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Title: Bombing Iraq as Therapeutic Intervention: Symptom Substitution as Consequence

Author: Editor

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Abstract. This article presents the construct of symptom substitution as a heuristic to delineate the likely, problematic consequences of bombing Iraq.

In the history of psychotherapy outcome research--especially research comparing psychodynamic and cognitive-behavioral therapies--the construct of symptom substitution often has become hypostatized and then viewed as an ontologically valid criterion of success or failure.

For example, the consequences of psychodynamic therapies often seem more difficult to conceptualize, to obtain, to demonstrate as significant increments towards adaptive functioning, to illustrate as causally linked to their hypothesized progenitor--i.e., psychodynamic therapy. But not to worry. These difficulties merely underline the valid essence of the psychodynamic quest--a quest for the modification of what really is "wrong." What really needs to be modified--when "modified" will lead to the "permanent" resolution of a patient's referral complaints. Somehow, the modification of the multidetermined nature of a symptom ensures that the symptom ceases, and the possibility of other symptoms appearing to take its place becomes moot.

The consequences of cognitive-behavioral therapies often seem easier to conceptualize, to obtain, to demonstrate as significant increments towards adaptive functioning, to illustrate as causally linked to their hypothesized progenitor--i.e., cognitive-behavior therapy. But there is a problem. The quest is not valid. By targeting referral complaints and not the alleged deeper sources of these complaints, cognitive-behavioral therapy ensures that while symptoms may cease, others will take their places. This is so even if one might well posit that both psychodynamic and cognitive-behavioral therapies are based on the assumption that symptoms stem from combinations of classical, operant, and social-learning/vicarious conditioning histories concerning instincts, images, affordances, or social behaviors among other constructs.

The construct of symptom substitution can be as easily and, perhaps, even more validly applied to the controversy over bombing Iraq--actually, employing bombs and missiles--to variously induce complete cooperation with United Nations (UN) inspection and other requirements or a leadership or structural change in the nature of the Iraqi regime. One might posit that reductions in the amount of Iraqi weapons of mass destruction, the means to make them, or the integrity of the Iraqi security apparatus or of Saddam Hussein or a Saddam-like figure--occurring through military attack--can be easily reversed. Means can be reacquired or rebuilt, as can weapons. More efficient means, more lethal weapons, a more resilient security apparatus or Saddam or a Saddam-like figure may appear. Better means of protecting them can be developed for the next military attack. (All of this partially epiphenomenal to the concomitant destruction of ground-based UN means of monitoring.) In fact, dependent on the numbers of Iraqis and Americans killed in a military attack and the mass media opportunities to portray them, the local, regional, and international tolerance for the Iraqi way of doing business, opposition to UN sanctions against Iraq, and opposition to United States Government security interests may increase.

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The bottom line is a more virulent symptom presentation. More severe symptoms have spread throughout the international body politic. Much as ineffective counterrevolutionary intervention may exacerbate the fever of revolution (cf. Brinton,) throughout a country, the bombing may exacerbate the cancers of terrorism, weapons proliferation, violations of UN resolutions/sanctions, the integrity of totalitarian regimes, and violent conflicts throughout the world. (Even if Saddam was killed in a bombing or by other means, a consequence could well be a complex, political destabilization including fighting between and among Shiites, Kurds, Sunnis, and various nationalities that might heighten the risk from weapons of mass destruction. The referral complaint through symptom substitution can become a terminal disease courtesy of the foreign policy physicians who ignore the Hippocratean injunction to first do no harm.

(Note: The fear of symptom substitution and the desire for intervention at the source is what keeps support for USG-led bombing policies at a minimum. It is no wonder that the leaders of most countries that are proximal to Iraq have been voicing terror, fear, anger, and concern not towards Iraqi weapons of mass destruction, but towards a seemingly ineluctable war that may be a lethal medicine. (See Baker, R.C. (1996). On sin, symptom substitution, and simplicity: A response to "preventing relapse in weight control." , 680-682; Brinton, C. (1965). *The anatomy of revolution*. NY: Prentice-Hall, Inc. Original work published in 1938; Cepik, A., Arikian, Z., Boratav, C., & Isik, E. (1995). Bulimia in a male alcoholic: A symptom substitution in alcoholism. *International Journal of Eating Disorders*, 17, 201-204.) (Keywords: Cognitive-Behavioral, Psychodynamic, Symptom Substitution.)