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POWER AND EVIL

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A Knife in My Office— The Evil of Powerlessness



After 25 years in the Fisher Building in Detroit I was forced by circumstances to move my office. Why not just retire? I had to assure myself that I was not crazy to start afresh. But it takes so long to gain competence and wisdom, and it would have been even crazier to stop using myself when I'm most ripe and best at what I do. Besides, I also derive tremendous pleasure from helping my patients rediscover the joys of life. Here's a true tale of one exciting, if harrowing, relationship with a patient that required such competence and wisdom, and a lot of courage.

One of the first things I learned as a freshman in my Political Science class at Columbia was Lord Acton's cliché that "Power tends to corrupt and absolute power corrupts absolutely." Even in 1950, politically correct beliefs were in, and other truths were out. In no class has anyone ever suggested the opposite, which is even more correct: Powerlessness is worse. Not only does it corrupt, but it also distorts, degrades, and destroys the best in us, and the best among us. Often when they experience powerlessness, men and women frantically reach for whatever gives them a sense of power, disregarding any and all moral principles and ethical standards. They wage wars then and resort to violence, they lie, murder, plunder, and rape. "The push away from fear or dread (indeed) supercedes everything" (Bar-Levav, 1988, p. 324). Here is a story that proves this thesis.

My patient John is a Vietnam veteran, a giant of a man, well over six feet tall. He was crying quietly in my office recently, as he recalled his experiences when he returned from the Vietnamese jungle. No one was there to greet or to welcome him on that drizzly cold evening in October, many years ago. Even while still at the airport he noticed the long and disapproving looks of many of the passersby, and remembers having been lonely, confused, hurt, scared, and eventually enraged. But in the hostile atmosphere of those days he had to keep it all hidden within.

The so-called Vietnam Syndrome was finally put to rest as a result of the recent American involvement in the Middle East and victory over Iraq. What was that syndrome? It consisted of national self-doubt, a strong tendency toward isolation in foreign affairs, and a chronic societal failure of will. Vietnam was more than just the first military defeat for the United States in its long history. For reasons we shall soon see, it also precipitated the first "nervous breakdown" of the entire nation.

The Germans under Hitler, and many other nations throughout history,

have acted inhumanely & more cruelly than any beasts when ruled by bloodthirsty dictators. But in the U.S. strange acts were committed under freedom and within a democracy, without coercion. Not only did the country dishonor, disown, and ignore its own returning Vietnam veterans as if they were traitors, but this highly unusual behavior was generally not even recognized as a major distortion of reality. For years, the country was in the throes of such irrational behavior, and hardly anyone noticed its irrationality.

Only in the light of the joy and the open-hearted welcome offered to the soldiers returning from the Persian Gulf is this extraordinary piece of mass behavior seen in stark outline.

The painful contrast was clearly described by John as he attempted to reconcile his old pain with the justified pride and the outpourings of love that typically were the lot of the soldiers returning from Saudi Arabia. Until that day John had always hardened himself to appear only as gruff and bitter. This is how tens of thousands of other Vietnam veterans also managed to survive, for there was often no better way to bear the pain and to fend off the rage. But now, finally, he felt safe enough to cry. His pain was mixed with some happiness and with a lot of relief.

What happened in Vietnam that caused an entire society to lose its good judgment and sense of balance? This war, more than others, evoked a primitive and raw sense of powerlessness, both in those sent into the jungle and among the rest of us back home. Powerlessness often evokes overt and hidden panic, and this always has the power to overwhelm reason and any considerations of reality.

The enemy wore no uniforms in Vietnam, and he was indistinguishable from the population at large. Death could strike from any direction at any time, without warning. It was a war without front lines, and without safe havens. The Vietcong routinely tunneled their way underground, and they would appear anywhere suddenly, totally without being expected, even in the midst of the most secure and well guarded American compounds.

And besides, it was a war that the U.S. did not really prepare itself to win, its declared goal merely being to contain the Communists of the North. Both the scope of the conflict and the war strategy were repeatedly shifted under the pressure of the enemy's fire. Planning was faulty, preparations incomplete. Worse yet, some of the weapons used, like napalm and Agent Orange, were much too horrible for our sensibilities and moral standards. Pictures of burning children in panic and of dead and denuded forests forced themselves into our consciousness. Even in the privacy of their homes few were able to escape the experience of such horrors. Irrational though it was, the American public protected itself by denouncing the war, and by rejecting its own sons, the ones it sent to wage the war and to die, far away from home.

No wonder that such experiences left the country in confusion and in turmoil, and that many of the surviving veterans were saddled with an abiding sense of fragility, a sense that life was perhaps not worth living, or

preserving. This also explains why so many soldiers took drugs much of the time. How else to numb the terrible and ever-present fear? It is not surprising that many Vietnam veterans failed to adjust to life back home, and that some remained damaged and marginal forever.

It was with this kind of damage that John first presented himself. A helicopter gunner who flew many missions to attack and to rescue, he remembers emptying his ammunition eagerly into the hapless black-clad figures that were killing his comrades. He would experience real physical excitement, tremendous relief, and true joy as he set out in his powerful craft to destroy enemies and to extricate friends from the jungles below. His eyes used to flash with a heightened sense of life even years later, as he described the Vietcong being propelled into the air when hit, screaming and bleeding. He felt no compassion for them, only the surge of his own tremendous firepower. They were evil, danger, death itself. Destroying them was right and good, each time anew.

The scars he brought back to the United States were not merely from the shrapnel he took on a couple of occasions. He was confused, felt powerless as a civilian, and angry at everyone. He experienced the jeering and the ingratitude of holier-than-thou protesters as if they were directed squarely at him. Furious and often disoriented, lonely and in excruciating pain almost every day, he was pushed from within to seek my help. The Vietnam trauma converted the subclinical depressive Gestalt that is part of the human condition into the full-blown clinical syndrome of depression. In accepting John as a patient I committed myself to remain in a long relationship with him, full of painful struggles.

But I did not sufficiently understand in those days how deep his fear was, even though it contorted his body and tortured his spirit. Only years later did I describe and name it as the Fear of Non-Being (Bar-Levav, 1988, p. 50-59).

This most horrible of all the fears that afflict us can be elicited by many stimuli, and by any war. But the circumstances of Vietnam brought it up much more quickly. Here it often was immediately unavoidable, not "a presence but only . . . an absence, a void with an ill-defined outline, a hovering . . . dread." Here "the horrors of non-being [were] not anchored in any known reality and they [were] therefore wild and limitless." Many combatants found themselves at times "unable to think . . . they [would] shake, sweat profusely or become faint; their eyes [would] widen and dart rapidly in real terror . . . [with] an almost irresistible urge to run for their lives." They had to "be ready to respond to the unexpected at any moment . . . to be constantly alert with only brief moments of relative relaxation. The subjective sense of danger . . . was titanic indeed." "How does anyone fight an unknown, unseen, and faceless enemy? It is impossible to determine at whom and where to strike, when to escape, or even where to." (Bar-Levav, 1988, p. 50-59).

All these words were written without any thought of Vietnam in mind, merely to describe the nature of the fear of non-being. But, the description fits the circumstances of Vietnam perfectly. This is why this fear was evoked there so readily.

Like anyone else in the midst of psychotherapy, but much more intensely so, John also eventually began to re-experience his old preverbal hunger for solace and for safety, and his preverbal rage at not having had enough of these. Though physically big and full of bluster, he too began experiencing the helplessness and the powerlessness of the little boy within, though gradually and very slowly. These immense internal forces increasingly re-emerged into consciousness as he felt safer, and the surface bravado could no longer hide them. First re-awakened by the sense of impotence in Vietnam, the previously denied horrors from early infancy now forced themselves into his awareness.

John was seen regularly both in individual sessions and in a group. In the latter there is no choice but to share the group's time and the therapists' attention. This nonexclusivity infuriated John each time anew. Narcissism is universal early in life, and long before he was a veteran Johnny was an impulsive and willful kid, always insisting on getting his way. He tried to banish his sense of impotence in the face of this unpleasant reality with great regularity, using loud protests and expressions of rage. Like others he would become frustrated, but unlike them he staked out his claim for special privileges in the name of his suffering in the war.

John would typically burst out in boisterous temper tantrums, sometimes looking like a dangerous creature barely in control. But he never broke our strict non-acting-out contract until that fateful day when he produced the huge knife. Claiming that he was "never" being listened to, he used to quickly become furious whenever interrupted. But his fury was always expressed only verbally, as per our contract, except when he tried to protest by being late for sessions and delinquent with paying his bills. When challenged, he would boom self-righteously with a deep sense of injustice, in a continuing effort to control me and all my therapeutic interventions.

Not only were many of his wishes and expectations unfulfillable, but it would also have been therapeutically wrong to try satisfying them. The normal limits of one's power to control the environment were unacceptable to him, and he used the real confusion elicited by the horror of Vietnam to protect his narcissism. He tried to intimidate group members and his therapists by projecting a menacing image with his large body, gruff manners and loud voice, but the good-hearted, very scared, and very sensitive little boy inside him usually showed through.

John fought fiercely to secure his "rights," and in doing so the pressure of his preverbal rage began to lessen. Life outside therapy started to become more manageable. Like a rebellious adolescent, he was extremely provocative, claiming an inability to be introspective and stating repeatedly that the

whole process was silly and futile. But this was not the entire picture. The generalized agitation was occasionally interspersed with episodes of tenderness and open vulnerability, as tears of deep hurt would fill his big eyes.

No one is exempt from struggling with these same issues, but John's struggle seemed more painful than most. From time to time I worried that perhaps he was being pressured too hard. After all, he had suffered a head injury. Might he be organically unable to tolerate the strain? At times it was very difficult to maintain a working alliance with him, and more than once he was on the verge of leaving therapy in apparent disgust. But nonetheless, emotionally this was his home. Beyond the fury he respected and loved me, and our real and therapeutic relationships withstood many tests, holding firm.

And then, one day in an individual session he pulled a ten-inch knife out of his boot. I watched in horror as he slowly and deliberately cut my telephone cord. Holding the knife in his huge hand he coolly told me that this time *he* would dictate the terms of therapy. And, "if you scream and call for help I will stab you and myself before anyone has a chance to reach us". What a terrible way to compensate for his sense of powerlessness; a thought flashed through my mind as I began to sweat. His cool manner and deliberate speech added psychotic weight to the ten-inch knife. Although I knew that a frightened little child existed within this giant of a man, I was terrified. I know the power of insanity.

I did not scream and I couldn't use the phone. Nor would I have tried. As a child I lived and grew up in Palestine, and when the Arabs rioted between 1936 and 1939, I often saw bright red-stained sheets, all holding dead bodies of stabbed Jews. Later I fought in Israel's War of Independence and had to face death again, often at very close range. I'm not immune to fear and know how easy it is to extinguish a life. Perhaps as a result, I typically remain reasonably calm and maintain my judgment in dangerous situations. I did not panic with John.

Suppressing my fear, I talked to him slowly in an effort to reach the observant and thoughtful parts of this troubled man. At first he refused to listen, but his health, his love for me, and the long history of our proper and caring involvement eventually prevailed. It took some time, but in the end he threw the knife into the far corner of the room, as I insisted he do. I then stood up and left the room. He followed.

I always really liked John. He sensed that. I also always honored my commitment to the relationship with him, though he repeatedly tested me and the limits of my endurance. I was the first and only person who ever fathered him properly. Beyond all the noise, he trusted me more than he had ever dared trust anyone before. In fact, he probably felt so safe with me that he never really believed my repeated warnings that outbursts were unsafe, unwelcome, and unacceptable, even in therapy. He wanted me to accept him

unconditionally, as if I were that mythical Mother that everyone yearns for before the impossible dream is given up.

John's self-image was that of a little hurt boy. In spite of his age and size he now behaved as if he actually were one. I spoke to the adult man, the one holding the knife, urging him to control the spiteful, impulsive, and irrational boy who had cut my telephone cord. The man finally heard me.

In the waiting room and in the presence of a co-therapist I told him that, being frightened, I could no longer continue to be his therapist. This was no punishment but a result of my inability to function competently in that role. I would not dare challenge him, and I am useless as a therapist unless I can. He, too, was rattled. In shame, sadness, and regret he did not even protest.

Vietnam veteran or not, our relationship had thus come to an abrupt end. I searched my soul, consulted with senior colleagues, and against some of their advice decided not to sue John for assault. But we had no more sessions. He called me many, many times expressing genuine sorrow. Over a period of years he sought the help of several other therapists. On more than one occasion he came to my office without an appointment, practically camping on its threshold. Again and again he prevailed upon me to work with him again. I refused.

Therapy that aims to actually cure depression, this lingering cancer of the soul, must elicit powerful emotions, so they may be worked through. It is only safe, and only possible, to do so when the non-acting-out contract is adhered to without any compromise at all times and under all circumstances. No insanity defense can ever be entertained. I had to stand firm. I also had no choice. I was really much too scared to chance risking my life with him.

But John did not relent. He grew older, married and fathered a child, referred his wife and others to me for therapy, consistently staying in touch. Finally, after more than half a generation had elapsed, I agreed that he make a few appointments with one of my associates, under my supervision. He spoke sadly of his impulsive outbursts, and how much they had damaged him even before Vietnam. Much more thoughtful and more reasonable in his expectations, he came to recognize the fact that his sense of deprivation and of being unfairly treated preceded his war experiences by many years.

The incident with the knife turned out to be the most important experience in John's life since Vietnam. His social behavior, general demeanor and work performance have all proven this again and again. Never since has he acted dangerously to overcome his sense of powerlessness, even when fear gripped him.

But, though functional, John's life-long depression had not lifted with age. So he continued to persuade me to change my position, and I continued to be hesitant. And, from time to time, he continued to experience the old panic and dread. Once experienced on the conscious level, the fear of non-

being does not just disappear unless it is worked through. It tends to reappear even under minimal stress.

Although he has not read anything of what I wrote about the fear of non-being, John "knew" what it was. So do all other people who have had a taste of this fear after a bad drug "trip" or as a result of other circumstances. Everyone has lived in a subjectively private hell before consciousness, early in life, though in fact it may have been objectively quite safe. Fortunately, we do not know any of those experiences consciously for as long as repression holds.

We obviously could not understand any of the horrifying experiences that our little bodies were subjected to before we had any understanding. But "having just been born and having just survived a difficult passage to a mysterious unknown, the newborn [is] immediately subjected to a long series of unexplainable sensations that impinge upon it rudely again and again. They [shake] its entire being. The changes [are] all sudden, forceful, and unexpected; none [are] gradual, pleasing, or reassuring. The little body [is] powerfully squeezed, its bottom . . . sharply hit, its eyes . . . flooded and the other parts of its body . . . rubbed, wetted, dried, pinched, smeared, powdered, covered, and uncovered. . . . Light [shines] brightly and harshly into its eyes, and loud clattering sounds intrude upon it uncontrollably. Pangs of hunger also start to pull mercilessly on its empty stomach like pincers, as if sharp teeth suddenly bit its insides . . . (Bar-Levav, 1988, p. 96-97).

"An eternity passes before relief 'happens,' a timeless and endless time of total helplessness before any knowledge of 'help' exists. This happens repeatedly, but since even rudimentary memory is barely beginning to come into existence, each episode represents an altogether new and unexpected jolt. The panic and pain are experienced each and every time as new horrors. Each time is the first time. The little organism screams with all its might, for dear life literally, till it is relieved by comforting and thus quieted, or until it collapses in an exhaustion of futility. What is this all about? What is happening? What has happened? No questions are possible yet and no comforting answers. Each time the newborn's entire strength is totally spent in a desperate attempt to stop the meaningless horror, whatever it is. What is it? It craves comfort, fullness, solid grounding, nonexposure, warmth, attachment, safety—without knowing what craving is or what anything else means . . . The screaming is the prototype of all protest . . . Alternately [it] begs and demands—in rage, in hurt, with pain and with fear—not to be forgotten, not to be neglected, not to be left" (Bar-Levav, 1988, p. 96-97).

Such helplessness and powerlessness were the essence of John's experiences in Vietnam, and long before that. He was determined to live without such fears. Even without sufficient therapy he had finally accepted the fact that the reality of life in America was basically different from his war experiences, though he did not yet feel the difference. To really live again in

the U.S., he and others had to give up their "Vietnam," or be destroyed by inner turmoil.

And I, too, have finally changed. My whole life's work is based on the premise that basic character change is not only possible, but that it also is realizable in practice. I'm blessed to actually see this happening in the lives of my patients. How could I rationally ban John forever from working with me, as if he were fixed and unchangeable? I recently accepted him into a group. Wiser now and a more seasoned therapist, I finally again made room for this persistent, older, less impulsive, and more settled human being. Courageously, he had not given up on himself, and on me.

None of us could *know* anything and we could *expect* nothing at the beginning of life, when we experienced our vulnerability as an endless series of jolting horrors. But as a result of such experiences we all know what a sense of powerlessness is. Substantial residues of the old hopelessness and powerlessness are lodged in our body. These are often reactivated later in life by any sense of danger that exceeds our tolerance. A subjective sense of powerlessness is therefore universal, and with it a potential for evil also exists in us all, until we succeed in eliminating this time-bomb that ticks within us.

This is why we must dare to give up these old horrors. A sense of personal power is achievable by our separating ourselves from the yearnings for Mother, and by individuating. But, only a few people do. The process, like birth itself, is so very frightening. Patients literally shake, they break into cold sweats, are unable to concentrate or to think—all manifestations of being in the grip of this old fear of non-being, as it is being worked out of the body. Such experiences are tolerable in adulthood because we can observe the fear even as we feel it. We can *know* that all is well and safe even when we *feel* otherwise. This is how the choking grip of fear is loosened. Our body and physiology eventually "learn" that the current reality is altogether different from the one experienced in the dim and distant past when our physiologic reaction patterns became fixed. The body's old "knowledge" is proven to be wrong. This is how we change at the core, although very slowly.

Helping our patients gain a real sense of power is our task as psychotherapists. The fact that it can be achieved at all is our hope as human beings.

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