

# 7

## WHEN PEOPLE DO BAD THINGS: EVIL, SUFFERING, AND DEPENDENT ORIGINATION

JOHN BRIERE

Our world is filled with stories of horrendous crimes and criminals—of rapists and killers, sex traffickers, terrorists, genocidal dictators, sadists, and psychopaths. When faced with such people and what they have done, many in society invoke a powerful explanation: that of *evil*. Evil people are thought to be divorced from the human condition, morally corrupt or perverse, and, from a Western theistic perspective, acting against the will of God (e.g., Gen 2:18). Implicit is the notion that some individuals are different from the rest of us: They operate outside the normal bounds of human compassion, and, by virtue of their inhumanity, are able to do horrible things without compunction. They are, in a sense, alien: the antithesis of everyone else.

The specific criteria for evil are not always easy to determine. Some acts, such as child rape, genocide, or serial killing, are thought to be the sole domain of evil people. However, the exact point at which something transitions from mere garden-variety meanness or violence to the assumed product

---

DOI: 10.1037/13941-007

Humanity's Dark Side: Evil, Destructive Experience, and Psychotherapy. A. C. Bohart, B. S. Held, E. Mendelowitz, and K. J. Schneider (Editors)

Copyright © 2013 by the American Psychological Association. All rights reserved.

of evil is not always clear (Neiman, 2002). In fact, given the complexity of defining evil on the basis of acts alone, the actor's intention is usually considered as well. If a soldier kills people during war, it will matter whether his or her intent is to protect the homeland, to follow military orders, or just to kill people. He or she might be labeled a hero in the first two instances, and in the last, a bad or perhaps evil person. In fact, the word *atrocitiy* can be defined as killing during war that is not for rule-bound, military reasons, but rather for personal gratification.

The context of violence is also relevant. If an act is perpetrated on someone who is viewed as "good," we view it as more evil than when the victim is "bad." In movies, for example, the average hero appears to be able to kill many bad people—in the absence of any jurisprudence or self-reflection—without being seen as bad himself or herself. In such cases, justice, not evil, is assumed to have been committed by the killer.

Finally, we generally do not assign a label of evil to people who are not able to stop themselves from doing unacceptable things; in most cosmologies, the conduct of evil requires free will (e.g., Hick, 1966; Neiman, 2002). Yet, independence of action is a complicated notion. Since we believe that human behavior generally arises from specific causes and influences (a central premise of the behavioral sciences), when is one's bad behavior actually freely chosen? For example, a repeated finding in psychology is that childhood maltreatment can lead to a variety of later outcomes, many of which are thought to adversely influence human behavior. Although our culture stresses accountability, independence, and free will, the fact that early life can affect later behavior makes it difficult to decide when, and to what extent, the behavior of a previously victimized person is under his or her control.

## ANOTHER ANALYSIS

Although commonly applied, the concept of evil may be more socially useful than empirically accurate. This label allows us to avoid an equally frightening possibility: that outrageous acts of inhumanity are, ironically, a regular part of the human condition. If this were true, there may be no need to resort to a special type of person to explain very bad things. We need only look within ourselves for the causes and conditions—now and in the past—that can lead us toward harming others. In some ways, it would be helpful if evil existed, because then we could find it and stop it (in some social narratives, kill it) and be reassured that the problem resides elsewhere—not in our homes, our history, or our culture. On the other hand, if we can accept that each of us is potentially capable of doing very bad things to others, albeit perhaps only under specific circumstances (Goldstein, 2010), it may be possible

to intervene in what we otherwise tend to externalize. In the remainder of this chapter, I call on aspects of Buddhist philosophy—and my own experience as a trauma psychologist who has worked for years with victims and perpetrators—to outline this alternative view.

## ON BAD BEHAVIOR AND FREE WILL

The idea of evil resides in the notion that people can freely choose to do things that they otherwise should not. In other words, evil is thought to arise independently, operating as its own First Cause (Aristotle, 1941). The evil man committed an atrocity and did so just because he wanted to; he could have not engaged in the act, but he chose to do so anyway. If it turns out that he was psychotic, however, he is less likely to be seen as evil, and may even be judged as not guilty by reason of insanity. If he killed (bad) people out of some need for vengeance or retribution, we can perhaps understand why he did what he did, and, again, he is unlikely to be seen as evil. If there is a logical *why*, a cause, or mitigating factor, evil is a less common attribution.

Yet, an extensive psychological literature indicates that human behavior is influenced by a range of phenomena that are generally not under the individual's control, including genetics, biology, mental illness, the effects of childhood experiences, and socialization to view things in certain ways and respond accordingly. In this regard, it may be useful to consider the Buddhist notion of *dependent origination* (also known as *dependent arising*) in our examination of evil as an independent entity.

Dependent origination, simplified, refers to the idea that all things arise from concrete conditions and sustaining causes, which, themselves, arise from other causes and conditions (Bhikkhu Bodhi, 2005). In other words, all events occur because of the effects of previous events: No event occurs independent of causality. This view accords with the basic principles of Western psychology: that people do things because of the influence of other things. Dependent origination and modern behavioral science suggest that attributions of self-arising behavior (e.g., of intrinsic evil) may be due to insufficient information: If we could know about the brain tumor, childhood terror, or psychosis experienced by a schoolyard sniper, we would no longer assume that he or she fully, independently, chose to kill those children. The acts would be horrible, but he or she would not be evil.

Of course, this view is subject to debate. For example, per quantum mechanics and chaos theory, not all events are, in fact, predictable on the basis of prior events (Bishop, 2009; Kellert, 1993). More problematic for Western culture, a fully determined cause-and-effect model is incompatible with the

notion of free will (Kane, 1996; Sartre, 1993). Notably, most Buddhist and Western psychologies, although acknowledging some level of determinism, also endorse the notion of freely chosen behavior (e.g., Gier & Kjellberg, 2004). Indeed, Buddhism holds that the individual can intervene in dependent origination by gaining wisdom, ultimately attaining freedom from suffering (nirvana). As various writers have suggested, this seeming contradiction may be due, in part, to the ways the debate is framed and conceptualized (e.g., Baer, Kaufman, & Baumeister, 2008). It may also reflect the limitations of the human mind in grasping a universe where free will and determinism are both true, depending on perspective, just as light can be viewed as either a wave or a particle, depending on how it is observed.

However apportioned, dependent origination suggests that humans (and other beings) are embedded in a complex web of reciprocating conditions, actions, and reactions, across time, such that any given behavior may be influenced by a wide range of causes and conditions. Thus, it may not be just obvious phenomena (e.g., severe mental illness, brain dysfunction) that are implicated in bad behaviors, but also unloving parents, abuse, loss, racism, oppression, poverty, insufficient education, or the effects of growing up in an authoritarian or avaricious culture. As many clinicians working with violence will attest, individuals who commit horrific crimes are rarely Hannibal Lecters (Harris, 1991), reveling in their murderous behavior and laughing at the rest of us. More typically, they are very unhappy, often previously maltreated, and/or seriously marginalized people, many of whom suffer from significant psychological difficulties, if not frank mental illness. Even the small minority who can be diagnosed as “true” psychopaths are now believed to suffer from neurologic pathology, operating from aberrant brain circuitry that prevents the development of empathy, normal anxiety, inhibition of anger, or a capacity to learn from negative experiences (Blair, 2008).

The fact that bad behavior is unlikely to be metaphysical in nature does not subtract from the horror of what we humans can do to one another. As a trauma specialist in an urban environment, I encounter victims of rape, abuse, assaults, shootings, and other forms of violence on a regular basis. I have spent time with more than a few torture survivors and sex-trafficked women. What has been done to them, often repeatedly, sometimes defies description. I have also met batterers, rapists, pedophiles, and killers; they often belong to “victim” categories as well, although it is hard to see that when confronted with the cruel things they have done.

Presented next is an example of a relevant case, combining aspects of several individuals who were assigned the death penalty for especially repellent murders. As is true for another case presented later in this chapter, details have been disguised to prevent identification.

## A. M.

A. M. is a 26-year-old woman, recently found guilty of smothering her two young children. Court documents indicate that she had fallen in love with a colleague at work and had decided that the only way he would have a relationship with her was if she were free of dependent children. In the trial, the prosecutor described A. M. as a psychopath who felt no remorse about what she had done. The innocence of the children, both under 5, was emphasized repeatedly, as was the evil of a mother who not only did not protect her children but willfully caused them excruciating deaths.

In the penalty-phase hearing, evidence indicated that A. M. had been neglected and harshly punished as a child, as well as repeatedly sexually abused by her father until late adolescence. Medical records indicated that she had been treated for psychotic depression following the birth of each of her children. Prior to the crime, she discovered that she was pregnant again, and obtained an abortion. According to the defense psychologist, she subsequently developed a delusion that killing her children would allow her to marry a man who, in actuality, hardly knew her. The forensic psychologist noted that he found her distant but almost cheerful during interviews, seemingly unaffected by what she had done. When asked about her feelings regarding her dead children, she stated, "It's alright. I can have more."

The point at which dependent arising differs from an "evil" analysis is not in discounting the damage done or the anger we often feel when seeing the results of violence. The difference resides in how we explain such behavior and what we do about it. An "evil person" perspective localizes and externalizes the cause to a single individual, a "bad seed," who willfully acts in isolation. From that perspective, the solution is to find such people and lock them up or do away with them, so that no further bad acts will occur. Since evil has no cause, but rather emerges from free (albeit malignant) will, the intervention can be limited to law enforcement, detection, and punishment.

A dependent origination analysis offers another option. It suggests that the notion of freely chosen "evil" gets us off the hook by making us, and the world we create, by definition, not the problem. Attributions of evil also block compassion for those who commit bad acts, as well as discouraging attempts to remediate, rehabilitate, or psychologically treat them. In contrast, dependent origination directs our attention to (among other things) ourselves, as inevitably interdependent with the perpetrator and his or her acts—asking, for example, what our part is in the "badness" of others, directly or indirectly, whether by acts of commission or omission. For example, to the extent that we allow politicians to reduce funding for child abuse prevention programs, services to the mentally ill, antipoverty initiatives, and

postincarceration support programs, are we complicit in the crimes of those who might have been assisted by these interventions?

This approach suggests that “bad” people are stuck in a predicament, one that is injurious both to themselves and to others. Based on prior negative experiences, some people who do violent or abusive things may suffer from intense anger, hatred, resentment, and other destructive emotions (Dalai Lama & Goleman, 2003) that are easily triggered in interpersonal contexts and, once activated, not easily controlled (Briere, 2002). Such people may have come to false conclusions about, for example, the uncaring or hurtful nature of people, the treatment they deserve, and the benefits of aggression (Anderson & Huesmann, 2003; Beck, 1999). In many cases, they have a limited repertoire of nonviolent responses available for dealing with negative internal states or provocations by others (e.g., Pollock et al., 1990).

If this view has merit, a significant literature should be available on the prevalence of negative early experience and current dysfunction among those who have committed extreme violence against others. In fact, this is a common finding, internationally: Those who commit sexual or physical assaults against children, beat their partners, rape people, engage in serial killings, or commit atrocities are more likely to have childhood histories of emotional neglect, psychological maltreatment, sexual or physical abuse, exposure to parental domestic violence, and, in some countries, being forced at an early age into militias (e.g., Ea & Sim, 2001; Giannangelo, 1996; Glasser, Campbell, Glasser, Leitch, & Farrelly, 2001; Klevens, Duque, & Ramírez, 2002). Furthermore, a number of studies indicate that those who commit violent crimes are more likely than others to suffer from serious mental disorders and cognitive impairments (e.g., Friedman, 2006), a finding that is especially obvious in studies of death row inmates (e.g., Lewis, Pincus, Feldman, Jackson, & Bard, 1986).

Yet, even injury-based models of bad behavior are not always enough. Although there are many famous examples of especially cruel and violent individuals, some of the most horrendous acts in history occurred in the context of “normal” society. Hitler, for example, may have suffered from whatever dysfunction and disturbance that led him toward a Holocaust, yet he would not have been successful but for the complicity of many thousands of ordinary citizens. The banality of their contributions to the deaths of millions highlights a stark contention: Humans, in significant quantity, are capable of acts of extreme cruelty—absent mental disorder, brain tumors, and other individual phenomena, sometimes all that appears to be required for “good” people to do bad things is underlying dissatisfaction or anger, tapped or channeled by charismatic leadership, nationalism, or a cultural story line about ancient enemies or unacceptable groups. The German people could not all have been evil, as typically defined; they were, instead, human, in the same

way that Americans were human over the several hundred years that they supported and participated in the violent enslavement of African people (Segal, 1995). Although this chapter focuses on the etiology of bad behavior by individuals, the human capacity to engage in hurtful and destructive behavior en masse should not be overlooked. In fact, it may be strong proof that it is not the special case of evil that engenders cruelty and violence, but rather natural characteristics of the human race, given proper conditions.

In summary, and paraphrasing Buddhist psychology, “evil” behavior may arise from some combination of suffering (within which we can include hatred), misunderstanding about the state of reality and one’s actual needs, and not knowing better ways to approach well-being. This disturbance and confusion are easy to miss, especially when our own anger and outrage are triggered by seemingly inhuman behavior by individual persons. In fact, when we are exposed to such violence, our own first inclination is often violent as well, pointing to the ubiquity of the problem. In this regard, for example, it may be difficult for cultures that embrace capital punishment or foreign wars of retribution to foster the conditions that allow widespread compassion and nonviolence.

## IMPLICATIONS FOR INTERVENTION

To the extent that people who hurt or exploit other people are unlikely to be intrinsically evil, but rather responding to adverse biology, history, or societal dynamics, intervention to decrease behaviors we consider evil may be possible. Equally important, exploration and understanding of the reasons for bad behavior may be helpful in the victim’s psychological processing of the trauma that he or she has undergone.

### Social Interventions

Most immediately, the dependent origination of bad acts brings our attention to social and cultural supports for violence and maltreatment. Social psychology suggests that persons holding certain culturally transmitted beliefs regarding (a) the lesser value and entitlements of certain groups of people (e.g., women, children, people of color, gay men and lesbians) or (b) the acceptability of exploitation, domination, and interpersonal violence to meet one’s needs are considerably more likely to engage in violent or hurtful behavior than persons without such beliefs (e.g., Anderson & Huesmann, 2003; Burt, 1980; Clement & Chamberland, 2007). Such data highlight the functional utility of making our society more kind and accepting, and less harsh and oppressive, as a direct way to decrease individual acts of violent

behavior and discourage large-scale violence in political or social contexts. If our culture did not discriminate against minorities and others with lesser social power, if it actively confronted poverty, and if it intervened in social phenomena that reinforce hurtful or uncaring actions, “evil” behavior seemingly would be far less common. Similarly, to the extent that social, educational, and early intervention programs could prevent childhood abuse and neglect, the “downstream” effects on later crime, violence, and specific horrendous acts would disappear. In this sense, although law enforcement interventions and harsh punishment of individuals may produce a sense of satisfaction that justice has been served, they are post hoc activities—they do not prevent the crime that triggered forensic involvement, nor do they address the etiology of the problem. Because such interventions are often violent as well, they may increase, not decrease, violence in others (e.g., Staub, Pearlman, Gubin, & Hagengimana, 2005). In the words of the 14th Dalai Lama, “Through violence, you may ‘solve’ one problem, but you sow the seeds for another.”

### **Intervening in Individual Suffering That Leads to Bad Behavior**

If an important antecedent to hurtful behavior is personal suffering, interventions that address sustained psychological distress or dysfunction in those who are at special risk of hurting others would likely be helpful. This may occur at two levels, chronologically: intervening as a way to prevent initial bad behavior and assisting those who have already committed bad acts so that they will not commit more of them. Relevant interventions might include improving those conditions described above, such as poverty, social discrimination, and the likelihood of childhood victimization. In addition, psychotherapy for abuse victims and survivors that targets anger, aggression, and trauma-related reenactment might decrease the likelihood of future violence. In this way, working to reduce suffering is not only humanitarian, it may be an important way to break the victim-to-perpetrator cycle that transmits pain from person to person and from generation to generation.

### **Spiritual Change**

Finally, from a spiritual perspective, activities that increase compassion for others (e.g., meditation, prayer), insight (e.g., discernment), and good intentions (e.g., vows) also are likely to decrease bad acts against others. Importantly, this does not mean that involvement in religion, per se, is protective against maltreating behavior, given the many cruelties that have occurred throughout human history in the name of deities or credos.



## DEPENDENT ORINATION AND THE VICTIM OF BAD ACTS

We have considered above the utilitarian notion that knowledge of the suffering underlying some very bad behavior can inform us about how to decrease such acts. But the goal is not just prevention; we are also obviously concerned with the effects of such acts on victims. As will be suggested here, it may be that misattributions of evil also affect survivors of horrendous crimes.

People who have been hurt by other people are typically affected in multiple ways. The direct impacts of having been assaulted, exploited, betrayed, belittled, or degraded can be profound, including posttraumatic stress, severe and lasting anxiety or depression, and an inability to trust or form meaningful relationships with others (Briere, 2004). Having been hurt by another also can encourage extreme anger, if not hatred, and a desire for vengeance, which are associated with their own negative psychological effects (e.g., Chida & Steptoe, 2009; Field & Chhim, 2008), and can discourage compassion for oneself and one's victimizer—cognitive–emotional states that have been linked to psychological well-being (Gilbert, 2009; Staub et al., 2005).

The effects of trauma vary, to some extent, according to how the victim understands what was done to him or her. In general, those who attribute greater intentionality (and therefore, potentially, more evil) to a perpetrator, or greater responsibility to themselves, tend to suffer more severe impacts (Briere, 2004).<sup>1</sup> If someone tumbles down a flight of stairs, it will matter psychologically whether he or she tripped or was pushed. In a more extreme example, torture and rape may be associated with so many psychological effects because both appear especially intentional; they were done on purpose—in fact, the perpetrator may have enjoyed inducing pain or humiliation. From the other side of the injury, those victims of interpersonal violence who experience self-blame and deservingness of maltreatment, in other words, those who take responsibility for an event actually outside of their control, tend to suffer more extreme effects than those who do not blame themselves (Whiffen & MacIntosh, 2005).

FN 1

### Implications for Psychotherapy

To the extent that attributions of perpetrator intentionality (including evil) or victim responsibility compound the psychological injury associated with

---

<sup>1</sup>As might be expected, natural disasters generally produce fewer psychological effects than does interpersonal violence (e.g., Briere & Elliott, 2000). See Neiman (2002), however, for an account of the Lisbon earthquake of 1755, with its thousands of casualties. This disaster came to be viewed by many as God's punishment of evildoers (e.g., Kendrick, 1956), thereby adding intentionality to the mix. This conflation had subsequent impacts on European models of good, evil, and the intentions—or even existence—of a beneficent God (e.g., Kant, quoted in Breidert, 1994).

having been hurt by another, psychological interventions that consider dependent origination may be helpful for victim recovery. In many cases, this is a “hard sell,” since it implies that the perpetrator, like the victim, is prey to causes and conditions, in many cases even victimization of his or her own. If actions arise from current and prior circumstances, so do those of rapists or killers.

Importantly, this does not mean that the victim should immediately “forgive” (let alone forget) what the perpetrator has done, especially to the extent that doing so implies nonentitlement to intensely negative feelings and thoughts. In fact, social or personal pressure to block negative internal states associated with trauma may inhibit the normal psychological processing necessary to recover from negative experiences (Briere, 2002). It is “normal” to be very angry, and, in some circumstances, to feel hatred toward those who have hurt one or one’s loved ones. A concentration camp survivor, parent of a murdered child, or victim of a hate crime surely is entitled to extremely negative feelings and aggressive impulses toward the person who did these things.

Yet, a central tenet of some spiritual traditions, both East and West, is that the continuing experience of hate and deep resentment is bad for people, and that being less involved in these states improves mental well-being (Dalai Lama & Goleman, 2003). From this perspective, letting go of angry cognitive–emotional states is not for the benefit of the perpetrator alone, but more importantly, for the benefit of the victimized.

But, how can this be accomplished?

### Supporting Awareness of Dependent Origination

Whether called *forgiveness* or some other term, the capacity to (over time) not hate or hold extreme resentment against someone who has done grievous harm may be, for some, an important aspect of complete recovery—not necessarily because the perpetrator “deserves” this process, but because the survivor does. Although there are no doubt many paths to reduced hatred of the perpetrator, I have found that processing trauma in the context of dependent origination, during psychotherapy or elsewhere, is an important one.<sup>2</sup> In most cases, this involves a stepwise process (see Briere, 2012; and Briere & Scott, 2012, for more detail):

FN 2

1. *Slow but sustained processing of painful emotions and cognitions, with acceptance and, to the extent possible, nonavoidance of distress.* This usually involves the traumatized client carefully (and safely) revisiting the painful event or events over time, allow-

---

<sup>2</sup>Suffering social systems also may undergo similar processing of adverse experience, such as the Truth and Reconciliation Commission activities of postapartheid South Africa, acknowledged by most (but not all) as having reduced subsequent vengeance-based violence.

ing herself or himself to feel the feelings and think the thoughts that naturally arise from such memories. During this time, the clinician works to validate the client's experience and helps him or her to see that "bad" feelings from trauma are not, in fact, bad, but rather a normal and healthy part of recovery. It is important that the clinician not push for premature closure or "forgiveness" at this point: expressions of hatred, disgust, and a desire for retribution reflect understandable, human response to unfair and hurtful experiences.

2. *Detailed cognitive exploration of the facts of the trauma.* This includes the specific details of what happened and the conclusions the survivor formed about himself or herself and the perpetrator at the time of the event, including self-blaming cognitions that may have arisen. The clinician does not attempt to make interpretations or offer his or her own conclusions: The goal is for the client, after enough emotional processing has occurred, to engage in relatively unencumbered analysis of the experience and the validity of what he or she concluded at the time.
3. *Support for awareness of dependent origination.* As the client explores his or her thoughts, feelings, and reactions, the clinician provides nondirective opportunities for the client to consider the *whys* of the event: Why did he or she come to the conclusions that he or she did? Why did the perpetrator do what he or she did? In fact, *were* there reasons (not justifications), or was the perpetrator intrinsically evil? Why do people do what they do?

When this occurs in the absence of pressure from the clinician to decide on one version or attribution versus another, in the context of noncontingent acceptance and support, and typically over time, the client's detailed analysis may lead to *cognitive reconsideration* (Briere & Scott, 2012): a slow transition (a) from a view of self as having deserved or somehow caused the event to that of a person who was not responsible for what happened, and (b) from a view of the perpetrator as intrinsically evil to that of someone whose behavior arose from of his or her own predispositions, difficulties, and adverse history. This process may occur relatively rapidly for some individuals and not at all for others. Importantly, it should be seen as an evolutionary progression arising from growing awareness, not as a specific state that the therapist induces in or demands from the client.

4. *Development of compassion.* For those who can access a sense of dependent origination, ideally in the context of a supportive other, it is not uncommon for a growing sense of caring for self to arise, as well as, in some lucky cases, greater appreciation of the suffering of the perpetrator. This is a form of *compassion*, which can be defined as awareness and appreciation of suffering in oneself and others as an inevitable part of the shared human condition, with associated nonjudgmental, sometimes even caring feelings for all concerned. Thus, compassion rests both on the realization of dependent origination as existent for all, as well as forgiving states generated by this awareness: the notion that we humans are all in the same predicament, and all struggling the best we can given the hand we've been dealt. This view is not limited to Buddhism. For example, the Trappist monk Thomas Merton (1968) noted in his final lecture that "compassion is based on a keen awareness of the interdependence of all these living beings, which are all part of one another, and all involved in one another" (p. 292). The effects of compassion are both psychological and neurobiological (e.g., Pace et al., 2009). They do not appear to be solely due to the termination of hate and the lessening of anger but also due to the impacts of positive emotionality, arising, in part, from activated neurobiological systems thought to be devoted to human attachment and connection (Briere, 2012; Gilbert, 2009).

Ultimately, then, awareness of dependent arising can reduce emotional responses associated with seeing the perpetrator as intrinsically bad, which, in turn, can lessen injurious thoughts and feelings and foster cognitive–emotional states that facilitate recovery, perhaps even psychological growth. From this perspective, attributions of evil may represent societal externalizations that, in fact, do ill themselves, as well as potentially inhibiting the survivor's broader recovery from horrendous acts. Furthermore, such attributions may engender aggressive behaviors that not only cause further harm but also may lead to even more of the same from others.

H.L.

H. L. is a 52-year-old man who escaped the Pol Pot regime in 1979. Now in the United States, he describes the death of family members and friends in the killing fields of Cambodia and his own torture in a "reeducation" camp, reportedly for being a CIA agent. He states that, as

a Buddhist, he no longer blames the Khmer Rouge. He notes that they were less fortunate than he, because they were unable to keep from doing ill, and because their behavior made them even more insane and unable to have a good rebirth.<sup>3</sup>

FN 3

The brief way in which awareness of dependent origination and the development of compassion have been described in this chapter may erroneously imply that the process is easy. In fact, the emotional (and sometimes physical) pain associated with violent victimization is so intrinsically personal that it is hard to move beyond the obvious frame. As Gilbert (2009) noted, in fact, traumatized or abused people (and, I would suggest, cultures) sometimes have a difficult time accepting compassion for themselves, let alone the perpetrators. And attributions of evil toward those who have caused harm are more immediately logical and seemingly satisfying than a perspective that suggests otherwise. In fact, on some occasions, clinicians or others who suggest dependent origination too early, or without sufficient nuance, may be seen as uncaring of the victim or in denial about the severity of the situation.

Ultimately, a dependent origination/compassion view can only arise if the survivor's situation allows it; awareness of interdependence is, itself, dependent on current conditions and prior causes—including, in many cases, the opportunity to suffer, rage, and process outrageous circumstance in the context of safety, support, and caring. Whether in therapy, in spiritual practice, or at a societal level, the development of this perspective is both lucky and the result of hard work, since it goes against the stream of typical belief. When it occurs, however, appreciation of the reciprocating interconnectedness and causality of experience, as opposed to a belief in independent badness, may be salutary to both the victim of violence and our culture at large.

## REFERENCES

- Anderson, C. A., & Huesmann, L. R. (2003). Human aggression: A social-cognitive view. In M. A. Hogg & J. Cooper (Eds.), *The handbook of social psychology* (rev. ed., pp. 296–323). London, England: Sage.
- Aristotle. (1941). Physics. In R. McKeon (Ed.), *The basic works of Aristotle* (pp. 689–926). New York, NY: Random House.

---

<sup>3</sup>An authority on the treatment of victims of the Khmer Rouge notes that although she has seen similar outcomes, they are uncommon due to the extremity and breadth of the violence perpetrated during the Pol Pot regime (S. Megan Berthold, personal communication, March 28, 2011).

- Baer, J., Kaufman, J. C., & Baumeister, R. F. (2008). *Are we free? Psychology and free will*. New York, NY: Oxford University Press.
- Beck, A. T. (1999). *Prisoners of hate: The cognitive basis of anger, hostility, and violence*. New York: Harper-Collins.
- Bhikkhu Bodhi. (2005). *In the Buddha's words: An anthology of discourses from the Pali Canon*. Somerville, MA: Wisdom.
- Bishop, R. (2009). Chaos. *Stanford encyclopedia of philosophy*. Retrieved from <http://plato.stanford.edu/entries/chaos/>
- Blair, J. R. (2008). The cognitive neuroscience of psychopathy and implications for judgments of responsibility. *Neuroethics*, *1*, 149–157. doi:10.1007/s12152-008-9016-6
- Breidert, W. (Ed.) (1994). *Die Erschu®ttering der vollkommenen welt [A world-shattering earthquake]*. Darmstadt: Wissenschaftliche Buchgesellschaft.
- Briere, J. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. In J. E. B. Myers, L. Berliner, J. Briere, C. T. Hendrix, T. Reid, & C. Jenny (Eds.), *The APSAC handbook on child maltreatment* (2nd ed., pp. 175–203). Newbury Park, CA: Sage.
- Briere, J. (2004). *Psychological assessment of adult posttraumatic states: Phenomenology, diagnosis, and measurement* (2nd ed.). Washington, DC: American Psychological Association. doi:10.1037/10809-000
- Briere, J. (2012). Working with trauma: Mindfulness and compassion. In C. K. Germer & R. D. Siegel (Eds.), *Wisdom and compassion in psychotherapy: Deepening mindfulness in clinical practice* (pp. 265–279). New York, NY: Guilford Press.
- Briere, J., & Elliott, D. M. (2000). Prevalence, characteristics, and long-term sequelae of natural disaster exposure in the general population. *Journal of Traumatic Stress*, *13*, 661–679. doi:10.1023/A:1007814301369
- Briere, J., & Scott, C. (2012). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment, 2nd ed.* Thousand Oaks, CA: Sage.
- Burt, M. R. (1980). Cultural myths and support for rape. *Journal of Personality and Social Psychology*, *38*, 217–230. doi:10.1037/0022-3514.38.2.217
- Chida, Y., & Steptoe, A. (2009). The association of anger and hostility with future coronary heart disease: A meta-analytic review of prospective evidence. *Journal of the American College of Cardiology*, *53*, 936–946. doi:10.1016/j.jacc.2008.11.044
- Clément, M., & Chamberland, C. (2007). Physical violence and psychological aggression towards children: Five year trends in practices and attitudes from two population surveys. *Child Abuse & Neglect*, *31*, 1001–1011. doi:10.1016/j.chiabu.2007.04.005
- Dalai Lama & Goleman, D. (2003). *Destructive emotions: How can we overcome them? A scientific dialogue with the Dalai Lama*. New York, NY: Bantam Books.
- Ea, M.-T., & Sim, S. (2001). *Victims and perpetrator? Testimony of young Khmer Rouge comrades*. Phnom Penh, Cambodia: Documentation Center of Cambodia.

- Field, N. P., & Chhim, S. (2008). Desire for revenge and attitudes toward the Khmer Rouge Tribunal among Cambodians. *Journal of Loss and Trauma*, *13*, 352–372. doi:10.1080/15325020701742086
- Friedman, R. A. (2006). Violence and mental illness—How strong is the link? *The New England Journal of Medicine*, *355*, 2064–2066. doi:10.1056/NEJMp068229
- Giannangelo, S. J. (1996). *The psychopathology of serial murder: A theory in violence*. Westport, CT: Praeger.
- Gier, N., & Kjellberg, P. (2004). Buddhism and the freedom of the will: Pali and Mahayanist responses. In J. K. Campbell, O'Rourke, M., & Shier, D. (Eds.), *Freedom and determinism* (pp. 277–304). Boston, MA: MIT Press.
- Gilbert, P. (2009). Introducing compassion-focused therapy. *Advances in Psychiatric Treatment*, *15*, 199–208. doi:10.1192/apt.bp.107.005264
- Glasser, M., Campbell, D., Glasser, A., Leitch, I., & Farrelly, S. (2001). Cycle of child sexual abuse: Links between being a victim and becoming a perpetrator. *British Journal of Psychiatry*, *179*, 482–494. doi:10.1192/bjp.179.6.482
- Goldstein, E. (2010). Mindfulness and trauma: An interview with John Briere, Ph.D. Retrieved from <http://blogs.psychcentral.com/mindfulness/2010/03/mindfulness-and-trauma-an-interview-with-john-briere-ph-d/>
- Harris, T. (1991). *Silence of the lambs*. New York, NY: St. Martin's Press.
- Hick, J. (1966). *Evil and the god of love*. London, England: Macmillan.
- Kane, R. (1996). *The significance of free will*. Oxford, England: Oxford University Press.
- Kellert, S. (1993). *In the wake of chaos*. Chicago, IL: University of Chicago Press.
- Kendrick, T. D. (1956). *The Lisbon earthquake*. London: Methuen.
- Klevens, J., Duque, L. F., & Ramírez, C. (2002). The victim-perpetrator overlap and routine activities: Results from a cross-sectional study in Bogotá, Colombia. *Journal of Interpersonal Violence*, *17*, 206–216. doi:10.1177/0886260502017002006
- Lewis, D. O., Pincus, J. H., Feldman, M., Jackson, L., & Bard, B. (1986). Psychiatric, neurological, and psychoeducational characteristics of 15 death row inmates in the United States. *The American Journal of Psychiatry*, *143*, 838–845.
- Merton, T. (1968). Address to a conference on East–West monastic dialogue, quoted in *Religious Education* (1978), *73*, 292.
- Pace, T. W., Negi, L. T., Adame, D. D., Cole, S. P., Sivilli, T. I., Brown, T. D., . . . Raison, C. L. (2009). Effect of compassion meditation on neuroendocrine, innate immune and behavioral responses to psychosocial stress. *Psychoneuroendocrinology*, *34*, 87–98. doi:10.1016/j.psyneuen.2008.08.011
- Pollock, V. E., Briere, J., Schneider, L., Knop, J., Mednick, S. A., & Goodwin, D. W. (1990). Childhood antecedents of antisocial behavior: Parental alcoholism and physical abusiveness. *The American Journal of Psychiatry*, *147*, 1290–1293.
- Sartre, J. P. (1993). *Being and nothingness*. New York, NY: Washington Square Press. (Original work published 1943)

- Segal, R. (1995). *The Black diaspora: Five centuries of the Black experience outside Africa*. New York, NY: Farrar, Straus & Giroux.
- Staub, E., Pearlman, L. A., Gubin, A., & Hagengimana, A. (2005). Healing, reconciliation, forgiving and the prevention of violence after genocide or mass killing: An intervention and its experimental evaluation in Rwanda. *Journal of Social and Clinical Psychology, 24*, 297–334. doi:10.1521/jscp.24.3.297.65617
- Whiffen, V. E., & MacIntosh, H. B. (2005). Mediators of the link between childhood sexual abuse and emotional distress: A critical review. *Trauma, Violence, & Abuse: A Review Journal, 6*, 24–39. doi: 10.1177/1524838004272543