

Visiting some friends in Washington D.C. this summer, and browsing through their coffee-table magazines and bookshelves, I came across these three juxtapositions of texts:

One welcome distinction between the times we live in and those other periods I have mentioned is the relative frankness of our government officials—I should call it unprecedented frankness—in explaining how they conceive the relationship of power and truth. Our officials believe that power can determine truth, as an unnamed senior adviser to the President explained to a reporter last fall: *“We’re an empire now, and when we act, we create our own reality. And while you’re studying that reality—judiciously, as you will— we’ll act again, creating other new realities, which you can study too, and that’s how things will sort out.”* (reported by Ron Suskind, “Without a Doubt, The New York Times Magazine, October 17, 2004.) The reporter, the adviser said, was a member of what he called “the reality-based community,” destined to “judiciously study” the reality the administration was creating. Now it is important that we realize ... that our leaders of the moment really do believe this. ... What is interesting about both of those (events: the Iraq war scandal of “weapons of mass destruction” & the Abu Graib scandal) is that the heart of the scandal, the wrongdoing, is right out in front of us. Virtually nothing of great importance remains to be revealed. Ever since Watergate we’ve had a fairly established narrative of scandal. First you have revelation: the press, usually with the help of various leakers within the government, reveals the wrongdoing. Then you have investigation, when the government—the courts, or Congress, or as with Watergate, both—constructs a painstaking narrative of what exactly what happened: an official story, one that society—that the community—can agree on. Then you have expiation, when the judges hand down sentences, the evildoers are punished, and the society returns to a state of grace. What distinguishes our time—the time after September 11—is the end of this narrative of scandal. With the scandals over weapons of mass destruction and Abu Ghraib, we are stuck at step one. We have had the revelation; we know about the wrongdoing. ... What we don’t have is any clear admission of—or adjudication of—guilt, such as a serious congressional or judicial investigation would give us, or any punishment. Those high officials responsible are still in office. Indeed, not only have they received no punishment; many have been promoted. And we—you and I, members all of the reality-based community—we are left to see, to be forced to see. And this, for all of us, is a corrupting, a maddening, but also an inescapable burden.”

(Mark Danner: *What Are You Going To Do With That?* New York Review of Books: June 23rd 2005)

The second piece is as follows:

The diabolic is an arena of disorientation and confusion in which truth is lost, becoming unrecognisable even when seen (see Grotstein, 1979; Bellas, 1992, 1995). This arena is the perpetrators cloak of invisibility, the evacuation of the victim’s mind, the bystanders’ refusal to acknowledge sin (Cosser, 1969; Peck, 1983). Throughout human history, the truth of evil is occluded; the tyrant finds his permit in mankind’s credulity: *“I shall present propagandistic grounds for starting the war (with Poland); whether they are believable is irrelevant. The victor will not be asked later whether or not he told the truth”* (Hitler, 1939, as quoted in Gebhardt, 1970). ... In this theatre of illusion, the victim is lost. And in this theatre of illusion, the victim is defined. How then shall she seek justice? Justice requires knowledge, and knowledge is undone in a culture of lies. Confounded by evils brilliant obscurantism, justice founders, slow-moving, belated, its language insufficient to its adversary. ... In this obfuscation of the truth, evil eludes accountability and justice. Secrecy, concealment, denial, ambiguity, confusion: these are Satan’s fellow travellers, requiring elaborate interpersonal and intrapsychic collusion between perpetrators

and bystanders. The operations of silence potentate evil and remove all impediments from its path.

...

Protest -condemnation – repentance – reparation – forgiveness - redemption: this is a cycle that celebrates mankind's capacity for goodness. It is a cycle that contains and repudiates moral transgression, but cannot entirely arrest evils reproduction. As long as trauma is a death died alone, as long as pain has no words to convey itself to another, evil will register the contradictory desires of catastrophic loneliness. Despite the power of art and the testimonials of justice, despite the tenderness of reparation and the mutuality of redemption, the primal fragmentation of extinction finds historical registration only in a violating rupture of human contact. A new victim will be reduced to an "it."

(Grand, Sue: *The Reproduction of Evil: A clinical and cultural experience*
(2000) Hillsdale, NJ: The Analytic Press)

Here is the third piece:

The undesirable side effects of approved, mistaken, callous, or contraindicated technical contacts with the medical system represent just the first level of pathogenic medicine. Such *clinical iatrogenesis* includes not only the damage that doctors inflict with the intent of curing or of exploiting the patient, but also those other torts that result from the doctor's attempt to protect himself against the possibility of a suit for malpractice. Such attempts to avoid litigation and prosecution may now do more damage than any other iatrogenic stimulus. On a second level, medical practice sponsors sickness by reinforcing a morbid society that encourages people to become consumers of curative, preventive, industrial, and environmental medicine. On the one hand defectives survive in increasing numbers and are fit only for life under institutional care, while on the other hand, medically certified symptoms exempt people from industrial work and thereby remove them from the scene of political struggle to reshape the society that has made them sick. Second-level [or *social*] *iatrogenesis* finds its expression in various symptoms of social over-medialization that amount to what I shall call the expropriation of health. ... On a third level, the so-called health professions have an even deeper, culturally health-denying effect insofar as they destroy the potential of people to deal with their human weakness, vulnerability, and uniqueness in a personal and autonomous way. The patient in the grip of contemporary medicine is but one instance of mankind in the grip of its pernicious techniques. This *cultural iatrogenesis* ... is the ultimate backlash of hygienic progress and consists in the paralysis of healthy responses to suffering, impairment, and death It occurs when people accept health management designed on the engineering model, when they conspire in an attempt to produce, as if it were a commodity, something called "better health." This inevitably results in the managed maintenance of life on high levels of sub-lethal illness. This ultimate evil of medical "progress" must be clearly distinguished from both clinical and social iatrogenesis. I hope to show that on each of its three levels iatrogenesis has become medically irreversible: a feature built right into the medical endeavor. The unwanted physiological, social, and psychological by-products of diagnostic and therapeutic progress have become resistant to medical remedies. New devices, approaches, and organizational arrangements, which are conceived as remedies for clinical and social iatrogenesis, themselves tend to become pathogens contributing to the new epidemic. Technical and managerial measures taken on any level to avoid damaging the patient by his treatment tend to engender a self-reinforcing iatrogenic loop analogous to the escalating destruction generated by the polluting procedures used as antipollution devices. I will designate this self-reinforcing loop of negative institutional feedback by its classical Greek equivalent and call it *medical nemesis*. ... By using the Greek term I want to emphasize that the corresponding phenomenon does not fit within the explanatory paradigm now offered by bureaucrats, therapists, and ideologues for the snowballing diseconomies and disutilities that, lacking all intuition, they have engineered and that they tend to call the "counterintuitive behavior of large systems." By invoking myths and ancestral gods I

should make it clear that my framework for analysis of the current breakdown of medicine is foreign to the industrially determined logic and ethos. I believe that the reversal of nemesis can come only from within man and not from yet another managed (heteronomous) source depending once again on presumptuous expertise and subsequent mystification. Medical nemesis is resistant to medical remedies. It can be reversed only through a recovery of the will to self-care among the laity, and through the legal, political, and institutional recognition of the right to care, which imposes limits upon the professional monopoly of physicians.

(Illich, Ivan: *Medical Nemesis: The expropriation of health* (1976) New York: Pantheon Books)

So, where do these three relatively disparate elements take us? The first contemporary piece is a lengthy address to college graduates: it tells us essentially that the present US administration is corrupting the moral fabric of society. What first caught my attention was the arrogance of the unabashed quotation from the unnamed Presidential adviser.

Within a few hours, I had picked up the psychoanalyst's book with her definition of evil and about working with people who have been seriously traumatised through extended childhood sexual abuse and/or physical and emotional torture as an adult. It is a brave book as it graphically acknowledges where things have gone wrong, and the inner message of the client/patient was not listened to. Bingo! There I found a quote (supposedly) from Hitler saying almost exactly the same thing. But she is also concerned about the subsequent stages: the healing of trauma. And this does not happen, she says, indeed the trauma (or evil) can often be repeated or carried on as the victim, now perpetrator, cannot face the internal void within themselves: the void where they died, but did not die; the void where they were treated (repeatedly) as a non-human, a nothing; the void where no-one will really listen to them, and thus accept their pain – or the ways they try to expiate it.

And the third piece, ah ha! I have long admired Ivan Illich's seminal writings, and they 'come' to me at various times throughout my life and always strike a chord. This 30-year old book is criticising the Western health care model, not just the system, but the whole set of underlying principles, to the extent that (he claims) it is predictably seriously dangerous to our health as we are trying to imitate (or take over the curative powers of) the Gods – hence the title. We are all familiar with contemporary 'super-bugs'; patients trying to sue hospitals or drug companies as things have gone seriously wrong for them through their treatment; stories about doctors being over-cautious to the point of negligence; of people profiting out of a system that is supposed to be healing or curative; and of people feeling institutionalised and disempowered by being a patient in 'the system' – even for something as natural as childbirth. Here is Illich writing about all this, as fresh as if it was today, with all the (then) contemporary evidence, but nothing has changed. And, interestingly, the recovery process he suggests in the last quoted sentence is almost identical to that quoted in the previous example. So maybe, this all gives us a hint as to what to do about the first situation.

I remember doing a workshop with Arnold Mindell, up a Findhorn, in what he calls "World Work", where various 'issues' are allowed to come up to be dealt with by the group. It was a group of about 180-200 people from all over the world, and the first 'issue' was a very brave request from someone with Australian aboriginal blood. He asked whether he could sing to us. He explained that, from the perspective of his culture, he saw that a sea of white faces, his enemies, surrounded him, and that the 'whitey' had been totally responsible for the decimation and degradation of his native people. From within his essentially non-violent culture, the tradition was that if one's 'enemy' would stop and listen to one's song, then there was a chance that they might not kill you. So he sang to us. It was very powerful. He stayed over a few days after the workshop and I got to know him quite well. Not having had a formal up-bringing and education, having no regular work, it was no mean feat to come across the world to an expensive workshop in north-east Scotland.

One of the next issues to emerge was the male-female issue, and this occupied us for a few days. The women said, that we (as a gender) often did not listen to them and had also

oppressed them. We, as representatives of the male gender, whilst we could readily acknowledge 6,000 years of oppression, felt unheard as individuals (by our partners and friends) and asked what they wanted us to do. *"Go away and sort yourselves out, whilst we have some time to enjoy the company of people who don't oppress us,"* was the answer. We did enjoy the experience of solidarity, even in rejection, and were working on some of the issues that came up within our selves. But the two groups had to come together again (perhaps prematurely) due to timetabling issues. There was a class issue (of privilege or rank), where someone had felt very oppressed by others within their society that ran for a while, but was not so 'juicy' as some of the other issues.

Then someone started to act out over a power issue and was stamping around the hall, shouting, with an upraised clenched fist. The workshop erupted against this embodied display of fascist power and intolerance. Then Mindell intervened: often he doesn't, he lets things run, safely; but here he stepped in. He is a small man, but he has huge stature or authority. He walked up to this person, who was surrounded by this sea of protest which he was ignoring, and said quietly, but clearly into his face, *"You just cannot do that!"* The first response was dismissive, but he persistently confronted this person (who was almost in some sort of 'altered state' embodying some of that very powerful negative energy that no one else really wanted to acknowledge within their self. *"No, you just cannot do that!"* The group went quiet, waiting for a response, and the man's inflated energy subsided as if all the hot air had just escaped from a balloon. *"You just cannot do that!"*

Perhaps this is what we need to say to the politicians who think that because they represent a few, this gives them power over us all; to the therapist who ignores our inner pleas for affirmation; to the doctors who do not properly explain what has gone wrong and what all the options are, medical or non-medical, and who rarely allow one to die (or give birth) in a dignified and peaceful manner at home. Perhaps this is also what we need to consider, as therapists and healers, in relation to the client who does not quite seem to fit into, or be responding to, our method of therapeutic working (Is it the client failing the therapy, or the therapy failing the client?) or who fits into it a little too well, giving us the responses we anticipate, so that we might just ignore the compliance and passivity that covers up a deeper wound.

Perhaps, as psychotherapists, we need to realise more completely that what we are doing, in therapy, is profoundly a social and political act, and has inevitable and potentially quite revolutionary social and political consequences. We often 'assume' that it is our client who cannot cope with the overwhelming circumstances of their life and thus we only nominally pay lip-service to the fact that those circumstances should not be so overwhelming: the levels of stress in the office; the abuse or indifference at home; the actions of an alcoholic partner; or the control patterns of a parent. Should we, or can we say, as we might, to our clients: *"That should not be happening; it is abusive."* Can we, or should we, say, as we might like to, to those others in our client's lives, *"You just cannot do that!"*

The usual therapeutic understanding is that this 'discovery' is a large part of the client's learning, and by taking action we might disempower them. We might, or could, over-involve ourselves, compromising our objectivity and the therapeutic alliance, to their detriment. The arguments against taking action are legion, and must all be considered carefully. However, I am also arguing that there may just be circumstances where action is not only appropriate, but could be justified to the point that the previous (therapeutic) stance is inappropriate: that not taking some form of action is the same as not saying, *"You just cannot do that!"* At which point we might actually become directly involved in perpetrating abuse, or condoning it in some way, or not being there for the traumatised person in their pain and isolation.

Actually feeling this dilemma, this agonising choice, this angst between the detached professional and the involved human being, and maybe even showing a part of this dilemma to the client, might be sufficient to show the client that they are not alone; that there is someone else with them in their existential dilemma. This is an essential and necessary part of the healing

process, according to Grand. According to Danner, we need to be able to move more towards a point of expiation, where the offence is not only acknowledged, but also something significant is happening. According to Illich, we also need to find ways to start to help ourselves, in ways that are acknowledged as legitimate by society: that we, as individuals, have choice over our destiny. Now, for me, this is one of the goals of therapy. So how do we expiate this? Or how do we help towards the process of redemption?

Or perhaps the bigger question, and the one that should really concern us collectively, is how do we work towards prevention? How do we practically stop these things happening? Do we just see ourselves as a form of band-aid for society whilst we help a few individuals, or a slow one-step-at-a-time progression towards pockets of sanity in an increasingly insane rush towards chaos and social corruption? Are there more things that we can or should be doing, individually and collectively? These are some of the questions that I want our professional associations to answer, or to contemplate. We are incredibly privileged through our education, and also through our insight into the aetiology of these problems. Are we going to keep that to ourselves? Or are we going to try to benefit others, not just through our individual and group work, but also through some form of social activism, political pressure group, consciousness-raising, educational projects, or similar activities?

We know that individual's actions, especially those of an inspired and dedicated person, can make a significant difference: according to Margaret Meade, this is about the only thing that ever works. We know that sometimes the right person just has to be in the right place at the right time. These are individual solutions. They are inspiring; they cannot be decried, and they can never be totally enough. According to the *Law of Jante*¹, dynamics that are found in nearly all small communities, are that as individuals we must not rock the boat, nor question prevailing authority; we must cut others down to size, we must keep our place. Maybe many of us are doing this, unconsciously, within the small community of our profession. Maybe, as a new profession, we are doing this within the community of other similar longer-established health-care oriented professions: there are many criticisms that psychotherapy and psychology are using the more well-established "medical model" to their considerable detriment and the detriment of their patients or clients.

Psychotherapy is a new discipline, about 100 years old: Hillman has already challenged us² and we have not yet fully taken up this challenge – or responsibility. We know from our work that the healing of deep issues depends on the 'presence' of the therapist, or someone else, at that person's place of deep existential pain. In an almost shamanistic way, the therapist – because they are not directly involved – can 'share' the person's burden, or help provide a new perspective, or the presence of another person's energy helps to ease the pain, and this can sometimes be sufficient for the 'victim', the abused, the client, the potential perpetrator, to look at their psychodynamic process, and begin to move with it differently. This is the healing. It takes time, commitment and clarity. But it works. My question is, "How do we do this collectively?" "How do we do this with the social service system, the politicians, and the medical system?" As an individual, I do not have an answer that I feel satisfied would work for everyone: but, if we started to examine these issues collectively, ... now things start to become interesting. We might not get lost in these 'theatres of illusion'. We might be able to re-establish wide spread recognition of the right of everyone to care again. We might even help to put off the 'maddening burden' and assist society (of whom we are a part) to reach a form of redemption and return to a state of grace with itself. We might even save our selves and those we care for from the reproduction of 'evil'.

¹ A reference to a well-known Scandinavian text, Aksel Sandemose's *A Fugitive Crosses His Tracks*, in which he attacks provincialism, envy, and the social forces of repression. A small village called "Jante" laid down a code of behaviour (10 Commandments) to which it suffered no deviation: 1. *Thou shalt not believe thou art somebody.* 2. *Thou shalt not imagine thyself any better than we.* 3. *Thou shalt not believe thou canst teach us anything.* Etc.

² Hillman, James: *We've had 100 years of psychotherapy and the world hasn't changed.* (1996)