

**PHYSICAL CONFLICT RESOLUTION
– AN ANALYSIS –**

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INTRODUCTION

Policies governing police officer use of force explicitly recognize that any use of force by an officer must be reasonable, necessary and proportional to the level of threat or resistance posed by a subject. The field commonly known as Defensive Tactics (DT) grew out of the need to provide officers with the means by which to secure the compliance of physically resistant or threatening subjects in the presence of a threat that is not resolved by officer presence and/or verbalization, but the threat does not merit deadly force.

Any use of force by an officer in a confrontation with a subject is potentially fraught with legal liability, especially where it can be shown that the use of force protocol gave insufficient attention to the many factors involved in physical confrontations¹. In addition to legal and medical considerations, if an officer ‘loses it’ in a physical confrontation with a subject and the outcome as to the subject is seen by the Trier of Fact as unreasonable, unnecessary or disproportionate, then all parties to the confrontation will be adversely affected. Hence, a defensive tactics protocol must pay explicit attention to the psychological factors involved in any use of physical force by an officer in a confrontation with a subject.

This paper will provide a psychological analysis of one approach to subject/officer conflict called Physical Conflict Resolution (PCR), a comprehensive system for resolving conflict between an officer and a subject where officer presence and/or verbalization have been insufficient, but deadly force is not authorized. It will be shown that PCR uniquely addresses the psychological factors that a use of force protocol must understand in order to develop a useable defensive tactics system. The psychological factors that demand critical attention in the development of any use of force protocol are: first, the dynamic anatomy of physical conflict; second, the interaction between the psychological factors of paradox and change and their joint effect on liability; third, the neuropsychological variables involved in learning complex skills; and, four, the relationship between training content, body alarm reactions and officer response.

THE DYNAMIC ANATOMY OF PHYSICAL CONFLICT

The very act of physical confrontation by one individual in relationship to another individual enhances the likelihood of physical conflict. So, the very act of an officer’s enforcing the law creates a context in which further escalations in behavior on the part of the subject are potentially likely. Why is it the case that officer/subject contact is the breeding ground for escalating physical confrontation? A psychological analysis of physical conflict shows that four critical variables are involved. These four factors account for subject resistance and might usefully be regarded as “**The Anatomy of Physical Conflict.**”² These factors are **Imposition of Officer Will; Potential for ‘Loss of Face;’ Symmetrical Escalation and Vicarious Identification.**

¹ 243 F. Supp 2d 232: a recent Use of Force case involving a civil suit brought against a borough and several agencies for “failing to train these officers resulting in the death of (decedent). The alleged non-compliance with the training requirements of the ADA...occurred...when the Defendant policy makers *failed to institute policies to accommodate disabled individuals such as (decedent) by giving the officers the tools and resources to handle the situation peacefully.* P. 5 (emphasis added.)

² Semone, H. Anthony (unpublished manuscript, 2003)

A psychological analysis of officer/subject contact shows that the subject of such a contact has a reasonable expectation that the officer will seek to take charge, that is to **impose his or her will upon the subject**. Obviously, the strength with which the subject has that belief will vary as a function of the extent to which there may be legitimate knowledge on the part of subject that he or she has, e.g., a warrant outstanding, was the named actor in a violent episode, and so forth. But, the subject offering insufficient resistance to the officer also risks loss of status, perceived competence, indeed; freedom itself, and these three losses comprise an unendurable “**Loss of Face.**” We know³ that fear of loss of face stimulates those neuronal systems intimately associated with fear, anger and rage. Excitation of these mid-brain systems activates a countervailing behavior from the subject the purpose of which is to forestall the loss of face.

But of course, the officer cannot “lose face” either. So, what ensues is a “fight,” or, more technically, a **Symmetrically Escalated Transaction**,⁴ and the intensity of the fight is a direct function of the degree of loss anticipated by both combatants. For the officer who is without the requisite tools with which successfully to resolve the conflict, the specter of Agency Liability looms large! And, given that such “fights” rarely take place except in contexts in which witnesses are available, liability risks increase as a function of the extent to which such bystanders regard the officer’s use of force as unreasonable, unnecessary, disproportionate and officer initiated.

It is this author’s opinion that this phenomenon of bystander appraisal constitutes a significant source of vulnerability for officers and agencies alike. It is called **Vicarious Identification**, and it is the process by which observers of an event place themselves *in the event* as if they were the recipients of the actions in the event. This process is also known as “vicarious learning” or “modeling.”⁵ Witnesses to a fight, to the extent to which they perceive themselves to be similar to one of the combatants, will identify with that combatant. So, even though not directly involved in the fight, such identification with the combatant will serve to involve them vicariously or indirectly as if they *were in the fight, and as if they were in fact the combatant (t) s with whom they most closely identify*.

Now, since officer use of force takes place within a social, cultural, and political context, it is reasonable to assume that the observers of the use of force will embody various aspects of that context. The net effect of perceived identity with one (or more) of the combatants is to enhance the degree to which the observer will respond on the basis of their own perceptions of the incident either to join in the fight on the side of the combatant(s) with whom they most identify, or, serve as a witness in some subsequent legal proceeding against the combatant(s) with whom they have *most negatively, vicariously identified. Do we recall the tragedy of the Rodney King fiasco?*

³ Nathanson, D. L. *Affect, Shame and Pride*, 1992, Norton Press

⁴ Lappin, J., *Summer Intensive in Structural Family Therapy*. FTTC, Philadelphia Child Guidance Clinic, Philadelphia, PA, 1985

⁵ Bandura, A. *Social Learning Theory*, Prentice-Hall, 1977

PARADOX, CHANGE AND LIABILITY

Given the ever present possibility, indeed, probability, of so-called vicarious identification, it is requisite in this author's view, that any approach to officer use of physical force to forestall aggressive subject physical confrontation *MUST* make use of interventions which, on their face, appear innocuous to bystanders, but which still have the physical effect(s) ordinarily associated with more "strenuous" uses of force. This requirement is particularly important given that some samples of subjects amplify their aggressive behavior in the presence of what they perceive to be officer-offered weakness.

This dynamic is relevant! Unless the officer, over and above command presence, verbal authority, and so on, is able to articulate and effect a significant, physical outcome as to the proffered resistance by the subject, there will be the highly likely outcome of symmetrical escalation in force. Under these conditions officers find themselves in their usual predicament: between a rock and a hard place! They must present themselves as being in charge when viewed from the perspective of the subject, yet be seen as accommodating and passive when viewed from the perspective of the bystander – the precise definition of "between a rock and hard place," or, more technically put, a paradox.

No one wants to change. In fact, it is commonly known that what is most characteristic of change is its resilience against change – the more pressure to change, the greater the opposing force designed to ensure resistance.⁶ From a psychological perspective, resistance to change is embedded in any interpersonal context. It is even seen in contexts in which someone would voluntarily present himself or herself to be changed. Even here there will come a time in that process where resistance to that change will be forthcoming.⁷ In these contexts, there is little question but that sheer force can and does overcome the offered resistance, albeit with a potential price to pay – there is no such thing as a "free lunch" for officers. In this context, the astute and well-trained officer recognizes that, while forceful, confrontational control tactics are often required in the service of assisting subjects with "changing," that astute officer also knows that such change may be at the risk of enhanced subject resistance, and, if done poorly, increased officer/agency liability.

Clearly, any use of force protocol requires that it be seen by the officers implementing it as so substantively effective that the officer has no reservations about employing it in all those contexts where it is justified. Similarly, such Use of force must in fact, for it to have officer credibility, be demonstrable as to such effectiveness. Thus, any Use of force will have value to the extent to which its principles allow for both a direct impact upon the subject, and, as well, a paradoxical presentation to the bystander: it will appear innocuous to potential witnesses, while to the subject, it will feel overwhelming. To the extent to which this paradox can be incorporated into a Use of force Protocol, then to that extent will the officer, subject and community be well served, as a consequence of which Liability is likely to reduce.

⁶ To verify this assertion one need only attend any training class and note the student offered resistance to learning new material.

⁷ Semone, H. Anthony (unpublished manuscript, 2003).

PHYSICAL CONFLICT RESOLUTION (PCR) DEFINED

PCR developed from 20 years of interaction with police in operational environments with constant feedback from officers to trainers. It is a “paradoxical” use of force protocol designed to enable an officer or team of officers to “impose their will” on a subject in such a way so as to minimize loss of face, reduce the probability of symmetrical escalation, bring about the successful resolution of the encounter, and, enable an “observer” of that use of force to regard it as reasonable, necessary and proportionate to the threat evidenced by the subject. As such, PCR is the behavioral equivalent of “verbal judo.” Within this context, PCR presupposes that: there are no rules for lethal force confrontations; the officer is armed and the opponent may be armed; and, the officer is in a multiple-adversary environment.⁸ PCR addresses the unpredictability and variability in officer/subject confrontations, not by characterizing itself as a new pseudo-scientific system, but rather by emphasizing the *continuity of training across disciplines*.

Yet it is precisely the absence of *continuity in training across disciplines* that characterize many current approaches to use of force training. The absence of continuity and commonality essentially requires the officer to approach each use of force discipline with little transfer of learning between one area and another.⁹ For example, an officer who has the role of sniper on an ERT will be taught how to maintain the requisite amount of calm relaxation, often over extended periods of time and variable weather conditions. That same officer, however, will likely be taught weapon retention, disarms and retrieval techniques which are violent, ballistic, strength-based interventions. Moreover, when handgun proficiency is the subject matter, the officer learns to adopt some stylistic shooting position limited in usefulness to a static training range.

There are obvious liability, economic and safety benefits that would accrue to individual officers as well as to departments if a training protocol could be employed that would maximize transfer of learning across the entire use of force spectrum. This training protocol, to maximize transfer of learning, would obviously have to be *principle based*, rather than cluttered with learning discrete techniques. As a principle based system, the protocol would have to establish or re-configure the priorities for officer behavior in a confrontation. To the extent to which a set of *least common behavioral denominators (LCBDs)* could be identified, and, if these *LCBDs* were sufficiently central to all officer uses of force, then, explicitly teaching these *LCBDs* would enhance transfer of learning across the widely variable contexts in which officer use of force is potentially required. As a direct result of such a principle-based use of force system, officers would then only be required to learn the basic principles underlying the many uses of force in order to apply some given use of force depending upon the nature of the confrontation and the departments Use of force Protocol.

⁸ PCR is not a sport martial art system. It is also not a set of “one size fits all” manipulations, nor is it a long list of techniques, as might be seen in a major department’s “ground fighting” system.

⁹ “A danger inherent in limiting training methods to procedure training is that the habits developed by experienced officers are used as a mental model from which the officer generates his or her expectations regarding the encounter. Mental models that apply past habits are like to impede the officer’s ability to correctly integrate the currently relevant information necessary to maintain officer safety within unusual tactical encounters. Training must, therefore, provide a *conceptual model* that assists the officer in understanding of both *how* and *why* things work.” Blum, L.N. “Force Under Pressure...” Lantern Books, 2000.

PCR – THE LCBDs

Within this context, PCR can be seen as a systems approach to officer use of force in which the *LCBDs* of a confrontation involve four primary, elemental officer responses: *Posture and Balance, Use of Breathing, Relaxation and Movement*. PCR teaches not only that each of these dimensions characterizes every officer/subject contact, but also that each of these factors underlies every use of force an officer might need to employ within the context of that confrontation. In other words, if an officer has the requisite posture, has learned how to breathe so as to maintain the requisite level of relaxation and balance, and has learned to move appropriately in relationship to the kind and level of threat offered by the subject, then the particular tactic, tool, and/or technique the officer employs as a response to the subject's behavior will dictate itself as a function of the unique characteristics of that particular confrontation between that particular officer in that particular context with that particular subject.

How it is that a particular technique can “dictate itself” or “develop” out of and be used in a given confrontation may not be easily understood, especially given the history of “technique based training.” Apart from the consideration that technique-based training induces in an officer a rigid and inflexible response to confrontation, such training blatantly ignores the dynamic, ever-changing topography of confrontations. Successfully coordinating one's activity within the context of a dynamic, potentially lethal confrontation demands of the officer that he or she be able to operate in a multi-dimensional environment. Such environments demand flexibility of response, yet flexibility is incompatible with rigidity. Posture, use of breath to maintain relaxation and balance, and employing appropriate movement in relationship to the threat provides the foundation upon which the officer can acquire the single most critical component of any confrontation, namely, *tactical advantage*.

As is known from the work of John Boyd¹⁰ to the extent to which an officer is able to “get within” the “operating cycle” of the subject, that officer will be acting “temporally in advance” of the subject, and, hence, be able to dictate the course of the confrontation. It is precisely in the officer's ability to maintain his or her *Posture*, or position in space, to use *Breathing* to maintain *Relaxation and Balance*, thereby mitigating the effects of possible cognitive disruption and loss of rationality,¹¹ that the officer's *Movement(s)* will be in temporal and spatial advance of the subject: *action beats reaction*. As a consequence the officer will be able to dictate the nature and course of the “transaction” with the subject, and, with this tactical advantage, he or she will be more likely successfully to resolve the conflict with that level of force deemed reasonable, necessary and proportionate.

To accomplish the goals of successfully resolving physical conflict, *PCR* is constructed with explicit recognition of the need for *instructional and tactical synergy: what is taught in training must closely approximate what is likely to be experienced on the street*. In addition, the PCR course of instruction incorporates an instructional design that takes advantage of the knowledge obtained from brain imaging work as this knowledge relates to human learning, or, so-called *Brain-Based Learning*.¹²

PCR AS A BRAIN-BASED LEARNING PROTOCOL.

¹⁰ Boyd, J. The OODA Cycle. In “Got a Second?” A Journey into the OODA Cycle. Good, K. J. www.strategosintl.com/reading.html

¹¹ Epstein, S. The American Psychologist, August 1994.

¹² Spears, A and Wilson, L. www.uwsp.edu/education/celtProject/innovations/Brain-Based

In sharp contrast to basic stimulus-response learning theories, or even the purportedly “more advanced” forms of stimulus-organism-response theories, Brain-Based learning is “a comprehensive approach to instruction based on how current research in neuroscience suggests our brain learns naturally. This theory is based on what we currently know about the actual structure and function of the human brain ... (and) ... it provides a biologically driven framework for teaching and learning.”¹³

Among the core principles that inform and guide brain-based education, particularly as they relate to PCR, are these:¹⁴

1. The brain is a parallel processor. It can perform several activities at once.
2. The brain perceives whole and parts simultaneously.
3. Information is stored in multiple areas of the brain and is retrieved through multiple memory and neural pathways.
4. Learning engages the whole body. All learning is mind-body: movement, foods, attention cycles, and chemicals modulate learning.
5. Humans’ search for meaning is innate, the search comes about through patterning, and emotions are critical to patterning (and) drives our attention, meaning and memory.
6. Meaning is more than just information.
7. Learning involves focused attention and peripheral perception.
8. We have (at least) two types of memory: spatial and rote.
9. We understand best when facts are embedded in natural spatial memory.
10. The brain is social. It develops better in concert with other brains.
11. Complex learning is enhanced by challenge and inhibited by (ego).

According to Spears and Wilson,¹⁵ the teaching strategies that emerge from these principles are

1. Orchestrated immersion: Learning environments are created that immerses students in the learning experience.
2. Relaxed alertness: an effort is made to (expose the student to fear) while maintaining a challenging environment.
3. Active processing: the learner consolidates and internalizes information by actively processing it. Information is connected to prior learning.

SURPRISE/STARTLE/FEAR AND THE BRAIN

PCR, precisely because it is a brain-based learning protocol uniquely addresses the issue of surprise/startle/fear that is potentially present in all confrontations. PCR addresses these factors using an instructional strategy crafted so as to “*inoculate*” the officer against the deleterious effects of surprise or startle reactions. It is hypothesized¹⁶ that “surprise” or “startle” responses can automatically elicit an amplified response from mid-brain neural systems thought to be associated with the so-called body alarm reaction complex. Obviously, any use of force training protocol must include training components designed to counter any such effect. PCR incorporates two training protocols designed to cope with the potential for exacerbated sympathetic nervous system activity: conscious manipulation of the *Respiratory Sinus Arrhythmia (RSA)* and *in situ desensitization*.

¹³ *ibid.*

¹⁴ *ibid.*

¹⁵ *ibid.*

¹⁶ Ledoux, J. *The Emotional Brain*. Simon & Schuster 1998

While it is beyond the scope of this paper extensively to elaborate upon the topic, consciously programmed “breathing protocols” are routinely employed by individuals to mitigate pain (Lamaze method), induce relaxation (meditation), countervail panic episodes (largely induced, interestingly, by hyper-ventilation), and induce altered states of consciousness (hypnosis, Yoga). Breathing has also been shown¹⁷ to be instrumental in influencing heart rate variability (HRV), an index arguably related to PNS/SNS balance. There are data showing that cognitive competency can be enhanced, academic performance can be improved, and blood pressure responses controlled by consciously managing the pattern of one’s respiration cycle: *the officer simply needs to “breathe through” the SNS activation.*

To the extent to which fear produced by startle or surprise can be managed by breathing, the officer is much more likely to be able to control the potential deleterious effects thought to follow from surprising or startling events. As a result, the officer can remain well ahead of the adversary in the OODA cycle, and, despite the potential lethality of the confrontation, remain in a tactically advantageous position relative to the subject.¹⁸

In addition to managing RSA, the ability to avoid being surprised and startled by a confrontation can also be developed by means of exercises and drills which focus upon exposing the officer to as many as possible of the contextual variables the officer is likely to face in a confrontation. For example, in a recent training academy class for a nationally recognized state police agency, trooper recruits were required to “fight each other” in a boxing match. The academy instructors reasoned that, since at some time or another a trooper might well be in an actual physical fight with a subject, the trooper would be better equipped to cope with the emotional correlates of such a confrontation if he or she had already experienced being in such a fight.

While this agency protocol might be thought of as crude, the reasoning behind such an exercise is sound, for it has long been known that simple exposure to a threatening stimulus can have the effect of reducing the extent to which such an event can adversely impact upon the participant. In fact, protocols for the treatment of anxiety related disorders explicitly acknowledge the importance of two factors in reducing emotional responses to stimuli regarded as threatening: stimulus presentation within the context of a contemporaneously developed relaxation response.¹⁹ Critically thinking LEO trainers, however, have long known on the basis of information gotten from many years of being on the streets, that familiarity with potential stressors reduces the extent to which an officer will be detrimentally affected in the presence of such stressing stimuli.

In this context, there is a recent commentary²⁰ hypothesizing that the probability of officer survival in a confrontation is enhanced as a function of training the officers in so-called “*adaptive expertise*.”²¹ Adaptive expertise is defined as entailing “a deep comprehension of the conceptual nature of the problems the officer encounters, e.g., understanding the dynamics and differing profiles of assaultive behavior. Skills must be developed in an organized but *flexible* structure. That is, the officer **must continue cognitive activity in the face of emergency conditions to enable him**

¹⁷ Nolan, R. Heart Rate Variability. www.thoughttechnology.com/nolan/html

¹⁸ Obviously, if the officer begins the entire transaction with the subject in a state of relaxation, with breathing already being consciously manipulated, the officer’s posture will have the necessary musculo-skeletal flexibility needed for a potential confrontation, and the officer will enter the transaction with the ability to remain appropriately attentive to the presence of critical incident pre-cursors.

¹⁹ Jacobsen, E. “You Must Relax”, McGraw Hill, 1957

²⁰ Blum, L.N., PhD “Force Under Pressure...” Lantern Books, 2000

²¹ *ibid*, p. 40

or her to register the level of threat encountered as well as changes in the circumstances.”²²
(emphasis added)

The ability to maintain cognitive activity is crucial to officer survival because it allows an officer to detect pre- and concurrent incident indicators, the aggregate of which permits the officer to gauge his or her use of force relative to the level of threat posed by the subject within the overall context of the potentially confrontational event. So clearly a training program for officer Use of force must revolve around a protocol which enables the maintenance of rational thinking, and, the maintenance of rational thinking in a physical confrontation can only come about by exposing the officer to the myriad variables associated with any given officer/subject confrontation. As Blum notes “variability, ambiguity, and inconsistencies need to be inserted into the (training) task to force the trainee to stretch his or her learning to a level of competence that permits them to rapidly respond to difficult or unanticipated events.”²³

PCR – SUMMARY AND CONCLUSIONS

In summary, there appears to be substantial justification for considering PCR as a “state of the art” training protocol the utilization of which allows for greater reasonable use of necessary force in ways regarded as proportionate to the resolution of the inherent conflict potentially present in any officer/subject contact. PCR has this capability for several reasons

1. It specifically addresses the psychological factors involved in all physical confrontations: namely, Imposition of Will; “Loss of Face;’ Symmetrical Escalation; and, Vicarious Identification.
2. PCR recognizes the complexities involved in all efforts by officers to change the behavior of subjects. In this context, PCR plainly understands that paradox, change and liability are intrinsically interwoven.
3. PCR is a systems and principle based approach, not a protocol involving the teaching of discrete techniques to handle the complexity of officer/subject confrontation. PCR is a Brain-Based Learning system that emphasizes the critical importance of training and tactical synergy, a goal achieved by teaching from a Principle of Continuity of Training Across Disciplines.
4. By teaching officers from a principle-based framework, PCR provides officers with the opportunity to develop “Adaptive Expertise,”²⁴ as a consequence of which officers learn to adapt to the myriad stressors of a physical confrontation.
5. Because officers are explicitly taught how to manage the psychological impact of physical confrontation (by means of RSA manipulation and in vivo desensitization to those stressors), officers’ ability to “stay ahead” of the reactionary gap is enhanced.
6. As a result of “staying ahead” in the reactionary gap, officers are more able to engage rational neural systems, allowing them thereby to be better able to employ requisite levels of force to manage the confrontation.

²² *ibid*, p. 40-41 (emphasis added).

²³ *Ibid*, page 41

²⁴ *Ibid*, page 40

7. Given that officers are more able to manage the confrontation from a rational perspective, given a well-developed use of force protocol, officer and subject safety increases and officer and agency liability decreases.

As can be seen clearly from the Appellate Court decision cited at the beginning of this paper, officers, agencies and subjects are increasingly at both legal and personal risk as a function of “having failed to train properly.” Who would have thought two years ago that an action for allegedly having failed to train within an ADA accommodation context would have been necessary? Well, the precedent has been! And, PCR provides a comprehensive system of intervention for law enforcement officers that, if adopted, would allow officers the means by which to resolve physical conflict with an increased likelihood of being able to do so peacefully. In so doing, the mutual goals of officer, subject and community safety can be met.

Addenda

A

Physical Conflict Resolution or PCR is being brought to the Law Enforcement community under the auspices of Ken J. Good, Director, Strategos International LLC (www.strategosinternational.com). Mr. Good and his adjunct teaching staff offer the following training options and teaching materials:

1. An intensive 5-day Instructor Certification Program.
2. Refresher training.
3. Comprehensive and detailed Instructor Manual.
4. Instructional Video Set (soon to be released).
5. Demonstrations to departments, scheduled by appointment.
6. LE video and written testimonies available.

PCR is currently taught at several regional training academies, NYPD Emergency Services Unit and various SWAT units throughout the country.

PCR was a featured course at this year's IALEFI annual training conference.



B

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C

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