Can we treat evil?

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What is treatment?

- An activity of professionals
- To bring about an improved state of affairs
- Restore, repair, support, alter
- Regulated and defined both legally and ethically
- Of individuals with disorders; not groups or societies
Can we treat evil?

- Only if it is a disorder of individuals
- Only if evil falls within the discourse of illness, disease, disability or disorder
- ‘Harmful dysfunction’ (Wakefield, 1992)
What is a disorder?

- A combination of facts and an evaluation of those facts
- A complex debate
- Illness, disease, disability, dysfunction
- Must cause harm or failure to perform function supportive to well being

( Wakefield, 1992; Fulford, 1999)
Issues relating to debates about disorder

• Is illness the same as disease?
• What is the relevance of pain or dysfunction?
• Where do statistical norms come in and to what purpose?
• How does one decide what the ‘norm’ is, without reference to ‘norms’?
• Issues of personal agency and identity
The nature of Evil

• Evil is hard to define
• A human activity: nature is not moral
• Specific aspects: conscious, planned, considered, exploitation of the vulnerable, lack of concern for suffering
• The self as the only concern: The Monster threatens the community
Evil and violence to others

• To call an act evil is to make a judgement about another person’s mind
• The wish to hurt another person deliberately is part of the evil state of mind
• May or may not result in an act of physical violence
• Evil may be common; violence is not
Evil: a definition

• (a) Intentional suffering inflicted on the vulnerable
• (b) this suffering is treated with contempt and cruelty
• (c) Both cruelty and contempt are positively supported
• (d) It evokes a judgement of ‘evil’ and social exclusion: the anti-human
Conceptual slippage

Evil is not the same as aggression, violence or antisociality (Midgely, 1984)

Lack of emotionality and empathy may be significant

But complex relationship between lack of empathy and violence

Evil behaviours and actions are uncommon
Frequency vs undesirability

Antisociality, anger and hatred are common
Violence is not
Evil even less common
Degrees of evil?
Not all homicides are evil
Most child abuse is
Evil as a disorder

Statistically deviant and rare
Socially abnormal
Seems to show similar patterns like a ‘syndrome’
A disorder of normal humanity?
If a disorder, it is located in individuals
Could evoke compassion as well as disgust
Easier to address than social attitudes
Perpetration of evil is a failure of humanity?
- Dysfunction of the social mind (Wakefield 1992; Dunbar, 2003)
- Victims seen as ‘fair game’ i.e. not human or as object “merely as a means”
- Contempt for vulnerability and need undermines pro-social function
But, unlike other disorders:

- No evidence of suffering in the perpetrator
- No evidence of any dysfunction except in terms of attitudes to the vulnerable
- Evidence of choice in perpetrators: to begin and to desist
- Not generally seen as ill or diseased until there is opposition to them
- No evidence of concern for the self and contempt for others’ concern
Evil as a state of mind

Some situations may act as triggers:

- shame/humiliation
- loss/threat of loss
- previous exposure to humiliation and denigration when vulnerable
- revenge?
- complex with regard to affects
Cultural factors that facilitate evil

- stereotypes about “acceptable” victims
- denigration of weakness and vulnerability
- stereotypes about ‘acceptable’ violence
- a discourse that talks ‘up’ differences and ‘down’ similarities
- violence by the state: people don’t matter
Are perpetrators of evil different?

• Different to whom?
• Different in what way?
• Are similarities ignored?
• What differences/similarities count?
• Who gets to decide?
Gauleiter
Dr. Meyer
Reichsamsuleiter
Dr. Leibbrandt
Staatssekretär
Dr. Stuckart
Staatssekretär
Neumann
Staatssekretär
Dr. Freisler
Staatssekretär
Dr. Bühler
Unterstaatssekretär
Luther
SS-Oberführer
Klopfer
Ministerialdirektor
Kritzinger
SS-Gruppenführer
Hofmann
SS-Gruppenführer
Müller
SS-Obersturmbannführer
Eichmann
SS-Oberführer
Dr. Schöngarth
SS-Sturmbannführer
Dr. Lange
SS-Obergruppenführer
Heydrich

Source: Haus der Wannsee-Konferenz
Evil and agency

- Perpetrators of evil either blame their victims or take pride in their actions
- Little sense of blameworthiness or guilt because they justify their actions to themselves and others
- Little sense of their own wish to be cruel
- Social support for their views and actions
This thing of darkness I acknowledge mine……..
Treatment issues

Does it make sense to ‘treat’ a crime?

- Rather: we treat underlying antisocial mental states and attitudes
- Risk as continuum not state
- Therapy can consider the interpersonal context of risk: how do relationships increase risk for this person
- The importance of groups
Ownership and agency

- There is a self or mentaliser who owns actions: who is the agent
- The ‘real’ me, who is demonstrated by my actions and decisions
- The ‘authentic’ self (Baldock, 2009)
- High cost decisions need ‘truer’ authenticity
Agency and responsibility

- The language of offending
- Research shows importance of reworking narratives of passivity into narratives of agency
- Acceptance of the offender identity allows for change
- E.g. It wasn’t me
  - It wasn’t me, it was my illness
  - I was ill when I did it
  - I killed her