lifton has a particular language for interpreting dehumanizing conditions and their effects. Most of the time, he does use this specific term, and he is not presenting any theoretical material as a basis for explaining dehumanizing processes. Beyond these kinds of veterans' subjective accounts, Lifton's own observations, and the recommendations made by Shay and Grossman, the authors do not present a more sophisticated analysis of dehumanization processes in the military and in the combat situation. They do not extend their observations further in theoretical terms beyond drawing basic linkages between trauma and dehumanization.

The social psychological literature provides additional theoretical material and much needed explanations of the social context which intentionally utilizes dehumanization as a mechanism of moral disengagement. Of the clinicians, Grossman comes the closest to producing a model for understanding the particular contextual conditions that are necessary for persuading men to bypass their normal moral inhibitions against killing other humans. His 'killing equation' describes the number of (physical, psychological, and relational) factors that combine to make killing the enemy possible, and the overlap between several of his factors and several of Bandura's mechanisms of moral disengagement was articulated earlier in the social psychology literature review. However, even in his killing equation model that includes the contributing social dynamics, Grossman's focus is on the decision making process within the individual. In order to look with more complexity at the soldier's

functioning within a social system and group, the social psychologists provide a necessary bridge to understanding the social structure of violence and killing in warfare.

Comprehending the social structure of combat violence is important because it offers another avenue for describing trauma in relational terms. As well, it can offer further explanation of the etiology of trauma symptomology that is not fully accounted for in clinical psychology thinking which usually focuses solely on the individual's psychology (or at most the dynamics of a dyad). To begin to explain the rationale for looking to social psychology for explanations of clinical phenomena, it is helpful to turn back again to a previously discussed issue regarding a standard view of how soldiers are protected from psychological injury in combat, and what is the standard understanding of injury. That is to say, the question of what is the basis for psychological combat injury has to be revisited again.

Obviously, there are different kinds of injury in combat, and the discussion here is about psychological injury. The review of the literature of conventional cognitive behavioral models of combat stress injury and PTSD concluded with an analysis of the limitations of those highly regarded modalities and their treatment theories. The major limitations arose from the foundational focus on fear dynamics and the relative disregard for issues specific to perpetration in combat as well as for the relevance of emotions highly connected with committing violence, namely guilt and shame. It was implied that alternative perspectives such as those taken by clinicians like Shay and Lifton and others who share their understanding would in many ways remedy the deficits found in the CBT approaches. However, at this juncture, it is possible to add another level of critique that points to an additional limitation of clinical conceptualizations as a whole. To do so requires a short

detour in the synthesis discussion. The detour concerns the subject of prevention combat injury.

From the cognitive perspective, Virtual Reality Therapy proponents, propose that combat stress inoculation training using virtual simulation can be used pre-deployment to inoculate soldiers from excessive anxiety and fear when they enter the actual combat field. In the same vein, some clinical experts believe that potential soldiers can be screened for mental "fitness" and emotional "resiliency" and given cognitive behavioral mental stress training (Carey, 2009) , so that only soldiers who are more likely to endure combat stress without breakdown in the field and without later developing PTSD will be allowed to be in combat situations. The objective of these efforts is to ensure that soldiers are psychologically defended from anxiety, fear, and levels of hyper-arousal that could cause permanent damage. The goal here is to prevent stress injury.

A similar of thinking exemplified by Major Peter Kilner, an army psychologist mentioned in the introduction. Kilner, like Grossman, criticizes the military medical community's reluctance to address the issue of killing and the psychological harm that stems from perpetration. In a draft document entitled "The Military Ethicist's Role in Preventing and Treating Combat-related Perpetration-Induced Psychological Trauma" Kilner cites the work of Rachel McNair and other research and presents his own views on this problem of the psychological consequences of killing. Kilner focuses his view of the central problem to be fixed on the issue of the soldier's guilt. Similar to Grossman, Shay, Lifton and others, Kilner is draws attention to the fact that many soldiers engage in killing in combat without breaking down in the field, however, after returning to civilian life, guilt emerges that contributes to the development of post traumatic stress symptoms, depression, and other psychiatric

conditions. Kilner expresses criticism of mental health professionals who treat guilt as a symptom that is part of a medical disorder rather than describing it as a normal response to the transgressions of killing.

Many of Kilner's critiques are perfectly in line with the thinking of the alternative perspectives presented in this dissertation. However, Kilner's conclusions about how to remedy these consequences of perpetration induced trauma and guilt are entirely different from the non-military clinicians.[4] Kilner writes that the perpetration guilt of soldiers is a normal and healthy response, but such feelings reflect "misguided guilt" that soldiers need to understand are not "indicators of moral culpability" (Kilner, 2005). Kilner goes on to compare killing in combat to committing manslaughter with a car, accidently hitting and killing a pedestrian. Thus, his solution to the problem of guilt is diametrically opposite to Lifton's perspective in which the veteran must embrace and animate his guilt in order to work through it and beyond it. Instead, Kilner asserts the need for military leadership in combat to reassure soldiers that their actions in war are a form of justified killing. He says that soldiers must hear repeatedly and regularly that although guilt feelings are normal reactions and if anything reflect "moral strength", they are not actually "tied to doing anything morally wrong" (Kilner, 2005). In sum, Kilner wants the military to break the silence and 'taboo' on the subject of killing-related trauma, but he argues for protecting soldiers from psychological trauma by providing them with more effective moral justifications and rationalizations for killing. He advocates for the use of more superior and forceful assurances in initial training and in the field that express the justness and moral

[4] It is not entirely clear from Grossman's book where he stands in terms of solutions and remedies for killing-related war trauma, but I think he would agree with both Kilner's idea which follows here and to some degree with Lifton's belief that preventing wars is a necessary and important way to prevent trauma.

legitimacy of soldiers' use of violence and killing of the enemy. In this way, Kilner wants to protect and prevent soldiers from developing PTSD.

So, to conclude this detour of the synthesis, which has focused on the differing views of how soldiers can be protected from psychological injury stemming from experiences of perpetration, the question presented here is: what is wrong with Kilner's solution? Are there critical components of trauma absent from his formulation of the problem and the remedy? Some, who would disagree with him, might say his solution is wrong because the soldier *is*, in fact, committing actions that are morally culpable. To tell soldiers different is to lie to them.This criticism would come from the premise that *all* killing is morally wrong. This philosophical dilemma arises frequently in the minds of soldiers who have strong religious beliefs in which all circumstances of killing another person are considered as prohibited murder.

A second criticism (one which was briefly put forward earlier in the introduction to the dissertation where Kilner was mentioned) is that his solution is simply unreliable due to the reality of the soldier's on the ground experiences in combat which constantly erode moral certainty. For example, this kind of reality asserts itself frequently in an occupation or insurgency combat situation, such as the one in Iraq, where civilians are constantly in the combat environment. In this situation, the lines between civilians and enemy combatants are more often than not blurred and confused. As a result, the moral certainty, when a person dressed as a civilian is killed, is eroded by their unclear identity. Additionally, moral legitimacy is eroded by political confusion in the larger society in which parts of the population do not support the war project and constantly call into question its moral imperative and can even blame our soldiers for participating. Vietnam was the quintessential

example of this circumstance, but the Iraq war controversy is similar, albeit without the same hostility directed at our soldiers.

However, this last argument against Kilner's solution is one of practicality, not one that finds a flaw in his logic or a missing piece in his assessment of the psychological components of the problem. Here is where social psychological theories can make a significant contribution. The question that needs to be answered is: if it were possible to prevent a soldier's guilt and the subsequent breakdown that often results from it, could we say that this individual, who killed and/or committed extreme violence in combat and yet feels no remorse, grief, guilt or shame at anytime during or long after, is in fact, untraumatized, healthy, and undamaged from his experiences?

Lifton's perspective is that such individuals have likely remained in a numbed condition, chronically desensitized and removed from feeling, and essentially continued on with life in a psychologically defended condition. Possibly, they are emotionally and psychologically not living fully, or perhaps they remain symptomatic without ever reaching a point of breakdown into guilt or severe enough depression that would motivate them to confront guilt in the way that Lifton describes.

Another explanation that can be drawn from social psychology is that there are in fact cognitive alterations in the individual derived from collective cognitive processes at work in the combat environment which have remained intact even after the individual is removed from the military environment. These processes, as described by Bandura, and supplemented by formulations of socialization processes provided by Kelman and Hamilton (1989), were utilized to enable soldiers to function in the killing environment. They allow him to kill by providing rationalizations, justifications, absolution of guilt through displacement and

diffusion of responsibility, and a cognitive shift in which the enemy is objectified and devalued into a 'target', and they also protect the soldier from breakdown and guilt by removing his conscience and empathy towards his victim.

The social psychologist might argue that the real danger of war trauma is not the soldier who eventually breaks down into depressive grief, for in some sense, his guilt and depression are expressions of his humanity that is still alive. Rather, the real danger are the soldiers who walk away from war (or remain in the military) without any recognized remorseful feelings about their participation in violence and killing. As one lieutenant quoted by Kilner remarked, "Frankly, anyone who says that they are perfectly fine after killing another human would scare the hell out of me" (Kilner, 2005). Perhaps the real danger is that mechanisms of moral disengagement employed by the military in-group in the combat environment, particularly those involving dehumanization of the enemy and of the soldier himself, may have lasting effects on the individual, who may have been permanently altered by both the cognitive manipulations of logic and reality, as well as by the killing results. These processes prevent guilt and block it, but perhaps at a later time, they prevent healing in the way that Lifton is advocating. The capacity for experiencing remorse and guilt is perhaps necessary for healing combat trauma.

Moral disengagement practices can be seen as serving the purpose of not only allowing the bypassing of moral self sanctioning, but providing a defense against the guilt and shame that would normally arise from violating internal moral standards against harming others. Although mechanisms of moral disengagement can operate within the individual's exercise of moral agency, more often they are employed collectively as a result of processes of socialization within groups and organizations.

Social psychologist, Emanuel Castano (2008) identifies in-group glorification as a central determinant of the use of moral disengagement practices, and in itself, in-group glorification can be considered an individual and collective psychological defense mechanism. Glorification of the nation or military power is expressed through rhetoric of superiority and moral righteousness. In the face of harmful or destructive actions by the glorified in-group, social pressures determine the use of processes such as moral justifications and rationalizations, minimization and distortions of consequences, and advantageous comparisons that will obscure the reality and lead to a distorted appraisal of the harms committed. The strategies are employed to avoid criticism of the in-group. Castano makes explicit the link between the use of the moral disengagement strategies and the attempt to prevent individual and group self assessments of culpability and eliminate related negative emotions of guilt and shame which would otherwise emerge in the face of transgressions against morality.

Defending against guilt and eliminating it leads to negative consequences, despite the fact that the defensive stance is protecting individuals and groups from experiencing painful remorse and potentially debilitating depression related to shame. Guilt, asserts Castano, often has a productive function in that it can influence and alter behavior to prevent further harm, or give rise to motivations to rectify wrongdoing. In contrast, the defense against guilt and shame through utilization of the moral disengagement processes more often perpetuates wrongdoing and stands in the way of reconciliation or repair.

Thus, the moral assurances and justifications that psychologists like Major Peter Kilner are advocating for the protection of soldiers' sensibilities against painful guilt are actually part of an entire structure of cognitive manipulations designed to allow organized

killing, but which not only prevent the use of remorse in healing processes, but also perpetuate a system of rationalization of violence. In addition, supposedly helpful moral justifications are not only problematic in themselves, but also connected to other processes with more destructive effects and potentially lasting impact on relationships with other groups and peoples. Social psychologists like Castano argue that the processes of dehumanization even in milder forms are particularly destructive and with lasting consequences to individuals and inter-group relations.

Darley presented the idea that individual participants in violent organizations (especially social control organizations like the military) become socialized to utilize the moral disengagement processes in order to exonerate their selves and the in-group for violent actions committed against an out-group. Darley suggests that socialization in the violent organization results in a conversion that has potentially permanent effects on the individual participant. Darley does not establish whether the psychological alterations of the individual from a conversion process are permanent, although he expresses his belief that such changes are often permanent. He states that the reconstitution of autonomous moral integrity is such a painful enterprise, requiring a direct confrontation with emerging guilt, that most people would rather avoid this recovery process and retain the cognitive organization and belief system which they were socialized into.

Although Darley provides a hypothesis of the socialized conversion and alteration and a certain loss of the moral self in the killing organization, he is not explicit as to how individual cognitive processes result in specific psychological consequences. That is, in what ways are persons altered and what has changed exactly? Darley offers some general speculations that mostly involve a resulting disposition to engage in the same processes and

patterns of relationships at later times. For example, he writes that adaptation to obedience to authority situations and routinization of violence are likely to remain intact, and are easily reestablished at later times. Patterns of rationalizations and justifications are easily regenerated in new contexts. Moral barriers against aggressive behavior and violence against others are weakened permanently leaving the person more likely to transgress against them in the future. Dehumanized relationships with others can more easily be activated as they were before. Essentially, the structure of moral thought and a certain logic have been created that can remain intact and make it more likely that individuals will generate similar violent structures in society or perpetuate similar value systems that rationalize violence.

What more can be added to Darley's conceptualization that isn't necessarily premised on the idea of individuals recreating destructive organizations? Although important, his conception seems to rely on concrete and observable repercussions. Lifton's notion of a doubled personality, although purely psychological, is also fairly concrete, and even Lifton did not assert its permanence.

There is no established evidence of how individuals are impacted psychologically by the use of cognitive mechanisms of moral disengagement. We can only extrapolate from the accounts of veterans of how they have been changed and hypothesize specific relationships to what is understood about these mechanisms. The following possible linkages are suggested by this dissertation based on issues in the prior discussions in the alternative perspectives on combat trauma and the social psychology literature review.

It has already been suggested that the use of moral justifications and rationalizations function defensively against experiencing negative emotions like guilt and shame. The failure of these rationalizations to be sustained over time usually leads to psychiatric break down as

soldiers inevitably confront realities of their violent actions and bear the burden of guilt. This scenario is the one which Kilner suggested needs remedying by stronger reinforcement of moral justifications. However, it was also put forward earlier that when justifications are maintained and guilt and shame are continuously defended against, there is the possible repercussion of a numbed existence, in which soldiers end up living in a detached way from their emotional lives. Perhaps they experience difficulty in relationship due to emotional stifling and a static defensive system. This result could be summarized as the hardened defended soldier in contrast to the soldier in a state of break down. As Lifton proposed, the hardened numbed soldier remains unable to utilize or animate his guilt for purposes of transforming his experiences into a positive catalyst for change.

Social consequences of collective use of moral justifications in the military and the larger society that supports the military project could be the perpetuation of processes of in-group glorification, which prevents self criticism and self corrective measures, as well as furthering the likelihood of future conflicts. And finally, another consequence of moral rationalizations could be described as an opening of the door to atrocity. Soldiers and military units that are relying on moral rationalizations for violence may initially uphold the standards of the rules of engagement and lines of conduct that do not violate international human right laws. However, the likelihood is that the use of moral justifications leads to further rationalization as violent conflict increases. The lines of justified violence are mutable and as injuries and deaths increase, the tendency to use retaliation and revenge killing as a justification takes over. Advantageous comparisons of enemy violence come into play to further justify and escalation of violence. Because there is no final end point to the utilization o f rationalizations, the door to atrocity is opened.

The mechanisms of displacement and diffusion of responsibility as well can have lasting negative impact on soldiers. Under conditions of obedience to authority soldiers relinquish their moral autonomy and suspend their own moral agency. Loss of moral autonomy and thereby losing control of a moral self is described by veterans as one of the most painful repercussions of the authority situation. Although authorities and military unit cohesiveness are meant to protect soldiers by absolving them of personal responsibility for their actions and thereby buffering them against guilt, when soldiers return to civilian life these defenses often erode quickly. They find themselves alone with their own conscience without their group to support them and without the authority situation that maintains pressure to conform to the military defined reality. Alone with themselves, soldiers and veterans are often overwhelmed by emotions of shame, grief, guilt that emerge. Particularly when the military leadership is viewed as having misled soldiers or abused their authority then other feelings of mistrust and betrayal become powerful posttraumatic reactions. Many Vietnam veterans report experiencing profound feelings of betrayal by military authorities that for many veterans led to mistrust of the social world in general. In recent times, many Iraq war veterans have also recounted feelings of betrayal and anger at leadership (all the way up to the president of the United States) for what they believe was deception.

Many social psychologists credit the processes of dehumanization with the greatest harm to both victims of violence but also to the perpetrators. Dehumanization has the capacity to create mental templates of hatred between groups in conflict. A dehumanized group becomes assigned into a category of people outside the human community that one identifies with. Particularly in conflicts wherein a group can be identified in racial or ethno-cultural or religious terms the tendencies to dehumanize the enemy and define them as

inferior are great. A perpetrator under these circumstances is likely to develop dehumanized relationships and cognitive representations of other groups and cultures that in any way resemble the targeted enemy. Darley pointed out that in this way – target groups tend to expand with more and more categories of people included in the category of the enemy.

Kelman (1973) articulated clearly his vision of the great harm that is also done to the victimizer in the killing situation. He writes that the victimizer "becomes increasingly dehumanized through his enactment of his role," (p.51) moral restraints weaken, "and to the extent that he is dehumanized, he loses the capacity to act as a moral being." In Kelman's view, this loss of a person's moral being is a loss of part of the personal identity that he once had. Furthermore, Kelman proposes that in dehumanizing his victims, the perpetrator becomes divorces from his ability to feel empathy and compassion, and he enter a state of psychic numbing. Kelman here cites Lifton's descriptions of psychic numbing and detachment, which diminish the person's ability to feel overall. Kelman says, "Insofar as he excludes a whole group of people from his network of shared empathy, his own community becomes more constricted and his sense of involvement in humankind declines" (p.52). Kelman has described two essential qualities possessed by those who are recognized as being fully human: identity and community. Possessing community means belonging to an "interconnected network of individuals who care for each other," and who bestow value on one another. The largest community that we all essentially belong to is that of humanity. This last quote from Kelman is striking in its suggestion that employing dehumanization processes which exclude groups from the human community has the parallel effect of diminishing the dehumanizer's connection to the larger human community as well.

Marc Pilisuk (2007) in his description of the effects of dehumanization in war adds other elements not heretofore mentioned. He connects dehumanized detachment to dissociative thinking and certain states of mind that provide an alternate reality in which killing can be experienced as not only acceptable but even elating. Similar to the models already discussed, Pilisuk writes that dehumanization is part of a larger justification system. He adds however, the idea that the belief system created can be described as an "alternate reality," and that beginning socialization into the formation of this alternate reality is an essential aspect of military training. Within this alternate reality, other mechanisms of moral disengagement such as distortion and misrepresentations of consequences and use of obscuring euphemistic language to describe actions and events support the formation of a shared reality that is not only alternate to the one outside combat, but one that is highly distorted away from any recognition of harm being done to all involved.

The idea of an alternate reality being created and lived in combat brings the question of whether that reality is left behind when soldiers return home, or whether the "mental adjustments" (Darley, 1992) and cognitive adaptations to a system of logic and representation defined by the combat and military environment persist and continue to influence thinking and relating long after the soldier has left military society. There is no easy way to establish an answer to this question. Battlefield breakdown is now relatively uncommon since the advent of reflex conditioning and training in the post W.W. II era. Clearly the soldiers who fall apart after they return home, do so precisely because the socialized rationalizations and justifications never succeeding as a defensive system. In this sense, the soldier who dissolves into a depression and painful guilt is healthy because his humanity and empathic connection to even those he was told to kill has remained intact. It is

the soldiers who continue to appear to have lost that capacity and who never left that alternative reality despite having returned from war, who one might be most concerned for. We do not know if parts of his self have been sequestered away or split off and compartmentalized for safe keeping. These sequestered parts may be a sort of 'doubled self' of Lifton's conception, the self capable of killing, which disappears when returning to non-combat reality. Or, they may be parts of the original empathically connected self who for reasons of preservation (literally self preservation) were hidden away and may not be found again without a great search and struggle to retrieve them. The clinicians quoted in this dissertation all seem to attest to the alterations that frequently occur to those who have participated in violence in war, but they provide no easy answers as to how reality altering processes are reversed and how one's humanity and moral self are restored.

Discussion and Conclusion

Clinical Applications and Perspective

The conclusions drawn from the critical synthesis of the literature review contribute to the beginning of a new clinical perspective and approach to understanding and treating combat trauma. This novel perspective would begin with a path set by clinicians such as Robert Lifton and Jonathan Shay making use of some of their most important contentions. Principally, the new clinical perspective would appreciate the role of perpetration in the development of combat trauma. The application of this perspective would require clinicians to be open to recognizing the potentially significant contributions to soldiers' and veterans' trauma of their experiences of perpetration and to encourage the open communication and remembering of these events without attempting to minimize or diminish their importance.

The new perspective would place soldiers' feelings and unconscious expressions of guilt as central issues to be addressed by treatment. Following the model and conceptualization articulated by Lifton, the "animation" of guilt would be encouraged and a path that moves through and beyond guilt would be considered integral to the healing process. The possibilities for moving beyond guilt would include helping veterans to find actions and means for repair that may look like forms of reparations and amends. Such possibilities were briefly implied by clinical authors (Foa & Meadows, 1997, McNair, 2007) but more often veterans themselves have found the means for repair in political activism against their own wars. Some Vietnam veterans also found ways to make amends to the Vietnamese people through humanitarian and restoration projects. Whatever the form of

repair, the critical component is the movement beyond guilt that creates possibilities for making amends for past actions and for new relationships. The role of the clinician here is not to prescribe the content of these projects or efforts, but rather to support the transformative process of change from static or self "lacerating" guilt to positive manifestations that bring more life to the patient. These clinical recommendations follow from some of the key conclusions of the literature analysis, one of which is the idea that denial or suppression of guilt is destructive to the recovery of survivors of perpetration induced combat trauma.

Another aspect of this new clinical perspective is to recognize that soldiers and veterans who are not actively experiencing guilt or depressive symptoms or even any severe psychiatric symptoms may still have significant emotional and relational damage. At this point in clinical theorizing and research into this subject, it is hard to ascertain the observable characteristics of those soldiers and veterans who have experienced significant dehumanization or altered personality as a result of socialization processes active in war. We do not yet have a method for looking at the effect of socialized cognitive processes of moral disengagement or the conditioning of the authority and obedience situation. The precise impact of these mechanisms and of the social environment on trauma has not in any way been established. However, it is the contention here that a new clinical perspective concerned with perpetration combat trauma be conscious and open to discovering these impacts. A consideration of veterans who despite an apparent lack of depression, remain numbed to their feelings and to the world around them, unable to reconnect to their intimate relationships, or trapped in a stagnant defended state may provide another avenue for comprehending

traumatic consequences that do not resemble depressive breakdown but nonetheless warrant clinical attention.

There a number of difficulties with talking about the clinical effects of dehumanization of one who has been a dehumanizer. It is not at all clear or established what it means for a perpetrator to say that they have lost part of their humanity. This is not readily observable as phenomena in the way being depressed might be observable through symptoms. The symptoms emerging from being dehumanized by being a victimizer have not been determined. We have only veterans' reports of this state or feeling. One type of description given by veterans is the sense that they have lost the integrity and autonomy of their moral self through their participation in violence and through identification with the military project that obligates one to kill others. The vast number of accounts of this perception in books such as Lifton's leaves little doubt that this loss exists and is likely a result of perpetration trauma. Nonetheless, it is remains difficult to determine what it is to have lost one's moral integrity, mentally, physically, and emotionally, and moreover, how does a person get this part of themselves back.

It is easy to suggest that a new clinical approach would engage in assisting veterans in the process of rehumanizing themselves. But similar to the idea of dehumanizing, rehumanizing is hard to define and to imagine what it looks like. We may have an organic understanding of what humane actions are, but formulating an intervention that attempts to restore this aspect of life is hard to visualize without becoming quite concrete and probably inauthentic. One thing that seems certain is that this process of rehumanizing must be initiated and developed principally by the survivor. Clinician can only support such a recovery process and exploration of rehumanizing actions.

Returning to conceptualizations of Kelman (1973) that being fully human requires possessing both identity and community as central components of our being regarded as belonging to humanity, it stands to reason that rehumanizing involves reestablishing one's identity and community and consciousness thereof. In the case of soldiers having committed acts of great violence that have severely violated their moral self, reforming and reestablishing that moral self seems critical to regaining autonomy and integrity.

Principal to any process of rehumanization is that it is a product of reconnecting to the world around one, reestablishing community on many levels. The first level may be by reforming the group that the soldier belonged to (that of soldiers and veterans) along lines of recovery and transformation. Jonathan Shay made the short statement that the principle injury to soldiers in war is a "moral and social" one, and that the treatment for this injury will also be a moral and social one. Social psychology provides the clinician with a perspective of many of the psychological mechanisms at play in the social environment of the military and the battlefield. Mechanisms that diffused responsibility for violent actions and killing were meant to protect soldiers from shouldering the burden of guilt. The soldier was protected by his or her belonging to a cohesive and life sustaining social group that both protects and at the same times harms (by inducing him to violate his moral self), but once leaving the military, the soldier is left alone to psychologically protect himself. It is a social group and system that has harmed him, and it is clear that reestablishing a social group is necessary to heal him. Repossessing community begins here (with other soldiers) and moves outward, as does identity, which must be transformed through the process that moves towards agency and responsibility.

Derek Summerfield (1995) writing on the subject of challenges in addressing human response to war and atrocity says that medical models in general are limited by their lack of a socialized view of mental health. Psychiatric diagnoses like PTSD have inherent limitations because they fail to capture the complexities of how individuals as part of communities and societies cope with trauma and heal from it. He notes that although there are psychological differences in individuals' coping and resilience to trauma that require individualized intervention, the majority of trauma survivors will pursue "recovery as a collective activity, seeking assistance directed primarily as their social rather than their mental lives" (1995, p.28).

Obviously, not all or even most traumatized veterans want to become political or anti-war activists. The clinician cannot assume it to be so. However, it is clear from the actions of so many Vietnam veterans and now so many Iraq and Afghanistan War veterans that this is still one very potent and viable path through which soldiers find their way back to both reasserting a moral identity and possessing community that is expansive and impactful. Clinicians should be prepared to support such identifications and foster this avenue of recovery. To do so, is of course, a non-neutral stance, and can also be described as a political stance that is clearly disclosed and transparent. Transparency in the treatment of combat trauma becomes a necessity, as it is with many other trauma populations. Lifton, as was emphasized in the literature review, in no way covered up his multiple roles as psychiatrist, researcher, anti-war activist, and advocate. He believed that these different capacities and agendas were not in conflict and could work together in ways that ultimately served the veterans he worked with. Obviously, Lifton was an exceptional person, and most clinicians will not be holding so many simultaneous roles, but the importance of such transparency is to

make very clear to trauma patients that clinicians recognize their own socially situated selves. It is to make clear that clinicians are connected to the larger society and its institutions that either support, dismiss, or work against conditions that cause trauma.

The conceptualization of trauma as a social injury, whether relating to survivors of sexual abuse or victims of political violence, or soldiers of war, leads to the conclusion that a great many kinds of trauma work demand a political stance. This stance is non-neutral because it acknowledges the reality of suffering caused by external social forces (not simply intra-psychic ones as is so often the bias of psychologists and psychiatrists), and it is a stance that aligns itself with the patient against the source of trauma. Summerfield goes so far as to recommend that mental health professionals assist those who have been traumatized with recognition of the "link between psychological recovery and societal reparations and justice," in this way asserting, "that the trauma debate be conducted within a human rights framework and not as if it is just a new specialism" (1995, p.28).

Obviously, to follow such prescriptions would require that therapists and clinicians doing trauma work step out of many of the conventional boundaries that are placed around them. Historically, the goal of neutrality has established the desired clinical stance as one in which therapists do not disclose their social positions and political ideologies. For the most part, this standard still holds in the circumstances of treating combat trauma, but the clinician should be prepared to step across that boundary when needed in order to further trust building transparency and to openly align him or herself with the goals of preventing combat trauma by preventing war.

In *Achilles in Vietnam*, Shay writes:

> I have been politicized by this work and now see that treatment must be morally engaged - that trauma work can never be apolitical. I cannot contemplate a 'professional' affectively neutral posture towards trauma work without misgivings, because, as I have argued here, an affectively neutral position will defeat healing. (Shay, 1994, p.194)

Shay is advocating that clinicians be transparent in their affective comportment towards their patient's trauma and that they possess a moral stance in regards to it. Similar to Lifton, Shay conveys his recognition that work with combat trauma requires social involvement, as the therapeutic space is inextricably linked with the moral and social realm outside it.

Even more than Shay, Lifton promotes the idea that mental health clinicians working with combat trauma must step away from their traditional stances. The history of military psychiatry particularly shows the bind of the healer in standing in alliance with the military establishment's agenda for conserving the fighting force. Those clinical workers in the active forces face the same bind today. However, even outside the military, Lifton emphasizes the great need for transformation within the healing professions themselves, in order to "break out from technicism and numbing" (2005, p. 439). The clinician's own numbing along with society's causes him or her to conform with the "American tide" which "resists, at times quite fiercely, serious attempts to alter existing social and institutional arrangements" (p. 436) that contribute to trauma. Such conformity is not in fact a state of neutrality, but rather a form of pseudo-neutrality, Lifton wisely points out. In contrast, the new psychiatrist and psychologist should become both healer and advocate in trauma work. Lifton writes that the clinician's personal integrity will depend on a very different form of advocacy than is

normally conceived of. It is an advocacy fully devoted and in alignment with "individual well-being and larger humane principles having to do with justice and realized lives, as opposed to killing, premature dying, and especially to widespread atrocity" (p.416).

A major finding of the dissertation's social psychology literature review is that combat trauma is not simply an individual experience. It is a result of a social experience, institutionally situated and politically created and defined. The development of a new clinical comportment towards combat trauma, and particularly perpetration induced combat trauma, demands a recognition of the social nature of the context of this trauma and its particular form of injury. Healing and recovery is naturally, a social project as well, and the competent clinician's attitude and understanding of this is vital, as he or she becomes part of and integral to this process not only inside a consultation room but within the society outside it.

Conclusion

There are many issues in combat trauma which this dissertation does not address. It is not principally about the outcome of trauma or even principally about treatment. It is as much about describing the conditions that create the trauma as its results. However, the analysis began with treatment because treatment approaches inevitably reveal the assumptions about what creates trauma and what it is believed to be comprised of. The review and critique of cognitive behavior treatments was an attempt to analyze aspects of the etiological assumptions in place that inform these treatment models and to illuminate their shortcomings. Foremost, it pointed out the glaring absence of attention to the contribution of perpetration of violence in combat to the formation of trauma. The focus of the literature

review was designed to bring greater understanding and attention to the issue of violence and principally killing in combat and to investigate a number of debates.

Additionally, the review presented knowledge and theorizing in social psychology that, integrated with clinical psychology, can inform the subject of perpetration of violence. It was intended that the dissertation synthesis infer how these conceptualizations can contribute to the clinical understanding of traumatic outcomes and offer knowledge and comprehension that serves clinical work with combat soldiers and veterans.

The synthesis of the literature review attempted to summarize key elements of the deficits in much of the current cognitive behavioral clinical thinking on combat trauma, particularly the neglect of attention to guilt and other emotions related to perpetration. The contrast was made clear between these deficits in cognitive behavioral models and some of the alternative perspectives that advance current knowledge (although these are not new theorists) towards a greater appreciation of perpetration induced combat trauma and the clinical needs of soldiers suffering particularly because of their experiences of killing in combat.

The central inconsistency between my own perspectives that build on the work of clinicians like Robert J. Lifton and Jonathan Shay and the more standard supposedly best practice modalities is the relevance of perpetration. Many of the expert PTSD theorists and even reputable experts on combat stress injuries like Charles Figley and William Nash mention the complications in clinical treatment of combat trauma offered by the issue of perpetration and perpetration guilt. However, they do so only peripherally and without acknowledging any central importance of these issues. In contrast, clinicians like Lifton and Shay, as well as the recommendations offered here for a novel clinical perspective and

approach, present the traumatic consequences developed from death immersion and perpetration as critically important and possibly more relevant to treatment than other kinds of DSM type symptomology.

The advantage of a new approach that recognizes the central role of perpetration in combat trauma has the advantage of not denying this part of soldiers' experience, potentially offering more social reflection of the particular costs of combat, and finally, there is some consideration of a more political role for some clinical psychologists. In this topical area of trauma, there is a need for political advocacy in order to prevent it, and that is one role that psychologists can play.

There are a great many limitations to integrative literature reviews in general in terms of empirical findings, and this study is no exception. The integrative literature review can only integrate the empirical and clinical findings of others in order to conduct an analysis and present novel conclusions from this process. In this specific project, there was the need to speak about soldiers and veterans in general terms, and obvious drawbacks result from these generalizations. This population is greatly varied as any clinical population is, in terms of personality types and different categories of recruits to military service. A study of military behaviors would have to acknowledge that there are also different kinds of militaries but this level of specificity was not addressed in this project. Although, it is assumed here that the dissertation is addressing American soldiers, much of the literature in social psychology presented is not confined to talking about American organizations or military groups, and in fact, they were broad scope theoretical analyses of killing organizations. It was the burden of the dissertation to explain their applicability to theorizing about the American military and its personnel.

As well, soldiers as a clinical group, experience a wide range of symptomology that fits into broad categories of psychiatric symptoms not all of which are defined as PTSD. This study is only speculating in general terms about the effect of certain kinds of processes occurring in the combat environment and how they impact soldiers. There is no data collected here on actual cases with specific symptomology. Additionally, the clinical observations discussed in the literature are filtered through the conclusions of those authors and researchers presented. There is no evidence being analyzed in this dissertation other than the words of others compared to each other and then filtered through the lens of this writer. Because of these limitations of research method, the conclusions are general and speculative, not specific or definitive.

Aspects of the topic, especially the processes examined in the social psychology review, are difficult to establish, in part because usually the concepts are not directly observable. Of course, areas of discourse in society reflect the collective utilization of some of the processes of moral disengagement. At these times, anyone can observe these practices in social rhetoric. However, the internalization by the individual of socialized ways of thinking, as well as processes like identification with a group and compliance with an authority or with expected roles are examples of modes of internal cognition that are not readily available for observation. Much of what the depth psychologists and the social psychologists theorize about is speculative, and certainly open for much debate.

Additionally, the dissertation topic often relies on concepts that are extremely difficult to define and articulate. Dehumanization is one concept that exemplifies this difficulty. Although one can provide a simple straight forward definition, many descriptions feel insufficient. Moreover, there are many variations and nuanced forms of dehumanization,

and it can be identified in many different arenas of human interaction beyond the genocidal situations that most people might readily think of. Because of the difficulty of defining and describing such concepts, theorizing suffers to a degree from lack of specificity and questionable validity, since it is not always clear what we are talking about.

This dissertation hopefully opens many avenues for future research. The psychology of killing is in itself a new area of investigation. However, the particular topic of the psychological consequences of killing in combat needs to be investigated and theorized more extensively. In addition, this dissertation is fairly novel in its attempts to bridge disciplines of clinical and social psychology with the goal of advancing the understanding of psychological processes that are products of social dynamics and group identifications but which impact clinical phenomena. As Judith Herman suggested, the study of different kinds of trauma goes through cycles of discovery and repression. In wartimes, the prevalence and dramatic consequences of war trauma propels a new cycle of investigation of combat trauma. As we are currently in one of these cycles, hopefully contributions such as this one are able to draw interest to the many issues that need inquiry and continued exploration.

The dehumanization processes and the psychological consequences of dehumanization is likely the most compelling of the mechanisms of moral disengagement that warrants further research. And entire project devoted to the impact of dehumanization on soldiers in the combat context and the military environment would be an exceptionally worthy endeavor. A more in depth analysis is required to even begin to develop adequate theory on the influence of dehumanization on psychological functioning.

Finally, the contribution of this dissertation is intended to draw attention to what is being denied in a most significant area of trauma to men. Shining a light on this dark area

challenges the fields of clinical and social psychology to bring a further challenge to society as a whole, one that demands we address these injuries caused by exploitation of the availability of young men's bodies for launching wars and their presumed expendability, which results in so much loss and suffering.

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