

#294 - The Dark Side of Seligman's Comprehensive Soldier Fitness with Stephen Soldz Ph.D.

David Van Nuys, Ph.D., aka Dr. Dave interviews Dr. Stephen Soldz

Introduction: My guest today is psychoanalyst, ardent political activist and past president of Psychologist for Social Responsibility, Dr. Stephen Soldz of the Boston graduate school of psychoanalysis. We'll be discussing a critique that he recently co-authored on the dark side of Dr. Martin Seligman's comprehensive soldier fitness program.

You can find out more about Dr. Soldz's background by visiting our show notes at shrinkrapradio.com. Now here's the interview.

Dr. Dave: Dr. Stephen Soldz, welcome to Shrink Rap Radio.

Soldz: Thanks. Glad to be here.

Dr. Dave: Well, it's good to have you on the show. I should say it's good to have you on again because we spoke briefly in person back in 2007 at the 115th APA Conference in San Francisco where I interviewed you and Steve Reisner briefly about the role of psychology in military interrogation and at that time it was in relationship to our involvement in Iraq. So I don't know if you remember that. (chuckles)

Soldz: Oh, yes.

Dr. Dave: I do. It was in the food court, as I recall, near the conference.

Soldz: Ah yes. I remember the food court and the interview well.

Dr. Dave: Great, great. You recently popped back up on my radar as a result of an article that you co-authored on the progressive blog *Truthout* and your article is titled, "The Dark Side of Comprehensive Soldier Fitness," but before we get into that, give us a bit more context. What can you tell us about *Truthout*? I wasn't previously familiar with that online publication.

Soldz: First, I should just say it appeared on a number of online sites --

Dr. Dave: Ah ha.

Soldz: -- *CounterPunch, Truthout, Op Ed News, etc.* and then a briefer version was actually published in the *American Psychologists®* where the original articles that we were critiquing had appeared --

Dr. Dave: -- oh good.

Soldz: -- along with several others commentaries.

Dr. Dave: Oh good. Well, I'm not surprised to hear that it got picked up and I'm glad to hear that you also published it in the *American Psychologists®*. We'll get to that later.

Soldz: *Truthout* is one of a number -- it's one of the major, sort of, progressive news sites on the web. They reprint a certain percentage of articles from elsewhere and have some investigative reporting and commentary of their own. As I say, they are one of the preeminent of these.

Dr. Dave: Yes, as I looked at their site, I saw actually they have a large staff so whereas one usually thinks of a blog as being maybe as one or two people, this really looks like a news reporting organization.

Soldz: Yeah, I wouldn't call it a blog. My sense of blog -- it's not a blog but --

Dr. Dave: -- right.

Soldz: -- but who knows where the boundaries are.

Dr. Dave: Yeah, I wasn't sure what to call it but at any rate, give us some background on what we're going to be discussing, which is the Comprehensive Soldier Fitness Program.

Soldz: Yeah. Comprehensive Soldier Fitness or CSF is a major initiative in the army that was started a couple of years ago that's intended to increase the resilience of soldiers partially to make them less likely to suffer from PTSD and partly to create an invulnerable army, the most effective army on earth as has been said elsewhere. It's based on psychological principles from so called positive

psychology developed by Martin Seligman and lots of other people over the last couple of decades.

Dr. Dave: Well, I actually had a chance to hear him speak about this because I attended, I think it was, the Second Annual Worldwide Conference on Positive Psychology held in Philadelphia this past summer. I've not only encountered it in his writing but also heard him talk about it from the horse's mouth so to speak. I believe he got like a huge amount of money to --

Soldz: -- yeah, well, well Penn got, where he is the University of Pennsylvania, his lab, got \$31 million toward this --

Dr. Dave: -- and your article says the whole program is \$125 million initiative.

Soldz: Yes.

Dr. Dave: But Penn didn't get all of that money.

Soldz: No, they got the \$31 million to do the development and the initial training.

Dr. Dave: OK.

Soldz: The training of trainers model so they're training staff sergeants who are suppose to be these Master Resilience Specialists --

Dr. Dave: -- yes. OK. Well, your article was written as a reaction to an issue of the *American Psychologists*® which is kind of the preeminent magazine that comes out of the American Psychological Association. They had a whole issue that was devoted entirely to 13 articles that detail and celebrate the virtues of a new U.S. Army/APA collaboration. Just overall -- because we're going to drill down on this but in general, what were your objections to that issue of the *American Psychologists*®?

Soldz: Well, I found it rather outrageous that the APA was publishing an issue -- and the *American Psychologists*® is a supposedly a peer reviewed journal. Getting published there is a very high status activity and this special issue was edited by Dr. Seligman and another and was basically puff pieces on the CSF. Comprehensive Soldier Fitness is CSF Program. There was absolutely no critique there.

You'd think if you wanted a balanced view, you would have included a few key authors who would have raised questions about its empirical basis, about some of the perhaps complex ethical issues that we feel are involved there but none of this. It was completely absent.

We thought it was outrageous that the APA put it imprimatur. This is a journal that's edited by the CEO of the APA, Norm Anderson. It's not gotten an independent editor. It's an official journal of the APA in a way that no other journal is and so this was basically putting their imprimatur on this military initiative and basically bragging about it.

Dr. Dave: Yeah, you and your co-authors don't mince words. You say the APA itself has "adopted a jingoistic cheerleading stance toward a research project about which many crucial questions should be posed."

Soldz: Yeah.

Dr. Dave: So it's a hard-hitting article. Isn't making soldiers more resistant to PTSD a good thing?

Soldz: Well, that's a complex question. No one wants soldiers to suffer PTSD and we should always keep in mind that the most effective prevention of PTSD is not to send them into wars in the first place. So that has to always be kept in mind and to leave that out of the equation is to leave out a large part of it.

Dr. Dave: Mm-hmm.

Soldz: Yes, preventing PTSD is important and efforts that can prepare soldiers for combat and to not suffer from PTSD are important but it's also important what those efforts are. Part of the problem is that this is a very bias program that views it from only one angle.

Basically, PTSD is viewed as a weakness of the individual soldier that needs to be remedied and use positive psychology to make the soldier stronger, more resilient, so that they won't break down but ignores in large part of what we know about PTSD, which is that PTSD is often, some think always, but at least often a moral disorder that involves complex reactions, not to just what happens to one to trauma in the sense of a bomb hitting, but reactions to what one

does. Sometimes and unfortunately, more often than one might think, it involves reactions to actions that one performs that one would strongly wish one didn't. For example, killing civilians in ambiguous situations at checkpoints, as has happened so often in those first few years in Iraq, because of the woeful underpreparing of the military. If one wanted to prevent the PTSD from that, the commands should have taken far greater steps to prevent those needless killings.

Dr. Dave: Yes.

Soldz: But it didn't occur for a number of years. CSF totally leaves that out and focuses only on the apparent weakness of the individual, who upon killing an innocent family at a roadblock, might be traumatized. Instead they should become more resilient for these actions.

Dr. Dave: Yes and we'll go into that some more. Just to be fair to you and your co-authors, I should mention that you do acknowledge the valuable role the talented and dedicated psychologists --

Soldz: -- why certainly.

Dr. Dave: -- play in the military and importance of providing soldiers and veterans with the best care possible.

Soldz: Jim, most definitely.

Dr. Dave: Yeah. One of your objectives is that CSF is presented as a training program but that in fact, it's an enormous research project on something like a million soldiers. Tell us about that. Why is that a problem?

Soldz: Well, it's interesting. This was first called to my attention by a member of an IRB. IRBs are the institutional review boards that have to judge research projects in terms of their ethics and all research is suppose to be approved by IRBs.

A member of IRB who is very familiar with the military and military research and in no sense anti-military called me up a couple of years ago or so saying, "What is this program? This sure looks like a research project. Did this go through IRB approval?" (inaudible)

It had been on my back radar and raised it to the front of the radar. Then indeed this is a research project that it's never been done

before. It's based on research done by the Penn group -- I'll assume we'll talk about that in a little bit -- which is then blown up in terms of its significance and turned into this major, major project that all soldiers were going to be required to go through and who knows if it works. If the soldiers are not given the right, as research ethics requires, the right of informed consent to say, "No, this isn't for me."

Dr. Dave: That's right. The APA ethical guidelines on the rights of human subjects require consent, informed consent, isn't that right?

Soldz: Well, actually, that's not right.

Dr. Dave: OK.

Soldz: Because in 2002 they changed the ethical guideline to not require informed consent in circumstances where government or institutional authority say that it can be dispensed with.

Dr. Dave: Oh, that's interesting.

Soldz: We suspect this was due to military and intelligence influences.

Dr. Dave: That does sound a little alarming that it can be waived --

Soldz: Yes.

Dr. Dave: -- by the government.

Soldz: Exactly. So informed consent can be suspended "where otherwise permitted by law, or federal or institutional regulations." Imaging how broad that is.

Dr. Dave: Yes.

Soldz: Almost any institution. If my university says you don't need informed consent then according to the APA, I don't need informed consent at any institution. My personal suspicion is it had to be written that way because I think they had the CIA in mind and they wanted to make sure that one didn't know that. It wasn't clear but I can't prove that at this point.

Dr. Dave: Well, given that there is new language around that you are telling us about then is there, in fact, a violation of the guidelines?

Soldz: Well, not of the APA guidelines but the federal government's guidelines on research require the so called common rule which is adopted by 21 federal agencies requires informed consent/IRB approval and informed consent for anything but there are certain types of exempt categories which is clearly -- if one wants to say this is research -- this is clearly not among one of the exempt categories.

The Department of Defense does adopt the common rule. So therefore, they are bound by this. If they admit that it's research, they're bound to allow informed consent.

Dr. Dave: Now part of the Penn group's defense against this criticism is that it's not research but that it is training.

Soldz: Yeah, and in fact, interestingly enough that's the military's own defense. It appears that *American Psychologist*® issue, where our critique appeared along with several others, is a response by Dr. Seligman to our critique. He refers there to congressional inquiries that followed our article. It appears that there were congressional inquiries to the Defense Department around these issues. He quotes actually the Defense Department's response, which is very interesting because it says correctly that the common rule says that -- and DOD regulations say that research is the creation of collection of data for the purpose of creating generalizable knowledge. So what they then use weasel words to say, "no where have we stated that the intent of CSF is to create generalizable knowledge." In other words they don't say that they are not creating generalizable knowledge, which is what's relevant, they simply say we were smart enough never to put it in writing.

Then Dr. Seligman's article -- the same response to us goes on to quote various papers that are being prepared for peer reviewed journals on the CSF program by Defense Department psychologists. Is it research or isn't it research? Well, Dr. Seligman himself bragged to the APA's monitor on psychology, "This is the largest study, 1.1 million soldiers, psychology has ever been involved in."

In my book -- I teach research methods. I've taught it for decades. I've been director of research for many organizations, study and research are synonyms.

Dr. Dave: I heard him actually talk about how this project, which I certainly took to be research as well as training, was going to allow them, for example, to predict who would be good to promote and who was most likely to commit suicide. So that kind of prediction to me sounds like hey, we're doing research here so that we can change things for the future.

Soldz: Sure sounds like generalizable knowledge to me.

Dr. Dave: Yeah.

Soldz: And so the Defense Department's own rules say that the soldiers should be given the right of informed consent and the right to refuse participation.

Dr. Dave: You write "the literature on prevention --" this is kind of like social engineering --

Soldz: -- yes.

Dr. Dave: -- and you write "the literature on prevention intervention is full of well-intentioned efforts that either fail to have positive effects or even worse had harmful consequences for those receiving them." Can you give us an example or two of this?

Soldz: Yeah. You know I've been involved in various prevention efforts as a researcher and evaluator for many years and this is one of the sobering facts in this area is that it's not so easy. Many things that you are totally convinced can only help people, don't in fact, do so.

Dr. Dave: Mm-hmm.

Soldz: One of the most famous, probably the most famous of these is D.A.R.E. I'm sure if not our listeners, then the children of many of our listeners have been in the D.A.R.E. program -- the Drug Abuse Resistance Education, which sends D.A.R.E. officers, police officers who are specially trained into classrooms and elementary schools to do D.A.R.E. education on how to resist taking up drugs. It sounds well meaning. It's been given across the country to the tune of hundreds of millions of dollars. It's huge business and unfortunately, the research on D.A.R.E., of which it was fairly extensive, was uniformly negative. That it actually did not prevent drug abuse. In some cases

it might have even had the opposite effect but it's one positive effect -- if it did improve students attitudes toward the police, which was not one of the intentions really. But in terms of substance abuse, it didn't work.

I mean, as someone involved in substance abuse prevention, this is like something that we all know. Actually at an APA convention once, I once saw a poster on moderators of D.A.R.E. So I went up to them and said, "Oh, my God, have you found that D.A.R.E. works because if you are having moderators of it, then it usually means that it works for at least some people." They burst out laughing and said, "Well, we're going to call it yet another boring study showing that D.A.R.E. does not work but we didn't think that would fly."

Dr. Dave: (chuckles) Oh, my goodness.

Soldz: Because there have been so many and so then D.A.R.E. got changed in the late 1990s. First, the D.A.R.E. folks denied this and they cited their own not very well conducted evaluation and said obviously it works. But after many years and many studies, then they gradually decided well, it doesn't work.

Then they got a major influx of funds to revise it taking principles from other prevention programs. Unfortunately, I actually thought the revision would work but it turns out that the evaluation suggests that it doesn't. It may actually increase later alcohol and cigarette use in those who receive it. This is not uncommon.

Dr. Dave: Yeah, one of the things, I guess, that we've learned the hard way is in what we might call the rule of unintended consequences.

Soldz: Yeah.

Dr. Dave: That when you go after some large seemingly do good project that there will be unintended consequences.

Soldz: Well, I think it's more complex in prevention than in treatment because in prevention the majority -- especially primary prevention -- the people getting it don't have the problem or disorder that you're trying to prevent. As opposed to people who are already having problems where the treatment literature suggests that most treatments are at least moderately effective at reducing whatever problem you're trying to treat. In prevention it's not so easy.

Dr. Dave: Yeah. You know what comes to mind for me, speaking of drugs, is the whole war on drugs and all of the unintended consequences of that that seemingly we've built a thriving (chuckles) industry of criminals in other countries and now in our own country --

Soldz: -- and the law enforcement and penal industry that also thrive off of this.

Dr. Dave: Right, right.

Soldz: And it's unfortunate. In that case it's hard to know to what extent it's really unintended or -- I'm not saying conspiracy but I'm saying we've known for so long that the penal approach isn't working and the fact that it's not changed is not, I don't think due to -- it's due to political forces that make it hard to change rather than most people's involvement really thinking that after 40 years, another 40 years, it's really going to work.

Dr. Dave: Yeah. You also cite the work of a criminal justice researcher, Joan McCord, who you say has demonstrated how well meaning programs have caused actual harm. Would that be the D.A.R.E. program or is that --

Soldz: -- no. Joan McCord is a major criminal justice and longitudinal researcher and very top person. She did long-term follow up, a 30-year follow up to a classic delinquency prevention project. This was a randomized project where participants were randomly selected for intervention or to be in a controlled group. Those in the intervention were given extensive enrichment. They were given mentoring, counseling, summer camp. You know all good things. These were from an inner city population and what she found from her evaluation 30 years later was absolutely startling.

First of all, it's important that the participants were almost to a man very positive on the program and recalled it fondly saying how important it had been to their lives. But when she looked at the actual quantitative data comparing the two groups, she found that those who got the intensive assistance were more likely to have been convicted of serious street crimes, were more likely given diagnoses of alcoholism, schizophrenia, or manic depression and this is the real disturbing -- on average died five years younger.

Here we've got a program that sounds wonderful, that people at the time thought wonderful, that the participants 30 years later thought was wonderful, and yet they are dying five years younger.

Dr. Dave: Woe.

Soldz: She followed this up with looking at several other programs and found similar results in some of them. What she thinks is going on had to do partially with the summer camp. Basically, getting delinquents or pre-delinquents together in groups may not be a good strategy because these can be boot camps teaching you all the latest techniques in how to be a better delinquent. While group treatment and group approaches sound good to us, they may, in fact, be counterproductive.

Dr. Dave: OK. Now coming back to CSF you say that the Comprehensive Soldier Fitness Program is adapted primarily from the "Penn Resiliency Program (PRP) where interventions were focused on dramatically different, nonmilitary populations." How so?

Soldz: Well, first the populations were originally with middle-school students. I remember one of the early studies and it was impressive. We want a few prevention studies where there seem to be affects that lasted more than a few months after the intervention. That's another -- one of the unfortunate things about most prevention things is they don't last very long when they do have positive effects. When I looked up the Penn's own meta-analysis -- meta-analysis for those who don't know is a way of combining multiple studies to try to get a fairly accurate quantitative measure across studies and all their individual variability of how well an intervention works. The Penn group did a meta-analysis of 17 controlled studies of their resiliency program. This is their own analysis cited in that *American Psychologists*® article as the main evidence for it.

What I found and I read it carefully that their own analysis showed it was only modestly and inconsistently effective. It produced small reductions and mild self-reported depressive symptoms but it only did so in those who were already at high risk for depression; in other words, not the general population. In terms of prevention, it was one strategy of the primary prevention where you try and target everybody, which is what CSF is doing.

Another is where you only target those at high risk and what the Penn's own analysis showed was that their resiliency program was

only effective for those who are already at high risk not for the general population. As I said the effects were modest and it didn't have any greater effect than other prevention programs that it was compared to. The effects were no larger -- this is relevant to their getting in a no bid contract -- which raised questions whether the effects had anything to do with the resilience theory. After all the other prevention programs weren't based on this resilience model and they had the same affects. Further and also relevant to CSF that it had better outcomes when it was administered by highly trained research staff than when given by staff recruited from the community. Because CSF is not going to be ministered by research staff, but by these master resilience trainers who are sergeants who are more akin to people from the community.

Dr. Dave: Yeah, so you suggest that it's really a stretch to think that that program would be generalizable to the challenges and experiences that routinely face our soldiers in combat including those that regularly trigger PTSD.

Soldz: A far stretch. I mean the program was mainly like middle-school students, some high school students and one or two adult groups. As I say viewing with preventing mostly mild anxiety and depression. Now PTSD is an altogether different ballgame and so the relevance of that data -- you know if this was presented to an IRB, people would say you got to be kidding.

Dr. Dave: Hmm.

Soldz: So it might have authorized a small pilot study but no way to say well, good, we've got good enough data to go rushing in the field and doing this for a million soldiers.

Dr. Dave: You fault that special issue of the *American Psychologists*®, which was all about the soldiers training for failing to discuss ethical concerns such as -- I think we've touched on some but --

Soldz: Yeah, we've talked about the informed consent concerns, which is a major one.

Dr. Dave: Yeah.

Soldz: There --

Dr. Dave: -- no ethic review committees. That was --

Soldz: -- yeah, no ethic review committees, no informed consent, which it should be remembered is an American military principle. After World War II, the U.S. military put on trial various Nazi leaders including the so-called Doctors' Trial where doctors who had done horrific things in the concentration camps were put on trial.

In order to create, sort of after the fact creation of law, as part of that trial they created the Nuremberg Code as a binding code for all biomedical research. That Nuremberg Code created by our military and used to try and convict doctors in Germany begins by saying, "The voluntary consent of the human subject is absolutely essential." That is the fundamental principle of research as asserted by our military. It's not just some little regulation there. People were tried and convicted under this.

We're also concerned, to touch along with what you were talking about just a moment ago, the uncertain affects of CSF. The only ethical issue raised in that article is whether it might be unethical to refuse or withhold CSF from some soldiers to do a randomized trial and they argued that that would not be ethical because CSF is so effective as we know -- I'm sorry for my sarcasm.

Dr. Dave: (chuckles) Yeah, right.

Soldz: (chuckles) I just found that argument amazing.

Dr. Dave: Yeah, yeah. You raise the question of whether the trainee might actually cause harm, which we've hinted before --

Soldz: -- yeah, I mean --

Dr. Dave: -- you say there were soldiers who've been trained to be resilient might view combat as growth opportunity and be more likely to ignore or underestimate real dangers thereby placing themselves, their comrades or civilians at heightened risk of harm.

Soldz: Yeah, I mean one can imagine many mechanisms that might lead to harm and I'm sure there are other possibilities that we can't imagine. I mean, as John McCord, no one had thought of that as far as I'm aware. So that's one possibility that people who are trained to view situations more positively may actually not realistically access real risks. We know that teenagers routinely downplay real

risks as in driving at incredible speeds or driving while drunk and we certainly don't want our soldiers ignoring real risks. Now will CSF cause that? I don't know but the point is neither do they. We're not asserting that it will do these things. We're saying that it needs to be known and should be known before this is rolled out.

Dr. Dave: Well, I know when I heard it presented at that conference, I had a mixed reaction myself. On the one hand, I was impressed by the scope and the command and in a sense the vision that was being described here. I thought it was pretty impressive to be able to mount something on this scale. And on the other hand, I felt a kind of niggling concern that there was a dark under belly here, which I was not able to articulate for my listeners or myself in the detailed way that you guys have done in your article. But I just had this sort of feeling like well do we want a sort of robotic army that feels OK about killing. Like there are some things that maybe should induce trauma.

Soldz: Exactly. You certainly -- if you want a moral army and at least some elements in the military definitely do and I think as a democracy we should have, you want soldiers who are aware of the complex ethical situations in which they're placed. Killing is not something that should ever come very easy. We know that a lot of military training, basic training, is about dehumanizing the enemy so that you can kill them. It turns out that it's not so easy to get soldiers to kill but we never want people to be so resilient that they are not bothered by it. We never want them to not ask questions of themselves and others when civilians or other innocents are killed or wounded. And we never want them to stop questioning. To stop questioning is very dangerous and it's to dehumanize them.

Dr. Dave: You know earlier you made a kind of passing reference to a \$31 million no bid contract. What's the significance? What are the issues about a no bid contract?

Soldz: Well, first, this is unusual to put it mildly. Federal regulations usually require bidding on almost everything. You know to have a \$50,000 no bid contract is extremely difficult for the government to do; \$31 million dollars is something out of the ballpark.

Dr. Dave: In other words, they're not inviting competitive bidding --

Soldz: -- yes.

Dr. Dave: -- just saying we're going to give \$31 million to this one person.

Soldz: Yeah. What they said was there is no one else who can do this work. And they cited two arguments. One was the empirical basis for CSF based on the Penn Resiliency Program. Now as we just talked about a few minutes ago, that empirical basis is very weak and there's no evidence that it's more effective than other prevention programs of which there are several. So there are other options. In fact, the general, General Cornum, who issued this contract, had previously talked about other prevention programs to military people so she was well aware that there were alternatives.

The second reason they gave was that CSF was the only one allegedly that had a training of trainers model. There's some validity to this but training of trainers is a standard step in the development of many prevention programs. It would not have been a lengthy process for others, preventionists, to have developed that part of it so they saved a little bit of time, perhaps, but as we discussed the training of trainers wasn't very effective. When they trained the community people, the program was less effective. It's not as if they had a well functioning and successful training of trainers. So those were the two things that were given as the reasons why nobody else was even allowed to submit a bid on this.

Here's the background and the background which Mark Benjamin, then at *Salon*, had talked about and others have talked about -- I played a bit part in this a long time ago. Dr. Seligman was discovered to have -- well, let me back up a little bit. The CIA's, I will call it, because I believe it is torture program that was based on Dr. Seligman's learned helplessness principles. We know this now from the Justice Department's torture memos, which explicitly state how this program is based on learned helplessness theory. This learned helplessness was implemented using techniques from the military SERE Program, the Survival of Evasion Resistance Escape, where U.S. soldiers who are likely to be captured by "a power that does not respect the Geneva Conventions" by which they mean a torturing power are given training whereby they're submitted to a very brief period of essentially torture by trainers with the idea of inoculating them from breaking down should they be captured.

Dr. Dave: MM-hmm.

Soldz: And so the SERE Program was reversed engineered by CIA contract psychologists into the torture program that they used involving learned helplessness principles. Therefore, "New Yorker" reporter Jane Mayer, reported in her book, "The Dark Side," that Dr. Seligman had spoken to the SERE trainers in March of 2002 when this program was being developed arranged by the CIA not by the military but by the CIA; in particular the CIA psychologist who was in charge of the contract officer for the torture program.

Questions were raised -- Dr. Seligman what were you doing there? He issued one of these, apparently, lawyer-written statements saying basically, I didn't know it would be used for the torture program because they told me they couldn't discuss interrogation uses because I didn't have security clearance. So then people then think well they told you it wouldn't -- they couldn't discuss interrogation uses. Doesn't that suggest that it had interrogation uses that they were interested in if they are telling you they can't discuss it? And we also know that the two top CIA contract psychologists who designed this program, James Mitchell and Bruce Jessen, were in the audience.

So there's been suspicion about Dr. Seligman's involvement in this and gradually we've learned that he had several other meetings with Mitchell and Jessen. James Mitchell had praised learned helplessness to Dr. Seligman and so there's a suspicion among some that this no bid contract could have been, in some sense, a payback for his help in this other program.

Dr. Dave: Mmm. I see.

Soldz: And so that's something that we feel needs to be investigated.

Dr. Dave: Right.

Soldz: So that's what the issue is there. It's very odd to say the least this \$31 million thing would be issued as a no bid contract. The arguments for it having to be no bid are rather weak to say the least. And there's this other involvement which is concerning.

Dr. Dave: Mm-hmm. Yes.

Soldz: So I can't make any direct accusations. I can say if there is evidence that suggests an investigation is warranted.

Dr. Dave: Right, right. One of the things to come out of the positive psychology research is the suggestion that people who have strong spiritual orientation, people who are religious enjoy better health, longer life, I think, more success generally, longer marriages -- questions have been raised about the appropriateness of the spiritual fitness which I think would refer to that body of research -- that's there's a spiritual fitness component of the CSF program and you raise some questions about that.

Soldz: Well, first on the connection, as of my reading, which I admit is a few years old at this point, actually the main connection between religion and those good health consequences appears to be more due to religious practice namely going to church and being a part of a community than to a spiritual belief.

Dr. Dave: Mm-hmm.

Soldz: And so that's important to keep in mind that it's not necessarily the case that it's spiritual belief that's the major factor there. But putting that aside there's a test that goes with the CSF that all soldiers are required to take. One part of it has a spiritual fitness component and then their recommendation if you are low for improving your spiritual fitness as the law for the other forms of fitness. And this has been challenged by a number of soldiers with a secular or atheist orientation who feel that this is promoting of religion by the military and something, which has been problematic in various places.

There have been reports of major involvement of evangelical Christians on the faculty at the Air Force academy for example. And so they have objected strenuously to this spiritual fitness being part of this and to being a required test and to getting recommendations on how to improve -- and Jason Leopold, a *Truthout* reporter, has written on this several times.

Dr. Dave: One point in the article that resonated with me because of my long time affiliation with humanistic psychology and the fact that positive psychology has given scant credit to the pioneering work of humanistic psychologists. You write, "In important ways, key lessons of humanistic psychology are also regrettably overlooked in the CSF program." Yeah, say a little bit about that.

Soldz: Yeah. Humanistic psychology has emphasized the roles of personal responsibility and the creation of meaning by people and how we're all responsible for creating that meaning and that there are profound questions that we cannot evade about the meaning of life and its worth. These are obviously amplified by soldiers who are dealing with questions of life and death on a daily basis in good cases of right and wrong. We've recently seen the incidences of the urinating on the dead bodies of the Taliban. There have been many instances of soldiers who were deeply, deeply traumatized by participation in torture or detainee abuse. We think that that any reasonable program would help soldiers deal with these conflicts to explore them, to become aware of them, to confront these existential dilemmas that they are faced with rather than to paper them over with sort of the worst of positive psychology. I think positive psychology has had some good effects and some kind of simplistic pop psychology views as well.

Dr. Dave: Well, there are a lot more very specific points that you make in your article that we're not going to have time to go through them all but I will be putting a link to the article in my show notes so that listeners can go and look at the article, read the article for themselves, which I hope that they will do.

You mention that you printed your article, the shortened version of the article in the *APA Journal*. I have two questions related to that. First of all before you printed your article or maybe it came out in the same issue, I'm wondering how did other people react to that 13-article issue of the *APA* that seemed to be such a cheerleading thing for the CSF program.

Soldz: It was about seven or eight months later that the commentation appeared as usually happens. It's hard to know. I was struck at one level by the lack of response. I mean this was such a jingoistic promotional piece. I expected more outrage but I find no sign that anyone on the APA Council of Representatives, for example, raised any questions about why was *American Psychologists*® publishing such an uncritical set of pieces.

On the other hand, when the comments came, there were about five comments, all of which were extremely critical. Some of which echoed some of our points and there were certainly other points raised. Among those who wrote, there was a fairly critical reception and others have chimed in as well. Noted experts on trauma such as Bessel van der Kolk, for example, has been very critical of the CSF

program arguing that it's not likely to be effective at helping soldiers prevent or deal with trauma based on his extensive work on PTSD over the decades. There's been much critique of it; many people questioning various parts of it. Not as much direct response to the APA's promotional role in this.

Dr. Dave: How about reactions to your articles at *Truthout* and other places as well as in the *American Psychologists*®?

Soldz: We were pleased. We got a lot of response. We got response from veterans' groups who thanked us for it. *Scientific American* had a blog piece praising it, as did some other scientific publications. It was a very wide range of response. We've been in touch with military people including some former military mental health people who share our basic sentiments that this program was outrageous, was rushed into the field and should not have been treated in that kind of way and that major questions were ignored.

We've gotten a lot of response and as I've said it looks like Congress took this up. I've been trying to find out whom in Congress this was and to get the questions from Congress and the Defense Department response to this.

Dr. Dave: I take it there were no threatened lawsuits or anything to dissuade you from continuing along this line?

Soldz: No.

Dr. Dave: That's good.

Soldz: No, but as you know I've been a critic of issues. I think people don't think I'm going to intimidate easily.

Dr. Dave: Yeah.

Soldz: And one downside about threatening lawsuits is then you open yourself up to being deposed under oath.

Dr. Dave: Yeah, so what about the relationship of APA to the military? APA is perhaps the largest professional association on the earth, I think, I heard at one point.

Soldz: Yeah, among mental health professionals associations.

Dr. Dave: OK and if the APA were to be co-opted by government or the military that would be a very bad thing. How do you see that relationship? What should it be?

Soldz: Well, I would say it has been. One of the sort of under reported aspects of professional psychology in the U.S. is that the ties to military go way back to World War I where psychologists helped in selection of troops and again in World War II where psychologists helped within that. They helped with so-called shell shock, the antecedent of PTSD. They helped in human factors engineering of tanks and bombers.

It's not by accident that the first psychology license in the United States issued by a state was 1946, essentially payback for the role psychology played in the war effort. Psychology has always had a relatively unique role in the military, because as I'm sure you know, there have been turf battles and status battles between psychology and psychiatry going back many, many, many years.

Dr. Dave: Sure.

Soldz: But the military's one place where psychology has tended to be dominant. Psychiatrists have had a fairly limited role there and psychologists have had a much wider role. For example, in the military's interrogation program at Guantánamo and elsewhere, the psychiatrists took a position that their members should not participate. Some did but the association repudiated this. The psychologists took a role that psychologists have a vital role to play in keeping interrogations allegedly safe, legal, ethical and effective and promoted the role of psychologists over and over again, ignoring or downplaying the extensive and evidence of psychologists were not preventing abuse. Psychologists were the ones who created the abuse and were perpetrating it.

The APA never took a position critical of U.S. Government policies there. They kept on manipulating the position so that they could afford that. When you read their work, they have extremely close ties with military and intelligence communities on a regular basis that are disturbing.

Now I'm not saying that they should have no contact but I think that all these ties should be open. They should be openly discussed. For example, the American Anthropological Association had a task force look at working with the military and intelligence agencies. It

included people who do work with them. It included strong critics of this. They met for a year, carefully considered and took a position that was a compromise. It didn't say the anthropologists can't work with the military but it did say that they should not work in classified settings because this is contrary to the ethics of anthropology and the responsibility to the people studied. They also said that it was the responsibility of anthropologists to clarify the ethical issues and the boundaries beyond which they won't go at the beginning of their work because if you don't do it at the beginning, you get a blurring of ethical boundaries. It almost inevitably occurs in these types of activities.

In contrast, the American Psychological Association, when they created a task force to look at the involvement in psychologists in interrogations after the abuses of Abu Ghraib and Guantánamo and the CIA were public, they appointed a majority of military intelligence psychologists, many of whom had been involved in chains of command that had been reported to be participated in abuses. They appointed no critiques to the committee. They met for one weekend and then they rushed the report out within a couple of days of the ending of that weekend with no opportunity for independent review by the membership, the council of representatives. They hid the membership of that committee as long as they could and as far as I know, held no workshops for researchers on the complex ethical issues that occur when you work with the military or intelligence agencies such as the complexities of classified research where you don't know to what usage your work will be put.

If they really were concerned about ethics, they would do what they could -- even if they thought one should participate in this research, they would try and clarify the issues; try to alert people to the complexities involved rather than just bragging about getting this intelligence contract and that military contract.

Dr. Dave: You're no stranger to the role of APA gadfly. In fact, you're past president of Psychologists for Social Responsibility. What can you tell us about that group?

Soldz: PsySR, it's known as the Psychologists for Social Responsibility, PsySR was founded in the 1980s as part of the nuclear freeze movement. It was originally focused on preventing nuclear war has gradually expanded its focus to a wide range of peace, social justice and environmental sustainability issues. With the rise of the

movement to remove psychologists from abusive interrogation and torture, I think that gave a new energy to PsySR and as I think today some of the Occupy movements and the anti-poverty efforts are also invigorating our efforts. We're a fairly small organization. We certainly welcome membership, PsySR, psysr.org is our web site. We love to have people join and by the way you can get a malpractice insurance discount through us.

Dr. Dave: Is there any official affiliation with the APA?

Soldz: No. We're independent of the APA. We do work with some APA divisions. We're open to collaborating with APA where it's appropriate but we also act as critic where we think we should.

Dr. Dave: OK. As we wind down now is there anything that you'd like to add?

Soldz: I would say that both the interrogations torture issue and the CSF program leaves very profound questions for professional psychology. What type of profession are we going to be? Are we going to be people who will serve whoever is the most powerful or has the most money? Or are we going to be a profession with its independent professional ethics based on the do no harm ethic that says that our primary responsibility is to not -- is to help people and not hurt them.

I'm hoping that not just these issues alone but that it'll start opening up a broader discussion in the profession and in the wider public because we only get the benefits of a profession because the public thinks we should as to what psychology is going to be. I hope we get a stronger return to a commitment to the do no harm ethic.

Dr. Dave: Well, I certainly appreciate your courageous work and encourage you to keep at it. You're an important voice for our profession.

Dr. Stephen Soldz, thanks for being my guest again today on Shrink Rap Radio.

Soldz: Thanks so much fun. It was fun.