

Four Assumptive Worlds of Psychopathy II: The World of Spiritual Aberrations

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As we turn specifically to the four worlds of psychopathy in this essay and the next three, I begin by offering two basic premises. First: the assumptions being made about the causes and origins (the etiology) of psychopathology profoundly inform the way(s) in which psychopathology is identified, diagnosed, classified and treated (or not treated). These assumptions are paradigmatic and relate directly to left and right branching.

I borrow the second premise from the domain of psychoanalysis and other psychodynamic theories of personality: we need to know something about the deep, underlying sources of our world view. Superficial histories that concentrate only on the recently observed are inadequate. We must turn to early influences and often unacknowledged contributing factors. I am governed by my own paradigm and that of the psychoanalytic community: look for the original source (wellspring) of all behavior.

With these two basic premises in place, the stage is set for our identification of four powerful assumptive worlds operating in the diagnosis and treatment of psychopathology. They are:

- Psychopathology as a Spiritual Aberration
- Psychopathology as an Inappropriate Distribution of Bodily Energy Fluids or Functions
- Psychopathology as a Social Deviation
- Psychopathology as a Mental Illness

In this second essay, I identify how assumptions about psychopathology are derived in the first of these four worlds. I suggest ways in which specific social constructions (concerning spiritual aberrations) influence the diagnosis and treatment of psychopathology. In identifying and examining the social constructions in this first world and the other three, I make use of the different perspectives offered in the first essay (content and structure, articulated theories and theories in use, and paradigms, models and practices).

At an even more fundamental level, I will repeatedly suggest that we need shared and reinforced social constructions in order to make meaning in our lives and navigate in a specific social system—such as a system that must address the challenges of psychopathy. I will also be focusing on two major societal dynamics: the management of anxiety and the management of power.

The Management of Anxiety

While there are distinctive differences in the four worlds to which we will journey, there are several important dynamics operating in all four of these worlds. First, social constructions are particularly important and strongly reinforced when a social system is undergoing change or the threat of change. The management of anxiety is critical in these situations. I will note in the analysis of each assumptive world, that the acknowledgement, assessment and treatment of psychopathology has always been saturated with anxiety – hence there is a strong move in each assumptive world toward powerful social constructions (and a tendency toward self-sealing).

Second, collective anxiety is being managed by the production of a strong culture. More precisely, the higher the level of anxiety, the more extreme becomes the underlying level of interdependence of residents in this system. At one extreme is the highly *disengaged* system in which residents operate with considerable independence. Very little interpersonal substance is to be found in a highly disengaged system. We find minimal interaction and little inter-dependence. We can't predict how any one of the players in this system will behave, given our observation of the actions taken by other players.

At the other extreme is the highly *enmeshed* system, in which its residents are fully engaged in one another's lives. There is a whole lot of interpersonal substance to be found in an enmeshed system. The residents are highly dependent on one another and there is a tightly woven interdependence. The actions of any player in this system can be accurately predicted from observing the behavior of the other players. Social constructions are usually not as powerful in a disengaged system as they are in a heavily enmeshed system.

High levels of anxiety in any system will tend to drive people away from one another. This represents what Robert Sommer (1969) would call a *sociofugal* force. Alternatively, this anxiety could push people closer together (Sommer's *sociopetal* force). I propose, in general, that the world of psychopathology tends to become more sociopetal when there are high levels of anxiety (which, as I have proposed, is usually the case). Those who diagnose and treat psychopathology look to one another for support and reinforcement of existing beliefs (social constructions). Practitioners will tend to "circle the wagons" – especially when challenged or threatened from the outside (where a paradigmatic revolution appears on the horizon). The wagons are often circled by the practitioners around specific paradigms and models. Everyone in the circled system dances to the same tune (same practices) and typically share a common, attacking enemy (someone or some group threatening the legitimacy of their paradigm(s) and models).

We can push this notion about managed anxiety even further. In seeking to manage its anxiety, a system not only produces a strong culture it creates highly influential and enduring myths, stories, and norms to

support this culture. While the myths and stories are widely verbalized and reinforced through shared language (aligned linguistic content and structure), the norms are not only deeply embedded and widespread like the myths and stories. They are usually not discussed nor debated. The norms are often invisible and self-fulfilling (as Argyris and Schon would suggest).

The Management of Power

Closely aligned with anxiety are the dynamics of power in any system. While many psychoanalytically inclined observers of social systems, such as Isabel Lyth-Menzies (1988), have focused on the management of anxiety, others (often from either the long-standing field of social critical analysis or the emerging field of behavioral economics) have focused on the dynamics of economics and power. They ask: Who is sitting at the table when important decisions are being made in a particular system? Who do people at the table want to invite to the table or at least consider worthy of discussion? Who do people at the table want to isolate or discard?

There are several other, equally important questions to pose—especially as we turn to our specific analysis of the four assumptive worlds of psychopathy: where does privilege reside and does this privilege get reinforced or does it shift when the system is being threatened or when there are high levels of anxiety? Who is at the table when formal policy is being formulated?

The following questions are specific to this set of essays: what are the assumptions and values of those sitting at the table? What do they want to accomplish (stated or unstated) (conscious or unconscious) (individual or collective)? What about the enactment of policy: who are the players and what is their agenda? We can also turn to the “recipients” of actions taken (based on the formulated policies): which citizens are “caught” in the web of this policy and what role (if any) do they play in influencing the policy (its formational and enactment)?

It is time now to turn specifically to the first of our four assumptive worlds. As I have already noted, I will bring the perspectives and questions generated in my preliminary exploration (in essay one) of the role played by social constructions in the worlds of psychopathology—worlds that are saturated with the feeling of anxiety and engagement of power.

Psychopathology as Spiritual Aberration

I begin my identification and analysis of the four assumptive worlds by going back in time (the first millennium CE) to a Western European world in which there were many competing perspectives on how the world was created and governed. Different Gods and monarchs reigned supreme in specific regions of

Europe. What was not reigning supreme were the many diseases that afflicted those living during these centuries. A wide variety of medical procedures were being applied, based on many faulty notions (from our current perspective) about the functioning of the human body and the etiology of disease. The most elusive of these maladies were the psychopathologies – the “madness” – that afflicted many people, regardless of their social status. Kings went “mad” as did peasants. Women were afflicted with “hysteria” (the wandering of the womb). Men and women were found to be incurably irrational in their reasoning and behavior.

As is currently the case, members of European societies from the first years of Roman rule through the Medieval centuries struggled to find reasons for these psychopathic manifestations. For those seeking to understand and treat these maladies, psychopathy was truly a mystery—and a mystery that must be solved (the management of anxiety). Furthermore, this was a mystery to be not only solved but also addressed by those who were in charge (the management of power). What then, was the solution that would eliminate (or at least reduce) the collective anxiety associated with “madness”? In order to answer this question, we must recognize once again that anxiety and power are often interwoven: the solution to a collective mystery is usually formulated, as a social construct, by those who sit at the table of power in a specific society.

Throughout most of the first 16 centuries (CE) of European society, those sitting at the table were primarily affiliated with a formal religious institution (initially the Roman Catholic Church and later the Eastern Orthodox Church and the many Protestant churches). Given this affiliation, it is not surprising that the mystery of psychopathy was solved, and treatment initiated based on the assumption that there must be some evil force that is creating the mental/emotional problem. It is an external force over which medicine or other healing agencies have no power. A theological paradigm soon spawned a series of religious models and church-based practices.

In seeking to better understand the nature of this first assumptive world, I turn to the wisdom offered many years ago by Gregory Zilboorg (1941) in his penetrating *History of Medical Psychology*. Zilboorg proposed that the answer to psychopathy in most European societies for many centuries was to be found in the Christian concept of original sin. To quote Zilboorg (1941, p. 97), “the very existence of man as man was thought to be due to an original moral fall, an original sin. The goal became salvation—personal mystic salvation [not psychological or medical cure]”

Given this fundamental assumption, there were three fundamental versions of how original sin and evil forces brought about psychopathy. I will briefly describe each of these reasons and continue to rely on the insights offered by Zilboorg.

Reason for Psychopathy I: Victim [innocent recipient of evil intervention]

In the ancient (BCE) world of Europe (particularly in Greece) there was a broadly humanistic view regarding psychopathy: the emotional struggles confronted by individuals were viewed scientifically and philosophically from the perspective of life challenges being faced by all human beings. Zilboorg traces the death of these humanistic notions to the ascendancy of Christianity in most European societies. He notes that with this ascendancy came the emergence of a theology of psychopathy that was founded on notions of temptation, evil and fallen man:

Man was thus lost as an individual, and lost he was despite the fact that traditional theology endowed him with an absolutely free will. Suspended between the devil and eternity, man seemed to have nothing left to him but to struggle constantly against temptation and as consistently to rap at the door of the beyond” (Zilboorg, 1941, pp. 110-111)

There was no longer room for science and a constellation of religious images regarding psychopathy emerges. I turn once again to Zilboorg: “from a thing of many good and evil spirits, mental disease gradually evolved into a thing of the spirit, of the soul and became insulated against any possible invasion by the inquiring scientist” (Zilboorg, 1941, p 23) A primary culprit emerges: the devil. This evil entity was not only very powerful. The devil was also quite clever and implemented six different strategies to injure humanity [Zilboorg, 1941, p 158]:

- (1) encouraging evil love in a man for a woman or in a woman for a man,
- (2) planting hatred or jealousy in anyone,
- (3) bewitching humans so that a man cannot perform the genital act with a woman or conversely a woman with a man or by various means to procure an abortion,
- (4) causing some disease in any of the human organs,
- (5) taking away life, and
- (6) depriving humans of reason.

It is the last of these six reasons that became a fundamental tenant of the church-based assessment of psychopathy.

As Zilboorg (1941, p.158) noted, this theology of psychopathy offered clarity and certainty in addressing the mystery of psychopathy: “there is little doubt about anything; everything is simple, clear and direct.” Humankind was merely the victim of a villainous force and entity in the universe (paradigm). There was

an enemy (the devil) and an institution (the church) to protect devotees from this evil force (models). An individual could do nothing to protect themselves from being tempted, bewitched, disease-ridden, or irrational. The anxiety associated with life, death, and madness could be addressed and ameliorated only through the introduction of powerful institutional authority (as vested in the Christian church) (a set of specific practices). The monk became the practitioner and the physician became only an onlooker who was allowed in only as a devote Christian. The locus of control clearly moved from a humanistic internal locus to an external locus: humans were victims not perpetrators.

Reason for Psychopathy II: Recompense [punishment for sinful act(s)]

The Christian church didn't let this theology of victimhood become too dominant. Leaders of the church hedged their bets. They offered a second reason why psychopathy is manifest among some members of their society. Madness was recompense for a sinful act being committed by these members. According to Zilboorg, sexuality stood at the top of the list with regard to sinfulness: "Sin and mental disease have become equated in the mind of man; the major sin of man and women and the major preoccupation of the devil is sex." (Zilboorg, 1941, p 145) The clerics of the time pointed to devils—who were classified as *incubi* and *succubi* (exemplified the differentiation of domains deemed to be highly important, as represented in the Weak Whorfian Hypothesis).

These were entities that indulged in the perennial seduction of women and men. All witchcraft, according to Zilboorg, was believed to have come from carnal lust, which for women was considered "insatiable" (exemplifying the power of semantics and individual words, as proposed by Whorf and Sapir—see essay one). Much of this theology regarding sex and madness was articulated in a highly influential tome, called *Malleus Maleficarum* [the witch's hammer]." We see here the potential dynamics described by Whorf in his Strong Hypothesis, as well as the role played by both anxiety and power. Are we more inclined to see witches operating and the hammer removing Satan's hold on some of the citizens in our society if a compelling phrase ("the Witch's Hammer") is available to guide our perceptions and actions?

Reasons for Psychopathy III: Satan/Devil [evil forces take over the human body and soul]

One of the most mysterious manifestations of psychopathy during these many centuries in Europe was the highly theatrical acting out of violent motions, irrational or nonsensical words, screams, moans, sexual displays, or even self-harm and nudity—in other words "possession." This is the kind of behavior we have seen in a movie like *The Exorcist* or in documentaries about highly-emotional religious practices (for instance, speaking in tongues or handling poisonous snakes) The word itself conveys something about the ascribed source of this pathology: the devil or some other evil force takes over the mind, heart and soul of the possessed victim: this form of psychopathy was often labeled "the devil sickness" or the

“witch disease” The world branches left: from this perspective we are victims not initiators (as “sinners”). We went to the movie to view the perpetrator (a masked man with a chain saw or the mad neighbor with scissors in place of hands) rather than the shrieking victim.

There were other forms of possession that continue to fascinate us today. We can begin with the supposed presence of werewolves in European societies. This belief in werewolves was real—not just the entertaining fiction found in modern movies. There was a wide-spread belief that human beings were actually transformed into animals. The manifestation of madness in many European societies was considered the evidence of a “daytime” transformation – with night times being the occasion for the actual physical transformation which was performed by the devil.

Similarly, daytime psychopathy was often interpreted as a sign of the devil’s recruitment of apprentices and attendants to those who were the “undead” (vampire) that emerged after dark. I would suggest that the contemporary appeal of Dracula and the Wolfman speak to the attraction and fascination of the European extrapolation of these evil possessions from the witnessing and interpretation of day-time psychopathology: “if this is how {this person} behaves during the day, imagine what happens when night falls and we all live in the sinister dark [remember, there was no electrification or artificial illumination before the 20th Century—only light from candles and fireplaces] Once again, we are attracted to the monster not the victim. Dracula and Wolfman get top billing, not the unsuspecting or stupid men and women they stalk and ultimately kill or turn into akin monsters.

Conclusions

Clearly, if we are to frame psychopathy as a spiritual aberration then we must place in question virtually all forms of human behavior. Even if there is not madness, is there the more subtle and perhaps more dangerous working of the devil in the seemingly normal behavior of men, women (and children) in one’s community. The witch’s hammer struck not just those who were “mad”, but also those who were political dissenters, members of the wrong religious faith (particularly Jews), women, those who made use of herbal remedies (the witches) and those who proclaimed a secular/humanistic philosophy of life. The death of many members of European communities over many centuries is widely documented.

Furthermore, death was often quite brutal—torture using a rack, burning at the stack, skinning alive – the unbearable list goes on and on.

While these grotesque acts were purportedly authorized by the benevolent church on behalf of God’s desire that all human beings are sanctified before they die, most of us in contemporary times would probably assign responsibility to human beings and to the aforementioned interplay between anxiety and power. It does not seem to be accidental, that the hammer was applied more often and with greater force

during times in European history when anxiety was particularly high—as the result of a plague, shifting political alliances, warfare, conflicts within the church, etc. If we believe in the intervention of cosmic forces in our lives and societies, then we might point not to God, but to the devil. Lucifer might be particularly empowered by a strong dose of fear that pervades the hearts, minds and souls of mere humans: this is paradigmatic.

There is the anxiety-filled need for *discernment* with all of this occurring in the lives of Europeans as they confronted the mystery of not only psychopathy but also even more pervasive mysteries of death, social injustice and man’s inhumanity to man, We must discern what in our life of sacred forces comes from God and what comes from the evil. How does one determine what is the source of the mysterious behavior of our fellow human beings? Are we still confronted in the 21st Century with the challenge of discernment? Have we really moved very far from this notion of spiritual aberration? Do our models (espoused theories) and, in particular, our daily practices (theories-in-use) diverge at all from this ancient paradigm and accompanying sources of anxiety. Is the devil still a worthy adversary? Can we trust a benevolent God to protect us (or our loved ones) from madness? Can we trust our leaders to protect us from madness at either an individual or institutional level? We conclude with a return to the wisdom offered by Gregory Zilboorg (1941, p. 106). “The question frequently arose: were the authorities dealing with a saint or a disciple of the devil?”

References

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