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## Problems in Historical Explanation: The Case of the Khmer Rouge

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Abstract. This article highlights some problems with developing causal explanations for historical phenomena.

With the mass media's trumpeting of Pol Pot's death comes renewed analysis concerning why the brutal rule of the Khmer Rouge in Cambodia occurred between 1975-1978.

One notion is that the intensive bombing of Indochina by the United States military in the 1970s induced psychopathology within the Khmer Rouge leadership that impelled the latter towards policies leading to the deaths of more than one seventh of the Cambodian population. This notion is often countered with the observation that other political groupings that experienced the bombing even more severely--e.g., Vietnamese and Laotian Communists--did not engage in such brutal rule. This counter, however, does not take into account the diathesis-stress model of psychopathology--that an individual's probability of manifesting what is termed psychopathology is founded on susceptibility as well as stressors. Moreover, the stressor contribution to psychopathology is dependent on how the former is experienced by an individual being evaluated for psychopathology--not on how the stressor is somehow "objectively" perceived by an individual's evaluator.

The very notion of psychopathology ascribed to political phenomena may manifest the significant interpretive error of instinctive and compulsive "medicalizing" and even the absolution of perpetrators through blaming some hypothetical disease or unnatural process. This medicalizing may often be an inducer, maintainer, or manifestor of a false consciousness that guards against accurate perception of social, economic, cultural, and political factors intrinsic to one's environment that have at least a significant potential for causal relevance. Medicalizing also may serve positive functions that create a motive force leading to their own perpetuation through the conscious and unconscious efforts of historians, analysts, and those living in the era being studied. (Another problem is that psychopathology applications to political behavior often do not address group and organizational phenomena nor the distinction between psychopathology and dysfunction.)

(A version of the above is that only Pol Pot was psychopathological--viz., paranoid. This may have been the case. However, as previously described in IBPP, many of the psychiatric criteria crucial to the diagnosis of paranoia seem too consonant with those linked with successful leadership by political philosophers throughout history to elicit immediate acceptance of a nonadaptive label. As well, Pol Pot's employment of what might be called radical behaviorism--punishment for poor performance and noncompliance regardless of other factors--is but the logical outgrowth (even if the negative underside of a foundation of contemporary psychology.)

A second notion is that the Khmer Rouge leadership were committed to creating an ethnically pure Cambodia and harbored intense bias against other ethnic groups. Historical examples of ethnic brutality in the service of cleansing the body politic of impurities abound and also serve as a foundation for psychodynamic approaches to political psychology going back at least to the classical text of Harold Lasswell. Yet in the Khmer Rouge's case, this notion is often dismissed as merely inaccurate--that the

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brutal rule was unrelated to ethnic bias. This dismissal can be based on the observation that many so-called pure Cambodians also met their demise at the hands of the Khmer Rouge. A counter to the dismissal, however, is that the "non-pure" died through ethnic bias, the "pure" through other factors. Another is that the "pure" who died were perceived not to be "pure" because of their real or alleged noncompliance with their ethnic orientation. Returning to the notion of ethnic bias as the significant causal factor, one must note that--as with those exposed to bombing described above--not all who meet identical criteria experienced the same fate.

A third common notion is that the ideology of totalitarianism was most responsible for the Khmer Rouge's brutal rule. Perhaps, but what were the conditions under which totalitarianism as an ideology was embraced as opposed to other conditions that might have fostered receptivity to some other belief system or even to totalitarianism as ideology that did not impel consonant action?

As can be seen in this brief excursion, common causal analyses concerning the Khmer Rouge's rule do not seem compelling. Historical interpretation--based on variants of logical positivism, postmodernism, or a moral sense of entitlement--appears dubious. The quest for meaning must continue. (See Diagnostic and Statistical Manual of Mental Disorders (4th ed.). (1994). Washington, D.C.: American Psychiatric Association; Lasswell, H. (1930). *Psychopathology and politics*. Chicago: University of Chicago Press; Lepper, G. (1996). *Between science and hermeneutics: Towards a contemporary empirical approach to the study of interpretation in analytic psychotherapy*. *British Journal of Psychotherapy*, 13,, 219-231; Morris, S.J. (April 17, 1998). *Pol Pot's lingering influence*. *The New York Times*, p. A25; *Paranoia and political leadership*. (January 24, 1997). *IBPP*, 1(9); Phillips, J. (1996). *Key concepts: Hermeneutics*. *Philosophy, Psychiatry, and Psychology*, 3, 61-69; Richardson, F.C., & Fowers, B.J. (1998). *Interpretive social science: An overview*. *American Behavioral Scientist*, 41, 465-495; Walker, J.A. (1996). *Learning to be interpretive: Hermeneutics and personal texts*. *Marriage and Family Review*, 28, 223-239; Wisniewski, E.J., & Love, B.C. (1998). *Relations versus properties in conceptual combination*. *Journal of Memory and Language*, 38, 177-202.)(Keywords: Analysis, Cambodia, Interpretation, Paranoia.)