

THE GILLIAN PROCTOR COLUMN

I have always been suspicious of those in power, struggling to believe in good intentions or care rather than a wish for power-over. At times, this has felt to be only a small step away from a belief in conspiracy hypotheses, and I want to explore my understanding of the dividing-line, and my current fear about the power of conspiracy ideas and what they can lead to. In a capitalist culture, there is the constant awareness that profits are prioritised over humanity, and economic agendas at least contribute to, if not determine, political decisions. This scepticism can easily tip over into disbelieving anything said by a powerful institution, and completely losing the awareness of any humanity of people making decisions, being convinced of purely malevolent intention. For me, it has led at times to not believing any claims, and solely trusting my own experience, which results in a rather solipsistic and limited position.

Ten years ago, I gave birth to my child. I prepared fastidiously for giving birth, researching options and studying all possible eventualities that I may have had to be prepared for in giving birth at home. I had a fundamental belief that I wanted to trust my own body in this process and to avoid medical intervention, if at all possible. This, from my research both into statistics and from friends' experiences, usually happened far too quickly and invasively.

But in the event, something I had not prepared for happened. After a 50-hour labour, the baby appeared, feet first, and when manipulated out, was blue and not breathing. We were immediately taken to hospital by paramedics, with oxygen support. There followed the most surreal and intense ten days of my life, with my baby on a cold pad in a neonatal unit, to reduce the risk of brain damage whilst I was recovering from the birth, trying to feed and be with my baby without even being able to hold him. After ten days of worry and interventions, examinations confirmed that there was no lasting damage and we left the hospital eleven days later.

I was then, like any new parent, completely taken over with learning how to look after a baby and sleepless nights. It was only after the first year that I realised how the fear of him not surviving had become part of my subconscious expectation. I fluctuated wildly between feeling overwhelmingly grateful to the senior midwife for saving his life, and at other times blaming her manipulations for his subsequent oxygen loss. There was evidence for both of these beliefs. Fundamentally, I was trying to make sense of why the birth hadn't turned out as I had wanted and planned so carefully for; I felt there must be someone who was responsible for that. If it wasn't the fault of the midwives. I concluded that I was the one to blame, and that felt unbearable. This experience left me most pertinently with the overwhelming fear that I was unable to trust myself, and hence was to blame for any bad impact on my baby. Consequently, I was suspicious of my intuition about my baby's health and well-being. There was no space for unpredictability: I was scared

of trusting myself but equally scared of trusting healthcare providers.

These dynamics came to a head with the decision about whether or not to vaccinate my baby. I had already been veering away from trusting the safety of vaccines as a colleague, many years previously, had had a child whose development suddenly went backwards after the MMR jab, and my colleague certainly believed at the time that the vaccination was responsible for this. I had friends who didn't vaccinate their children and put their trust in homeopathy instead, and the literature I read on this issue seemed convincing to me at the time. I wanted to do the best for my baby, but did not know who or what to trust, given the complexity of the issue and the contradictory positions that were all communicated convincingly.

I didn't vaccinate my child. At age two, we both had whooping cough, which wasn't pleasant but we recovered and I congratulated myself that my child's good immune system could be trusted. However, I had some discomfort with entirely relying on homeopathy, which I had at times found useful, and which at other times had completely failed. I also wondered about the credibility of Andrew Wakefield's claims, since discredited. I was not happy with my decision, but whatever I decided caused me anxiety, be it the impact of vaccinations or the impact of diseases.

In retrospect, I guess that my decision against vaccinations was predominately caused by my fear that if he had suffered as a result of a vaccination, I would be directly to blame. In contrast, I would not have *caused* the existence of a disease. At no point did conversations with health-care professionals get beyond them trying to educate me about the science behind vaccinations, which I was well aware of and couldn't really object to; but my underlying anxiety was never addressed, and therefore the conversations didn't help.

In the last ten years, my distrust of politicians and those in power has increased, and the difficulty in finding credible evidence on which to base decisions has become harder, especially with social media. The difficulty for me to make decisions about my child without feeling blameworthy has remained. I arrived at the position that I no longer watched the news (as I questioned everything I heard, and hypothesised about the reason this story was being purveyed at this time) or rarely researched anything, believing it was impossible to know the validity of any claims, reducing me to my own experience being the only thing I could trust. Friends did update me with news stories, and I decided I would find out anything I needed to know anyway in this way, ignoring, at the same time, the amount of trust I was thereby putting in others to update me.

Looking back, my position was eminently justifiable, as not watching the news or engaging with social media certainly gave me less reasons for despair. I felt a sense of superiority that I wasn't being taken in by 'fake news', or manipulated by news being used for agendas of control and othering. However, looking back, it did nothing to help my inherent anxiety or Angst at needing to take responsibility for the decisions I made, despite how much was unknowable and how little control I had about the outcome of these decisions. In fact, my approach even increased my sense of powerlessness, as I was unable to find any external sources of validation or learn from the wisdom of others.

Last year, I was challenged in my position by someone I trusted, who was interested in what led me to my beliefs, and who advocated for the importance of evaluating sources and using sources of credible evidence to help decisions. Through conversations with her I realised my level of fear about feeling culpable for making the wrong decisions about my child and the ridiculous risk assessment that I had made, based on how bad I would feel if something went wrong, rather than the rational calculation of risks (meaning I was exposing my child and others to far more risk by not vaccinating than by vaccinating). I also realised that the superiority I felt at trying to stay removed from being influenced by others' pernicious agendas was delusional, as such standing outside of society is impossible. Furthermore, this position was not one I wanted to occupy, with its inherent

isolation and hermeneutic of suspicion rather than trust. As a result of better understanding my fears and my approach, after further risk assessment, I was able to decide to have my child vaccinated and I am glad I did.

I now engage more with information in the public arena, still treating it with the necessary scepticism, but instead of discounting everything, now evaluating the credibility and reliability of sources of information. This has also involved staying with not-knowing at times, rather than retreating to the false certainty of everything being suspicious. These same strategies are helpful to consider current conspiracy hypotheses, by trying to evaluate the possible agendas of those perpetuating such explanations and asking what it would mean with respect to the number of people involved who would need to lie for them to be true or plausible. Noticing emotive language and fearmongering, as well as fact-checking 'experts' is also useful (see the Go Viral! game at www.goviralgame.com). I also find it important to look at the inadvertent consequences of the power of conspiracy with respect to thwarting agreements on behaviour for the public good, and how much this enforces the right-wing libertarian agenda that is so scarily popular in current times.

In response to my fear, my sceptical attitude and awareness of corrupt agendas, I want to end with a plea for the hermeneutic of trust, which is at the core of humanistic thinking. We need to hold a place for the possibility of connection and working together for the common good, rather than setting ourselves outside or above others. This is especially crucial in climates of fear, perpetuated by the discourses of 'terror' and the current risk from a virus that leads us to fear each other even more. We need at the same time to hold a space for informed critique, for recognising the power of economic above human agendas, and not believing everything at face value.

Instead, I advocate for deconstructing and analysing rhetoric, noticing the power of anecdotal and personal stories, but to recognise their limitations as evidence. This involves holding complexity, not looking for simple 'right or wrong' answers and knowing that most things have inherent unpredictability. As Jim Robinson (Robinson 2020) emphasised in his article on conspiracy hypotheses in the last issue, fear and projection on to malevolent others have a corrosive impact. Staying with the not-knowing and accepting the limitations of what we can control feels threatening, but it is an epistemological necessity if we don't want to get trapped into false beliefs or too-quick solutions.

Reference

Robinson, J. (2020). On the psychology of conspiracy theories. *Self & Society: International Journal for Humanistic Psychology*, 48 (2): 17–20.

Gillian Proctor is a lecturer in counselling and psychotherapy at the University of Leeds.