An anthropological investigation of cruelty and its contrasts

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Abstract

In liberal political philosophy, from Michel de Montaigne to Judith Shklar, cruelty – the wilful inflicting of pain on another in order to cause anguish and fear – has been singled out as 'the *most evil* of all evils' and as unjustifiable: the ultimate vice. An unconditional rejection and negation of cruelty is taken to be programmatic within a liberal paradigm. In this contribution, two anthropologists triangulate cruelty as a concept with *torture* (Stade) and with *love* (Rapport). Treating the capability to practise cruelty and the liability to suffer from cruelty as universal aspects of a human condition, Stade and Rapport aim to in-stantiate the precise *enactment* of cruelty, firstly, and secondly, to propose a process of its social *negation*. CIA training manuals and quotidian practice within the British National Health Service are employed as illustrative materials.

Introduction

Cruelty, according to the Oxford English Dictionary, is a disposition to inflict suffering, to delight in or be indifferent to the pain or misery of others, to act in a merciless, hard-hearted fashion etc. Judith Shklar (1982, 17) further specifies that cruelty entails 'the

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wilful inflicting of physical pain on a weaker being in order to cause anguish and fear'; it is 'the *most evil* of all the evils', the very contradiction of all that is 'humane' and 'liberal'. Nothing justifies cruelty, in Shklar's estimation; moreover, 'by putting it irrevocably first—with nothing above it, and with nothing to excuse or forgive acts of cruelty—one closes off any appeal to any order other than that of actuality' (1982, 17; see also Stade 2016).

Shklar quotes Montaigne as the source of her unconditional rejection of cruelty. In his *Essays* (Book II, chapter 11), Montaigne (2003, 1137) writes: 'Among the vices, both by nature and judgement I have a cruel hatred of cruelty, as the *ultimate* vice of them all'. Furthermore, Montaigne refuted those who held that perpetrators of cruelty could be overwhelmed by the rush of excitement experienced when one inflicted pain on another living creature. It was always possible, Montaigne contended, to take control of one's (cruel) impulses. Montaigne's contention that cruelty was a *choice* was also the starting point for Machiavelli, albeit with the fundamental difference that Machiavelli, while repudiating cruelty in the private sphere, proposed its legitimate use as a political in- strument. This clash, between Montaigne's and Machiavelli's points of view on the social instrumentalism of cruelty, has reverberated through the ages. To this day, some scholars and pundits (see, e.g., Dershowitz 2002 in particular chapter 4, and 2004; Bagaric and Clarke 2005; Posner and Vermeule 2005) can be found entertaining the idea that cruelty might appropriately be used as an instrument: to attain information, to achieve military goals, to secure utilitarian political ends, to (re)socialise the young and the miscreant, and so on.

Richard Rorty sided with Shklar in defining liberalism as the *unconditional negation* of cruelty, but he saw fit to add a contemporary pragmatist twist to the argument. Liberals may abhor cruelty without feeling the need to justify this sentiment, he asserted. For liberals 'there is no answer to the question "Why not be cruel?"', Rorty wrote: finding cruelty repugnant and intolerable is its own justification (1989, xv). Trying to explain *why* cruelty is the ultimate evil would be to search for a foundation, which, on a pragmatist view, would be a vain exercise (ibid, 61). Rorty elaborates that liberals like himself are aware that the language of their moral deliberation is contingent, that their morality is Freudian (i.e. conditional) in nature, that they are entangled in the webs of a cultural community and that their commitment to this community and its values is contingent. The liberal 'spends her time worrying about the possibility that she has been initiated into the wrong tribe' (ibid, 75), and therefore, a commitment to liberalism is nothing but an historical accident. For Rorty, in short, his and other's liberal aversion to cruelty is just as accidental.

In this article, two anthropologists bring their work together to provide a distinct perspective to the above historical and philosophical debate, finding it to be of significant contemporary social relevance and import. They endeavour to define and understand cruelty as a social practice. In moving beyond pragmatism's reluctance *existentially* to anchor the topic, moreover, they treat cruelty as more than simply sociocultural: the enacting of cruelty, the suffering from cruelty, are to be seen as universal human ca- pacities. Precisely, Stade and Rapport triangulate cruelty as a concept with *torture* (Stade)

and with *love* (Rapport). Doing so, they instantiate the precise *enactment* of cruelty, firstly, and secondly, they propose a process of its social *negation*.

Part I: The intimacy of torture

> Every act of torture plays out on a narrow stage—not a battlefield with opposing armies arrayed before countless witnesses but a sequestered chamber, closed to the eyes of the world, where one individual accosts another in ways that are intrusively, destructively intimate.

> (McCoy 2012, 3)

In Part I, the nature of cruelty is addressed by Stade from an empirically anchored point of view. While there are many senses in which the word 'cruelty' has been and is used, focussing on the connection between political philosophy and cruelty limits the range of what can be meant by cruelty. Placing the concept of cruelty in the context of the political directs our attention to the kind of suffering that is caused by direct violence that is non-private, as well as to structural, violence. The idea of structural violence was introduced by Johan Galtung in a 1969 article, in which he defined peace as the absence of direct and structural violence. The latter includes such phenomena as institutionalised racism, sexism, and classism and can be summarised as social injustice and in terms of the human individual – and here Galtung foreshadowed Martha Nussbaum's (1992) Aristotelian essentialism – as the difference between a subject's potential and her actual life. Philip Hallie (2001) refers to this as institutionalised (or institutional) cruelty (however without acknowledging Galtung's earlier and analytically more sophisticated contribution or his own debt to Frantz Fanon). Another philosopher of cruelty, Tom Regan, distinguishes four forms of cruelty: '(1) active sadistic cruelty; (2) passive sadistic cruelty; (3) active brutal cruelty; and (4) passive brutal cruelty' (Regan 1980, 535). The difference between sadistic and brutal types of cruelty is that sadistic cruelty is motivated by the enjoyment of the suffering it causes, whereas brutal cruelty is characterised by indifference to such suffering. Both types can be either active or passive. Enjoying watching someone drown is thus a passive kind of sadistic cruelty, while being completely indifferent to the fate of someone drowning matches the category of cruelty that Regan calls passive brutal.

The active sadistic type of cruelty seems to epitomise what Montaigne, Shklar and Rorty had in mind when they declared cruelty to be the *summum malum*, the ultimate evil. Indeed, is there anything that typifies the summum malum of cruelty more than a human being (or several human beings) torturing another helpless human being? Using the empirical example of torture and anchoring it in the existential depths of experiencing torture will provide a perspective that can serve as an alternative to Rorty's relativist view of cruelty.

The attempt to write about torture comes up against the problem of language. Is it possible to use language to engage with the topic of suffering? If physical pain is the cause of suffering, can we find words that communicate the subjective sensation of pain? In her book *The Body in Pain*, Elaine Scarry (1985) suggests that pain cannot be represented in

language: 'Physical pain does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned' (Scarry 1985, 4). She goes on: 'physical pain—unlike any other state of consciousness—has no referential content. It is not *of* or *for* anything. It is precisely because it has no object that it, more than any other phenomenon, resists objectification in language' (ibid, 5). This, of course, is not true on two accounts. Firstly, there are many states of consciousness that lack referential content and make a human being reverse to 'a state anterior to language'. Obvious examples include sexual ecstasy, sensations induced by psychoactive drugs and certain hallucinations during epileptic seizures. Secondly, human lives abound with phenomena that resist objectification in language or, rather, that can only be addressed metaphorically and insufficiently or there would be no need for poetry and poetic language. Pain is just another instance of this. In Sophocles' play *Philoctetes*, which Scarry refers to as well, the title character experiences bouts of devastating pain which he between cries of agony describes as 'shooting through' him (διέρχομαι). Does this convey to Neoptolemus, the young man he is talking to, the actual experience of his pain? Probably not. But 'shooting pain' is a metaphor that despite its limitation is meant to illustrate what the pain feels like for Philoctetes.

As Scarry notes, it is in particular in medicine and nursing science that we find efforts to find a systematic language for pain and suffering. The diagnostic language has improved over the past decades with increasingly sophisticated pain inventories and measurements of types of suffering (for a review, see Karcioglu et al 2018). Pain scales are used to understand the intensity of the pain felt by patients. Other instruments are used to help patients communicate what kind of pain they feel (shooting, throbbing, sharp, dull, etc.). When it comes to non-physical suffering, the instruments are even more diverse and advanced. While all of this certainly qualifies Scarry's categorical and generalising statements about pain, her specific discussion of torture, which she based on Amnesty International reports, resonates with other empirical materials on torture, to which we now turn.

Scarry writes how, in torture, the victim 'experiences an annihilating negation so hugely felt throughout his own body that it overflows into the spaces before his eyes and in his ears and mouth; yet one which is unfelt, unsensed by anyone else' (Scarry 1985, 36). This is why J. M. Coetzee's (1992, 363) idea that 'relations in the torture room provide a metaphor, bare and extreme, for relations between authoritarianism and its victims' is inadequate and misleading. No form of political rule can ever achieve the perfect measure of power and submission that is typical of torture and no victim of authoritarianism will experience the kind of annihilating negation that the victim of torture feels, unless the victim of authoritarianism is subjected to severe torture.

To torture someone is a cruel act. Torture may indeed be the cruellest of acts in that it is the deliberate inflicting of physical or mental suffering upon a completely defenceless human being. While history is rich with examples of cruel punishments and inhumane treatment, torture shall, for the purpose of the current discussion, be defined as *the deliberate inflicting of physical or mental suffering on a defenceless Other for the purpose of interrogation, deterrence or psychological manipulation*.

Delineating the concept of torture in this manner allows us to consider torture a rational act; more specifically, an instrumentally rational, purposive (*zweckrational*) act. Torture is done in the name of an 'order other than that of actuality', to use Judith Shklar's formula for cruelty (1982, 17). But what comes to light in the study of torture experiences and training manuals for torturers is that the suspension of actuality – that is, the actual situation of torture in which torturer and tortured face each other – is hard to achieve. Actuality threatens to invade the senses and consciousness of even the most skilled torturer. Actuality needs to be kept at bay and it is the struggle to dehumanise the victim in the name of a rational purpose that is a core theme of the current discussion. This focus inevitably leads to questions of rationality, free will and accountability, which are set aside in structuralist accounts of torture. In structuralist perspective, the torturer is as much a product of a system of discipline and punishment as his or her victim. They are both an element 'in a penal liturgy' (Foucault 1995, 47) and torture is an aspect of an economy of power, as is the legal abolition of torture. Such a detached view absolves torturers from responsibility for their acts and makes it impossible to distinguish between cruelty and suffering by reducing them to empty signs. The current discussion moves beyond structuralist analyses in order to engage with the existential and moral questions of torture.

The authors of manuals for torture (most notably, CIA 1963, 1983) are aware of the torturer's struggle to dehumanise the victim of torture. Hence, the manuals warn repeatedly against 'making torture personal' or following one's 'natural impulses'. At the same time, the torturer is encouraged to establish rapport with the tortured and is advised that the tortured after some time might regress psychologically and feel a strong emotional bond to the torturer, who becomes a parental figure with the power to be harsh or gentle, to punish or reward. In the course of psychological regression, the tortured is likely to experience guilt for his or her own failure to live up to the expectations of the torturer. (These are feelings that victims of torture are likely to be ashamed of later.) In the aftermath, torturers who face retribution for having performed torture might use the emotional intimacy between torturer and tortured in their own defence, referring to how the torture victim relied on him or her for comfort and support.

Common to both victims and perpetrators is that their experiences are anchored in a moral universe of global norms and codes against torture. Thus, for the torturer there is not just a conflict between the actuality of torture and the order of instrumental rationality, that is, torture for the purpose of interrogation, deterrence or psychological manipulation, but also a conflict between the actuality of torture and a rational order of global norms and codes that disallow torture. In order to remain unconcerned with norms and codes against torture, the torturer needs an alternative source of legitimacy. In many, if not most, cases such sources tend to be political, that is, emanate from a state or state-like entity. They usually provide the rational purpose of torture: interrogation, deterrence or psychological manipulation are needed for reasons of security, viz., protection against some threat, or to fight an enemy. Trained torturers are able to perform torture without losing sight of its rational purpose. They are also capable of using the intimacy of torture – the psychological regression of the torture victim and his or her emotional bond with the torturer – for the rational purpose that is supposed to legitimise the cruelty of torturing a defenceless human being.

Torture is a paradoxical contemporary phenomenon. Its use is most widely discussed in countries where leaked documents and witness accounts of torture can be circulated by independent media and be pursued by an independent judiciary. Thus, torture in US-controlled prisons like Abu Ghraib in Iraq have received considerably more public coverage across the world than significantly more intensive and extensive torture practices in countries like Iran, China, Russia, Syria and Palestine. In a recent court case in Germany (see BGH, Beschluss vom 06.06.2019 – StB 14/19) however, the use of torture by Syria's General Intelligence Directorate (GID) has come under scrutiny. The GID is under the direct control of Syrian president Bashar al-Assad. Section 251 of the GID was responsible for the security of Damascus and its surroundings. The section was housed in a building on Baghdad Avenue, which had its own prison wing. It was the scene of horrendous torture. Sticks, cables, belts and pliers were some of the instruments used to torture victims and in some rooms iron rings had been attached to the wall for the same purpose. Some victims were scalded with boiling water from a kettle. Others were beaten to death with metal rods. Torture was inevitable at Section 251 as the interrogators asked questions to which the interrogated would not know the answer, so that the interrogation itself was nothing but a pretext for torture. The GID and its sections being directly subordinated to Bashar al-Assad, he bears responsibility for torturing, maiming and murdering thousands of Syrian civilians.

In a training manual, the terrorist organisation Al-Qaeda prepared its members for the sort of treatment they would receive if they were captured by oppositional forces and agencies. Writing on the basis of witness accounts by Al-Qaeda members, the manual lists the various types of torture methods that are used in the prisons of Egypt, Syria, Jordan, Saudi Arabia and other Arab countries, (Post 2004, 163-165). According to the manual, the physical torture methods include:

- Blindfolding and stripping of clothes
- Hanging by the hands
- Hanging by the feet (upside down)
- Beating with sticks and electrical wires
- Whipping and beating with sticks and twisted rubber belts
- Forcing the brother to stand naked for long periods of time
- Pouring cold water on the brother's head
- Putting out lighted cigarettes on the brother's skin
- Shocking with an electrical current
- Kicking and punching
- Attacking the brother with vicious dogs
- Making the brother sit on a stake
- Throwing in a septic tank
- Pulling out the nails and hair
- Dragging
- Tying the hands and feet from behind
- Utilizing sharp objects, such as a pocketknife or piece of glass
- Burning with fire

- Sleeping on a bare marble floor without a cover and flooding the cell with sewer water
- Standing on toes and against a wall pressing with the fingers for long hours. The brother may be denied sleep, food, drink and medicine
- Beating on cuts and sore parts of the body
- Giving the brother a lot of water or very watery fruits, such as watermelon, after denying him food and drink. After the brother drinks or eats the fruit, his hands and penis will be tied so the brother will not be able to urinate
- Placing drugs and narcotics in the brother's food to weaken his will power
- Placing the brother in solitary confinement where the cells are made of a special kind of cement that gets extremely hot in the summer and cold in winter
- Hitting the brother's genitals with a stick or squeezing them by hand
- Dragging the brother over barbed wires and fragments of glass and metal

The Al-Qaeda manual goes on to list psychological torture methods:

- Isolating the brother socially, cutting him off from public life, placing him in solitary confinement and denying him news and information in order to make him feel lonely
- Forbidding calling him by name, giving the brother a number and calling him by that number in order to defeat his morale
- Threatening to summon his sister, mother, wife, or daughter and rape her
- Threatening to rape the brother himself
- Threatening to confiscate his possessions and to have him fired from his employment
- Threatening to cause a permanent physical disability or life imprisonment
- Offer the brother certain enticements (apartment, car, passport, scholarship, etc.)
- Using harsh treatment, insults and curses to defeat his morale
- Controlling everything the brother does, even in private, whether he is awake or asleep, to convince him that they are in charge. They would force him to bow his head and look down while talking with the guards

While the Al-Qaeda manual might lack in style and editing, its enumeration of torture methods corresponds to witness accounts by torturers and torture victims from different parts of the world.

Who are the torturers? Are they sadists, psychopaths or just obedient clerks? The Argentinian author Jorge Luís Borges created an ideal type, in the Platonic sense, of a torturer in one of his short stories, called *Deutsches Requiem*. In it, the protagonist Otto Dietrich zur Linde is named subdirector of the concentration camp at Tarnowitz. For zur Linde, this presents an opportunity to purge himself of humanity:

> For the superior man of Zarathustra, mercy is the greatest of sins. I almost committed it (I confess) when they sent us the eminent poet David Jerusalem from Breslau (…). I do not know whether Jerusalem understood that if I destroyed him, it was to destroy my compassion. In my eyes he was not a man, not even a Jew; he had been transformed into a detested zone of

my soul. I agonized with him, I died with him and somehow I was lost with him; therefore, I was implacable (Borges 1962, 143-4).

Borges wrote this story after having had conversations with Argentinian Nazis. He wanted to create an 'ideal Nazi', very different from the actual Nazis, whom Borges detested because, when they were on trial after the Second World War, they kept 'apologizing and crying' (Burgin 1968, 32). The fictional testimony of zur Linde sheds light on a psychological process that is necessary to make an expert torturer. He or she must be free of compassion. Rather than agencies, organisations and institutions relying on the kind of individual inner struggle that zur Linde confessed to, non-fictional torturers are trained to be ruthless. In twentieth-century Latin America, for example, prospective torturers were recruited among enlisted soldiers, receiving instruction from US and Argentinian experts. There would be a thematic division of labour: the US experts would provide training in surveillance methods and intelligence technologies, as well as in psychological methods of torture, while the Argentinian experts taught physical torture methods like *la capucha* (the hood: a rubber mask that is wrapped around a person's face to suffocate him or her), *la parrilla* (a grill frame for beef that is used to tie the victim to for administering electric shocks), *el submarino* (submerging the victim's head under water) and so on. Depriving torture victims of oxygen and tormenting them with electric shocks seem to be the most common techniques of torture. At the trial of Kang Kek Iew ('Comrade Duch'), one of the infamous Khmer Rouge leaders, a member of one of the torture teams testified: 'First, beating. Second, electric shock. Third, head in the bag. Fourth, piercing and removing the nails. The idea, Duch instructed was to avoid having wounds all over their bodies' (Laban Hinton 2016, 172). Many modern torture methods are designed to leave few traces on the bodies of their victims. Even so, the true experts of torture prefer psychological techniques to physical torture because their explicit objective is to disintegrate the identity of the victim in order to exert full control over her or him.

'The intelligence service which is able to bring pertinent, modern knowledge to bear upon its problems enjoys huge advantages over a service which conducts its clandestine business in eighteenth century fashion' (CIA 1963, 2). Psychologists have conducted scientific inquiries into 'the effects of debility and isolation, the polygraph, reactions to pain and fear, hypnosis and heightened suggestibility, narcosis, etc.' (ibid), all of which is relevant to 'coercive interrogation' (as torture is called in pro-torture circles). The principal 'coercive methods of interrogation' are catalogued in the 1963 CIA handbook: 'arrest, detention, deprivation of sensory stimuli through solitary confinement or similar methods, threats and fear, debility, pain, heightened suggestibility and hypnosis, narcosis, and induced regression' (CIA 1963, 85). Arrest should achieve 'the maximum amount of mental discomfort' by being conducted when the suspect's mental and physical resistance is at its lowest, that is, in the early morning hours or in the evening (ibid). It is important that the arresting parties impress the suspect with body size, smartness, equipment, efficiency, etc. (ibid, 86). Detention should be arranged 'to enhance within the subject of [sic!] his feelings of being cut off from the known and the reassuring, and of being plunged into the strange' (ibid). While in detention, 'the prisoner should not be provided a routine to which he can adapt and from which he can draw some comfort—or at least a

sense of his own identity (…) it is advisable to keep the subject upset by constant disruptions of patterns' (ibid, 87).

Quoting the developer of the sensory deprivation tank, John C. Lilly, the CIA torture manual instructs that depriving the victim of sensory stimuli produces in him (or her) 'superstition, intense love of any other living thing, perceiving inanimate objects as alive, hallucinations, and delusions (…) some of the mind's activity which is usually reality-bound now becomes free to turn to phantasy and ultimately to hallucinations and delusion' (ibid, 88). 'The deprivation of stimuli induces regression by depriving the subject's mind of contact with an out world and thus forcing it in upon itself. At the same time, the calculated provision of stimuli during interrogation tends to make the regressed subject view the interrogator as a father-figure' (ibid, 90). Regressing the victim to the point of him or her developing infantile and intimate feelings towards the torturer is an explicit goal of psychological torture. Threats and fear should be used towards the same objective, that is, 'to foster regression' (ibid, 91). Regression can also be accomplished by prolonged exertion in which the victim, for example, is told to stand in attention for longer periods. The immediate source of pain is not the torturer but the victim himself. 'All coercive techniques are designed to induce regression' (ibid, 83). This point was made more explicit in a CIA torture manual 20 years later: 'The purpose of all coercive techniques is to induce psychological regression in the subject by bringing a superior outside force to bear on his will to resist. Regression is basically a loss of autonomy, a reversion to an earlier behavioral level. As the subject regresses, his learned personality traits fall away in reverse chronological order. He begins to lose the capacity to carry out the highest creative activities, to deal with complex situations, or to cope with stressful interpersonal relationships or repeated frustrations' (CIA 1983, L1-L2). As Malcolm Meltzer, one of the psychologists whose contributions were of great use for torturers and after whom is named the Meltzer Center at George Washington University, observed: 'In some lengthy interrogations, the interrogator may, by virtue of his role as the sole supplier of satisfaction and punishment, assume the stature and importance of a parental figure in the prisoner's feeling and thinking' (Meltzer 1961, 296; quoted in CIA 1963, 83). This feeling and thinking creates guilt in the prisoner, which can be used to achieve compliance. The intimacy of torture adds to the suffering of torture victims because it tends to be a source of shame for torture survivors.

Everything in the CIA torture manuals from 1963 and 1983 is either scripted by psychologists or based on their literature. The complicity of American psychologists in developing torture techniques is well documented, not least in the so-called Hoffman report (Hoffman et al 2015). The report details how the American Psychological Association (APA) adopted professional ethical guidelines that would permit psychologists to participate in 'coercive interrogations', that is, torture. This was done to curry favour with the US Department of Defence and 'to keep the growth of psychology unrestrained in this area' (ibid, 9). The US military is 'one of the largest single employers of psychologists through its network of veterans' hospitals' (Eban 2007). Psychologists are also involved in a classified military training programme that teaches soldiers to endure captivity in enemy hands. The programme is known as SERE (Survival, Evasion, Resistance, Escape). Two psychologists, James Elmer Mitchell and Bruce Jessen, reverse-engineered

the methods used to train soldiers in the SERE programme to devise 'coercive interrogation' techniques, the most publicised of which is waterboarding. Mitchell and Jessen (both Mormons) have started a number of private consulting companies that train interrogators in psychological and physical torture methods (ibid). As can be seen, the participation of psychologists in torture is not a thing of the past. Why is this of interest?

The APA ethics code includes the following article:

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.
(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behaviour that violates 3.04(a).

This is far from a compelling injunction preventing psychologists from participating in torture. To 'take reasonable steps' to 'minimize harm' and to not engage in inflicting 'severe pain or suffering' on a person leaves room for interpretation. What do phrases like 'reasonable steps' and 'minimise' mean? What kind of pain and suffering is to be considered 'severe'? As Katherine Eban (2007) demonstrates in her exposé, the vagueness of the APA ethical code is intentional. Psychology, after all, deals with the individual as types and increasingly as organisms (under the influence of brain and neuroscience). The same rules that apply to torturers – to not make the relationship to the 'client' personal, to not follow one's natural impulse of identifying with the 'client', to focus on an order other than that of actuality – apply to psychologists who treat patients. The intimacy of torture is akin to the intimacy of the therapy session. In both cases, the relationship between the expert and the 'client' is asymmetrical in that the former must control and regulate his or her feelings for the other. Instead of an immediate relationship to the Other, who is not an object for a self or knowable as a type, the psychologist and torturer employs 'science' – which actually, as in the case of Mitchell's and Jessen's reverse-engineered torture methods, is rather unscientific – as a figure of thought with which to suppress the actuality of another human being. The torturer, in particular, is likely to entertain the illusion that the destruction of the Other has allowed him or her to take a hold of the Other (I deliberately use the language of Emmanuel Levinas.) But as many torturers have testified, the ghosts of the victims come back to haunt them. In the documentary film *The Act of Killing* by Joshua Oppenheimer, one of the main characters, Anwar Congo, led a death squad in North Sumatra during the Indonesian mass killings of 1965-66 in which 500,000 to 1.2 million Indonesians were massacred. Towards the end of the film, Anwar Congo, who personally may have murdered as many as a thousand people, is overwhelmed by his own narration of how he killed his victims. The excuse the killers used, namely that the victims were relieved to be liberated from their sins by their

killers, seemed no longer plausible to Anwar. He was terrified of the ghosts of the people he had murdered.

While the ghosts – that is, the memories – of victims are not the actual victims as Others, they still seem to subvert the work done to instrumentalise the intimate connection between perpetrator and victim. Even after the fact, the actuality of torture, which is the actual infliction of pain on another human being, the very real process of cruelty creating suffering, can burst into the consciousness of the torturer. In no way does this make a victim of the torturer. But it does call into question the 'scientific' certainty with which psychologists have approached, and continue to approach, the practice of torture. Not only do psychologists like Mitchell and Jessen peddle in cruelty towards the victims of the torture techniques they teach, they also hazard the consequences of their business practices for the perpetrators. An Uruguayan torturer turned academic, to whom I sometimes talked, had found an escape in Niklas Luhmann's system theory. The fervour with which he embraced this theory had something of a religious zeal. It seemed like a comfortable path to take. It took him away from considering individual acts and lives. Another Uruguayan academic, a fellow doctoral student and friend, had survived long periods of torture. He and the former torturer were amiable with each other and occasionally debated the intricacies of Luhmann's system theory. I asked my friend why he did not feel resentment towards the ex-torturer, who could have been one of the military and security men who tormented him. In my friend's response shone through the memory of past intimacies with his torturers. He answered that the former torturer and present-day Luhmann disciple had been as much a small cog in the machine of a political conflict as he himself. The most profound experience of torture was its utter absurdity, which is to say, its ultimate meaninglessness. Seeing oneself as someone who is being tortured opens the door to an existential dissonance: torture is a farce and I play a part in this farce.

Since torture in reality never occurs in a ticking-bomb situation and useful information on security threats and enemy plans is easier to obtain through rapport-building measures than using 'coercive interrogation' – as was the case with Abu Zubaydah, America's first high-value target after 9/11, who provided intelligence to the empathetic FBI interrogators which the CIA later claimed it obtained through torture (Eban 2007) – the existential absurdity of torture acquires a palpable quality. The merchants of torture techniques, as well as the leaders who condone and lend legitimacy to this type of utmost cruelty, fail to recognise their own grotesque role in this theatre of the absurd.

In several respects, torture is, or is made to be, a dichotomous phenomenon. It is often meant to serve a purpose, to be instrumental, but it is also necessarily actual. For the torturer, an 'order other than that of actuality' is supposed to make him or her immune to the sight, sounds and smells of human suffering. Torture is dichotomous for the torture victim as well. There is the physical and mental suffering, on the one hand, and the desperate attempt to make sense of the situation, on the other. For some torture survivors, this attempt turns out to be vain because they, like my Uruguayan friend, come to the conclusion that torture simply cannot make sense, that it is an absurd human spectacle that defies rationality. Another dichotomy in torture is that it is universally banned, yet given legitimacy by many authorities. It is to be expected that at least some torturers struggle with this conflict of norms. Finally, there is the grotesque debate about the efficacy of

torture, which brings us back to the question of torture's instrumentality. Psychologists have tried to show that the most effective torture accomplishes the victim's psychological regression to an infantile stage of development, so that the torturer actually is seen as a parental figure. As opposed to less sophisticated forms of torture, which might be used less to extract information than to act as a deterrent for others, psychological torture that aims to regress the victim is likely to torment him or her long after the torture has stopped. The dichotomy of, on one hand, utmost cruelty – sensory deprivation, exhaustion, threats and so on – and, on the other, an intimate emotional connection to the torturer may, in the long run, be one of the most agonising effects of torture.

Part II: The impersonalism of love

Cruelty is the worst evil, we have heard Judith Shklar contend, however 'ordinary' a vice it might be. It is the very contradiction of a humane and liberal person, the contradiction of a humane and liberal civilization, *because it inflicts one's own being on another*. Shklar elaborates:

> '[Liberalism is] the mentality that does not merely abhor brutality, but that regards cruelty as the *summum malum*, the most evil of all evils. (…) Cruelty, as the wilful inflicting of physical pain on a weaker being in order to cause anguish and fear, however, is a wrong done entirely to *another creature*. When it is marked as a supreme evil, it is judged so in and of itself, and not because it signifies a rejection of God or any other higher norm. It is a judgement made from within a world where cruelty occurs as part both of our normal private life and our daily public practice. By putting it irrevocably first – with nothing above it, and with nothing to excuse or forgive acts of cruelty – one closes off any appeal to any order other than that of actuality. To hate cruelty with utmost intensity is perfectly compatible with biblical religiosity, but to put it first does place one unalterably outside the sphere of revealed religion. For it is a purely human verdict upon human conduct' (1982, 17).

But if *cruelty*, in its essence, entails 'inflicting one's own being on another', as Shklar urges, a wrong (physical, mental, emotional) 'done entirely to another creature', then Iris Murdoch (2001) would define '*goodness*' in absolute contradistinction. Goodness is that social virtue whereby ego refrains from visiting his or her desires upon the other. The 'good society', Murdoch elaborates, may be envisaged less in terms of a relation whereby one 'does good' to others than whereby one refrains from doing others harm. Goodness resides in offering a kind of space whereby fellow members of society may 'come into their own'. One cannot foresee and does not attempt to prescribe what such 'coming into their own' might entail – what might be the substance of an individual life – but one hopes to afford the individual other an optimum of opportunity for its expression, and to treat that expression as a right. The problem of society – to institute arrangements which balance individual space against general regulation – is managed by way of 'good' guarantees that individual capacities for self-authorship should fulfil themselves.

Torture, for John Berger (2001), represents the most indescribable of experiences, but he ventures that its essence entailed negating the individual person and substituting him or

her with a category: the rendering of the individual as member of a class of irreducible otherness (cf., Hallie 2001, 16). The torturer, Berger elaborates, learns that certain classes of people are fundamentally different, and threatening. Their apparently common human embodiment is a lie, a trick: a *simulacrum* of sameness. Torture is a punishment for this trick, an exposure of the lie and a distantiation of the apparent commonality: the tortured body and mind of the categorical other takes on its 'authentic', distorted form, distant from a human norm. But Berger's treatment is superficial. As outlined above, the distantiation, the turning of a human being into a category and object, requires psychosocial work that is ongoing. The issue, precisely, is how the torturer has the capability to torture and determines to exercise that ability.

Insofar as torture treats the individual as the essential categorical Other, then according to Iris Murdoch love is a practice that manifests in its essence 'knowledge of the individual' (2001, 27). A further issue concerns how the cruelty of torture might be contrasted, counteracted, by a human capability for universal recognition of and respect for individual human embodiment. Murdoch continues,

> 'Love is the perception of individuals. Love is the extremely difficult realisation that something other than oneself is real. Love (…) is the discovery of reality' (1999, 215).

Love represents the linchpin in a complex of concepts that includes the good, the real, the free, the Other and the individual. Moreover, love may be depicted as the central practice of a moral being-in-the-world, central to a moral disposition towards the world, Murdoch insists. Yes, love *can* be a name for self-centred, unkind even cruel behaviours, but a 'refined' love is synonymous with goodness, and to act 'lovingly' in this way is to act perfectly: to pursue a social practice in which goodness is 'sovereign' (Murdoch 1968).

In this Part, 'The impersonalism of love', it will be proposed by Rapport that 'goodness' and 'love' are essentially contrastive of cruelty and torture. The 'good society', it is argued, is one where love operates as a civic virtue in such a way as to recognize the human-individual Other as a thing-in-itself. That Other is met with a certain 'civil inattention' (Goffman 1971). The good society is one that banishes cruelty by ensuring its individual members are given loving recognition: able to come into their own as authors of their own identity, their own world-views and life-projects (Rapport 1993). In the good society, the intimacy of cruelly torturing the body of the individual human being is negated by an impersonal inclusivity in terms of which the individual is afforded the space, the distance so far as possible to determine their own destiny.

Love has been analysed in terms of its kinds: erotic, Platonic, romantic, courtly, spiritual, parental, filial, sibling, marital and so on. And love has been classified in terms of traits:

•*Eros*: a powerful attraction born of desire;
•*Storge*: an affection developing slowly over time;
•*Pragma*: a search for compatible qualities in others;
•*Philias*: a mutual friendliness and familiar attachment;
•*Mania*: prey to possessive jealousy, an obsessive preoccupation;

•*Ludus*: playing the field and refusing single devotions;
•*Agape*: a selfless, altruistic, patient, gentle, even dutiful, giving.

The diversity of kinds of love counsels against love being *necessarily* defined in contradistinction to cruelty. A 'possessive' love, manifesting in sexual fixations and excess, is something mean and calculating, as Plato (2003) discerned, and only a 'refined' love is capable of transforming selfish appetites and attachments into impersonal ones and so accessing true reality. 'Pathological love' exists alongside 'practical' love, Kant (1785) considered: while the latter may be a rational discernment of what is right, a disposition to act benevolently towards those in need, independent of any relation of partisan feeling, pathological love is swayed by emotion and manifests itself in partiality and fickleness. For, Freud (1922) indeed, love as such represents an expression of impurity and disharmony. It may promise intimacy but it entails overvaluation of others, the establishment of unreal value, and eventuates in unsated desires, anger and neuroses. For Sartre (1958) finally, love is a tragic and ultimately futile battle for mutual possession. Wishing to escape the nausea of human freedom, lovers are sought, with an independent point of view, to provide structure and affirmation; but that very independence becomes unbearable.

It might be contended, in other words, that cruelty is intrinsic to relationality, even loving relations. But a different possible outcome is propounded here. In Part I, 'The intimacy of torture', it was argued that metanoia, a change of mind or 'heart', is fundamental to the torturous act of cruelty. The torturer makes a choice and takes a decision to undertake a particular course of action. This decision then has consequences for his or her existential state: it entails, in Borges's phrasing, a transcending of compassion. The practice of love, it can be argued, equally involves the process of metanoia, the mind of the lover being existentially changed, even to the extent that love is experienced as an epiphany: a sudden and great revelation-cum-realization (Jankowiak 1995; Wulff 2007; Carspecken 2017). Again, Iris Murdoch provides the ground. Love is a discovery of the reality of the individual Other, she writes, when ego is '*stunned*' into a realization of its 'supersensible destiny': encouraged to confront the radical, 'unutterable particularity' of other individual human beings (1999, 215, our emphasis).

A similar prognosis is found in the work of Emmanuel Levinas: the *shock* of the Other. The birth of conscience (a metanoia) is not, Levinas argues, an experience of values but 'an access to external being': the realization of the Other. 'Consciousness is *inhibited* before the Other', Levinas claims, 'when (Ego) really stares, with a straightforwardness devoid of trickery or evasion, into (the Other's) unguarded, absolutely unprotected eyes. Conscience is precisely this straightforwardness' (1990, 293). To see – to 'discover', to 'realise' – the body of an Other is to find an alterity that resists possession and opens up a new dimension in the perception of being. In other words, there is an epiphany whereby 'cultures and their alluvions and allusions' (the construction of the world into conventional and hegemonic categories and classes), and 'the discord they introduce into ideas and the cruelty they perpetuate in social customs', are overcome, superseded, (Levinas 1990, 273-295). The vision, of love, may thus be defined as a 'first intelligible' of an absolute reality. Here is the 'beloved', the Other as an individual human being,

whose 'secret subjectivity' demands absolute respect (Levinas 1985, 79-81). One is not describing kindness to another here, or compassion, but rather something owed, something that is the Other's due, something they might claim from Ego (cf., Regan 1980, 536).

Taking a lead from Murdoch and Levinas is to anticipate the experience of a refined and selfless love as something epiphanous and visionary whereby what is recognized is the individuality of fellow human beings: a discovery and realization beyond the conventional cultural categories that guide habitual perceptions, and that would define (and confine) the individual according to external collective memberships and identities. The 'lover' recognizes – discovers, realizes – in the Other an other 'I', a life in its own bounds entrained on its own course, a thing-in-itself.

It is, moreover, an impersonal – 'civil' or 'cosmopolitan' – love being proposed here whereby the Other remains a stranger amid the complex exchanges of large-scale liberal society. Love as a civic virtue, bears perhaps closest resemblance to *agape*, above, the Greek noun first used in a translation of the Hebrew Bible. Leviticus XIX:18 includes the phrase 'Thou shalt love thy neighbour as thyself: I am the Lord'. In the Christian hermeneutics that followed on from Jewish scripture, '*agape*' becomes a term to denote benevolent concern for all fellow human beings: behaviour directed to the Other universally. To attend 'lovingly' to the Other was to engage impartially with their identity and their needs, their survival and welfare. One did so in a deliberate, self-controlled way, without being ruled by one's passions and beyond thought of reciprocation. One was guided by the absolute value of the Other, irreducible as a living being beside oneself.

Love as 'neighbourliness' or universalized benevolence has continued to feature widely in philosophical discussions of ethics (Irigaray 2002; Badiou 2009; May 2011). Søren Kierkegaard (1962) notably claimed neighbourliness as the primary human relation, the bond whereby society assumed a moral shape. Such neighbourliness extended to all human beings, moreover, all could be recognized as equally 'neighbours' since all humanity was spiritually equal before God. It was the 'spiritual' task of humanity, Kierkegaard urged, to recognize love as a God-given capacity and also a predisposition. To fulfil God's command to love one's neighbour, universally to relate as person to person, was both to act naturally – however much this might seem to contrast with the systems of metaphysics that have arisen as cultural constructs – and to assume a rational burden of general ethical duties. Equally notable are historical examples, such as Philip Hallie's of the Huguenot villagers of Chambon during the Holocaust, for whom an 'unsentimental, efficacious love' in the form of 'Christian hospitality' was the only possible response to the institutional cruelty inflicted upon those classed as Jews (2001, 14-15).

The 'unexceptional' civil project is to build on such conceptions of *agape* and neighbourliness not as religious commandment or divine gift, however, but as a component of quotidian humanistic ethics. A 'cosmopolitan' love forms part of a natural set of human capacities, it is to be argued, and may be caused to form the foundation of how a moral society operates, in contradistinction to cruelty. A cosmopolitan love represents an engagement with the world on its own terms, entailing a recognition of, and respect, for the individual identities of a society's members.

There is nothing necessarily intimate, even personal, in this recognition. The 'lover' who partakes of a cosmopolitan or civil love may remain a stranger to the 'beloved' Other: the love preserves the strangeness and even the strangerness of other individual human beings. Here is a 'supersensible destiny' (Murdoch) founded upon the 'face' (Levinas) of human beings who remain other: whose identity is 'unutterable' (Murdoch), whose difference is 'ineffaceable' (Levinas).

Love as a civic virtue, in short, a 'cosmopolitan' love, is envisaged as a recognition of human individuality that overcomes cultural classification – the categorization that may lead to torturous cruelty – while retaining the 'goodness' of distance. The lover does not (cruelly) impose his or her own being on another but affords the beloved the individual space to come into his or her own.

Iris Murdoch's writing of philosophy and fiction alike was imbued with what she called her 'Platonist concern with love' (1968, 59-63). In all of her writing Murdoch argued for 'a morality of love, of individualized reciprocity whose foundations can, ought to be those of rational humanism', as George Steiner (1999, xv-xvi) characterized her work. 'We need a moral philosophy in which the concept of love, so rarely mentioned now by philosophers, can once again be made central', Murdoch (1999, 337) herself wrote.

But then what purchase does such a thesis provide on the reality of contemporary individual lives and of the social relations in which they partake? Murdoch's own chief literary devices – the many novels she wrote in which love plays itself out among all-too-human sets of intertwined friends – may indeed be critiqued for their rarefied sociality and apparent unworldliness. Anthropologically speaking, it is a matter of taking the question of a cosmopolitan love (of epiphany and metanoia) and its purported essential contrast to cruelty out into the world.

To test this thesis against empirical reality and the ethnographic record it might be useful to consider the practice, ethos and institutionalism of the British National Health Service (NHS) (Rapport 2008, 2012, 2013). In Britain, it is the legal right of citizens to partake of a public health care system that offers them holistic provision 'from cradle to grave'. The NHS was part of a legal, social and economic 'settlement' in Britain following the Second World War: one of a number of major reforms, aiming at a comprehensive rehabilitation for all. At its launch by (Labour) Health Minister Aneurin Bevan in 1948, three core principles were enunciated: (i) that the NHS should meet the needs of anyone and everyone (irrespective of social category or class); (ii) that it should be free at the point of delivery; and (iii) that it should be based on clinical need not citizens' ability to pay. While (controversial) reforms to the constitution of the NHS were instituted almost immediately – charges for the provision of dentures and glasses (1951), charges for medical prescriptions (1952) – and while the NHS today faces competition from private health schemes and hospitals, the provision has continued in a recognizable form up to the present day, with the NHS employing more than one million people. The NHS has been described as 'the institution which more than any other unites our nation' (Boyle 2012). More evocatively, 'born out of extraordinary circumstances' – the epiphany of surviving and heeding the Second World War – the NHS is to be appreciated as 'an extraordinary institution' (Tallis 2016). In a more recent statement (2020), Prime Minister Boris Johnson saw fit to praise the NHS as 'the beating heart of the country', concluding: the

NHS is 'the best of this country. It is unconquerable. It is powered by love' (The Guardian 2021). Beneath the political rhetoric, however – the NHS 'powered by love' in the face of debilitating under-resourcing and under-investment – how does the NHS truly instantiate a version of love where individual human others, strangers, are recognised and respected: balancing between engagement and inclusion on the one hand, and a preservation of individual autonomy and personal sovereignty on the other?

The constituent parts of Great Britain – Wales, England and Scotland – now have responsibility for their own devolved services. *NHS Scotland* employs 160,000 people, 5,000 of whom work at Constance Hospital in Easterneuk: a large teaching hospital with more than 850 beds and a wide range of medical specialisms. Among its employees some 150 are porters, almost all male and aged between 17 and 64. The porters are not medically trained, and are involved in tasks calling for physical stamina more than other criteria. They ferry patients across the hospital, deliver mail, deliver body parts and samples of bodily substances to the hospital laboratories, transport dead bodies from ward to hospital mortuary, and also act as security personnel (Rapport 2018, 2021). Porters hence occupy a lowly position in the hierarchy of skills, something reflected in portering pay, and exhibited by a portering uniform clearly distinguished from the medical staff, the hospital managers and clerics, and the other tradespersons. But how do the porters behave towards patients? More precisely, how may the porters empirically personate the contrast between a 'cruelty' that 'illiberally' imposes itself on the individual as anonymous member of a collective category and a care that recognises and respects that individual in a loving fashion?

❖ 'Nigel: will you take Mrs Sally Owen from Ward 11 on a bed to X-Ray, please?'
❖ 'Nigel: will you collect a Mr Alan Brown from TORT and take him to the Front Door, please?'
❖ 'Nigel: there is a body in ICU to be taken to the mortuary, please.'
❖ 'Nigel: there are blood samples in the Ward 6 Sluice Room to be taken to Labs, please.'
❖ 'Nigel: Would you take Miss Joan Bradwell in Ward 2 to Physio, please?'
❖ 'Nigel: will you take Mr Dan Munro from Nuclear Medicine to Clinic 6, please?'

Gathered in the porters' lodge, or 'buckie', two small rooms hidden away from the public concourses of Constance Hospital, the porters wait for jobs to be phoned through to their sub-manager from the hospital's many wards and departments. On receiving a call, the sub-manager notes the job and the time down in a register. He will then turn around at his desk and see who is then available in the buckie – who is not already out on a job, who is not having a break, eating a snack or reading the newspaper – and instruct and send a porter as to a destination and task. If the NHS hospital treats all manner of human health needs on an equal and indiscriminate basis, then the porter, specifically, is to move individual patients (on wheelchairs, trolleys and beds), their body-parts and samples, and their dead bodies, around the hospital site without caring for any supposed sociological profile. All are to be treated alike, moved with the same professionalism and attention.

When I – 'Nigel', above – first began fieldworking as a porter at Constance, nevertheless, I was struck by what I felt to be the callous attitude often shown by porters towards patients. The Hospital was said to contain more than 30 miles of corridor, and it was not uncommon when porters met each other on their errands along these long distances to leave off their work – stop their ferrying of patients on chairs, beds and trolleys – and exchange gossip with one another for some minutes. The patient, if awake, might be ignored and if asleep (possibly snoring) becomes apparently objectified – as much an inanimate object to gaze upon as the medium of their conveyance. It was Wardy's practice, for instance, to park patient and bed for some minutes in the corridor outside the staff dining-room in order for him to check the lunch menu and who is already eating. One afternoon, similarly, I found Steve and Dick chatting in a corridor over the recumbent bodies of their patients even though the beds took up so much room that doctors and nurses had to squeeze past them to carry on their way. When Steve finally returned to the porters' lodge at the completion of the job it was to boast about having to use the bed he was pushing as a battering ram to clear a path for himself among a gaggle of gossiping doctors on the ward.

There was, in other words, a distance, both physical and symbolic, that the porters seemed to guard between patients and themselves. 'The hospital is not exactly a cheery place', I was informed by Colin, one of the porters' Union officials, soon after my arrival: 'Being around so many ill people rubs off on you and makes you feel like you need a change, or a long holiday'. The patients, I was to appreciate, represented a kind of risk to us porters: a contagion that could be caught. Jokes and japes surrounding patient pick-up and delivery represented a further focus of seeming patient objectification, then. Steve recalled for my benefit the day Albert had been successfully sent from the buckie to Ward 4 to take 'a Mr P. Niss' to the Front Door: 'Have you got a Penis on the Ward?', Albert had asked the nurses in vain. More recently Albert had been almost fooled by a similar mission for an 'Emma Prat' ('I'm a prat'). Similar attitudes also extended to patient injuries and medical procedures. Attending to the Prosthetics Department was being on the 'Minefield Squad'. On the occasion of Martin and I going to the Gynaecology Theatre to fetch a patient, Martin joked how he wished he could look in on some operations there – or even assist! Besides collecting our patient, he explained, he also wanted to pick up a photocopied list of second-hand PlayStation games that another porter, Roy, had for sale. Roy's arrangement was that he left such lists in the medical box just outside the Gynaecology Theatre where body-parts were placed ready for transport to the hospital laboratories. We found Roy's list as well as an excised uterus in the box: 'I don't mind having my hands on a uterus', Martin quipped, 'but I'd prefer it if it wasn't walking round by itself'. Another day, when news of a multiple car crash reached the porters' lodge, Oliver was one of a number of porters rushing down to Accident and Emergency to witness the results. A little later Oliver returned to report animatedly that it was 'pretty bad down there', 'lots of blood', with six further ambulances to be expected including a helicopter delivery. The excitement continued through the next day, with Roger and Alastair observing how busy Ward 35 (General Surgery) had now become: 'They're packing them in like sardines down there!'.

I have, in the past, adjudged this kind of behaviour on the porters' part as a dehumanising of the patients (Rapport 2010). But I would modify that assessment now. The porters' behaviour is more demotic than dehumanising, I would suggest: *Ecce Homo*. Human beings are equal in their fragility and vulnerability: the patients, the porters, the doctors and nurses and hospital administrators, all are simply human, irrespective of hierarchy, status, sociological profile, social class and cultural classification. Certainly, the porter refuses intimacy, but he engages with all – patients and other hospital staff alike – non-hierarchically. All are given by him the same 'civil inattention'. Moreover, the patients seemed to appreciate their engagements with the porters who escort them on their hospital journeys. Here was a friendly and cheery voice; here was a figure *in* the hospital but not quite *of* the hospital in the way that the medical staff were; with the porters the patients could exchange gossip that brought 'normal' life in Easterneuk closer, escaping the confines of a medical regimen.

Erving Goffman describes civil inattention as people properly going about their own separate business. While mutually present to one another in social interaction such that a 'surface character of public order can be identified', people who do not have active designs on one another's interests – either furthering or hindering them. People become human givens to one another, something to disregard, to disattend to; by way of civil interaction individuals show one another the commensurate courtesy of a 'minimal carefulness' (Goffman 1971, 312-331). Goffman's conceptualisation is reminiscent of the argument of John Rawls (1971) that to promulgate a social contract whereby everyone enjoys the maximum liberty possible without intruding upon the freedom of others is to imagine a 'veil of ignorance' that separates individuals from their biases and hence from the personal circumstances of those around them. Practising inattention and ignorance may sound care-less, an ignoring of the human Other – especially in a hospital setting – but it is precisely the refusal to impose on individual others (a Murdochian 'goodness') that has been urged as a mark of 'loving' recognition. Here is an impersonalism whereby the shocking, 'epiphanous' discernment of another human being's individuality translates into restraint: refraining from supposing knowledge or presuming intimacy.

Certainly the shock of encountering the human Other, in its individual circumstances, can be found above, registered by the reactions of the Constance Hospital porters to patients' injuries, illnesses and treatments. What is particularly instructive, moreover, is the reaction of the porters when one of their own number became a patient – for the boundary was of course permeable, and regularly crossed. The porters frequently discussed the details of their own ailments, and alongside their apparent *machismo* there was a readiness, even keenness, to admit to accidents and feeling unwell as a regular part of their daily exchanges in the buckie.

One morning when I arrived for work at the buckie it was to be informed by Dave the chargehand that Oliver would not be on shift because he had been 'jumped' in a pub the previous night – The Whey Pat – and had had part of his ear bitten off. He was now in a bed in Ward 27 awaiting surgery, and had been since the middle of last night! Dave suggested to me that we go and visit Oliver now – he had had a steady stream of porters doing so – and 'slag him a bit' (tease him) together. Oliver was a young man, slight and small, and we found him in a hospital gown lying on top of his bed watching TV – and

looking sheepish. He was not going to press for criminal injury, Oliver explained: while not a friend, he knew the man responsible and Oliver had inadvertently come between two arguing friends. But there had been a lot of blood, but as soon as he saw it the pub bouncer had just pushed them all out in the street – which had not helped – just wanting to be rid of them all! Dave joked about all the worry that Oliver was always causing people through his 'adventures'; and advised him to get a doctor to fill in an Insurance Line on his behalf, to satisfy the Hospital Management, since Oliver already had a poor reputation for timekeeping and absences. Later in the day, Oliver (and his mother) appeared at the door of the buckie, Oliver now wearing a large smirk on his face and proudly displaying a large bandage over his ear. The doctors had confirmed that the injury was likely caused by a bottle not by an assailant's teeth, but Oliver had still needed a skin graft (from behind his ear) and plastic surgery.

   As porters continued to recount to one another the Incident of Ollie's Ear over the coming days and weeks there was wry humour in their tone. (Arthur reflected that it was strange that Oliver's ears not those of another porter, Tam, had been targeted: 'I mean, I could understand if it happened to Tony: now there's an ear to bite into!') It was the same when any of their number ended up in Accident and Emergency or a hospital ward. Having an accident or getting sick was a kind of foolishness, but it was also something inevitable. Indeed, being ill on a regular basis and putting oneself in a position to receive due care and attention from the medical facilities at Constance Hospital (or elsewhere) was merely taking what one was due, the porters considered. The medical patient was Everyman, and Anyone, after all.

   'I was christened a Roman Catholic but I try to accept people whoever they are and take them for what they are. All are human, all are equal'. It was not often that the porters were as explicit as this, as Hendry McAllister, in their statements of civil intent. Notwithstanding, I would now argue for the porters' attitudes and behaviours at Constance Hospital as instantiating a way in which love as a civic virtue may function mundanely (however imperfectly) – and for the porters to be part of a wider instantiation of the civility of a Scottish hospital and the British National Health Service. The apparent callousness of the porters towards the patients, the unsympathetic distance they seemed to maintain, the 'gallows humour' and teasing they practised in their dealings, I would interpret as a demotic acceptance of a human condition. This was the porters' way of levelling, of refusing discrimination and of including. As a workforce within the hospital, the porters knew of their lowly status, indeed their stigmatised identity among those with skills – medical, administrative and so on – that exceeded physical fitness. The porters' reaction was invert the stigma and collapse the hierarchy: only porters operated according to a 'golden mean' whereby personal ambition was kept in check, whereby leading a 'good life' entailed balancing work and play, avoiding being institutionalised, and whereby it was purely vanity not to recognise that all human beings were subject to the same limits, the same tendencies to suffer, the same foolishness and weakness. What was 'loving', 'cosmopolitan', was not to take themselves or anyone else too seriously. In their impersonalism and civil inattention, the porters extended to the patients at Constance Hospital a loving recognition and respect for the humanness that all could not help but exhibit.

Conclusion: Torture versus love

This article began with the proposition that cruelty be regarded as a *disposition* to inflict suffering, an inherent quality of mind and character, but that it was always possible for human beings to take control of their impulses such that practising cruelty was a *choice*. The article then went on to examine the tensions between disposition and choice in the context of acts of torture and acts of love. Torture and love could be construed as polar opposites in their approach to the individual human Other, while both remained intrinsic human capabilities whose practice entailed decisions – to begin and to end, to change one's mind (to experience metanoia).

As human dispositions, the ethnographic examples provided in this article – concerning the CIA and the NHS – may be deemed illustrations: not exclusive to these sites but rather indicative of behaviours possibly universal in their provenance. Torture and love are practices by which human beings will universally know themselves.

At the same time, the *intimacy* of torture and the *impersonalism* of love have been presented as possessing radical contrasts in intentionality and effect. Whereas psychological torture tries to possess the Other and make him or her emotionally dependent on the torturer as a parental figure, impersonal love humanises and individualises the Other as a rational exercise in liberality. In the practice of torture, the torturer, much like the therapist in a therapy session, needs to control and regulate his or her feelings for the Other. Instead of an immediate relationship to the Other, figures of thought, theories, and purposes, are used to subdue the actuality of another human being. In love practised as a civic virtue, there might also be an asymmetry between two, the lover and the beloved – a stranger possibly espied from a distance – but the lover's feelings are epiphanically uncontrolled and the Other breaks through theories and categories as a human being. Torture manuals repeatedly state that the purpose of torture is to induce psychological regression in the subject, to accomplish a loss of autonomy in the victim. Love, on the other hand, should enable the beloved to come into his or her own.

Hence, intimacy should not be taken to be a positive condition per definition, just as impersonalism should not be considered a negative stance. As a form of love, impersonalism is virtuous. Civil inattention, for example, as courtesy, as a form of 'procedural justice' (Rorty 1986, 528), grants the individual the freedom of self-expression. Above all, the impersonalism of love is the utter rejection of cruelty and of any attempt to justify it.

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