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States of Exception, States of Dissociation:

Cyranoids, Zombies and Liminal People

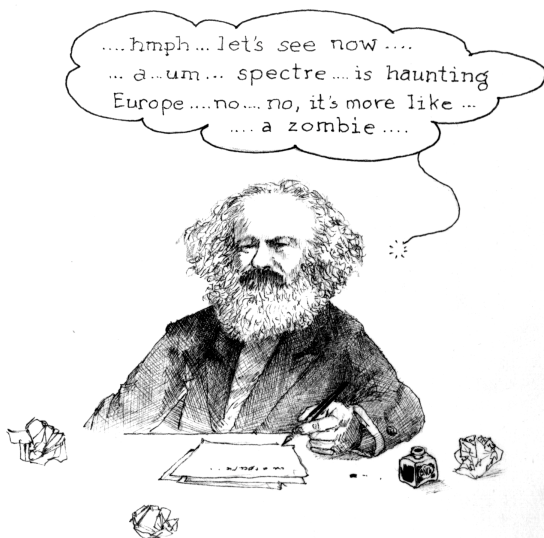
**An essay on the threshold between the
human and the inhuman¹**

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Karl Marx



Cartoon by Thomas Zimmer

A new spectre is haunting the liquid landscape of contemporary society: the spectre of the *cyranoid*.

Cyranoids are those verbal zombies, apparently normal on the exterior, whose interiority becomes impoverished, atrophies or never grows. Continually mouthing the words and thoughts of others, unable to hear the totality of their own voices, cyranoids become emptied of human expression. Unlike the original zombies of Haiti, though, they are not created by a drug-induced state or by entrapment in a religious cult but by much more subtle means ...

Here are selected examples of some related social phenomena explored in psychology, philosophy, psychiatry and literature:

- Experimental cyranoids came from the fertile imagination of American social psychologist Stanley Milgram who defined cyranoids as “people who do not speak thoughts

originating in their own central nervous system: Rather, the words they speak originate in the mind of another person who transmits these words to the cyranoid by radio transmission” (Milgram, Sabini & Silver, 1992). Milgram created the notion of cyranoids to explore the social psychology of authority and obedience in the 1970s. The term cyranoid itself refers to the Edmond Rostand (1897/2000) play, *Cyrano de Bergerac*, where the verbally artful but ugly Cyrano coaches the handsome but inarticulate Christian from hiding, as Christian attempts to woo Roxanne.

- Social studies have charted the territory of the “true believer” and “groupthink” and social psychology has studied the conditions under which individuals can be made to behave monstrously from Milgram’s (1974) obedience to authority experiments to Philip Zimbardo’s Stanford prison experiment (Zimbardo, 2007).

- In philosophy of mind, there is discussion of “philosophical zombies” or “p-zombies” which are hypothetical human beings devoid of consciousness or soul and are used in constructing models of consciousness (see Daniel Dennett, 2006). This is more serious and salient than it seems at first blush. It is about the boundaries and the definitions of consciousness and what it is to be human. These philosophical *aporias* (impasses, puzzles) are echoed in other areas: in defining the boundaries between man and machine, between humans and animals and in the dilemmas of development and dementia (at what point do children “become” persons and fully-enfranchised, morally responsible human beings and at what point do we lose this status? Such problems include people in coma, profound dementia and psychopathy, where people lack empathy for others).
- In *Conditionally Human*, American science fiction writer Walter M. Miller, Jr. (1962) imagines a world where people are not allowed to

have children and confronts us with the question: Which is more important, the life of a dog (even a very smart one) or the life of a child? Lithuanian philosopher-theologian Emmanuel Lévinas (1990, pp. 152-153, cited in Gerhardt, 2006), a Holocaust survivor, describes how the Nazi concentration camps “stripped us of our human skins. We were subhuman, a gang of apes.” While the gaze of their fellow humans dehumanized the inmates, it was the arrival of a wandering dog that restored their humanity by waiting for their return and “jumping and barking in delight. For him, there was no doubt that we were men.” So it was a dog, paradoxically, who salvaged the humanness of the prisoners reduced to an abject state of animality by other men.

- Italian philosopher Giorgio Agamben has discerned the paradigm of “sacred men” or victims across history in a series of disturbing studies (Agamben, 1998, 1999, 2005). The ultimate example is a group of “drowned” prisoners in Auschwitz (described by Italian

survivor-witness Primo Levi, 1986/1989) called *Muselmänner* (ironically, “Muslims”). The *Muselmann*, who lost his humanity and awaited only death, represents bare, naked life on the “threshold between the human and the inhuman” (Agamben, 1999, p. 55). Sacred men and *Muselmänner* are the threshold people created by what Agamben calls “states of exception.” Disturbingly, Agamben describes the paradox of a world where *permanent* states of exception prevail. After Auschwitz, the exception has become the norm.

- In psychotherapy, there is a description of people with a marked difficulty to express and describe feelings and to differentiate them from bodily sensations. *Alexithymia*, a notion coined by Peter Sifneos (1972, 1996) from the Greek meaning “no words for moods,” and the French notion of *pensée opératoire* or “concrete thinking” (Pierre Marty, et al., 1963) describe patients who cannot express their feelings, appear to be “emotionally empty,” have *relations blanches*,

empty relations and a utilitarian way of thinking, and experience stress and conflict through bodily symptoms. In the words of Algerian French novelist, Marie Cardinal (1975/1983), they don't have *les mots pour le dire*, "the words to say it."

Despite my principled critique of such notions (Di Nicola, 1997/1998), it is clear that this notion of "word failure," which becomes more apparent in the verbal scrutiny of psychotherapy, describes a postmodern condition. Sifneos (2000, p. 116) has extended his analysis of alexithymia beyond clinical issues to politics and crime, citing the works and lives of leading Nazis: "It is my opinion that ... Hoess, Eichmann and Hitler were alexithymic. The implications are clear. The effects of alexithymia on medicine, politics and crime are frightening and dangerous." His anguish and his conclusion strongly resemble the concerns of numerous analyses of the world after Auschwitz (notably, Primo Levi and

Giorgio Agamben).

- Critical family studies have described "mystification" (R.D. Laing, 1969) and "enmeshment" (Salvador Minuchin, 1977)—processes whereby family members are left puzzled and perplexed or disempowered and denied their individuality in family interactions.
- The film version of P.D. James' English novel, *The Children of Men*, describes a near-future filled with concentration camps for "fugees" seeking refuge in England in a childless world where societies and states have broken down. Slovenian philosopher Slavoj Žižek (2007) identifies the "paradox of anamorphosis" where we are better able to see the "oppressive social dimension" obliquely "in the background." Mexican filmmaker Alfonso Cuarón's genius is to leave the real context as a background to the action of the film. In our present, the growing numbers of immigrants and refugees and their families around the world increasingly live as quasi-legal or outright illegal

immigrants or refugees of state terrorism or armed conflict. Their basic human rights are not ensured by any state that will defend them. And so they are what British social anthropologist Victor Turner (1969) called *liminal people*, living “betwixt and between.” Children and families who arrive as immigrants and refugees are threshold people whose adaptational difficulties state are poorly understood and mistranslated into the terms of local systems of care. Their suffering is minimized or discounted because we do not have an adequate language for such *transitional states* and *liminal problems*. This is the territory of transcultural psychiatry (Di Nicola, 1997/1998, 1998). Host societies criticize them for “dual loyalties” and for being “hyphenated citizens” (e.g., Italian-Canadian, Irish-American). Their attempts to adopt the language and customs of the locals, when successful, may be at the cost of losing contact with their cultures of origins and their narrative resources for maintaining meaningful lives. They risk becoming “cultural cyranoids.”

By extension, then, I wish to designate *social cyranoids* as those zombies of contemporary society who more or less willingly undergo processes of conditioning and deformation. I qualify this process as more or less willing because in *liquid modernity* (sociologist Zygmunt Bauman’s ingenious term for contemporary society, 2000), the methods of social influence are increasingly subtle and sophisticated. We are all at risk of a kind of passive, dissociated ventriloquism. In the case of cyranoid children, they are “zombies-by-proxy,” so programmed by their parents or their group as to be devoid of an individual identity. In the case of immigrants and refugees, the willing aspect is also in doubt when their original identities are subsumed as *cultural cyranoids*.

As fascinating as they are in the psychological laboratory or the philosophical seminar, we should not collude in creating social cyranoids in real life as the mechanisms for such states of being are already too pervasive. While totalitarian societies or police states control their subjects by a *process of subtraction* (censorship, control of medias and surveillance), in liquid modernity people are

more influenced by a *process of addition or saturation*. We are bombarded by an always increasing amount of information (e.g., the 24-hour news cycle), education (adult education, life-long learning and continuing education—those perpetual updates for professionals, as if this was just invented and professionals in other times never bothered to learn in their practices) and entertainment (movies on demand will soon join the voicemail, camera, music player, GPS and internet connection on your cell phone) to the point of saturation, creating what American social psychologist Kenneth Gergen (1991) calls “the saturated self.” Middle-class children are pressured by hyper-parenting (Carl Honoré, 2008) and information technology has not rendered the workplace more efficient, just more pressured. Saturation creates, through what French philosopher Jean Baudrillard (1988) calls “the ecstasy of communication,” a state of hyperreality. Hyperreality is mediated reality and gives rise to simulacra and simulations. Social cyranoids do not merely mouth the thoughts of others but more subtly become inauthentic versions of their own selves, “simulacra” according to Baudrillard (1983). The *Matrix* films were strongly influenced by the thoughts of Baudrillard on simulacra and simulation.

Colluding to create cyranoids ...

Children are made into cyranoids when we make them learn things they do not understand and merely repeat by rote. Like Catholics of another era reading prayers in Latin which they did not always understand or Jews and Muslims reciting prayers and performing rituals in what is poorly understood if they are not fluent speakers of Hebrew or Arabic, the experience is not wholly accessible. That is why the Second Vatican Council chose to celebrate the Mass in the vernacular.

Students in supervision are made into cyranoids. When I was in psychotherapy training, I used to call it “echo therapy”—the patient would ask a question or pose a problem, I would take it to my supervisor and later, I would return with an answer. My long-term psychotherapy patient whom I followed for three years (and knew me at least as well as I knew her) pointedly asked me after some months of this verbal ping-pong, “I know very well what your supervisor says, but what do *you* say?”

In fact, I was not always a very good cyranoid and sometimes had trouble delivering interpretations or interventions

that I did not understand or could not accept for various reasons. During my fellowship in family therapy during my psychiatric residency at McGill, my supervisor used to joke that “something happened” between his supervision behind the one-way mirror where he and the team were watching and my return to the family on the other side of the mirror. What happened is that I wanted to avoid being a zombie or a cyranoid (we actually had a “bug in the ear” apparatus whose use I resisted) and to find my own voice as a therapist.

In therapy, clients and patients are made into cyranoids when we don't listen to them or convince them they have the wrong questions, assumptions or goals. In behaviour therapy, I was trained to redirect questions of meaning into questions of behaviour. When I was learning behavioural marital therapy, I asked my supervisor about love. He replied breezily that we cannot operationalize that concept so we cannot measure it! Cognitive therapy talks about cognitive errors and schemas that must be “corrected,” like enlisted soldiers in an army drill who do not conform to the sergeant's standards.

People who don't have a voice, who lack the narrative resources or the expressive capacities to articulate their *aporias* or *predicaments* are made into cyranoids.

Against these trends, what can we do? We need to let people find their own voice. And to do that, we need to reflect about narrative (Bakhtin, 1981), narrative resources (the work of Jerome Bruner, 1990; Bruner & Haste, 1987) and narrative therapies (White, 1995). Narrative and narrative resources are the vehicles for socialization. And this happens in great part through words. Individuals need to be armed with narrative resources to develop their own expressive capacities. There are two tools we can use to enhance the growth of expressive capacities: focal practices and the relational dialogue.

The words to say it, or how not to create cyranoids

Marie Cardinal's (1975/1983) autobiographical novel describes the medical consequences of not having *les mots pour le dire* and how, through seven years of psychoanalysis, her symptoms improved to the point of remission as she learned the words and connected them to

her experiences. Our goal in therapy and beyond should be to foster the learning of words for human feelings and predicaments and to give people a voice for their social expression.

So how does this translate into practice? Here are some guidelines:

1. Don't invite someone into the session if you don't intend to let them talk and to listen to them. Establishing a relationship is the first task of a dialogue.
2. Don't say to someone, "What you mean is ...". Or let someone else say that about anyone else in the room.

That is not interpretation or translation but brainwashing. I call this dialogic process of linguistic brainwashing "creating cyranoids." We must avoid what the Milan team of systemic family therapy called "the tyranny of linguistic conditioning" (Selvini Palazzoli, et al., 1978).

On the other hand, we can offer *redescriptions* of experience to open

space for other possibilities.

Bombardement sémantique is a technique in *ethnopsychiatrie*, Tobie Nathan's (1994) model of working across cultures. The "reflecting team" and narrative techniques of family therapy are more elaborate versions of a similar approach, offering multiple perspectives and solutions to perceived problems and predicaments.

3. Try not to say "I understand" too quickly, too easily. That is not empathic. By definition, it is only empathic if it is accurate.

Saying "I want to understand" early and often in the dialogue creates a therapeutic alliance and sets the stage for the dialogue to be focused on the other person's experiences.

4. Ask people to own their statements. Don't let other people answer in their name. Not even parents, spouses or other family members. Family therapist Salvador Minuchin (1977) described the process of "enmeshment," where individuals do not have their own voice and where

parents answer for children or each other.

This does not mean that parents or other authorities cannot describe things, offer interpretations or even make the rules for living together. But it should be called what it is: my description, my interpretation or making rules. This avoids what R.D. Laing (1969) called “mystification” in family life.

5. The careful, repeated description of thoughts, feelings, intentions, perceptions, reactions and the ascription of meaning to them is what creates interiority.

The more words we have available to say it, the more we will have to say.

The more relational the dialogue (that is, the more it includes the relationship as subject of discussion), the greater the possibility for individuation.

Narrative resources are transmitted relationally from one generation to

the next, individual expressive capacities are learned by modeling and by repetition.

6. We have the right to tell our own stories in our own way.

Italian novelist Ignazio Silone (1949) responded to critics from Rome who questioned why his characters spoke in our local dialect of the Abruzzo. As we don't come to Rome to tell you how to speak, don't tell us how to talk in our hometown:

Si lasce dunque a ognuno il diritto di raccontare i fatti suoi a modo suo.

(We give each person the right to tell his own story in his own way. –My translation)

We should be careful as to how we create the conditions for people to tell their stories. Beyond avoiding leading questions, we need to facilitate other persons' capacity to tell their own story.

7. Usually, this occurs most easily in the place and in the language of

their choice. This may often mean meeting people in their own homes and in their mother tongues. But not always.

8. People prefer sincerity and authenticity to highly polished or pre-fabricated stories. But anxiety, fear, denial, intellectualization—in short, the usual psychoanalytic suspects—get in the way. Our task is to allow a more spontaneous expression of feeling and more natural descriptions:

- *What happened? Tell us in your own words.*
- *How did you feel about that?*
- *What consequences does that have for you?*
- *What does that mean for you, to you?*
- *How do you understand that?*

In fact, we may sum up all the apparatus and technique of therapy as a way to help each other address the question, how are things with you?

9. Making meaning is the ultimate task of a dialogue—

- *What does this mean to you?*

10. Take stock—

- *How are we doing?*
- *How am I doing?*

Make a statement about the dialogue. Let the person express, own and take stock of their story in relation to you.

The love of our neighbor in all its fullness simply means being able to say to him, “What are you going through?”

—Simone Weil, *Attente de Dieu/Waiting for God* (1966)

French mystic Simone Weil says that our love for others expresses an abiding concern for their well-being. The only thing that matters between two people is how things are between them. No interview, no dialogue, no therapy session and no relationship can get beyond this: How are things between us? From Freudian

psychoanalysis to Mikhail Bakhtin's dialogism and narrative therapy, the heart of the matter is in the relational dialogue.

In the spirit of conviviality, in community, in relationships and (when it does not happen otherwise) in therapy, we come together to give witness to suffering. German philosopher Theodor W. Adorno, so preoccupied by the possibilities and the limits of life after Auschwitz, wrote: "All expression is the trace left by suffering" (Adorno, 2003, p. 208).

Expression is only a memory of suffering, recalling the past. Like an ambulance, expression always arrives after the accident. The trauma has already occurred and all that can be done is to alleviate the suffering by bearing witness. We ask of the other: how are things with you?

These, then are the three interrelated questions in the relational dialogue between self and other:

- *How are things with you?*
- *How are things between us?*
- *How am I doing?*

We start with the other, we examine our relationships and only then do we come to see ourselves. This is the surest way to avoid making cyranoids: to constantly refresh our understanding of each other and of ourselves in relation to each other.

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