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AIMS AND SCOPE

Psychotherapy and Politics International explores the psychological implications and consequences of the political, and the political implications of the psyche, both in theory and in practice. The premise of this journal is that psychotherapy is a social and political activity that asks us to examine the processes of self-deception that perpetuate individual unhappiness, as well as social structures that are inequitable and oppressive. Historically, political concepts and values, and their effects, have not been central to the therapeutic process, although that has changed. The journal welcomes articles from all modalities or schools of psychotherapy internationally and from across the political spectrum.

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EDITORIAL

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INTRODUCTION

World events, particularly those following the outbreak of the COVID-19 pandemic (in early 2020) and the anti-racist movements after the death of George Floyd (in May 2020), continue to have lasting influence on the political minds at work in psychotherapy and other ‘psy’ professions. Therapists and academics are reflecting on the implications for society and its psychological health. Living through the COVID-19 pandemic alongside the ongoing climate crisis is the backdrop in the ongoing challenge of how to promote thinking and democracy in a world in which high speed social media communications and political polarities seem on the rise.

How do we respond through theoretical reflection and psychotherapeutic practice in a context of both authoritarian government policies justified by the pandemic and current far-right extremism characterized by denial of COVID-19 and of climate change, or to other forms of denialism, conspiracy theories, homophobia and interphobia, racism and antisemitism, and the struggle of conservatives against the constitutional right to abortion in the United States? These are the themes that dominate this August issue of *PPI*, the third issue of this year. From peer-reviewed articles, to reviews of a play and a conference, the question of how to subvert systemic oppression in psychotherapy is explored.

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THIS ISSUE

In the article entitled, 'Self as a teaching tool', Peter Blundell, Beverley Burke, Ann-Marie Wilson, and Ben Jones make use of personal disclosure to develop trust, empathy, and understanding with diversity in social identity. The article, which was written partly in response to the contributions by Smith et al. (2021) and Proctor et al. (2021), offers an illustration on the use of experiential learning, a sharing of lived experiences—particularly of racism and homophobia—to stimulate discussion and debate. The article also examines the process of doing this and the way in which vulnerability is used to expand consciousness and develop resilience amongst tutors and students alike. Potentially this challenges the power dynamics between tutors and students whilst also modelling affect regulation, openness, and non-defended dialogue.

The question of political bias and differences between therapists and clients is an interesting and stimulating area when it comes to psychotherapy. Evolving consciousness in clients is part of the therapeutic mission. Yet, this is a challenge when working with sensitive political issues, and different, conflicting ideologies between client and therapist. This theme is picked up in both the research-based article on 'Firearms in clients' homes' by Aaron L. Norton, Archer Ziyi Chen, and Tony Xing Tan, and the response to racist comments in psychotherapy by Rosie Hunt. In different ways, these articles present working with a paranoid defence that is nonetheless based on life experience.

Considering the ethics of firearms, young children, and the numbers of deaths in the USA, Norton and his colleagues examine the role of the political beliefs of clinical mental health counselors (CMHCs) on treatment objectives. Nearly 150 licensed CMHCs were consulted, all of whom were members of the American Mental Health Counselors Association. The study aimed to explore the extent to which the political views of the therapists influenced treatment and outcome in clients that had firearms in the home where there were young children.

On the theme of political differences, Rosie Hunt addresses the moral task of the therapist in using their position to address social injustice. Focusing in particular on race and the role of white therapists, she names some of the challenges facing the profession in addressing racism head on. By thinking more about intersectionality, she points to the ways in which privilege and oppression might have more nuanced discussions that are not driven by defensiveness when there are strong experiences of guilt, shame, and inadequacy. She also advocates the need for therapists to understand whiteness such as through making use of the Multicultural and Social Justice Counselling Competencies approach (see Ratts et al., 2016).

Working with an affirmative mindset in intersex therapy is key in the in-depth study of interphobia and right-wing extremism offered in the article by Andreas Hechler. Hechler presents a thorough discussion on the nature of interphobia and binary thinking which is fundamentally challenged when presented with people from the intersex community. As

Hechler asserts, the discrimination faced by intersex people is an ongoing assault for them and it includes therapeutic and psychological settings. Thus, a deep understanding of this is critical in offering an affirmative therapeutic approach. The article examines the process of the German-speaking extreme right to consider how their narratives perpetuate a two-sex hegemony. Connections are made with racism, antisemitism, nationalism, social Darwinism, two-sex ideology, heterosexism, and cissexism, all of which promote binary thinking.

The thought of the extreme right operates not only through binarism, but also through denialism, as has currently been seen in the face of the COVID-19 pandemic. Denial of reality is examined by Alschuler, who links this with the repressed anxiety and defensiveness in facing the prospect and potential destruction of climate change. Alschuler makes the link with Jung's work on the belief of flying saucers, sightings of which increased dramatically at the time when the world feared a nuclear explosion. This fear, especially in the 1950s and '60s, fuelled beliefs in alien invasions in the same way that the fear of the coronavirus and/or responses to it fuels current conspiracy theories.

As the issues about the pandemic (or 'pandemic') are both complex and controversial, we are pleased to have contributions from two authors who take different views of this phenomenon and the challenges it poses. Alschuler's article critically analyses the social reaction to the pandemic, while Bert Olivier's piece on 'Beyond Agamben's *'Homo Sacer'*' and the pandemic prefers to focus his critique on economic, media, political, and governmental powers. Using the pandemic as an example of systemic oppression, Olivier presents a fascinating history and argument for the dynamics driving the power base in many nations during the pandemic. He draws on Giorgio Agamben's ideas to explain how in antiquity the principle of 'sacred man/human' meant someone was seen as 'bare life', and therefore as being fit for execution, and different from ritual sacrifice which was seen as soul saving. He makes a case that contemporary times have seen greater treatment of humans as 'bare life', making it possible for biopolitical and pharma-political atrocities during the pandemic. The challenge Olivier presents to the reader also sheds some light on how and why there has been a mass dissemination of conspiracy theories and other forms of social suggestion.

Further evidence of the trend towards the systemic and collective mindsets are offered in the review by two of the editors (Karen Minikin and Keith Tudor) of Farhad Dalal's (2018) brilliant book *CBT: The Cognitive Behavioural Tsunami* on the politics behind the widespread use of cognitive behavioural therapy in the UK. Dalal's analysis of the use of power and the mindset behind it is clearly relevant for practitioners and academics in the UK, though his book also has international appeal in its critique of how politicians, scientists, psychologists, and other professionals in mental health think about and respond to human minds, psyches, and bodies.

Another piece with a scope that is as applicable globally as it is specifically British is the play 'For Black Boys Who Have Considered Suicide When the Hue Gets Too Heavy', by Ryan

Calais Cameron (2022), reviewed by Rotimi Akinsete. This play places six young black men in a clinical setting as they tell their stories in contemporary British society. Commenting on the relevance of the play in the field of mental health, Akinsete emphasises the strength of young people like those in the play. He underlines their ability to go beyond what is expected of them, but also acknowledges their vulnerability and the risks they face due to their discrimination in white societies.

Akinsete's reflection is made from the perspective of his experience, which he himself describes as that of a 'black, male counsellor', with a training 'in a white, Eurocentric, psychotherapeutic tradition'. Experiences like this are precisely what inspired the *White Therapies Black Clients Conference*, which is reviewed by Karen Minikin. The review reveals that this was a refreshing conference and an important indication that things are changing—especially in the West with regard to the writing, the authority, and public presence of Black therapists who have moved the subject of race from the margins to the centre.

Sadly and worryingly, some recent events show that things are moving backwards, and further marginalising people. Once such event took place at the end of June this year when the United States Supreme Court reversed the 1973 *Roe v. Wade* ruling (*Dobbs v. Jackson Women's Health Organization*, 2022) which gave women in the USA a constitutional right to choose to have an abortion. We wanted to acknowledge this in this issue and are very grateful to Jessica Benjamin and Christine Schmidt for their Notes from the Front Line on this matter. We also encourage further submissions on the impact of this retrogressive ruling, exploring its psychopolitical impact, especially on the lives of women.

LOOKING FORWARD

As we noted in our previous editorial, the next issue of the journal will be a special issue on 'War, Trauma, and Refugees: Psychopolitical Responses', the call for which is as follows:

Against the backdrop of the invasion of the Ukraine, this issue invites submissions from psychotherapists and those in allied 'psy' professions to consider the psychopolitics of war and its impact; present and intergenerational trauma; and the experience of being a refugee and/or working with refugees from war. This might include discussion of the terminology used in this field, for instance, regarding invasion rather than war, and 'forcibly displaced people' rather than 'refugees'. We are particularly interested in articles and other contributions—Controversial discussions, Talks, Notes from the Front Line, Reviews, Art and Poetry—about the differential treatment and different experience of people of colour in these situations and positions.

We refer to this again as, although the deadline for submissions for peer-reviewed articles for this special issue has just closed (as we go to press with this issue), we are still accepting

contributions for other sections of the journal such as Art and Poetry, Notes from the Front Line, and Reviews.

We are planning ahead for issues next year and considering special issues on gender, on neurodiversity, and on psychotherapy education and training, the call for papers which will follow. Please feel free to submit articles for generic issues as well as these special issues.

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PEER-REVIEWED ARTICLE

Self as a teaching tool: Exploring power and anti-oppressive practice with counselling/psychotherapy students

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ABSTRACT

Counselling and psychotherapy training often incorporates experiential learning to help students understand and explore different aspects of self. Lecturers and tutors, facilitating such courses, can also share aspects of their lived experience, as a form of experiential learning. This article describes a workshop on power and anti-oppressive practice that was delivered to counselling students in a Master of Arts (MA) in Counselling and Psychotherapy Practice. Two lecturers (Beverley and Peter) used their lived experiences of racism and homophobia to stimulate student discussion and debate—effectively, they were using self as a teaching tool. This article details their experiences and reflections whilst in discussion with two students (Ann-Marie and Ben), who attended the workshop.

KEYWORDS: power; anti-oppressive practice; counselling pedagogy; self in teaching

INTRODUCTION

This article reports on the experiences, and ongoing reflections, of students and lecturers who took part in a workshop on the topic of power and anti-oppressive practice (AOP) in counselling and psychotherapy. This session was delivered for students completing a Master of Arts (MA) in Person-Centred/Experiential Counselling and Psychotherapy, during their first year of study and before they had started their counselling placements.

We, the authors of this article, are the lecturers (Beverley and Peter) who prepared and delivered the session, and two students (Ann-Marie and Ben) who took part. The idea for this article came after the session had been delivered. Peter and Beverley put out an open call to all students who attended the session to see who was interested in a collaborative writing project about their experiences, including any reflections since the session—Ben and Ann-Marie were the only respondents. We have taken inspiration for this article from other articles which have attempted to describe and critically examine the teaching of other related subjects (e.g., Proctor et al., 2021; Smith et al., 2021).

The central idea behind the workshop sought to use the lecturers' own personal experiences of prejudice, oppression, and discrimination to help students understand the importance of power and AOP in their counselling practice. Ultimately, both lecturers were attempting to use self as a teaching tool. Therefore, we expect this article to be of interest to lecturers and students in a variety of disciplines and settings. For example, educators who want to teach by sharing aspects of themselves or their lived experiences, or students who are engaged with personal development processes within educational settings.

Individuals from marginalised groups can often be pressurised into sharing their lived experiences to educate others about prejudice and discrimination. We wanted to acknowledge this and state that we do not advocate for teachers or educators sharing experiences with students that they aren't comfortable sharing. Beverley and Peter ensured that the delivery of this session minimised the risk to themselves through supportive discussions, and planning and preparation of the session. Students were prepared for the workshop through preparatory reading and had access to their own smaller personal development groups immediately after the session, in addition to opportunities in the session to process what had been shared. However, we acknowledge that any type of teaching that involves sharing lived experiences has an element of risk, for those who are sharing, and for those who are listening.

About the Authors

Beverley is black and female. She worked as a social worker for several years in Liverpool, where she has lived longer than in the city of her birth, Coventry, where she was born 64 years ago to Jamaican parents. In 1990, Beverley, along with two other black female

colleagues, was appointed as a senior lecturer and so became one of the first black women to be employed by the social work department at Liverpool Polytechnic (now Liverpool John Moores University). Beverley's interest in oppression, inequality, and injustice has informed several publications written independently and with others in the areas of anti-oppressive practice, and social work values and ethics.

Ann-Marie is a 47-year-old, white, heterosexual female, and she has worked with people with learning disabilities for over 25 years. She has worked as a support worker and a manager of services, where she has experienced power dynamics from different perspectives. Ann-Marie has witnessed the conscious and unconscious disadvantaged positioning in society of the people she supports.

Ben is a 44-year-old, white, heterosexual, Irish man. He lives in Merseyside, is married with one daughter, and was the first person in his family to go to university. He is a trainee counsellor/psychotherapist following a 20-year career in communications. Ben has a passion for work-related mental health issues and work-life balance after a breakdown in 2015, when in a senior role in a large global organisation. He regularly blogs on mental health issues, drawing on his lived experience (Jones, 2022).

Peter is white and in his early 40s. Peter's pronouns are he/him/his and he is gay. He is a senior lecturer in Counselling/Psychotherapy at Liverpool John Moores University. Recently, he has started to experiment with sharing aspects of his lived experience as part of his teaching. Peter also works as a therapist running a small private practice as well as consulting on various projects as an independent social worker. He has an interest in anti-oppressive practice, as well as the subjects of power and boundaries in professional practice.

Our Process

We have approached this article through a collaborative reflective process which involved a variety of different steps including our own individual musings and our thoughts as a group. Our reflective process was organic and experimental. It evolved intuitively as we moved through different stages of reflection; for example, sharing those reflections with each other and then shaping them into a written text. We have documented our process in the hope that it may inspire others to undertake their own joint student-teacher reflections after undertaking other types of learning exercises.

Initially, we agreed to meet as a group of four individuals via a virtual space. We agreed to write down and share with the other group members our reflections about the teaching session itself. We shared these with each other before the meeting and then used them as the start of our discussion points. We had such a fruitful discussion in our first meeting, and we all made notes on the session. However, afterwards, we regretted that a recording of our meeting was not made, as this meant some of the nuanced reflections hadn't been captured.

Therefore, we agreed to meet again (virtually) and record a further reflective session, between the four of us, as we considered the themes which had come up for us, so far. The following article is split into three parts. Part one, entitled 'Initial Thoughts', details the preliminary reflections we recorded separately before meeting as a group, and we have shared these in chronological order (i.e., our reflections before, during, and after the workshop); however, when it comes to choosing which one of us speaks first in each section, we have chosen to randomise the author order, to value each of our contributions equally. The second section is entitled 'Shared Stories', which details transcript excerpts from our second meeting; these dialogues represent a variety of themes which we found to be important in our reflective process. Finally, we conclude this article with a short summary entitled 'Interpreting Our Story'.

Plans for the Workshop

This workshop required students to access a variety of resources on power and AOP before the session, including articles and podcasts. The session was designed in three parts: (1) a short lecture on the concepts of power and AOP; (2) a presentation of personal experiences of oppression—Peter talked about his experience of homophobia, and Beverley talked about her experiences of racism; and (3) a workshop for students to undertake an exploration of power and oppression in their own lives. This was the second year that this session had been delivered to students. However, due to the COVID-19 pandemic, this year it was delivered online rather than in-person.

INITIAL THOUGHTS

Reflections Before the Session

Beverley: This is the second time which Peter, and I, will be delivering this session; the first one was a year ago. So much has happened since that first session. The pandemic, the highs and lows of working and teaching remotely, the global response to the killing of George Floyd.

Thinking back to that first session: My initial reaction when I received Peter's email was 'do you want to do this?'. I read the email a couple of times and decided that yes, I would get involved. I believed that Peter was genuine in wanting to include issues around power and oppression within the counselling teaching curriculum and I was confident in working with Peter because of his commitment to challenging social inequality and oppression in its many forms. I was pleased to have the opportunity to discuss issues of oppression and inequality within a teaching session with a gay man. These are rare teaching opportunities. Yes, I was very nervous as I didn't know the students. However, I was confident working with Peter; I felt instinctively that we would support each other. I trusted Peter.

That first session was deeply emotional but we both felt that something significant had happened between us, and between us and the student group.

Actively using personal experiences within a teaching session is risky and emotionally draining. You are sharing very painful, hurtful, and humiliating experiences with people you do not know and who represent groups who have contributed to your oppression. You must be emotionally available and prepared. I know my story. Well, I think that I do. I have lived it after all. However, I do know that there is the possibility that I may have buried some experiences so deeply that I can no longer access them. So, I am always aware that no matter how much I think that I am in control of the telling of my story, the very act of telling, the reactions of people that I am sharing my story with, means that things may not turn out as expected. I know that as I am telling my story, I am remembering, and managing my emotions which come with remembering. I am also engaged in a process of editing my story in real time as a response to the situation I am in. A lot is going on and I hope that it doesn't show!

The visual cues, verbal responses/feedback—just hearing the words that I am speaking and how they impact on my emotional self can cause me to skip a chapter, return to a particular page of my story again and again, or decide to just shut the book, ending the dialogue mid-flow. I really don't want to not deliver what I have agreed to do.

When Peter shared with me that he was going to prerecord his sharing, I thought 'what a good idea'. It would mean that you could tell your story in your own time, without distractions, but more importantly you would be in control of what was shared. However, I realised quite quickly that prerecording wasn't for me. I felt for some reason that I would, even with all that I have said, be more comfortable sharing 'live'. When I reflect back, I realise that this decision was not about wanting to take risks. I am a risk averse person. However, I do know that the context I am in provides me with the oxygen to help me to tell my story and I need that oxygen.

As the time neared for me to click on the Zoom link, I began to get what I call my teaching nerves. However, I was looking forward to teaching the session.

Ann-Marie: Prior to the lecture we had been sent several articles to read to help us get a sense of the breadth and depth of understanding needed to fully appreciate the issues surrounding anti-oppressive practice and power. These included the role age has on attitudes towards mental health and services, raising awareness of the reality of LGBTQ+ (lesbian, gay, bisexual, transgender, queer [or sometimes questioning], and others) members lived experience and that of people of colour, as well as questions raised by members of the counselling and psychotherapy profession who live with Tourette's, and deafness.

I was, to be honest, shocked at my own ignorance and the simplified way in which I sometimes view the world, being someone who generally has a 'live and let live attitude'. I didn't see, or didn't fully appreciate, the harm that can be caused by just trying, in isolation, to be a 'good' person. So many aspects of personhood I had never really considered or

acknowledged as opening a person to discrimination and vulnerability, or rather the daily grind of this reality on so many minority groups, and the impact of this on their sense of self. The lecture came a week after a deadline for our ethics essay, which focused on a trainee counsellor supporting a member of the LGBTQ+ community and questions about power. This combination of information, including the Social Graces experiential exercise (see Nolte, 2017), made me think about the many ways in which minority status is created and perpetuated to justify a particular group's power and introduced me to the concept of intersectionality, which I'd never fully appreciated, as well as making me aware of many of my unconscious biases.

Peter: In delivering this session the previous year, students had given feedback that they had found it both powerful and meaningful. Therefore, I was confident in the content of the session as an opportunity for students to explore these concepts. However, I was very apprehensive about this session because it involved sharing some painful aspects of my own story, including experiences of homophobia and discrimination. During the session in the previous year, I had become upset during the discussion and had to finish my presentation early; students had been supportive, but I was worried about ensuring that I was creating a safe space for students. Beverley and I had reflected on this aspect of sharing our own stories, and I decided I was going to prerecord my story to share with students. However, Beverley decided she was going to still share her experiences verbally.

Ben: Arriving at the lecture I was aware that I was already on something of a journey on this course. I was understanding that being 'open-minded', or a person with progressive or liberal views, brought up being taught to treat others as you wish to be treated and loving thy neighbour, was not enough—not by a long way. My initial passive, 'do no harm' view of my role in being non-discriminatory in society, let alone as a therapist, was not going to cut it when we think about how to be anti-oppressive.

Alongside this, the lecture came at a time when I was building a deeper understanding—partly on the back of a recent ethics essay which looked predominately at identity—of how my own identity and the powers and privileges that I hold could impact on others. As a straight, white, middle-class, middle-aged man, I knew that I had hit the privilege jackpot, but I realised that I saw all this from my own perspective, i.e., that it was important for me to try to see the world as others who don't have these powers and privileges see and experience the world. However, what I had not done was to recognise that my identity alone, and the intersectionality of my identity, could instantly impact on others, before we had ever spoken or interacted. My belief that all would be fine once someone got to know/experience me, regardless of what my identity represented or stood for, was naive.

On a practical level, as I am drawn towards self-disclosure and the power of personal stories, I was excited to hear directly from Peter (who I knew) and Beverley (who I had not met). I find that sort of discussion and experiential session helpful for my learning. I therefore

arrived intrigued, slightly nervous that my emerging understanding of anti-oppressive practice would be found wanting, but ready to learn.

Teaching

Peter: This year the session was delivered online, which meant a very different dynamic from the previous year. I noticed the opportunities (or maybe the desire) for small talk was less. I remember seeing Beverley in a sea of student faces, rather than being by my side at the front of the class. I introduced the topic and passed over to Beverley to discuss key concepts when thinking about AOP. My personal presentation was next and because it was prerecorded my anxiety was much less than the year before. However, as I played the presentation which displayed a PowerPoint and video of me talking about my experiences, I felt a sudden sense of exposure and vulnerability within this virtual space. I had prerecorded my talk that morning, and it was fresh in my mind. I talked about growing up as a young gay man and the time when I came out to friends, friends who shared this information without my permission and left me feeling vulnerable and exposed. A similar feeling to today. I also disclosed about an ex-colleague who had once told me that they believed 'all gay men should be killed' but had since changed their mind, since meeting me. It was strange hearing my own recorded words played back, knowing that others were listening to my experiences. I could not see their faces because of sharing my own presentation. I wondered what they were thinking. As the presentation was coming to an end, I heard myself talking about the day David Cameron announced that he was supporting marriage equality and how emotional that made me every time I heard that clip. I feel a tear well up, but I hold onto it. This is not the time. The presentation ends, and the share screen stops.

I wait to see how everyone will respond. The student responses are heartfelt and empathetic, and I think how silly I was to have been worried. Some of what I have shared has touched on others' experiences, and I am pleased that they feel comfortable enough to share their experiences here but also sadness at their experiences of discrimination.

It is Beverley's turn to share. I am conscious she is speaking her story, no prerecording. Beverley has not met these students before, and I wonder what that feels like to open up and effectively talk to a group of strangers. Beverley describes her personal experiences of racism, and although I have heard her share these before, this does not make them any easier to listen to. The death of George Floyd comes to mind, and I think about how many of the issues that Beverley is talking about seem to be in the national consciousness right now. I wonder if, or how, that changes the meaning for students as they listen to her talk. Beverley comes to the end of her talk and apologises to students as she says she has been angry. I must admit I hadn't noticed this feeling in Beverley; I was focused on the pain she had experienced rather than any anger. Or maybe it's because I can't imagine Beverley being angry, as I have always known her as so quiet and softly spoken. Beverley answers questions and we take a break. We ask the students to complete some exercises around thinking about power in their own

lives. I am not sure how appropriate this is at this stage of the class; I am thinking students may need more time to process what has been shared. Or maybe that is what I need right now.

Beverley: It was good seeing Peter on the screen first—it anchored me. Seeing him made me reflect momentarily if I should have gone down the route of prerecording. I am looking forward to co-facilitating the session. I do want to share and engage. I am very aware of the strangeness of sharing private experiences with strangers, of attempting to develop a rapport via the screen (very unlike being in a teaching room where you experience the physicality of people). As I wait for the session to start, I am thinking about navigating the emotional tightrope which stretches between me and the students. One unhelpful comment, a particular look, a particular feeling that may arise in me, can mean the difference between getting across the precipice with just a wobble or two to falling into an abyss of emotional turmoil. I don't want to embarrass myself. I don't want to get upset. I want to be honest in my sharing. I want the students to understand but more importantly to engage in a dialogue with me.

Peter's story was again emotionally hard to listen to. It was different hearing the recording of Peter whilst also seeing him on screen. I thought that it must have been hard for Peter to cope with his emotions whilst being visible to the students. I heard different things this time around which heightened my awareness of the depth of Peter's oppressive experiences.

Unlike the first session, I found it hard at times to clearly articulate my sentences. I felt more emotional than I thought that I would, and I wondered why that was. I remember feeling angry when telling some parts of my story. I did not want to come across as an angry black woman as that can feed into gender and racial stereotypes. So, I am hoping that I didn't sound angry, but I did feel emotional. I know that I am finding it hard to find the right words to tell my story, so I am desperately hoping that I am being coherent. I am struggling at times to manage myself—I want to convey my oppressive experiences without being dehumanised by them once again—but I know that I am particularly upset at how some of my experiences of racism and sexism have been managed by some men in my place of work.

It is very clear that the students have been moved by the narratives of oppression which Peter and I have shared with them. I can tell from the empathetic comments and questions asked by the group that they want to continue to develop themselves, their understanding of difference, and develop their practice. They are sincere, sensitive, and caring to each other and of me and Peter. I feel the pain of those students who were able to share their experiences of not being heard and valued. Teaching virtually magnifies how difficult it is to comfort someone from a distance and so adds to my feelings of not being able to 'emotionally hold' those who are upset.

I remember one woman asking, 'how she could explore her understanding without burdening the "other"', a question which I thought really validates the importance of

providing a safe space where open and honest discussions can take place about the differences and similarities which we share. Teaching sessions such as this one start the process of not only unburdening but of understanding—a necessary first step in developing self-awareness.

Ann-Marie: I was very moved by the very personal, honest, and open sharing of Beverley and Peter, the pain, hurt, and humiliation they had experienced, and the risk they took in telling us, which was very powerful. During the session, I also found powerful the experiencing of my own sense of shame and guilt over stories I have shared that were not mine to share, and of my ignorance and lack of understanding of what it means to be targeted because of one's colour, gender, sexuality, etc.

Ben: Listening to Peter and Beverley left me moved, angry, and feeling incredibly lucky. I have faced some challenges in my life but none because of the colour of my skin or because of the gender of the person I loved.

In just one example, I was sickened to hear how often the n-word was used to Beverley just as she walked down the street. This was happening in the city of my birth and the place I feel most at home. The juxtaposition of my feelings and experiences and how Beverley was treated on the same streets made me feel sick. It was a stark illustration of the different experiences we can all have just yards from each other.

To also hear two colleagues reflect on their respective experiences as employees of the same organisation was also illuminating and shone a light for me on the complexity of intersectionality—and how often people see just one part of someone's identity, or how one part can obscure other aspects of it if we are not alive to our own personal or organisational biases.

Post Reflections

Ann-Marie: I began to see how, throughout the course, we are being called to look at difference, what it is, where it comes from, what my attitudes are to difference, and how this needs to be named more. The week after, we looked at neurodivergence, and have subsequently explored in lectures and in personal development many aspects of 'othering', difference, and power. I am aware of a fear for loved ones, whose identity means they are more likely to face discrimination and microaggressions. I feel the need to educate myself, face my unconscious bias, accept and name those opinions and viewpoints that I hold that hurt others, and be part of the needed change.

I was reminded by the style of the lecture of the importance of stories. The power of telling mine, hearing yours, but also a recognition that how my story is changes—how I live it, tell it—changes as I grow. However, I also alter my story depending on the context, i.e., to control others and/or to reduce risk of rejection, or to impress. I am thinking about people who have

stories that are too readily scripted by others because of their colour, gender, sexuality, ability, etc. How are these voices heard both in the therapy room and beyond? Hence, this is why I joined PCSR (Psychotherapists and Counsellors for Social Responsibility).

Peter: One of the students reported how anxious they had felt before the session. I reflected on the amount of information given to students before the session, which was minimal, and wondered if this was fair. I make a note to be more explicit around the content and requirements for the session for future students. I remember Beverley referring to other aspects of her identity during her presentation, many of which could be considered aspects of privilege. I consider how we could explore multiple aspects of our identities in future, rather than just one; this may offer a deeper intersectional lens for the students to engage with. The feelings of vulnerability and exposure have left me now. I have found myself disclosing more aspects of myself to students during other classes such as personal development groups—it appears to me to have deepened our relationships although I am wary of making sessions about me rather than the students.

Beverley: I am emotionally drained, but I feel in discussion with Peter that the session has provided the students with lots to think about and that they have been able to contribute. Peter will be seeing the group later and so can hear what the students have to say about their experiences in a little more detail, which feels good as an ending for him and the students.

Peter and I take some time to debrief but I am aware that he has more teaching, must be emotionally tired, and needs a break, so we cannot evaluate the session in too much detail right now.

I cannot remember if I discussed at this time or later with Peter the anger that I felt with the injustice and oppression I have experienced. Reflecting back, I remembered that prior to the session I'd had a discussion with a senior colleague about my workload, and this discussion probably was in the back of my mind and perhaps triggered the feelings of past negative/unprofessional experiences of being managed by a white male. I clearly still feel angry. Yes, I am angry. There is a lot to feel angry about in a world and society which is characterised by differences, but I am also hopeful.

Ben: I felt guilty after the lecture because I enjoyed it. I enjoyed hearing the first-hand stories and examples of how Peter and Beverley's intersectionality had played out in their experiences. The guilt came as I reflected on how much effort I felt it must have taken for both Beverley and Peter to tell us about their experiences—in Beverley's case, to 30 strangers. Talking about the discrimination and the challenges they had to overcome in the face of power and oppression could, I am sure, be emotionally draining and I feared that I had added to their burden by expecting them to 'perform'.

I am committed to challenging myself and educating myself on what it is like to walk in different shoes, but this session reminded me of the importance of not expecting those who

are walking in those shoes—possibly traumatised by their experiences—to be expected to share that for my benefit, for my learning.

I am trying, following the session, to continue the journey I started with the course to be more empathetic and recognise that before I speak or act, that my identity is having an impact on people (including future clients). This is especially the case for me as I represent a series of dominant majorities. I also have reflected after the session that it is not just ok, but totally natural, for others to be sceptical or wary of me as we meet, given what I may represent to them. The session was a powerful reminder of this.

SHARED STORIES

These are edited excerpts from a transcript of our second discussion as a group. We have chosen to record our discussions verbatim (only edited to remove personal disclosures and references to other people) so that others could see the way our discussions unfolded. We have called this section ‘Shared Stories’, a reference to the experiences shared by Peter, Beverley, and students in the workshop but also referring to our shared story as authors of this article, which has developed through our writing process. We have put each discussion under a heading to highlight the different aspects of our process.

How Do We Create This Paper?

Peter: We had such great discussions last time. And then we all thought what did we say? So, we have decided to record this discussion as part of our reflective process.

Ann-Marie: The thing is, when you get into discussions, if I get lost in the conversation, I really can't remember it, because it's very much in the here and now isn't it? So, it isn't a planned thought?

Peter: There might be something about that, Ann-Marie, in terms of being included in this paper, that when you have a discussion, like a reflective discussion about something, then how do people retain it? You know? How do you take it away and do something with it? You know?

Ann-Marie: One of the questions we've written down is—how does a story, or telling stories, how is it a teaching aid? If you're at a lecture sat there studiously, you're consciously trying to think! Whereas if it's a conversation in class, there's so much richness. Also, the whole point, the reason why we are doing this, is about the telling of a story. A story that sinks and then it does float back, and just comes back up! However, sometimes you're not conscious of where it's coming from in the first place. This is different from reading a list of books and articles thinking ‘I don't know what these words mean’.

Peter: It's like the experiential element, Ann-Marie, isn't it? Which is what a lot of the course is about. We're trying to do something with that now and turn it into something academic, something that other people can read and maybe understand.

Beverley: I was thinking about that. I think that's quite right. But rather than going down the academic route because you have already started putting our voices together. I thought, well, why don't we write a paper just with our reflections, our deliberations? And so, I know you (Peter) have started trying to put some references in it but perhaps that detracts from what we're saying? I mean, it depends on whether the journal accepts it without many references. But I think that sort of ongoing dialogue, and that sort of the layering of issues and difficulties and how we express things might be, you know, sort of a nice way to write really.

Ann-Marie: I tried to read and understand the Dwight Turner intersectionality book (Turner, 2021). He basically writes a lot of it in a heuristic way. And that sense of how do you use yourself? Use your own experience? And it was, in fact, the bits that I found most powerful were the bits when it wasn't academic, it was him saying how he relates to things. But it just reminded me of what we're trying to do. And how do you have it academic enough for publication, but not so academic that it reaches a broader audience? Because this isn't for me, this isn't just about teaching in this field. This is generally about teaching and teaching in its broadest sense, you know, how do you make cultural change? So, there's all sorts of those layers of this storytelling which could help people shift their thinking about this—it is about what you should or shouldn't do.

Peter: There's something about that, Beverley. I think that's interesting because sometimes with academic journals, almost like you feel like 'oh, I have to', 'I have to put all of that in', in some way to justify what I'm saying, you know? Put it into a context or whatever. But I think there might be something quite nice about throwing all of that away and kind of saying, this is just about our experiences.

[The reviewers of this article raised important points in relation to this sentence. As we viewed this as a continuation of the dialogue on this subject, we decided to include the reviewers' comments and our response. **Reviewer 1:** Except that it isn't! Peter and Beverley have made a conscious decision about sharing yourselves to facilitate learning and that implies a theory of education and facilitation. **Reviewer 2:** I agree they are also questioning the systemic process and oppression in education such as how to be 'academic' and be accepted. **Beverley's reply:** The paper can be read on two levels—the use of self in the teaching environment as well as an exploration of the teaching experiences within a particular class.]

Then other people can contextualise it in their academic work, or whatever. So, it might be something that we could do, and I think it would be good if we did that, we explicitly say that we've chosen not to include anything else. It's just about our experiences. We just wanted to focus on that.

Beverley: Like our stories, really? Yeah. It's not like a novel! I've been reading several novels over the last couple of weeks and you can get quite a lot across. Because it is all based in your personal reality, it's just that you decide to write it in a particular way, you know, for two or three hundred pages, rather than, you know, four thousand words or something.

Ben: I think the point about being explicit is important. I'm taking that head on at the beginning and saying, 'this is not written with many references' for the very reason that it is about experiential learning, it is about, as you say, verbal storytelling. And, you know, there's something without getting too complicated about it. But there's something about one of the themes of the session was about power and making things as inclusive and as open and as welcoming as possible. And there are times when lots of academic references can be a barrier or can bring fear into people. And this is where we've created something a bit more mainstream in that sense, this paper doesn't require significant additional reading or cross-referencing to academic material to open the dialogue and it feels more experiential in nature.

Beverley: I think that's a good point. In the telling of our stories to other people, then it may feel more open for others to then reflect on their experiences and tell similar stories or different stories, without feeling like they're going to be judged, because it's something that's out there. And they can see that it works.

Ben: Totally.

Ann-Marie: And it links into the personal journals we must complete for the course. That notion of reflexivity, and all that sense of coming back to reflect. And 'how do we learn?' because it's one thing to know it, but it's another thing to *know* it? And therefore, I think, again, it was one of your questions, Beverley. How does it change us just hearing another person's story? If we allow ourselves to listen fully to the other, we can be changed in how we see and relate to the other and to ourselves as we further explore our experiences and their meanings. In my experience of the course, it came up in our personal development groups, at least in our group, it was a very rich discussion, it just kept coming up because somebody kept, needing, wanting, to come back to it. I thought about that and wanted to inform or add to a previous conversation. I am still buzzing thinking about some of those conversations.

Thinking About the Impact on Practice

Ben: The bit of this paper that I think is important is any recommendations for changes to practice. I think there's something there for me, which is, and this is obviously my own personal reflection, but for me the strength of the session and that it could be relevant to others. As a receiver, as a student, it's for me, more memorable. For me, there's something about the experiences that all of you shared, it's just so much easier to recall them and what

they mean. I can see both of your faces in my mind's eye. I can remember, you know, how you said that bit of the story and what you said. That's why I think it helps to change practice because it is so much easier to recall. It's not, I go back to my notebook and find the date, who said that? What page is it on? It's Beverley's face, it's their face, I can see them talking to me! It's so much easier to remember and harder to ignore. There might be some people for whom they thought 'well this is a load of rubbish' or 'I'm not really interested in this' or 'I don't accept that'. It is harder to ignore it when they've got your face there and the recollection of it, it's easy to dismiss an article rather than someone standing there and telling you their own experience.

Peter: And there's something important about that—we were sharing our stories in there for the purposes of teaching. Then, the four of us sharing our stories so that other people can see and possibly learn from those experiences as well.

Safety and the Ethics of Sharing Our Stories

Ann-Marie: I think we've all commented on how safe this process feels. I'm just aware that not everybody does have such a safe space. Sorry, I feel a bit emotional, but there just aren't those safe spaces. And, therefore telling our stories, finding this way, this way to encourage people to create a safe space is important because it doesn't come by osmosis.

Peter: There is something there for me as well. I think Ben and Ann-Marie should think about this as well, in terms of that other article we read, those therapists are, were qualified. So, they'd gone through, and they'd qualified as therapists; you are in the middle of your training, and have not yet gone onto placement yet. So, I think about that safety Ann-Marie, when you were saying, 'ooh it feels a bit exposing'. It can feel very vulnerable when writing. And yes, we can challenge ourselves. But I think there's some reflection for you both to do about what you both feel comfortable sharing, and Beverley and I too. Thinking, 'are you going to be happy with that in 12 months, two years, five years' time?', when you're working as a therapist. Do you know what I mean? I think there needs to be some reflections about that, that you don't feel forced to share anything, even if you've written it down already. If you then say 'I'm not sure I do want that' or for it to be out there, then that's okay. You've got to be comfortable with that. I know Ben, you're a blogger anyway, and you kind of put stuff out there anyway about your own experience and process and stuff. But either way, it's just something to be mindful of, I think.

Ben: It's a good point. And I think again that there's something again there about that reflection—we present what we are presenting, in any space, in any conversation and interaction. And there was something about the tone that you, Peter, and Beverley, both set by being so open and vulnerable, and exposing yourself and you expose some quite raw emotions. I think that helped create a space. I am very struck, I think Beverley, it was in one of your reflections that we've all agreed quite a lot with each other. And I think that is a

brilliant point, that we do need to acknowledge in some ways, don't we? That Ann-Marie and I might be the only two students who had a positive experience? I'm 99% sure we weren't because we've had further conversations with other students. But there is something about us acknowledging that this is our experience and doesn't necessarily reflect everybody's.

Beverley: Yes, because it was interesting, there were a couple of people in the session, who did sort of share some of their experiences and obviously, others didn't share, so it's about those different levels of readiness, I suppose. And I think about you know, confidentiality and it is hard once you put something down on paper because, Peter you know that, and I know from writing that you might not agree with the things you've put down, but I think that's about growth and development. I don't think anything is set in stone. So, it's about how we introduce it, and how we sort of protect our space but it's also being mindful that it's an ongoing story, it will change in different ways as we develop and get exposed to other experiences.

Ann-Marie: And I'm just sort of thinking, as you're saying that, this part of me is going, 'oh yeah, do I need to, or do I censor it?', but there is a part of me going, 'actually what does that mean for the client?'. Thinking about the counselling context, if I'm censoring that journey, then what does that say about what the client can bring into the space? Because to some extent, you know, part of my growing has been when I've, excuse my language, but fucked up, I've said the wrong thing in the wrong place. But enough people have given me the opportunity to grow. And that's why I can take the next risk. And, if we don't, we don't always know where the safe space is. We don't know where the risk is. And we kind of have some idea, but there's something about saying, would I want to change it? I'm not sure. But I'd hope I have enough courage to say, 'actually, I need to be honest, I was very ignorant, I'm still ignorant, but this is a journey'. And hopefully, by the end of the article I will be able to say, 'this is where I'm at, and this is the starting point, for a whole new way of looking at the world and being in it', which is essentially, one of the main reasons why I'm on the course, is because the decisions I've made about wanting to see the world differently, to be in it differently, in a more loving, caring, honest way. So, it's part of that journey. But yeah, you know, the editing, maybe there's a need to protect, but I am thinking, 'who am I protecting?' and 'for what purpose?'

Ben: There's something about, by definition, Ann-Marie and I are students on a course being prepared for practice. And I think as a piece of learning to help prepare us for practice, there's a bunch of stuff that we've already talked about around issues and themes and stuff, which is interesting. But there is just so much richness around being aware of people telling stories, you both told a story.

Peter: But I love that phrase you use in terms of 'preparation for practice'. I always say this, you know, as soon as a student has seen their first client, they *are* a therapist, they might not be qualified, but that work is no different to when I see a client for the first time, you know?

You are there. And so, you know, you are in that process of becoming a becoming a qualified therapist, and it's all part of that process, isn't it? It's not an individual distinct thing that's happening.

Teaching Versus Counselling Practice

Beverley: I think in that session we're engaged in storytelling, telling our narratives. But I suppose that is some of the things we're talking about, there's a lot of information that's in there, in terms of our thinking through and filtering and what things we should share and what we shouldn't, because we're still in that teaching mode, and we want to be able to make certain points very clear. So, you know, although we might not have referred to theory or ideas or whatever, they were all there, you know, that's all part of the sub context, the subterranean, the lens, sort of level of the storytelling. So, it's going back to Ann-Marie's points, we are conscious of telling a story, but we're also conscious of being teachers and having the responsibility to enable you to progress in terms of your learning, and on your journey to be counsellors, social workers, or whatever.

Ann-Marie: So therefore, the choosing of the stories that you shared was based on 'this is the theme I want to explore'. And based on that, these are the examples, the experiences and examples that I can share, which hopefully you then get across that message, you know, alongside the theory, in that sense, and then it goes back to—will the student pick up the messages? You don't know what the student is going to pick up, all you can hope is that they've been able to make the connection between the theory, which was what we started with. Although, I realise that I had forgotten about that bit, I just remember the stories. But there was input explaining terminology, and then the stories, but it was the stories that I remember in a sense, maybe we wouldn't have understood fully if we hadn't had the terminology at the beginning of the session, like the glossary at the end of a book to go back to. But that was like a foundation. But it was the stories that were the bricks and mortar. So, you kind of had that balance, so that we could come back to it. And then, there is the point that you need to go onto to further reading.

Beverley: And this, for me, is an interesting experience. Because often, you know, you hold classes, and you don't get that follow up. I mean, this is a valuable learning experience because in the social work department, although we're supposed to be reflective practitioners, I don't think we've put as much weight on reflecting and writing down things as much as the counselling students. So, in terms of taking something back from this, helping student social workers to reflect on certain teaching sessions that they're exposed to, to get them that depth of learning, because it's, you know, it's very different. But very similar, I think experiences of developing yourself thinking about impact of self on other individuals, but also looking at how do I demonstrate empathy, care, concern, love in my practice, because it's not easy to do. But you do need to know how to do that.

Ann-Marie: And it relates to the last bit of the section of what Peter put together changes in practice, in a sense, it feels like we're, we're almost having a discussion around teaching rather than specifically counselling practice, in terms of how do we teach? How do we educate? How do we learn? You are working with people and need to be able to step away and go, 'okay, so what did they hear? How did they hear it? How was my reaction? What's this bringing up in me?', to then look at it and hopefully move forward.

Peter: For me, that idea of sharing personal stories or using self as a teaching tool, I think a lot of teachers will shy away from that, because it's such a vulnerable place to put yourself in. Well, I would like to show that it can be done in a way that is supportive and that is also safe, although not without risk. And one of the other things that Beverley had mentioned, when you were talking in the original talk Beverley, and you kind of mentioned very briefly that whilst you have experienced oppression, but, you know, you're also a middle-class woman, and that has its privileges and things like that. And I wondered whether in the future, whether we might include different aspects of ourselves. So that yes, we're explaining these areas where there's been prejudice and things like that, but maybe other areas where we benefit from privilege, you know, for whatever reason, to kind of give that impression for students to see it's not just one thing or the other but it's multi layered.

Reflections, Upon Reflections, Upon Reflections!

Ben: I think there's also something about Beverley's points around reflection. And so, we had the opportunity that day to reflect, and we wanted to in personal development, we had the opportunity to reflect in our reflective journals, which we're strongly encouraged, you know, told, that it is a crucial part of the programme. There is an important role to play there around reflection, but I think having that as an outlet, you can obviously choose to reflect outside of all those structures and stuff. But it was important to have this opportunity, which obviously, you know, created by Beverley and Peter. Ann-Marie and I volunteered to be involved and it gave us a chance to reflect again; this reflection can be as big or small as you want it to be. We've had such an opportunity to make that quite a big period of reflection which has added to the experience. And the paper hopefully will add to the experience for others as well. And that's what I guess that's one of the key things—go and listen to these stories, but also *think* about them. You know, it's not an entertainment product.

Beverley: Yeah.

Ben: It's a lot to ask someone to tell their story, it can be traumatic. It's not to entertain. It's there, it's a powerful vehicle if you want to take it but it's down to you then to run with that. It's not Beverley's job to educate me on racism, it's not Peter's job to educate me on homophobia, even though the effect of sharing their stories did offer insights and education. It's for me to then think about that. That's one of the things that's good to try and get across

for me, it is the chance for us to reflect on the session that's been so powerful and ask questions about our own assumptions and possible prejudices.

Ann-Marie: I think we both said in our own early reflections, we both thought we were alright, because we were trying to be good enough people, right? It's not in isolation. It's not enough to be nice to your neighbour! It's about being aware of this broader picture and all the things I was blissfully unaware of or were there on the edges of awareness, but I just didn't appreciate what it meant! What it means for both of you, Peter, and Beverley, to be aware of what things may or may not be said or how things are said. And, and that's about it again, am I open to that? Am I open to looking at where I've been part of that, and I was reading yours again, Beverley, when I was really struck by when you said, 'you're coming into a group that you don't know', which was a disadvantage. Also, I'm a white person, you know, part of that group that is part of oppressive practice and oppressive ways of being. There's something about saying that, and you can't control how it's heard; but there's still something about saying that, isn't there? And leaving it there? You've got to leave it open? And you can't start being prescriptive about what happens afterwards?

Beverley: Yeah. And that is quite a challenging thing to say, because many people that I know, *are* white. And so, there is that sort of issue of isolation, of who you trust and so on. But also, it's also for those people who are my sort of support networks to understand that it's not about saying every white person is racist. But that's something I must put into the equation, like a risk assessment, like, who do I relate to? How do I relate to? Will they in the future, say something that's, you know, racist, or sexist, or homophobic, or whatever, then, you know, then your relationships get challenged? And then it is a question of how do you challenge that person?

What Now?

Peter: I go back to Ben's point before, I don't know, Beverley, in terms of how you feel about this? But when Ben was talking about how the learning has kind of continued through this process. It's interesting for me, because we collaborate on that yearly lecture and meet before we do it and chat about it, then do it and have a short debrief kind of afterwards. And, you know, we kind of see each other generally, but this is kind of extended it for me as well, in terms of, you know, this regular kind of discussion about this one class that we had, which is going to probably be done next year, as well, it adds further elements of reflection to my own teaching through the year, which is interesting.

Beverley: Yeah. It is, it's valuable, isn't it? The sort of things you think when you go into teaching that you're going to have all these types of sessions!

Peter: All the time?!

Beverley: All the time? [Peter and Beverley laughing]. So, it's about the time, isn't it? That we should make time when we can. You've organised these spaces for us. And that's been good. But yes, that should be what teaching is about really, but we don't get that opportunity because of numbers, workloads, and all those other external factors that make it just like a one-off event.

Peter: Yeah. And we've done this because we're collaborating towards a specific output, not necessarily, because we just decided we were going to spend some time reflecting.

Beverley: Yeah, so we've justified why we're doing it. I think Ben was also saying about the conclusions. And I think that was quite useful. We started talking about what things we want to put in it. But you were saying perhaps we can open it up and say, this might be relevant for social work students or other students working with people, or human services? Because I do think, you know, there is a thread throughout this, because we're all working with people, deeply vulnerable people. People are telling us about their stories in different ways. I think it'd be useful, even nursing students, I think, need an understanding of what we're going through as part of this teaching process.

INTERPRETING OUR STORY

There are many themes which have come up for us during this process. However, we feel, in many ways, that we have created more questions about the use of self as a teaching tool than we have delivered answers. Sending this article to colleagues, for feedback and review, resulted in lots of different questions about the impact of our approach on all the students in attendance, their learning process, and their counselling practice. Whilst we acknowledge these questions as pertinent, we feel we cannot satisfactorily answer most of them without further detailed research into these processes.

Earlier in the article we reported on our own immediate responses to the teaching experience. In that section, Beverley comments on her concern about appearing angry in front of students and Peter responds by reflecting on his overall experience of Beverley. Whilst we are aware of how anger can often be projected onto black women, we realised that this awareness had not been conveyed within those responses. We thought it was important to acknowledge that somewhere within this article.

We hope that this article will stimulate further research and discussion into the use of self as a teaching tool and how it can impact on the dynamics of power within educational spaces. We (Peter and Beverley) have tried to consider and reflect on *how* we have brought ourselves into our teaching. Whereas all of us have felt, in some ways, that our process has followed a similar path to a client and a therapist meeting each other for the first time. We came with our own understanding of ourselves, as students and teachers, and we presented ourselves to each other. We then moved to a shared understanding—a restorative alliance, a supportive

and trusting relationship. We acknowledge the imperfect nature of our teaching, writing, and reflective processes. It is through making mistakes, and sharing these with each other, that we have found opportunities for change, both personally and professionally. Whilst we have worked towards creating safe spaces for both students and teachers, we acknowledge that we have not necessarily always achieved this for everyone. However, we understand that exposing different aspects of ourselves through sharing our stories always carries an element of risk. We believe these risks were worth it and have made meaningful changes to students' understanding of power and oppression, and hopefully their counselling practice. Finally, we ended our collaboration, and we each took away something different, as teachers, as students, and as people.

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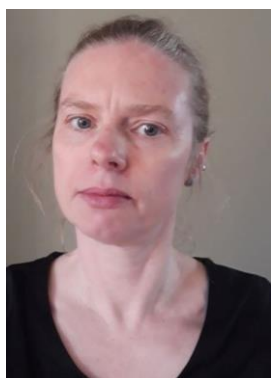
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Ann-Marie Wilson is soon to qualify as a person-centred and experiential counsellor and psychotherapist, having completed her placement in August 2022 and begins the third year of the MA at Liverpool John Moores University in September 2022. She has worked with people with learning disabilities for over 25 years as a support worker and a manager of services, where she has experienced power dynamics from different perspectives. Ann-Marie has witnessed the conscious and unconscious disadvantaged positioning in society of the people she supports, including the inadequate provision of mental health services and support, which will be the focus of ongoing research, and she is keen to be part of an ongoing dialogue about making change.



Ben Jones is a qualified person-centred psychotherapist/counsellor. He is a final year student in the Counselling/Psychotherapy MA at Liverpool John Moores University. In 2014/15, he had a breakdown which prompted a rethink of his work, work–life balance, and plans for the future, following a 15-year career working in corporate communications in the public, private, third, and academic sectors. This breakdown led to his change of career to become a therapist, setting up amjcounselling.com in 2022. He is an active blogger and user of social media, including on Twitter. [@benjamin_jjones](https://twitter.com/benjamin_jjones)

PEER-REVIEWED ARTICLE

Firearms in clients' homes: Role of clinical mental health counselors' political beliefs and treatment objectives

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ABSTRACT

A large body of research has pointed to the potential impact of clinical mental health counselors' (CMHCs) personal, social, and religious beliefs on their treatment objectives, but no research has examined the role of CMHCs' political beliefs on their treatment objectives, especially with politicized issues such as firearms in homes with young children. In the present study, we examined the treatment objectives for clients with firearms at home in relation to American CMHCs' political beliefs (operationalized as political ideologies and political party affiliations), perceived level of seriousness of firearm storage in a home with small children, and general assessment of biopsychosocial status of new clients. Survey data were collected with Qualtrics from 147 licensed CMHCs who were members of the American Mental Health Counselors Association (AMHCA). Perceived seriousness of firearms at home and treatment objectives related to firearms at home (e.g., discouraging firearm storage at home) were assessed using a vignette depicting a 38-year-old male client with two small children at home. General assessment of biopsychosocial status of new clients was measured with the frequency that the CMHC would inquire about 10 topics (e.g., substance use) during the initial appointment with new clients. Hierarchical regression analyses revealed that perceived seriousness of firearms at home and general assessment of biopsychosocial assessment were the most robust and expected predictors of the American CMHCs' treatment objectives. However, the CMHCs' political ideologies and political party affiliations were not significant, suggesting that CMHCs' clinical interactions with the client were guided by professional training/experiences, not by political beliefs.

KEYWORDS: treatment objective; firearm storage; CMHC; political beliefs

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INTRODUCTION

In the United States, deaths and injuries related to firearms in the home are a major public health concern (Grossman et al., 2005; Pallin et al., 2019). Helping professionals such as physicians and counselors can play an important role in reducing the impact of the crisis (Abdallah & Kaufman, 2021; Slovak & Brewer, 2010; Stanley et al., 2017). Because firearms in the home is a politically charged issue (Cone et al., 2021), the role of helping professionals' political beliefs in their clinical interactions with clients who are firearm owners is a worthy topic to investigate. Research on mental health practitioners' political beliefs may inform best practice, especially when related to politically sensitive issues (Bilgrave & Deluty, 2002; LaMothe, 2012). In this study, we sought to investigate the relationship between clinical mental health counselors' political beliefs and their treatment objectives for clients with young children who store firearms at home.

LITERATURE REVIEW

Clinical mental health counseling is defined as 'The provision of professional counseling services ... to individuals, couples, families and groups, for the purpose of promoting optimal mental health, dealing with normal problems of living and treating psychopathology' (American Mental Health Counselors Association [AMHCA], 2021, p. 1). Clinical mental health counselors (CMHCs) are counselors who specialize in clinical mental health counseling. Because personal, social, and religious values and beliefs of mental health professionals (including CMHCs) influence their interactions with clients (Barrett & McWhirter, 2002; Blair, 2015; Bloom et al., 2016; Parikh et al., 2011), the AMHCA's ethical code emphasizes the importance of counselors' self-awareness of how these attributes may impact the clients (AMHCA, 2020). Extensive research has unveiled a relationship between mental health professionals' personal, social, and religious beliefs and their interactions and approaches with clients (Bilgrave & Deluty, 2002; Blair, 2015; Cummings et al., 2014; Morrison & Borgen, 2010; Shafranske & Malony, 1990). Several studies have specifically examined relationships between religious beliefs of mental health professionals and their interactions with clients. For example, most psychologists in two studies conducted by Bilgrave and Deluty (1998, 2002) reported that their religious beliefs moderately or significantly influenced their practice of therapy. In a review of 29 studies, Cummings et al. (2014) found a relationship between therapists' religious and spiritual beliefs and their attitudes about incorporating religion and spirituality in therapy. A meta-analysis by Walker et al. (2004) concluded that most therapists viewed religion and spirituality as relevant in their lives even though they rarely participated in organized religion.

Mental health professionals' political beliefs also influence their practice (Bilgrave & Deluty, 2002; Norton & Tan, 2019; Solomonov & Barber, 2019). Notably, though, mental health professionals, including CMHCs, are more likely to identify as liberals than

conservatives and as Democrats than Republicans (Norton & Tan, 2019; Parikh et al., 2011; Steele et al., 2014). Compared to the general US population, mental health professionals are less Republican, more Democratic, more likely to report no affiliation with a political party (i.e., more independent), more liberal, less moderate, and less conservative. To date, two studies have examined the relationship between the political beliefs of mental health professionals and their preferred counseling theories. The first was conducted by Bilgrave and Deluty (2002) among 282 mental health professionals sampled from the Clinical, Counseling, Psychotherapy, Humanistic, and Psychoanalysis divisions of the American Psychological Association (APA), finding that (1) liberalism, Eastern-mysticism, atheist/agnostic beliefs, and belief in science predicted commitment to humanistic counseling theory; (2) political conservatism did not predict adherence to cognitive-behavioral theory, though age (i.e., younger age), conservative Christianity, and higher belief in science did; and (3) liberalism predicted commitment to psychodynamic theory, along with older age, being female, and lower agreement with Eastern and mystical religious beliefs. The second study was conducted by Norton and Tan (2019), who surveyed 467 licensed mental health counselors in the USA on political ideology and preference for different counseling theory categories (e.g., cognitive-behavioral, psychodynamic-psychoanalytic), finding a relationship between political ideology and preferred counseling theory. These studies, however, did not examine the relationship between political ideology and selected treatment objectives for politicized issues such as firearm storage in homes with young children. Given that the combination of mental health crises and firearm access at home increases risk for injury and death (Simonetti et al., 2015), this gap in the research should be filled.

Due to the lack of research on this topic among counseling professionals, we examined a study by Hersh and Goldenberg (2016) on the relationship between health care providers' political beliefs and their treatment decisions in order to provide a context for the present study. Hersh and Goldenberg (2016) recruited 233 primary care physicians (PCPs) from the 29 US states that provide public listings of the political party affiliations of registered voters. They identified a pool of potential participants whose voter registration records indicated that they were either Democrats or Republicans and mailed them a survey that asked about their political ideology (i.e., very liberal, liberal, moderate, conservative, very conservative, or not sure), general assessment of biopsychosocial status, perceptions of seriousness of different case vignettes, and probability of certain treatment decisions. They concluded that there was no relationship between political party affiliation and treatment decisions on non-politicized issues. However, Republican PCPs were more likely to encourage safe storage of firearms, whereas Democratic PCPs were more likely to discourage the patient from storing firearms anywhere in the home (Hersh & Goldenberg, 2016). Essentially, political beliefs influenced primary care physicians' treatment approaches related to politically sensitive issues, begging the question of whether the same might be true for other healthcare practitioners, including CMHCs.

Collectively, mental health professionals, including CMHCs, are more politically homogenous than the general population and are over-represented by females (e.g., Bilgrave & Deluty, 2002; Norton & Tan, 2019; Parikh et al., 2011; Parikh et al., 2013; Solomonov & Barber, 2019; Steele et al., 2014). To date, no studies have examined the relationship between the political beliefs of CMHCs and their treatment objectives. Based on findings that CMHCs' beliefs influence their practices and that there is a relationship between physicians' political beliefs and treatment decisions on politically sensitive issues, we hypothesized that CMHCs' political beliefs would predict their treatment objectives in the current study.

METHOD

Research Design

In designing our study (IRB#pro00042191), a clinical vignette was used to gather data on the participants' treatment objectives and perceived seriousness of firearms at home. We adopted the vignette from the study by Hersh and Goldenberg (2016) among primary care physicians.

Participants

For our study, CMHCs were operationally defined as active members of AMHCA who were licensed as counselors in one or more states in the United States. To recruit participants, we utilized the AMHCA membership database. AMHCA has approximately 5,600 members and is the largest national association that exclusively represents American CMHCs. To qualify, the participants had to have a current and active license to practice. The recruitment information was posted on AMHCA's community forum from December 6, 2019 to January 19, 2020 and reminder messages were posted one and two weeks after the initial call for participation. Those who were interested in the study were asked to access the posted survey link hosted by Qualtrics. Participation was completely voluntary, and no compensation was offered. In total, completed or partially completed surveys were obtained from 168 AMHCA members but 21 participants did not answer questions about their political ideology and political party affiliation. As a result, usable data were available for 147 participants who were from 38 of the 50 US states.

Measures

Prior to data collection, we established face and content validity for key parts of our data collection measures (i.e., a clinical vignette and a rating scale) with three counselor educators with expertise in both clinical mental health counseling practice and research. Specifically,

they reviewed both the original survey used in Hersh and Goldenberg's (2016) study and the revised survey to be used in the current study and indicated a close fit between the two.

Outcome/Dependent Variable

In our study, the CMHCs' treatment objectives were treated as the outcome variable. As indicated above, they were adapted from Hersh and Goldenberg's (2016) study with PCPs but with slight modifications in verbiage such that items were more applicable to CMHCs. Specifically, the term 'patient' was replaced with 'client', the term 'physical checkup' was replaced with 'initial interview'. Three items were used to construct the treatment objectives related to the issue of firearm storage at home. Specifically, following the vignette, the participants responded how likely they would (1 = *definitely would not* to 10 = *definitely would*) take the following steps: (1) asking the client about firearm storage practices, (2) discussing risks of firearms in the home with the client, and (3) urging the client not to store firearms in the home. The internal consistency was adequate ($\alpha = .70$). The sum of the three item ratings was used in data analysis. A higher sum indicated a stronger likelihood that the participant saw firearms in the home as an issue that required intervention.

Independent Variables

In our study, we focused on the participants' general inquiry related to client care, perceived seriousness of firearms at home, and political beliefs.

General Assessment of Biopsychosocial Status

The participants were first asked to respond to how often (1 = *never* to 5 = *always*) they would inquire, per the policy of their practice or their own preference, about the status of the following 10 areas upon meeting a new client: employment history, family history, hobbies, alcohol use, marijuana use, other recreational drug use, tobacco use, access to/use of firearms, sexual behavior, and exercise. In our study, this measure was used to capture the participant's general approach in assessing a new client's biopsychosocial status. The internal consistency of this scale was high ($\alpha = .86$). The mean of the item ratings was used in data analysis. A higher score indicates that the participant conducted general biopsychosocial status assessment more frequently.

Perceived Seriousness of Firearm Storage Issue

Within the field of counseling, treatment decisions are informed by the counselor's clinical experiences (Stewart & Chambless, 2007). In our study, data for the counselor's clinical

experiences were obtained with a vignette describing a 38-year-old man who had two small children at home, had several firearms in the house, and who presented for an initial appointment with the counselor. Following the vignette, the participants were asked to respond to the question ‘How serious of a problem do you think the issue is?’ (1 = *not at all serious* to 10 = *very serious*).

Political Ideology and Party Affiliation

We operationalized political beliefs of American CMHCs as political ideology and party affiliation. The participants were asked to identify their political ideology as libertarian, conservative, liberal, socialist, communist, or other. Participants were also asked to identify which political party they were currently registered with using the nine major political parties (i.e., Constitution Party, Democratic Party, Democratic Socialists of America, Green Party, Independent Party, Libertarian Party, Reform Party, Republican Party, and Tea Party) identified by the American Democracy Project (American Association of State Colleges and Universities, 2022). Additional options of no party affiliation, not registered to vote, and unknown were also made available. In comparison to Hersh and Goldenberg’s (2016) study, our study extended beyond Republican and Democrat categories to be inclusive of all political party memberships.

Covariates

We obtained data on the participants’ age, gender, race/ethnicity, religiosity, and number of years in practice. Ethnicity options were identical to those used by the United States Census Bureau. Informed by the definition of religiosity by Bjarnason (2007), we asked the participants to report their religious affiliation and to report how important religion was to their everyday lives (1 = *very important* to 3 = *not important*). In data analysis, we used the participants’ ratings of how important religion was to them. It was treated as a continuous variable, with a higher score indicating less importance.

Data Analysis Plan

Prior to data analysis, we checked all variables’ distributions, and none showed abnormal distribution. Incomplete data were excluded from data analysis. For political ideology, we combined several categories into one ‘Other’ category because of a small number of responses in individual categories (e.g., Socialist). This resulted in four categories of political ideology (i.e., Liberal, Conservative, Libertarian, and Other). Similarly, we collapsed several categories of political party (e.g., those who were not registered to vote or had no party affiliation) into one ‘No Party/Unregistered to Vote’ category, resulting in four categories of

political parties (i.e., Democrat, Republican, Independent, and No Party/Unregistered to Vote). Finally, the participants' ages and their years in practice were highly correlated ($r = .70$, $p < .001$). To avoid collinearity, in data analysis we only included age.

To test our hypothesis that CMHCs' political beliefs would impact their treatment objectives, we ran two parallel hierarchical regression analyses. The first one was focused on the participants' political ideology, while the second one was focused on the participants' political party affiliation. We entered the variables into the regression model in three separate blocks: political background (either political ideology or political party affiliation) (Block 1), general assessment of biopsychosocial status and perceived seriousness of firearms at home (Block 2), and demographic background (Block 3). Model 1 of the regression only included Block 1, while Model 2 included Block 1 and Block 2, and Model 3 included all three blocks.

RESULTS

Descriptive Statistics

As shown in Table 1, there were more females than males and more Democrats than Republicans in the sample. On average, the participants were in their 50s and had been in practice for approximately 16 years. As a group, the participants perceived religion as somewhat important in their lives (1 = *very important*, 2 = *somewhat important*, 3 = *not important*). In terms of their general inquiry with working with new clients, the participants scored relatively high ($M = 4.20$, $SD = 0.56$ on a 5-point scale), suggesting that they would inquire about the clients' behaviors in all 10 areas (e.g., substance use). In terms of how serious they perceived firearms at home, they scored 6.52 ($SD = 2.71$) on a 1–10-point scale. Finally, the participants scored 7.11 ($SD = 2.10$) on their treatment objectives on a 1–10-point scale.

Regression Analysis Results

Table 2 and Table 3 summarize the standardized coefficients of regression analyses of the CMHCs' treatment objectives on their political beliefs, general inquiry, perception of seriousness of firearms in the home, as well as demographic variables. We utilized the results from Model 3 to determine if our hypotheses were supported.

Table 1. Descriptive Statistics for Study Variables (N = 135–147)

Variable	Mean	SD
Age	52.44	13.44
Years in practice	16.44	11.58
Importance of religion	2.01	0.89
General assessment of biopsychosocial status	4.20	0.56
Perceived seriousness of firearm at home	6.52	2.71
Treatment objectives	7.11	2.10
Gender	N	%
Male	42	28.60
Female	105	71.40
Ethnicity		
Hispanic or Latino	14	9.50
Non-Hispanic	133	90.50
Political Ideology		
Conservative	29	19.70
Liberal	75	51.00
Libertarian	11	7.50
Other	32	21.80
Political Party Registration		
Democratic party	69	46.90
Independent party	12	8.20
Republican party	26	17.70
No party/Unregistered to vote	44	29.90

Table 2. Regression Results of Treatment Decision/Objectives on Political Ideology

	Model 1	Model 2	Model 3
Liberal	0.22*	0.03	-0.06
Libertarian	-0.11	-0.09	0
Other	0.04	-0.03	-0.07
Conservative	Ref. (0)	Ref. (0)	Ref. (0)
General assessment of biopsychosocial status		0.18**	0.19**
Perceived seriousness of firearms at home		0.53***	0.53***
Importance of religion			0.21*
Male			-0.15*
Female			Ref. (0)
Age			0.09
Hispanic			0.06
Non-Hispanic			Ref. (0)
F	3.35*	18.98***	12.92***
R²	0.073	0.367	0.429
R² change		0.294	0.023

* $p < .05$. ** $p < .01$. *** $p < .001$.

Note: A higher score on treatment decision indicates a stronger likelihood that the participant saw firearms in the home as an issue that required intervention.

Table 3. Regression Results of Treatment Decision on Political Party Affiliation

	Model 1	Model 2	Model 3
No party/unregistered to vote	0.06	0	-0.05
Democrat party	-0.08	-0.05	-0.08
Independent party	-0.20*	-0.12	-0.12
Republican party	Ref. (0)	Ref. (0)	Ref. (0)
General assessment of biopsychosocial status		0.16**	0.18**
Perceived seriousness of firearms at home		0.54***	0.50***
Importance of religion			0.16~
Male			-0.15~
Female			Ref. (0)
Age			0.09
Hispanic			0.07
Non-Hispanic			Ref. (0)
F	2.36~	30.54***	14.18***
R²	0.060	0.392	0.437
R² change		0.332	0.026

~ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Note: A higher score on treatment decision indicates a stronger likelihood that the participant saw firearms in the home as an issue that required intervention.

Political Ideology and Treatment Objectives

As shown in Table 2, when no other variables were included in the regression analysis (Model 1), liberal participants scored higher than conservative participants in their treatment objectives ($B = 0.22$, $p < .05$). However, the variables only accounted for 7.3% of the variance in treatment objectives. In Model 2, general assessment of bio-psychosocial status ($B = 0.18$, $p < .01$) and perceived seriousness of firearms in the household ($B = 0.53$, $p < .001$) both significantly predicted higher treatment objective scores. Adding the two variables into the model led variance accounted for by the variables to increase from 7.3% to 36.7% (a 29.4% increase). Finally, in Model 3, when the participants' demographic background variables were added to the regression, general assessment of biopsychosocial status ($B = 0.19$, $p < .01$), perceived seriousness of firearms in the house ($B = 0.53$, $p < .001$), importance of religion ($B = 0.21$, $p < .05$), and male participant ($B = .21$, $p < .05$) were significant. The model accounted for 42.9% of the variance in the participants' treatment objectives. Based on the results from Model 3, the participants' political ideology was unrelated to their treatment objectives. Thus, the results did not support our hypothesis that CMHCs' political ideology would impact their treatment decisions.

Political Party Affiliation and Treatment Objectives

As shown in Table 3, when no other variables were included in the regression analysis (Model 1), participants who registered as an independent scored lower than participants who were

Republicans in their treatment objectives ($B = -0.20, p < .05$). However, the variables only accounted for 6.0% of the variance in treatment objectives. In Model 2, general assessment of biopsychosocial status ($B = 0.16, p < .01$) and perceived seriousness of firearms at home ($B = 0.54, p < .001$) both significantly predicted higher treatment objective scores. Adding the two variables into the model led variance accounted for by the variables to increase from 6.0% to 39.2% (an increase of 33.2%). Finally, in Model 3, when the participants' demographic background variables were added to the regression, general assessment of biopsychosocial status ($B = 0.18, p < .01$) and perceived seriousness of firearms in the house ($B = 0.50, p < .001$) were significant, and importance of religion ($B = 0.16, p < .10$) and gender of the participant ($B = -0.15, p < .10$) were marginally significant. The model accounted for 43.7% of the variance in the participants' treatment objectives. Based on the results from Model 3, the participants' political party affiliation was unrelated to their treatment objectives. Thus, the results did not support our hypothesis.

Overall, the results showed that general assessment of biopsychosocial status and perceived seriousness of firearms at home were the most robust predictors of CMHCs' treatment objectives. However, the participants' gender and the importance of religion to the participants also affected their treatment objectives, but political beliefs did not play a significant role.

DISCUSSION

We believe this is the first study to test whether clinical mental health counselors' political beliefs mattered in their clinical services related to firearms at the client's home. Our study was informed by the study of Hersh and Goldenberg (2016) on the significant impact of primary care physicians' political beliefs on their treatment decisions with patients who reported firearms at home. Based on their findings, we hypothesized that a similar picture would emerge from data on CMHCs. Our study revealed several interesting findings.

First, we found no statistically significant relationship between political beliefs (i.e., political party registration or political ideology) and the CMHCs' scores on treatment objectives for firearms at home. Thus, this finding failed to support our hypothesis and contradicted results obtained from Hersh and Goldenberg (2016), who revealed statistically significant differences between Republican and Democratic PCPs on treatment decisions related to firearms at home. We speculate that differences in the two professions' codes of ethics likely play a role in different findings from research on counselors and research on physicians. Specifically, the American Counseling Association (ACA) Code of Ethics explicitly prohibits counselors from terminating a client and referring that client to another provider based on the counselor's 'personally held values, attitudes, beliefs, and behaviors' (ACA, 2014, p. 6), as does the AMHCA Code of Ethics (AMHCA, 2020). Conversely, the American Medical Association (AMA) Code of Medical Ethics allows and perhaps encourages physicians

to decline care to an existing patient when ‘the patient requests care that is incompatible with the physician’s deeply held personal, religious, or moral beliefs in keeping with ethics guidance on exercise of conscience’ (AMA, n.d., p. 2). Accordingly, counseling training programs explicitly and specifically teach CMHCs to be aware of their biases, including political beliefs, to avoid imposing their beliefs on their clients, and to ‘seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor’s values are inconsistent with the client’s goals or are discriminatory in nature’ (ACA, 2014, p. 6). However, the American Medical Association’s (AMA, 2014) Code of Ethics explicitly states that physicians are not ethically required to accept all prospective patients, although they should be thoughtful in exercising their right to choose whom to serve.

Second, we found that the CMHCs’ gender and religiosity were significant predictors of their treatment objectives. Specifically, after controlling for other variables, male counselors scored significantly lower than female counselors on treatment objectives, suggesting that male counselors perceived firearms in the home as less of an issue needing intervention than did female counselors. Thus, although CMHCs are trained to stay neutral and not allow their personal views to influence their treatment approach, in reality, they do. Because CMHCs’ gender is a fixed attribute that impacts the counselor’s experiences in and out of clinical settings, it is conceivable that one’s gender identity contributes to an intuitive and socially constructed way of knowing. Difference between male and female counselors in treatment objectives for firearms at home may be related to the social positions that females and males occupy in American society with respect to firearms. For instance, females are statistically much less likely than males to suffer firearm-related deaths, incidents, and accidents in the USA (Geier et al., 2017; Gollub & Gardner, 2019). Differences between adverse male and female experiences with firearms may be related to male CMHCs’ perception of firearms-related issues as unpreventable and female CMHCs’ perception of firearms-related issues as preventable. More research is needed to gain additional insights in gender difference in treatment objectives related to firearms at home.

The importance of recognizing one’s religious beliefs when working with clients has been greatly emphasized in the field of counseling and psychotherapy (Dorre & Kinnier, 2006; Erford, 2015; Gladding & Newsome, 2018; Peteet et al., 2016; Shafranske & Cummings, 2013). Koenig (2013) specifically called upon counselors to be mindful of their religious beliefs in client care, although existing studies have rarely examined how counselors’ religious beliefs, when involved in the counselors’ decision-making, influenced their treatment objectives. A recent study by Duggal and Sriram (2021) has shown that therapists’ religious beliefs were interwoven with choices of therapeutic techniques and theoretical orientation. Our finding that participants who reported that religion played a less important role in their lives more strongly endorsed treatment objectives related to firearm storage in a home with young children suggests that counselors’ treatment objectives are indeed influenced, at least to some extent, by religion. We suspected that counselors who placed less emphasis on the

importance of religion in their own lives may hold a stronger belief that individuals have stronger control of their circumstances and thus should be more responsible for their actions. More research is needed to understand how religion affects counselors' clinical behaviors.

Third, and finally, CMHCs' general assessment of the client's biopsychosocial status and their perceived seriousness of firearm storage in a home with young children were the most robust factors, as expected, in affecting their treatment objectives in addressing firearms in a client's home with young children. This finding is not a surprise as it is consistent with the training and general practice in the field of counseling. Additionally, this finding also offers indirect evidence to the validity of our design. The fact that these two variables accounted for a large amount of the variance in the treatment objectives suggests that CMHCs depended heavily on insights from their professional views to guide their treatment.

Limitations

It is important to consider several limitations when interpreting the results of the study. First, the sample size was small, which made it difficult to conduct more sophisticated analyses on subgroups of participants. All CMHCs who participated in our study were members of AMHCA at the time of survey completion. There are approximately 140,760 CMHCs in the United States (Health Resources & Services Administration, 2020), but only about 5,600 are members of AMHCA. Because there could conceivably be differences between CMHCs who maintain membership at AMHCA and those who do not, it is difficult to know whether our findings are representative of the CMHC population in the USA or the AMHCA members.

A second limitation in our study involves the lack of utilization of an established measure for political ideology to supplement the self-reports. Such measures were excluded to prevent the survey from becoming so lengthy or time-consuming that busy clinicians might be less likely to complete the full survey. While our decision was based on research findings that this procedure accurately predicts voting behavior (Graham et al., 2009; Kanai et al., 2011), the construct of political beliefs could be more complex than party affiliation and political ideology as we measured it.

Additionally, like any study that relies on volunteers, there could be differences in beliefs or values relevant to the study between those who volunteered to participate in the survey and those who didn't (Sheperis et al., 2017). It is thus unknown whether the findings reflect the experiences of other CMHCs.

Finally, while vignettes are commonly used in this type of research, CMHCs were aware that they were not making decisions in an organic clinical environment. The extent to which the results from the current study could generalize to 'real-world' clinical environments is unknown (Sheperis et al., 2017). Qualitative and/or mixed-methods studies may yield additional information about the impact of values, beliefs, and biases on clinical work. For

instance, more insights might be gained from qualitative data on how CMHCs of different political ideologies would respond to working with clients who arrive in the clinic with concealed weapons or visiting clients with and without guns in the home.

Implications

Clinical mental health counseling is defined by AMHCA as ‘the provision of professional counseling services involving the application of principles of psychotherapy, human development, learning theory, group dynamics, and the etiology of mental illness and dysfunctional behavior to individuals, couples, families and groups, for the purpose of promoting optimal mental health, dealing with normal problems of living and treating psychopathology’ (AMHCA, 2021, p. 1). Given the intimate nature of their work, CMHCs are entrusted by their clients with highly sensitive and personal information, and CMHCs are often afforded a position of great influence in the lives of their clients. Because of the nature of their work, CMHCs are obligated by their ethics codes (e.g., ACA, 2014; AMHCA, 2020) to be aware of the impact of their beliefs and biases on their work and to avoid imposing their values on their clients. However, our finding that CMHCs’ religiosity and gender mattered in their treatment objectives suggests that there is still work to be done in terms of reducing CMHC bias in counseling. Because these factors heavily affect one’s worldview, intentional effort on the part of CMHCs is necessary to limit the impact of these factors on client care. We recommend that CMHCs work to identify how their worldview impacts their beliefs and values and, in turn, how those beliefs and values might impact their work when clients present with problems and concerns that relate to politicized issues.

For decades, the field of mental health counseling has stressed the importance of recognition of counselor bias. The ethical codes of counseling associations (i.e., ACA, 2014; AMHCA, 2020) compel CMHCs to be aware of how their values, beliefs, and biases impact their work and to avoid imposing those beliefs on their clients. In the meantime, however, the counseling profession has been impacted by politics. For instance, some state legislatures have passed or attempted to pass legislation affirming the rights and perceived duties of CMHCs to refuse treatment or take other potentially unsupportive actions based on clashes between the personal religious beliefs of CMHCs and presenting concerns of clients. Thus, our finding that the participants’ political ideology and political party affiliation were minimally related to their treatment objectives for a highly political issue may be an indication of progress in the profession’s commitment to reducing bias in client care. In a politically charged and polarized climate, this finding is refreshing and reassuring. Nonetheless, it is unknown whether politics will begin to enter mental health counseling if/as American society becomes more polarized.

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Data availability

Data for this manuscript are available upon request.

Ethics approval

All aspects of the study were approved by the Institutional Review Board of the University of South Florida (IRB#pro00042191).

Informed consent

Consent was obtained by requesting the participant to check the appropriate statement prior to gaining access to the survey questions online.

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PEER-REVIEWED ARTICLE

White therapists grappling with racist comments in therapy

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ABSTRACT

Therapists can be seen to have a moral obligation to use their power to work against social injustice. Engaging with the dialogue of privilege and oppression in relation to race is one example of this. Since responses from white people in being named as privileged can sometimes lead to defensiveness and frustration, a challenge is posed in how to respond to this in therapy. This article suggests that understanding the intersectionality of privilege and oppression in all individuals facilitates the opportunity for more nuanced discussion. It proposes that tools such as the Multicultural and Social Justice Counselling Competencies approach could be used to enable clients to explore their own white privilege. A fictional case example of a white, gay man who is HIV (human immunodeficiency virus)-positive is presented and discussed in order to exemplify this proposal.

KEYWORDS: intersectionality; white privilege; HIV-positive status; LGBTQ+; therapy; oppression

INTRODUCTION

Within an increasingly white-privilege-aware society, therapists can be seen to have a moral responsibility to engage with ways in which clients themselves may be part of an oppressive majority (Drusturp, 2020). Yet, many individual clients come to therapy in the context of their own oppressive experiences, including white clients. In this article, I use a fictional vignette to consider how a client may present with oppressive experiences:

Gary defines as gay and HIV (human immunodeficiency virus)-positive. He describes himself as 'pathetic', 'the bottom of the pile', and 'not worth anyone's time'. He attributes his use of foodbanks to his HIV status, which has contributed to long periods of depression, substance misuse, and repeated suicide attempts. At the beginning of therapy, he explains that he believes the long waiting lists and early discharge at mental health teams, and strict benefit sanctions are due to immigration and pressure on statutory services from people of colour. He attends therapy in order to seek support for his depression and low self-esteem.

He is also white and male, part of the privileged dominant group.

Considering the vignette above, the question of how privilege fits into the experiences of oppression arises. Given the stigma, isolation, and abuse associated with a diagnosis of HIV and also with defining as LGBTQ+ (lesbian, gay, bisexual, transgender, queer or questioning, and other sexual identities), a client such as Gary may simply not consider talking about their own power and privilege (Blosnich et al., 2016; Joe et al., 2018; Turner, 2018). This article considers how a therapist might respond to racist ideology from clients, such as Gary, without undermining the weight of their experience. This is a theoretical article which poses an idea, with the shortcoming of not having clinical evidence to support the recommendation.

The term white privilege, popularised by Peggy McIntosh (1989), requires white people to consider the significant benefits and power they receive simply due to the colour of their skin, and highlights the privilege of not needing to consider this (Pinterits et al., 2009). It has been clarified repeatedly that white privilege does not discount that white people may experience oppression too and may be part of other oppressive groups; white privilege simply means that they have not experienced oppression specifically because of the colour of their skin (Clausen, 2015). The purpose of the many books, articles, blogs, and TV series written about this is to encourage white people to understand their complicity in a racist system (e.g., Bell et al., 2015; Saad, 2020; Wise, 2009).

To change the dominance of a white society, it is important for all people who hold white privilege to consider their own behaviour, yet empirical research has found that white people often respond with fear, anger, guilt, and/or shame to the idea of complicity, leading to disengagement from conversations about the issue (Pinterits et al., 2009). The defensive reactions to the term have become understood as a form of white fragility, yet qualitative research has shown that a further potential barrier is if a white person does not associate privilege with their life narrative (Croteau et al., 2002; DiAngelo, 2011). If someone considers

their life to be disadvantaged, engaging in the hard work of grappling with how their privilege impacts others seems a foreign task (Croteau et al., 2002; Dottolo & Kaschak, 2015). White therapists perhaps have a responsibility, and a fortunate position, to be able to support white clients to grapple with this whilst being held in a nurturing therapeutic environment. The values set by the British Association for Counselling and Psychotherapy include 'respecting human rights and dignity', 'improving the quality of relationship between people', and 'appreciating the variety of human experience and culture', which could be interpreted as promoting a social justice responsibility for therapists (British Association for Counselling and Psychotherapy, 2018, p. 8).

Fundamentally, many people experience both privilege and marginalisation in their life. These realities intersect and become part of the contextual factors that contribute to an individual's unique experience of the world (Ratts, 2017). The Multicultural and Social Justice Counselling Competencies (MSJCC) tool devised by Ratts and colleagues (2016) builds on intersectionality theory, which was developed initially to give voice to the nuance of the experience of women of colour, whose experience was often not acknowledged as different to white women, and to men of colour (Crenshaw, 1991). The MSJCC tool was developed through the historic multicultural and social justice counselling competency movement (Singh et al., 2020). The MSJCC offers a framework for therapists and clients to consider the therapeutic relationship through the lens of their own oppressions and privileges. This tool has been formed to enable therapists and clients to identify power imbalances within therapy (Ratts et al., 2016). However, an additional use of this tool would be to help a client to understand their privilege outside of the therapy room and how they use that privilege. This could be particularly powerful to use when clients make racist comments. The potential efficacy of this is illustrated here through considering how therapists engage with racist comments from a white, male client who is HIV-positive and experiences discrimination for their sexuality.

It is worth noting here that this article proposes an individualised response to what is also a societal issue (Abdi, 2021). Responding to structural oppression is also essential for the overhaul of change needed (Talwar, 2010). However, for individuals to be able to consider their own relationship with privilege and responsibility within that, an individual approach is also needed. For white therapists, this may well involve their input outside the therapy room too.

Reflexivity

It seems appropriate at this point to acknowledge an apprehension I feel in writing this article. I speak as a white, HIV-negative woman. I have been exploring my own white privilege, white fragility, and white supremacy much more in the last year, through reading, conversation, and attending an 'exploring privileges of whiteness' group. I experience influence both from family

and friends who are white and a partner and friends who are people of colour. I acknowledge that I am comfortable with the word privilege, and attribute this to me having white, cis-gender, heterosexual, and able-bodied privilege. From that position of power, I am unsure how appropriate it is for me to write this article (Clausen, 2015). I find that my perspective of the 'right way' to approach this topic changes often, the more I learn. I also, however, acknowledge that silence and fear of saying anything in case it is wrong is an example of white fragility (McWhorter, 2020). So, I simply offer the thoughts here, and hope they provide some useful food for thought, rather than appearing to be an authority in any way, especially as I do not consider there to be a homogenous experience of race or disability (Winker & Degele, 2011). The intention here is not to provide another 'what about people who are HIV-positive' question, but to further the deconstruction of whiteness as part of reducing its power (Case, 2012; Kinouani, 2020). For all white people to truly understand the impact of white supremacy on people of colour and for meaningful change to occur, the nuance of language must be unpacked, and consideration must be given to how this work might look from different perspectives (Mosley Wetzel & Rogers, 2015).

WHITE, MALE PRIVILEGE

'Privilege is typically lived but not seen' by those who have it, despite it being visibly obvious for those who do not (Niehuis, 2005, p. 481). Privilege therefore remains unchecked, and its invisibility enables it to continue and to be denied (Dottolo & Stewart, 2013). As a term, white privilege is useful in highlighting the huge benefit that the invisibility of race has granted white people and challenging the uncritically accepted assumption that race is 'other' and white is the norm (Dyer, 2005). Whiteness operates continually in all aspects of life, granting privileges not afforded to people of colour, through white dominance in powerful jobs, TV shows, religious icons, and many other settings (DiAngelo, 2011; Dottolo & Stewart, 2013). Even in settings intended to be accessible to marginalised groups, often people of colour describe feeling silenced, reaffirming their sense that they are not of value in a white world (Kinouani, 2020).

At first glance, those who possess male privilege alongside white privilege hold dominant power roles nationally, in local society, in families, and within couples (Etchells et al., 2017). Male privilege exists due to the well-established patriarchal systems developed historically and maintained in the present (Coston & Kimmel, 2012). However, unlike whiteness, research deconstructing male privilege is limited and men have perhaps only been encouraged to consider their masculinity through the eyes of female oppression rather than through their own privilege (Etchells et al., 2017).

EXPERIENCES OF OPPRESSION THROUGH BEING HIV-POSITIVE AND LGBTQ+

For Gary, in the vignette, being HIV-positive and identifying as LGBTQ+ are experienced as forms of oppression. People living with HIV often experience both significant mental health distress and intense stigma and judgement linked to how the illness is contracted. Choosing to silence and distance themselves to avoid others isolating from them is often used as a self-protective mechanism, though can instead lead to loneliness (Joe et al., 2018). Another example of the oppressive impact is the increasing numbers of people who are HIV-positive who are identified as in poverty and receiving support from foodbanks (HIV Psychosocial Network, 2018).

HIV has become recognised as a disability relatively recently (Inckle, 2015). A definition of disability as 'impaired' offers connotations of weakness and inability; the antithesis of privilege. Having a disability is experienced by many as a marginalisation within an able-bodied 'norm', because of the societal construct that a perfect body exists and that anything other is deficient in some way (Inckle, 2015; Winker & Degele, 2011). Indeed, it has been argued that being temporarily able-bodied carries a similar privilege to whiteness in not needing to think about how society and systems are constructed for the able-bodied (Inckle, 2015).

Mental distress is also often experienced by those who identify as LGBTQ+ (Blosnich et al., 2016). A cross-sectional, observational analysis of a survey conducted in the USA indicated that gay men reported seven times more suicide attempts than heterosexual men (Blosnich et al., 2016), rates which also increase for younger gay men (Bybee et al., 2009). For many men who are HIV-positive, the stigma and distress are exacerbated by the intersection with identifying as LGBTQ+ (Garrett-Walker & Galindo, 2017; Hatzenbuehler et al., 2013). Longitudinal analysis has indicated that emotion dysregulation develops due to the stress induced from stigma for both HIV-positive status and identifying as LGBTQ+ (Rendina et al., 2017). Health research is also largely hetero-focused, itself contributing further to the stigma (Hatzenbuehler et al., 2013).

It is, however, important to note that being LGBTQ+ is, for many, a huge source of joy, instead of or alongside also being an experience of oppression (Feinstein et al., 2020). However, the experience of guilt and shame, often exacerbated by the stigma, can have significant ongoing impacts on how individuals engage with themselves and others (Bybee et al., 2009). This can have implications for how individuals engage with their own sense of white privilege.

INTERSECTIONALITY

Using Crenshaw's intersectional approach, the intersectionality of privilege and oppression could be explored (Ratts, 2017). The implicit message of Crenshaw's discussion of women of

colour is that identities lead individuals to either be privileged or marginalised (Ratts, 2017). Yet both privilege and oppression impact most people's lives (McIntosh, 2012). Intersectionality is not seeking to consider which lived experience causes more oppression, nor attempting to balance out privilege and marginalisation (Ratts, 2017). Instead, it gives insight into the specifics of that individual life experience to understand how they perceive their status in society (McIntosh, 2012). Intersectionality can be applied in multiple ways; for example, as a theory or as a form of analysis in research (Winker & Degele, 2011).

There is also a risk that people find it easier to talk about the oppression they face than to acknowledge the privilege they have (Ahmed, 2006). For example, a recent incident in America portrayed a hostile response to a statement that a deaf-blind disability activist was a privileged white person (Lee, 2020). This type of dialogue is paralleled by debate about whether white poverty indicates an absence of white privilege (e.g., Bridges, 2019; Winders, 2003). Many of these articles argue against each other, attempting to persuade the listener to understand their privilege better. Despite these ongoing conversations, it seems that little progress is made (Asthana, 2020). It has been argued that discussions about singular issues in isolation inevitably become problematic and negate the complexities of individual experience (McIntosh, 2012). Intersectional pedagogy appropriately positions the different social groups each person is part of as equal and interplaying, rather than engaging with a singular conversation of privilege (Case, 2017).

It could be critiqued that using intersectionality in this light is trying to promote white comfort. Some suggest that it is only through discomfort that people reassess their own privilege (Applebaum, 2017). However, Zembylas (2015) has suggested that discomfort as a means of education could be understood as ethical violence. Instead, by acknowledging the narrative of both oppression and privilege within someone's experience, intersectionality can promote an individual's investment in identifying with the marginalisation they create for others, without feeling their own experience is ignored (Coxshall, 2020).

Intersectionality allows for the validity of all experience, removing generalisations of 'the experience of [people] of colour' and hearing both that individuals differ within groups and have fluid identities within themselves (Applebaum, 2008, p. 405; Bhavnani & Bywater, 2009). As such, intersectionality is a perfect tool for supporting a client to consider their context and to enable them to understand their interplay of oppression and privilege.

APPLYING INTERSECTIONALITY TO GARY

Clausen (2015) argues that all white people carry the 'robust social power of whiteness' (p. 1), irrelevant of their other experience. Furthermore, 'white consciousness' and 'white solidarity' are terms used by DiAngelo (2011). These statements overlook lack of cohesion within white experience (Bejan, 2020). Recognising the significant privilege differences within

whiteness may enable a more deep-rooted change from that social power than currently seems to be occurring (Bejan, 2020; Showing Up for Racial Justice, n.d.). Intersectionality is well placed to be able to offer this. In working with Gary, the core factors considered here in an intersectional light are white, male, HIV-positive status and identifying as LGBTQ+.

Disability and race intersect in perceptions of the body, both relevant in discussions of what an ideal body should be (Winker & Degele, 2011). Men who are HIV-positive may not experience the dominant privilege of masculinity and whiteness, as stigma often reduces their access to those privileges (Fleming et al., 2016). Clausen (2015) suggests that white people experience unconditional acceptance, yet a lack of acceptance is something widely felt by people who are HIV-positive (Joe et al., 2018). The diagnosis also often involves frequently attending hospital appointments and applying for disability benefits due to the impact on mental health and interrupted careers (HIV Psychosocial Network, 2018; Owen & Catalan, 2011). Within a climate of ongoing contention in UK society of whether hospital waiting times and disability benefit cuts are linked to immigration or not (Giuntella et al., 2018; Shahvisi, 2019), there is potential for someone in Gary's position to form a view that they have been unfairly impacted by immigration. Whilst I as a therapist might strongly disagree with this viewpoint, the fact that clients may hold this perspective is a consideration that cannot be entirely ignored in discussing racial injustice. Where HIV status and race intersect for individuals is, of course, nuanced, and therefore acknowledging individual experience, even with intersection, is paramount (Gordon, 1997). The task in individual therapy is how to grapple with that with the client.

This discussion suggests that white privilege may be too simplistic a term to unquestioningly accept for a white person who has experienced their life as lacking privilege (Bridges, 2019). However, the privilege of one aspect of someone's identity should not be disregarded because of their marginalisation of another group (Ratts, 2017). As such, those who are HIV-positive are still accountable for the impact of white privilege. However, responding to their white privilege must be engaged with by acknowledging its distinction from the white privilege experienced by those who are HIV-negative (Bejan, 2020).

ADDRESSING RACIST COMMENTS IN THERAPY, USING THE MSJCC

Therapy can be social action if it focuses on and attunes to both the client's sense of marginalisation and those who they marginalise (Case, 2017). Therapy can also enable growth and change for the client (Rogers, 1951). It can be transformative and deeply moving for therapists of colour to successfully confront racism in white clients (e.g., Leary, 1997). Yet, the responsibility for this should not be left only to therapists of colour (Drustrup, 2020). Using the above context gives all therapists, and in particular white therapists, the opportunity to consider how to respond to Gary. An intersectional approach, which acknowledges

experiences of oppression and privilege, offers much more than a discussion about white privilege in this context.

Intersectionality appeals to a natural therapeutic approach of considering the multiple self-schemas and identities which a client presents with (Ratts, 2017). Ratts, who defines as a person of colour, suggests that there has been a lack of suitable frameworks for considering intersectionality in clinical practice, leading to a lack of confidence for professionals. Ratts and colleagues (2016) use an intersectional framework to propose the MSJCC to consider how the therapist's privilege and marginalisation meets the client's privilege and marginalisation. They have built a therapeutic tool, designed to be used at the beginning of therapeutic sessions, in which both client and therapist complete a form which gives space to reflect on each social group they are a part of and whether that is a privileged or marginalised identity. For example, the therapist and client each complete a section on their self-awareness of their experiences of marginalisation and their worldview in relation to that. They also both complete a section on their self-awareness of their privilege and their worldview in relation to that. They are then invited to consider the interplay between the therapist's identities and the client's identities and the power and oppression dynamics this creates in the therapeutic relationship. By using the form at each session, the therapist can use this to develop conversations about privilege and oppression over many weeks (Ratts, 2017).

Moving this further, the MSJCC model also has potential to be used in enabling a conversation with the client about their own privilege outside of the therapeutic space and how their wider worldview impacts their interactions with others. Through visually considering the ways in which the client experiences marginalisation, immediately alongside the ways in which the client experiences privilege, a constructive conversation could be formed. The therapist would have the opportunity to validate the feelings of marginalisation, which may enable the comfort of the client before attempting to discuss the more challenging identity of privilege (Coxshall, 2020).

Introducing the MSJCC at the start of therapy, with all clients, could enable early discussions about the client's experience of privilege and oppression. Often the initial session(s) of therapy include the space for client and therapist to get to know each other and many therapists use a number of different tools at this time as part of this (Finn et al., 2012). Adding the MSJCC to this could offer a natural way to open the conversation about the client's intersectionality and consider how this might impact therapy. Rather than the MSJCC being a tool which is brought in later, potentially suggesting it is only following the therapist's agenda, it becomes more of a piece for discussion and reflection as part of the opening assessment, much like a genogram or psychometric test (Finn et al., 2012; McGoldrick et al., 1999). Clear rationale for its inclusion should be given and informed consent granted before the tool is used.

USING THE MSJCC WITH GARY

Using the MSJCC with Gary could enable him to first consider his feelings of minoritisation from his HIV-positive status, his sexual identity, and any additional disadvantages resulting from those (such as his experience of stigma, socioeconomic anxiety, and low mental health). It may be that one or two of these identities has the most impact for Gary. He could then also be invited to reflect on his position as a white man and to consider his privilege in this. This can develop a conversation about how these different elements interact with each other for Gary; perhaps the experiences of oppression impacting on racist ideation. It could also enable a conversation about whether anger or otherised views are correctly directed towards people of colour or not. This discussion may bring up emotions of shame and guilt, but these can be of value if they act as a starting point for change (Moore, 2019). Therapists are well placed to support someone to work through the challenging emotions that may arise from this work (Clark, 2012). A development of this could be to support the client to develop the stamina needed to counterbalance white fragility (DiAngelo, 2011).

The purpose of this is both a societal benefit and for Gary himself. Whilst predominantly facilitating a wider awareness of white privilege, enabling Gary to see areas of power in his life can also be empowering for him and help to change an identity of being only oppressed (Cooper, 2009). By focusing on Gary's strengths and resources, he can be offered the opportunity to see the benefits and challenges of power, and from that, to understand his own accountability. Furthermore, this enables him to access his own experience of vulnerability as a tool to understand the vulnerability someone else might experience as a result of his behaviour (Croteau et al., 2002). This speaks to the idea of increased solidarity that, despite huge differences between groups, finding a common ground can increase understanding and empathy (Gaztambide-Fernández, 2012). Secondly, it enables the client to see ways in which their frustration at their own oppression may interplay with how they use their own privilege (Croteau et al., 2002). Oppressing others through scapegoating can be a tool used if someone is repressing challenging emotions, such as anger at their own stigma or shame resulting from this. Psychotherapy can be an important resource in disentangling scapegoating (Scheidlinger, 1982).

This model could seem directive in contrast to a humanistic approach and may lend itself more comfortably to therapeutic models in which the therapist often introduces activities. However, this will also be determined by therapist preference. Offering unconditional positive regard and empathy for how the client has experienced oppression and power will likely be of core importance in how this is approached (Lago, 2011). Gary may not be interested in exploring his own racist ideation and therapists should not seek a specific agenda with clients (Feltham, 2018). Nevertheless, the MSJCC offers the opportunity for both therapist and client to explore their own oppression and privilege together, and how this impacts on their behaviour outside of the therapy room. This modelling can offer a safe space for Gary to explore within if he chooses to (Cooper, 2009).

There are limitations to this suggestion. Firstly, to date, this has not been used in direct work with a client. The suggestion here would need to be explored further in empirical research studying its use in practice to explore any potential difficulties. In addition, there are difficulties of therapist power in introducing this tool, which could be at odds with the client's agenda and presenting issue. Therapists are likely to have different approaches to how they grapple with social justice issues with clients. Some may feel that it is inappropriate to draw from the therapist's social justice perspective when responding to client distress. However, it is worth remembering that the MSJCC does also validate client experience of oppression. From that starting point, using the MJSCC model has the potential to enable the client to understand white, and other, privilege and why it is important for them to consider their power and to explore ways to respond differently to people of colour. The MSJCC is one suggestion of a tool which could be used in this way, and it would be of interest to consider how other tools could be similarly adapted too.

CONCLUSION

White people acknowledging white privilege is essential in rebalancing racial injustice (Clausen, 2015). The progress on this has been too slow and as such, creative approaches are required (Moore, 2019). This work should not only be done by therapists of colour—white therapists have a moral responsibility to use the power they have to tackle racial injustice (Tribe & Bell, 2018).

Through using an intersectional approach to consider white, male privilege alongside identifying as LGBTQ+ and having a HIV-positive diagnosis, this article has made a new contribution by suggesting that tools such as the MSJCC framework could be used to specifically address white privilege with clients who are HIV-positive and LGBTQ+. Working with the understanding that all clients have both privilege and disadvantage nurtures empathy and reduces tendencies to otherise (McIntosh, 2012). By mindfully considering the presence of privilege and oppression in a client's life and the interplay between these, the client's feelings of oppression are validated alongside being sensitively challenged on their privilege and racist views.

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PEER-REVIEWED ARTICLE

An ideology of erasure

Interphobia in right-wing extremism: A call for intersex-affirmative therapy

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ABSTRACT

The discrimination faced by intersex people plays a major role in their life, including therapeutic and psychological settings. Thus, the range and expression of interphobia is crucial for therapists and practitioners to understand as part of an inter-affirmative therapeutic approach. The article examines the writings of key proponents the German-speaking extreme right, with the understanding that many of these interphobic ideas hold true for society at large. By analysing seven interphobic strategies used by the extreme right, we understand how their narratives about intersex people continue to propagate a two-sex hegemony. The seven strategies are: ignore, deny, pathologise, employ paternalism, conjure up the polarity of man and woman, make direct attacks, and functionalise completely different issues to further their political agenda. The article explores the intrinsic entanglement of interphobia with racism, antisemitism, nationalism, social Darwinism, two-sex ideology, heterosexism, cissexism, and sexism and it is also a reconstruction of relevant discourses in sexology, psychology, and gender studies. I advocate for an understanding of human development that is non-hierarchical and therefore does not value any particular expression of human bodies over any other. Pathologisation and ‘fixing’ is contraindicated to healing and resilience, and if therapy is to be inter-affirmative, it needs to accurately reflect the interphobic lived realities of clients’ lives.

KEYWORDS: interphobia; right-wing extremism; intersex; intersex-affirmative therapy

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Content warning: Mentions of interphobia. Quotations featuring descriptions of intersex bodies using offensive slurs. Graphic descriptions of medical interventions and surgeries.

Despite what doctors may say, I don't have any health problems related to my genitals, I don't have recurring infections, pain or problems related to my menstrual flow, and I enjoy sexuality without problems.... I also have no social problems because ... of my atypical genitalia, besides we don't go naked in daily life. I'm 33 years old and I feel happy with who I am and with the body I have. If I had problems in the past, it was because of the humiliating treatment doctors gave me, denigrating language they used to refer to my body and the ignorance of my parents at the time. (Inter, 2017, para. 12)

INTRODUCTION

In therapies, the realities of people's lives play a major role. This also includes experiences of discrimination. In relation to the topic of intersex, this is called interphobia.

Interphobia can be found in society as a whole. It can be found in the extreme right in an exemplary, pointed, and openly formulated way. Since this is well suited for analysis, the article presents interphobia on the basis of the discourses of the extreme right, though most of it holds true for society at large. The focus of the discussion is Germany and Austria.

I assume that a knowledge of interphobia is of key importance when one has an intersex client. Therapy and other psychological settings and their implications for working with intersex clients are therefore the framework of this contribution, which is anything but exhaustive.

The contribution is also a reconstruction of relevant discourses in sexology, psychology, and gender studies.

The article first deals with what is meant by 'two-sex hegemony' and 'interphobia' and outlines a historical aspect of intersex pathologisation in Europe. Knowledge in this field is necessary to understand interphobic articulations today. They are the subject of the next section, which focuses on the far-right and analyses its handling of intersex people and topics on the basis of seven strategies. For this purpose, the works of key thinkers of the German speaking far and conservative right from Catholic (Kuby; Kelle), evangelical (Spreng; Seubert), clerical fascist (Agenda Europe), evolutionary-biological (Kutschera), psychiatric (Spaemann; Bonelli), journalistic (Röhl; Zastrow; Reichel), as well as political actors from the Identitarian Movement (Willinger; Sellner), the New Right (Blaue Narzisse), and party-political (Freiheitliche Partei Österreichs (FPÖ); Alternative für Deutschland (AfD)) milieus will be examined, some of which are translated into several languages and are widely received in Europe and beyond. This section also includes digressions on the ethno-national community and reproductive imperatives. The following section discusses the complex topics around

John Money, David Reimer, the gender concept in sexology and feminism, and right-wing actors in order to detail the analysed seventh strategy. A concluding observation is devoted to the exuberant fear of identity loss in the far-right, shows the intersections between masculinity, racism, and antisemitism, and deals with the relationship between capitalism and two-sex hegemony. It gives an antifascist recommendation, in which amongst others the playing-off of intersex and transgender folks against each other is addressed, and it closes before the backgrounds mentioned with a call for inter-affirmative therapy.

Political struggles of intersex people have made them more visible than ever. If intersex topics are reported on mainstream channels, the far-right will amplify them with ridicule and protest. The number of interphobic articulations has increased significantly in recent years. Intersex struggles for self-determination, visibility, freedom, and justice often meet with contempt and aggression. At the same time, it is striking that gender and sexuality are rarely included in analyses of right-wing extremism. If, on the other hand, analysis happens, there is an imbalance: criticism of gender constructions and forced identity are formulated much less frequently than criticism of gender hierarchies and obvious inequality between men and women. Sexism and antifeminism are still the most likely to be addressed; the analysis of discrimination against LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual, or other sexuality and gender diverse identities) is subordinate to this and is also hierarchical in itself: anti-gay resentments are more likely to be named than anti-lesbian, transphobia is rarely mentioned, and articulations against bisexual and/or intersex people almost never (Köttig et al., 2017; Kováts & Pöim, 2015; Paternotte & Kuhar, 2017).

The German-speaking far-right, with its catchwords 're-education' and 'genderism', has created an ideological construct that is directly related to intersex discourses. The interphobic effects and resentments of a specifically right-wing discourse on 'gender(ism)' and the defence of the binary constructs of sex and gender are discussed on the one hand; on the other hand, the far-right response to intersex topics and the discrimination of intersex people by right-wing theorists is presented. These kinds of conceptions produce erasure and threat of violence against intersex clients, their bodies, and their identities.

This can have far reaching consequences on intersex people's self-conception, relationships with right-wing family members, friends, and colleagues, and their interactions with medical and mental health institutions and practitioners. Effects on self-conception can go as far as to impact physical health. Intersex Human Rights Australia refers to an Australian study 'showing rates of psychological distress similar to "a comparison group of chronic somatically ill persons", thus showing "markedly increased distress"' (Carpenter, 2019, para. 11).

Therapists and practitioners may read this article as a detailed exposition of the direct attacks against intersex people; it is important for anyone who wants to serve intersex

people's mental health and wellbeing to understand the way they are attacked so they can build interventions that directly address both healing and resilience against those attacks.

Two-Sex Hegemony and Interphobia

The two-sex hegemony is an ideology that recognises only two sexes: women and men. It comprises seven imperatives:

1. Exclusion imperative: There are exclusively and exactly two sexes. Who is not one, is the other.

2. Attribution imperative: Every human being must belong to exactly one of these two sexes.

3. Body or genital imperative: Sex has a physical basis; genitals describe the respective sex beyond the shadow of a doubt.

4. Naturalness imperative: Sex dichotomy exists by nature. Women and men exist by nature. Sex is innate.

5. Eternity imperative: The once-made sex assignment (mostly prenatal) is valid for life. Past, present, and future (also post-mortem) are either exclusively male or exclusively female (Garfinkel, 1967; Kessler & McKenna, 1978).

6. Congruence imperative: Sex, gender identity, gender expression, sexual practice, and desire must be intelligible and in agreement (Butler, 1990).

7. Heteronormativity imperative: The two sexes desire and complement each other. Frequently used metaphors for this are pot-lids, key-locks, and the like (Hartmann et al., 2007).

The norm of the exclusive two-sex hegemony is a dominant power dynamic that can only function if all lifestyles and bodies that do not conform to these imperatives are suppressed, marginalised, adapted, surgically interfered, pathologised, and made invisible. The two-sex ideology therefore goes hand-in-hand with interphobia, cissexism, and queerphobia (Dietze, 2003).

What Is Interphobia?

Human bodies are diverse, including biological sex characteristics at chromosomal, hormonal, gonadal, and genital levels. This diversity of human bodies collides with the assumption that there are only and exclusively two sexes. Interphobia is an ideology that assumes that humans exist and should exist only as biologically distinct men and women. If the variations of sex characteristics are outside the male or female 'normal range', a whole spectrum of

discriminatory practices can be applied. They aim to adapt bodies authoritatively to male or female sex norms. In essence, this is about the prevention and erasure of intersex bodies that are judged to be deficient. This can range from abortion and prenatal hormone ‘therapies’ to operations on infants, children, and adolescents, sterilisation and the lifelong administration of hormones to the systematic invisibilisation of intersex life realities combined with lifelong pathologisation, tabooing, and discrimination in all areas of life that demand a binary sex classification. All this amounts to a massive negation of sex diversity. Part of interphobia is also the functionalisation of intersex people for superordinate purposes—often in the enmity of nature versus nurture—while at the same time disappearing their realities and ignoring and dismissing the political demands of intersex organisations.

The fight against interphobia is about self-determination over one’s own body and about a criticism of medicine that asserts itself against the enforcer of the two-sex hegemony, often flanked by the judiciary.

An important aspect of interphobia is the perpetuation of a two-sex ideology. By erasing or otherwise destroying any sexes outside the binary norm, society functionally ignores any irritant that could threaten its ideology. This applies also to psychology and therapeutic practices that can function as another site of harm for intersex people.

Interphobia is closely linked to cissexism, a structure that systematically privileges cisgender and discriminates against transgender people. Cisgender people identify with the sex assigned to them at birth, while transgender people do not identify with the sex assigned to them at birth. In a cissexist society, the gender binary is considered ‘normal’ and ‘natural’ with the underlying assumption that all people are cisgender, readable by their genitals. This is called ‘cisnormativity’ or ‘cissexual assumption’ (Serano, 2007). Cissexism and interphobia differ significantly in that interphobia is primarily directed at sex/the body, while cissexism is primarily directed at gender identity. Other central aspects are linked to this, such as questions as whether medical interventions are self-determined or externally imposed, the point in time (directly after birth or in adulthood), whether people have ‘gender affirming surgery’ or a ‘forced sex change’, and others that cannot be deepened here.

Historical Outline of Intersex Pathologisation

The discrimination of intersex people has a long history in the Western world, and aspects are outlined below. Around 1800, the gonads—testicles and ovaries—became the determining factor of the ‘true sex’ due to their reproductive function. At that time, ‘hermaphroditism’ represented the ‘indifferent’ origin and the first stages of development leading to ‘completely’ differentiated sex characteristics (Klöppel, 2014). Consequently, natural scientists and physicians declared the male and female ideal type to be the ‘most perfect’ and to be the highest in the sequence of development. ‘Hermaphrodites’, on the other hand,

embodied the 'most imperfect' and 'most primitive' degree of differentiation in this new concept of polar sex differentiation.

This understanding of 'hermaphroditism' was 'embedded in the theorem of "higher development"', which assumed a hierarchical arrangement of living beings. To the theorem belonged the assertion that the sex difference was all the more pronounced the higher a species was settled in the development sequence of the living beings and the higher culturally a "human race" was' (Klöppel, 2014, p. 108). Conversely, this meant that the less differentiated gender dimorphism was, the more 'primitive' and 'uncivilised' a culture or 'ethnic group'. From this point of view, 'hermaphroditism' was also regarded as 'degeneration' from a developmental biological point of view, as 'the "primitive" echo of an evolutionary process already undergone' (Dietze, 2003, p. 22). 'Hermaphrodites' were degraded to biologically 'imperfect' and 'useless' existences and to pathological 'malformations' (Klöppel, 2014, p. 108), and furthermore, reproductive 'hermaphrodites' would foster the 'degeneration of the race'.

In the historical genesis, the direct connection between racism, social Darwinism, the binary constructs of sex and gender, and interphobia is evident under the premise of perfecting the purpose of the species.

HOW DOES THE FAR-RIGHT DEAL WITH INTERSEX PEOPLE AND TOPICS?

The far-right has different strategies in dealing with intersex people and topics, all of which are interphobic. It is, as in other fields, anything but stringent in its argumentation; sometimes the same thinkers use contradictory arguments. In many right-wing articulations it also becomes clear that there is a great ignorance and erroneous use of terms. For example, Conchita Wurst, who is neither intersex nor transgender, is described as an 'indefinable hermaphrodite being' (Reichel, 2014, p. 47) or 'bearded hermaphrodite in evening dress and high heels' (Tögel, 2014, p. 216) (translations by author).

These examples show not only a lack of knowledge and ignorance, but also the dilemma of the right when it comes to intersex topics: the reference to 'nature' does not work because intersex bodies are 'natural'. The right-wing Catholic journalist Birgit Kelle points out this dilemma in her most recent publication *Mother Animal*: 'The inability of intersexuals to clearly strike at one of the two sides is, in contrast to all the fluid-queer-pseudo-whatever-genders, not due to crazy self-definitions, but to a physical disposition. Congenital. As a biological anomaly. Such a thing exists' (Kelle, 2017, p. 46). (The terms 'intersexuals', 'intersexuality', 'hermaphrodites', and 'transsexuals' are used in this text either only as quotes or if they reference a specific medical or right-wing way of thought. They are criticised by large parts of the respective communities [Intersex Human Rights Australia, 2009].) The playing-off of LGBTQA+ policies against intersex people will be dealt with again at the end of this article.

In the following, the individual strategies of the far-right in dealing with intersex topics and people are analysed. One strategy simply consists of ignoring intersex people altogether, a second in denying, a third in pathologising, a fourth in paternalism, a fifth in conjuring up the ‘polarity’ of man and woman, a sixth in direct attacks on intersex people, and a seventh in functionalising intersex discourses for sexist and LGBTQIA-hostile politics.

Ignorance

Ignorance of intersex people is by far the most frequently used strategy. Since intersex people are simply not mentioned, only ‘man’ and ‘woman’ appear as the only possible sexes. Naturally, this impedes any critical analysis—what is not there cannot be analysed.

Denial

Many of Kelle’s fellow extremists prefer to deny the facts in favour of their two-sex ideology. It is a more offensive strategy than ignorance.

The German Catholic fundamentalist Gabriele Kuby, an important theorist in the European context, whose main work *The Global Sexual Revolution* has been translated into several European languages, explains: ‘God ... created humans in his image as man and woman because he called them to love. Rebellion against God cannot be more radical, cannot be more insane than when humans deny that they are man and woman’ (Kuby, 2007/2014, p. 59). Elsewhere, she states that ‘every body cell is genetically male or female’ (Kuby, 2012, p. 154).

The politician and former FPÖ presidential candidate Barbara Rosenkranz states in her publication *MenschInnen*, the standard work of the Austrian right on gender relations: ‘The self-evident must not be confirmed: that human beings exist as man and woman’ (Rosenkranz, 2008, p. 46). The Austrian journalist Werner Reichel practices the same refusal to accept reality, for example, when he approvingly quotes a newspaper article in several of his writings in which it says: ‘Biologically [there are] the two sexes, manifested by different chromosomes, gametes, hormones’ (Reichel, 2015, p. 106, 2014, pp. 45–46).

Pathologisation

Following the history of intersex pathologisation outlined above, many right-wingers recognise intersexuality in contrast to the two previously mentioned strategies, but they pathologise it.

When dealing with intersex people, Rosenkranz (2008, p. 41) writes of ‘prenatal developmental disorders’ and ‘no distinct sex characteristics’, Werner Reichel (2015, p. 106)

fabulates of ‘deformities and anomalies’, and Kuby (2012, p. 216) simply states: ‘Intersexuality is a collective term for biological-bodily diseases’. The German plant physiologist, evolutionary biologist, and regular author of fascist journals Ulrich Kutschera is downright obsessed with intersexuality and writes, among other things, about ‘defective prenatal processes’ (Steudel, 2016), ‘malformations or design errors’, and ‘aberrations of ontogenesis’ (Kutschera, 2016, p. 114).

Also, the Austrian psychotherapist, neuroscientist, and Catholic fundamentalist Raphael Bonelli joins the pathologisation at a symposium of the ‘Demo for All’ 2016 in Stuttgart, when he talks about intersex people: ‘A developmental step was not successful’ (DemoFürAlle, 2016, 36:17). At another point in his lecture, he makes fun of the intersex former ski racer Erik Schinegger and attests him a ‘defect’ (37:07). In all these articulations, the continuity of interphobic thinking within the framework of the theorem of higher development through sex dimorphism becomes apparent.

This thinking takes us directly to the medicalisation and interference with what is considered ‘normal’ human development by the medical apparatus. Intersex Human Rights Australia states:

Guidelines for medical interventions relating to intersex variations are scarce, though increasing in number, and contested. A 2006 clinical ‘consensus’ statement is frequently cited as a foundational text for the clinical management of intersex traits, but is contested as it facilitates medical interventions for psychosocial rationales ... ‘consensus’ statements attempt to construct clinical norms based on an appeal to clinical eminence. (Carpenter, 2020, Intersex specific guidelines section)

Interphobic thinking becomes institutionalised; turning two-sex hegemony into medical standard of care practice.

Paternalism

A specific variant of pathologisation is paternalism towards intersex people.

Bonelli attests a ‘severe suffering’ (DemoFürAlle, 2016, 36:23) to intersex people, Rosenkranz speaks of ‘mostly ... mental discrepancies’ (Rosenkranz, 2008, p. 41), and Kuby projects a ‘severe fate for a human being and his parents, if an anomaly of the biological sex characteristics is present’ (Kuby, 2012, p. 157).

At no point are those who write in this way concerned about the interests of intersex people and their organisations—these are ignored. The reactions to those who advocate self-determination for intersex folks are aggressive. In a perfidious twist, Rosenkranz states: ‘Intersexuals, transvestites and transsexuals are instrumentalized by gender advocates to create an “ambiguity of gender”’. On the other hand, there is less concern for the well-being of those affected’ (Rosenkranz, 2008, p. 132). Bonelli speaks in rage: ‘That ideologists abuse

these suffering people in order to consolidate their ideology is a mess!' (DemoFürAlle, 2016, 36:26).

Both such announcements are a classic mechanism of projection: in fact, it is these right-wingers that paternalistically instrumentalise and abuse intersex people for their very own purposes, as will be explained in more detail below.

Conjuring up the 'Polarity'

The flip side of the pathologisation of intersex topics is the conjuring up of the 'polarity' of man and woman, which shimmers on the horizon as a utopia of happiness and a place of longing. Corresponding announcements by right-wing ideologues quickly slide into the kitschy esoteric. The evangelical brain researcher Manfred Spreng (2014, p. 73) means 'to recognize the benevolent intention of the Creator, which ingeniously created this interlocked and optimally complementary polarity of the human couple. They are inevitably dependent on each other in their complementarity'. Austria's most famous 'Identitarian' Martin Sellner (Martin GI, 2014, 11:49) vlogs about man and woman: 'Both are complementary polarities, the one without the other is nothing'. His comrade Willinger (2013, p. 22) was also struck by an epiphany: 'But we have realized the true nature of the sexes and like to dedicate ourselves to them. We want to be real men and real women'. He contrasts in his main work, *The Identitarian Generation*, 'the strong and the beautiful sex', which in the good old days 'joyfully united', while in the 'degenerated', modern society only listens to the 'alliance of the hermaphrodites..., the league of the halves, the union of nothing' (p. 21). Kuby throughout invokes the apocalypse of the 'deconstruction' (Kuby, 2012), 'denial', and 'dissolution' of binary gender.

Accordingly, 'danger' emanates from all those who are not 'right' and 'real'. Sellner (Martin GI, 2013, 5:46) vividly sketches the horror scenario: 'Women are becoming ever more masculine and men ever more feminine. Basically [everything] melts together ... into such an androgynous, formless, undifferentiated being'.

An example for the interlocking of different strategies can be found with the Catholic fundamentalist and psychiatrist Christian Spaemann, who compulsively tries to sort intersex people into a dichotomous logic: 'Intersexuality is a rare disorder in the development of the sex organs ... These clinical pictures are also based on the duality of sex and gender ... Most of them can therefore be assigned physically and psychologically quite clearly to the spectrum of man or woman. They find their desired place, yes, protection, in the binary gender order' (Spaemann, 2018, p. 2). This view of intersex people, which is very frequently encountered in medicine in particular, is also a form of denial through pathologisation, the polarity of the sexes is conjured, and the view on intersex people is paternalistic.

Why is sex and gender polarity so important to the far-right, why does it feel so threatened by ways of being in the world that deviate from normative bipolarity, and why do some of its theorists deny that intersex people exist?

The Relevance of Bipolarity for the Far Right

In essence, the driving force for conjuring polarity is less interphobia—which is rather an effect—but the ideology of the ethno-national community and the imperative to reproduction. The far-right glorifies the ethno-national community and endows it with an intrinsic value. The people should be strong, they should grow and reproduce. Demographic developments are followed closely and the phantasm of an alleged ‘extinction of the Germans/Europeans’ is extrapolated. In order to avert this development and strengthen the ethno-national community, reproduction is of paramount importance. If the sexes are defined as fundamentally different, the only way to discover each other is through desire. Against this background, the invocation of the polarity of man and woman under the conditions of the heteronormativity imperative is central. Thus, Sellner (Martin GI, 2014, 8:30) says: ‘There is an essence, namely that the two poles man and woman attract each other, and that life arises from the union of these two poles. And this polarity, this fruitful difference, which is greater and deeper than only on the level of human being, goes on’. Elsewhere he says: ‘It is always about this primordial sexual attraction between polarities’ (10:16). If the polarity is lost, in this logic also Eros dies, which in turn is important for the reproduction and thus the preservation of the ethno-national community. Willinger imagines this Armageddon for true believers: ‘And so female men and male women met each other and yet knew nothing what to do with each other’ (Willinger, 2013, p. 21).

A dissolution of the polarity of man and woman leads, according to ethno-nationalist logic, not only to the destruction of the ‘true nature of the sexes’ (Willinger, 2013, p. 22), but is identical with the ‘death of the people’. The preservation of a rigid two-sex hegemony is therefore extremely relevant for the functioning of far-right concepts of social order. The ‘unity mania and identity compulsion’ (Stögner, 2017, p. 158) of the right in this case affects all those who on the different levels—sex, gender identity, gender expression, sexual practice, and desire—defy conventional logic, including intersex people. These are indications of a harmful development of the German people and stand in the way of the overriding goal of the ‘pure’ and superior ethno-national community.

Social Darwinism

Population policy here is not only a quantitative matter, but also a qualitative one; it has a social Darwinian and eugenic component. Carlos Wefers Verástegui writes in the New Right magazine *Blaue Narzisse* that ‘what beats the species cannot survive the struggle for

existence. These include above all the hermaphrodites, since the hermaphrodites do not belong to the whole species according to their nature. Humans are not hermaphrodites' (Verástegui, 2017, *Eine Errungenschaft der techno-szientistischen, postmodernen Zivilisation* [An achievement of the techno-scientific, postmodern civilisation] section). The German fascist Björn Höcke, chairman of the AfD parliamentary group in the Thuringian state parliament, said at the 2014 Christmas meeting of the Young Alternative Baden-Württemberg: 'The synthesis of man and woman, this lived polarity of life, is about something else: It is about the fact that this polarity is the germ cell of the higher development of mankind' (Hans-Erich Kraft, 2014, 41:52). As mentioned before, the idea of 'higher development' is also part of interphobia and has a long history. It has always stood for the exclusion of intersex people, who are constructed as 'sick', 'abnormal', 'degenerate', 'inferior', and not able to survive. The racist-nationalistic and eugenicist longing for a pure and healthy allegorical (ethno-national) body demands such individual bodies, whose only function is to preserve the whole and which must therefore be binary (Lehnert, 2010).

The FPÖ-Institute for Education writes: 'In the end, the destruction of identities is to be achieved—in society and culture as well as on an individual gender level. The goal of "gender mainstreaming" is nothing other than the creation of the "new man"' (FPÖ-Bildungsinstitut, 2013, p. 136). The phantasm of the creation of a 'new man' by 'the genderists' is not only a very basic defence against egalitarianism, but the Damocles sword of 'genderlessness' and 'indifference' in this logic also means a step backwards in the development of the 'race'. The androgynous 'new man' symbolises degeneration for the far-right. Intersex people are therefore desired neither as children nor as (biological) parents. Social Darwinism and eugenics are likely reasons for the sterilisation of many intersex people.

Direct Attacks

The other side of conjuring up the polarity is the mockery of and direct attacks against intersex people as the sixth strategy. Regular attacks, intimidation, and degradation of intersex people occur in the media and in the political arena. The 'Organization Intersex International (OII) Austria' states that the 'topic is ridiculed' and that there is a wealth of 'degrading comments on articles on intersex or the third sex entry in online forums of various Austrian media' (VIMÖ, personal communication, May 30, 2018). For example, the FPÖ-related online portal 'Unzensuriert' writes about the best-known intersex person in Austria, who filed the complaint for the 'third option': 'An Upper Austrian who cannot or does not want to decide whether he is a male or female' (unzensuriert.at, 2016, para. 1). This applies in a very similar way to the situation in Germany, where the person who brought the action on the 'third option' before the Federal Constitutional Court explains in an interview why they want to remain anonymous: 'I don't want to hide ... but also I don't want to be exposed to the mood that is now being created against us, especially from the right' (Fokken, 2017, para. 19).

There are also verbal as well as physical assaults against recognisable or suspected intersex people in physical space, 'where it can be assumed that the attackers have a far-right background' (VIMÖ, personal communication, August 16, 2018).

The attacks find their counterpart in institutional action. The Austrian Ministry of the Interior instructed the registry office in Steyr to deny the aforementioned intersex person the registration 'inter'. Instead, 'diverse' was to be specified as the gender. This abuse of authority was explicitly against the ruling of the Constitutional Court from June 2018 (Brickner, 2019).

Since the summer of 2019, attacks on intersex people in Germany from the parliamentary sphere have intensified considerably because of a nuisance parliamentary political manoeuvre called a 'minor interpellation' from the AfD. Implicitly, two minor interpellations brought into question the competence of one of the few intersex persons living openly in Germany (Deutscher Bundestag, 2019a, 2019b). This particular individual is known for offering peer counselling to other intersex people, making the attack even more effective against the intersex community as a whole. In these interpellations, medical power of definition over intersexuality is demanded and, in this connection, inquiries are made as to how public money is spent. Another minor interpellation from March 2020 demands details about people who have registered their civil status as 'diverse' since the decision of the Federal Constitutional Court of December 2018 or who have requested that their civil status be deleted (Deutscher Bundestag, 2020a). The questions are so detailed that some of the answers are refused by the government 'for reasons of data protection' (Deutscher Bundestag, 2020b, pp. 7–11). These minor interpellations are part of a larger project in which the AfD creates enemy lists.

There are many more examples, though often the attacks do not reach the public because the attacked are not famous and neither have the resources to reach a wider public audience nor the financial means to legally defend themselves. Since this strategy is directed against specific intersex people, it is very powerful and contributes significantly to perpetuating the invisibility of intersex realities, as coming out is considerably more difficult due to the dangerous situation.

Functionalising

For some years now, the far-right has been using the made-up German word 'Genderismus' to refer to various emancipatory aspirations that revolve around equality, reproductive rights, and sexual, gender, and family diversity. In order to legitimise its fight against 'Genderismus', it is in need of argumentation and must prove that 'gender' is somehow bad and evil. To do this, it uses the 'John/Joan' case, which is discussed in the next section. This example allows a deeper understanding of why the far-right associates 'gender' with 're-education' and 'ideological experiments' and to understand the specific interphobia associated with a particular theorisation of gender. This seventh and last strategy could be called

functionalisation of a specific discourse on intersex topics for sexist and LGBTQIA-hostile politics.

The next section explores in depth the way this functionalisation developed and how it has affected the discourse in feminist thought as well as in the far-right.

DAVID REIMER AND THE SEX-GENDER DEBATE

Reinterpretation by the Far-Right

The John/Joan case is world-famous, widely discussed, and one hardly finds a text on gender from the conservative side to militant neo-Nazism that does not implicitly or explicitly refer to it. This applies not only to the German-speaking world, but also to the whole of Europe, North America, and presumably beyond.

For the first time in German-speaking countries, right-wing media took up and reinterpreted the case in 2005 with an article by the antifeminist journalist Bettina Röhl in the magazine *Cicero* (Röhl, 2005). One year later, the head of the political department at the conservative *Frankfurter Allgemeine Sonntagszeitung*, Volker Zastrow, copied most of Röhl's work and poured it into a long article (Zastrow, 2006a) as well as a short book with this and another article (Zastrow, 2006b). In 2008, Barbara Rosenkranz introduced the topic in *MenschInnen* to the Austrian context. Like almost everyone else before and after her, she copied Zastrow's work. To this day, there has been hardly any change in the argumentation, and many of the right-wing pundits mentioned so far refer to Zastrow, Kuby, and/or Rosenkranz. Comradeship among right-wingers: Bettina Röhl (2015) quietly complains about this sexism in an article from 2015 that she is not quoted, but does not call it 'sexism'. Kuby quotes Zastrow in detail and writes of 'spiritual gender conversion' (Kuby, 2012, p. 60); the FPÖ official handbook speaks of 'ideological gender conversion' (FPÖ-Bildungsinstitut, 2013, p. 135)—a term that can be traced back to Zastrow's 'political gender conversion' (Zastrow, 2006b) and which has since become an integral part of German neo-Nazi and conservative jargon. In the anthology *Rape of human identity. About the fallacies of gender ideology*, Zastrow is almost treated like a guru (Späth, 2014), and Kuby's works are described as 'pioneering' (Seubert, 2014).

David Reimer

'John/Joan' is the scientific pseudonym for David Reimer. He was born in Canada in 1965 as Bruce Reimer, as a boy. When he was circumcised at the age of eight months, there was an accident, and his penis was scorched. His parents sought advice and contacted John Money, a psychologist in Baltimore. He was convinced that psychosexual development was essentially determined by education and suggested that Bruce be educated as a girl. From then on, Bruce

was Brenda. The experiment failed dramatically. Brenda never felt like a girl. After he was enlightened about his story at the age of 14, he lived as a man and called himself David Reimer. Again, for understanding: John/Joan, Bruce Reimer, Brenda Reimer, and David Reimer are all the same person. David Reimer has revealed his identity himself.

He was neither intersex nor transgender. He was assigned a clearly male sex at birth, castrated by the medical establishment, and feminised by psychiatry. Twelve years after these horrible procedures, he was enlightened about his history and decided to live as a man. In order to do this, he had to undergo hormone treatment, operations, examinations, and interviews again (Butler, 2001). The doctors treating him this time were Keith Sigmundson and Milton Diamond. The latter is a sexologist and reproductive biologist and was Money's competitor for many years. Diamond rejected the theory of the social imprinting of gender identity and was convinced of the biological, especially prenatal-hormonal determinacy of gender and gender identity (Klöppel, 2008).

Reimer was twice in his life exposed to intersex treatments and transition surgery at a time when these procedures were comparatively new and untested. This is one of the reasons why his case is so closely linked to the treatment of intersex people and transsexuals in the Western world. The fame is further enhanced by scientific theories about gender, which particularly have been developed on inter- and transsexual people and are highly contested.

Controversies: Nature vs. Nurture

As a rule, John Money is portrayed as the person who represents the nurture thesis. This is wrong. Money did *not* introduce gender to separate the physical body from the social construction. On the contrary, he used gender to shape the idea of sex: a female gender should have a female sex, and vice versa, he assumed that this female sex would generate a female gender.

In Money's work, nature is produced in authoritarian conformity along a two-sex system, and it remains the irreversible basis for nurture—we are dealing in Money's thinking with an essentialisation of gender and a quasi-biological determination: The 'right' body should produce the 'right' behaviour. Money was 'not interested in a power-critical deconstruction of gender roles, but in securing their uniqueness', as cultural studies scholar Gabriele Dietze (2006, p. 51) explains. He wanted to create a very specific version of femininity or masculinity, which was 'successful' when gender role expectations were not only achieved, but exceeded. Accordingly, his actions were also motivated by heterosexism: Money was fixated on the production of 'functioning' sex organs for heterosexual penetrative sex, and this requires dimorphic bodies that are perfectly complementary.

Political Instrumentalisation

Money's essentialist constructivism was always attacked by biological essentialists. The latter argue—not surprisingly—that masculinity and femininity reside very, very deeply in genes, hormones, and brains.

In 2004, Reimer committed suicide due to difficult living conditions: his brother had died two years earlier of medication poisoning under unexplained circumstances, he had debts due to a bad investment, was threatened with unemployment, his wife had separated from him, and he was depressed. Although all this has to do with Money's treatments, it can't be narrowed down to them (Barlow, 2014).

One year after Reimer's suicide, the article by Röhl appeared and since then his story has been interpreted again and again by the conservative and far-right. For them, the John/Joan case is the original scene for 'human experimentation' above everything that has 'gender' on it. It provides the blueprint for essentialist argumentations and against a constructivist understanding of gender. John Money is stylised as 'one of the scientific pioneers of today's gender theory' (Rosenkranz, 2008, p. 41) and 'one of the most important mentors of the genderists' (Reichel, 2015, p. 101), while Kutschera speaks throughout of 'moneyism' (Kutschera, 2016). For Kuby (2012, p. 59), he plays 'a key role in gender ideology, which proclaims the free choice of gender'. David Reimer becomes a deterrent example of what happens when this theory becomes practice. 'One of the first victims was Bruce Reimer', writes Reichel (2015, p. 101), and Bonelli (DemoFürAlle, 2016, 41:20) adds: 'This [suicide] happens when people are stripped of their identity as a man or a woman'.

David Reimer has meanwhile become a self-referential system with the short formula 'Gender = Violence'. When the far-right rages against 're-education' and 'gender experiments' (FPÖ-Bildungsinstitut, 2013) and agitates against intersex and trans rights, sex education in schools, reproductive rights, gender mainstreaming, marriage for all, or the questioning of traditional gender roles, this always happens against the backdrop of this analytical grid. 'Gender theory' became a signifier for torture, the name 'David Reimer' is the epitome of the cruelty of the so-called 'gender ideologues', and for a good 15 years the analysed publications have quoted his case as the ultimate proof of the triumph of nature over nurture.

The Term 'Gender'

The actual conceptual history of gender is a different one. At first, gender was a lexical-grammatical category (Hof, 1995). Money introduced the term 'gender role'—understood as gender-typical behaviour, feelings, and inner conviction—into sexology and psychology in contrast to the nature thesis (Klöppel, 2008). In the 1960s, there was then a 'conceptual differentiation of the gender concept into gender identity and gender role' (p. 77) by the psychoanalyst Robert Stoller and the sociologist Harold Garfinkel, both members of a team

dealing with the case management of intersex infants. What is interesting about this constellation is that 'the inventors of the category gender all worked as psychological experts for surgical and endocrinological sex cutting' (Dietze, 2006, p. 60). None of the three included asymmetrical gender relations or a questioning of the two-sex hegemony in their analyses, and it is therefore hardly surprising that the 'category of gender ... was not at the service of problematizing cultural gender dimorphism, but ... served to produce it' (p. 60).

Gender and Feminism

The second European women's movement then entered the scene at the end of the 1960s with an exactly opposite agenda. Feminist critiques took up the gender category, but from the outset interpreted it differently from Money, Stoller, and Garfinkel, namely, power-critically and anti-essentialist. Feminists were concerned with the decoupling of body, identity, expression, and desire, with a critique of biological determinism and with the rejection of male domination (Dietze 2006; Klöppel, 2008). Intersex and trans movements as well as queer studies in particular criticised the totalitarian compulsion of the binary sex and gender system.

Rosenkranz (2008, p. 46) writes: 'So John Money failed with his experiment. ... And yet his views are today ... celebrating the greatest successes—as the basis of the new gender mainstreaming doctrine'. Additionally, Reichel (2014, p. 8) states: 'Nevertheless, gender ideologists still refer to this inhuman experiment'. That's wrong, especially when speaking about the present. It is true, however, that some very early feminist works in West Germany in the 1970s refer uncritically to the John/Joan experiment, such as Alice Schwarzer (1975/1977) and Ursula Scheu (1977), who cite it as a 'prime example of the effectiveness of gender-specific socialization' (Klöppel, 2008, p. 72). Schwarzer criticises here already in differentiation to Money that 'our allegedly equal society leaves no room for intermediate ways: Either we are clearly a woman or we are clearly a man. ... Anyone who doesn't fit into one of the two drawers falls out.' This was at a time when the failure and painful procedures of the experiment were not yet known. Systematically concealed from the right is the almost antagonistic objective of the respective theorists and the fact that feminist critiques of 'genital corrections' in infancy have been formulated since the mid-1980s (Klöppel, 2008), as have criticisms of John Money. Dietze (2006, p. 58) writes self-critically for gender studies of the 'birth of the gender concept from the spirit of the scalpel' and a 'ballast of this inheritance between heteronormativity and surgical sex correction'. It also becomes clear from the history of gender and its feminist appropriation that the concept has undergone various shifts in meaning which cannot be dealt with here (Dietze, 2006; Hof, 1995).

Allies and Opponents of Intersex People

The John/Joan case symbolises the brutality of sex and gender norms and shows the reductive interpretation and rigid binary gender models in medicine and sexology that were upheld and enforced by John Money *as well as* by Milton Diamond, Robert Stoller, and Harold Garfinkel. They were merely concerned with proving a certain theory of psychosexual development; they were driven ‘by the idea ... of being able to dissolve psychosexual development into elementary cause-and-effect relationships, to which the vision of controllability is always tied’ (Klöppel, 2008, p. 82). The models that were developed offered a limited understanding of the psychological and sexual development of human beings, one that supported an essentialised view of sex, bodies, and gender identity.

David Reimer was instrumentalised as an object of study and his sad death is again instrumentalised for another purpose, namely, the defence of equal rights for intersex and trans people, women, homosexuals, and bi-/pansexuals. Singling out the John/Joan case while at the same time ignoring and silencing the voices of intersex people, can lead to ignorance and denial of the established medical violence and systematic human rights violations by the Western medical community. For example, Rosenkranz (2008, p. 44) who writes: ‘The practice of sex reassignment was discontinued because of an extremely critical scientific report’. This cheeky lie conceals the medical violence against intersex people that continues to this day. The political right has never shown allyship with intersex people and/or their demands. The ignorance towards the demands of intersex organisations while simultaneously functionalising David Reimer is also evident from the fact that the case management for intersex newborns as well as the gender concept was not a direct result of the John/Joan case at the time, but had already established itself in the second half of the 1960s (Klöppel, 2008).

The simple truth is: David Reimer might still be alive in a society that welcomed and valued ambiguity and diversity and rejected the assumption of only two sexes.

RELENTLESS STANDARDIZATION: IN DEFENCE OF DOMINANCE

Anxiety of Identity Loss

Debates about sex and gender have always (also) been held on the back of intersex and trans people, notions of ‘real’ masculinity and femininity have been and still are decisively (co)regulated by intersex and trans discourses. The two-sex hegemony particularly affects intersex and transgender people; furthermore, the relentless standardisation exerts pressure on everybody. The actual diversity of bodies, sexes, and genders does not merge into a binary world—not a single body corresponds to this ideology (Voß, 2010). Every human being fails the norms, units of measurement, scales, and standard values that this society considers ‘ideal’. For preachers of nature, fans of the two-sex hegemony, religious zealots, and ethno-national fighters, the acceptance of the more complex ambiguity of both sex and gender

would be a catastrophe. Hence, gender fundamentalists use different strategies to maintain the two-sex ideology: ignoring, denying, pathologising, paternalistic patronising, conjuring up the polarity of man and woman, direct attacks, and the functionalisation of completely different issues for one's own political agenda. All these strategies are interphobic and are legitimised with a strange mixture of creation theology and the scientific naturalism of the life sciences.

Within the analysed right-wing milieus, the sex and gender dichotomy is strictly controlled and any looming ambiguity, blurring of borders, and dissolution of traditional boundaries and certainties is aggressively fended off. The argumentation against a constructivist understanding of gender is directed against the expansion of gender habitus and the dissolution of unambiguous roles, attributions, and responsibilities. 'It is enough for them [humanity] that men are men and women are women, without intermediate stages, transitions, androgyny or hermaphroditism' (Verástegui, 2017, *Zerstörung der Chancengleichheit durch Gleichmacherei des Ungleichen* [Destruction of equal opportunities through egalitarianism of inequality] section) is stated in the New Right *Blaue Narzisse*. John Money could not have formulated it more beautifully. There is relentless fighting against all those who are not 'real', 'right', and 'normal' enough, and the fight against 'genderism' always entails implicit or explicit interphobia and cisnormativity. In fact, it is the attackers themselves who want to re-educate and impose their sex and gender ideology onto the whole world. They project their violence onto others. The invocation of the normative power of biology and the dogmatisation of dimorphism leads to the repression of sex and gender diversity. Right-wing extremism functions here as a particularly aggressive intensification of social gender orders ('higher development', division of labour, etc.) and absurdly couples biological determinacy with individual freedom and, analogously, the pluralisation of sex and gender with impunity and coercion.

Reasons and motivations for the far-right are fear of losing one's identity, an assumed dysfunctionality of the desired ethno-national community in the dissolution of seemingly secure boundaries, the establishment of binary sex and gender regimes as the norm, and the pathologisation and eradication of deviations. If right-wing thinkers allowed the questioning of naturalised gender relations, other ideological constructions such as 'race', 'people', nation, or class would also suffer. They long for unambiguousness, orientation, clarity, identification, belonging, and a reduction in complexity. On the level of individual psychology, their own psychosocial adaptations to the gender binary are also expected of everybody else. Anyone who cannot or will not comply with this binary injunction provokes projections and aggression.

Racism, Masculinity, and Antisemitism

In their contradictory frenzy, the far-right usually oscillates between the fear of a dissolution of the sexes and androgyny on the one hand and feminisation on the other. Either way, masculinity is threatened. The right-wing populist author Andreas Tögel (2014, p. 233) describes 'hermaphrodites' as a 'contemporary variant of the Frankenstein monster', and David Reimer stands specifically for the emasculation of an originally 'intact' masculinity—Kutschera (2016, p. 6) speaks of a 'tormented castrato'—and every sexist's primal fear of having his penis cut off. The preferred use of the story of John/Joan suggests that the cruel re-construction of sex can best be explained by a body that has been operated from 'biologically male' to its opposite, rather than by bodies that have been 'adapted' from an ambiguous to an unequivocal state, the artist and theorist Joke Janssen (2009) analyses.

The fetishism of masculinity by the far-right and the associated discourse of sovereignty and masculinist counter assertion do not only follow an identitary need, but are also specifically linked to racism and antisemitism. While the feared loosening of traditional gender roles is imagined as an internal threat, migration is seen as an external danger. Against this background, the cultural pessimistic lamentation by the right about 'decadence' is a problem for them because it makes the man the victim of social feminisation processes and thus contributes to his weakening—he can no longer defend the people and the nation. Markus Willinger (2013, p. 21) complains: 'You have deprived men of their masculinity. They were brought up to be weak cuddly bears who lack any energy, any courage to be strong, in one sentence: the will to power'. Werner Reichel (2015, p. 124) hallucinates that the 'increasingly feminized European society has created a vacuum through gender policy, among other things, which is rapidly filled by the members of the pre-modern cultures surrounding Europe'. In the right-wing projection loops, 'Islamic hordes' savage Europe and implement the 'great replacement' of the autochthonous population of Europe by refugees and migrants. (Within the far-right, there is not only fear of Islam, but also envy of—again a projection—virility lived out unfiltered.)

The assumption of a weakening by 'feminisation' and 'genderisation' is just as much a conspiracy ideology as the assumption of a 'great replacement'. The underlying phantasm assumes that a sinister foreign group, which is extremely powerful and acts in secrecy, orchestrates the increased immigration of refugees and at the same time renders society incapable of fighting from within. In such rhetoric, far-right proponents use antisemitic codes with a centuries-long history in the German-speaking world. This antisemitism is sometimes also personalised and attached to George Soros. The figure of the Jews as an 'anti-national people', who systematically work on strategically undermining the nation and want to destroy everything completely is invoked here. Also, antisemitic gender images are brought into play; male Jews were feminised by antisemites, while female Jews were portrayed as viragos. The sex and gender dimorphism is based on exclusion (Imperative 1): Whoever is not male is female and vice versa. Something third destroys this binary logic (Holz, 2000). Being a man or

a woman is also destiny; the struggle against gender transgression and for distinct gender roles also has an antisemitic history in the German-speaking context (A.G. Gender Killer, 2005).

To ward off this destruction and save the Occident, the fetters of the female society must be loosened, and virility glorified. The US-American neo-Nazi Jack Donovan, a favourite of the German New Right, demands accordingly a 'Reconquista of masculine ideals and ... a repolarization of the sexes' (Verlag Antaios, n.d., para. 1). This is not available with 'oversensitivity', 'snowflakes', 'cucks', 'soy boys', and 'betas', i.e., all the ultimately non-viable softies and sissies. What is longed for is an ethno-national masculinity and femininity that, in its polarised complementary logic, 'embody the ideal of a solidarity that applies exclusively to the sworn ethno-national community and seals itself off xenophobically from the predestined other' (Stögner, 2017, p. 157).

Capitalism and Two-Sex Hegemony

The dissolution of gender difference is deplored by the right as an expression of social decay. Allegedly, society disintegrates into nothing but egoistic individuals, and an alleged compulsory individual liberation and self-realisation is criticised since this is supposed to enhance exploitation. This makes it clear why this whole debate and the fight against so-called 'genderism' exists at all. Against the so-called 'gender madness' as an individualistic ideology in a cold and alienated world, the warmth of the family and the identity of the ethno-national community are placed in a transfigured way, where each has its own place. It promises the dissolution of social contradictions and conflicts of interest. Within the framework of capitalist crisis discourses, the sex and gender binary is upheld and defended.

The right-wing policies are reactions to real successes; for example, homosexual rights, feminist policies, a growing recognition of trans and intersex persons, and the like. These are put into a false causal relationship with neoliberal developments, which have led to the erosion of orientation patterns believed to be certain.

It's a nonsense assumption that the best way to fight against domination and exploitation is with 'unambiguous' men and women. The opposite is true: since its inception, capitalism has functioned very well within the framework of the sex and gender binary, whether this is the valorisation of heteronormative desire structures, the non-remuneration of care work, the comprehensive discrimination of transgender people in professional life, or the erasure of intersex bodies. Anyone who is against exploitation necessarily fights against the sex and gender binary norm—side by side with men, women, trans, and intersex folks. An adequate analysis of capitalism is helpful for this.

Antifascism

The previous explanations shed light on the intrinsic entanglement of interphobia with racism, antisemitism, nationalism, social Darwinism, two-sex ideology, heterosexism, cissexism, and sexism. The strategies analysed for dealing with intersex topics in the far-right are by no means limited to this spectrum, but can also be found in the mainstream; in particular, the attacks against gender mainstreaming with reference to the John/Joan case. Mainstream society and the far-right maintain a relationship that sets mutual themes and influences each other. In essence, it is about leaving the fiction of a binary polarity of sex and gender untouched.

Finally, a danger should be pointed out which can arise when dealing with only one discrimination under ignorance of other discriminations. If one reads through the texts of the far-right, such as the conspiratorial transatlantic network 'Agenda Europe', which is primarily recruited from clerical fascist organisations and individuals, one can see in their programmatic manifesto 'Restoring the Natural Order' an interesting theorisation of intersexuality vs. transgender. It states that intersex people are in a deplorable situation (strategy of paternalism), who are not supposed to have rights, but a place in society. In a paradoxical twist, the far-right tries to manage the(ir) 'problem' that intersex people are in fact 'natural' and simultaneously question by their sheer existence the two-sex hegemony. This version is three quarters of a page long. Three pages follow this on the subject of transgender identity, in which it is explained that transgender people are the 'Trojan horse' (Agenda Europe, n.d., p. 53) with which the 'Gender Ideology' is spread. They fear a landslide victory which is to be nipped in the bud: 'If there is first a "third sex", to which marriage must not be denied for reasons of "gender justice" and then of course not "the right to a child", then there will be many other sexual identities in the whole queer diversity of the sexes, which will claim the "other sex" for themselves' (Kuby, 2012, p. 157). This naturalising justification can also be found in Birgit Kelle's work, as explained above: 'intersexuals' are by 'nature' 'okay', transgender, however, an allegory 'against nature' and thus 'evil'. This playing-off of different marginalised groups against each other is a popular strategy of the far-right. It is not only dangerous because it stabilises domination, but also nonsensical: dimorphism with its congruence assumptions of 'right' femininity and masculinity makes life difficult for both intersex and trans people.

Whoever deals with the far-right is well advised to know their inner logic. The John/Joan case is well known and of high importance within right-wing and conservative milieus with their creative and agenda-filled reinterpretation of the facts—one can also call it 'fake news'—but hardly at all within left-wing, queer, and antifascist circles. This should change. Interphobia with its intersecting entanglements should be made a central field of discussion.

In Closing: Asserting Inter-Affirmative Therapy

Interphobic constructions are crucial for therapists and practitioners to understand so their impact may be understood as part of an inter-affirmative therapy. The latter will ultimately understand human development as non-hierarchical and therefore not value any particular expression of human bodies over any other. Pathologisation and 'fixing' is contraindicated to healing, and if therapy is to be good, it needs to know about the realities of the clients' lives. Therapists who are accustomed to supporting clients to deal with an oppressive gender dichotomy must widen their view of gender to include sex when working with intersex people.

Medical and mental health settings are not automatically safe for intersex people; instead, they are often the sites of harm. Working with intersex clients frequently involves dealing with medical and mental health trauma. This institutional site of trauma not only requires extra sensitivity from practitioners, it also requires knowledge about the debates in psychology and sexology outlined above.

Intersex organisations and independent advocates have long called for intersex-affirmative therapeutic approaches.

Both the worldwide Malta Declaration (Organisation Intersex International Europe, 2013), a joint statement by 34 activists representing 30 intersex organisations from all continents at the third International Intersex Forum in Malta, and the Australian and Aotearoa/New Zealand Darlington Statement (Darlington Statement, 2017), a joint consensus statement by Australian and Aotearoa/New Zealand intersex organisations and independent advocates, call for an end to the paternalistic and medicalised interference with intersex people's bodies and mental health. Trust-building processes might include offering affirmation of intersex people's bodily autonomy, seeking consent prior to engaging in any physical contact or mental health interventions, and creating a climate of empowerment where the client is able to assert boundaries, make requests for care strategies, and co-design trauma-informed interventions that reflect their lived experiences of their self-conception and their sense of embodiment and self.

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PEER-REVIEWED ARTICLE

Conspiracy theories and flying saucers

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ABSTRACT

How can we explain the recent enormous increase in the number of conspiracy theories and believers? Since the 1990s, two trends have moved in tandem: the rising number of conspiracy theories and the growing alarm over global warming. Is there some connection between these two trends? Looking to the 1950s, according to C. G. Jung, there was a connection between the number of sightings of flying saucers and the threat of nuclear war. His analysis serves as a template for our study of conspiracy theories, relying on the psychological processes of repression, projection, compensation, and dissociation. This article begins with a review of Jung's study and then applies his approach to understand the current explosion of conspiracy theories.

KEYWORDS: conspiracy theories; flying saucers; projection; Jung; archetypes; climate change

C. G. Jung would consider a conspiracy theory to be a political ‘myth’ accompanied by ‘emotional tension’ due to a ‘situation of collective stress’ such as the threat of climate change (Jung, 2002, p. 7). Building on Jung’s concept of the ‘living myth’, a political myth would be a ‘visionary rumour’ about politics. At the present time, the general public is often sceptical about governmental pronouncements, which the public view as cover-ups and distortions aimed at bolstering popular support and excusing the blunders of office-holders. People feel deceived by ‘fake news’ about the state of the economy, racial strife, and mass shootings, for example.

A sceptical public is ready for alternative explanations of events, often provided in the guise of political ‘myths’ invented by conspiracy theorists. This readiness grows from emotional tension and a situation of collective stress: the threat of climate change to human survival. Adding to scientists’ acknowledgment of this threat, many react emotionally to news of catastrophic weather conditions such as floods and droughts. Political climate change in the USA also contributes to emotional tension: such as the polarized partisan politics during the Trump administration, culminating in the attack on the nation’s Capitol on January 6, 2021.

Jung often found psychological correlates of situations of collective stress. His explanation of the sightings of UFOs (unidentified flying objects) in the 1950s does precisely this: the threat of nuclear war, a collective stress, correlates with the psyche’s attempt to deal with this threat through the projection in the sky of a mandala-like image, which ‘protects and defends the psychic totality’, the UFO (Jung, 2002, p. 16). The threat of climate disaster, a collective stress, may produce an analogous attempt by the psyche to deal with this threat through the projection of an image of secret evil-doers onto the so-called conspirators. Jung’s book on flying saucers, then, offers a lens through which to understand the proliferation of conspiracy theories.

How can we explain the recent increase in the number of conspiracy theories and believers? The last three decades witness an explosion of conspiracy theories, including QAnon, which gained millions of followers during the Trump presidency. During this same period, climate change emerged as a top priority for world leaders and populations. Is there some connection between these two trends? In one of C. G. Jung’s late writings, he explored the connection between the numerous sightings of flying saucers and the looming threat of nuclear war in the 1950s. While climate change consciousness has gone from ABBA to Greta, many people have become climate change deniers. Among these deniers, I believe, are the chief proponents and believers of conspiracy theories.

Conspiracy theorists are extra-terrestrials whose political fantasies originate in the depth of outer space, it seems to me. In this article, I explore the psychological origins of conspiracy theories in the depth of the collective unconscious. Using today’s vocabulary, we see that conspiracy theories are more than ‘fake news’ and ‘alternative facts’.

This is not the first attempt by a political scientist to understand conspiracy theories in the light of C. G. Jung's *Flying Saucers: A Modern Myth of Things Seen in the Sky* (2002). Jodi Dean's *Aliens in America: Conspiracy Cultures from Outerspace to Cyberspace* (1998) examines abduction by aliens. She states, 'Yet abduction involves the sense that things are happening behind our backs... We don't fight abduction; we simply try to recover our memories, all the while aware that they could be false, that in our very recovery we participate in an alien plan' (Fraim, 2013, para. 13). This is an allusion to conspiracy theories. The threat of aliens has largely disappeared, however, thanks to an *alien repellent* that is 95% effective.

Conspiracy theories attempt to account for specific political events. While some researchers examine their source and purpose, I adopt a macro-psychological approach, as does Jung, to describe the historical and political context in which conspiracy theories thrive. I present Jung's ideas in his book on flying saucers and then extrapolate those ideas to the current plethora of conspiracy theories.

For Jung, flying saucers are a myth caused by the activation of the 'self' archetype that is projected onto unidentified flying objects (UFOs) seen in the sky, having a round, mandala-like shape. This archetype compensates dissociation in the collective psyche. The archetype of the self is constellated by the great uncertainty and anxiety in the age of the Cold War that could erupt into a nuclear war with the extinction of mankind.

For me, conspiracy theories are political 'myths' caused by the activation in the unconscious of the archetypal 'shadow' in our age of uncertainty and anxiety in the face of an impending climate calamity that could lead to the extinction of mankind. Although many acknowledge climate change, others (deniers) repress this threat and their guilt for contributing to it. The threat and guilt are then projected onto others, as hidden conspirators who do us harm.

FLYING SAUCERS

While adopting a psychologically objective position on UFOs, Jung reveals his subjective position, namely, his two dreams of UFOs in 1958, the year of publication of his book on flying saucers (Jung, 1983).

To summarize Jung's ideas, I have organized his own words under three headings of my choice. Where necessary, I have inserted in parentheses Jung's missing words. To facilitate the reading of Jung, please note several equivalent terms Jung uses to characterize UFOs: visionary rumours, living myth, gods, symbolic rumours, and projection-creating fantasy. Under the following three headings of this section, the citations are from Jung's *Flying Saucers* (2002).

Projection of the Unconscious in a Threatening World Situation

It [the unconscious] does this [makes its contents perceived] most vividly by projection, by extrapolating its contents into an object, which then mirrors what had previously lain hidden in the unconscious. Projection can be observed at work everywhere, in mental illness, ideas of persecution and hallucinations... and finally, in extreme form, in political propaganda. (Jung, 2002, p. 8)

Projections have what we might call different ranges, according to whether they stem from merely personal conditions or from deeper collective ones.... Collective contents, such as religious, philosophical, political and social conflicts, select projection-carriers of a corresponding kind—Freemasons, Jesuits, Jews, Capitalists, Bolsheviks, Imperialists, etc. In the threatening situation of the world today, when people are beginning to see that everything is at stake, the projection-creating fantasy soars beyond the realm of earthly organizations and powers into the heavens [as UFOs]. (Jung, 2002, p. 8)

Emotion, Impending Disaster, Dissociation, and Visionary Rumour or Myth in the Contemporary World Situation

‘But if it [UFOs] is a case of psychological *projection*, there must be a *psychic cause* for it’ (Jung, 2002, p. 7). ‘The first requisite of a visionary rumour ... is always an *unusual emotion*’ (p. 2).

Though visionary rumours may be caused or accompanied by all manner of outward circumstances, they are based essentially on an omnipresent emotional foundation, in this case a psychological situation common to all mankind. The basis for this kind of rumour is an *emotional tension* having its cause in a situation of collective stress or danger, or in a vital psychic need. This condition undoubtedly exists today, in so far as the whole world is suffering under the strain of Russian policies and their unpredictable consequences. In the individual, too, such phenomena as abnormal convictions, visions, illusions, etc., only occur when he is suffering from a psychic dissociation, that is, when there is a split between the conscious attitude and the unconscious contents opposed to it. (Jung, 2002, p. 7)

Our earthly world is split into two halves. And nobody knows where a helpful solution is to come from.... Under these circumstances it would not be at all surprising if those sections of the community who ask themselves nothing were visited by ‘visions’, that is, by a widespread myth seriously believed in by some and rejected as absurd by others. (Jung, 2002, p. 9)

‘One thing is certain: they [UFOs] have become a *living myth*’ (Jung, 2002, p. 11). ‘But the impulse to spin such fantasies ... springs from an underlying cause, namely a situation of distress and the vital need that goes with it’ (p. 12). ‘We are threatened not only by the hydrogen bomb but, at a still deeper level, by the prodigious increase in the population figures’ (p. 12). ‘The danger of catastrophe grows in proportion as the expanding populations impinge on one another. Congestion creates fear’ (p. 12). ‘From a fear whose cause is far from being fully understood and is therefore not conscious, there arise explanatory projections which purport to find the cause in all manner of secondary phenomena, however unsuitable’

(p. 12). 'The cause must strike at the roots of our existence if it to explain such an extraordinary phenomenon as the UFOs' (p. 13).

Activation and Projection of an Archetype That Compensates the World Split

My explanatory note: Archetypes are figures of the collective unconscious, the common heritage of humanity in the psyche. These figures, such as the hero, the mother, the dragon, the child, and the wise old man, convey both an image and an emotion. The archetypal shadow is one of these figures which can carry an image of the devil, accompanied by the emotion of fear. The personal shadow is a complex whose core is the archetypal shadow. This complex accumulates repressed and forgotten thoughts and feelings as experienced by individuals.

UFOs could easily be conceived as 'gods'. They are impressive manifestations of totality whose simple, round form portrays the archetype of the self, which as we know from experience plays the chief role in uniting apparently irreconcilable opposites and therefore best suited to compensate the split-mindedness of our age. (Jung, 2002, p. 17)

'The present world situation is calculated as never before to arouse expectations of a redeeming, supernatural event' (Jung, 2002, p. 17). 'A symbolic rumour ... activates an archetype that has always expressed order, deliverance, salvation, and wholeness' (p. 18). 'This attitude [rationalistic enlightenment, belief in this world, and the power of man] on the part of the overwhelming majority provides the most favourable basis for a projection, that is, for a manifestation of the unconscious background' (p. 18). 'A myth is essentially a product of the unconscious archetype and is therefore a symbol which requires psychological interpretation' (p. 19). 'The figures in a rumour can be subjected to the same principles of dream interpretation' (p. 15).

CONSPIRACY THEORIES

It is as if conspiracy theorists had been breast-fed by the mother of all fictional conspiracies, Dan Brown's *The Da Vinci Code* (2005). What about non-fictional accounts of conspiracies? I begin with an overview of conspiracy theories by Quassim Cassam (2019) before presenting my macro-psychological, Jungian analysis.

Cassam, a professor of philosophy, has written a persuasive analysis of conspiracy theories, applying coherent reasoning, selective references to psychological studies, and historical sources to outstanding cases of conspiracies. The object of the inquiry is the conspiracy, defined as 'a small group of conspirators who work together in secret to do something illegal or harmful' (Cassam, 2019, p. 3).

He presents a set of criteria that distinguish conspiracy theories (valid) from Conspiracy Theories (invalid). The valid ones respect scientific standards: empirical foundation and logical coherence. Conspiracy Theories essentially ignore, even reject, scientific standards and pursue a political agenda in the form of propaganda to influence public opinion. These Theories are speculative and contrary to official views of events (Cassam, 2019). Each one proposes alternative explanations of such singular events as the Kennedy assassination, 9/11, Sandy Hook, Princess Diana's death, and the Holocaust. I adopt Cassam's convention of capitalizing when referring to invalid Conspiracy Theories.

Cassam digests a number of psychological studies with the purpose of discerning why people support/believe Conspiracy Theories. He considers ideologies in playing a key role in the explanation of popular support. He defines ideology as 'a set of fundamental ideas and beliefs that shape one's understanding of political reality' (Cassam, 2019, pp. 45–46). The Conspiracy Theories that people 'devise and promote are those that match their particular political or ideological commitments' (p. 49).

Cassam emphasizes the harmful nature of Conspiracy Theories. They are obstacles to knowledge and to expertise. Also, as explanations that rely on the role of individuals, they can be a distraction from big social issues such as injustice and oppression, which need to be addressed as structural problems (Cassam, 2019). He proposes measures to respond to Conspiracy Theories. In keeping with the importance of political ideologies to which these Theories often belong, he suggests that those ideologies themselves ought to be criticized.

Many observers and Cassam describe specific Conspiracy Theories and the events these theories purport to explain. I adopt a macro-psychological perspective, as does Jung, seeking to place these Theories within an historical and societal context. Jung examines UFOs in the context of the threat of nuclear war following World War II. I examine Conspiracy Theories in the context of the current threat of a climate disaster.

In the above section, I presented key elements from Jung's study of flying saucers that I use here in the next section as a template for my analysis of Conspiracy Theories. I substitute concepts relevant to Conspiracy Theories in Jung's template. Where this occurs within Jung's quote, I use parentheses to set them off from his words.

Projection of the Unconscious in a Threatening World Situation

In Jung's discussion of UFOs, he singles out the possibility of nuclear war in the 1950s that threatened the future of mankind. Today, climate change threatens the future survival of mankind. These analogous threats set the stage for my extrapolation of Jung's thinking to the analysis of Conspiracy Theories.

For several decades already, climate change has been at the top of the world's agenda. Greta Thunberg continues to remind us that the clock is running out for global action to

confront this looming disaster. Scientists agree that climate change is at least in part human-made. Governments, corporations, and individuals are implored to play their part in dealing with this threat. The obvious examples of the consequences of climate change are rising sea levels, the melting of the polar ice caps, extreme weather, huge forest fires, droughts, flooding, the disturbance of the natural habitats of animals and plants, and air pollution.

In order to understand better how people react to this threat and how their reaction produces a wave of Conspiracy Theories, we need first to set out some aspects of Jung's theory of individuation. His theory brings together in a sequence several psychic mechanisms. The ego seeks to maintain a positive self-image (persona) by splitting off (dissociating) any attitude incompatible with this self-image and by repressing the attitude into the unconscious, where it becomes a component of the personal shadow complex. The innate orientation toward wholeness leads the psyche to project the shadow complex onto a suitable carrier or onto a dream figure. In a fortunate moment, the ego may become conscious of this shadow complex when the projection contradicts the true nature of the carrier. As a consequence, the ego may withdraw the shadow projection, expanding ego consciousness.

Surprisingly, many sceptical people everywhere deny the existence of climate change. Others deny that climate change is human-made. They echo Cassam's observation that Conspiracy Theorists tend to reject scientific knowledge and offer instead alternative 'authorities' to support their claims. To reject the overwhelming consensus among environmental scientists that climate change is human-made is to belong clearly to the unscientific viewpoint of Conspiracy Theorists. This *denial* of climate change accompanies a *repression* of this threat into the unconscious.

As Jung reminds us, the unconscious makes its contents (here, the climate change threat to humanity) perceived through *projection*, by extrapolating what is hidden into an object (Jung, 2002). Environmental scientists announce the threat of climate change, which once repressed into the unconscious, selects Conspirators as projection-carriers. Jung would consider a Conspiracy Theory to be a political 'myth' accompanied by 'emotional tension' due to a 'situation of collective stress' such as the threat of climate change. To paraphrase Jung, the whole world suffers under the stress of climate change and its unpredictable consequences. 'Projection can be observed at work everywhere ... and finally, in extreme form, in political propaganda' (Jung, 2002, p. 8), such as Conspiracy Theories. Cassam tells us that these Theories are vehicles for political propaganda (Cassam, 2019; Jung, 2002). 'In the threatening situation of the world today, when people are beginning to see that everything is at stake, the projection-creating fantasy [of Conspiracy Theories] soars' (Jung, 2002, p. 8).

Emotion, Impending Disaster, Dissociation, and Visionary Rumour or Myth in the Contemporary World Situation

We can equate Conspiracy Theories with political ‘myths’. As such, they have an emotional foundation rooted in a psychological situation widely shared (Jung, 2002). There are nebulous events begging the imagination for explanations that may take the form of Conspiracy Theories.

Individuals often hold such ‘abnormal convictions, visions, illusions’ when they suffer from ‘a psychic dissociation, that is, when there is a split between the conscious attitude and the unconscious contents opposed to it’ (Jung, 2002, p. 7). Among Conspiracy Theorists and Conspiracy believers, this dissociation would be a split between the official explanation of events, seen as a deception, and the individual’s ‘abnormal convictions’. We can say that Conspiracy Theories, like flying saucers, have become ‘*living myths*’ (Jung, 2002).

‘From a fear [of climate disaster] whose cause is far from being fully understood and is therefore not conscious, there arise explanatory projections which purport to find the cause in all manner of secondary phenomena, however unsuitable’ (Jung, 2002, p. 12). These explanatory projections can be Conspiracy Theories.

Activation and Projection of an Archetype That Compensates the World Split

The magnitude of the climate crisis evokes disturbing emotions in the public. The threat of climate change to human survival stirs personal and collective *fear*. The challenge to individuals, governments, and corporations to find solutions often goes unheeded. This is bound to stimulate both a personal and collective sense of *guilt* or *self-blame* for wasting energy, relying on fossil fuels, polluting the air, contributing to greenhouse gas emissions, and avoiding alternative energy sources. This guilt implies one’s responsibility for these human contributions to the climate crisis.

Anyone who wishes to sustain a positive self-image of the ‘good citizen’, one who respects the environment and combats climate change, will naturally repress those self-images that do not conform to this positive persona. These repressed self-images will contribute to the personal shadow complex. This shadow then contains a repressed personal *sense of guilt* that accompanies the repressed *fear* of the future climate catastrophe (Jung, 2014).

We are on safe grounds in comparing the threat of nuclear war in the 1950s with the current threat of climate disaster. According to Jung, in such a stressful setting, ‘those who ask themselves nothing [climate change deniers] were visited by “visions”, that is, by a widespread myth [a Conspiracy Theory] seriously believed in by some and rejected as absurd by others’ (Jung, 2002, p. 9).

Jung reminds us that ‘the projected archetypal figures can just as well be of a negative character, like images of the sorcerer, the devil, or demons and so on’ (Jung, 2014, p. 128). These negative images are projected onto a suitable carrier such as the conspiracy that Cassam defines as ‘a small group of conspirators who work together in secret to do something illegal or harmful’ (Cassam, 2019, p. 3). Jung hints at two reasons for the surprising degree of popular belief in such highly improbable explanations as Conspiracy Theories. At the core of the personal shadow complex, the archetypal shadow, when constellated, is both *fascinating* and *contagious* (Jung, 2014). This means that a Conspiracy, as the object of an archetypal projection of the shadow, excites a fascination in the believer. Furthermore, the shadow projections onto Conspirators easily infect the minds of others, thanks especially to social media.

As a rule, when the collective unconscious becomes really constellated in larger social groups, the result is a public craze, a mental epidemic that may lead to revolution or war or something of the sort. These movements are exceedingly contagious—almost overwhelmingly contagious because, when the collective unconscious is activated, you are no longer the same person. You are not only in the movement—you *are* it. (Jung, 2014, p. 88)

CONCLUSION

This article began with a question. Is there some explanation for the recent, rapid expansion in the number of Conspiracy Theories? The answer may be found in the coincidence of two trends over the last three decades: the explosion in the number of Conspiracy Theories and the increasing attention to global warming. There is, indeed, an explanation in terms that C. G. Jung offered to explain the appearance of flying saucers in the 1950s. Following Jung, I have applied a macro-psychological approach by examining the historical and political context that accompanies Conspiracy Theories. I also interpret Conspiracy Theories as political ‘myths’ in Jung’s terms. Jung says that ‘a myth is essentially a product of the unconscious archetype and is therefore a symbol which requires psychological interpretation’ (Jung, 2002, p. 19). Those who, out of fear, deny and repress the threat of climate change may become the most ardent supporters of Conspiracy Theories. This fear, once repressed, activates the personal shadow complex. In the context of the climate change crisis, the shadow is projected onto Conspirators as figures in a political myth.

‘The figures in a rumour [a Conspiracy Theory] can be subjected to the same principles of dream interpretation’ (Jung, 2002, p. 15). We can understand a dream figure as a projection of an unconscious complex, such as the shadow. I have treated Conspirators as if figures in a dream, whose fearfulness and guilt result from the repression of these emotions by those who deny the climate crisis. These emotions reappear in the deniers’ reactions to projections onto Conspirator figures.

A NOTE ON FUTURE RESEARCH

This is how I believe my idea on Conspiracy Theories can be tested. The central idea of this article can be formulated as a causal proposition: the greater one's denial of the existence of climate change, the more one believes in conspiracy theories. This proposition can be tested empirically by survey research on a random sample.

1. A filter question: 'Have you heard of global warming?' Only those who reply in the affirmative are included in the sample.
2. The degree of denial versus concern about climate change is indicated by the responses to a set of statements to which one 'agrees strongly', 'agrees', 'doesn't know', 'disagrees', or 'disagrees strongly' (Likert categories). Examples of statements: (a) 'the scientific evidence of climate change is unconvincing'; (b) 'global warming is natural, not human-made'; (c) 'climate change is cyclical and will decline over time on its own'.
3. The responses to this set of statements are transformed into Guttman scale scores (a valid scale requires a reproducibility coefficient of .80 or more).
4. The respondent replies to the question: 'thinking about conspiracy theories, do you believe in (a) none, (b) one, or (c) more than one?'
5. Finally, for the sample, the Guttman scale scores are correlated with the responses to the previous question on conspiracy theories.
6. To support the causal proposition, the expected correlation is positive: the greater the denial scale score, the greater the score on belief in conspiracy theories.

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PEER-REVIEWED ARTICLE

Beyond Agamben's '*Homo Sacer*'—The 'pandemic' as final reduction of humanity to 'bare life'

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ABSTRACT

The current 'pandemic' is approached through the lens of (mainly) the concept of *Homo sacer*, elaborated on by Giorgio Agamben (1998). Taking the work of Michel Foucault on the 'disciplinary society' and 'bio-politics' further, and drawing on the role played by the principle of *homo sacer* in antiquity, Agamben uncovers the disconcerting extent to which this principle has become generalised in contemporary societies. In antiquity, the principle of 'sacred man/human' was invoked in cases where someone was exempted from ritual sacrifice, but simultaneously seen as 'bare life', and therefore as being fit for execution. Agamben argues that the sphere of 'sacred life' has grown immensely since ancient times in so far as the modern state arrogates to itself the right to wield biopolitical power over 'bare life' in a manner analogous to ancient practices, and finds in the concentration camp the contemporary paradigm of this phenomenon. Arguing that today we witness a further downward step in the treatment of humans as 'bare life', these concepts are employed as a heuristic for bringing into focus current practices under the aegis of the COVID-19 'pandemic'. In particular, here the spotlight falls on those areas where burgeoning 'bare life' practices can be detected, namely 'origin of the virus' and 'lethal vaccines'. In an upcoming second article, other aspects are addressed, as well as the question of commensurate psychotherapy.

KEYWORDS: Agamben; bare life; *homo sacer*; pandemic; vaccines

And also for the sake of mere life (in which there is possibly some noble element so long as the evils of existence do not greatly overbalance the good) mankind meet together and maintain the political community. And we all see that men cling to life even at the cost of enduring great misfortune, seeming to find in life a natural sweetness and happiness (Aristotle, *Politics*, p. 2866).

The sovereign sphere is the sphere in which it is permitted to kill without committing homicide and without celebrating a sacrifice, and sacred life—that is, life that may be killed but not sacrificed—is the life that has been captured in this sphere (Giorgio Agamben, *Homo Sacer*, p. 53).

INTRODUCTION: THE PRESENT AS DEGRADED

Whatever one may think of the present (mid-2022) state of the world, most people would agree that everywhere something seems seriously wrong. Whether it is the inescapable awareness of being caught in the throes of a 'pandemic'—put in scare quotes here because it is arguably *not* a pandemic (for an elaboration, see Olivier, 2021a, 2021b)—together with all the suffocating emergency measures that governments all over the world (with few exceptions) have taken, supposedly to safeguard citizens against a deadly pathogen, or the equally unavoidable consciousness of a global economic situation that seems to deteriorate by the day, things do not seem rosy for the immediate future, while the distant future fades into unpredictability. In a word, the present is, as most people would probably agree, degraded, albeit for reasons that would probably be articulated differently from one person to the next. Hence, while there may be agreement about this state of the present world, the question arises: what perspectives, or 'theoretical lenses', lend themselves to scrutinising the present in a manner that optimises the intelligibility of the current global state of affairs? Previously, I have resorted to three different theoretical perspectives in an attempt to attain this goal of comprehensibility—Lyotard's notion of the *differend* (Olivier, 2021a), the (psychoanalytical) concept of (mass) psychosis (Olivier, 2022b), and Derrida's paradoxical understanding of (mis)communication (Olivier, 2022a). Here, I turn chiefly to Giorgio Agamben's concept of *homo sacer*, in so far as it lends itself to clarifying what is at stake today regarding the consequences of the 'pandemic' and the 'medical' measures taken, putatively to ameliorate its effects. As I shall demonstrate, these measures have constituted the terrain of the social in its entirety as that of *homo sacer*, in the process reducing citizens to 'bare life', with the current iatrarchy (rule of physicians)—or alternatively, pharmocracy—exercising an unheard of form of sovereign power by taking biopolitical rule to the next level, that of 'necropolitics' (Mbembe, 2003), or the politics of death.

I should note that I am not here primarily concerned with entering into a debate with Agamben's critics regarding his comments on various aspects of the 'pandemic' since its commencement. As the representative example of Benjamin Bratton's critical commentary (which provides a useful, if biased, summary of Agamben's various 'pandemic'-related

comments; 2021) shows—in light of what I argue below—such rejection of Agamben's position arguably and demonstrably rests on two wrong premises. The first is that the novel coronavirus was of natural zoonotic (and not laboratory) origin, and that humankind therefore has to reorient itself in an in-principle permanently 'pandemic' world, and the second is that medical science is committed to finding ways to ensure the health of humanity. These, as I demonstrate below, are both seriously mistaken, and issue from a failure to examine the pertinent evidence. These erroneous assumptions are clearly reflected in the excerpt from his own recent book with which Bratton concludes his article (2021):

A laissez-faire vitalism for which 'life will find a way' is not an option; it is a fairy tale of a comfortable class who don't live with the daily agency of sewage landscapes and exposed corpses... Instead, (This positive) biopolitics is inclusive, materialist, restorative, rationalist, based on a demystified image of the human species, anticipating a future different from the one prescribed by many cultural traditions. It accepts the evolutionary entanglement of mammals and viruses. It accepts death as part of life. It therefore accepts the responsibilities of medical knowledge to prevent and mitigate unjust deaths and misery as something quite different from the nativist immunization of one population of people from another. (para. 23)

Just how naïve this admittedly well-formulated (albeit misguided) position is in its assumption of particularly a (by implication) responsible medical science (or scientists), will, I hope, become apparent in the light of evidence to the contrary, which is adduced below. There was a reason for the formulation of the Hippocratic oath: it is one thing to possess medical knowledge or skills; it is quite another to use them consistently for the benefit of patients.

AGAMBEN, HOMO SACER, AND 'BARE LIFE'

Readers of Michel Foucault (1988, 1992) will know that when he turned to Greek and (especially) Roman antiquity in his genealogical investigation of human sexuality, he found there admirable personal ethical practices, conducive to a high degree of moral and existential autonomy under the rubric of 'the care of the self'. In Foucault's earlier genealogical studies, however, the picture that emerged of the modern world in *Discipline and Punish*, as well as in Volume I of *The History of Sexuality*, was indeed bleak. In the former work, on the history of historically changing modes of punishment—where the cruel and spectacular public punitive practices of pre-modernity are contrasted with the 'gentler' (but more effective) punishments of modernity—Foucault (1995) uncovered a carceral or prison-like world (ours) in which individuals are reduced to 'docile bodies' through various disciplinary techniques such as 'hierarchical observation', 'normalising judgement', and the 'examination' (see Olivier, 2010 for an elaboration on this). In the first volume on sexuality, Foucault (1980) amplified this austere social landscape by detailing the inescapable hold that 'bio-power' has on individuals and populations through strategies of what he called the

'anatomy-politics of the body' (for example, the pedagogical control of children's sex, and the social control of reproduction) and the 'bio-politics of populations' (for example, population control). Achille Mbembe (2003) has taken Foucault's work further by arguing that, given certain socio-political phenomena in the contemporary world—specifically the treatment of Palestinians by Israel—one can justifiably refer to 'necropolitics' instead of bio-politics. As demonstrated below, the present article's focus on Agamben's concept of *homo sacer* as an interpretive lens for the present state of the world resonates with Mbembe's notion of 'necropolitics'.

Confirming Foucault's diagnosis of 'modern societies of control' (a phrase used by Gilles Deleuze, 1992), Giorgio Agamben (in the *Introduction to Homo Sacer*, 1998) remarked that the development of capitalism, in particular, would not have been possible without the 'disciplinary control' achieved by the advent of bio-power, which was responsible for the creation of the requisite 'docile bodies' by means of a range of appropriate technologies, alluded to above. This was implicitly recognised by Foucault (1995), where he writes of disciplinary techniques producing bodies that are politically 'docile', but economically 'productive'. Not content to leave Foucault's work at that, Agamben has gone further along a similar path of investigation, and published an even more sobering, appalling, or shocking (all of which are understatement) account of modern society than Foucault's—one that unmasks it by means of the heuristic of the paradoxical (and puzzling) determination, in Roman law, that someone condemned to death was 'sacred' and could not be sacrificed, although such a person, having been reduced to 'bare life' in the 'sovereign' realm, could be killed or executed. Agamben writes about

...a limit sphere of human action that is only ever maintained in a relation of exception. This sphere is that of the sovereign decision, which suspends law in the state of exception and thus implicates bare life within it. We must therefore ask ourselves if the structure of sovereignty and the structure of *sacratio* might be connected, and if they might, from this perspective, be shown to illuminate each other. We may even then advance a hypothesis: once brought back to his proper place beyond both penal law and sacrifice, *homo sacer* presents the originary figure of life taken into the sovereign ban and preserves the memory of the originary exclusion through which the political dimension was first constituted. The political sphere of sovereignty was thus constituted through a double exclusion, as an excrescence of the profane in the religious and of the religious in the profane, which takes the form of a zone of indistinction between sacrifice and homicide. *The sovereign sphere is the sphere in which it is permitted to kill without committing homicide and without celebrating a sacrifice, and sacred life—that is, life that may be killed but not sacrificed—is the life that has been captured in this sphere.* (1998, p. 53; italics in original)

The meaning of 'sacrifice' in the context of religious ritual is all-important here, and can easily be overlooked—if a 'sacred' person could be killed but not sacrificed, it means, firstly, that the epithet 'sacred' has to be attached to someone to be able to justify, ironically, their exclusion from religious ritual sacrifice (which would presumably conflict with the reasons for

that person's death sentence; hence the supposed 'sacredness' precludes participation in the ritual). In other words, it is merely a ruse to justify treating them as 'bare life', which may then be terminated by execution—something that enacted itself on an unprecedented scale in what is known as the Holocaust, with Hitler ordering the extermination of Jews 'as lice' (Agamben, 1998). *Homo sacer* therefore suggests, paradoxically, that a person is 'sacred' in the sense that they belong to the gods or God, who can decide on their fate. Roughly, therefore, it seems to correspond to the English (American) notion of 'outlawed' or 'outlaw' ('outside the law'), and the German *vogelfrei* ('free as a bird'; 'voëlvry' in Afrikaans).

What motivated Agamben's research into the link between 'sacred human', 'bare life', and 'sovereignty' can only be briefly reconstructed here, although its comprehension is crucial to grasping why I am focusing on it in relation to what is arguably a radical contemporary transformation, or perhaps rather extension—which was always, potentially, implicit in the social and political order—of the terrain in which this relationship and its exacerbation are located. Regarding this terrain—the political—it may seem strange that Agamben, following Aristotle, establishes a connection between language and its emergence. He (Agamben, 1998) quotes Aristotle from *Politics* where the latter distinguishes between humans and other animals with reference to 'voice' (*phoné*) and 'language' (*logos*), and ties the latter to 'dwelling and the city [*polis*]' (p. 12). Only humans have language, through which the 'just' and the 'unjust' are articulated, as opposed to other living beings that possess 'voice' as a means to express pleasure or pain. Hence, *logos*, or intelligible language, as a crucial constituent of the political, differentiates between *zoē* ('bare life', shared by all living beings) and *bios* (a specific mode of life, such as the political)—something that corresponds with Hannah Arendt's (1998; see also Olivier, 2018) claim, that it is in 'action' (the *verbal* participation in politics) that the highest manifestation of being human is manifested. As was already indicated earlier, this does not mean that human beings do not participate in *zoē* in society, albeit in a paradoxical, exclusive manner. In fact, Agamben (1998) points out that: 'In Western politics, bare life has the peculiar privilege of being that whose exclusion founds the city of men' (p. 12). 'Bare life' (*zoē*) is excluded or surpassed, first, by humans enjoying life as linguistic, 'bio-logical' beings, and yet, paradoxically, it is this very faculty that lies at the basis, second, of the exclusion of (some) human beings *from society within society*. Agamben (1998) continues:

The question 'In what way does the living being have language?' corresponds exactly to the question 'In what way does bare life dwell in the *polis*?' The living being has *logos* by taking away and conserving its own voice in it, even as it dwells in the *polis* by letting its own bare life be excluded, as an exception, within it. Politics therefore appears as the truly fundamental structure of Western metaphysics insofar as it occupies the threshold on which the relation between the living being and the *logos* is realised. In the 'politicization' of bare life—the metaphysical *task par excellence*—the humanity of living man is decided. In assuming this task, modernity does nothing other than declare its own faithfulness to the essential structure of the metaphysical tradition. The fundamental categorial pair of Western politics is not that of

friend/enemy but that of bare life/political existence, *zoē/bios*, exclusion/inclusion. There is politics because man is the living being who, in language, separates and opposes himself to his own bare life and, at the same time, maintains himself in relation to that bare life in an inclusive exclusion. (p. 12)

It is this 'inclusive exclusion' that interests Agamben in so far as he perceives in it the foundation of modern politics, as well as the conceptual apparatus by which Foucault's thesis concerning modern 'bio-politics' should be augmented. Furthermore, he demonstrates that this augmentation leads one to recognise that, while Foucault's perceptive insight into the modern state's preoccupation with life itself as the object of its machinations and cratological interventions is unquestionably accurate, the domain of *homo sacer*—which started out as being ambiguously located on the border between the religious and the political—has increasingly expanded, so that 'the exception everywhere becomes the rule' (Agamben, 1998, p. 12). What does this mean? That is, what is the 'state of exception', and what does its 'expansion' entail? This 'state of exception'—by which bare life as *homo sacer* is excluded from both the religious and the political domain (while simultaneously being seized within the latter as object of execution, albeit not of murder)—entails, according to Agamben, the very underpinning of the political system in its entirety. The state of exception is at the heart of the political, and in the modern democratic dispensation it pertains to human beings no longer merely as 'object', but also as 'subject' of power. With this insight, Agamben has cast Foucault's thesis concerning the bio-politics of the modern state in a significant new light: today one can no longer consider the bio-political without factoring in 'bare life' as being constitutive of the 'new biopolitical body of humanity' (Agamben, 1998, p. 13).

One of the most disconcerting things about Agamben's thesis is his claim, that—although its self-conception amounts to a freeing and justification of *zoē* (bare life), even as it attempts to change it into *bios* as a 'way of life'—modern democracy cannot escape its defining aporia, namely, to activate modern citizens' freedom in the very space of their subjugation, that of 'bare life'. Modern humans, like their ancient counterparts, may not be sacrificed, but may be killed. As he sees it, this aporia sustains both the developments that resulted in the 'democratic' recognition of human rights *and* the emergence of fascism or totalitarianism (Agamben, 1998, p. 13). He continues:

To become conscious of this aporia is not to belittle the conquests and accomplishments of democracy. It is, rather, to try to understand once and for all why democracy, at the very moment in which it seemed to have finally triumphed over its adversaries and reached its greatest height, proved itself incapable of saving *zoē*, to whose happiness it had dedicated all its efforts, from unprecedented ruin. Modern democracy's decadence and gradual convergence with totalitarian states in post-democratic spectacular societies...may well be rooted in this aporia, which marks the beginning of modern democracy and forces it into complicity with its most implacable enemy. Today politics knows no value (and, consequently, no nonvalue) other than life, and until the contradictions that this fact implies are dissolved, Nazism and fascism –

which transformed the decision on bare life into the supreme political principle – will remain stubbornly with us. (p. 13)

Several things strike one in this excerpt, particularly Agamben's claim that modern democracy, despite having attempted to save *zoē*—the particulars of which are also to be seen in what Michel Foucault (1980) uncovered in his work—increasingly tended towards totalitarianism in 'societies of the spectacle' (as Guy Debord labelled them in *Society of the Spectacle* [n.d.]). That his diagnosis is not far-fetched by any means has been confirmed by both Bernard Stiegler (2016) and Shoshana Zuboff (2019; see also Olivier 2019), who drew attention to particularly the technical means of surveillance and control that function in contemporary societies, and which tend towards totalitarian (or what Zuboff calls 'instrumentarian') control. Furthermore, Agamben's observation that, at present, politics is fixated on 'life' as the only 'value' and (I would claim today particularly) 'nonvalue', and that fascism is bound to persist until the lingering contradictions regarding 'bare life' are dissolved, has demonstrably taken a turn for the worse under prevailing circumstances, as I show below. Just how close the (largely 'democratic') world has come to all-pervasive totalitarianism of a certain, namely medical kind, emerges from Agamben's remarks made soon after the 'pandemic' emerged in Italy:

Fear is a poor advisor, but it causes many things to appear that one pretended not to see. The problem is not to give opinions on the gravity of the disease, but to ask about the ethical and political consequences of the epidemic. The first thing that the wave of panic that has paralyzed the country obviously shows is that our society no longer believes in anything but bare life...

The other thing, no less disquieting than the first, that the epidemic has caused to appear with clarity is that the state of exception, to which governments have habituated us for some time, has truly become the normal condition. There have been more serious epidemics in the past, but no one ever thought for that reason to declare a state of emergency like the current one, which prevents us even from moving. People have been so habituated to live in conditions of perennial crisis and perennial emergency that they don't seem to notice that their life has been reduced to a purely biological condition... (Agamben, 2020, paras. 1–2)

Having alerted his readers to the graphic manifestations of humanity being reduced to the exclusively biological condition of 'bare life' under 'pandemic' conditions, Agamben (2020) observes with great prescience:

What is worrisome is not so much or not only the present, but what comes after. Just as wars have left as a legacy to peace a series of inauspicious technologies, from barbed wire to nuclear power plants, so it is also very likely that one will seek to continue even after the health emergency experiments that governments did not manage to bring to reality before: closing universities and schools and doing lessons only online, putting a stop once and for all to meeting together and speaking for political or cultural reasons and exchanging only digital messages with each other, wherever possible substituting machines for every contact—every contagion—between human beings. (para. 4)

These words on Agamben's part mean nothing less than the prospect of the loss of a society worthy of the epithet *human*, should the spectre of a 'non-society' without concrete, embodied inter-human social contact ever be actualised (and indications are that those promoting such a state of affairs are dead earnest about reaching their goal, as I indicate below).

THE CONCENTRATION CAMP AS 'BIOPOLITICAL PARADIGM' OF MODERNITY

Before the advent of the so-called 'pandemic', which may prove to be the optimally generalised 'state of exception'—the *ne plus ultra* of treating the large majority of humanity as being nothing more than bare life in the sense of *zoē*—the nadir of this condition was reached with the phenomenon of the 'concentration camp' (those for Jews in Nazi Germany and adjacent countries, but also others), according to Agamben (1998). The details of the developments that culminated in the concentration camp cannot all be reconstructed here, but their lowest point, as Agamben understands things, bears scrutiny for the purposes of the present article.

According to Agamben (1998), the concentration camp exemplifies the practice of denuding individuals of what the ancient Greeks thought of as human *bios*, or the distinctively human, political way of life, leaving only their 'bare, unqualified life' or what the Greeks called *zoē*. As he puts it: 'Today it is not the city but rather the camp that is the fundamental biopolitical paradigm of the West' (1998, p. 102). This has paved the way for virtually unthinkable atrocities, minus what one might expect to be accountability, regarding what remained of human individuals, namely denuded bodies, or 'bare life'—mere living beings. Recall the skeletal creatures discovered in German concentration camps at the end of WWII. This historical development formed the basis for the now widespread practice of paradoxically exercising the power of the law outside of the law. Agamben argues that the space of the (concentration) camp becomes pervasive when the 'state of exception' becomes the rule, rather than the exception. Through a scrupulous analysis of the events in Hitler's Germany that culminated in the decision, to construct a 'concentration camp for political prisoners' (as cited in Agamben, 1998, p. 96) at Dachau in 1933, he arrives at the insight, that:

The camp is the space that is opened when the state of exception begins to become the rule. In the camp, the state of exception, which was essentially a temporary suspension of the rule of law on the basis of a factual state of danger, is now given a permanent spatial arrangement, which as such nevertheless remains outside the normal order. (Agamben, 1998, p. 96)

Agamben (1998) discusses instances of biopolitical intervention ranging from the 'case' of Karen Quinlan—whose body, kept functional by machines, had become 'pure *zoē*'—to what he calls (paradoxical) 'military interventions on humanitarian grounds' (p. 104), but the list far exceeds his examples. In South Africa 'Marikana'—or the infamous Marikana massacre of August 16, 2012 (Duncan, 2013)—would seem to me to qualify as one of these 'uncertain and

nameless terrains' (Agamben, 1998, p. 104), where the indefinite prolongation of mere, 'bare life' (Quinlan), or brute killing, can happen without legal consequence, because the victims have already been excluded from the domain of the law. These are just some of the manifestations of the hidden 'biopolitical paradigm of the modern'—the (concentration) camp, where one is reduced to 'bare life'.

In the interpretive analyses (below) of contemporary instances of what was earlier referred to as the *ne plus ultra* of reducing human beings to bare life, one has to keep Agamben's portentous words in mind where he writes:

The 'body' is always already a biopolitical body and bare life, and nothing in it or the economy of its pleasure seems to allow us to find solid ground on which to oppose the demands of sovereign power. In its extreme form, the biopolitical body of the West (this last incarnation of *homo sacer*) appears as a threshold of absolute indistinction between law and fact, juridical rule and biological life. (1998, p. 105)

That 'bare life' is peculiarly relevant to the COVID-19 'pandemic' should be apparent from Agamben's analysis in *Homo Sacer* (1998), as well as his remarks (2020), quoted earlier, to the effect that in the early phase of the 'pandemic' in Italy it was obvious '...that our society no longer believes in anything but bare life' (para. 1). In what follows, what he termed the 'ethical and political consequences' (Agamben, 2020) of the 'pandemic' (and human responses to its various manifestations) will function as implicit guidelines regarding the relevance of events.

INTERLUDE: KRISTEVA AND RANCIÈRE

In passing, one should note that both Julia Kristeva and Jacques Rancière have, like Agamben, drawn attention to modes of 'exclusion', which cast light on his notion of *homo sacer*. There is a psychoanalytical sense of exclusion in Kristeva, which resonates with what is elaborated on below, namely instances of 'bare life'—treatment of people under current circumstances—the notion of 'abjection', or the 'abject'. A brief clarification will have to do here.

Freud and Lacan both noted that the infant as 'oceanic subject' does not initially distinguish between itself and its immediate surroundings (McAfee, 2004; Olivier, 2007). This is related to what Kristeva (1997) terms the semiotic *chora*, connected with the mother's body. The *chora* is the generative, quasi-spatial matrix which, as a 'totality', comprises the infant's drives (as energy-impulses and their psychic correlates). To make the infant's eventual separation from the safety provided by the *chora* of the mother's body intelligible, Kristeva posits the process of 'abjection', which here means more or less the same as 'rejection' of its erstwhile safe space, as a prerequisite for the infant subject's assumption of its 'identity' in the symbolic sphere of language. Hence, the mother's body functions paradigmatically as the prototypical

'abject', (Kristeva, 1997). 'Abject' here entails a strong loathing, or aversion, accompanied by distancing from, or rejecting of something as 'other'. This implies an expulsion of it to the periphery of consciousness to keep it at arm's length, and, importantly, to attain a sense of self-with-boundaries. There are many examples—apart from the mother's body, Kristeva mentions corpses, among other things, to get her point across:

The corpse (or cadaver: *cadere*, to fall), that which has irremediably come a cropper, is cesspool, and death;...refuse and corpses *show me* what I permanently thrust aside in order to live...If dung signifies the other side of the border, the place where I am not and which permits me to be, the corpse, the most sickening of wastes, is a border that has encroached upon everything. (1997, p. 231)

One should note that 'abjection' as a process is therefore not synonymous with 'repression', which marks relegating something experienced as unbearable or traumatic to the unconscious. What is abject, by contrast, is not wholly unconscious—it is always ambiguously located in a quasi-unconscious, quasi-conscious limit-realm, from where it 'haunts' the subject as an 'other' which nevertheless co-constitutes its sense of selfhood. I therefore believe that one can draw an analogy between the 'abject' and *homo sacer* as 'bare life', given the latter's comparable ambiguity with regard to its insertion in society, somehow *between* the law, or sovereign power, and purely biological life.

Rancière (2006), in turn, emphasises that (modern) democracies that project the image of *equality* are never, nor can they ever truly be, societies in which people enjoy equality. The reason for this is that 'equality' functions as a kind of 'quasi-transcendental' principle in relation to democracy, in so far as it is both the condition of *possibility* of democracies (or perhaps of democratic constitutions), *and* the condition of their *impossibility*. The latter implies that while one could point to democracies and their constitutions, their functioning is never 'pure' or unproblematical; on the contrary, such functioning is always already 'ruined'. This is probably what Derrida (2005) had in mind when he said that democracy was always 'to come'. One manifestation of such 'impurity' of democracy, according to Rancière, is the fact that some people are always excluded from society, even if they putatively live 'in' those societies. Rancière believes that customary politics is the work of what he calls the 'police' (not in the usual sense), which, for him, instantiates any agency that divides the *polis* or polity according to the interests of those who have a 'part' in it. Rancière's own concern is for the part of ordinary people, or the *demos*—those 'with no part', who are simultaneously excluded from politics *and* immanent to it as its constant shadow, or 'other' (Rancière, 2010; see also Olivier, 2015; Tanke, 2011). It is not my purpose to elaborate further on Rancière's or Kristeva's relevance for the present theme of *homo sacer* in the context of the 'pandemic', but merely to point to similar insights on their part regarding the paradox of simultaneous inclusion and exclusion of certain people in and from society.

'BARE LIFE' AND CURRENT EVENTS

Returning to the issue of manifestations of *homo sacer*, or treating people as bare life under current 'pandemic' conditions globally, these are so numerous that it is impossible to do justice to their pervasiveness in alternative media—'alternative', because such manifestations are carefully (and conspicuously) removed from mainstream media outlets such as CNN, BBC, Sky News, Al Jazeera, France Today, and so on, except as denials in the face of accusations from critics (for more on this in the context of the mass deception people face today, see Chossudovsky, 2022; Kennedy, 2021; Olivier, 2022a; RylandMedia, 2021; and *The Exposé*, 2022a, 2022b, among many sources). It would be easier to negotiate this densely populated terrain if it were approached under different headings, including 'vaccinations' (in scare quotes because they are not really vaccines; Olivier, 2021b), and controlled economic collapse. To give a brief impression of what is at stake, here is a summary, by Michel Chossudovsky (2022), of what he addresses in his startling book on the worldwide COVID-19 crisis:

1. The RT-PCR test is meaningless (now confirmed by the WHO [World Health Organization] and the CDC [Centers for Disease Control and Prevention]). The entire data base of so-called "COVID confirmed cases" is totally invalid. These are the estimates which have been used to justify ALL the COVID-19 mandates since March 2020. The figures on COVID-19 related mortality are also invalid...These are the fake "estimates" used to justify the violation of fundamental human rights.
2. SARS-CoV-2 is "similar to seasonal influenza" according to the CDC and the WHO. It is not a killer virus...
3. The economic and social impacts of the lockdowns are devastating: bankruptcies, unemployment, poverty and despair. The COVID-19 mandates are destroying people's lives...
4. The COVID-19 mRNA vaccines have resulted in a worldwide upward trend in mortality and morbidity which is amply documented... A confidential report by Pfizer made public under Freedom of Information (FOI) confirms that the COVID-19 jab is a "killer vaccine".
5. Recorded and registered for EU/UK/USA – 61,654 COVID-19 injection-related deaths and 9,755,085 injuries reported as at 28 January 2022 (only a small percentage of deaths and injuries are reported and recorded).
6. Pfizer has a criminal record with the US Department of Justice... (p. 4)

This should alert readers to the fact that what one is dealing with here is no 'conspiracy theory'—a phrase only too readily used by the perpetrators of these 'crimes against humanity' to deflect attention from themselves—but something to be taken very seriously, lest one suddenly finds oneself hopelessly compromised at many levels. Then, homing in on the question of efficacy of the vaunted COVID-19 'vaccines', here is a telling excerpt from Robert Kennedy's book (note that all the claims in Kennedy's book are supported by extensive documentation):

A recent peer-reviewed study in the high-gravitas Elsevier journal *Toxicology Reports* found that COVID-19 vaccines kill more people in each age group than they save. According to that study the 'best-case scenario' is five times the number of deaths attributable to each vaccination vs. those attributable to COVID-19 in the most vulnerable 65+ demographic. (2021, p. 184)

Kennedy goes into a lot of detail regarding the reported effects of the 'vaccines' in different countries and different states in the United States, and without exception it appears that, instead of saving people's lives against the virus, the 'vaccines' are killing people. This is actually the heading of an article in the independent, alternative newspaper, *The Epoch Times*, in the form of a rhetorical question: "The Covid shots are killing people?":

While you only get at most six months' worth of protection from any given shot, each injection will cause damage for 15 months. If we continue with boosters, eventually, it's going to be impossible to ever clear out the spike protein.

While the spike protein is the part of the virus chosen as the antigen, the part that triggers an immune response, it's also the part of the virus that causes the worst disease. The spike protein is responsible for COVID-19-related heart and vascular problems, and it has the same effect when produced by your own cells.

It causes blood clots, myocarditis and pericarditis, strokes, heart attacks and neurological damage, just to name a few. As noted by [Dr] McCullough, the spike protein of this virus was genetically engineered to be more dangerous to humans than any previous coronavirus, and that is what the COVID shots are programming your cells to produce. (Mercola, 2022, paras. 22–24)

This thoroughly referenced article makes no bones about the lethal dangers of the COVID-19 'vaccines'. I quote from one more news source regarding this, before demonstrating how this relates to Agamben's thesis concerning *homo sacer* and 'bare life'. An equally well-documented article in the alternative British newspaper, *The Exposé* (2022a), informs one that:

An investigation of official Government data has uncovered that fully vaccinated individuals are up to 3 times more likely to be infected with Covid-19, 2 times more likely to be hospitalised with Covid-19, and 3 times more likely to die of Covid-19 than unvaccinated individuals.

The question is, why?

One possibility is that as feared, the vaccinated are suffering Vaccine-Associated Enhanced Disease leading to conditions such as antibody-dependent enhancement, and cytokine storm. In effect, this means the Covid-19 injections cause a vaccinated person's immune system to go into overdrive when they come into contact with the virus, causing harm to the person and worsening disease.

But it turns out this possibility could actually be reality. Because the latest round of confidential Pfizer documents published 1st April 22, confirm that both Pfizer and the FDA [Food and Drug Administration] knew Vaccine-Associated Enhanced Disease was a possible consequence of the

mRNA Covid-19 injections, and they received evidence of it occurring, including several deaths, but swept it under the carpet and claimed 'no new safety issues have been raised'. (paras. 1-4)

Are reports like these (and there are many more; see Olivier, 2021a, 2022a in this regard) sufficient to be able to claim that we are witnessing an *actual* surge in the treatment of humans as 'bare life', with any protection afforded by extant laws or constitutions summarily suspended? Probably not by themselves, except that the evidence (*The Exposé*, 2022a) confirming that both Pfizer and the FDA were aware of 'Vaccine-Associated Enhanced Disease' and deaths having occurred among the injected could be construed as manifestation of (conscious, if not deliberate) 'bare life'-treatment of the gullible public by decisionmakers in these organisations. However, one would need to do more to demonstrate, with supporting evidence, that such legal or constitutional protection has been either suspended and removed, or simply ignored, or that other 'laws' or regulations have been established that overrule constitutional or legal protection against compulsory or 'mandated' injections with these dangerous chemicals (Olivier, 2021a, 2022a). At least the evidence that the COVID-19 'vaccines' have been responsible for thousands, if not millions of deaths (and many different kinds of injuries; see Saveusnow, 2022, for more than 1000 scientific studies confirming this) among their recipients is sufficiently overwhelming to make any denial on the part of their apologists futile, and disingenuous to boot. The question that arises is whether such lethality has been unforeseen, or a genuine pharmaceutical 'mistake'. Evidence suggests otherwise.

EVIDENCE OF DELIBERATE 'BARE LIFE' TREATMENT OF PEOPLE

Origin of the 'novel coronavirus'

When the advent of the 'novel coronavirus' (SARS-CoV-2) was first announced early in 2020, indications were allegedly that it had (probably) infected a human being at a so-called 'wet market' (where wild animals are sold) in Wuhan, China (Mercola & Cummins, 2021), the hypothesis being that the virus had jumped by 'zoonotic transfer' from a bat to an intermediary animal like a pangolin and then to a human. Yet by March of that year (Olivier 2021a; Walsh & Cotovio, 2020; Woodward, 2020), scientists were less sure of the provenance of the virus. It was not long before another possibility was aired—that the virus had been created in a virology laboratory in Wuhan, from where it spread to the outside world. In fact, although this was not generally known because the relevant paper was evidently censored and removed soon after its publication, in February 2020 a study confirming that the 'novel coronavirus' was manufactured in a Chinese laboratory was published by a Chinese researcher (Breggin & Breggin, 2021). As regards the rationale for its creation, in his exhaustively documented book on Fauci and Gates, Robert Kennedy writes:

Five months before WHO declared a global pandemic, at a time when 99.999 percent of Americans had never heard the phrase 'gain-of-function,' key government officials were already

planning strategies for suppressing public discussion of the potential that a coronavirus might have been deliberately manipulated to enhance its pathogenicity and transmissibility in humans. (2021, p. 772)

Regarding the question of the location of such 'gain-of-function' research, Dr Joseph Mercola—together with Robert Kennedy, probably the most determined and tenacious critic of the Biden administration in America, and reviled by Biden and the mainstream media for 'spreading disinformation' (while, ironically, substantiating his penetrating research with copious documentation)—comments on the 'lab-leak' hypothesis as follows:

Despite an ongoing cover-up by Chinese and US government authorities, the biotech industry, Big Pharma, the military-industrial complex, and the mass media, there is growing scientific consensus that the COVID-19 virus was created and (*most likely accidentally*) leaked from a dual-use military/civilian lab in Wuhan, China. (Mercola & Cummins, 2021, p. 29)

This is not the most startling information regarding the emergence of the 'novel coronavirus', however. Dr Peter and Ginger Breggin (2021)—another brave duo of researchers who smelled a rat early in the sequence of 'pandemic' events—confronts one with the news that a paper on the gain-of-function research involving dangerous *SARS-CoV* pathogens at the Wuhan institute was already published in 2015 by Vineet D. Menachery et al. They also urge one to remember that '...gain-of-function refers to gaining more dangerous functions, such as lethality' (2021, p. 43). What is relevant for the present article is the fact that this collaborative research between American and Chinese scientists was funded by Dr Anthony Fauci's National Institute of Allergy and Infectious Diseases (NIAID) and other organisations of the National Institutes of Health (NIH), *and* that it was far from innocent. As the Breggins put it: 'The Chinese were working with us [Americans] to insert the deadly spike protein into the otherwise harmless coronavirus to enable it to penetrate human cells to cause a SARS-CoV pandemic' (2021, p. 42).

One may argue that the Breggins jumped the gun by implying that causing a pandemic was (probably) the goal of the virus-research in Wuhan—after all, the research project was justified as making the development of vaccines possible, among other things (Breggin & Breggin, 2021). However, when one reads the following, including a quotation from a research project description, one is inclined to agree with them:

The research can be traced to an announcement by the University of North Carolina on September 9, 2013, about a \$10-million award from NIH to a program led by Ralph Baric. The purpose was to study and manipulate 'highly pathogenic human respiratory and systemic viruses which cause acute and chronic life-threatening disease outcomes.' (Breggin & Breggin, 2021, p. 46)

However, even if it is difficult to prove intent here, minimally it is irrefutable that highly dangerous research of this kind, which involves the deliberate engendering of extremely dangerous, potentially lethal pathogens, unavoidably run the risk of accidentally—if not deliberately—releasing these pathogens from laboratories into social space. Arguably, *this*

*presupposes that people inhabiting this social space are, or have been, reduced to 'bare life', without rights, and unprotected by the constitution or the laws governing social life under normal, 'civilised' conditions. Apropos of the development of 'vaccines' in preparation for an anticipated 'pandemic' caused by a novel pathogen, the Breggins give credence to the conclusion—that an *a priori* reduction of humans to 'bare life' must be assumed—where they remark, under 'New Information' on 'Vaccine Hazards':*

These vaccines were and remain too hazardous for human experimentation. Because of the great interest the globalists were showing in the mRNA vaccines, many researchers began animal research on them several decades ago. The conclusive results are straightforward: The vaccines are too deadly in animals to be given to humans, even experimentally. (Breggin & Breggin, 2021, p. 240)

This brings one to the next category of evidence.

Lethal vaccines

Robert Kennedy (2021) provides a thorough, well-documented account of the lengths that Dr Anthony Fauci and self-styled vaccine 'expert', Bill Gates, went to after the outbreak of COVID-19 in 2020 to discredit early medical treatment of patients ill with the disease. The treatment concerned involved Hydroxychloroquine and Ivermectin—both of which were found to be extremely effective against COVID-19 by doctors such as Pierre Kory, Joseph Mercola, and Peter McCullough. Referring to anti-Ivermectin propaganda in *The New York Times*—derogating Ivermectin as a 'horse dewormer'—Kennedy writes:

Peter McCullough laughs at the propaganda: 'Ivermectin is a molecule that is miraculously effective against parasites and viral infections along multiple pathways and mechanisms of action. It's a molecule. It doesn't care if it's used in a horse, or a cow, or a human. The rules of physics and chemistry are the same across species.' (2021, p. 145)

Kennedy (2021) also quotes Kory and Mercola along similar lines, with the latter pointing out that the 'intent' on the part of the so-called 'health agencies' is crystal clear, namely, to sow confusion among members of the public, goading them into falsely believing that Ivermectin is a 'veterinary drug'. In this way, he reminds one, they are supporting the 'Big Pharma narrative that the only thing at your disposal is the COVID shot' (p. 145). The fact that Mercola explicitly mentions 'intent' corroborates my earlier observation, that *what one is witnessing in the course of the unfolding Covid saga—specifically regarding the promotion of so-called 'vaccines' as the 'magic bullet' (in preference to treatment with Ivermectin and Hydroxychloroquine)—is nothing less than the reduction of human beings to 'bare life', exposing them to potentially being killed without any recourse to protection by the law or constitution, that is, without any rights.* I realise that this is a very strong claim, in need of substantiating evidence, which is supplied below. First it should be noted, again confirming

my claim regarding the ultimate manifestation of 'bare life' treatment (pending supporting evidence), that:

During the spring of 2020, Dr. Fauci and Bill Gates carpet-bombed the airwaves, bearishly predicting that a 'miraculous vaccine' would stop COVID transmission, prevent illness, end the pandemic, and release humanity from house arrest. Even vaccinology's most stalwart tub thumpers—true believers like Dr. Peter Hotez and Dr. Paul Offit—regarded those forecasts as far-fetched and foolhardy. After all, for decades...seemingly insurmountable impediments had thwarted every attempt to craft a coronavirus vaccine. (Kennedy, 2021, p. 157)

If evidence could confirm that these 'miraculous vaccines' are the exact opposite of a cure for COVID-19, namely, a means of committing genocide, or perhaps rather *democide*—'murder by government' (Roar, 2021)—on an unprecedented scale, then I believe we are in fact today witnessing the *ne plus ultra* of 'bare life' practices. (This does not even include all the means by which such democide is being committed, which is addressed below.) The evidence to this effect abounds, and grows daily. Robert Kennedy (2021) categorises it as follows:

First, there is the issue of 'leaky vaccines' (Kennedy, 2021)—the phenomenon of the much-hyped 'vaccines' found to be *not* effective for sterilising subjects against the virus. Kennedy refers to several vaccinologists and virologists who admitted this to be the case after 'vaccine' trials failed to achieve immunity in test subjects (including even Dr Fauci, who nevertheless pressed on regardless, promoting these injections).

Second, and even more problematical, 'vaccine' developers had to face the tendency of these injections to trigger 'pathogenic priming' or 'antibody-dependent enhancement' (ADE)—'an overstimulation of immune system response that can cause severe injuries and death when vaccinated individuals subsequently encounter the wild viruses' (Kennedy, 2021, p. 159). It is not as if those individuals promoting the 'vaccines' were not aware of this danger; Kennedy lists several, again including Dr Fauci, who openly admitted this peril. Nevertheless, to shield himself and 'vaccine' manufacturers (who enjoyed 'immunity from liability') from accusations concerning the risk posed by ADE, Fauci employed 'six strategies' to cover up any evidence of its occurrence in recipients of the 'vaccines':

- The first of these tactics (Kennedy, 2021) entailed abandoning the supposed 3-year clinical trials for the 'vaccines' after six months, and then offering them to the control group, without the comparative value of which the possible harms from pathogenic priming would be (cleverly) hidden in the 'vaccinated' group.
- Second, given his power of control, Dr Fauci declined repairing the (Voluntary) Adverse Event Reporting System (VAERS) in the United States, despite a 2010 study concluding that it registers less than 1% of vaccine injuries generally. More than 99% of the COVID-19 'vaccine' injuries, including deaths, therefore go undetected (Kennedy, 2021).

- Third, what Kennedy (2021) dubs Fauci's 'trump card', was to use all the power and influence at his disposal to persuade social media companies like Google and Facebook, as well as mainstream television networks such as CNN and *The New York Times*, to censor all reports of adverse events, including deaths, that could be ascribed to the injections concerned. Even science journals—which are dependent on income from Big Pharma—agreed not to publish papers outlining the flood of lethal and incapacitating consequences of the jabs, and so-called 'fact-checking' companies, funded by Big Pharma and Bill Gates, did their best to 'debunk' reports and studies of 'vaccine' injuries. Needless to point out, the result was—as Dr Robert Malone remarked—that most Americans (and people in other countries too) were blissfully unaware of the toll the 'vaccines' were taking. Moreover, this mainstream muzzling and surveillance also targeted medical doctors like Dr Malone to discredit them as well as patients who reported harms done to them by the injections.
- Fourth, under Dr Fauci's direction, the Centers for Disease Control (CDC) discouraged autopsies in cases where people were suspected to have died from the 'vax'. Nevertheless, in September 2021, two experienced German pathologists performed autopsies on ten corpses of individuals who died after 'vaccination', concluding that five, and probably seven, of these deaths were caused by the jabs. They said that they had not seen such a high number of red blood cells in clumps—linked to thrombosis—in hundreds of thousands of pathological studies (Kennedy, 2021).
- Fifth, Fauci made sure that the people on crucial FDA and CDC committees were grant holders with the NIH, NIAID and Gates Foundation, to guarantee 'rubberstamping' (premature) approval of the (experimental) mRNA 'vaccines', minus thorough studies of possible harmful effects (Kennedy, 2021). The fact that these people were compromised through their financial interests vitiates the value of their votes of approval.
- Sixth, Kennedy (2021) points out that Fauci's intention to 'vaccinate' the entire American population was probably aimed at eliminating a 'control group'—the 'unvaccinated'—which would have cast 'vaccine' injuries and deaths in stark relief. As for malevolent intent—which is germane to the question of treating humans as 'bare life', with no protection by law or a constitution—the fact that Fauci reneged on his assurance, in 2015, that no child would be vaccinated against a parent's will, by furthering dictatorial types of pressure on the 'vaccine-hesitant' in an effort to reach full population 'vaccination'-saturation, speaks volumes.

Because Kennedy's book was published in November 2021, and by then only the Pfizer 'Comirnaty (Pfizer-BioNTech) vaccine' had been granted FDA approval, he focuses on the adverse effects of this product to outline 'the shocking data'. By October 6, 2021, 230 million doses of this 'vaccine' had been administered by health officials in the United States, despite the fact that, as Kennedy (2021) reminds one,

The final summary of the Pfizer's six-month clinical trial data—the document that Pfizer submitted to FDA to win approval—revealed one key data point that should have killed that intervention forever. Far more people died in the vaccine group than in the placebo group during Pfizer's clinical trials. The fact that FDA nevertheless granted Pfizer full approval, and that the medical community embraced and prescribed this intervention for their patients, is eloquent testimony to the resilience of even the most deadly and inefficacious products, and the breathtaking power of the pharmaceutical industry and its government allies to control the narrative through captive regulators, compliant physicians, and media manipulation, and to overwhelm the fundamental common sense of much of humanity. (p. 168)

Kennedy (2021) provides the table summarising the mortality data from Pfizer's 6-month clinical trial, and draws attention to the 'mathematical chicanery' involved in the company's claim, that its 'vaccine' is 100% better than the placebo used during the trial, because during this time, two people in the approximately 22,000 person-strong placebo group, and one person in the (comparably sized) 'vaccine' group died of COVID-19. Technically speaking, this is correct, but as Kennedy laconically remarks (2021), '22,000 vaccines must be given to save a single life from COVID' (p. 169)—despite which most Americans would probably have understood this misleading statistic to mean that the 'vaccine' would prevent 100% of potential deaths. Notwithstanding the fact that virologists would grasp the implication of this, namely, that with a less than 1% 'absolute risk' reduction (Kennedy, 2021) this 'vaccine' could not significantly influence mortality rates, Fauci and Gates continued to praise its capacity to 'end the pandemic'.

But the story gets even worse. As table S4 shows, this entire meager advantage of preventing a single COVID death in every 22,000 vaccinated individuals ($1/22,000$) is entirely cancelled out by a fivefold increase in excess fatal cardiac arrests and congestive heart failures in vaccinated individuals ($5/22,000$). Pfizer and its regulatory magician, Dr. Fauci, used smoke and mirrors to divert public attention from this all-important question of all-cause mortality. (Kennedy, 2021, p. 170)

'All-cause mortality', Kennedy (2021, p. 171) avers, should be the crucial measurement to determine the value of any medical treatment such as 'vaccination'; only this metric indicates whether the 'vaccinated' subsequently enjoy superior benefits compared to the 'unvaccinated'. Put differently, while a treatment may initially seem to have beneficial effects (in the short term), it may, in the course of time, prove to induce deaths from a variety of causes, and therefore undermine the ostensible short-term benefits. Evidence—provided by Kennedy (2021)—shows that this has indeed been the case with the Pfizer 'vaccine'.

It is impossible to do justice to everything that Kennedy covers in the form of evidence demonstrating the lethal and otherwise injurious consequences of the Pfizer jab. I restrict myself to the most significant instances of this. It is important to note, to begin with, that the deaths in the clinical trial vaccine group exceeded the control group by 42.8%—something that Pfizer tried to hide by omitting five deaths from Table S4 and only entering them in the fine print of their report. The shocking results of the trial should have led to the rejection of

this vaccine, but compromised FDA officials, together with the complicit mainstream and social media, the inadequate VAERS system, and the CDC's practice of obscuring the real consequences of the jab, effectively covered up the evidence that 'vaccinated Americans began dying in droves' (Kennedy, 2021, p. 172). In fact:

By August 2021, Dr. Fauci, the CDC, and White House officials were reluctantly conceding that vaccination would neither stop illness nor transmission, but nevertheless, they told Americans that the jab would, in any case, protect them against severe forms of the disease or death. (It's worth mentioning that HCQ [hydroxychloroquine] and ivermectin could have accomplished this same objective at a tiny fraction of its price.) Dr. Fauci and President Biden, presumably with Dr. Fauci's prompting, told Americans that 98 percent of serious cases, hospitalizations, and deaths were among the unvaccinated. This was a lie. Real-world data from nations with high COVID jab rates show the complete converse of this narrative; the resumption of infections in all those countries accompanied an explosion of hospitalizations, severe cases and deaths **among the vaccinated!** Mortalities across the globe, in fact, have tracked Pfizer's deadly clinical trial results, with the vaccinated dying in higher numbers than the non-vaccinated. These data cemented suspicions that the feared phenomenon of pathogenic priming has arrived, and is now wreaking havoc. (Kennedy, 2021, pp. 176–177; bold in original)

I should stress, once again, that these statements on Kennedy's part are substantiated by extraordinarily thorough documentation. This is the case, for example, regarding the rates of infection and death in other (highly 'vaccinated') countries, of which he pays particular attention to Gibraltar—the most 'vaccinated' nation globally, where the death rate increased 19-fold after everyone was fully jabbed. Similarly, abject results could be observed in Malta, Iceland, Belgium, Singapore, Britain, and Israel (the chief global promoter of the Pfizer vaccine), with Kennedy (2021) commenting on 'vaccination' numbers and health officials' disappointment at dismal infection and mortality rates where relevant.

The evidence adduced by Kennedy regarding the death toll (and other injuries) attributable to the Pfizer 'vaccine' in the USA and other countries, as well as his reconstruction of evidence irresistibly pointing at full awareness of the lethality of this medical intervention on the part of people like Fauci, Gates, and too many other implicated individuals to list here (see Breggin & Breggin, 2021; Kennedy, 2021; Mercola & Cummins, 2021) makes it impossible to avoid a shocking conclusion: that the people suffering these deadly consequences have been, and still are regarded (with the rest of humanity), by these culprits, as 'bare life', with no rights. Other researchers have adduced similar research results, including Prof. Michel Chossudovsky (2022), Dr Mercola and Ronnie Cummins (2021; see also Mercola, 2022), and the husband and wife team of Dr Peter and Ginger Breggin (2021; where they focus on both mRNA and DNA-based vaccines), to mention only some among many (for more information on this, see Olivier 2021a, 2022a, 2022b).

CONCLUSION

To conclude this article, one should take note of the warnings from courageous people, years before the 'pandemic' was announced. One of these brave people is Jane Bürgermeister, a former WHO-employee-turned-activist (Wilson, 2022), who warned the world in 2010 about the sinister plans being forged by this organisation, which is *supposed* to promote the health of the world's people. Rhoda Wilson comments as follows on the interview with Bürgermeister, titled 'Forced vax warning—February 15, 2010':

Prescient Testimony:

A former WHO staffer, Jane Bürgermeister, shared frighteningly prescient testimony in 2010. Her understanding was that respiratory virus pandemics will be used to force **near-universal vaccination** and that this had sinister motives. I dismissed this the first time I saw it. Many of us turn away instinctively from evil because we cannot or do not want to believe that other humans are capable of that which our logic tells us is happening. I now no longer reject it. (2022, para. 6; bold in original)

I strongly encourage readers to listen to the interview with Bürgermeister (where she already refers to the 'new world order'), which is accessible on the site where Wilson introduces 'Covid lies: Prescient testimonies' (Wilson, 2022).

In an upcoming second article, attention is given to other aspects of the cabal's attempt to destroy extant society, namely 'engineered economic collapse', 'chemtrails', and 'what (to expect) next'. There it is argued that these practices take the notion of *homo sacer*, 'bare life', and its concomitant biopolitical and pharma-political practices to unprecedented, virtually incomprehensible levels of depravity, and that a certain 'Platonic' psychotherapy, complemented by its Kristevan counterpart, is called for.

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BOOK REVIEW

CBT: The Cognitive Behavioural Tsunami: Managerialism, Politics, and the Corruptions of Science, by Farhad Dalal (Routledge, 2018)

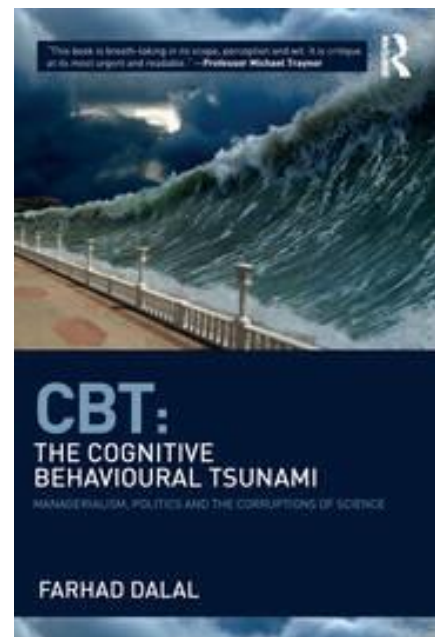
Reviewed by **Karen Minikin**,^{*1}  and **Keith Tudor**² 

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This is an astonishing book. The opening, preliminary pages set the scene for the sheer quality of the book as they comprise endorsements from 24 well-respected, international colleagues whose comments about this book include that it is ‘breath-taking in its scope, perception and wit’ (Michael Traynor), ‘an absolute masterpiece’ (Sami Timimi), and ‘a great read for those of us who appreciate challenging, perspicacious and compassionate analysis’ (Margie Callanan); and that it offers ‘a devastatingly forensic critique’ (Andrew Samuels), an ‘erudite, thoughtful investigation’ (Robert Whittaker), ‘an urgent critique of the dysfunction of our hyper-rational culture’ (Paul Hoggett), ‘a robust, detailed and psychologically sophisticated critique’ (Rex Haigh), ‘critical thinking ... [that] reveals[s] the corruptions of argument and evidence on which the dominance of CBT [cognitive behavioural therapy] is based’ (Stephen Froch), and so on.

Many in the field and not least readers of this journal will be aware of the criticality that Farhad Dalal has brought to bear on group analytic theory (1998), race, colour, and



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racialisation (2002), and thinking (2012); and this present book has all the hallmarks of his fine mind, critical thinking, breadth and depth of reading, passion, good humour, and skilful writing—which he brings to bear on cognitive behavioural therapy (CBT).

I (Karen) have known and admired Farhad's work in his integration of the social and political with the psychoanalytical. He has been a highly respected professional in both in our local area (the southwest of England) and internationally, and has also been key in bringing group analytical training to India for a number of our mutual colleagues. The state of mental health provision in the UK is very concerning, with excessively long waiting lists for children, adolescents, and adults. This contributed to my wish to read Dalal's book and his critique of the UK government's project for Improving Access to Psychological Therapies (IAPT).

I (Keith) have also known Farhad for a number of years and had the good fortune to host him when he came to Aotearoa New Zealand in 2013 to be one of the invited keynote speakers at the annual conference of the New Zealand Association of Psychotherapists (Dalal, 2013). I had written a couple of papers that were critical of the UK government's happiness agenda (Tudor, 2008b) and of the territorialism of CBT (Tudor, 2008a), and, during that visit, remember several conversations in which Farhad expressed his frustration with what he later came to call the CBT tsunami, so I was particularly excited to see this book come to fruition.

One of the great strengths of the book is the way in which Dalal builds his argument, from an introduction that critiques hyper-rationality through five parts that present and address arguments about depression and happiness (and, crucially, the Layard agenda); the politics of identity formation (master-myths and the 'psy' or modality wars); cognitivism (economics and managerialism); the dispensing of CBT (through the UK's National Institute for Clinical Excellence [NICE], and IAPT); and, finally, CBT research, which, in itself provides incredibly useful and much-needed counter-arguments against this particular prevailing climate change in psychology and therapy. The book is thoroughly researched, and packed with intelligent critique, as well as useful insights; it is also incredibly well-written, which makes for an easy, though nonetheless, extraordinary read.

In Part I, Dalal provides an historical account of what he refers to as the cognitive tsunami began, which sets the scene for his critique of Layard's (2005) book on *Happiness* and the British government's subsequent political 'happiness' agenda. Richard Layard was an economist and later, thanks to Gordon Brown, the UK's Prime Minister (2007–2010), a Labour minister who recognised the scale of the problem regarding a lack of provision for mental health in the UK—but, from an economic perspective, not a psychological one. Dalal describes Layard as a neo liberal rationalist who reduced mental distress to a problem that simply has to be solved. The underpinning paradigm of this big swing towards CBT was the privileging of 'hyper-rationality'. This is examined by Dalal who quotes Layard: 'The inner life ... determine[s] how we react to life.... So how can we gain control over our inner life?' (Layard, 2005, as cited in Dalal, 2018, p. 23). Dalal goes on to critique the idea that the inner life and

soulful feelings simply need to be controlled if we find them disturbing. He deconstructs the underlying philosophy and masculine rhetoric that privileges control over feeling out of control, and thinking and logic over feelings. Dalal supports this particular critique by offering evidence of the overtly sexist argument in the ‘logical’ explanation offered by Layard for the cited increase in depression amongst women:

Women whose pay and opportunities have improved considerably relative to men, but whose level of happiness has not ... perhaps women now compare themselves more directly with the men than they used to and therefore focus more than before on the gaps that still exist. (Layard, 2005, as cited in Dalal, 2018, p. 25)

This and other quotes Dalal excerpts from Layard’s work serve to expose the implicit sexism in the policy and approach to distress of both Layard and New Labour. By following the rationale of Layard’s argument and that of CBT that, if distress leading to depression is the problem, then rationality and control is the solution. Dalal shows the lack of humanity and dangers of institutionalised solutions in solving the epidemic of depression in the UK—a point equally applicable to the response to depression and other forms of mental illness in other countries in the world.

In Parts II and III of the book, Dalal considers more of the intellectual background that gave rise to CBT. This includes some of the ideas of Nobeert Elias, a German sociologist who wrote a book on *The Civilizing Process* (Elias, 1939/1994) in which he discusses, as Dalal (2018) puts it: ‘how identity itself was being continually forged out of the workings of power-relations.’ (p. 41). Dalal follows this with a chapter on a brief social history of the power struggles in and between the ‘psy’ professions in the United States of America and the UK—which, again, is applicable to similar struggles and current debates in other countries. Two other chapters discuss cognitivism and managerialism, which amongst other things provides the background as to why an economist, Layard, gets to talk about psychology—though, in fact, Layard’s book on *Happiness* is based on economic and political arguments and does not encompass research in psychology or therapy. There is much richness in these four chapters alone, each of which would deserve their place on reading lists for students of psychology and psychotherapy—and, perhaps, more importantly, in the in-trays of politicians, policy-makers, and managers in health care!

The next two parts of the book, as Dalal himself puts it in his Introduction ‘get to the heart of the matter’ (p. 9). Three chapters in Part IV ‘Dispensing CBT’ examine the social mechanisms that support the ideology that is expressed in and through CBT, specifically, in the UK, the (not so) NICE, whose recommendations are largely depended on results from randomised control trials, which, thus only represents one aspect of science; and on IAPT, which, despite the promise of its name, has actually *decreased* access to the plurality of therapies in favour of one particular form of therapy, i.e., CBT. Thus, we see a self-defining, self-fulfilling, and, ultimately, closed system at work. Dalal describes the rationale for CBT ‘treatment’ in some depth, describing how the approach encourages patients to be rational,

and to examine the illogicality of their state of mind; in other words, to set up a binary competition between the rational and irrational. He heavily critiques how patients are taught to decommission their feelings, eradicate their vulnerability, and defeat their subjectivity by aligning with objective thought. Dalal's is an exposing, deconstructing, and enlightening account that allows the reader to step back and really think about the policies of treatment in mental health provision.

In the fifth and final part of the book—and just as you might have thought all the arguments had been reviewed and rebutted—Dalal delivers three chapters which focus on the research that supports CBT, which delivers a death blow to, as Dalal puts it, mixing his metaphors, 'the head of the beast' (p. 10). In this hard-hitting finale, Dalal extends Goldacre's (2012) critique of 'bad science' to corrupt science and to debunking the latest iteration of CBT: mindfulness-based cognitive therapy.

Dalal's analysis is an eye opener in terms of how socio-political power is used within an institution such as the UK's National Health Service. The support for the medical model, a particular modern Western scientific mindset about mental health, is embedded in the very fabric of society and culture in the UK and other countries in the Global North and South. It has supported a split in the 'psy' professions whereby diversity of philosophies, theories, and approaches are just about tolerated as long as they remain marginal(ised) on the fringes of provision in a private sector and are not validated, recognised, or, despite evidence of efficacy and effectiveness, given any credence by the mainstream.

The psychological education system implemented in the West—and North—continues to maintain the institutional and systemic oppression about how we think about vulnerability, distress, and dis-ease, which, in turn, continues to keep opportunities and access to mental health provision profoundly unequal. There is a long way to go before vulnerability to anxiety, depression, and/or substance abuse is thought about and understood in more systemic and humane ways, and increased access to an increased range of psychological therapies is funded adequately. There is insignificant consideration paid to how we organise our communities, our resources, and our responsiveness. One bit of good news (which, strangely, Dalal doesn't refer to) was a decision in 2012 by the Swedish government, which had previously invested heavily in CBT, to break this monopoly and to fund other approaches to therapy. Commenting on the report from the Swedish National Audit Office, one newspaper headline put it thus: 'The one-sided focus on CBT is damaging Swedish mental health' (Miller, 2012). However, it is clear that, in the scheme of things, this is a rare push back to the general CBT tsunami that continues to sweep over and dominate the therapeutic response to the worldwide mental health/ill-health crisis.

Although written four years ago, Dalal's book remains contemporary. Moreover, given the hegemonic position of CBT, and its largely uncritical acceptance by politicians, policy-makers,


many psychologists, and perhaps the majority of the general public, it is likely to remain a key resource for critical thinkers, radical therapists, and free-thinking folk for many years to come.

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PLAY REVIEW

For Black Boys Who Have Considered Suicide When the Hue Gets Too Heavy, by Ryan Calais Cameron and co-directed with
Tristan Fynn-Aiduenu
(The Royal Court Theatre, London, April 2022)

Reviewed by **Rotimi Akinsete**,*  British Association of Counselling and Psychotherapy, UK; International Association for Relational Psychoanalysis and Psychotherapy, USA

For Black Boys Who Have Considered Suicide When the Hue Gets Too Heavy is on its second run, having premiered at the New Diorama Theatre last year.

Written and co-directed (with Tristan Fynn-Aiduenu) by award winning playwright Ryan Calais Cameron, co-founder and artistic director of the young company Nouveau Riche, this sold out play—an exploration of black masculinity—arrives with perfect timing.

Originally conceived following the killing of Travon Martin (an unarmed teenager in the USA in 2013), it arrives for its second showing following international Black Lives Matter demonstrations, COVID-19 complexities, and openness about mental health issues.

The curtain opens to reveal six young black men. They are bathed in glowing sunshine, and the stage set depicts all colours of the rainbow, as if to suggest that this show we are about to witness is an all-encompassing story about our unique multi-cultural society, in the here and now. What makes this show different though is that the story is told through the words of a distinct, marginalised, minoritised group of young black men.

These men, all with names that depict blackness (Onyx, Jet, Pitch, Midnight, Sable, and Obsidian), take it in turns to tell their story about how it feels to be young, black, and British today. Moving between the light-skinned charmer to the dark-skinned roadman, we hear their stories of childhood and adolescent experiences of colourism, anxiety and depression,

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suicidal ideation, erotic flirtations, powerlessness, homophobia, police harassment, violence, abusive parental relationships—and all under a glaring white gaze.

In one scene, Onyx expresses his frustrations:

And look, I know black boys ain't supposed to need love...

But I didn't know that till the world taught that

Fleeing from me like the plague, like

my overwhelming blackness must be contagious.

See how many faces turn drastically into fear, in my

presence

Locking car doors as I pass, hiding their

wallets their phones, their

manners, their smiles from me.

I must be less than human, right? (Cameron, 2022, p. 45)

It does not take the audience long to realise that this is a group counselling session extraordinaire. Held without a group facilitator, we have black men, vulnerable, expressing themselves and supporting each other in ways previously not experienced, using dance, literature, music, and history. Like in any clinical session, it is the 'confession' of vulnerability, the connection with those who truly care, and the envisioned empowerment of the disenfranchised that offers real hope to these young, black, desperate men. Brotherhood, it suggests, is indeed the only way forward.

The use of jokes (which are very funny but sometimes a little too 'insider'), rap, rhythm, and dance was a wonderful device to share both harrowing and joyous circumstances.

Though split into two parts, at 150 minutes, the play is rather long, with all scenes taking place in-group. There was so much to contend with, a tour de force of issues, issues, and more issues. At points during the play, I felt myself wanting to scream 'Stop! Let's deal with this one before we move on to the next'. Reflecting on my experience, I can only but surmise that as a black, male counsellor myself, with a training in a white, Eurocentric, psychotherapeutic tradition, I would have liked to have seen an example of individual self-reflection and perhaps with acting clinical professionals in situ giving interpretations of what is shared.

However, that may have left the play open to accusations of a white, Eurocentric way of dealing with global majority problems when instead, this wonderful piece of art clearly served its purpose of encouraging 'black male youth to follow their own dreams of finding themselves and aspire to become more than what society expects them to be'.

As the play ends, there is a standing ovation. I came away from this performance with a strong feeling that society is finally waking up to the emerging mental health emergency, and some musing about how it takes a black playwright and an excellent production team to force home again the fact that young black men are particularly at risk due to the discrimination faced in white, privileged society.

Unusually, there was no event programme available at this event, but the script notes were obtainable (Cameron, 2022). Going through my copy on the London Tube, I was reminded of the way the play ends—almost like it started:


And this is for the black boys who have considered suicide but decided that our stories must be told and our joy forever rising and our strength as much as our vulnerability has got to be as strong as our ancestors. (The voice of All the Boys, in Cameron, 2022, p. 54)

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CONFERENCE REVIEW

Black Identities and White Therapies: Working with Race, Ethnicity and Culture in and Outside the Therapy Room Conference (Online, 15–16 July 2022)

Reviewed by **Karen Minikin**,*  Principal, Insights—South West; Leadership team, Black, African and Asian Therapy Network

Counselling and psychotherapy are marginalised professions in many countries. In the UK, they have sat on the edges of a medical mindset and model, whilst those modalities better suited to and situated by randomised control trials have had the privilege of being invited closer to the centre. This is particularly true of provisions that are validated by the National Health Service (NHS) in the UK. The profession itself has known and lived with the experience of being undermined, undervalued, and misunderstood, meaning that some of the learning and wisdom therein gets lost or kept within the close confines of our respected modalities. So, it is interesting that the structural positioning of the profession in many countries has a systemic and institutional parallel experience of people that are marginalised in the society it seeks to serve.

This conference, chaired by David Weaver, President of the British Association for Counselling and Psychotherapy (BACP) was in many ways ground-breaking. Ground-breaking as most of the main speakers, conference workshop facilitators, and participants were Black representatives and authorities in their field. Their presentations and workshops were politically informed from personal and professional lived experience, as well as from the growing academic literature that has been published on the dynamics of race in recent years. For example, Ellis (2021), Eddo-Lodge (2017), Hirsch (2018), Keval (2016), Mackenzie-Mavinga (2016), and Turner (2021), to name a few.

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The topic of race, racism, and diversity is not new to the world or this profession. However, the focus has changed. The shift in recent years has been in how the problem is understood. Historically, the conscientious white liberal position has wanted to reach out, to seek understanding of the suffering of others, and show compassion. Whilst this has been helpful in terms of good will and laying some of the foundations for white therapists and therapies understanding the Black experience, it has been limiting in getting to the root of the problem. That being racism itself is a white construct embedded systemically, institutionally, and therefore psychologically in the minds of people. The shift that has happened in the West since the death of George Floyd (in May 2020) is a greater focus on the systemic and institutional oppression of racism. Accompanying that has been a necessity for white practitioners to understand the dynamics of their privilege and the way in which they reinforce systemic, institutional, cultural unconscious racism through their normative frame of reference. This is what the conference addressed—and it did so in powerful ways.

The opening keynote speech by Dwight Turner was political, personal, and impactful, addressing the lived experience in current times and making use of contemporary music that said it all through sound, beat, and poetry. The workshops that followed picked up on racism in clinical, supervision, and teaching settings. The delivery style was fresh and innovative, making the point that if learning was to change, the sources, style, and delivery need to be radical. The mindsets around the context and experience of refugees were another important stream, as was the discussion about the benefits in holding specialist spaces as well as mixed racial groups.

Twenty years ago, when I was editing the race and culture column for the *Counselling and Psychotherapy Journal* (the predecessor of *Therapy Today*), it would have been unimaginable to think that a conference like this could take place. Until fairly recently, writing and education around race within counselling and psychotherapy was largely directed to a white audience and was based on a premise of multi-culturalism and difference as opposed to examining power dynamics of oppression, privilege, and intersectionality. This conference reflected these themes from the start. Turner's dynamic address linking contemporary music, poetry, and theory on intersectional identity was intellectually stimulating as well as emotionally impactful. This was followed through by various discussions and workshops that considered cultural and racial bias, the dynamics of holding authority in oppressive systems, colonial and indenture legacies, racial wounding in supervision, and the institutional and systemic challenges in working with trauma and with refugees.

In the UK, the protests subsequent to the murder of George Floyd opened up more of a collective mindset in a number of professions, including counselling and psychotherapy. As a result, there has been greater recognition of the need for authority to shift to the Black experience and that has been humbling for institutions and people. This online conference organised by Onlinevents and PCCS Books opened up further ground and was exciting in deconstructing the white Eurocentric power base in our profession. It was inspired by the

excellent book edited by Divine Charura and Colin Lago (2021) (which will be reviewed in a subsequent issue of *PPI*) to which many of the workshop presenters had contributed chapters. There is a sense that a new era is dawning with an appetite for more gatherings, conferences, and workshops on these themes. For those interested in further details, contact Onlinevents at help@onlinevents.co.uk.

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NOTE FROM THE FRONT LINE

Abortion and reflections on racial justice

Christine Schmidt*  LCSW, CGP, Racial Literacy Groups; Private Practice, New York, USA

ABSTRACT

On June 24, 2022, the Supreme Court of the United States dismantled federal protections for access to abortion, allowing a cascade of state laws that criminalize pregnant people, their healthcare providers, and other supporters. Through a racial justice lens, this article examines abortion rights as a demand for reproductive freedom. Psychotherapists on the frontline, listening to girls' and women's stories of sexual trauma, are encouraged to see our work in a historical and political frame.

KEYWORDS: racial justice; reproductive freedom; abortion; psychotherapeutic frame

I'm angry but I'm not hopeless. When I was invited to comment about abortion for this issue of *Psychotherapy and Politics International*, I opted to write about freedom from the perspective of a white woman inspired by Black women.

When offering these comments, I knew it was important to socially locate myself so that my comments could be considered through the identities and privileges I hold. I am a 68-year old, white-identified woman who is a mother, grandmother, daughter, and sister. I am financially secure, have adequate medical insurance, own my New York home, and have the means to provide financial support to my family and others. In 1981, I had an abortion between the births of my first two children because I became pregnant while my husband was incarcerated for a lengthy and indeterminate sentence. I disclose all of this to illustrate how my privileged experience of reproductive choice, that included decisions about birthing

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and abortion, was relatively easy and safe. I am humbled by the stories of Black women and girls who've struggled and fought back.

The freedom of reproductive choice hasn't been fairly distributed in the United States. The USA has a violent legacy of forced pregnancy produced by racial capitalism and buttressed by the ideology of white supremacy. It's important to consider the Supreme Court's *Dobbs v. Jackson Women's Health Organization* ruling on June 24, 2022, that overturned *Roe v. Wade* and the subsequent cascade of states' rulings that prohibit abortion within this racist legacy. While all women have suffered, Black women and other poor women of color have always suffered disproportionately in comparison to white women. In my comments, I'll highlight the struggles for reproductive freedom, including the right to abortion, led by Black women. I will explain why it is critical for those of us committed to fight for abortion rights to take leadership from Black women who have led the fight for reproductive justice.

This country has *never* respected and dignified the bodies and personhood of Black women and other women of color. Beginning in the 17th century, the racial slavery that expanded the slave economy privileged the value of the fetus as a commodity over the human value of the mother's life. Black women were 'brought here in chains, and worked like mules, bred like beasts, whipped one day, sold the next, and for 244 years were held in bondage' (National Council of Negro Women, 1989, p. 2). The brutality and horrors of legally sanctioned rape are a central part of the legacy of reproductive injustices suffered by enslaved women and girls. *Partus sequitur ventrem*, adopted as law in 1662 in colonial Virginia, enshrined ownership of enslaved women's children by their enslaver (Higginbotham, 1978; Morgan, 2018). Enslaved women were considered commodities that reproduced commodities of labor. The 1807 federal US Act Prohibiting the Importation of Slaves, rather than offer relief from the horrors of kidnapping, fueled a racist industry of breeding that was built upon the bodies of enslaved women (Johnson, 2013). The violation of Black women's bodies extended beyond acts of reproduction. Black women have long suffered abuse and neglect from the medical system. It is now well known that Marion Sims, the 'father of gynecology' performed gruesome experiments on unanesthetized enslaved women to develop his science (Sartin, 2004). Continual medical experimentation on Black women like Henrietta Lacks (Skloot, 2010) has fueled anger and distrust of the medical industry within Black communities (Mitchell, 2022). In this context, I consider the contemporary anti-abortion movement another manifestation of white supremacy that is geared to violently control the bodies of Black women.

While the history of Black resistance and demands for self-determination is as long as the history of Black oppression, I want to highlight Black feminist organizing during the period preceding and following the *Roe v. Wade* ruling. In the late 1960s, Black women activists insisted on focusing on *reproductive freedom* and not merely abortion rights. Described by historian Keeanga-Yamahatta Taylor (2022), 'Toni Cade Bambara, Frances Beal, Alice Walker, and Barbara Smith, argued that real equality could be achieved only by expanding the parameters of what constituted "reproductive justice" to include the entire context within

which decisions about having or not having children were made' (para. 11). Reproductive freedom included access to birth control and abortion, and the right to bear children on their own terms. This included resources for childcare, employment, welfare, and other material necessities that help women take care of their children. Reproductive freedom was about equality, not just privacy or choice.

In 1973, the US Supreme Court ruled that the equal protection clause of the Fourteenth Amendment afforded women 'the right to privacy' in decisions regarding their own bodies. Essentially, the protection of privacy was a civil right that gave women the authority to decide whether or not to have an abortion (Williams, 2022).

In the 1970s, Black Panther Party chairwoman Elaine Brown promoted a focus on holistic health for women as a human right, moving the platform well beyond the civil right to access abortion as provided by *Roe* (Farmer, 2022). Reproductive education was critical to the pursuit of self-determination, as the Black Power movement sought to liberate Black bodies from ignorance imposed by the state and protect Black people from further harms by a racist medical ('healthcare') system.

In 1986, Melanie Tervalon, a pediatrician and former member of the Third World Women's Alliance, laid out the framework for reproductive justice as 'a wide range of issues included under the heading of reproductive rights—right to quality prenatal care, right to bear healthy children, right to protection from sterilization abuse, right to protection from experimental and unnecessary surgery, right to information about sex...and of course, rights to safe and affordable abortions' (Wilson, 2022, para. 1). This framework continues to inform reproductive justice demands today. It is literally a pro-life framework. Tervalon's seminal contributions to a framework for cultural humility guides many healthcare professionals, including psychotherapists (Tervalon & Murray-Garcia, 1998).

On June 24, 2022, the US Supreme Court overturned *Roe* in their decision *Dobbs v. Jackson Women's Health*. The ruling removed the federal privacy protections for women to decide what to do with their own bodies. According to the Guttmacher Institute (2022a), without federal regulation, thirteen states had trigger laws that automatically went into effect when federal protections ensured by *Roe* were eliminated and an estimated thirteen more states are likely to eliminate or restrict access to abortion. As of this writing, the Guttmacher Institute (2022b) has tracked the rapidly changing state laws about abortion (see 'An Overview of Abortion Laws').

These are some of the responses from scholars, journalists, writers, and activists whose voices guide and inspire me.

Keeanga-Yamahtta Taylor (2022, para. 6): 'Overturning *Roe* doesn't mean that abortions will end; it means that safe abortions will end.'

Jia Tolentino (2022):

We have entered an era not of unsafe abortion but of widespread state surveillance and criminalization—of pregnant women, certainly, but also of doctors, and pharmacists, and clinic staffers and volunteers and friends and family members, of anyone who comes into meaningful contact with a pregnancy that does not end in a healthy birth. (para. 3)

Jamelle Bouie (2022, para. 19): ‘What happens to the rights of citizens when their bodies become property under the law? When the state assumes control over our bodies, reproductive health, as if we are property.’

Fintan O’Toole (2022) warns that the Dobbs ruling

will cause girls and women to suffer. They will reduce female personhood to the same level as that of a zygote. They will spread shame and silence. They will kill some women by terrifying and confusing the doctors who should be treating them. However, they will not change the necessity of abortion in women’s lives. (para. 30)

As mental health providers, we listen to stories of women and girls because they come to us in psychological pain. They bring histories of trauma from rape and incest. They are enveloped in shame that comes from stigma of having been sexually abused. They are frightened and they don’t feel safe. They fear being forced to carry an unwanted pregnancy. They fear that their bodies may betray them if they engage in the pleasure of sex and that the state will punish them.

I’m inspired by Black women who have fought for reproductive freedom. ‘This freedom—to choose and exercise our choices is what we’ve fought and died for’, declared sixteen Black women in their 1989 manifesto for the National Council of Negro Women (p. 2), ‘We Remember: African-American Women are for Reproductive Freedom’.

I invite us all to join Ashley Farmer (2022, para. 9) to ‘follow their example. Stop focusing on one legal decision and start creating a world where all people can safely decide what reproductive freedom means to them.’

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NOTE FROM THE FRONT LINE

Commentary on the struggle over abortion in the USA

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ABSTRACT

This short paper considers the implications of the anti-abortion movement as part of a larger historical project of male domination, domination of nature, and exploitation of labor. It emphasizes how the attempt to control the mother and her body represents both denial of dependency and the split off defense of the vulnerable self projected into the symbol of the fetus. The refusal to accept the knowledge of one's own harming, colonial-racist exploitation, is perversely bolstered by putting the onus of harming onto the other.

KEYWORDS: anti-abortion movement; women; control; colonial-racist exploitation; onus of harming

In the late 1980s when we were only knee deep, not up to our nose, in the treacherous stream of abortion politics, I wrote about its symbolic significance in *The Bonds of Love* (Benjamin, 1988). Frankly indebted to de Beauvoir (1949) and her radical statements about the difficulty of recognizing the Other, it also drew on a critical reading of Freud's (1930) insistence that repudiation of the feminist is an indissoluble bedrock of the male psyche. I focused not only on how the mother and her maternal qualities are repudiated to form male identity, but how the aim of controlling the mother as an object distorts all social relations (Benjamin, 1988).

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The fear of women's power to create and nurture life, I argued (following the less well-known Dorothy Dinnerstein [1976]), is the real bedrock, for this is experienced as the power of life and death. For women to claim that power as their own was a great threat.

It was clear that the anti-abortion movement expressed and stirred up this fear of maternal power, while offering men the means to master and control that power. At the same time, in a clever move of synthesizing opposites much used by fascists, women as mothers were idealized and birthing children glorified. Today, having reached greater strength than we could have imagined, the suppression of women's rights to control their bodies has been joined with white supremacist ideology, 'The Great Replacement', advocating birthing children to increase the white nation.

What appeared at the time as an obvious backlash against feminism, simultaneously exalting the cowboy Reagan as the tough male individualist, signified more than was obvious, as did the movement it was trying to crush. A motive visible beneath the surface of this 'conservatism' was an equally dark intention not to conserve but to exploit the other—another repudiation of human dependency upon and lack of control over the mother. It is no stretch to see the link between the fight for deregulation of industry with the determination to control women's bodies: the belief in the unabridged right to mastery, dominion over every living thing. Male mastery should be unlimited by any social or natural force and all nature was regarded as thing.

It is easy to see that design, not coincidence, inspired the merging of this political movement purporting to restore a traditional way of familial life with a purportedly 'free market' neoliberal strategy of allowing economic action without modulation by government. However, what about protecting the vulnerable fetus? Was that not somehow at odds with all the moves to remove established social protections from capitalist exploitation? This would seem to be a successful use of splitting the parts of self that cannot be accommodated by the master, which are split off and projected into the Other or into symbolic entities. The knowledge of causing harm to the vulnerable is repudiated and the onus of harming is put onto the other. In this case, the vulnerability of all beings is concentrated into the poor fetus who has no other home or source of life than the woman who carries it. The fetus is protected by controlling that woman—the one who harms. This accomplishes two aims at once: restoring mastery by asserting independent invulnerable male power and symbolically protecting the actual unavoidably dependent self. Furthermore, the male hatred of weakness and of women is concealed by this assertion of protection. While the economic aim of exploitation is furthered by the actual refusal of resources for care or nurturance for these subordinated handmaids and their living offspring, women are now to be punished: it is a woman's burden to manage as best she can unless she acquiesces to dependency on the exploiting male.

The Handmaid's Tale (Atwood, 1985) combines with *Dialectic of Enlightenment* (Horkheimer & Adorno, 1947/1972)—mastery over women and over nature? Here, what is split off and denied is the voracious need to devour and exploit the mother who is often idealized as 'the giving tree' as in Shel Silverstein's chilling myth (Silverstein, 1964). When every use of the live tree is exhausted, it gives gratefully of its wood. In any case, the child (male) is never to feel compassion or gratitude for the organisms that nurture him—not leaf, not human. This so-called freedom—permission to exploit—was more recently challenged by the vociferous action of the #MeToo movement. In parts of the USA, consciousness has truly been raised. Even ordinary politicians on the Democrat (if not to say left) side of the spectrum speak of the issue of controlling women's bodies as well as the disproportionate effect on women of color. However, it is up to those with a radical perspective that see the continuity in these issues of class and sex oppression to make certain crucial links between the abortion struggle and the struggle to protect the human habitat from unchecked extraction by the forces of capital.

The unholy alliance of male dominion over women and nature encapsulated within an economic system that allows ruthless exploitation of those who labor is not difficult to trace in American history. The violence with which it was maintained is resurgent in the violence of today's white supremacists. Nor is this third point on the triangle—racial capitalism is one name for it—hidden in the political movement that combines anti-feminism with climate denial. Even as this movement refuses women freedom to own their bodies and refuses to bow to the global consequences of exploiting nature, it defends the American Southern Confederacy and human enslavement. Even as it denies the right to own the products of one's labor, it idealizes the past enslavement of a whole people. It not only opposes all social institutions that protect those who labor and those whose past exploitation have robbed them of wealth, it actively vilifies those who would acknowledge and counteract this history of predation and degradation; it holds high the banner of this legacy, and champions its current form of impunity for those who exploit.

It has long been observed that the rejection of our interdependency with all living beings and propensity for exploitation are branches of the same tree. However, we might need to give greater credence to the way these malignant tendencies to degrade and control are not simply opportunistically related, they are fused in the depths of patriarchal psychology. To return to an argument I proposed all those years ago, it is misleading to sum up this propensity for domination as human nature, as with the famed expression 'man is a wolf to man', which found its psychological reiteration in Freud's (1930) famous treatise on civilization. Freud believed that our instinctively rooted aggression meant that ultimately only repression of aggression, and indeed paternal authority, could limit such predation. As feminists, I said, we see another way: the demand for our liberation is the demand for mutual recognition, that is, the rejection of authority in favor of equality sets the limit to the omnipotent claims of the presumed subject, the master. With this demand we assert—and strive to put into practice—

that we are not dependent on the master for recognition, rather all are equally dependent on one another. It is only this recognition of the Other, her rights and needs and equivalent center of being, that sets a limit to predation by those who assume their position as subject to be a fact of nature. Respecting this limit, we serve not the master but those facts: we reverse the ideology of 'land' that is owned and subjugated in favor of the earth.

Yet to establish our power to realize the claim of mutuality requires a radical struggle against the well-organized forces that defend arbitrary power. This demand for recognition of all living things must be embodied in a We: that is, both as a We who know our common condition as dependent humans, as well as a We who speak for whatever disempowered or exploited group we represent. This struggle asserts the difference the Other can make, and we are now engaged in this battle as we defend our common humanity and the requirements of human life on earth.

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