



Chapter 1: The non-cathartic society

A. Human catharsis

By catharsis here is meant a complex set of psychosomatic processes by means of which the human being becomes purged of an overload of distress due to the cumulative frustration of basic human needs ([Chapter 4: Human needs and behaviour](#)). As defined it is thus a peculiarly human phenomenon, attributable to a somatic being with capacities for love, understanding and self-direction. The assumption is that the high vulnerability of such capacities active in a physical body and world, is compensated for by a restorative process which relieves the person of disabling tension. I shall use the terms "catharsis", "abreaction", and "emotional discharge" or simply "discharge" as cognitively synonymous.

That human beings are physiologically convulsive is obvious enough. Orgasm, childbirth, defaecation, vomiting, digestion are but some of the milder or stronger periodic convulsions that bear witness to living process in the body. That the person, *qua* person, that is, *qua* total psychosomatic being, is also convulsive is a notion little understood in contemporary society. We extol the virtues of control of emotion, are embarrassed by much overt expression of positive emotion, and are grossly under-skilled in handling the convulsive release of distress emotions. But the educated person is surely one who can balance all three and be competent in control, in expression and in catharsis.

According to the theory advanced in Chapters 4 to 7, when human capacities are frustrated to a disabling degree, the result is acute psychosomatic tension, the mental component of which is grief, fear or anger corresponding, respectively, to the frustrated capacities for love, understanding and self-direction. The cathartic part of the theory holds that grief is purged from the system by tears and convulsive sobbing, fear by trembling and cold perspiration, anger by shouting and high frequency storming movements. These processes are **not** regarded as self-indulgence, as getting worse, as getting hysterical. They **are** regarded as processes that get rid of distress, that restore the person to non-distressed, flexible functioning again. They are processes whereby persons purge themselves of personal frustrations. They are not to be confused with animal processes: they only have a dramatic physical component because persons are deeply involved with bodies, and a stress to the person is also a stress to the body. And just as persons need educating to exercise skilfully their intellectual potential, so too they need educating to exercise skilfully the particular kind of emotional competence I call catharsis. Some catharsis will happen anyway in most people at some time. But as in all other human capacities, full and effective use requires training. This is where there is a vast gap in current educational practice.

It is not possible, therefore, to estimate its effectiveness in a culture where it is denigrated, mishandled and given very incomplete outlet. Hence the need for systematic personal and interpersonal experiential research in this area, a thorough personal schooling in the effects of catharsis on personal behaviour. But the experience is difficult to obtain: the culture hides catharsis (and very incomplete catharsis at that) away in a small corner of the domain we call therapy, and the educational system is devoid at all levels of any training in how to handle effectively human distress emotions. One result is that all kinds of helping professionals (psychiatrists, GPs, clinical psychologists, social workers, probation officers, nurses, clergymen, etc., etc.) have a very imperfect idea of what to do about their often very pronounced psychological tensions.

Hence this chapter is a central one. It addresses itself to an issue of very great practical and **educational** moment in our culture. And it makes distinctions that are crucial for the effective introduction of cathartic competence into educational practice. The notion of an educated person as one who, *inter alia*, is skilled in controlling all kinds of emotions, when appropriate, is skilled in releasing distress emotion in an appropriate manner, time and place - this is a sophisticated notion that is far beyond our current educational ideologies.

B. The non-cathartic society

It is not too extreme to characterise our society as non-cathartic. Child-raising practices are largely anti-cathartic: from the earliest years children are conditioned to deal with their distress emotions of grief, fear and anger, by controlling and containing them, by holding them in. Little boys don't cry, little girls don't get angry; little boys and girls soon learn that social acceptance is only won by the complete hiding away and burying of their personal hurts.

The reason for this is not far to seek: a profound parental compulsion. The parent cannot tolerate in her child a release which she cannot tolerate in herself. Hence the vicious circle of repression rolls through the generations. The father who has spent 20 or 30 years maintaining defences against his distress, and who is very closely identified with his own child, cannot bear the outpouring of similar distress in that child: he is compelled to suppress the child's catharsis by persuasive "sympathy", by cajolery or by threat.

The younger the child the greater the tolerance of catharsis. But roughly speaking, any child of 8 years old is expected to know how to hold it all in. Girls are given rather more permission to cry than boys, boys a little more permission to be angry than girls, but the common repressions are much more weighty than the minor differential permissions. The cathartic release of fear is totally tabu at all times and for almost all ages. Laughter is the only form of culturally acceptable release of tension. And although tears among adults are accepted as an inevitable response to great traumas such as death and disaster of all kinds, the tearful one will often be seen trying hard to contain the tears that will insist on pouring out, while the sympathetic bystanders however supportive they are nevertheless expect that sooner or later these efforts at control should become

soberly successful. Some people of both sexes have entirely lost the ability to discharge grief, even when the great traumas strike, and can be seen immobile, totally alienated from the depths of their own emotions. In the non-cathartic society, the hallmark of adulthood and "maturity" is the ability to repress distress emotions; and when such emotions do succeed in bursting out from behind the dam, social embarrassment, shame and guilt rapidly try to make good the breakage in the wall.

What the parents begin, the schools and colleges complete and hospitals cement. While all the great organisations and institutions of our society run on widely accepted tacit norms of emotional repression. The positive side of all this Apollonian control is that control of emotion **is** a necessary condition of effective fulfilment of the task, whatever the task may be: discipline of emotion is one of the great human skills that make great social, intellectual, technical and cultural achievement possible. The negative side is redundant control, repressive control, the inability to balance the claims of discipline and control at one time and place with systematic release of distress and tension at other appropriate times and places. Hence the repressive, alienated air of schoolroom, office, hospital ward: no provision is made for, no acceptance is given to, the very human need of human beings to restore themselves to the full vigour of their humanity by the complete discharge of the stressful consequences of their vulnerability. In the non-cathartic society, alienated humans repressively seek to hide their vulnerability under the appearance of strength, rather than find their true strength through the cathartic acceptance of their vulnerability.

The consequences of all this are that distorted behaviour in all forms is rampant. Violence, eruptive and overt, or institutional, abounds. Anomie, listlessness and ataraxia are the order of the psyche. Intimate relationships are smouldering or flaming realms of lucifer. Psychogenic aetiology sweeps like a tide through the GPs' consulting rooms. Sensational distractions from the ache of buried distress mint fortunes for their practitioners. Technology and centralised bureaucracy combine to maintain the passive alienation of person from person in every neighbourhood. The nuclear family is a lethal breeding ground of distorted social practices especially repressive child-raising practices. Education alienates intellect from emotion. And so on and so on.

Meanwhile the number of professional helpers increases. The non-cathartic society abounds in helpers and helping agencies of every conceivable kind proliferating, throughout the medical services, the social services, the educational services, industry, commerce and government. This is the great helping distortion, by now very widely institutionalised throughout our society. I call it a helping distortion because its practitioners daily meet humans locked into distorted behaviour by repressed distress, yet do everything for those humans **except** train them to find ways of releasing the distorting distress. The result is, of course, that the practitioners themselves experience a subtle but profound sense of human impotence and frustration in their work, and their own level of distress rises accordingly. Yet their very adoption of the "expert" helping role maintains a defensive repression on this professionally induced distress. The result is a scandal of unacknowledged intrapsychic tension among the helping professionals of all kinds, about which a collusive silence is maintained, but to which the suicide figures bear eloquent testimony.

Diagnosis, labelling, interpretation, analysis, assessment - a kind of endless intellectual prodding and poking of the client - is the favoured device of the helper to keep both the client's distresses conveniently at bay and repressed, and above all to keep the helper's own distresses firmly battened down, so that at no time will the issue of the helper's cathartic competence be allowed to come to the fore. A diagnosis a day keeps distress at bay. Helper and client are locked into complementary distortions, and so sustain from without what was originally set up from within.

Of course, this account of our type of society is a caricature. It overlooks the abundance of intellectual skills, of technical and vocational skills, of political and organisational skills, of aesthetic and cultural skills. Yet if we just let our vision operate on the planes of emotional and interpersonal competence, then it becomes evident, I suggest, how universal "ill-affectiveness" (as the correlate of illiteracy) is, and probably more so among the highly literate.

C. Dogmas of the non-cathartic society

I suggest in Chapter 4 that the rigid society is the institutionalisation of distorted and perverted behaviour rooted in unresolved distress. I here look at this process rather in relation to our own society. The culture has a legacy from the past of tacitly accepted dogmas that are still very pervasive in our social and educational practices. These dogmas I see as the distorted ideology that is a function of occluded and unidentified distress, both primary and secondary.

1. **The dogma that intellect is the prime differentium of the human being** This Aristotelian dogma holds that intellect is that capacity which above all, in its developed phases, distinguishes humans from animals. It is the assumption of our whole secondary and tertiary educational system. We have no concept of an educational system that would give equal significance to human capacities for love, understanding and free choice. The associated dogma is that intellect is to be used not only to control and regulate emotions, but also to repress and contain distress emotions. One result is that we have an educational **process** in which the exercise of intellect is alienated from human emotion and intelligent self-direction.

2. **The dogma that human nature is inherently bad.** Christianity developed the contradictory notion that the human will is free but at the same time has an innate internal tendency to go bad, to make nasty choices. The doctrine of innate nastiness survives in the Calvinistic rigours of psychoanalytic theory, in theories of innate aggression in humans, which unmasked are simply theories that people are inherently malicious. Anyone who works in any depth with human beings in our society will over and over again come across this deeply ingrained and compulsive recording, playing at almost unconscious levels of the system, which asserts in a hundred ways "I'm no good". Basically it acts as a control pattern that holds in a great deal of distress. The educational (and the therapeutic) process lacks any notion of the celebration of personal being, the conscious affirmation of authentic humanness. Adults are deeply embarrassed by the process of openly declaring their own worth.
3. **The dogma that virtue is self-punitive.** That what we ought to do necessarily involves a negation of what we want to do; that what is good for us, like education and training, is necessarily also rather painful, frustrating and unpleasant; that the aroma of deliciousness that surrounds "secret vices" can never have its equivalent in the probity of the good life. This is the dogma of moralistic oppression, so widely prevalent in child-raising and education, in which punitive "shoulds" and "oughts" and "musts" are set over against, and indeed used to frustrate, the fulfilment of basic human capacities. The educational process in home and school and college has not yet **in practice** transvalued the concept of what I ought to do into the concept of what all relevant things rationally considered I deeply want to do. The oppressive quality of old-style moral acts needs to be replaced with the exhilarative quality of acts that celebrate the flourishing of human capacities in all concerned.

These three dogmas are all mutually interlocking and help to maintain each other. In my experience of working with people on their own growth and development, they are still very pervasive in our culture and echo in a multitude of ways throughout our child-raising and educational practices. When through cathartic and other processes, human beings climb out from underneath them, the dogmas are revealed for what they are: the ideological deposit of many centuries of unidentified and unresolved distress in humans.

Nor is the mechanism of this deposit difficult to understand. Once a human being gets caught in the trap of compulsively trying to occlude the dull ache of buried pain and distress, then the intellect will rapidly be harnessed to the task. To the unaware distressed human, the realm of human emotion presents itself as one of pain and distortion, resulting in behaviour that can be a grotesque caricature of animal life. The pure intellect, however, can become functionally autonomous for brief periods, giving temporary relief from the obscure ache of distress, entering a world of generality, clarity and logical connection - as distinct from the everyday existential world of particularity, obscurity and human connection. Logic, mathematics, scientific inference, conceptual analysis and synthesis, are on one rather partial interpretation, some of the most potent and refined anodynes for hurting psyches. Small wonder, then, that the intellect came to be regarded as the supreme distinguishing principle of human beings, and that for a certain type of human

being intellectual activity has a curiously compelling, and frequently an entirely compulsive, appeal.

The compulsive intellect, keeping pain buried, will necessarily be unable to grasp the connection between human vulnerability and an overload of distress on the one hand, and distorted and perverted human behaviour on the other. Caught up in the mechanism of repression the intellect will acknowledge only the distorted behaviour and devise a repressive theory - that people are inherently nasty - a theory whose sole function is to keep out of consciousness the buried pain and thereby the positive potential that it occludes. If you insist that people identify their very selves, their given natures, with what is in fact an overload of distress distorting behaviour, then you guarantee by your theoretical prison that the underlying distress will never be released. The psychodynamics of certain parts of Christian theology will repay careful analysis.

Finally, the repressive intellect, identifying distorted behaviour with the intrinsic nastiness of people will produce repressive morality as a corollary. The expression of each inherent nastiness in people is to be controlled by the exercise of intellect and will: duty is a demand of reason or of God or of both set over against the domain of human inclination. Blind to and repressive of deep personal distress, each moral theory demands that people control distorted behaviour while occluding the only effective means of so doing - the release of hidden pain. Hence oppressive morality tends to be compulsively hypocritical, its protagonists lapsing in private into an array of secret distortions or "vices" that symbolically, act out their denied distress and frozen human needs.

There are, of course, extensive practical corollaries of these three pervasive and interrelated dogmas, and I will only enumerate a few of them here. In general, the culture maintains a sharp focus on verbal interaction and is stereotypic in and blind to non-verbal interaction. People tend to work compulsively at their set task, while remaining remarkably unaware of the complex array of interpersonal processes that accompany it and interact profoundly with it. Anxiety and insecurity are fended off by doing, but arise paroxysmally when it is just a matter of being and becoming. It is easier to analyse, generalise and intellectualise than relate in an aware, authentic, open, warm human way. Supportive confrontation is an unknown art, since buried anger distorts every attempt at it into anxious and non-supportive attack. So the constructive working through of interpersonal tension and conflict will tend to be avoided in favour of evasion, manipulation, wheeling and dealing, backstairs politics. Authoritative modes of intervention are compulsively used where facilitative ones would be more appropriate and life-enhancing. Nurturance needs are confused and conflated with sexual needs, physical contact and human warmth is confused with erotic contact and sexual desire, so the whole culture cheats itself of warm supportive human physical interaction. The culture is generally sex-negative, since there is no tradition of sex-positive theory and practice. Compulsive sexuality abounds: the pursuit of orgasm in a maladaptive attempt to alleviate the ache of buried distress, which can only adequately be released in other ways. People tend to have negative body images, and the celebration of the body, of movement, of sensory awareness is not part of general education and culture. And so on.

D. Catharsis in the non-cathartic society

However, no society can be totally devoid of cathartic outlets, for the result, on this theory, would be such an intolerable overload of tension that social behaviour would break down completely. Hence it is instructive to consider how tension is maintained below the threshold of total breakdown. Here are some possible outlets or partial outlets.

1. **Dreaming.** The kind of dreaming in sleep associated with rapid eye movements may well have a cathartic effect. Such dreaming involves a minor physiological storm or convulsion. When human subjects have enough sleep in terms of number of hours but are also deprived of such dreaming, their incidence of distorted and distressed behaviour increases. People may wake from nightmares sweating, trembling, crying out or sobbing. Small children appear to undergo some profound cathartic process in night terrors, when, wide eyed, they tremble and scream and sob. Alarming to the parent, this is probably a blessed safety valve to the child. Unresolved distress, one may hypothesise, can loom up in the form of disturbing dream imagery that can blow the closed circuits of repression and precipitate a general catharsis.
2. **Drama.** That drama has a cathartic and purging effect is an ancient doctrine. Before the advent of TV, large numbers of people went regularly to the movies, now an even larger number spend much more time in front of the TV set. On the big and on the little screen dramas proliferate: the viewer's own fear, anger and grief rise above the threshold into consciousness, safely projected onto the characters in the unfolding plot. Presumably there is some dawn of catharsis here, which may be given freer reign as tears roll discreetly down the

cheek. But usually what the drama fruitfully starts off in the psyche of the viewer, her repressive mechanism quickly shuts off, as the credits roll or the lights go up. Hence the viewer is in a repetitive double-bind: the drama pulls toward personal catharsis, but the conditioning says it is only a story and cuts the personal release off. Hence the viewing of screen dramas can itself become a kind of compulsive pseudo-release. If you are moved by a drama, try following up the associations to your own life, after it is over, and let the purging go on freely. The novel, the short story, the play read rather than viewed, may have a similar effect.

3. **Music and poetry.** For many people the aesthetic emotions aroused by music and song may have an intermittent, incidental, cathartic effect in an overflow of tears. The same applies to poetry. Conversely some music may be used as a decibel laden anodyne temporarily to blot out the obscure ache in the gut.
 4. **Competitive sport, vigorous bodily activity, dancing.** Some top layers of fear and of anger may be superficially eased by these activities, and by vociferous spectators of them too.
 5. **Response to nature.** I know people who are moved to tears by trees and flowers, by sudden vistas of mountain and valley, by oceans, seas and rivers, by dawns and sunsets, stars and moon.
 6. **Post-orgiastic catharsis.** In my informal surveys some people report that, on a relatively small number of occasions, orgasm will be unaccountably followed by trembling, sobbing, laughing. This is usually in the context of a deeply intimate and loving relationship.
 7. **Permissive intimacy** in the family, between friends and lovers. In such intimate settings, a greater or lesser degree of catharsis will be tolerated, accepted, or even actively supported and encouraged.
 8. **Transpersonal activities.** For some people, prayer, worship, praise, meditation may have incidental cathartic effects.
 9. **Laughter.** This is probably the primary source of cathartic relief in our society, discharging the light fears and angers of social embarrassment. But notice the significant pall when the laughter dies, the comedy ends: as though there is a brief glimpse of the deeper layers of distress temporarily uncovered by the release of laughter - but there is no facility to deal with them, so on with the show, on with life.
-