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# The nomadic war machine of Gabor Maté's *Compassionate Inquiry*

## Abstract

In this article it will be argued that Gabor Maté's published/online works, along with Maurizio and Zaya Benazzo's documentary film *The Wisdom of Trauma* (2021), collectively comprise a digital nomadic war machine; one that works to heal the trauma otherwise precipitated by the State Apparatus's majoritarian channelling of certain desires for profit. As will be discussed, Maté's analysis of trauma not only rhizomatically connects Michel Foucault's theorisation of disciplinary/bio-power society with Gilles Deleuze's conception of control society, but also extends an earlier minoritarian vector of healing – ranging from Jean-Martin Charcot's to Francine Shapiro's works. And while this vector initially sought to address the increasing trauma deriving from disciplinary/bio-power's normalising judgement, and more recently has focused on vestiges thereof in our neoliberal/digital societies of control, its extension has a bearing on democracy, because the persistence of such trauma inhibits the agency required for the functioning and development of this political system.

**Keywords:** disciplinary power, bio-power, societies of control, state apparatus, nomadic war machine, trauma

## Introduction

Carl Jung's intimation, in the concluding lines of *Christ, a symbol of the self*, that unless we make the unconscious conscious, it will determine our life's path and we will blindly call it fate (1968: 71), holds haunting implications for democracy – which is supposed to express the rational autonomy of a given population. After all, history is replete with instances where democratic policies and legislation have borne the reactionary traces of collective trauma instead of being either rational or autonomous. And to the extent that such trauma has remained unrecognised, it has fated those concerned to hurt others (and also themselves) in tragic intergenerational patterns of gender, ethnic, religious, political, and ecological discrimination. But how modern/postmodern social organisation *itself* reflects and contributes to such trauma, is seldom considered, even though the relative persistence of this blind spot condemns current and future generations to suffer conditions which are clearly inimical to their mental and physical wellbeing. Accordingly, the focus of this article falls on initiatives – past and present – to render conspicuous the trauma of modern/postmodern social organisation, with a view to facilitating its healing, so that an ever-fuller democracy can emerge, through the creation of a social world “worth choosing” (Maté 2022: 429).

In this regard, while Michel Foucault theorised 18th/19th century disciplinary/bio-power social (re)organisation, his earlier archaeological approach methodologically occluded trauma from his view, leading him to myopically characterise Jean-Martin Charcot's and others' focus thereon as a strategically infantilising measure that served the ascendent power/knowledge nexus. However, through the lens of Gilles Deleuze, Charcot's and others' affiliation to disciplinary/bio-power organisations does not preclude other experimental aspects of their works from comprising minoritarian vectors that ran counter to the majoritarian *ethos*. And such a minoritarian vector of healing – from Charcot's 19th-century work on neurasthenia to Francine Shapiro's Eye Movement Desensitization and Reprocessing (EMDR) therapy in the 1990s – is indeed identifiable. Moreover, this minoritarian vector is currently being extended into what Deleuze calls our societies of control, through the digital dimensions of Gabor Maté's Compassionate Inquiry, which functions therein as a nomadic war machine that works to heal trauma. Trauma which was intensified by the societal (re)organisation that accompanied the birth of modern democracy in the 18th/19th centuries, and which has since then

ironically inhibited the agency required for the functioning and development of this political system.

To explore this, first, Foucault's archaeological/genealogical analyses will be considered, to establish the dimensions of disciplinary/bio-power's normalising judgement, and how the features of his methodology occluded its traumatic effects from his view. Second, early identification of trauma as deriving from such majoritarian normalising judgement will be thematised, along with the minoritarian vector of healing which subsequently emerged from Charcot to Shapiro. Third, how Maté's published/online works, including Maurizio and Zaya Benazzo's documentary *The Wisdom of Trauma* (2021), collectively comprise a digital nomadic war machine that is extending this minoritarian vector of healing into our era of control societies, will be discussed, along with the positive impact on democratic *praxis* which this initiative may yield.

## Foucault's *ignorance* of trauma

As Dreyfus and Rabinow argue, “[t]here is no pre- and post-archeology or genealogy in Foucault[’s work]” (1983: 104); rather, “critical [archaeological] and genealogical descriptions...support and complement each other” (Foucault 1972a: 234). That is, archaeology considers the rules required for statements to initially “come into existence”, and then maps these “relations that unite... the discursive practices” of a given “*episteme*” – or “world view” (Foucault 2002: 123, 211). However, an “event” can precipitate a usurping or “reversal of...forces” (Foucault 1971: 154), when unpredictable *non*-discursive practices inflect key discursive practices, to destabilise their isomorphic relations with the *episteme* they inform. And such catalytic *non*-discursive practices can include new “social and institutional practices, skills, [and] pedagogical practices” (Dreyfus and Rabinow 1983: 82, 84). In many ways, Foucault's subsequent genealogical work explores *inter alia* how these three non-discursive practices inflected sovereign power's discursive practices to usher in the modern disciplinary era. The *social and institutional practices* which Foucault highlights, entailed “a new severity towards the poor” in the final “years of the *Ancien Régime*”, as a shift occurred “from a criminality of blood to a criminality of fraud”, linked to emerging disciplinary “mechanisms of power” that “frame[d] the everyday lives of individuals” via “stricter methods of surveillance” (1991: 77). In turn, *skills* transformation, on the one hand, saw the disciplinary “art of distributions” corral and regiment bodies within enclosures, grouped around

the functional sites of industrial production, and partitioned according to job specialisation, while the resultant subjectivity was constructed around competition for the privileges of rank (Foucault 1991: 141-145). And on the other hand, the temporal regimentation of disciplinary “control of activity” sought to extract “from time, ever more available moments and, from each moment, ever more useful forces” (Foucault 1991: 149-154). Finally, disciplinary *pedagogical practices* “mutat[ed]...elementary education” through superseding traditional apprenticeship to a master by rendering “the educational space” both “a learning machine” and “a machine for supervising, hierarchising, [and] rewarding” (Foucault 1991: 147).

Accordingly, disciplinary normalising judgement still rendered the body “the inscribed surface of events”, not through the erstwhile sovereign power’s torture techniques but through engraving “memories on things and...within bodies” (Foucault 1971: 148, 150). That is, as bureaucratic power became “more anonymous and more functional”, it displaced the previously individualised sovereign by democratically individualising each person of the formerly anonymous masses, in relation to normative benchmarks (Foucault 1991: 192-193); benchmarks underwritten by “evolutive historicity” involving “the progress of societies and the geneses of individuals” which legitimated limitless social “striving...towards salvation” through augmenting efficiency/productivity (Foucault 1991: 160-162). This was also heavily supported by surveillance technologies, from panopticism which induced “a state of conscious and permanent visibility that assure[d] the automatic functioning of power”, to the tripartite features of the examination, which, respectively, “transformed the economy of visibility into the exercise of power”, introduced “individuality into the field of documentation”, and made “each individual a ‘case’” (Foucault 1991: 184-191, 200-201). And this “general method” was applied not only in the “punitive system”, but also in “the school...barracks...hospital” and “workshop” – where a “meticulous observation of detail” gave birth to “the man of modern humanism” (Foucault 1991: 138-141).

However, not only was this (hu)man by definition a product of contiguous constraint, despite inhabiting a modern democratic era. In addition, if instances of suicide within prisons, like those thematised by Foucault and others of the

Prison Information Group (GIP),<sup>1</sup> indicate how the extremes of disciplinary power are inimical to life, then this also implies that broader disciplinary life – its democracy notwithstanding – may be *unhealthy*. After all, its “normalising judgment” does exert a traumatising pressure of “perpetual penalty” throughout all “disciplinary institutions”, which differentiates, hierarchises, homogenises, and excludes according to metastable benchmarks of so-called *normality* (Foucault 1991: 177–183). Yet, methodologically, Foucault could not acknowledge such trauma as a variable. That is, since archaeology is expressly not concerned with “the bubbling source of life itself” but rather “remains within the dimension of discourse”, such things as “manpower needs” require articulation within an institutional field to be considered (Foucault 2002: 85, 174). However, trauma, by its nature, is precisely a wounding to life that has not yet been discursively articulated and hence falls outside of the archaeological ambit. Similarly, genealogy involves focus on the *surface* of the body as the site of power’s inscriptions, which precludes traumatic effects inscribed *beneath* such surfaces. Indeed, while identifying the latter requires recourse to medical models, Foucault could not refer to these without contradiction – having emphasised their historical contingency and power/knowledge dynamics in *Madness and Civilization*, *The Birth of the Clinic*, *The Order of Things*, and elsewhere. Accordingly, instead of acknowledging that there is more to life than archaeology/genealogy can reveal, Foucault *ignored* trauma and regarded the 19th-century medical focus on (and related diagnoses of) neurasthenia as a domesticating strategy, one in service of disciplinary/bio-power. That is, he advanced the perceived increased frailty among late-18th-century people (Foucault 1967: 172) as a discursive attempt to legitimise the emerging “great medical edifice of the nineteenth century” (Foucault 1976: 166), which sought to render disciplinary subjects increasingly docile. Relatedly, for Foucault, “Charcot’s Salpêtrière...was an enormous apparatus for observation” (1998: 55), linked to a bio-power variant of normalising judgement that comprised part of the “great lines of attack along which the politics of sex advanced... [the] medicalisation of...bodies”, ostensibly for “the health of...society”, but ultimately via a “field of multiple and mobile [bio-]power relations” (Foucault 1998: 98, 112, 146–147) that extended disciplinary docility.

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1 After the May 1968 uprising in France, Foucault was recruited into GIP to help communicate to the public the dire conditions in French prisons (Zurn and Dilts 2016: 3), which often precipitated suicides via horrific means (Winnubst 2016: 196).

Accordingly, while Foucault and others highlighted the horrendous conditions in French prisons, and related inmate suicide rates, such final acts were not located in a living body, pushed beyond its bio-psycho-social limits by disciplinary constraint, but rather viewed abstractly as signifiers of discontent with *discursive* constraint.<sup>2</sup> After all, Foucault supported the GIP expressly to “attend...to otherwise silenced voices (i.e. prisoners’ voices)” (Zurn and Dilts 2016: 5), and asserted that “[t]he GIP’s only watchword is: ‘Speech to the prisoners!’” because “as soon as prisoners speak, we are at the heart of the debate”, since “[e]veryone can speak” (1972b: 272, 275). However, this is thoroughly myopic, because lifelong subjection to the disciplinary docility identified by Foucault, involves chronic inculcation of a negative self-belief at odds with the idea that one *can* speak for oneself, or that *what* one has to say is valuable. In contrast, developmental psychologists readily recognise the debilitating effects of parents’/teachers’ neglect of their own previously unmet childhood needs and the emerging needs of their children/young students, within pressurised industrial (or disciplinary) contexts. But Foucault’s enmity toward such insight is palpable in his contempt for Jean Piaget’s work (1972b: 266-267), while his bracketing out of such bio-psycho-social reality was methodologically required for him to frame prisoners as abstract discursive subjects, capable of “*parrhesia*” or fearless speech (Foucault 2001: 11) as soon as obstacles thereto were removed by the GIP.

This abstraction also persisted into Foucault’s genealogical works, where he critiqued the 19th-century therapeutic focus on the “internal search for childhood” as infantilising “phantasies” that assisted “the formation of... disciplinary society” (Foucault 1991: 193), and also maintained that analogous infantilisation informed the era’s medicalised/secularised confession, which required “interpretation” by the medical practitioner (Foucault 1998: 65-67). Admittedly, his position became more nuanced through his later work on subjectivity, where, against the backdrop of Platonic *epistrophē* involving Socratic-inspired care for oneself, Foucault focused on the *philopraxes* of the 1st/2nd century CE Hellenistic/Roman cultures of the self, through which exponents repositioned themselves in relation to their discursive context by

2 This tension may account for Foucault’s perplexing vacillation in “The Great Confinement” interview: initially he expresses a desire “to establish no relationship between my theoretical work and my work with GIP”, he then adds that “there probably is a relationship”, but then criticises the interviewer, Niklaus Meienberg, for suggesting that “no relationship [exists]...between *History of Madness* and my work in GIP” (1972b: 267, 276).

developing a lifelong ethics of freedom (2005: 210-222). But even here, naïve abstraction endures in Foucault's assertions that such "care of oneself" simply "requires knowing oneself" with the assistance of "a friend, someone who will be truthful with you", such that these approaches of the 1st/2nd century CE could be applied in novel ways within the contemporary era (1984: 285-287, 295). That is, there is no recognition here of how trauma, exacerbated by the modern disciplinary/bio-power regime, has birthed new obstacles to the internal calmness required for such introspection. In sum, then, while Foucault skilfully charts the parameters and dynamics of the disciplinary/bio-power discursive ocean, his active ignoring of trauma led him to overestimate the capacity of a modern person to swim agentically through its waters.

### A minoritarian vector of healing: from Charcot to Shapiro

In contrast, from Charcot to Shapiro, a minoritarian vector of healing emerged that focused on assisting people to overcome trauma and swim agentically through the disciplinary/bio-power waters, but which simultaneously left the parameters and dynamics of this discursive ocean problematically vague. That is, given the "author-function" which is "tied to...legal and institutional systems that circumscribe" much of what can be said (Foucault 1969: 130), neither Charcot nor the other figures of this minoritarian vector comprised authorial unities *always* and *equally* linked to majoritarian establishments. To be sure, their "lines of flight" did at times "reproduce the very formations their function it was to dismantle or outflank", but "the opposite is also true" (Deleuze and Guattari 2005: 13). Indeed, like Franz Kafka's minor literature, their works also responded to various societal impasses via experimental deterritorialisation of existing concepts/tropes, which precipitated the political immediacy of controversy/conflict, before becoming a collective enunciation of a people to come (Deleuze and Guattari 2000: 16-17) – who emerged through their growing awareness of trauma. Moreover, the theorisation/treatment of trauma since the 19th century has remained a largely minoritarian endeavour, because of its implied indictment of majoritarian disciplinary/bio-power society. Accordingly, below, minoritarian *aspects* of the ideas of George Beard, Charcot, Sigmund Freud, Pierre Janet, Charles Myers, Abram Kardiner, Robert Lifton, Chaim Shatan, and feminist critiques of patriarchal society, will be considered as laying the discursive foundations for an inclusive listing of Post-Traumatic Stress Disorder (PTSD) in the third edition of the American Psychiatric Association's *Diagnostic*

and *Statistical Manual of Mental Disorders* (DSM-III), which Shapiro then used to validate her own minoritarian approach to (re)processing trauma.

While the concept of trauma derives from the Classical Greek term *τραῦμα* meaning physical/psychological wound, in the 19th century concerns emerged over Railway Brain/Spine as a traumatic product of modern society, as its stressors were viewed as exceeding the bio-psycho-social limits of males and females alike. But without physical lesions to validate them, these concerns were met with scepticism because they ran contrary to the State Apparatus desire for intensifying industrial expansion – which could brook no suggestion of human limitation – and to patriarchal hubris concerning males' ostensibly superior constitution. Nevertheless, some theorised that even when "railroad collisions shook the brain" in ways "too light to cause...a lesion", ailments including "insomnia, memory loss, and character changes" – extending into suicidal depression – could ensue (Ashley 2003: 181-182). And others, like Beard, linked such pathology to "the competitiveness and intensity of civilised life ...characterised by exhaustion of the nervous system", which was supported by European experts who advanced neurasthenia as the *maladie du jour*, known since Greek times "but on the rise in contemporary...cities" (Ashley 2003: 183-184). One can, of course, scarcely miss the connection between disciplinary/bio-power normalising judgement and this malady, which placed school children and "intellectually taxed" adults alike in a "mental state...of extreme disquiet" (Rabinbach 1990: 156).

Accordingly, within this context, Charcot emerges not simply as an exponent of bio-power – as Foucault would have it – but also as a minoritarian figure on the margins of the medical establishment, struggling to heal this new form of suffering (Walusinski and Bogousslavsky 2020: 333). After all, his assertion that at the root of hysteria was an "abnormal idea, or a lesion in... representation" was risky, both because such diagnoses were seen to dabble in "occult phenomena" and because of the intermittent self-contradiction indissociable from such experimentation (Walusinski and Bogousslavsky 2020: 334). Moreover, Charcot's recourse to hypnosis as a treatment – after the discrediting of Franz Mesmer's "animal magnetism" – faced significant challenges (Brancaccio 2017: 159). That is, Charcot "considered the ability to be hypnotised as a clinical feature of hysteria", and differentiated between "*grand hypnotisme* (in hysterics)" and the "*petit hypnotisme*" of which "ordinary people" were capable; however, while internationally Hippolyte Bernheim critiqued his assertions, nationally "[t]he ambiguous, sexually flavored

communication between...Salpêtrière doctors and their [female] hysteric patients" was contentious (Bogousslavsky, Walusinski and Veyrunes 2009: 193-195, 198). But beneath such majoritarian critique and contention – which dovetailed with bio-power's authority – lay an important minoritarian collective enunciation concerning *male* hysteria, which dated back to Classical Greece.

To elaborate, male hysteria was only fleetingly recognised in Greco-Roman times and reemerged briefly in the 16th/17th centuries before again being "generally disregarded" (Libbrecht and Quackelbeen 1995: 371). But in the 19th century, Pierre Briquet explicitly linked male and female hysteria (Micale 2009: 98), which influenced Charcot to attribute the pathology to the above-mentioned 'functional lesion' in men *and* women alike. Thus, Charcot's crucial development was to advance "a *psychical* explanation of hysterical disorders due to a physical trauma", and to maintain that, in this regard, "male hysteria...did not differ from female hysteria" (Libbrecht and Quackelbeen 1995: 373). The dynamics of this now gender-blind pathology were, in turn, understood differently by Charcot's students Janet and Freud. That is, for Janet, in cases of limited mental energy, a "traumatic experience" could see memories "dissociated from the sphere of the primary consciousness", until treatment involving "hypnotic suggestion...change[d] the content and character of the unconscious memories from unpleasant to innocuous" (Nemiah 1998: 10, 13). In contrast, for Freud, via "therapeutic procedure" both the actively "repressed memories and the[ir] painful affects" needed to be "raised into consciousness", so that the blockage of the "ego's defensive repression" could be abreacted by the patient (Nemiah 1998: 11, 13). However, while the latter emerged as part of Freud's formulation of the unconscious and his connection of pathology to Oedipal and Electra complexes – which Foucault linked to the era's majoritarian deployment of sexuality – Janet critiqued Freud's efforts to "transform...clinical observation and a therapeutic process with specific and limited indications into a vast system of medical philosophy" (Walusinski and Bogousslavsky 2020: 339). And this critique was supported by how the American Civil War, "the 'first' modern" conflict, had seen "combatant breakdown...attributed to the...strains of industrial warfare", which correlated with the increasing "mental breakdown" simultaneously occurring within modern "industrial" societies (Martel 2012: 1720).

The heuristic value of Janet's more humble conception of trauma – as deriving from the human animal being overwhelmed by the progressive forces of modernity – also emerged during World War One, through Myers's efforts

to address trauma among soldiers. That is, Myers was “well acquainted” with Janet’s work and concurred with him concerning “the enormous influence of beliefs and...auto-suggestion in hysteria”, and that “mental resistance and synthesis” could be weakened “due to emotional ‘traumata’ and...such factors as exhaustion, organic disorders, social environment and heredity” (van der Hart 2021: 4). However, apart from heredity, such deleterious factors are synonymous with frontline soldiers’ daily experience, and generally commensurate with military experience. Thus Myers – who like Kafka was an “intellectual and Jew in an alien world” – not only faced inordinate challenges from traditional British Army perspectives when trying to treat traumatised soldiers; in addition, he was himself also likely traumatised by his failure to save many from death sentences for desertion (Shephard 2014: 156). Nevertheless, he did treat ‘Shell Shock’ or “the condition of trauma-generated dissociation in acutely or recently traumatised soldiers”, evinced by symptoms such as “amnesia [and] rhythmic spasmodic movements”, through “suggestion and hypnosis” aimed at restoring “memories of [more peaceful] scenes” – even as he conceded ‘Shell Shock’ to be “a misnomer” because analogous symptoms occurred in “soldiers...traumatized in situations where no shells exploded” (van der Hart 2021: 2-3). But the latter again points to disciplinary normalising judgement as the catalyst, especially where soldiers suffered “self-reproach” over “several months”, leading to temporary paralysis of otherwise healthy limbs, compulsive movements, and/or audio-visual hallucinations of incrimination for their perceived shortcomings, either earlier in civilian life or recently in the trenches (Myers 1919: 7-8). Myers’s findings also echoed earlier theorisation of neurasthenia as an ailment of modern society, the traumas of which – when compounded by acute combat experience or chronic military discipline – could prove too much for the human organism, precipitating it into pathological dissociation. Moreover, his minoritarian consideration of (Spinozan) body-mind parallelism as a factor in treatment (Myers 1919: 12), persisted after the war in his co-founding and directorship of the National Institute of Industrial Psychology, which focused similarly on the disconnect between industrial organisation and the bio-psycho-social needs (and limitations) of workers (Myers 2013: 1-5).

These considerations also reemerged during World War Two in Kardiner’s 1941 *The Traumatic Neuroses of War*, which was based on his earlier “clinical experiences” with US veterans, and which involved a “departure from Freud” in its body-mind focus, with “physioneurosis” now understood as “signifying

preparation for the fight-or-flight response” (Young 2014: 75). Like Myers, Kardiner conceded that the “unprecedented...situations in modern warfare” can precipitate severe “disorganization of the ego” (1941: 69-70), and identified militarised disciplinary constraint as a source of deep trauma – maintaining that a modern soldier is “intimidated by the military regime” within which he is “held in check by a discipline more or less inflexible and inescapable”, such that he suffers “a privation hard to equal in...civilian or even primitive life” (1941: 73). Indeed, Kardiner also concurred with Myers concerning how modern warfare only creates “traumatic situations *more frequently* than peace time conditions” [emphasis added] (1941: 69). As he argues, a soldier’s “enforced replacement of his own ego-ideal with that of the group precipitates an egoist conflict of great violence and...ambivalence toward the group”, in ways “not dissimilar to...labor conditions of peacetime” (Kardiner 1941: 73).

These growing minoritarian insights were also deepened during and after the Vietnam War through veteran rap groups, which formed spontaneously following the My Lai massacre of 1968. And while such rap groups provided a grassroots therapeutic space for veterans to discuss their combat traumas and/or misgivings about American atrocities, they also subsequently helped transform the majoritarian medical establishment through the efforts of therapists like Lifton and Shatan. This duo eschewed “the ‘transference’ relationship” of “Freudian psychoanalysis” by joining “the groups as co-equals”, and their ensuing collective anti-war sentiments soon saw their proposed “post-Vietnam syndrome” deemed both subversive and invalid – since the DSM-II “contained no listing for war neuroses” (Hagopian 2009: 52-56). Understandably, though, this diagnostic deficit served the majoritarian military-industrial complex’s prioritisation of profit over life, because despite evidence of trauma from the above-mentioned four wars since the 19th century, “not a single mention of any type of...combat neurosis [featured] in DSM-I (1952) or DSM-II (1968)”; it was only in 1980 that “PTSD was officially recognized in the DSM-III” (Peterson, Prout and Schwarz 1991: 3-4).<sup>3</sup> This recognition was also made possible by “women’s consciousness-raising groups” of the 1960s/1970s, which like the rap groups sought not to provide “*individual* solutions to *systemic* problems”, but rather to facilitate “sharing [of] personal experience” and “to change social conditions” (Rhodes 2005: 35). And what soon emerged was that “the most

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3 To be sure, as Robert Spitzer explains, DSM-I was only “sixty-five pages” in length, while DSM-II – and for that matter also DSM-III – were “mainly used for state hospitals reporting on statistics”, such that they were “of no interest to researchers at all” (in Ronson 2011).

common post-traumatic disorders” were not those “of men in war but of women in civilian life”, where behind the disciplinary veil of domestic functional sites, and bio-power determinations concerning nuclear families, patriarchal “conditions of primitive autocracy or advanced dictatorship in the home” often precipitated in women trauma comparable to “combat neurosis” – through rape, physical abuse, and/or the persistent threat thereof (Herman 2015: 28-29).

Accordingly, this echo of 19th-century insight into trauma as an increasingly pervasive *and* gender-blind feature of modern society, which saw the 1980 inclusion of PTSD in the DSM-III, comprised an important victory of an emerging minoritarian life force, over the threats posed to it by disciplinary/bio-power – which the latter had hitherto largely ignored for purposes of expediency. But given disciplinary/bio-power’s societal persistence, the initial statistic that “[f]orty percent of...those who develop PTSD will likely not recover” regardless of “treatment” (Benson and LaDou 2016: 185) was unsurprising. After all, PTSD’s “extensive comorbid conditions complicate treatment and recovery” (Chu 2011: 32), especially where societal catalysts of such trauma remain operative.

Faced with this impasse, though, Francine Shapiro’s Eye-Movement Desensitization and Reprocessing (EMDR) therapy emerged in the 1990s as a more effective treatment for PTSD than existing cognitive behavioural therapy (CBT) and psychodynamic therapy (Shapiro 2014: 71-72). Of course, recourse to “eye movement” from side to side “or any sort of bilateral stimulation is only one aspect” of EMDR’s approach to reprocessing traumatic memories (Shapiro 2009: 224), but early detractors quickly sought to emphasise its parallels with Mesmer’s techniques of hypnotism (McNally 1999: 225-236), before being compellingly countered by more critical thinkers (Greenwald 1999: 611-615). Yet, what EMDR *does* mirror and extend, are certain features of the 19th/20th century minoritarian vector of healing, discussed above. That is, Charcot’s advancement of *gender-blind* hysteria, and his distinction between *grand hypnotisme* and *petit hypnotisme*, have their counterparts in Shapiro’s distinction between a significant “undisputed” trauma in the case of PTSD, and “‘small t’ traumas” that are “the foundation for many forms of pathology” – in males and females *alike* (Shapiro 2009: 227). Moreover, EMDR echoes Janet’s contentions that emotionally taxing experiences can precipitate dissociation of memories, until therapeutic hypnosis neutralises their catalytic power and opens them to (re)processing. Indeed, like Janet, EMDR advances “a physiologically based information-processing system” in humans “that... naturally...resolve[s] everyday minor disturbances”, but which excessively

stressful experiences can unbalance, so that information becomes “‘locked in the brain’ in the form it was input” – until the (re)processing of “one representative event” from a cluster of traumatic memories allows the cluster itself to resolve (Shapiro 1999: 39–40). Furthermore, reflections of Myers’s (Spinozan) mind-body parallelism also feature in EMDR, insofar as “tactile taps” at times replace eye movement to effect bilateral brain stimulation, while patients simultaneously “track the associations that emerge” by remaining receptive to “what comes up” (Shapiro and Laliotis 2011: 192, 197) – which can include ascending physical loci of diminishing tension. Finally, like Myers, Kardiner, Lifton, Shatan, and the women’s consciousness-raising groups of the 1960s/1970s, Shapiro recognises trauma as deriving from both military and civilian contexts, and takes cognisance of the latter through focus on “Adverse Childhood Experiences (ACE)” as “the foundation for [many] psychosomatic problems” in adulthood (Shapiro 2014: 73). Accordingly, Shapiro’s approach also cannot be said to emphasise *individual* solutions that ignore *systemic* problems, insofar as EMDR can see “generational cycle[s] of violence as psychological disturbance” broken (Shapiro 2019: 355), through healing the effects of traumatising systems and thereby diminishing the possibility of their inadvertent perpetuation and/or propagation.

But notwithstanding the desire for life exemplified in the above minoritarian vector of healing from Charcot to Shapiro, without Foucault’s discourse analyses, the parameters and dynamics of the discursive ocean in which survivors of trauma must thereafter still swim – as agentially as possible – can remain vague to them. And this is not least because of the post-World War Two transition from disciplinary/bio-power society to societies of control, characterised by vestiges of normalising judgement alongside a host of new and no less traumatising neoliberal/digital demands.

## Gabor Maté’s Compassionate Inquiry as a digital nomadic war machine

However, if an individual swimmer, in the process of healing from their trauma through the above-described minoritarian vector, might simultaneously learn to recognise the traumatising features of the discursive ocean that *is* their society, then their navigation around the harmful societal norms in question – which might otherwise persist as unseen but re-traumatising currents and undertows – could be augmented. And although he refers to neither Foucault nor Deleuze

explicitly, Gabor Maté's *The Myth of Normal: Trauma, Illness and Healing in a Toxic Culture* is arguably a watershed publication in this regard, given its astute connection of physical and mental illness (including addiction) to an increasingly traumatising global culture, one informed by normalising judgement and the pressures of neoliberal digitality. Accordingly, in what follows, this work, Maté's related online interviews/presentations/workshops and preceding texts, and the documentary film *The Wisdom of Trauma* (2021) which is linked to *The Myth of Normal*, will collectively be considered a nomadic war machine in the Deleuzian sense: one which is extending the above minoritarian vector through generating a rhizomatic network of healing in our societies of control.

For Deleuze, neoliberalism is "a capitalism of higher order production" predicated on "debt" or credit, which gestated under the Bretton Woods system, before being born through the 1971 decoupling of the dollar from the gold standard, when "floating rates of exchange" saw currencies backed by the dollar begin to rely on "the corporate system" – involving "new ways of handling money, profits, and humans that no longer pass through the old factory form" of the disciplinary era (1992: 4-7). Correlatively, the compartmentalising "burrows" of the disciplinary economy, which Deleuze likens to a "molehill", contrast with the complex "coils" of the neoliberal "serpent" that ceaselessly "transmute[s] from point to point" (1992: 4, 7) as it sheds its skin in manoeuvres of renewal that draw everything into its exploiting grasp. For Deleuze, this "mutation of capitalism" was facilitated through the new machinery of "computers", which augmented the speed and scale of financial transactions, and also transformed disciplinary individuals into *dividuals* (Deleuze 1992: 5-6). In other words, *dividualised* coded durational/economic nexuses whose infinite division into further fragments of time/profit continues to be normalised through the increasing digital interfaces that predate upon – and thereby hollow out – the coordinates of the erstwhile disciplinary individual. In short, the disciplinary individual was previously construed in unitary terms of gradated geneses, defined by the dossier linked to their administrative number/signature, and beholden to societal ethics of industrial efficiency and reproductive health. But control society *dividuals* are today fragmenting constellations of personas linked to digital codes/passwords, in an expanding network of derivatives (rather than products), governed by ethical relativism – inclusive of narcissism/sociopathy/psychopathy – and underwritten by the totalitarianism of an economic bottom line without limit.

However, Foucault's analyses of disciplinary organisation are not yet anachronistic, because we are still "leaving one [social modality]...to enter into the other", and thus the vestiges of disciplinary/bio-power normalising judgement remain with us – even though the "crisis" of their institutions "is everywhere proclaimed" in societies of control (Deleuze 1992: 3, 5, 7). Yet, in each social modality, "liberating and enslaving forces confront one another", such that "[t]here is no need to fear or hope, but only to look for new weapons" (Deleuze 1992: 4). In this regard, though, a Deleuzian war machine does not (always) have "war as its object", but rather creative change (Deleuze and Guattari 2005: 229–239). And while this change is ushered in between the State Apparatus's "transcendent plane of organization", and the "immanent plane of assemblages" where war machines roam nomadically (Deleuze 2007: 133), it is also brought about through nomadic deterritorialisation of State Apparatus flows of desire and their redirection toward new ends (Deleuze and Guattari 2005: 230).

The above dynamics are arguably reflected in Gabor Maté's work, because as a (retired) physician he remains partly within the majoritarian ambit of bio-power, while his innovative research is aligned with the above-discussed minoritarian vector of healing. That is, while in *When the Body Says No: The Cost of Hidden Stress*, Maté recalls Charcot's contention concerning how "psychological stress" can precipitate illness (2019: 15), in *The Myth of Normal* he connects this with Janet's contentions concerning "traumatic memory", and moreover – like Shapiro – distinguishes between "capital-*T* trauma" and "small-*t* trauma" (2022: 16, 22–23). But *The Myth of Normal* also extends this minoritarian vector into a nomadic war machine that lays siege to disciplinary/bio-power normalising judgement and the dividualising effects of control societies' neoliberal digitality in at least four ways: First, it contrasts natural authenticity with synthetic inauthenticity in parent-child relations and links the latter to trauma. Second, it connects such synthetic inauthenticity/resultant trauma to features of industrial (or disciplinary/bio-power) and neoliberal/digital (or control) societies. Third, it identifies addiction/illness as the *profitable* effects of such trauma, which capitalist society cannot afford to heal. And fourth, it co-opts neoliberal-digital networks to disseminate models of healing, involving Compassionate Inquiry predicated on neuroplasticity.

That is, first, Maté articulates the problem of trauma in *embodied* terms, which allows him to posit natural authenticity as an optimal benchmark of health, beyond the methodological constraints experienced by Foucault. Such

natural authenticity is also not a throwback to the existential authenticity of Jean-Paul Sartre and others but is instead reminiscent of Henri Bergson's *Creative Evolution*. Indeed, *The Myth of Normal* evinces such creative evolution by reflecting how life makes intelligent choices at key junctures to ensure its survival – rather than stumbling forward under the sole impetus of Darwinian instinct. Accordingly, Maté's approach also resonates with Deleuze's ideas concerning life's processes of *becoming different*, which similarly draw on Bergsonian ideas (Deleuze and Guattari 2005: 18, 33, 237-238). In short, Maté's conception of natural authenticity in parent-child relations that (pre)serves the healthy evolutionary development of the human organism, derives from recent medical data concerning infant growth that occurs through mindful interaction with caregivers. As he explains, for "the infant...the world reveals itself in the image of the parent: in eye contact, intensity of glance, body language, tone of voice and...joy", through which "*the child experiences the parenting*" rather than the parent (Maté 1999: 55-56). However, while such natural authenticity can often still be found in certain traditional cultures, Maté argues that modernisation has eroded and displaced it with more synthetic inauthentic parent-child relations – resulting in various types of developmental trauma.

Second, Maté elaborates on the features of such developmental traumas, which arise from modern ideological mediation of parent-child relationships (1999: 43-45, Neufeld and Maté 2005: 31-36), including via (disciplinary) architectural design and accompanying parenting precepts at odds with children's psycho-biological need for proximity to caregivers (1999: 66-68; 2022: 160-171). And here he considers both the negative epigenetic consequences of not meeting these needs (2022: 59-67), and increasing neoliberal work pressures, which further diminish the parent-child interaction psycho-biologically required for healthy development (Maté 2022: 171-174, 277-285). Moreover, for Maté, digitality now comprises a still further alienating virtual domain in which children and parents increasingly lose themselves (2022: 179-193), because such technological interfaces limit direct human connection and thereby debilitate the related brain structures (2022: 193-196). Accordingly, the 'small-t trauma' (Maté 2022: 21-24) of ensuing chronic childhood neglect/emotional distance is no small matter, because its inhibition of brain development powerfully predisposes children, as adults, "to substance dependence and...addictive behaviours" (Maté 2018: 180). This is because "90 percent of...human brain...circuitry is wired after birth" and occurs through "synaptic pruning", whereby neural "connections and circuits

used frequently are strengthened, while unused ones are pruned out” (Maté 2018: 183, 186). Thus, “emotional nurturance is an absolute requirement for healthy neurobiological brain development”, because otherwise “infants... encode negative emotional patterns in their brains”, leading to “reduced ability to anticipate consequences or to inhibit...self-destructive behaviours” – something encountered “in all hardcore drug addicts” (Maté 2018: 185-187). In short, “[h]appy, attuned emotional interactions with parents stimulate a release of natural opioids in an infant’s brain”, which promote a child’s “development of...opioid and dopamine circuitry”, but “abnormalities” in such relationships render them vulnerable “to the mood-enhancing effect of drugs”, if not drug dependence, to “soothe...emotional pain” deriving from the childhood sabotage of “their brain development” (Maté 2018: 188-189, 192-193).

Third, while unrelieved childhood stress can thus precipitate all manner of ailments in adulthood, including terminal illness (Maté 2019: 243-244), neoliberal capitalist society profits so much from such suffering that its healing would be economically problematic. After all, while pharmaceutical corporations profit just like informal drug dealers from growing societal substance addiction, addictive behaviours from consumerism to extreme sports all similarly feed the economy, often spurred on by “neuromarketing” – which aims “to market happiness in a bottle” by commandeering “the dopamine (incentive/motivation) and/or opiate (pleasure/reward) systems of the brain” (Maté 2022: 297-310). Correlatively, when such addictions/behaviours do not themselves precipitate illness (or injury) that the medical industry can capitalise on, unrelieved childhood trauma can easily do so, with the onset of many related diseases occurring from early adulthood in “transgenerationally” observed patterns (Maté 2019: 216). Accordingly, continued “powerful resistance to trauma awareness on the part of the medical profession” (Maté 2022: 487) is unsurprising, because of how minoritarian insights into trauma’s origins problematise the current wholesale implementation of expensive/invasive majoritarian medical treatment/procedures, and instead support more humane and compassionately communicative approaches to healing.

Fourth, given now-incontrovertible evidence of neuroplasticity, or the brain’s capacity to reconfigure neural networks through consistent mental effort (Maté 2018: 342-243), Maté advances procedures of Compassionate Inquiry – involving “both a professional training...and a practice of individual self-reflection” (2022: 410) – which mirror aspects of the naturally authentic parent-child interaction, mentioned above. But instead of remaining a

textual template within *The Myth of Normal*, the process of Compassionate Inquiry is also powerfully modelled online in audiovisual form, through Maté's related interviews/presentations/workshops and via *The Wisdom of Trauma* documentary – in what amounts to a digital nomadic war machine that is generating rhizomatic networks of healing. This process is rather neatly summed up in the film's thematisation of Fritzi Horstman's 12 February 2020 intervention at the California maximum security prison, where 235 incarcerated men formed a circle around her, and then stepped forward as she listed Adverse Childhood Experiences (ACEs) they might have experienced/survived.<sup>4</sup> Thus, with each step, the inmates acknowledged their childhood wounding (many for the first time) and received recognition from the facilitator concerning its traumatic impact on their formation of negative self-beliefs, and corresponding criminality. Accordingly, through such means, the destructive dynamics of normalising judgement – otherwise enforced through disciplinary/bio-power panoptical technology – were effectively dissolved through the practice of Compassionate Inquiry: That is, the elevated anonymity of the guards in the central tower of the ideal Panopticon, was replaced by an identifiable facilitator, who moreover placed herself on the same level as the inmates, both spatially and emotionally. Correlatively, the inmates, no longer held captive and motionless in a circle of surrounding cells, were free to move forward as they progressively recognised the influence of their traumatic childhoods on their lives – recognition which was moreover compassionately acknowledged by the facilitator.<sup>5</sup> But given its digital medium, this 'Step inside the circle' exercise not only occurred within the disciplinary context of the Californian prison, but also escaped the latter's confining parameters of normalising judgement by virtue of its inscription within *The Wisdom of Trauma*, to continue occurring throughout our societies of control, whenever the film is watched. And wherever this occurs, transformational thinking about the traumatising dynamics of both disciplinary normalising judgement and the neoliberal/digital cruelties of our

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- 4 The "renowned Adverse Childhood Experiences (ACE) Study" considered "the incidence of ten separate categories of painful circumstances – including family violence, parental divorce, drug or alcohol abuse in the family, death of a parent and physical or sexual abuse – in thousands of people", and for each ACE, the "risk for...early initiation of substance abuse" (Maté 2018: 192) increased exponentially. Horstman's intervention explores further correlations of ACEs with criminality.
- 5 Compassionate Inquiry also includes *relabelling* "self-limiting thought" as "a belief, not the truth", *reattributing* such beliefs to old "neural circuits programmed into [the]...brain" during childhood, and *refocusing* one's attention to prevent such beliefs from "derail[ing]...inquiry", followed by *reevaluation* of what the belief has "actually done" for one; and in the event of its negative influence being identified, *recreating* "a different life", one "worth choosing" (Maté 2022: 424–429).

control societies, are catalysed. Moreover, this occurs in nomadic ways that are rhizomatically supported by related online expressions of compassion, which collectively work to presage change in the thinking of the *demos* about what healing social life entails, and about the practical steps required to create a social world “worth choosing” (Maté 2022: 429).

## Conclusion

For Deleuze, “[r]ather than a single chronological time,...the [actual] present...splits into an uncountable number of determined yet impossible trajectories”; accordingly, when imagined as a pyramid, “[t]he passing present at the extreme tip...contains all of human history”, while “each level of the pyramid contains a different trajectory, a different history, organized as so many impossible strata of the past” (Rodowick 2003: 98). And from these strata, divergent aspects of the future may yet spring in modified form, while in the present “[b]eings are pushed apart, kept open through divergent series and impossible totalities that pull them outside...of...the compossible and convergent world that they express from within” (Deleuze 1993: 81). Today, such divergence results from how vestiges of disciplinary/bio-power’s normalising judgement (re)surface in control societies (Deleuze 1992: 5, 7), and relatedly, from how trauma is inhibiting more optimal expression of creative evolutionary development. But in response, the minoritarian vector discussed above – albeit through the *bios* of the individual contributors – endeavours to heal such trauma, in service to the impersonal and “infinite life” of *zoë* (Kerényi 1976: xxiv-xxvi), which pervades creative evolution itself. Indeed, the movement of *zoë* “always happens behind the thinker’s back”, through “becomings which are silently at work...[and] almost imperceptible” in their own writing and/or in their world, so that, while a given thinker may provide “the outline of a becoming”, becomings themselves “can only be contained in a life” (Deleuze and Parnet 1987: 1-3) and connected into “molecular multiplicities” through different lives (Deleuze and Guattari 2000: 366-367).

Arguably, Maté’s work, which rhizomatically extends the minoritarian vector of healing identified earlier, in association with *The Wisdom of Trauma*, entails a related “spiritual automaton” (Deleuze 2005: 151); that is, an “involuntary... thought aroused by the image” which operates “like... an alien thinker within” (Bogue 2003: 166). And this thinker poses important questions concerning the relationship between trauma, disciplinary/bio-power normalising judgement, and the normative practices of neoliberalism in a digital age. Accordingly,

these questions also concern democracy, because the negotiations demanded by this political system require “*response flexibility*” – which is “a function of the midfrontal portion of our cerebral cortex”, and which only “develops as the brain develops” (Maté 2022: 29). In contrast, the “more severe and the earlier the trauma, the less opportunity response flexibility has to become encoded in the appropriate brain circuits, and the faster it becomes disabled”, leading people to become “stuck in...automatic defensive reactions, especially to stressful stimuli”, as the “past hijacks...the present, again and again” (Maté 2022: 29). It thus falls to each of us, in our own sphere, to take the reality of trauma – and healing – seriously, because in doing so we concern ourselves not only with our own past, but also with the continued creative evolution of life itself, as we strive to make intelligent choices concerning the direction it will take into the future.

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