

A bell curve of hate?

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Attempting to understand the psychology of genocidal behavior, researchers have begun to focus on the underlying motives of perpetrators, bystanders and rescuers. While these categories have all been well documented in wartime, a larger question looms as to who these people are in peacetime and why these categories have emerged.

Social psychological concepts appear to hold a key to much of that understanding. Earlier research of a mock prison-guard experiment with Stanford University students pointed to the impact of role and setting. In that study, the experimenter initially screened out those students who were markedly authoritarian. Yet within six days of the experiment, escalating brutality, humiliation and dehumanization was so advanced that the experiment had to be halted. “The ease with which sadistic behavior could be elicited in individuals who were not sadistic types was dramatic,” stated lead researcher Phillip Zimbardo (1969)

Christopher Browning’s (1991) landmark study of 500 reservists from Police battalion 101 similarly demonstrated that certain social psychological forces, i.e. careerism, peer pressure and increased desensitization, could create temporary killers under optimal conditions (c.f. Goldhagen, 1996).

Implied in the above “accidental genocidalists” studies is the idea that ordinary people become perpetrators given the proper social conditions and context. Waller (2002) has identified many of those key psychological and social factors. Yet, two key conformity studies (Asch, Milgram) found about a third of their subjects to be noncompliant at any given time. As one Dutch subject responded to the experimenter’s pressure tactics. “I do have a choice,” and refused to obey any further orders to shock (Milgram, 1983). Why is it the case that a third of the subjects deviate from the norm? Did the noncompliant respondents represent potential rescuers in a genocide? Conversely, did Zimbardo’s prison guards constitute an identifiable group of perpetrators to be? Approximately 20% of his student guards emerged as “good guards,” a third were considered “cruel,” and a middle group were experienced as “tough, but fair,” adopting a moderate stance between the two extremes. Perhaps the impact of personality and maturation can explain the differences in such matters.

Some genocide scholars have made it their life’s work to focus on perpetrators

Table 1. Maturation tiers

	Tier I	Tier II	Tier III
Mode	Conflicted	Tradition	Individuated
Development	Childhood	Adolescence	Adulthood
Norms	Wholly accepts	Partially accepts	Resists/Transcends
Control	External	Moderate	Internal
Mode	Authoritarian	Conformist	Independent
Empathy	Low	Moderate	High
Defenses	Angry/Acting out	More sophisticated	Well integrated
Self	Self centered	Self & other	Other & universal
Identity	Ethnocentric	Cultural	Psychological
Level	Survival	Social status	Authenticity
Goal	Protective	Cultural success	Meaning
Frame	Lies, half-truths	Cultural consistent	Emotionally consistent
Vocation	Limited	Culturally confirm	Emotionally confirmed
Success	Role based	Status/Money/Power	Highest Emotional/Spiritual
Concerns	Survival	Social status	Authenticity
Experience	Limited	Culturally confirmed	Emotionally confirmed
Insight	Poor	Moderate	High
Tolerance	Low	Moderate	High
Mental health	Low	Moderate	Highest levels
Relations	Marginal	Superficial/Role	Emotionally deep
Relating	Exploitive	Needs exchange	Authentic concern
Play	Exploitive	Normative	Creative
Fear	Ambiguity	Unconventionality power	Inauthenticity growth
Motivation	Survival	Conventional	Universal

(Hilberg, 1993), bystanders (Barnett, 2000) and rescuers (Fogelman, 1994; Oliner, 2003; Tec, 1986). Although a number of motives including traits, values and circumstances have been thought to account for such extremes in behavior, there is a dearth of psychological understanding and conceptualization (c.f. Staub, 2002). To date, there is no examination of genocide from an emotional development perspective. When such a perspective is advanced, answers to such questions may become clearer.

Emotional development theory

Emotional development is based on the ego development theory of Jane Loevinger and the subsequent work of adult developmentalists (see Irwin, 2002, for a review). Simply defined as maturity of functioning, the theory focuses on the stage variation in cognitive, moral and ego functioning. While early childhood trauma appears to be implicated in developmental differences (Dyl, 2002), the exact reasons for progression, stagnation or regression from one stage to another remains uncertain. It appears that individuals with *insight* are more able to advance to higher stages.

According to Loevinger, an individual progresses through a series of stages or developmental milestones. Each stage consists of increasing levels of awareness characterized by: *impulsivity, self-protectiveness, conformity, self-awareness, conscientiousness, individuality and autonomous functioning*. For brevity reasons, several of these categories will be collapsed into three tiers marked by immaturity, cultural compliance and postcultural autonomous functioning.

Tier I (Low) defined by narcissistic indulgence and characterized by self-absorption, impulsivity, naiveté, opportunistic social exchanges, concern for survival and authoritarian needs, basic emotions (anger) and defenses, e.g. numbness; splitting (good/bad) hallmarked by rigidity and cognitive simplicity.

Tier II (Moderate) defined by cultural conformity, attempts at integrating other's needs and empathy, enhanced ego strength and more sophisticated defenses, e.g. rationalization.

Tier III (Highest) defined by emotional authenticity and autonomy, diminished cultural identity, insightful, empathy interdependence, tolerance of ambivalence, integration of opposites, applied universal justice and spirituality, integration of emotions with cognitions and highest ego strength and less defenses (see Table 1).

Maturation cuts across several domains of functioning. In cognitive science, thinking evolves from simple to more complex thoughts with the integration of the logic and emotional parts of our minds. In religious maturation, concretized forms of belief, e.g. fundamentalism (Tier I) progresses through an integration of personal and conventional beliefs (Tier II), culminating in universal ideas relevant to all religions (Tier III). Moral and ego development follow the same patterns. Beginning with selfish and self-protecting modes of functioning (Tier I), maturation proceeds towards conventionality (Tier II) through a series of stages marked by eroding cultural conformity and culminates in an evolved sense of self. Persons with an evolved self are: authentic, conscientious, autonomous and well integrated, having developed a capacity for caring, toleration of others, upholding universal principles of justice (Tier III).

Stages of hating and helping

Vulnerability to prevailing cultural norms viz. normative hate/stereotypes occurs for those in the lowest (I) and moderate (II) Tiers. Tiers I and II represent people with underdeveloped personal identity and overdeveloped social identity, e.g. think and feel and perceive socially. Such individuals may not have had basic human needs satisfied (Staub, 2003) and cannot develop their emotional life, so become prone to socially and cultural rules and norms. They reflect whatever the prevailing culture conveys, especially politics, religion, morality. They are drawn towards authority and law and order morality (Loevinger, 1976).

By contrast, Tier III persons remain the least susceptible to cultural norms, viz. normative hate/stereotypes. Tier III individuals represent people with developed personal identity, e.g. think and feel and perceive psychologically. Such individuals have been reared in mentally healthier homes (Fogelman, 1994;

Tec, 1986), function autonomously and subscribe to universal ideals (Kegan, 1983). They are non-prejudiced (Phillips and Ziller, 1997) and “self-individuated” (Fishbein, 2002).

Examples of Tier differences

Tier I

Cognitive simplicity, extremism and an exclusive social identification hallmark Tier I individuals. Mid-Eastern suicide bombers offer a bold example of such emotional underdevelopment. Most bombers are unmarried, male and between the ages of 18 and 25 or younger. All have been indoctrinated by extremist religious ideology and hate schooling. “Indoctrination” is the careful training along with a relatively stable and positively reinforcing social milieu. The “personal and religious identities may have completely fused—often in the social camaraderie of adolescence, when unsettled identities become stabilized and institutionally detonated” (Atran, 2002, p 271). Newspaper announcements, concepts of martyrs’ heaven, financial incentives to the surviving family members ranging between \$25,000 and \$40,000, all serve to reinforce Tier I social identity. Charismatic trainers organize cells of three to six loyal members followed by a video testament. In a genocide, Tier I persons constitute the perpetrator group.

Tier II

Conformity to the ordinary daily social norms hallmark Tier II individuals. More common examples of Tier II include the average, law-abiding, church-going citizen. In literature, “the everyman” exemplifies Tier II. More recently, the film *About Schmidt* (NewLine, 2002) captures those sentiments as well. In that story we are witness to protagonist Warren Schmidt’s life of restrained Midwest conventionality which is pitted against a series of life-altering events, e.g. retirement, wife’s unexpected demise and estranged daughter’s marriage. The life events act as a wake-up call for Schmidt’s emotional development. In a genocide, Tier II individuals constitute bystanders and potential perpetrators or rescuers.

Tier III

Higher emotional development hallmarks Tier III individuals. One 48-year-old nurse and nun, Sister Reine, manages a leprosy clinic by herself in the middle of the Peruvian Amazon. Upon interview she stated:

I guess you just get used to it. These people need my help. We give the medicines and the leprosy is halted. I remember the first day here on the job. It was pretty grim and there are no resources. Another nurse from the States was here and now I’m by myself. We’re supposed to get some more personnel here but you know cut backs and all. This is a fifteen bed unit and it gets tough running it alone at times. But it’s worth it. It must be. I’ve been here for four years now.

In a genocide, Tier III individuals constitute rescuers and helpers.

Charny (1986) has called for mental health to be incorporated into genocide scholarship. No others have heeded that call for reasons that have to do with the definitional problems inherent in psychiatry such as dismissing hate as a social illness. Recent remarks by UCLA psychiatrist Daniel Borenstein are telling:

The racism alone doesn't make you mentally ill. Some of the ways in which it manifests itself can be disturbing, but prejudice is a normal human tendency. It would be wonderful if we could somehow decrease racism by making it a diagnosis but the diagnostic nomenclature isn't set up to cure social problems; it's set up to diagnose and treat mental illness. (Bornstein, 2001)

By definition, someone is diagnosed with a major mental illness if they are hearing voices or seeing things that are imaginary. A related psychiatric symptom is an imaginary or unfounded belief called delusion. While delusions often accompany hallucinations in those who are seriously mentally disordered, such mental health definitions remain somewhat arbitrary when it comes to social myths held by the average citizen. Commonly shared social myths, i.e. superstitions (13th floor omitted in elevators), religious beliefs (most Americans believe in the devil as real) and political quandaries (most believe Kennedy assassination as conspiracy) fall below the psychiatric radar and are often dismissed as social delusions. Social delusions quickly enter the domain of entitled private beliefs, and mental health clinicians back away.

While most clinicians raise an eyebrow when a patient discloses their beliefs in UFO planetary take-overs, views of world domination by Jews, Asian hordes, laconic overpopulating Mexicans do not elicit the same level of concern and diagnosis of pathology.

Furthermore, psychiatry is not immune to politics. For many years, outmoded Freudian theories dominated the profession with ideas that are considered bizarre by today's standards. Psychoanalytic theory at one point posited that emotional maturation was hallmarked by the vaginal orgasm via heterosexual intercourse. All other orgasms were deemed "immature," perverse or pathological. The mature orgasm served as the basis of a long-standing "homosexuality as pathology" controversy, homosexuality not only deemed as immature, but as pathology. Clinicians were taught of homosexual pathology for several generations and few seemed to question the theoretical premise since it was consistent with the dominant theory at the time. Fallout from receiving a homosexual diagnosis was devastating. The consequences of receiving a homosexual diagnoses ranged from lost teaching positions to blocked government security clearances and Gay physicians were deemed unfit to practice medicine. Experiments in the 1960s attempting to change homosexuals to mainstream heterosexuality failed to yield any lasting results. By 1973, challenges by closeted Gay psychiatrists and activists armed with new research by UCLA's Evelyn Hooker, modified homosexual illness if it was "ego dystonic" or personally troublesome. By 1987, the ego dystonic provision was deleted from the profession's key reference *Diagnostic Statistical Manual* without much fanfare.

Today homosexuality is no longer considered immature or a mental illness and this part of the Freudian approach has fallen out of favor.

Tier I

Part of the problem in recognizing hate as mental illness is that most perpetrators do not meet the standard definition of mental illness, e.g. hallucinations. For instance in *Eichmann in Jerusalem* (1994), Hannah Arendt reporting on Hitler's henchman opined: the trouble with Eichmann was precisely that so many were like him, and that the many were neither perverted nor sadistic, that they were and still are terribly and terrifyingly normal.

Similar observations were made by half a dozen psychiatrists. Some concluded that Nazis were merely "good bureaucrat[s]." Others rated Hitler as personality disordered (narcissistic and paranoid) but not insane (Redlich, 2000). Molly Harrower's (1976) ten experts could not distinguish between high ranking Nazis and normals. Rorschach Test profiles of Danish Nazis further implicated sadism, sociopathy and a proclivity to violence. Though Robert J. Lifton (1983) has consistently maintained that the Nazis were pathological, reviewers have concluded that there is no support for the "mad Nazis" hypothesis (Waller, 2002). Psychiatrist Doug Kelly's went even further: well-integrated, productive and secure personalities are no protection against being sucked into a vortex of myth and deception (Miale and Seltzer, 1976).

Yet, when the definition of mental illness is expanded to incorporate emotional development, shared delusional beliefs of hate becomes diagnosable. Researchers then find Nazis with an "oversimplification in information processing, ineffective problem solving style, altered self-esteem and diminished regard for human experience," consistent with rigidity of personality in Tier I individuals.

Tier II

The average individual (Tier II) may be able to function on a daily basis, but they are not mentally healthy. Studies have repeatedly suggested that while the average person rates "well adjusted" on mental health screens, they possess "remarkably little insight and awareness, with only fair levels of emotional stability and poor resilience against stress" (Shedler *et al.*, 1993) Psychologist David Shapiro (1999) further addressed the mental health of ordinary people: "These are the ones whose lives are usually governed by various rules and authoritative principles, often have great difficulty in making decisions that rest inescapably on personal preference ... They can make choices—where there is or appears to be a right answer. But they may be thrown into anxiety by even inconsequential decisions when there is no rule or authority to refer to. To the dutiful person of this sort who lives with a constant awareness of what he should do ... the process has distorted self-awareness and has produced a state of neurotic self estrangement." This is consistent with Victoria Barnett's (2000) examination of Holocaust bystanders, ordinary people, Tier II are mentally healthier than their Tier I counterparts.

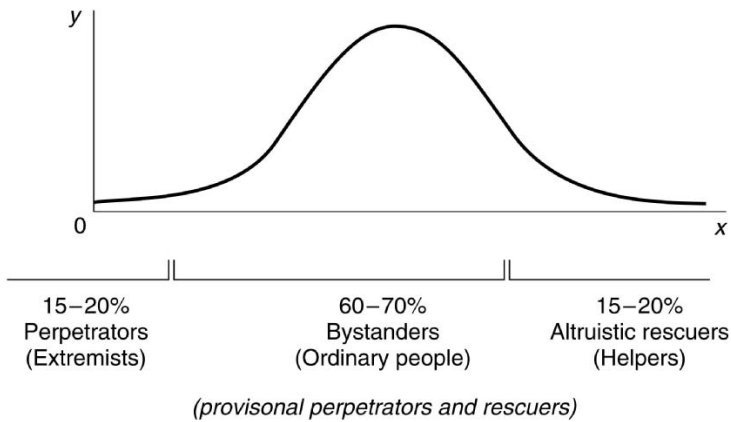


Figure 1. Bell curve of hate and emotional development.

Tier III

After a series of interviews with a Nazi commandant, journalist Gitta Sereny concluded: [Hate is] “the interference with [emotional] growth” (Sereny, 1974/1983). The Holocaust rescuer research follows along the mental health lines. Although “individualism was the outstanding trait” (Tec, 1984), so was courage (Fogelman, 1994). Rescuers were politically liberal and non-materialistic (Staub, 1995), came from healthier, nurturing homes and in general functioned better (Oliner, 2003). Typical of this group was a long history of good deeds and empathic gestures such as visiting hospitalized people, caring for the poor, assisting stray animals.

Mental health or illness is not an all-or-none phenomenon but is best conceptualized as a continuum, of development similar to the Allport (1954) model of prejudice moving from beliefs to verbal statements to physical attacks. When all the above is taken into account, a picture emerges of susceptibility to social myths of hate, with the most emotionally evolved group (rescuers) being the least susceptible to hate beliefs. As Sereny suggested, when one’s emotional growth is not stagnated, emotional development thrives. Seeds for a genocidal mindset fall on fallow soil.

Data almost speaking

Currently, there are no surveys of emotional development in a normal population. There is, however, growing research that infers emotional functioning of all three tiers as groupings to fall into a normal curve with the following proportions (Fig. 1).¹

A bell curve of hate and helping behavior is proposed with extremist/perpetrators operating in the lower 15–20% of a population (Tier I). An opposite

tail containing the most evolved segment of the population occupies the highest 15–20% of a population (Tier III). The middle 60–70 of the population contains ordinary people consisting of bystanders, provisional perpetrators and temporary rescuers (Tier II)

Similarly, prevalence surveys for hate in a general population are sorely lacking. However, survey research from the Antidefamation League (ADL) and expert estimates are fairly congruent.²

Theory building concerns

Citing the preponderance of Holocaust studies relative to other genocides, Huttenbach has rightfully cautioned that a premature adoption of theories inadvertently leads to *a priori* reasoning” (2004, p 6). Yet, psychology is distinct from other domains of genocide studies. The psychological makeup of perpetrators, bystanders, rescuers, as well as those victimized are likely to be consistent across genocide. Consistent with personality theory is the idea that a Rwandan rescuer mindset and a Christian rescuer mindset during the Holocaust are the same. Emotionally developed individuals help where they can. By contrast, extremist Croatians would not differ from their Serb counterparts. The less emotionally developed tend to be authoritarian in any culture. It seems likely that across genocides, ordinary people stand back and do not become involved. If they do become involved, they cautiously shift towards one of the above extremes depending on the circumstances and their emotional wherewithal.

The psychology of genocide including its developmental components will be advanced soon enough. More prudent use of scholarly resources would include the focus on the social psychological processes inherent in the creation and perpetuation of hate beliefs (identifying sources), their transmission (network analysis), actions (susceptivity/violence prone) and organizational strategies (genocide prediction/intervention/prevention) that create the conditions for genocide to vitalize (Baum, 2004). In sum, a bell curve of emotional development has been put forward that may advance conceptualizing hating and helping behavior in a general population. There are, however, some limitations that need to be addressed.

Though a bell curve of hate can offer a simple visual presentation, a foremost limitation of this model has to do with the lack of direct epidemiology data. Though the ADL polls and estimates by those working in the field are noteworthy, such soft data may yield approximations of what may have transpired at best and inaccuracies at worst. For instance, the relationship between hate crimes against Jews and survey antisemitism is inconsistent.³

Other concerns have to do with comparative genocide research and beg answers. Are these proportions of the Holocaust able to be generalized to other genocides? Future researchers may wish to examine how different or similar helping, bystander and perpetrator behavior occurred in more rudimentary genocides compared to the more technically driven ones.

Even within the Holocaust data there are questions regarding interpretation and

definition. For instance, those who performed altruistic acts by helping Jews in varying ways do not attain rescuer/righteous Christian status, and consequently maintain lower percentages than the estimated 15%.⁴

Conclusions based on popular antisemitism rates also vary widely. For instance, by examining collaborating institutions, Fein (1979) observed a correlation between popular antisemitism and the number of Jews killed. Yet Brustein, utilizing newspaper accounts, demonstrated levels of Romanian antisemitism to far exceed those of Germany's! (Brustein, 2003, and c.f. Goldhagen, 1996). Multiple etiologies notwithstanding, is there a saturation point of hate belief whereby ordinary people turn into temporary génocidaires?⁵

The mapping of ordinary people in a population may not be as germane as predicting the social psychological conditions that shifts them into temporary génocidaires. If insight is the modal trait that separates the lower Tiers from higher Tiers, how would efforts be directed to improve insight and the mental health of the nation? If it is the case that ordinary persons are vulnerable to hate beliefs because they are ignorant of fact, can education play a role? Would mass education campaigns be sufficient to inoculate an uninformed public against hate beliefs?

A half century ago, psychoanalyst Erich Fromm (1974/1986) predicted that lack of emotional development would create tendencies towards fascism and consumerism. A bell curve of emotional development strongly suggests that, at least descriptively, what Fromm proposed may be true. Emotional development may prove to be a viable tool for understanding who becomes a perpetrator, rescuer or bystander in a genocide.

Notes and References

1. Noam, G. (1998) "Solving the ego development-mental health riddle," in P. M. Westerberg, A. Blasi and L. D. Cohn, eds, *Personality Development* (Mahwah, NJ: Lawrence Erlbaum); Pals, J. and John, O. P. (1998) "How are dimensions of adult personality related to ego development?: An application of the typological approach," in P. M. Westerberg, A. Blasi and L. D. Cohn, eds, *Personality Development* (Mahwah, NJ: Lawrence Erlbaum); York, K. and John, O. P. (1992) "The four faces of Eve: A typological analysis of women's personality at mid-life," *Journal of Personality and Social Psychology*, Vol 63, pp 494–508. For a comprehensive review of ego stage development see Irwin, R. R. (2002) *Human Development and the Spiritual Life* (New York: Kluwer/Plenum).
2. The *European Monitoring Centre on Racism and Xenophobia* study approximates the same percentage breakdown on racism as the bell curve of hate. In their *Attitudes toward minority groups in the EU 3/01*, a cluster analysis delineated groups that paralleled with estimates of: Intolerant (14%); Ambivalent (25%) and Passive Tolerant (39%); Totaling=78%; Actively Tolerant (22%). In that report, SES separated out the intolerant from tolerant groups. Rescuer and altruistic helping estimates from Sam Oliner (personal communication 4/15/02). The percentages are similar to Gordon Allport's of 20% of the population as nonprejudice. Allport, G. (1954) *The Nature of Prejudice* (Garden City, NY: Doubleday Anchor). Christopher Browning also estimated those who evaded murdering as 10–20% of the ordinary Germans. Browning, C. F. (2000) *Nazi Policy, Jewish Workers, German Killers* (New York: Cambridge University), p 17. These estimates are in line with Erich Fromm's original study of German office workers which found 10–15% as antiauthoritarian (Fromm, E. (1974/1986) *For the Love of Life* (New York: Free Press). Estimates for perpetrators similarly appear as approximately 15–20% of a population (C. Browning, personal communication 4/28/02). Mann (2000) similarly examined 1,581 former Nazis and found about a third had indicated they were prewar extremists (Mann, M. (2000). "Were the perpetrators of genocide ordinary men or real Nazis? Results from fifteen hundred biographies," *Holocaust and Genocide Studies*, Vol 14, pp 331–366.) These results approximate Jane Elliott's estimates of 20% as authoritarian after successive repeats of

her classic (1968) Blue-eyed classroom experiment (newsreel.org). The estimates of extremism as 15% for militant Islamists are similar. (See Pipes, D. (2002) *Militant Islam Reaches America* (New York: W.W. Norton).) Finally, voting behavior may implicate a segment of the population as authoritarian. The 1991 gubernatorial exit poll found 12% supported KKK David Duke based on extremist racial views (Exit Poll Cross *Tabulations, Louisiana Runoff*, 1991) and right-wing extremist Jean Le Pen captured 18% of the French electorate on 5/5/02.

3. There is no clear relationship for popular antisemitism and hate crimes rates. For instance, antisemitic hate crimes in France has increased over the past two years to approximately 600 incidents, while the percentage of antisemitic sentiment has declined as measured by the ADL survey between 2002 and 2004. ADL survey results: Germany 36% down from 37% in 2002; Belgium 35% down from 39%; France 25% down from 35%; UK 24% up from 18%; Spain 24% down from 34%; Switzerland 17% down from 22%; Austria 17% down from 19%; Denmark 16% down from 21%; Italy 15% down from 23%; Holland 9% up from 7% (adl.org). In addition to variation between times, there is variation among ethnic groups. In the earlier ADL survey, African-American and Hispanic-American rates of antisemitism ranged between 30 and 35% compared to the 15% of the general population. The 35% approximates Eastern European rates while the Russian rates of 44% were considerably higher (ADL polls 9/21/99). See Smith, T. W. (1993) "The polls—A review," *Public Opinion Quarterly*, Vol 57, pp 380–383. Although attitudes and behavior can be correlated (Eagly and Chaiken, 1993), prejudice and discrimination correlations are generally low ($r=0.28$) (Shutz and Six, 1996), suggesting that additional factors are involved in the relationship of hate beliefs and hate acts.
4. Approximately 20,000 rescuers (yad-vahem.org) from a European total of 750 million is smaller than the proposed 15% rescue estimate. When the definition is expanded to include altruistic acts (Monroe, 1996), e.g. those who would assist in the most minute ways, e.g. an extra piece of bread, housed for one night, money given for the underground, etc., the numbers of those who assisted expands considerably. (For a reappraisal of criteria see Becker and Eagly, 2004.)
5. Gladwell (2000) has suggested that 150 well-positioned key people are able to create a trend. From this perspective, Goldhagen's tenet that 100,000 key Germans from various backgrounds perpetuated the Holocaust is viable in terms of social transmission, but questionable in terms of eliminationist antisemitism given the above ratios for the general population.

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