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**TRAUMA AND THE AGE OF
POSTMODERNITY**

**A HERMENEUTIC APPROACH TO POST
TRAUMATIC ANXIETY**

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CHAPTER ONE

INTRODUCTION

1.1 CULTURE, PSYCHOLOGY AND CRITIQUE

Towards the end of *Civilization and Its Discontents*, after drawing out some similarities between the ontogenetic process of the child's development of a superego function and the corresponding phylogenetic process in which the human 'species' develops a social order, Freud poses a question which, he says, he "can hardly ignore". He asks:

"If the evolution of civilization has such far-reaching similarity with the development of an individual, and if the same methods are employed in both, would not the diagnosis be justified that many systems of civilization - or epochs of it - possibly even the whole of humanity - have become "neurotic" under the pressure of the civilizing trends?" (Freud, 1930, p. 103).

These words of Freud seem to suggest that he believed modern society to have a greater tendency towards neurosis than previous epochs. However, Freud saw himself first and foremost, as a scientist and, because he could not envisage a scientific way of making a 'cultural diagnosis', he turned away from the problem. He reneged on giving a positive answer to the question he raised, citing the fact that when we make an individual diagnosis we are comparing the individual to a majority of people in the society, whom we regard as normal, whereas no such comparison is possible in the case of society as a whole. In this thesis one of my central arguments will be that post-traumatic anxiety is something which is particularly associated with the culture (or condition) of postmodernity. I shall argue that this association goes some way towards explaining

the spectacular growth of interest, both professional and lay, in the issue of trauma in the past twenty years. I am, inevitably, making a sort of 'cultural diagnosis' and indeed cultural criticism. Because of this I wish to begin this introduction with a discussion of the concept of cultural critique.

For Freud, there was no detached objective position from which one could make a 'cultural diagnosis'. In avoiding the problem, however, Freud ended up endorsing a notion of psychological normality, which, being based on the prevailing cultural norm, was inherently conformist. Reuben Fine in his *History of Psychoanalysis* comments :

"Thus, typically, in one breath Freud openly condemned the civilization in which he found himself and in the next breath almost withdrew his critique. This ambivalence lies at the root of many later conflicts in the history of psychoanalysis" (Fine, 1979, p. 369).

Freud's ambivalence towards the issue of 'cultural diagnosis', and his reluctance to take a strong critical position in regard to his own society, have been condemned by a number of recent commentators (e.g. Jeffrey Masson, in his *The Assault on Truth: Freud and Child Sexual Abuse*, 1984). However, others from within the psychoanalytic tradition have not shared this ambivalence. There has been a sustained engagement between psychoanalysis and Marxist thought running from the work of Wilhelm Reich, in Freud's own time, up to Joel Kovel, in our own. Eric Fromm, in his work *The Sane Society*, developed a critique of modern capitalist society from a position of "humanistic psychoanalysis" (Fromm, 1963, p. vii). Fromm had no doubt that there could be a "pathology of normalcy" and argued that :

"the criterion of mental health is not one of individual adjustment to a given social order, but a universal one, valid for all men, of giving a satisfactory answer to the

problem of human existence" (Fromm, 1963, p. 14).

Implicit in the Freudo-Marxist position is a belief that there can be a universal "criterion of mental health"; in Fromm's words, a rationally conceived perspective on society which can be used to guide progressive social change.

These debates in psychology, about the possibility, or otherwise, of a detached position from which one can mount a reason-based social critique, resonate with a number of other twentieth century debates in the social sciences. In the field of medical anthropology, for example, a similar theoretical debate has been going on for the past ten to twenty years between the defenders of a 'critical medical anthropology' and their opponents who adhere to a tradition of 'cultural constructivism'. The former defend the critical role of anthropological research in the area of illness and healing and argue that Western biomedicine involves theories and practices which work to support an oppressive social order. In other words, biomedicine is said to be 'ideological'. It serves:

"... the ideological needs of the social orders to the detriment of healing and our understanding of the social causes of misfortune" (Taussig, 1980, p. 3).

If biomedicine can be characterised in terms of ideology there is an assumption that a non-ideological position can be achieved and that this should be the goal of medical anthropology.

On the other hand, those who argue from a constructivist position suggest that there is no neutral, objective, 'non-ideological' point from which the social scientist can adopt a 'critical' perspective.

They point out that any 'critical' perspective can easily be shown to incorporate assumptions of one sort or another. The analytic terms used by 'critical' social scientists such as class, class

conflict, infrastructure, superstructure are, according to the constructivists, themselves cultural products and indicative of a certain (Marxist) view of reality. Most importantly, they argue that proponents of critical medical anthropology, although presenting biomedicine as being expressive of a bourgeois social order, nevertheless understand it to be a uniquely independent, sovereign institution set apart from, and oppressive of, society at large. On the other hand:

"The constructivist approach allows for the understanding of medical knowledge as an expression of culture rather than as elite knowledge set apart and opposed to society in the form of some putative class (as in Marxist approaches) or "scientific" (as in medicine's view) ideology. While Marxism and medicine construe medical knowledge in their own way, both agree that it is an acultural ideology "(Gaines, 1992, a, p.18).

For the constructivists, all medical systems, including biomedicine, are cultural products. They also argue against the notion that Western biomedicine is a singular, oppressive, monolithic structure. Rather there are different biomedicines, reflecting different cultural emphases and traditions. They also oppose the critical tradition for its 'uncritical' position towards other non-biomedical medical systems. Cultural constructivism in medical anthropology involves the provision of 'thick descriptions' (Geertz, 1973) of healing systems and their cultural contexts. It attempts to show how *all* medical knowledge is culturally produced and is the product (as is biomedicine) of conflict between different and opposing social groups. They deny any 'extra-cultural' position from which an objective critical account can be produced and instead produce 'critiques', rather than 'criticisms' (Gaines, 1992, b, p.6).

In other words, it appears that we face a dilemma : if we accept the embedded, constructed nature of our knowledge, then the function of psychology and anthropology is limited to description, and description from a particular perspective only. On the other hand, if we accept

a strongly critical position with regard to medicine, or modern society in general, we appear to commit ourselves to the notion of a critical rationality which is universal and acultural. This position is increasingly difficult to sustain in the light of mounting evidence from anthropology (for example, see the essays in Overing, 1985) and the current popularity of post-structuralist arguments in many of the human sciences. As mentioned above, this thesis involves an element of critique in relation to psychology and psychiatry and makes the case that certain forms of distress *are* particularly associated with modern society. I shall discuss philosophical aspects of this debate in the next section and then introduce the thought of Martin Heidegger, which, I believe, allows us to avoid the extremes of the debate introduced above. I shall follow this with an introduction to the discourse on trauma. After this preamble I shall then be in a position to outline the structure of the thesis and introduce my central arguments.

1.2 PHILOSOPHY AND CRITIQUE

The debate about critical positions in psychology and anthropology, introduced above, has also been reflected in philosophy. Indeed, in his book *Life-world, Modernity and Critique* Fred Dallmayr argues that concerns with the possibility of a 'critical reason' lie behind the central philosophical debates of our age. The challenge posed to 'traditional metaphysics' by 'post-metaphysical' and 'post-modern' philosophies involves a questioning of our ability to reflect upon ourselves and our social and cultural institutions from a detached and rational perspective. Through their emphasis on the contingency of human reason, its temporal and cultural embeddedness, such philosophies seem to dissolve the impact of any critical position and negate our ability to assess progress or decline. Dallmayr writes:

"By traditional metaphysics I mean here a philosophical outlook anchored in the primacy of the *cogito* or the accomplishments of critical rationality and consciousness - accomplishments which form the backbone of modernity and cultural modernization. In our century, metaphysics of this kind has been challenged or called into question by several developments - particularly by the turn to language seen as the matrix of human reason and, more broadly, by renewed concerns with the situatedness of thought or its embeddedness in the "life-world" " (Dallmayr, 1991, p. 1).

Dallmayr sees this challenge exemplified in the work of Wittgenstein and some of his followers. However, his focus is upon debates in continental philosophy, in particular twentieth century German philosophy. He points to the famous exchange between Habermas and Gadamer about the issue of tradition, as a good example of these debates. In his major work *Truth and Method* Gadamer argued that all human understanding is historically and culturally located and that there can be no starting point for knowledge which is outside tradition. He positioned himself against the modern divorce of reason from tradition and against the Enlightenment 'prejudice against prejudice'. For Gadamer:

"Understanding must be thought of not so much as an act of (transcendental) subjectivity, but rather as immersion and participation in the event of tradition where past and present are constantly mediated" (Gadamer, 1989, p. 282).

In an extensive review of *Truth and Method*, published some years later, Habermas challenged Gadamer's 'rehabilitation of prejudice' and pointed to an inherent 'conservatism' in Gadamer's position. According to Habermas, this position denied a proper understanding of emancipation and progress. If we cannot stand outside tradition, and reflect critically on it from a non-prejudiced vantage point, we are doomed forever to live within ideology and oppression. He says:

"Gadamer's prejudice for the role of prejudices certified by tradition denies the

potency of reflection, a potency which proves itself in its ability also to reject the claims of tradition" (Habermas, 1977, p. 358).

In his analysis of this debate, which continued in a number of other publications, Dallmayr writes that there was a failure to "settle or even sharply pinpoint disputed issues". He criticizes Gadamer for holding onto a somewhat over-positive view of tradition. He says that in Gadamer's writing:

" ... the portrayal of historical tradition sometimes intimated a solid framework or else the unfolding of a steady teleology - a process privileging continuity of meaning over discontinuity and rupture" (Dallmayr, 1991, p. 25).

While he does not endorse Habermas's overall frame of reference, Dallmayr does seem to agree with his argument that Gadamer's position denies the possibility of a proper grounding for critique.

In more recent times Habermas has engaged with the work of Michel Foucault, who attempted to develop an overtly critical position with regard to the social sciences, but who also denied the possibility of a detached reason. In *The Philosophical Discourse of Modernity* (1987), Habermas concurred with Foucault in recognizing reason as 'a thing of this world', and the 'immanence' of our standards of rationality. However, he argues that claims to truth and falsity reveal, by the very process of their articulation, a 'transcendent' element. It is in this distinction between the contingent and the transcendent aspects of communication that Habermas attempts to locate a new idea of universal reason. This reason is grounded in the fact that communication is a universal feature of human life and, according to Habermas, that at the heart of all communicative action

is an orientation towards validity claims¹. While Habermas denies the possibility of a reason discovered or elaborated within the confines of individual consciousness (subject-centred reason), he asserts the reality of a reason which emerges in the social context of communication.

Throughout all his work, Habermas sees it as essential that some conception of universal, non-ideological standards of rationality are maintained. If they are not, according to him, we have no vantage point from which to judge whether or not we are progressing. Challenging the current ideas of the social sciences only makes sense if we:

"preserve at least one standard for (the) explanation of the corruption of all reasonable standards" (Habermas, 1982, p.28).

What is at stake, for Habermas, is the Enlightenment goal of being able to apply rational criticism to existing social institutions. If we have no universal standards of rationality then the possibility of this evaporates. Critique becomes ad hoc and liberation and progress are only illusions.

For Foucault, however, the illusion resides in the belief that reason can be separated from ideology. His writing about reason emerges from his work on power and knowledge, in which he argues that traditional concepts of power as something essentially repressive cannot account for the many functions of power in modern society. In *Discipline and Punish* he argues that:

"We must cease once and for all to describe the effects of power in negative terms; it 'excludes,' it 'represses,' it 'censors,' it 'abstracts,' it 'masks,' it 'conceals.' In fact power produces; it produces reality, it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to

¹I shall present Derrida's critique of Habermas's approach to language and communication in chapter ten, below.

this production" (Foucault, 1977, a, p.194)

In this way he argues that knowledge is the concrete manifestation of the positive functioning of power. Knowledge is inextricably associated with networks of power:

"power produces knowledge (and not simply by encouraging it because it is useful); ... power and knowledge directly imply one another; ... there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations" (Foucault, 1977, a, p.27).

Foucault holds that knowledge can never be separated from power and refutes the Marxist conception of 'ideology versus truth'. His approach to reason and rationality can be seen to follow from this. For him there is no such thing as an independent reason. Instead there are many different rationalities, all tied to various power formations for their meaning and validity. As Barry

Smart notes:

"whereas within the Marxist tradition and in the work of the critical theorists there is the clear implication of a higher rationality, a liberating reason, which is to be nurtured ... in Foucault's work there is no absolute "value-of-reason". The thrust of (this) work is not to subvert one notion of rationality, as capitalistic, instrumental, and technical, with another, "higher" form which is socialist, intrinsically emancipatory, and enlightening, but to analyse rationalities, in particular how relations of power are rationalised" (Smart, 1983, p.137).

For Foucault, being critical did not involve adopting a position of rational superiority over others. Rather it involved a demonstration of the contingent origins and contexts of all systems of knowledge. In doing this, and in showing how knowledge is always political and thus value-laden, Foucault worked to open up spaces where other, often marginalised and silenced, voices could be heard. The critical element in his work emerges from this:

"what reason perceives as *its* necessity, or rather, what different forms of rationality offer as their necessary being, can perfectly well be shown to have a history; and the network of contingencies from which it emerges can be traced, which is not to say, however, that these forms of rationality were irrational. It means that they reside on a base of human practice and human history; and that since these things were made, they can be unmade, as long as we know how it was that they were made (Foucault, 1983, p. 206).

While there are strong resonances between the stance of constructivism within social science, as discussed above, Gadamerian hermeneutics and Foucault's position, there are also substantial differences. Before exploring these any further however, I would like to define the term hermeneutics and explain what I mean by the expression 'Foucault's position'.

i) The term 'hermeneutics' will be used throughout this thesis. While difficult to define precisely the word hermeneutics is usually taken to mean something like : 'the art or theory of interpretation' (Cambridge Dictionary of Philosophy, 1995). As Phillips (1996) notes, the word is derived:

"from the Greek verb *hermeneuein*, which means "to interpret," and the noun *hermeneia*, "interpretation" (and both associated with the God Hermes)" (p. 61).

In the thesis I shall use the term to refer to any approach to human reality which emphasises the meaningful nature of human life and which stresses the importance of interpreting human beings and their actions by way of reference to the contexts in which they live. Hermeneutic approaches stress the *primacy* of this meaningful level of human reality and deny that it can be reduced to explanation in terms of other elements. In the conclusion (chapter eleven) I shall outline some different approaches *within* the hermeneutic tradition. While hermeneutic philosophy has traditionally been seen as an element of 'continental philosophy', more recently a number of analytic philosophers have embraced the term, most famously Richard Rorty in his influential

Philosophy and the Mirror of Nature (1979).

ii) Foucault, himself, used a number of terms to characterise the nature of his work. Early on, he maintained that his 'historical' works were 'archaeological' in nature. Later, when emphasising the importance of power in shaping and changing discourses, he used the Nietzschean term 'genealogy'. However, Foucault was always wary of proposing a 'new method'. While his approach had much in common with hermeneutics, there were also important differences. He was particularly suspicious of hermeneutic claims to 'uncover' meaning. According to Dreyfus and Rabinow (1986) Foucault went 'beyond structuralism and hermeneutics'. They define his efforts in terms of 'interpretive analytics' :

"Foucault says that he is writing the history of the present, and we call the method that enables him to do this interpretive analytics. This is to say that while the analysis of our present practices and their historical development is a disciplined, concrete demonstration which could serve as the basis of a research program, the diagnosis that the increasing organization of everything is the central issue of our time is not in any way empirically demonstrable, but rather emerges as an interpretation. This interpretation grows out of pragmatic concerns and has pragmatic intent, and for that reason can be contested by other interpretations growing out of other concerns" (p. xxii).

While Gadamer, Foucault and the constructivists are all opposed to the notion of a critical theory which could stand outside tradition, they differ in relation to the question of how much a critical voice can be developed from within. As Dallmayr notes, there is a tendency for Gadamerian hermeneutics to adopt a position of some reverence towards tradition, and the cultural constructivists see their primary role as providing *descriptions*, not criticisms. On the other hand Foucault saw his work as being explicitly critical. His work has had a powerful effect in

stimulating alternative perspectives in many areas including psychiatry, sexuality, criminology, and anthropology. By undermining the self-assuredness of dominant discourses his writings have helped such alternative voices develop confidence and strength.

I am attracted to Foucault's work because in it one finds a profound sensitivity to the *dangers* of knowledge and interpretation. Few philosophers share his concerns in this regard. As a practising psychiatrist, however, I frequently come face to face with the power of psychiatric theory and its interpretations of distress, and am made painfully aware of its often destructive effects on patients' lives. The thesis is, in essence, a philosophical discussion of the relationship between culture and trauma. My interest in this area emerged from my work as a psychiatrist, in the East African country of Uganda, during the years 1987-1991, and my continuing involvement as an occasional consultant for the organisation Save the Children Fund with regard to mental health projects in West Africa². My work in Uganda was with the Medical Foundation for the Care of Victims of Torture and was funded by the International Secretariat of Amnesty International. The aim of the project was to provide medical and psychotherapeutic help to Ugandans who had suffered torture at the hands of the regimes of Milton Obote and Idi Amin. During my time in the country I became increasingly dissatisfied with Western psychiatric models of distress and suffering. They appeared inappropriate in many of the situations I encountered. They were too individualistic and 'mentalistic' and seemed to pay little attention to the importance of context and culture. Talking with villagers at medical clinics, traditional healing centres, political meetings and many other places in Uganda, convinced me that any understanding of how these people

²This work has led to the recent publication of a book on the subject of war time violence and its psychological effects, see: Bracken, P. and Petty, C. (1998) *Rethinking the Trauma of War*.

experienced and reacted to the suffering of war had to involve a cultural perspective as a *central* dimension.

After Uganda, I came to live and work in the U.K. My encounter with the cultural limitations of psychiatry in Africa led me to question further its conceptual and historical foundations. This questioning led me to philosophy and directly to this current work. This thesis is, therefore, the result of my practical involvement with victims of torture and war-time violence and my intellectual endeavour to develop an adequate conceptual framework for this work. This intellectual endeavour continues and thus the thesis is, in some ways at least, 'unfinished'. Perhaps it is the case that just as in clinical psychiatry we never really reach a complete understanding of the patient's world and the origins of his/her symptoms, so too a single conceptual framework will never be able to properly ground the enterprise of psychiatry. As the thesis springs from the 'messy' world of clinical practice and is shaped by the dilemmas of this world, it has at its heart a certain dilemma : the tension between efforts after understanding victims of violence and their experiences and the fact that these efforts themselves can lead to a silencing of the victim's own voice. The reader will thus find a tension between interpretation and critique and between hermeneutics and deconstruction. Like hermeneutics, the term 'deconstruction' is difficult to define. The Cambridge Dictionary of Philosophy (1995) describes deconstruction as :

"a demonstration of the incompleteness or incoherence of a philosophical position using concepts and principles of argument whose meaning and use is legitimated only by that philosophical position. A deconstruction is thus a kind of internal conceptual critique in which the critic implicitly and provisionally adheres to the position criticized".

The word 'deconstruction' is closely associated with the philosopher Jacques Derrida. However, many of Foucault's works could also be described as 'deconstructions'. Foucault shared with

Derrida a concern to demonstrate that certain ways in which the world appears to be structured according to necessity are in fact contingent and historically relative. These deconstructions work to undermine universalist understandings of human reality and the world in general. In some situations deconstruction represents a certain refusal to interpret, to explain, to grasp and to order 'the other'. It thus involves a 'withholding' of knowledge in an attempt to allow the 'other' to emerge in its own idiom. In a dialogue with the philosopher Richard Kearney (1984) Derrida actually defined deconstruction as 'an openness towards the other' (p.124). In this thesis I shall use the term with this connotation.

I believe that a tension between hermeneutics and deconstruction is very much in evidence in the work of Heidegger and this is why I have put an engagement with his writing at the centre of the thesis. In addition, a major concern in the thesis is to provide a critique of the Cartesian assumptions which underscore current approaches to trauma. I believe that Heidegger's work provides us with the most powerful critique of these assumptions yet developed. I also find strong resonances between his account of anxiety in *Being and Time* and specific themes within the discourse on trauma. As mentioned above, I am also drawn towards the critical impulse of Foucault's work and I turn to him again towards the end of the thesis in an effort to draw out the deconstructive implications of Heidegger's later writing.

1.3 THE PHILOSOPHY OF MARTIN HEIDEGGER

The philosophy of German philosopher Martin Heidegger (1889 - 1976), though extremely complex, has had profound effects on European and North American thought in the twentieth

century. Charles Guignon writes:

"As the twentieth century draws to a close, it is increasingly clear that Heidegger will stand out as one of the greatest philosophers of our times. His writings have had an immense impact not only in Europe and the English-speaking world, but in Asia as well. And his influence has been felt in areas as diverse as literary theory, psychoanalysis, rhetoric, ecology, and theology (Guignon, 1993, a, p.1).

Heidegger was a student of the founder of phenomenology, Edmund Husserl, and his philosophical enterprise was essentially an attempt to reorient phenomenology away from what Heidegger saw as a misguided focus on 'pure' internal consciousness towards understanding human 'being' as 'being-in-the-world', grounded always in a life-world shaped by culture and history. The concept of culture is notoriously difficult to define. In this thesis I will use the word in its anthropological sense i.e. referring to 'learned , accumulated experience' or 'those socially transmitted patterns for behaviour characteristic of a particular social group' (Keesing, 1981, p. 68). It should be noted that Heidegger himself sought to clearly distinguish his philosophical hermeneutics from the cultural anthropology of his time. As a rule he avoided the word culture altogether. The central philosophical question for Heidegger concerned the meaning of Being. How is it that anything at all shows up for us, and makes sense for us? Heidegger approaches this question by examining the creature for whom Being is an issue, the human 'being'. What he called his 'fundamental ontology', involved a penetrating existential examination of human experience in the context of its real everyday life. For Heidegger, unlike his predecessor Dilthey, hermeneutics was not simply an alternative methodological position within the social sciences. *Verstehen* (understanding) was not just an alternative to *Erklären* (explanation). In Heidegger's thought, understanding was not one possible mode of human engagement with the world. Instead, for him, the entire human world was *constituted* through interpretation. Hermeneutics

was not a methodological but an ontological discourse. It was not an approach within science, but stood outside science:

"We want neither to replace the sciences nor to reform them. On the other hand, we want to participate in the preparation of a decision; the decision: Is science the measure of knowledge, or is there a knowledge in which the ground and limit of science and thus its genuine effectiveness are determined ... we stand outside the sciences, and the knowledge for which our question strives is neither better nor worse but totally different" (Heidegger, 1967, p.10).

This work was very much the inspiration for the sort of hermeneutics later developed by Gadamer. Through his influence on Gadamer's writing and also through his influence on the French hermeneuticist Paul Ricoeur, Heidegger has inspired a whole series of interpretive positions in the social sciences. His thought stands behind those approaches in philosophy and social science which emphasise the importance of life-world and the primacy of interpretation. For him no science or philosophy could mount a critique from a position outside the world of everyday life.

However, there can be no doubt that Heidegger's work had critical intent. It stood in stark and critical opposition to the assumptions of traditional metaphysics. His greatest work *Being and Time* (1962, originally published in 1927) has become a classic text of modern philosophy. Heidegger intended to produce a much longer work but in the end only completed Divisions 1 and 2 of Part 1. Neither Division 3 of Part 1 nor Part 2 of the book were ever published. In Division 1, Heidegger works out his concept of being-in-the-world and uses this to ground a profound and penetrating critique of traditional Western ontology and epistemology. Recent readings of *Being and Time* have focused on Division 1, and the themes developed therein have influenced the development of contemporary hermeneutic and deconstructivist philosophies.

For some time these philosophies have been influential in disciplines such as sociology and social anthropology. However, it is only very recently that they have begun to impact on psychiatry. Thus the emergence of what has been called a "new cross-cultural psychiatry"³ is largely due to the influence of interpretive social anthropology (Bracken, 1993). In turn, this has been inspired by the work of hermeneutic philosophers such as Ricoeur (Geertz, 1973). A radical deconstructivist critique of psychiatry has also emerged around the work of Foucault and Derrida (Bracken, 1995, Parker et al, 1995). Both Foucault and Derrida have acknowledged the crucial influence of Heidegger on their thought. However, in spite of these developments, there have been few recent attempts to bring Heideggerian concepts *directly* to bear on the key issues of contemporary psychiatry⁴.

In many ways the Heidegger known to psychiatry is the existentialist Heidegger of Division 2 of *Being and Time*. In this section of the work he focused on the central existentialist themes of authenticity, death, guilt and resoluteness. This work had a particular impact on the Swiss physician and therapist Medard Boss who developed a school of psychotherapy, known as Daseinanalysis, which was directly based on the philosophy of Heidegger⁵. These themes in Heidegger's philosophy were also taken up by French existentialism and thus had an impact on the many therapists who looked to the writings of Sartre, de Beauvoir and Camus for inspiration. However, the philosopher Charles Guignon (1993, b) argues that :

³ see chapter five, below, for further exploration of this.

⁴An important exception is the work of Louis Sass relating to certain symptoms of schizophrenia (Sass, 1990, Sass, 1992, a).

⁵ see chapter seven below.

"In the mouth of this "existentialized" Heidegger, the ideal of authenticity is pictured as the stance of the rugged individualist who, upon experiencing anxiety in the face of the ultimate absurdity of life, lives intensely in the present and creates his or her own world through leaps of radical freedom" (p.215) .

I believe that this existentialist reading of Heidegger is extremely limited. Unfortunately, however, it is the only reading which is easily available to psychiatrists. It has led to a situation where it is extremely rare to find any discussion of Heideggerian themes outside the framework of individual case histories in the psychotherapy literature. In addition, as Guignon notes, as the enthusiasm for existentialism has waned during the past twenty years, so too has the idea that Heidegger has anything important to contribute directly to the field of psychiatry.

Heidegger's work was on a vast scale and some of his papers are still appearing in the *Gesamtausgabe*, the collected edition of his writings. These have been published by Vittorio Klostermann of Frankfurt am Main since 1975. In addition, Heidegger remains a controversial figure. The fact that he became a member of the NAZI party in the 1930s, and his continued silence on the Holocaust after the war, point to a need for caution with regard to some of the answers he gave to the questions raised by his philosophy. I do not wish to enter the many disputes about the proper interpretation of Heidegger's work but I am aware that in this thesis I will be 'using' Heidegger in a particular way. Thus I will attempt to state from the outset my orientation towards his work and the way I intend to use this work in my thesis. As mentioned above, there is a central tension in this work. On the one hand I am seeking to provide a philosophical grounding for an interpretative (hermeneutic) approach to understanding the suffering of victims of violence. On the other hand I want to avoid any 'silencing' of the victim. This will involve a critical (deconstructive) element. I wish to critique current thinking about trauma and open a 'space' in which other perspectives and voices can be heard. I will not attempt

to construct an alternative model but will argue that Heideggerian hermeneutics opens up an interesting dimension to the debate about anxiety and trauma. My reading of Heidegger will tend to emphasise these tensions⁶.

In the first part of the work I will examine the philosophical assumptions which underscore the currently dominant positions in the field of trauma. I will attempt to show how Heidegger's writing in *Being and Time* engaged in a critical way with these assumptions. I will then discuss how a hermeneutic framework can be used to look at trauma and its sequelae from a different perspective. In the third part of the thesis I wish to show how Heidegger's critique of modernity, in some of his later works, can be related to the area of trauma. My overall aim will be to examine the cross-cultural validity of current conceptualisations of post traumatic anxiety from a critical philosophical perspective.

There can be little doubt that, for Heidegger, ontology was not just a 'descriptive' enterprise.

As Dallmayr remarks:

"Given its basic anti-objectivism, fundamental ontology was not alien to, but rather a precondition of possible critique - though a critique cognizant of its underpinnings and limitations" (Dallmayr, 1991, p. 27).

Before outlining in more detail the shape of the thesis I will first (in the next section) discuss the increasing importance of trauma and post-traumatic conditions within psychiatry. In the last

⁶While Heidegger does not use the term 'deconstruction', early on in *Being and Time* he speaks about a 'destruction (*Destruktion*) of the history of ontology'. He says : 'If the question of Being is to have its own history made transparent, then this hardened tradition must be loosened up, and the concealments which it has brought about must be dissolved' (p.44). For Heidegger 'fundamental ontology' went hand -in-hand with the *Destruktion* of metaphysics.

section I will outline how I intend to engage Heidegger with this phenomenon.

1.4 THE RISE OF POST TRAUMATIC STRESS DISORDER

In 1980 the American Psychiatric Association included the diagnosis, "Post Traumatic Stress Disorder" in the third edition of its Diagnostic and Statistical Manual, the so-called DSM III (American Psychiatric Association, 1980)⁷. The inclusion of Post Traumatic Stress Disorder (PTSD) not only reflected an increasing interest in the area of trauma on the part of psychiatrists and psychologists, but in itself provided a spur to further research and the development of ideas in this area. Within the past fifteen years the concept has been taken up widely in North America, Europe and in many other parts of the world. Psychological trauma has become a central preoccupation of psychiatry during this period. Blake et al (1992) have documented the striking increase in published work on trauma in the years between 1970 and 1989. In this country a number of special clinics have opened for the treatment of post traumatic disorders; there are now several international journals dedicated to the subject and new books appear almost weekly, covering different aspects of trauma and its sequelae. The editors of a recent volume declared that PTSD is the "diagnosis of the 1990s" (Marsella et al, 1996, a).

⁷The authors of the various versions of the DSM present their classifications as 'scientific' and maintain that their approach is 'atheoretical'. While they accept that changes in the DSM classification occur across time they argue that these changes are (as far as possible) based solely on the accumulation of new data, see for example statement in APA (1987, p. xxvii). Fulford (1989, 1994) has put forward a strong case that such classifications are never just descriptive efforts, rather, they *always* contain a major evaluative element. As the reader will become aware, this thesis provides support for this view in relation to the concept of PTSD. Fulford's work is discussed at more length in the last chapter.

A number of writers have expressed opinions on possible reasons for this increasing focus on trauma. Alexander McFarlane (1990) points out that psychoanalytic theory was a major influence on earlier versions of the DSM. In the earlier frameworks it was assumed that post traumatic symptoms were time-limited unless some pre-existing personality pathology was present.

McFarlane comments:

"while the psycho analytic school saw both early traumas of a developmental origin and external stressors experienced in childhood as critical determinants of adult psychopathology, ironically it minimised the possibility that extreme stresses in adulthood could in their own right be equally destabilising to an individual's psychological functioning" (MacFarlane, 1990, p.4)

In the past twenty years there has been a decline in the influence of psychoanalysis, particularly within North American psychiatry. McFarlane suggests that this has decreased the emphasis on unconscious conflicts in the causation of psychiatric disorders and this in turn has led to an increasing focus upon life events, and in particular traumatic life events, as causative factors. However this theory fails to explain the way in which the discourse on trauma has been so enthusiastically taken up in parts of the world other than North America, where psychoanalysis has not had the same dominating influence.

An alternative explanation comes from Judith Herman, a psychiatrist at the Harvard Medical School. Herman argues that there is, and always has been, a tendency to push traumatic events not only out of individual consciousness but out of social consciousness as well. To study the effects of traumatic events, particularly such acts as rape, torture and sexual abuse, is to come face to face with the capacity for evil in human nature, and also to confront human vulnerability in the natural world. The tendency is to avoid such confrontation. She argues that:

"to hold traumatic reality in consciousness requires a social context that affirms and protects the victim and joins victim and witness in a common alliance. For the individual victim, this social context is created by relationships with friends, lovers, and family. For the larger society, the social context is created by political movements that give voice to the disempowered" (Herman, 1992, p.9).

Herman argues that the discourse on trauma in the past twenty years has emerged because of a number of political developments, most importantly the rise of the women's movement in Europe and North America. The advent of feminism, she suggests, has made it possible for psychiatrists to examine the effects of trauma and to take the victims' accounts of their suffering seriously. She also suggests that the large scale social movements which opposed the war in Vietnam allowed for a critical examination of the effects of wartime experiences. Prior to this, government propaganda and recruiting campaigns had been effective in promoting the idea that the experience of battle and soldiering in general was somehow a positive maturing influence on the individual. The fact that there was a political campaign which looked upon the war in Vietnam as a negative phenomenon meant that there was again a political context in which psychiatry could take seriously the negative effects of wartime experiences. From Herman's point of view PTSD has always existed but has remained almost invisible to psychiatry until recently. Previous attempts to explore it, such as the early work of Freud, were abandoned on account of a lack of wider social support for such endeavours.

More recently the medical anthropologist Allan Young has entered the debate about the emergence of PTSD as a diagnostic category and a focus of psychiatric interest. I shall return to his work at a number of points in the thesis. Young traces the origins of the trauma discourse back to the late nineteenth century when the word trauma, previously understood in terms of bodily damage, was extended to cover psychogenic sequelae of distressing experiences. From this

emerged the notion of the 'traumatic memory' as something locked in the mind and a continuing cause of distress. Young argues that recent accounts of psychological trauma have inherited this concept but have also been substantially shaped by a number of theoretical developments within American psychiatry, developments embodied in the publication of the DSM-III in 1980:

"The adoption of *DSM-III* was part of a sweeping transformation in psychiatric knowledge-making that had begun in the 1950s. These changes profoundly altered clinical practice in the United States and prepared the way for a new science of psychiatry, based on research technologies adopted from medicine (experimentation), epidemiology (biostatistics), and clinical psychology (psychometrics). In the course of these developments, the traumatic memory, up to this point a clinically marginal and heterogeneous phenomenon, was transformed into a standard and obligatory classification, post-traumatic stress disorder" (Young, 1995, p.7).

Young's point is that the concept of PTSD has been constructed over time; it has a history. Unlike Herman he does not believe that the disorder has always existed, waiting to be discovered by psychiatry at a time when society was ready for it. Rather :

"The disorder is not timeless, nor does it possess an intrinsic unity. Rather, it is glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated, and represented and by the various interests, institutions, and moral arguments that mobilized these efforts and resources" (Young, 1995, p. 5).

While Herman and Young disagree fundamentally as to how and why PTSD has emerged as an important concept, they both focus on the way in which this has happened *within* psychiatry as a professional discipline. Both seem content to view the current concern with psychological trauma as a product of particular developments happening within, or influencing from without, psychiatry itself. I find both accounts persuasive but inadequate.

The discourse on trauma is something developed by professionals but it is also something which has been taken up by the general public in Western societies. Thus, whenever one hears news reports of natural or man-made disasters there is now always a discussion about the need for counselling and therapy for the survivors. The concept of the traumatised individual has become widespread and one hears lay people in many contexts discussing a perceived need for therapy for post traumatic conditions. The police, firefighters, ambulance workers and many other groups are now commonly understood to be at risk of developing post traumatic symptomatology. Lawyers have seen in PTSD the potential for a very rich crop of litigants. A recent editorial in the Journal of the American Medical Association pointed out that there are few psychiatric conditions which people 'like' to have. However the diagnosis of PTSD is proving to be an exception to this (JAMA, 1996). In other words the concern with psychological trauma is not simply a *clinical* issue, it would appear that it is also a *cultural* event.

In this thesis I wish to deal with the issue on both these levels. Firstly I wish to examine the conceptual framework in which post-traumatic symptoms are understood and treated. I will argue that this framework involves assumptions and orientations, which are a direct product of Enlightenment thought, and thus are open to the philosophical objections which have emerged against this. Secondly I will attempt to link our current concern with trauma on a cultural level to aspects of life in modern and postmodern times. The issues are obviously linked. Western thought since the Enlightenment has focused strongly on the importance of disengaged rationality and individual autonomy. At the same time, culturally, Western societies have placed great faith in science and technology and promoted the value of the individual self. The discourse on trauma which has developed over the past twenty years has emerged inside this cultural and philosophical framework. We can see reflected in this discourse the twin themes of individual orientation and

rational-technical models and interventions.

For example, one of the most influential models of post traumatic stress disorder is the one developed by Mardi Horowitz in California in the late 1970s. We shall examine this in some detail in chapter four. This model combines both psychodynamic and cognitivist theories⁸. Horowitz proposed in his book, *Stress Response Syndromes* (1986), that traumatic experiences disrupt an individual's life by producing a block in cognitive and emotional processing. In his work, this process is conceptualised as an internal phenomenon located entirely within the confines of the individual self. It is a process that can be understood rationally and can be helped by a series of technical interventions which encourage the processing of the traumatic material. While Horowitz acknowledges that there are social, cultural and somatic aspects to the reaction to trauma, his approach is to separate out the cognitive - emotional phenomena and focus upon the latter. For Horowitz, the response to trauma is an intra-psychic individual occurrence. By separating the intra-psychic from other factors the importance of the social and cultural context in which the traumatic event is situated, is systematically underrated. This, in turn, leads to a reification of the postulated intra-psychic processes which are accepted, in this analysis, as "givens" of human nature. Horowitz's model is very influential and stands behind the majority of current approaches to trauma.

It is my contention that serious problems can arise if this type of model is uncritically exported to non-Western societies or is used with refugees from such societies. Within Western countries

⁸In the last section of this chapter I distinguish between connectionist (neural network) models in neuroscience and more traditional computational approaches to mind. The later are the specific focus of my critique. When I use the term 'cognitivism', I am referring to such computational approaches.

there is a shared background set of beliefs and assumptions, amongst which this discourse at least makes some sense. In non-Western cultures, idioms of distress are likely to be quite different from those in the West. However, because psychiatry understands itself as scientific and thus sees itself as something which is culturally and morally neutral, it fails to grasp the cultural specificity of its concepts and interventions. Because, in general, psychiatry lacks a critical understanding of its own origins, it often fails to see that the realm of the psyche is a constructed realm and not simply "how the world is" in reality. Psychiatry can thus assume that the models it produces with regard to distress are universally applicable and valid. However, there is now a substantial literature which calls into question this assumption. What clearly emerges from work in a number of areas is the importance of contextual factors in shaping how any traumatic event is experienced and responded to. In this thesis I will argue that issues of context are not secondary factors which merely impinge on the progress of a universal psychological or biological process; rather issues of context in terms of social, political and cultural reality are of central importance.

A critical examination of underlying philosophical assumptions in cross-cultural areas of medicine and psychiatry is needed now more than ever. On the one hand Western-based non governmental organisations (NGOs) and multilateral organisations such as the UN agencies are increasingly involved in the provision of health care, including psychiatry, in war-torn countries of the developing world. On the other hand, as many Asian countries develop successful economies, they are attempting to expand their medical systems and are turning to Western medical schools for training and consultation. Unless there is an understanding of the cultural and philosophical grounding of Western psychiatry, and thus its cross-cultural limitations, as well as an understanding of the background ontological and metaphysical context of cognitions and emotional states, there is potential for much confusion and damage in these situations.

Higginbotham and Marsella, in an examination of the impact of Western psychiatry in Southeast Asia, point to the indirect, unanticipated and negative effects of the diffusion of psychiatric knowledge in the region. They point out how this diffusion has promoted professional élitism, institutionalised responses to distress, and undermined local indigenous healing systems and practices :

"Modern psychiatry's purely secular discourse ... forces a kind of epistemological break with traditional formulations embodied in many non-Western cosmologies. Psychiatry's reasoning and classification is intended to replace indigenous conceptions of disorder" (Higginbotham and Marsella, 1988, p 557).

1.5 SYNOPSIS OF THE THESIS AND A DISCUSSION OF ITS SPECIFIC FOCUS

In the first section of the thesis I shall outline the current account of trauma and post-traumatic reactions as developed within psychiatry. I shall attempt to reveal the underlying philosophical assumptions in this approach. I shall also point to substantial difficulties within this discourse and point to the philosophical nature of these difficulties. In chapter 2: I shall begin by discussing some aspects of the Enlightenment legacy; in particular I shall discuss the emergence of 'positivism' and show how this has come to be the dominant paradigm within psychology and psychiatry. I shall also discuss the philosophy of Descartes and outline the main elements of, what I shall call, a Cartesian orientation within the philosophy of mind. I make the point that the rejection of ontological dualism, which is accepted by cognitivism, does not help to solve the difficulties presented by Descartes' epistemological separation of the mind from 'its' world. In chapter three, I go on to discuss the discourse on trauma and the syndrome of PTSD. It will become clear that this discourse is currently dominated by a cognitivist orientation and, in chapter

four, I will outline the cognitivist paradigm and point to its Cartesian nature. In the last section of this chapter and in chapter five I develop a critical position vis-à-vis Cartesianism and the PTSD framework from a cultural perspective. This section will draw on case material from my own work in Uganda. I shall demonstrate the importance of contextual issues in the area of trauma and argue that current models cannot adequately conceptualise these issues. I shall also give an account of Allan Young's critique of the PTSD framework. This is concerned with assumptions about time and causality.

In the second part of the thesis I explore Heidegger's hermeneutic approach to human reality and show how this has been applied in medicine and psychiatry through the work of the psychiatrist, Medard Boss. I also show how Heidegger's work can be related to the area of trauma. In chapter six I present the main features of Heidegger's critique of the Cartesian philosophical tradition and present his hermeneutic approach to human reality as an alternative. I focus, in particular, on his critique of individualism and reductionism and argue that this critique is effective in undermining the assumptions of cognitivism, including the 'sophisticated' cognitivism presented recently by Derek Bolton and Jonathan Hill⁹. In chapter seven, I go on to discuss the application of Heideggerian insights in the fields of medicine and psychiatry and the form of psychotherapy known as Daseinanalysis which was developed by Medard Boss. In chapter eight I relate Heidegger's account of anxiety to the area of post-traumatic psychology. I argue that Heidegger's account of 'loss of meaning' in the state of anxiety is philosophically rich

⁹In their book *Mind, Meaning and Mental Disorder. The Nature of Causal Explanation in Psychology and Psychiatry* (1996) Bolton and Hill present a well argued defence of cognitivism. While not concerned centrally with the issue of trauma they do write about PTSD and offer support for other cognitive approaches to the syndrome. I encounter their work at a number of points in this thesis.

and clinically relevant. Heidegger locates our sense of meaning, not in individual minds, but in our practical engagement with the world in which we live. This has implications for how we conceptualise the 'loss of meaning' said to characterise post-traumatic conditions and which has been held accountable for the central symptoms of the PTSD syndrome.

Having developed a critique of the universalist claims of the individual trauma model in parts one and two of the thesis, in the third part I move beyond the 'universalism' of Being and Time and show how the later philosophy of Heidegger is relevant to the debate about culture and trauma. In chapter nine, I present his critique of technology and modernity and show how a number of post-Heideggerian philosophers and sociologists have linked the sort of anxiety described in *Being and Time* specifically to contradictions and tensions within the culture of modernity. I argue that in postmodern culture, which has become characteristic of many contemporary societies, these contradictions have become even more acute. In other words I use Heidegger to open up the possibility that post-traumatic anxiety (characterised by a 'loss of meaning') may be something particularly associated with life in contemporary Western society. This may go some way towards explaining the recent dramatic increase in both professional and lay interest in the issue of trauma. This will raise questions about the relationship between trauma and culture which have not been raised previously.

In chapter ten, I shall use the later philosophy of Heidegger in a more positive direction. I shall use his concept of *Gelassenheit* (releasement) to begin a discussion of how we can encounter other cultures in a more 'ethical' manner. This discussion also returns to the implications of deconstruction and the work of Foucault. I show how this debate is directly relevant to psychiatric work with victims of violence from non-Western societies. In the conclusion, chapter eleven, I

will summarise the arguments and point to some of the implications for philosophy and for psychiatric theory and practice.

I would now like to briefly comment on how the thesis has a specific focus. My central aim is to develop a critique of certain positions in modern psychology and, in so doing, create a space for alternative perspectives. I have already discussed the debates about universalism and relativism which have been preoccupations of many disciplines in the past twenty years. I cannot hope to develop an answer to these debates in this thesis. My own feeling is that strong forms of universalism are gradually becoming more and more untenable and, whether we like it or not, we are faced with the inevitability of some form of relativism, particularly in the human sciences. The challenge we face today is to find ways of thinking about ourselves and our world which can cope with this inevitability without leading to a condition of paralysis. I believe that Heideggerian hermeneutics has potential in this regard, and I hope to demonstrate this in the course of the thesis.

One of the central arguments developed in the thesis is the need for an approach to human reality which pays due regard to importance of context. In other words, I am attempting to approach the question of trauma from a perspective which avoids a commitment to a strong notion of 'interior' mind. I am aware that hermeneutics is only one of a number of approaches which share this concern. A number of Wittgenstein-inspired philosophers have developed *externalist* accounts of mind. For example this is the position put forward by Gregory McCulloch (1995) in his book *The Mind and its World*. Perhaps the most influential move in this direction is that developed in the most recent work of Hilary Putnam. In *Representation and Reality* (1988) Putnam argues against his original functionalist position (see chapter four, below) and what he calls 'mentalism'.

Button et al (1995) draw on the work of both Wittgenstein and Gilbert Ryle in their critique of cognitivism and functionalism. I will mention Wittgenstein in a number of places in the text but there is no systematic development of his ideas in this thesis.

I have also avoided any real encounter with the world of 'connectionism'. When I write about cognitivism, I have in mind approaches in psychology which look to traditional computer-based models of information processing. I avoid connectionism because it has not, as yet, had any great influence on theoretical approaches to trauma and PTSD¹⁰. Theories of PTSD are currently dominated by concerns with 'schemas', 'appraisal mechanisms', 'event cognitions' and other concepts which draw heavily on the assumptions of computational approaches to mind and thought. There is considerable debate at present about the implications of connectionist (or neural network) models for work in psychology and philosophy. Some commentators argue that these models do not substantially challenge the traditional cognitivist paradigm¹¹. However, others argue that connectionism involves a radical new paradigm which has major philosophical implications. The latter view is developed by Paul Cilliers in his book *Complexity and Postmodernism : Understanding Complex Systems*. Cilliers suggests that connectionism moves us away from cognitivism's traditional philosophical dependence on analytical philosophy and points, instead, to its compatibility with post-structuralist philosophies. He remarks that it is strange that :

"... when it comes to descriptions of the functioning of the brain, an obviously

¹⁰In a 1994 paper in the journal *Philosophy, Psychiatry, and Psychology* Dan Lloyd did make some tentative remarks about a connectionist approach to trauma in the context of an attempt to produce a network model of a Freudian case study.

¹¹see for example Dreyfus (1994) *What Computers Still Can't Do: A Critique of Artificial Reason*.

relational structure, there is still such a strong adherence to atomic representation and deterministic algorithms. One of the reasons for this must surely be that cognitive science inherited its methodological framework from a deterministic, analytical tradition. Post-structural theory, I claim, assists us in revising this position" (Cilliers, 1998, p. 35).

If Cilliers is correct, then it is possible that (in the future) connectionism will serve as a bridge between the sort of context-centred approach to psychology developed in this thesis and the world of neuroscience.

PART ONE

THE CURRENT DISCOURSE ON TRAUMA

In this part of the thesis I will discuss the concept of Post Traumatic Stress Disorder (PTSD). However, I will first outline, in chapter two, the way in which psychiatry is very much a product of the European Enlightenment. Chapter three is devoted to the discourse on trauma and in chapter four I discuss cognitivism. The importance of contextual and cultural issues are highlighted in chapter five and attention is drawn to the limitations of current models.

CHAPTER TWO

ENLIGHTENMENT, MODERNITY AND PSYCHIATRY¹

2.1 THE EUROPEAN ENLIGHTENMENT

We saw in the introduction how, from a philosophical point of view, much recent discussion about the possibility of cultural critique has centred on the nature of rationality. A central concern of the European Enlightenment was the importance of reason and its place in human affairs. Finding a path to true knowledge and certainty became the major issue for thinkers during the Enlightenment and epistemology became the central concern of philosophy. A guiding theme was the quest to replace religious revelation, and systems of knowledge from the past, with reason and science as the path to truth. As Norman Hampson argues:

"The cultural horizon of most educated men in western Europe in the early seventeenth century was dominated by two almost unchallenged sources of authority : scripture and the classics. Each in its own way perpetuated the idea that civilization had degenerated from a former Golden age. The most rational preoccupation for contemporary man was, therefore, by the study of the more fortunate ancients to move back towards the kind of society which the latter had known. Recent European movements, the Renaissance and the Reformation, had reinforced this attitude and enhanced the authority of the sacred texts" (Hampson, 1968, p. 16).

¹My discussion of the Enlightenment shall not be comprehensive. In this chapter I am seeking to identify the way in which psychiatry only became a possibility within a cultural context shaped by Enlightenment concerns with reason and interiority. However, I am aware that the positivism embraced by psychiatry reflected only one strand of Enlightenment thought. My account is therefore partial. For example, I do not discuss the importance attached to historical context in the thought of philosophers such as Montesquieu, Hume, Herder and Hegel.

The Enlightenment involved a dramatic reorientation of intellectual life, looking to the future rather than the past, and finding in reason itself, the path to this future. In this venture philosophy was to have a vital role, for it was through a critical philosophy that both the potential and the limits of reason could be defined. Enlightenment meant a move from "darkness" to "light" . To achieve this, reason would have boldly to give up its preoccupation with those things handed down in tradition. Kant expresses this forcefully in his declaration that :

"Enlightenment is man's emergence from his self-incurred immaturity. Immaturity is the inability to use one's understanding without the guidance of another. This immaturity is called "self-incurred" if its cause is not lack of understanding but lack of resolution and courage to use it without the guidance of another. The motto of Enlightenment is therefore: *Sapere aude!* Have courage to use your own understanding!" (Kant, 1970, p. 54).

The other preoccupation of European thought emerging from the Enlightenment, particularly on the continent, was with the human self and its depths. European thinkers became concerned with the "inner voice" and the structures of subjectivity. Robert Solomon points out that in the work of Kant, in particular, this preoccupation attained its full force. In many ways, in Kant's philosophy the structures of subjectivity become the entire subject-matter of philosophy. For him:

"The self is not just another entity in the world, but in an important sense it creates the world, and the reflecting self does not just know itself, but in knowing itself knows all selves, and the structures of any and every possible self." (Solomon, 1988, p. 6)

Solomon labels this strong form of universal subjectivity the "transcendental pretence":

"... the unwarranted assumption that there is universality and necessity in the fundamental modes of human experience" (Solomon, 1988, p.7).

Psychology and psychiatry only became possible in a cultural framework substantially influenced by these Enlightenment and post Enlightenment preoccupations. These disciplines represented a search for causal, scientific accounts of the mind and its disorders. They depended on theories of the self and behaviour, which would *explain* human actions and so allow for technical interventions to be made on a rational basis. As Jerome Levin writes:

"In premodern conceptualizations, the self had been seen as safely coherent and enduring, deriving its stability from its relationship with God, but now something else was required as a cement. The old verities were no longer certain, and the unity of the self, itself, was now problematical" (Levin, 1992, p. 16).

As I pointed out in the introduction, a connecting theme throughout this thesis will be my concern with the export of the current discourse on trauma from Western centres to non-Western communities in different parts of the world. A first step in looking at this issue will be to examine the cultural background of Western psychiatry itself. This is my aim in the rest of this chapter.

I will refer to the 'Cartesian tradition' at a number of points in the thesis. My use of this term is indebted to Hubert Dreyfus' discussion of 'Cartesianism' in his *Being-in-the-World. A Commentary on Heidegger's Being and Time, Division I* (Dreyfus, 1993). I am aware that there are different interpretations of Descartes and my references to his work will not be extensive. However, many of the philosophers quoted in the thesis, including Heidegger, have seen their work as being in direct opposition to a Cartesian account of human reality. It is important therefore to say something about what this account entails.

2.2 THE CARTESIAN PROBLEMATIC

The central philosophical problem for Descartes was the question of certainty : how can we be certain that our internal representations give us an accurate account of the external world? His answer was to propose a method of systematic reflection upon the contents of the mind and through this to separate what was clear and obviously accurate from what was uncertain and vague. By way of systematically doubting everything which was unclear, he argued that we could reflexively reach a situation of certainty, which for him was guaranteed by God. Descartes believed that his *cogito* set the foundations for indubitable truth. For him, certainty was reached by turning away from the world and examining his own thoughts in isolation, without reference to what they represented in the outside world. While a non-deceiving God was the ultimate guarantor of truth and certainty, his presence was not essential to Descartes's confidence in our ability to clarify our thought and to separate the clear and distinct thoughts from others. Even in the absence of a guarantor of truth, systematic reflexivity will render us better able to account for our thoughts. A central tenet of Cartesianism is therefore a belief in the importance of, and the possibility of, reflexive clarity and the importance of defining and mapping the ways in which internal representations are ordered and related.

In addition, Cartesianism operates on a fundamental distinction between the "inner" world of the mind and the "outer" world with which it is in contact. This separation of the inner and the outer is predicated upon Descartes' ontological separation of the world into two kinds of substance. The term substance is the philosophical equivalent of the ordinary word "thing" (*res*). Descartes separated out the soul from the body in which it resided. The latter he characterised as follows:

"...by body, I understand all that can be terminated by some figure; that can be contained in some place and fill a space in such a way that any other body is excluded from it" (Descartes, 1968, p.104)

In other words the body is characterised by the fact that it possesses "extension", it is thus *res extensa*. In contrast to this the soul is characterised by thought:

"... I am therefore, precisely speaking , only a thing which thinks, that is to say, a mind, understanding, or reason, terms whose significance was hitherto unknown to me. I am, however, a real thing, and really existing; but what thing? I have already said it : a thing which thinks. " (Descartes, 1968, p. 105)

The soul, or the self, is thus "a thing which thinks", a *res cogitans*. This application of the concept of thing or substance, to the self has had major implications. The term substance is usually applied to familiar objects such as trees or chairs. In scholastic philosophy a distinction was made between the attributes of a thing and that within which such attributes resided. The latter was called the *substantia*, that which "stands beneath" the attributes. The substance, as that in which the attributes or properties of a thing inhere, cannot be readily perceived or described. Nevertheless it is what gives the thing its existence as a singular entity. In the concept of substance used by Descartes, this contrast between the plurality of the attributes and the singleness of that in which they reside, is fundamental. When moved to the self, the *res cogitans*, this contrast is maintained, but operates in a somewhat different way. Frederick Olafson formulates this as follows:

"To the attributes of the standard substance or thing, there now correspond the representations or ideas of the things that the self perceives or otherwise thinks about; and to the mysterious nucleus in which those properties were supposed to inhere, there corresponds that in which these representations are contained. It is as though substance in the picture we ordinarily form of it had been turned inside

out or, better still, outside in. Indeed, this is not a bad way of understanding the change that has taken place, since to the attribute that a thing like an apple displays to general view, there now corresponds a representation *within* the new kind of substance, but with this difference, that the representation is accessible only to the view from within and cannot be perceived from without at all" (Olafson, 1987, p.7).

Thus thoughts, perceptions, beliefs, desires and other mental phenomena are the attributes, or properties, which inhere within the mind. Thought becomes the inner functioning of a substance which we call a subject (*subjectum*). This subject is in contact with an outside world and has knowledge of it through sensation and through the representations it has of it. The mind stands outside the world and has a relation to it. Mind becomes something conceivable apart from and separate from this relation.

It is this epistemological separation, based ultimately, as we have seen, on Descartes' ontological dualism, which gives sense and meaning to the representational theory of mind and thought, concerned as it with the relationship between inner states of mind and outer states of the world. As Dreyfus points out, modern information-processing models of mind and the functionalist philosophies of mind which go with them are, in essence, updated versions of this approach (Dreyfus, 1991, p. 115). Descartes' epistemological separation also provides the source for the project of phenomenology, at least as developed by Husserl and his followers².

Husserl's orientation towards the Cartesian project is overtly positive (the title of one of his major works is *Cartesian Meditations*). His fundamental method of enquiry, which he called

²In turn, Karl Jaspers, in his *General Psychopathology* (Jaspers, 1963, p. 55), cites the direct influence of Husserl on his approach to the phenomenology of psychopathology.

"phenomenological reduction", involves setting aside, or "bracketing", the existence of an outside world in order to focus in a clear and unbiased way upon the phenomena of consciousness and experience. His aim was to reach what he called the "transcendental standpoint". This was to be achieved by a series of "reductions" which, in turn, were operations performed upon everyday experience with the purpose of isolating the "pure" consciousness which is obscured as long as it is not separated from the natural world. Like Descartes, Husserl was attempting to elaborate a method of investigation into the experiential world which was solid and foundational. Louis Sass says:

"Like Descartes' method of doubt, Husserl's approach can be called a kind of "foundationalism" : an attempt to discover a realm of indubitable and transparent meanings or experiential entities that can provide a firm basis on which to build valid knowledge about human existence" (Sass, 1989, p. 443).

Following Descartes, Husserl's transcendental phenomenology thus starts with a radical separation between the world of consciousness and the world "outside" it. However, in some ways Husserl goes a step further than Descartes. His "bracketing" of the natural world extends to the lived life of the person doing the bracketing. His/her body, history and personality are bracketed along with everything else and become the "empirical ego". This is in contrast to the "transcendental ego" of pure consciousness. In this strategy the empirical ego becomes ranked alongside the objects of the natural world and thus an appropriate domain of scientific enquiry. In this way the end result of Husserl's phenomenology is an endorsement of the project of scientific psychology. For him, transcendental phenomenology was concerned with the phenomena of pure consciousness, which he talked about as consisting of acts and meanings, or in his words, of noesis and noema.

Thus Cartesianism provides an account of the self and thought which has been articulated in different ways through different philosophies. It has, in many ways, come to be taken as "common sense" within Western cultures. In their book *Mind, Meaning and Mental Disorder: The Nature of Causal Explanation in Psychology and Psychiatry* Derek Bolton and Jonathan Hill argue that Cartesian dualism provided the 'thought space' in which behaviourist psychology emerged. However, they, like most other philosophers, wish to move us beyond both Descartes and behaviourism, and they suggest that cognitive psychology has effectively allowed us to do so. For them, the problem with Cartesian philosophy is its presentation of mental states as 'epistemically private, inaccessible to public observation and verification' (p. 4). Cognitivism, by making mental states the object of scientific enquiry, is thus seen as being opposed to the Cartesian framework. However, Bolton and Hill appear mainly concerned to surpass *ontological* dualism. They argue that we simply need to 'merge' Cartesian thought and matter and they suggest that cognitivism does this :

"... a (or the) defining attribute of Cartesian mind was *thinking*, which is closely linked to representation, meaning, and intentionality, and these are none other than the characteristics of mental states which are essential for the purposes of cognitive explanations of behaviour. ... what was essential to the Cartesian mind is essential also to mind as posited by cognitive-behavioural explanations. This means that the latter will not be satisfied with any definition of mental states that makes them 'material' *as opposed to* 'thoughtful' ... if mind is going to be identified with the material brain, then the material brain will have to be - like Cartesian mind - a 'thinking substance'" (Bolton and Hill, 1996, pgs 74-75).

Bolton and Hill argue for an approach in which the brain is understood to 'encode' meaning. Because of this the activity of the brain cannot be grasped in terms of traditional notions of causality alone. They propose the existence of 'intentional causality' which comes into play when material systems are involved in 'meaningful' activity, involving the passage and storage of

information. Biological and psychological systems are said to exhibit 'intentional causality'. Because of this such systems lend themselves to scientific investigation with the generation of predictive theories. I shall return to the work of Bolton and Hill in chapter six, when I present a Heideggerian critique of scientific reductionism. Suffice it to say here that I am not convinced that they genuinely move us away from the Cartesian account of human reality presented above. I tend to agree with Dreyfus that information-processing accounts of mind are still firmly within a Cartesianism framework. While cognitivism does move us away from an *ontological* dualism, it continues to operate with a strong *epistemological* separation between the mind and the world outside. McCulloch makes this point in his book *The Mind and its World* (1995) in which he argues the case for an *externalist* account of mind. He argues that even if we move beyond the 'immaterialism' involved in Cartesian ontology we are still left with Descartes' separation of the mind from 'its' body and from the world around it. He says that "vanishingly *little* is settled when immaterialism is rejected" (p. xii). A similar argument is made by Button, Coulter, Lee and Sharrock in their book *Computers, Minds and Conduct* (1995).

For the purposes of this thesis I will identify Cartesianism with a number of assumptions which continue to dominate thinking within psychology and psychiatry. These are :

- 1) an endorsement of methodological individualism and a belief in the possibility of, and the importance of, detached reflection upon the contents of mind
- 2) the epistemological acceptance of an apriori separation of mind from world, in which an *interior mind* relates through internal representations to an *exterior world*
- 3) a belief in the causal nature of psychological events and a reliance on positivism

to guide research and theory formation³

In the next section we shall look at point no. 3 and the way in which this reliance on positivism has developed in medicine and psychiatry.

2.3 SCIENCE, POSITIVISM AND PSYCHIATRY

The Enlightenment witnessed a new orientation within science: a rejection of the 'traditional' Aristotelian ordering of the world and its replacement by a method focused on human reason and observation. This 'inductive-experimental method' became the dominant paradigm in natural science. Subsequent to this, empiricism became the principal philosophy in science and when the systematic study of human phenomena began with Hobbes in the 17th century, it was generally accepted that here too an empiricist methodology would be appropriate. John Stuart Mill's *System of Logic* (published in 1843) provided the philosophical foundation for empiricism as the ground of all knowledge. Mill advocated the use of natural science methods in the study of human phenomena and said that:

"the backward state of the moral sciences can only be remedied by applying to them the methods of the physical sciences duly extended and generalised" (Mill, 1953).

³Mary Hesse writes that the assumptions of Cartesianism :

"constitute a picture of science and the world somewhat as follows: there is an external world which can in principle be exhaustively described in scientific language. The scientist, as both observer and language-user, can capture the external facts of the world in propositions that are true if they correspond to the facts and false if they do not" (Hesse, 1980, vii).

The word "positivism" comes originally from Auguste Comte's *Cours de Philosophie Positive*⁴. Comte attempted to explore reality through the assessment of facts available to experience. He sought to establish the authority of observation and, like Mill, argued that the methods of the natural sciences were the only properly scientific methods available to researchers in the human or social sciences. For Comte, human activity should be included under the category of objective necessity. Furthermore science should be seen as a value-free enterprise dealing in objective facts generated by disinterested observation. Since the time of Comte the term "positivism" has been used to cover a range of philosophical positions. Polkinghorne characterizes its three central themes as:

- (1) metaphysics should be rejected and knowledge confined to what has been experienced or can be experienced.
- (2) The adequacy of knowledge increases as it approximates the forms of explanation which have been achieved by the most advanced sciences.
- (3) Scientific explanation is limited to only functional and directional laws (Polkinghorne, 1984, p. 18).

During the course of the 19th century a combination of naturalism, empiricism and positivism became the basic philosophical credo for most areas of discourse which aspired to be scientific. Naturalism held that all phenomena could be adequately explained in terms of natural causes and laws without attributing supernatural, spiritual or moral significance to them. Empiricism held that the only source of knowledge was from the experience of the senses. This combination of naturalism, empiricism and positivism came to dominate the methodological framework for medicine and the behavioural sciences such as psychology, and has continued to do so up to the present time. Hilary Putnam termed it the "received view" (Putnam, 1962). This dominant system

⁴This was published in six volumes between 1830 and 1842. It contains an encyclopedic account of the sciences. It expounds positivism and introduces the discipline of sociology.

provides epistemological support for experimental designs based upon empirical data. It constitutes the approved approach to science, and it is communicated within the social and behavioural sciences through the primary agencies of disciplinary orthodoxy. The standard textbooks on research, the editorial policies of disciplinary journals, and the guidelines for acceptable doctoral dissertations call for the use of a methodology based on this approach (Polkinghorne, 1984, p.60). I shall use the term "positivism" to broadly denote this "received view". During the last hundred years much Anglo-American philosophy of science has been devoted to detailed development of the internal logic of natural science. It attained its clearest explanation in the work of the group of philosophers known as the "Vienna Circle". Science, they argued, explains events by way of a "deductive-nomological" method through which theories are accurately deduced from observational data. Theory is stated in the form of universal causal laws which can be used to predict, as well as explain, events. Through this prediction theories can, in turn, be tested.

Positivist philosophy of science sought to replace any assumptions or inexplicit links in the process of knowing, with fully explicit observations and fully explicit deductions from these observations. However, as Hume argued in 1748, if all but sense impressions were excluded as sources of knowledge then "causation" as such does not show up. According to Hume "cause" is simply a habit of thought which people add to the sense data (Hume, 1972). Thus the most that we can truly know is that two events have been constantly conjoined in our sense experience. On the basis of our observations alone we cannot know that they will always be so conjoined and that one event causes the other. Philosophers of science committed to the deductive-nomological system had to approach this matter of causation in such a way that it could fit in with their system. To this end they replaced the notion of one event "resulting" from another with the notion that

a certain kind of relationship held between these events. They characterised the kinds of relationship as "necessary" or "sufficient". If a necessary relationship exists between events then the presence of one event is a necessary condition for the presence of a second event. A sufficient relationship can be characterised as follows: "if A, then B". B will always occur if A is present. B "might" occur if A is absent, but it "must" occur if A is present. In the deductive-nomological system, when a relationship exists between events of a sufficient condition, it is spoken of as a causal relationship or as a causal law, examples of which are abundant in medicine. For instance, if an insulin-dependent diabetic does not receive exogenous doses of insulin regularly then he or she will become comatose. For positivism, the ability of science to identify such causal relationships through the deductive-nomological type of methodology underlies its predictive force and its explanatory power. These factors in turn explain the success of the natural sciences. If the human sciences were to aspire to such success they too would have to produce deductive-nomological explanations. I will not discuss here the differences between logical positivism and logical empiricism, nor the differences between phenomenism and physicalism. For the purposes of my explication of psychiatry's underlying philosophical systems the two central elements of the positivist framework are its prescriptions about the collection of data and about the construction of theories.

Within the "received view" of science, two assumptions are made about the human sciences: first that observations can be made objectively and that measures can be defined objectively and applied in a precise, replicable fashion; secondly, that theories can be constructed on the same causal and deterministic basis as in the natural sciences. The ultimate goal of positivism is to provide an objective, empirical and systematic foundation for all knowledge. It is an inherent assumption of positivist philosophy that this is possible. Stemming from this is another basic

assumption: that science is progressive. The accumulation of facts about the world leads to an increasingly detailed and informative picture of reality, both natural and human.

This concept of science and knowledge lies at the heart of Western medicine's understanding of itself. In particular, medical research sees itself as attempting to provide a set of value-free techniques which will alleviate pain and suffering by successfully combating disease. It presents itself as disinterested and empirical in its description of the human organism and its diseases, and as steadily progressive in its understanding of the same. The anthropologist Deborah Gordon argues that the dominant philosophy underlying modern Western medicine (what is usually referred to as "biomedicine") is that of naturalism. This naturalist cosmology and ontology incorporates the main tenets of positivism:

"Biomedical practitioners approach sickness as a natural phenomenon, legitimize and develop their knowledge using a naturalist method (scientific rationality) and see themselves as practising on nature's human representative- the human body (Gordon, 1988, p.24).

Biomedicine also assumes a naturalist epistemology:

"Naturalist truth is not supernatural or spiritual knowledge but the truth of matter, of mechanism. "Truth" is in the accurate explanation of material reality, not in the good, or the beautiful, or the spiritual. Naturalist knowledge should maintain the separation between culture and reality. Culture - symbols and language - are vehicles for knowing; they connect the outside reality with the internal knower. They should leave no trace on the knowledge, that is, they should depict rather than constitute... Rationality is also separate from morality. In fact it is supposed to be stripped of value and to present only "facts". Truth tells us about how things work "naturally" not ideologically. Finally, ideally truth is beyond time and space - singular, universal, eternal, and neutral" (Gordon 1988, p.30).

Biomedicine incorporates a naturalist epistemology as its "official" theory of knowledge, and uses

science to provide its criteria of truth. Psychiatry, which conceives of itself as a branch of biomedicine, generally follows suit.

Since its beginnings in the nineteenth century, psychiatry has been at pains to demonstrate its medical and scientific credentials. In general psychiatric textbooks, an introductory chapter usually contains a brief statement of the positivist nature of psychiatric research and theory. For example, according to Mayer-Gross, Slater and Roth (1960, p. 24) :

"The foundations of psychiatry have to be laid on the ground of the natural sciences".

Most psychiatrists see themselves as working with a "medical model". In this is argued that psychological distress is best understood by reference to the traditional medical concepts such as aetiology, diagnosis, prognosis etc. Psychiatric problems are given disease names and discussed under the heading "psychopathology". The two basic tenets of positivism mentioned above are endorsed by this model; thus it is assumed that it is possible and preferable to make observations objectively in psychiatry. Just as physical medicine characterises a patient's condition in terms of temperature, pulse, blood pressure and other measurable phenomena so too psychiatry attempts to measure the "symptoms" of psychological distress in an objective manner. To this end various "instruments" have been developed. These take the form of standardised questionnaires which seek to identify and quantify psychiatric disorders in a precise and replicable fashion. Great effort has also been put into the development of operational definitions of symptoms and syndromes culminating in the now widely used *Diagnostic and Statistical Manual* (mentioned in the last chapter).

Psychiatry has also sought to produce theoretical models based upon causal modes of explanation.

As David Ingleby has shown this has taken both "strong" and "weak" forms:

"The "strong" form, variously called the "faulty-machine" or "disease" model, suggests that the causal factors underlying mental illness are physiological disorders; the "weak" version still invokes causal explanation, but blames the problems on psychological or environmental factors" (Ingleby, 1980, p.34).

Ingleby argues that the positivist position is by no means eliminated simply by denying the physiological origins of madness and distress and arguing instead for an alternative set of aetiological factors whether these be psychological or social. Both forms of this theoretical model assume that psychiatric problems can be explained by analysing the effects of various "causal" factors. This is an important point because many critics of psychiatry have specifically targeted the medical model, or the "strong" positivist position, arguing that psychiatry's problems are all due to the stranglehold of the medical profession.

Two important consequences which result from the adoption of the positivist position in both its medical and non-medical forms are, first, the conclusion that psychological problems have the same basic form cross-culturally and, secondly, that the history of psychiatry can be seen as a progressive identification of the true nature of mental illness. Through the adoption of the "scientific method" and the use of standardised questionnaires and operational criteria, psychiatric research has attempted to delineate the universal aspects of mental illnesses. Because such questionnaires and criteria are produced within the context of a positivist science, they are thought of as value-free and "neutral". They are not felt to incorporate any particular ethnic or social class bias. Their use in non- Western societies is seen as unproblematic and the results produced are

seen as universally valid.

On the other hand positivism underscores psychiatry's claim to be in the process of unravelling the true nature of mental illness. As I have noted above, inherent in the positivist position is the assumption that science is a progressive endeavour. It is seen as leading inexorably towards a deeper understanding of how the world, including human beings, function. Scientific psychiatry holds that it, too, is leading to a deeper and continually more accurate picture of the nature of mental illness. Sir Martin Roth, founding President of Britain's Royal College of Psychiatrists, in a book written with Jerome Kroll, asserts that:

"... having regard to the successes of the medical models in recent decades, we can reasonably expect that clinical practice and the public health approaches to the problems of mental health will acquire a more solid factual foundation and thus become more precise and effective. This is because medical models pose clear questions that can be refuted or upheld by scientific investigation" (Roth and Kroll, 1986, p. 66).

This sort of position fits happily with an account of psychiatry's history which emphasises its progressive nature. In such an account it is proposed that in the modern Western world we are enjoying the fruits of a scientific enlightenment which has allowed us to discover that psychiatric problems are not due to witchcraft, possession or any other supernatural force but are the effects of disease processes, whether organic or psychological. We look back on centuries of barbarism when the mentally sick were not treated properly. As Peter Sedgwick puts it:

"The basic perspective of this variety of psychiatric history is, roughly speaking, liberal, evolutionist and sympathetic to modern diagnostic categories as the criterion of reality against which earlier discoveries are to be tested and found wanting" (Sedgwick, 1982, p.129).

In the positivist account madness is seen to be waiting for psychiatry to describe and classify it. From this position the object of a science is seen to exist prior to the science which slowly begins to apprehend and eventually understand it. Knowledge is seen to develop in an evolutionary and teleological fashion. This position has been challenged recently from a number of directions. I will not discuss these critiques here. My aim has been simply to highlight the relationship between psychiatry and the cultural agenda initiated by the European Enlightenment. However, as I have already introduced the work of Foucault in the introduction I wish to briefly mention his work in this area. The positivist account of the history of psychiatry is one that Foucault opposed strenuously. Instead, he argued that madness could not have become the object of a special science, as it did to psychiatry in the 19th century, unless it was previously the object of exclusion, internment and correction. Alan Sheridan summarises Foucault's position thus :

"Madness did not wait, in immobile identity, for the advent of psychiatry to carry it from the darkness of superstition to the light of truth. The categories of modern psychiatry were not lying in a state of nature waiting to be picked up by the perceptive observer : they were produced by that "science" in its very act of formation. Similarly, the sudden, massive resort to confinement in the mid-seventeenth century was not a necessary response to a sudden upsurge of "asocial elements". This act was as sudden as that by which the lepers were expelled from the city : but its significance cannot be reduced to its actual result (Sheridan, 1980, p.26).

2.4 SUMMARY

I have argued in this chapter that one result of the European Enlightenment has been a cultural preoccupation with reason and rationality. This is evident in the philosophy of Descartes which is still influential in psychology and psychiatry. An important result of this focus on reason is the

dominance of a positivist paradigm within psychiatry. In essence, positivism asserts the possibility of framing all human problems in a technical idiom. It is proposed that such problems can be investigated adequately with the tools of a causal science and solutions developed accordingly. While commentators such as Bolton and Hill argue that biological and psychological sciences require a concept of 'intentional causality' they remain broadly committed to the positivist agenda.

In chapter four I shall examine the growing importance of cognitivism in psychology and psychiatry and indicate how this process has been supported by, and in turn has offered support to, a functionalist approach within philosophy of mind. As mentioned before, functionalism is premised upon the central tenets of Cartesianism outlined above. However, before doing so, I wish, in the next chapter, to introduce the discourse on trauma and examine some of its underlying assumptions.

CHAPTER THREE

POST TRAUMATIC ANXIETY

3.1 INTRODUCTION

At the heart of the current discourse on trauma lies the diagnosis of Post Traumatic Stress Disorder (PTSD), which was first given full recognition in the Diagnostic and Statistical Manual -Version Three (DSM III) of the American Psychiatric Association in 1980 (APA, 1980). Prior to this a separation had been made between the acute reaction to stress and more enduring consequences. For example in DSM I (1952) the entity "gross stress reaction" was conceived as a disorder which resolved rapidly unless there was preexisting personality pathology. Similarly, DSM II (1968) included the disorder "transient situational disturbance" which was said to be present if the response to a stressful event was shortlived. If more long-lasting effects were noted then the disorder became simple "anxiety neurosis". Again this implied that stress responses were short-lived unless the individual patient had some preexisting vulnerability. DSM II is quite clear about this:

"If the patient has good adaptive capacity his symptoms usually recede as the stress diminishes. If, however, the symptoms persist after the stress is removed, the diagnosis of another mental disorder is indicated" (APA, 1968).

DSM III PTSD thus represents a considerable shift, in that it involves the notion that traumatic events in adulthood can, of themselves, produce prolonged adverse psychological consequences. There is a moral implication to this change. If trauma can, of itself, produce prolonged psychiatric

sequelae, then responsibility for this suffering lies with whoever caused the trauma. On the other hand if prolonged morbidity only occurs in someone with preexisting problems, then this responsibility is somewhat lessened. Allan Young, whose work on the history of PTSD was quoted in chapter one, argues that this moral issue was one of the main reasons why PTSD achieved full nosological status in the U.S. classification in 1980, at the end of the war in Vietnam. Young cites the work of Wilbur Scott, who interviewed the principal people involved in getting PTSD recognised. Scott points out that during the 1970s American psychiatrists and other mental health professionals, particularly those working in the Veterans Administration (VA) medical system, were faced with a virtual epidemic of suicides and severe psychiatric problems among veterans returned from Vietnam. A number of veterans and their supporters started to become frustrated with a psychiatric system which attached little importance to their terrible experiences during the war:

"Mental health professionals across the country assessed disturbed Vietnam veterans using diagnostic nomenclature that contained no specific entries for war-related trauma. ... VA physicians typically did not collect military histories as part of their diagnostic work-up. Many thought Vietnam veterans who were agitated by their war experiences, or who talked repeatedly about them, suffered from a neurosis or psychosis whose origin and dynamics lay outside the realm of combat" (Scott, 1990, p.298).

Gradually a campaign emerged involving veterans, their families, politicians and prominent psychiatric clinicians. This aimed at achieving full official recognition of the role of war-time suffering in the causation of psychopathology. As Young notes :

"the advocates were able to make a compelling *moral* argument for PTSD, albeit one that fell on deaf ears in the VA and the traditional veterans' organizations. The failure to make a place for PTSD would be equivalent to blaming the victim for his misfortunes - misfortunes inflicted on him by both his government and its

enemies. It would mean denying medical care and compensation to men who, had been obliged or induced to sacrifice their youths in a dirty and meaningless war. Acknowledging PTSD would be a small step toward repaying a debt" (Young, 1995, p.114).

Contrary to the dominant positivist perspective (as outlined in the last chapter), Young argues that PTSD was *created* at a particular time, in a particular place and according to a particular moral and political agenda. It was not simply a medical condition waiting to be discovered. It fulfilled the need of American society to recognise the suffering of the young people who were damaged by the war in Vietnam. This is not, of course, how psychiatry sees it. As Scott (1990) notes, those psychiatrists and others involved in the campaign for the recognition of PTSD saw it as an 'always-already-there object in the world'. It was understood to be a hidden and neglected syndrome, and they were fighting for its 'recognition'. Interestingly, at the same time that PTSD was being 'recognised', homosexuality was being 'de-recognised' as a psychiatric condition which did not appear in the DSM III.

However, the DSM claims to be 'atheoretical' and based purely on scientific investigation. As a result, this background agenda is given little attention in psychiatric discussions of trauma. PTSD is presented as a 'straight-forward' medical condition which can be defined in terms of aetiology, diagnosis, psychopathology, treatment and prognosis. The 'symptoms' described in the DSM are held to be universal and not associated with any particular cultural situation.

In this chapter I will first describe the 'syndrome' of PTSD as presented in the DSM. I will then argue that different reactions to trauma, with different patterns of symptoms, have been described historically in the medical literature. I will also look at evidence that the symptoms of PTSD, as described in the DSM, do not have the same significance in different situations cross-culturally.

These themes will be taken up again in the chapter five. In the second half of this chapter I will examine theoretical approaches to PTSD and show how cognitivism has come to be of central importance in current understandings of the syndrome.

3.2 THE SYNDROME OF POST-TRAUMATIC STRESS DISORDER

According to the recent versions of the American Psychiatric Association's DSM a diagnosis of PTSD can be made if the patient exhibits a certain combination of symptoms. These symptoms fall into three groups:

- a) symptoms of intrusion; such as recurrent thoughts about the trauma, nightmares, flashbacks and exaggerated reactions upon exposure to reminders of the trauma.
- b) symptoms of constriction and avoidance; such as efforts to avoid thoughts about the trauma, efforts to avoid places or activities which remind one of the trauma and evidence of more general withdrawal from the world.
- c) other symptoms such as irritability, insomnia, poor concentration and hypervigilance. These 'other' symptoms are sometimes described as 'hyperarousal symptoms'.

In the 1980 DSM III the last group of symptoms included feelings of guilt about surviving when others had not and the presence of an exaggerated startle response. This version also described three forms of PTSD: acute, when the onset of symptoms was within 6 months of the trauma and the duration was less than 6 months; chronic, when the duration was for more than 6 months; and delayed, when the symptoms were not present in the first 6 months after the trauma. The DSM III was quite clear that the symptoms were the direct result of the trauma, even though there was

an acknowledgment that pre-trauma psychopathology could be a predisposing factor.

In 1987 a revised version of the Diagnostic and Statistical Manual was produced : DSM III-R (APA, 1987). In this, the third group of symptoms were named as symptoms of 'increased arousal' and survivor guilt was dropped from the criteria. DSM III-R had an expanded list of avoidance symptoms. It also asserted that symptoms must usually begin in the immediate aftermath of the trauma and last for no less than one month. In addition the revised version elaborated an account of the syndrome in children. Like the original DSM III it continued the idea that the traumatic event was the central aetiological factor.

By the time the next version was produced in 1994, psychiatric thinking about the syndrome had shifted somewhat and a number of important alterations were made. In the DSM IV (APA, 1994) account of PTSD a stronger role is given to individual history and personality. The new version also incorporates recent thinking about the stressor criterion. Thus, it is acknowledged that being a *witness* to a distressing event can be traumatising, even in the absence of direct threat to self.

While in DSM III the stressor criterion simply reads :

"The existence of a recognizable stressor that would evoke significant symptoms of distress in almost anyone",

in DSM IV this has changed to :

" The person has been exposed to a traumatic event in which both the following were present:

(1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

(2) The person's response involved fear, helplessness, or horror. *Note* : In children, this may be expressed instead by disorganised or agitated behaviour.

DSM IV also included a new category: Acute Stress Disorder. This is separate from PTSD and to make the diagnosis the symptoms must occur within four weeks of the trauma and resolve within that four week period. In spite of these changes, the characteristic symptoms of PTSD are now widely accepted as defining the essential elements of human reactions to trauma. Within the discourse on trauma there is continuing debate about specific symptoms, and the DSM description of PTSD will no doubt continue to be revised. However, there appears to be a consensus about the formulation of post traumatic reactions in terms of intrusive, constrictive and hyperarousal symptoms. These symptoms are held to be universal and it is argued that they can be seen in children as well as adults. It is assumed that they are expressive of conflicts and disturbances happening within individual minds.

3.3 INDIVIDUAL REACTIONS TO TRAUMA : HISTORICAL ASPECTS

While PTSD was first defined as an entity in 1980, since its formulation a number of researchers have claimed to have found evidence that the syndrome has always existed. This is not surprising, given psychiatry's positivist self-understanding. Daly (1983) argues that the symptoms of PTSD are described in the famous diary of Samuel Pepys. In this, Pepys describes his experience of the Great Fire of London. His account of this begins on the 2nd of September, 1666. Pepys describes the gradual progression of the fire towards his home and details his own fear and the terror he sees in other people as they are unable to protect their property. He describes how he subsequently developed "dreams of the fire and falling down of houses". He was still unable to

sleep "without great terrors of fire" six months later. Daly suggests that Pepys' symptoms include intrusive images of his frightening experience, feelings of detachment, and memory impairment. The claim is that Pepys' diary establishes that PTSD (as defined by modern psychiatry) existed in the past.

O'Brien makes the point that several authors have championed this claim that:

"PTSD is merely the renaming or the synthesis of an age-old condition" (O'Brien, 1998, p.5).

He calls for caution, and in a review of various anecdotal papers which make this claim, found few which actually made a convincing case in its favour. While historically there is considerable evidence of physical and psychological reactions to terrifying events in the medical and non-medical literature, most of these reports point to symptom complexes which are *not* co-terminus with the defined symptoms of PTSD. For example, there are descriptions from the American Civil War of soldiers who developed symptoms of lethargy and withdrawal. These were thought to be due to 'nostalgia', in turn due to their being far away from home. There were also descriptions of syndromes such as 'soldier's heart' and 'irritable heart' which, whatever their aetiology, clearly manifested in physical symptoms located in the chest. The syndrome of 'shell shock' was described in the First World War. The symptoms of this were said to be the result of loss or impairment of the functions of the central nervous system and were assumed to be the result of organic damage (Mott, 1991). The symptoms of shell shock have been variably described but included daze, fear, trembling, nightmares and an inability to function. Conversion hysteria was also commonly described in the First World War. The most common symptoms among British soldiers were : paralyse, contractures, muscle rigidity, gait disorders, seizures, tremors, spasms, blindness,

muteness, fugue states and other symptoms of nervous system dysfunction. In addition to these syndromes, military doctors also described syndromes of 'neurasthenia' and 'disordered action of the heart'. In other words, the symptoms of Shell Shock are simply not the same as those of PTSD. In the Second World War, there were a number of studies of symptoms associated with combat. Grinker and Spiegel (1945) documented the 19 most common symptoms that persisted long after soldiers were removed from combat. According to frequency of occurrence the top 5 were: restlessness, irritability, fatigue on arising, difficulty falling asleep and anxiety.

On reviewing these studies one is led to the conclusion that the symptoms of intrusion and avoidance, which are at the heart of the DSM concept of PTSD, actually figure quite infrequently. Somatic symptoms appear much more often. On this account it is simply wrong to conclude that PTSD (as currently defined) has always existed. In spite of this, PTSD is often presented as though it was something 'discovered' by psychiatrists, something which, since being discovered, throws light on other unexplained areas of psychological functioning. In fact, as we have seen above, Allan Young has argued that PTSD is something *created* by psychiatry at a particular historical and cultural moment. This is not to say that the suffering which the PTSD concept attempts to capture is in any way fictional or unreal. It is not to say that in the past people did not suffer in the wake of life-threatening, terrifying or deeply distressing events. It *is* to assert that the symptoms defined by the DSM, and the way in which they are grouped and related to one another, constitute one particular way of approaching and understanding the sequelae of such events.

3.4 SIGNIFICANCE OF THE *INTRUSIVE-AVOIDANCE* MOTIF CROSS-CULTURALLY

In keeping with this historical evidence, there is also cross-cultural support for a cautious approach to the universality of PTSD. The trans-cultural psychiatrist, Laurence Kirmayer, argues that there has been a neglect of somatoform and dissociative disorders in Western psychiatry in recent years. He suggests that trauma can be 'inscribed on the body' in different ways and in many non-Western societies somatization and dissociation are the mechanisms most commonly involved. Kirmayer argues that :

"The mechanisms of the cultural shaping of symptomatology ... differ in some details for somatic, anxiety and dissociative symptoms. Models of somatization emphasize somatic amplification and symptom attribution ... models of anxiety emphasize cognitive evaluation leading to catastrophizing loops ... models of dissociation involve alterations of attention, absorption in imagery, and attributions of involuntariness ... (T)he specific social mechanisms posited ... all involve a hierarchy of attentional mechanisms, attribution and interpretation, narratization, discourse, and praxis in which simpler psychophysiological processes are embedded in more complex levels of social meaning" (Kirmayer, 1996, pgs 149-150).

In other words, traumatic experiences will effect different responses in individuals, depending on the culture in which they live. Cultures differ in how they promote conscious and non-conscious ways of dealing with distress. Individuals experience and endure suffering in different ways and with different symptomatic outcomes:

"Thus the effort in the PTSD literature to isolate a simple cause-and-effect relation between trauma events and specific symptoms ignores the social and cultural embedding of distress that ensures that trauma, loss, and restitution are inextricably intertwined" (Kirmayer, 1996, p. 150).

If Kirmayer's analysis is correct, then it would be safe to assume that the intrusion-avoidance symptom complex described in DSM PTSD, would have varying levels of significance in different societies. An empirical study carried out by the author of this thesis in Uganda provides

some support for this conclusion (Bracken, 1994). In the study, 148 people from two neighbouring villages were interviewed by the author and a social worker from the same area. These villages were in the Luwero Triangle, a part of Uganda which had suffered greatly during the war years (see chapter five for further details). As part of the interview a number of questionnaires were used. One of these was the Impact of Events Scale (Horowitz et al, 1979) which seeks to measure the respondent's level of intrusive and avoidance symptoms. In addition, the social worker made an assessment of each individual's 'level of social functioning', using the Axis V scale from the DSM III. This is a measure of the 'highest level of adaptive functioning' over the preceding year. It ranges from a score of 1 (superior functioning) to 7 (grossly impaired). The score is arrived at after consideration of the person's functioning in terms of (a) social relations, (b) occupational functioning and (c) use of leisure time. It was found that intrusive and avoidance symptoms *were* reported when specific questions were asked about them. Furthermore, their presence was associated with the level of suffering endured during the war years. However, there was no association between these symptoms and the level of social functioning. In other words, those who had suffered most and who had the highest scores on PTSD symptoms were not necessarily the ones who had the poorest social functioning. In the study poor social functioning emerged as being most clearly associated with living alone, having no children and illiteracy. The presence of PTSD symptoms (as defined by DSM III) did not seem to affect the individual's ability to function.

Similar results were reported from a study carried out in Nicaragua by Summerfield and Toser (1991). This research was of war-displaced peasants who were all survivors of atrocities. Summerfield commented on their results :

"I studied peasants displaced by war in Nicaragua, all survivors of atrocities, and found that features associated with post-traumatic stress disorder were common, but these people were nevertheless active and effective in maintaining their social world as best they could in the face of the continuing threat of further attacks ... When these people did seek treatment it was for psychosomatic ailments, which are not included in the definition of the disorder. ... The diagnosis of post-traumatic stress disorder says little about ability to function" (Summerfield, 1991, p. 1271)

Similar findings have been reported in Cambodian war refugees in the United States (Mollica et al, 1987). Thus, while the intrusive-avoidance symptom complex might be found in different settings this does not mean that it has the same *significance* in these settings. Depending on the cultural position of the people involved, other symptom complexes may be present and may be of more importance. In addition, the level of social functioning may be influenced by factors other than these PTSD symptoms. In spite of this, PTSD researchers have, in the main, assumed the universal significance of PTSD symptoms and the cross-cultural validity of the concept. We shall return to these concerns in chapter five. In the rest of this chapter we shall examine how these researchers have conceptualised the concept and approached the question of treatment from this universalist position. My account of theoretical models of PTSD is not meant to be comprehensive. Instead I am attempting to give the reader a sense of how the debates in this area are moving and what assumptions are involved.

3.5 BEHAVIOURAL CONCEPTUALISATION OF PTSD

A number of PTSD researchers have argued that traditional behavioural frameworks are adequate to conceptualise the way in which the clinical syndrome is produced. These involve learning theory and models based on the notion of conditioning. Such researchers point to the similarity between the symptomatology of simple phobias and that of PTSD. In the former there is a recognisable stimulus (trauma), following which the individual shows fear and avoidance when confronted with similar or associated stimuli. In Watson and Rayner's paradigmatic experiment, "Little Albert" was exposed to a loud and frightening noise when playing with a white rat. Two year old Albert subsequently showed fear when exposed to the rat, even when the noise was not present. However, individuals with the syndrome of PTSD fear and 'avoid' a range of situations not directly related to the original fearful situation. This feature needs to be explained by any theory which claims to provide an adequate conceptualisation. With this in mind behaviourists have looked to Mowrer's (1960) "two-factor" learning theory. According to this, two types of learning, classical and instrumental, occur in syndromes involving sustained reactions of fear and avoidance:

"In the first stage, via temporal contiguity, a previously neutral stimulus becomes associated with an unconditioned stimulus (UCS) that innately evokes discomfort or fear. The neutral stimulus then acquires aversive properties such that its presence elicits anxiety; it now becomes a conditioned stimulus (CS) for fear responses. When this conditioned stimulus is paired with another neutral stimulus, the latter also acquires aversive overtones and its presentation will also evoke anxiety. Through this higher order conditioning, many stimuli, including words, images and thoughts, acquire the capacity to engender anxiety. The number of conditioned stimuli is further increased via a process of stimulus generalization: Stimuli that are similar to the original conditioning stimulus also gain anxiety eliciting properties. Anxiety or discomfort is experienced as an aversive or unpleasant state. The second stage, then, consists of the development of learned responses, i.e. avoidance or escape responses, which decrease or terminate the

discomfort arising from the presence of the conditioned stimuli" (Foa et al, 1989, p.157).

Thus, in the first stage the victim develops fear of various stimuli and tends to avoid these. In the second stage (involving instrumental learning) he/she develops a range of 'escape' and avoidance behaviours which are selectively reinforced because they reduce exposure to a noxious stimuli.

This theory has been used to understand the symptoms reported by Vietnam veterans (Keane et al, 1985) and victims of rape. With regard to the latter, Becker et al. (1984) have proposed that the assault situation operates as an unconditioned stimulus (UCS) which provokes extreme anxiety and fear. Originally non-threatening aspects of this situation can subsequently operate as conditioned stimuli (CS) and generate anxiety in the victim, on their own. Thus, rape often leads to a fear of sexual activity, a fear of men in general and to other fears associated with the original assault. To avoid discomfort the victim may avoid sexual encounters entirely and actively inhibit sexual feelings in herself. A similar conceptualisation is used by Kilpatrick et al. (1985). They point out that thoughts, words and images associated with the original assault situation can come to provoke anxiety, and thus it becomes extremely difficult for the victim to discuss her experience without anxiety. Victims may thus find the therapy context extremely stressful. In spite of this, Kilpatrick et al. are confident about the need to face the "feared object":

"Given that the key element in resolution of a phobia is exposure to the feared object, or extinction, avoidance behaviour must be changed if fear responses are to be reduced" (Kilpatrick et al, 1985, p. 119).

Although these theories appear able to account for the fear and avoidance often seen after

traumatic experiences, they have difficulty explaining why some events result in simple phobic avoidance while others give rise to the additional symptoms of the PTSD syndrome. In particular, behavioural approaches have difficulty accounting for the reexperiencing symptoms, which some researchers regard as the cardinal features of the syndrome. Friedman and Marsella (1996) note that:

"Criterion B, the *intrusive recollection* criterion, includes symptoms that are perhaps the most distinctive and readily identifiable symptoms of PTSD" (p. 15).

The consensus among theorists of PTSD is that learning theory, on its own, simply cannot account for the intrusive-avoidance symptom complex which is key element in the syndrome, as presented in the DSM. As a result, even former proponents of these behavioural approaches have tended to stress the importance of cognitive elements such as appraisal and expectancy in understanding post-traumatic sequelae. As we shall see below, cognitivism is now the dominant framework used in conceptual work on trauma. Before discussing this work it is important to look at contributions from the psychodynamic point-of-view.

3.6 PSYCHODYNAMIC CONTRIBUTIONS

Trauma played a central role in the early theories of Freud. In his work up to 1896 he held that all adult neurosis had its origins in some form of traumatic event. He distinguished between the "actual neuroses" and the "psychoneuroses". The former originated in sexual frustrations encountered in adult life, while the latter were due to sexual traumas experienced in early life (the so-called "seduction theory"). Most of his attention was directed towards the latter. While obsessional neurosis was the result of "active seduction", hysteria was brought about by "passive

seduction". Hence obsessionality was more common in men while hysteria was more common in women. In his early work with Josef Breuer, Freud expressed a great deal of therapeutic optimism with regard to hysteria:

"Each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect, and when the patient had described that event in the greatest possible detail and had put the affect into words" (Breuer and Freud, 1955, p.6)¹.

As is well known, between 1896 and 1914, Freud abandoned the seduction theory and with it his ideas about the traumatic origins of neurotic symptoms. Actual traumatic events were never to figure very highly again in his work. However, in *Beyond the Pleasure Principle*, published after the First World War, in 1920, he returned to the subject. In this book he proposed a second model of psychic trauma. He suggested that the ego has a "stimulus barrier" which acts to control the amount of information and energy entering the psychic system. This varies in different people and thus different people respond to the same event in different ways. Freud hypothesized that traumatic neuroses occur when the mind is overwhelmed and overexcited by stimuli from outside. The mental system becomes overloaded. The excessive excitation disorganises ego functioning and gives rise to the various different post-traumatic sequelae. This flooding of the ego can lead to psychosis but usually a spontaneous process of recovery and reorganisation occurs. However, as James Titchener writes:

"The implication of the traumatic or stressful event at unconscious and conscious

¹This early Freudian belief in the importance of 'facing up to the trauma' resonates with the sentiments quoted from Kilpatrick, above, with regard to the importance of challenging 'avoidance behaviour'.

levels of understanding and the dreaded memory of the moments of fear and helplessness give it a meaning with widespread effects on individual mental life. Resistances against reexperiencing the event vie with intrusive images of it during the daytime and with dreams of it at night. Conflicts over the guilt of surviving when others did not, neurotic and real guilt about responsibility for the traumatic happening, shame of how one behaved under stress, and the overwhelming feeling of helplessness are all aspects of the psychodynamics of the stress response syndrome" (Titchener, 1986, pgs. 11-12).

Psychodynamic theorists tend to emphasise the ways in which traumatic experiences resonate with experiences from infancy and childhood. They point to the ways in which traumas can activate conflicts from the past, conflicts around issues such as safety, trust, parental protection, dependency and autonomy. Marmar et al write:

"Adult trauma may activate specific pre-oedipal or oedipal constellations, particularly those concerning maternal protection and nurturance, control of emotions and bodily functions, and conflicts about potency, rivalry, aggression, and fears of retaliation. The trauma-activated themes are seen as bridges from current concerns to self-representations, representations of other, affect states, and defences arising during early development periods" (Marmar et al, 1995, p.495).

Freud described the phenomenon of 'repetition compulsion', in which the person re-experiences the traumatic event in an effort to gain mastery over it. This was an important precursor for Horowitz's theory of the 'completion tendency' (discussed below) which has played a major role in cognitive theories of PTSD. However, as we noted in chapter one, psychoanalysis has actually influenced psychiatry away from a concern with traumatic phenomenon during the greatest part of the 20th century. As Van Velsen notes:

"classical Freudian analytical theory, with its emphasis on drives, instincts and regression, meant that for a long time analysts thought that it was not the stressor,

in particular, that was traumatic but the recrudescence of a previously repressed infantile conflict" (Van Velsen, 1997, p.61).

In more recent times, analysts have again become interested in the phenomenon of trauma and its sequelae. However most have turned away from the classical analytic theory and towards cognitive ideas, in this process. Horowitz, who has developed the most influential theoretical account of PTSD, is himself an analyst who has turned towards cognitivism. Marmar et al (1995), quoted above, put forward the conception of traumatic events activating "earlier mental schemas". As we shall see below this is very similar to the ways in which explicitly cognitivist approaches describe what happens.

3.7. COGNITIVE APPROACHES

The central concern of cognitivist psychology is information-processing. There is an underlying assumption that the mind-brain relationship is similar to the relationship between computer software and hardware. The mind is like the programmes running on a computer. These programmes are made up of schemata which structure the individual's orientation to the world and determine the way in which he/she experiences events in the world. Human beings are said to 'process' information about the world just as a software programme processes information and stores it in particular ways. The cognitivist orientation towards trauma involves the idea that there has been a failure in processing. This can happen for a number of reasons; for example the preexisting schemata may have been inadequate or the information contained in the traumatic

event may be overwhelming. In turn, as we shall see below, therapeutic approaches involve attempts to promote processing of the traumatic material in different ways.

3.7.1 Cognitive appraisal

We have seen above that both traditional behavioural approaches and classical psychodynamic theory have been found inadequate in the face of the PTSD syndrome, as defined in the DSM. They have different shortcomings but, in essence, neither are able to provide an adequate conceptualisation of the sort of psychological sequelae involved in PTSD, and in particular the persistence of an intrusion-avoidance symptom complex. A number of researchers have argued that an adequate theory has to cover the fact that human beings try to 'make sense' of their environment. The intrusion-avoidance symptoms are understood to result when this fails. Foa et al (1989) argue that there is a strong case for a theory which invokes 'meaning concepts' when it comes to the full syndrome of PTSD. They argue that strong evidence for this is the fact that perceived threat is a better predictor for the occurrence of PTSD than actual threat.

Cognitive appraisal is theorised as a process through which individuals attach meanings to events. This has been invoked by a number of researchers in relation to trauma. Thus, both Frank and Stewart (1984) and Schepple and Bart (1983), in studies of women who had been raped, showed that victims who were assaulted in situations where they felt safe were more likely to suffer severe reactions compared to those who were attacked in conditions they, themselves, had thought to be dangerous. These researchers postulated the existence of cognitive schemas which influence the individual's response to trauma and affect their ability to process it successfully. However there are limits to what the idea of cognitive appraisal can explain. As Lee and Turner remark:

"By placing the emphasis on pre-existing cognitive schemata, the research further sheds light on possible factors that determine why some individuals but not others develop PTSD, and also its severity of presentation. Yet in terms of offering an overall theoretical perspective of PTSD, these approaches lack a convincing means of explaining the core symptoms of PTSD" (Lee and Turner, 1997, p.67).

For example, invoking the notion of cognitive appraisal does not help in an explanation of emotional numbing or why some people develop delayed symptoms.

3.7.2 Information-processing

Perhaps the most influential model of post traumatic stress disorder is the one developed by Mardi Horowitz in California in the late nineteen seventies. It combines both psychodynamic and cognitivist theories. Horowitz proposed in his book, *Stress Response Syndromes* (1986), that traumatic experiences disrupt an individual's life by producing a block in cognitive and emotional processing. Horowitz, echoing Freud, assumes the presence of a 'completion tendency' in which the :

"mind continues to process important new information consciously and unconsciously until the situation or the models change and the reality and the schema of that reality reach accord" (p. 100)

A traumatic event presents information which conflicts with pre-existing schemas. There is thus an incongruity which gives rise to distress. This provokes a 'stress response' which involves reappraisal of the event and revision of the schemas. If the event is highly traumatic this process is prolonged. However, until such time as the process is complete, the event remains stored in 'active memory'. Horowitz elaborates his theory in terms of 'cognitive processing' and suggests that there are natural and protective limits to the rate of such processing:

"The recurrence of a familiar nonstressful event is likely to be quickly and automatically assimilated. The cognitive processing will be completed, and the information in active memory storage will be rapidly terminated. The information in novel and stressful events, however, cannot be processed rapidly. Thus the point of relative completion is not achieved, and the active memory retention is not terminated, with relevant codings of information remaining in active storage.

Assuming a limited capacity for processing, such codings will remain stored in active memory even when other programs have greater priority in the hierarchy of claims for channels. These actively stored contents, however, will generally be repeatedly represented. Each episode of representation will trigger a resumption of processing. Thus, whenever this set of information achieves a high-enough priority, representation and processing will resume. If the contents are interrupted by controls that regulate priorities, they will remain in coded form in active memory" (Horowitz, 1986, p.95).

Because the representation of the traumatic event is stored in active memory it is replayed over and over again, each time causing distress for the individual. To prevent emotional exhaustion, inhibition and facilitation processes become involved and these act as a feedback system which modulates the flow of information. Horowitz argues that the response to trauma has a phasic nature and involves periods of active memory alternating with periods of inhibition. These processes are the mind's innate response to stress and occur in all individuals after all stressful events. If there is a failure of inhibition, intrusive symptoms such as nightmares and flashbacks occur. On the other hand, if inhibition is too strong, symptoms of withdrawal and avoidance occur. According to Horowitz, there are substantial individual variations in the ways in which intrusion and avoidance phenomena interact. He focuses on personality structure and gives examples of reactions to stress in people with hysterical, compulsive and narcissistic personalities.

Like other theorists from the cognitivist tradition, Horowitz uses the concept of internal schemas. As noted above, in cognitivist terms, schemas are held to be similar to the programs running on a computer. Such programs encounter new 'information' from a particular perspective and process

it in particular ways. This 'information' is then incorporated by the program which either changes elements of itself in response to the new 'information' or remains the same. Traumatic experience is held to contradict our 'grandest schemata' and overwhelm our ability to process and incorporate new experiences. As the traumatic experience remains unincorporated it continually presents itself to consciousness in the form of intrusive symptoms. As Bolton and Hill formulate it :

"There is in post-traumatic stress reaction a *failure to integrate the trauma into the system of belief about the self and reality*. (Bolton and Hill, 1996, p.359).

3.8 APPROACHES TO THERAPY

From the cognitivist point of view, processing the trauma is essential if the person is going to be able to 'move on'. This requires reliving the experience in one way or another and the therapist is required to help the patient face the trauma. Processing also involves work on the patient's beliefs and models, or in cognitivist terms: their schemas. The psychologists Hodgkinson and Stewart write:

"One of the major goals of emotional processing after trauma may be to achieve 'cognitive completion', to integrate the stressful experience with enduring models of the world and one's relation to it ... The experience of being victimised causes a rupture in the person's personal, family and community identity; if unprocessed, the rupture continues, severing the meaning of all that happened in the past from the present and the future. A continuity needs to be re-established between past and present, and the experience integrated (Hodgkinson and Stewart, 1991, p.21)

A basic assumption in the cognitivist framework is that the meaningful nature of reality is something 'conferred' on it by the schemas, or programs, running in individual minds. Trauma disrupts the meaning of the world through its impact on these schemas. Trauma is thus conceived of as acting on individuals, and therapy is oriented towards restoring or renewing the schemas in discrete individuals. Therapeutic strategies have involved a number of measures aimed at helping the individual adult, or child, to process and assimilate the traumatic experience. Numerous descriptions of these measures are available (see Meichenbaum (1994) for a comprehensive review). With adults, 'cognitive restructuring' is usually performed through talking about the trauma on numerous occasions. With children, drawing, painting and story-telling are often used with the same aim that the trauma should be relived. This approach has become so widespread that it now appears as 'common-sense' to many people living in Western societies.

Joseph et al (1998) suggest a conceptual framework for the planning of therapeutic interventions. They argue that there are a number of components of the 'adaptation process' and it may be possible to intervene with any, or all, of these:

- "-promoting re-exposure to the event and to stimuli associated with the event for reappraisal;
- promoting reappraisal of the traumatic experience and its meanings and in promoting reappraisal of the emotional states to which appraisals give rise;
- promoting the direct reduction of emotional arousal;
- promoting helpful coping strategies to deal with emotional arousal; and
- promoting the reviewing of previously held cognitive styles and rules for living, some of which may be maintaining symptoms through blocking re-exposure, others of which may determine primary traumatic appraisal" (p. 119).

All of these strategies are focused on the individual and are aimed at making changes on an individual basis. While Joseph et al discuss the importance of social support this is very much as an 'additional item'. This is in keeping with other therapeutic approaches.

3.9 PHILOSOPHICAL ASSUMPTIONS IN THE CURRENT DISCOURSE

In the cognitivist framework traumatic events produce their effects by clashing with the victim's internal schemas, the ways in which their thoughts about themselves and the world around them are ordinarily structured. After a traumatic experience the individual has to modify his/her schemas to fit the new reality. They have to find new meanings for themselves and their world. The intrusive-avoidance symptom complex is understood to be the result of this process. These symptoms reflect the desperate attempts of the individual to incorporate the new 'information' involved in the trauma. Most researchers in the area of trauma are now adherents of some form of cognitive approach.

The accepted understanding is that the centrality of the intrusion-avoidance motif reflects this desperate search for meaning and order. For Horowitz and others, this process is conceptualised as a purely internal phenomenon located entirely within the confines of the individual self. It is a process which can be understood scientifically and can be helped by a series of technical interventions which encourage the processing of the traumatic material. While Horowitz acknowledges that there are social, cultural and somatic aspects to the reaction to trauma, his approach is to separate out the cognitive phenomena and focus upon these. Other cognitive theories work in a similar way to this. These conceptualise the social world in terms of 'social factors', discrete aspects of the environment, which can be individually measured. Support from relatives, friends and community is conceptualised in terms of 'social support factors' which are then put forward as acting as 'buffers' or 'moderating variables' against the impact of traumatic

events. These social factors are conceived of as acting on the individual 'from the outside'.

In the cognitivist framework the basic form of human psychology is held to be universal and not determined by social or historical context. Human reality is structured by psychological laws which can be scientifically investigated. While the *content* of cognitions and emotional states can be historically and culturally influenced, the way in which these cognitions and emotions are structured and ordered remains the same. Just as a database running on my computer will contain information relating to my work, and my neighbour can have the same programme with completely different information, so too human beings, according to cognitivism, have the same programmes running with different content. Because of this, it makes perfect sense for researchers in this area to search for a 'unifying theory', an account of trauma which explains how all the different 'factors' relate and which can be empirically investigated. A typical call is made by Lee and Turner:

"A wholly persuasive model is required which offers an explanation of the complexity and range of the associated symptomatology. Also such a theory needs to answer why some people develop PTSD and others do not. Furthermore, no theory of PTSD can be complete without empirical data to back up the findings" (Lee and Turner, 1997, p. 71).

Thus, in the current discourse of trauma we see a very good example of how cognitivist models work in the clinical area. This discourse incorporates all the markers of Cartesianism, identified at the end of the last chapter : individualism, separation of mind from the 'outside' world and positivism. In addition this discourse works with a traditional linear approach to the question of time and causality. In fact, the very diagnosis of PTSD makes a strong statement, in itself, about the nature of time. As Allan Young writes:

"PTSD is a disease of time. The disorder's distinctive pathology is that it permits the past (memory) to relive itself in the present, in the form of intrusive images and thoughts and in the patient's compulsion to replay old events. The space occupied by PTSD in the *DSM-III* classificatory system depends on this temporal-causal relation : etiological event - (to) - symptoms. Without it, PTSD's symptoms are indistinguishable from syndromes that belong to various other classifications" (Young, 1995, p. 7).

In this thesis I will not be exploring, in any depth, the biological aspects of PTSD. However, it is worth noting that much of the biological research in this area has been predicated upon this temporal-causal framework. Thus researchers have tended to assume the causal nature of the traumatic event and examine biological reactions to this. The traumatic event, or stressor, is understood to bring about pathological changes in an otherwise normally functioning physiological system. As we have seen above (section 3.1) DSM III PTSD represents a considerable shift in thinking about trauma compared to earlier accounts. Specifically, in DSM III, traumatic events come to be seen as causative factors in their own right. 'Normal' people, with no prior psychopathology, can be rendered severely ill by exposure to trauma. In the work of Horowitz, and others, PTSD is understood to be at the end of a continuum of 'normal' responses to frightening events. Biological researchers have used this paradigm and used animal models of responses to stress to investigate the biology of PTSD. As Yehuda and McFarlane note :

"The concept of an apriori biological response was an appropriate counterargument to critics who attacked the diagnosis of PTSD as having a political and philosophical origin, and it provided a post hoc scientific hypothesis that a biological response to trauma reflects a natural physiologic process" (Yehuda and McFarlane, 1995, p. 1707).

In chapter five I shall argue that this understanding of time and causality is proving inadequate to explain the biological research findings in relation to trauma. I shall suggest that a substantially

different paradigm is needed.

3.10 SUMMARY

In this chapter I have explored the concept of PTSD. After discussing the symptoms involved in the syndrome, as currently defined, I pointed to research evidence which calls into question its universal validity. In spite of this evidence, PTSD is generally held to capture the central psychological sequelae after traumatic experiences. It is also assumed that it is valid cross-culturally and trans-historically. In the second part of the chapter I reviewed various conceptualisations of the disorder and argued that cognitive models are currently dominant. In the concluding section I pointed to the philosophical assumptions at work in these models. In the next chapter I will explore these assumptions in more detail.

CHAPTER FOUR

THE COGNITIVIST PARADIGM IN PSYCHIATRY AND PSYCHOLOGY

In chapter two I introduced the cognitivist framework in philosophy and psychology. In the last chapter I argued that this framework is now the dominant one in relation to the understanding of trauma. In addition, therapeutic interventions which draw on this framework are currently very fashionable. In this chapter I will explore the philosophical assumptions of this approach in greater depth.

4.1 THE POPULARITY OF COGNITIVISM

In recent years cognitive therapy has become very popular in psychiatry and psychology and some variant of it is now prescribed regularly for a range of psychiatric problems including anxiety, depression, symptoms of psychosis as well as post-traumatic conditions. It is a form of therapy which appears "clear" in its concepts and is relatively easy to learn. It also appears able to define its operations and to measure and quantify its benefits. Its popularity is understandable in the midst of a culture which places a high priority on efficiency. However, cognitive therapy, like all other forms of psychotherapy, is based on a certain set of assumptions concerning the nature of the self and its relationships to others and to the world in general. In fact the therapeutic element is just one aspect of an overall approach to psychology. It is premised upon the "cognitive model" of mind, in which disorders of mind are understood to be caused by "dysfunctional beliefs" and "faulty information processing". Cognitivism has become popular, not

only in the area of therapy, but as we shall see below, across most of the sub-disciplines of psychology. A very particular philosophy of mind is involved in the cognitive approach and in the background are a set of metaphysical and epistemological orientations. The cognitive paradigm is not "value-neutral" but involves a particular orientation towards the self and the world and to the problems of suffering and healing. In this chapter I will first attempt to outline this background paradigm and then point to its Cartesian foundations. In the last section I will point to the limitations of this approach which arise from the limitations of these foundations.

4.2 THE COGNITIVIST APPROACH TO MIND AND ITS DISORDERS

Cognitivism is essentially a paradigm, a framework, through which researchers have found an order in human reality and a way to explore this reality. Within any paradigm there are competing theories and approaches. I will not attempt to give a comprehensive overview of all the different approaches which could be called cognitivist. I will attempt to give a general description of cognitivism which I believe accurately reflects the model at work in most psychiatric research. This account is broadly based on Rom Harré's and Grant Gillett's characterisation of cognitivism in their book *The Discursive Mind*. This refers to a cognitivism which involves a computational approach to thought. While this has been challenged by approaches which rely on connectionist models, computational approaches are still central in cognitivist accounts of trauma¹.

The basic premise of cognitivism is that there is an underlying structure to mentation. This structure is based on the biological organisation of the brain but needs a separate, non-biological,

¹see discussion at the end of chapter one.

set of concepts to fully grasp it. In this model the brain is akin to computer hardware, whereas the mind, or mental activity, is like the software, the programmes which run on the basis of the hardware. In this framework it is logical to treat the brain and the mind as separate realms and the project of cognitivism is about exploring the structures and the underlying basic elements of the software, of the mind. While the content of these programmes might differ between cultural groups the form of the programmes remain the same. Because of this, cognitivism involves an adherence to the positivist agenda of exploring the mind through the framework of causal science. It also involves adherence to a model of psychological universalism, in which thought and emotion are understood to involve similar basic elements and structures cross-culturally. The challenge for cognitivism is to delineate the nature of these underlying structures and to allow for therapeutic developments based on this understanding.

While cognitivism retains the same positivist scientific approach which guided behaviourism, it has wanted to explore the contents of the "black box" which lies between stimulus and response.

As Harré and Gillett put it:

"Cognitive psychologists attempted to understand the mechanisms that mediated the transition from stimulus to response by examining such things as semantic categorization and its effect on recall of information, explicit instructions and problem -solving strategies, the effect of cognitive anticipations on perception, the relationship between images and propositions in the internal processes subserving cognition, the hierarchical relationships between categories in the ordering and retrieval of knowledge. The overall model was that the mind was an internal realm of operations and computations hypotheses that could be tested by experimental tests of their logical consequences via the systematic manipulation of specifiable inputs and outputs to the black box of cognition" (Harré and Gillett, 1994, p. 15)

A fundamental assumption was that these mechanisms could be characterised in causal terms and thus causal hypotheses could be generated which could then be used to produce predictions of

what behaviour would be produced under certain sets of circumstances:

"In the conception of the information processing model, it seemed that psychology had now found a format that would allow it to become fully scientific, in the realist sense. Its theories would consist of hypotheses about information processing mechanisms. Predictions, describing behaviour, could be drawn from these hypotheses. All forms of activity including the use of speech, the display of emotions, the evincing of attitudes, the solving of problems, and so on ought to be comprehensible in principle" (Harré and Gillett, 1994, 14).

As cognitivism has become increasingly influential, more and more areas of psychology have come to adopt the paradigm. Thus in developmental psychology, under the influence of Piaget, there was a preoccupation with the kinds of operations that could be performed by the developing subject at different stages, and with the underlying structures which underpin these. In personality theory there was a shift towards an examination of the cognitive framework of the subject. Personal Construct Theory emerged in the 1960s and has become increasingly popular as formulations based on unconscious drives and traits have faded (Kelly, 1955). The idea that human beings operate personally and socially on the basis of unconscious models and rules has become something of an orthodoxy. These models and rules have been formulated differently, and the terminology has also differed, but the basic proposition has remained the same. Thus there were the "rules and roles" described by Rom Harré in an early model of social behaviour (Harré and Secord, 1973). There were also the concepts of internal, cognitive "scripts" described by Schank and Abelson (1977), and the "grammars" of linguists influenced by Chomsky. The concept of unconscious "schemas" is currently very popular. The social psychologist Ronnie Janoff-Bulman defines the term in the following quotations:

"Yet, in all instances, whether the organised knowledge is about a common object or a broad class of people, the relevant schema

is essentially a theory that goes beyond the data given. A schema is not simply a straightforward accumulation of specific original instances and encounters but rather a generalization or abstraction involving organized knowledge about a stimulus or concept" (Janoff-Bulman, 1992, P. 29)

"Our fundamental assumptions about the world are essentially our grandest schemas, our most abstract, generalized knowledge structures" (p. 29)

"Schema research demonstrates the theory-driven (rather than data-driven) nature of our perceptual and cognitive processes" (p.29).

She quotes Daniel Goleman :

"... Schemas embody the rules and categories that order raw experience into coherent meaning. All knowledge and experience is packaged in schemas. Schemas are the ghost in the machine, the intelligence that guides information as it flows through the mind" (Goleman, 1985, p.75).

In clinical psychiatry the notion that human beings operate with unconscious models or schemas has been used in a number of ways. We saw in the last chapter how this approach has become dominant in the area of post-traumatic conditions. However, it was in relation to the clinical syndrome of depression that cognitive therapy first achieved prominence. Indeed Aaron Beck's theory of depression has become something of a "paradigm" case in psychiatry and has guided thinking in many other areas.

Beck proposed that in the person who later develops depression, faulty or dysfunctional assumptions are laid down as cognitive schemas in early life. They are activated by critical incidents in later life and a meshing between the particular incident and the dysfunctional assumptions brings about a complex of "negative automatic thoughts". These thoughts underlie

the clinical state of depression and are essentially distorted, negative, dysfunctional and unhelpful.

He says:

"In brief, the theory postulates that the depressed or depression-prone individual has certain idiosyncratic patterns (schemas) which may become activated whether by specific stresses impinging on specific vulnerabilities, or by overwhelming nonspecific stresses. When the cognitive patterns are activated, they tend to dominate the individual's thinking and to produce the affective and motivational phenomena associated with depression" (Beck, 1972, p. 129-130).

Depression is, for Beck, not simply an affective disturbance but rather involves a specific disorder of thinking, of cognition. In contrast to the disorder of thought characteristically seen in conditions labelled schizophrenic, depression does not involve a disorder of rationality as such:

"... the ideas are generally not irrational, but are too absolute, broad and extreme; too highly personalized; and are used too arbitrarily to help the patient to handle the exigencies of his life" (Beck, 1976, p. 246).

The "cognitive disorder" involved in depression can be defined in terms of : overgeneralization, selective abstraction and negativism. For Beck depression is a specific condition with a specific form of psychopathology and a specific form of therapy to match. It involves the patient's cognitions being out of step with the surrounding culture in a specific way, a distorted way which requires a specific form of therapeutic intervention. In contrast to dynamic approaches, cognitive therapy does not involve any great exploration of the past. It is very much focused on the "here and now". It does not theorise about the relationship between patient and therapist in terms of unconscious forces, or in terms of transference and countertransference. It involves the therapist in "training" the patient to examine his/her thoughts in a systematic and "non-distorted" way. The patient, in turn, is involved in "homework" and "exercises" which are carried out between

sessions. The therapist's job is basically to help the patient confront his/her cognitive distortions, and, largely through blunt persuasion, provide much of the motivation for the patient to carry out the homework.

4.3 THE EMERGENCE OF COGNITIVISM

There are many reasons for the emergence of the "first cognitive revolution" in psychology (Harré and Gillett, 1994). Clinical and theoretical psychology had limited scope to develop within the strict confines of a behavioural paradigm. Behavioural approaches in psychology and psychotherapy were in many ways the direct legacy of the empiricist tradition in science. Behaviourism involved a relegation of mental processes, including reason, to a minor role in influencing human action. As Kenneth Gergen puts it:

"In many respects, the behaviourist and neo-behaviourist movements in psychology recapitulate, at the theoretical level, the empiricist emphasis in the philosophy of science. That is, the theories of human psychology represent reformulations of the empiricist metatheory that informs the behaviourist and neo-behaviourist projects of science ... However, these movements simultaneously left unexplored the rationalist contribution to the reigning metatheory. Unexplored was the implicit implicature, in which rationalist processes could be credited with a contribution to human action - not simply pawns to antecedent conditions, but possessing intrinsic properties with their own demands on action" (Gergen, 1995, pgs 13-14).

Behavioural approaches refused to engage with the "inner voice", the internal aspects of mind. The advent of cognitive models and therapies represented a fundamental shift in psychology to an acceptance not only the mind's existence, but also an acceptance of the central premise of rationalism : the primacy of thought over sensation and the experiential world. In the cognitivist paradigm active mental processes come to have a central and dominant role in directing human

action.

As well as a growing dissatisfaction with the limitations of behaviourism, the emergence of the computer as a cultural icon in the West has been an important factor. In the past twenty years it has become possible not only to think of the mind as being *like* a computer, but to propose that the mind *is* a computer. As psychology became concerned to understand the mind in terms of causal mechanisms and various versions of rule-following formulae it found a natural ally in the developing world of artificial intelligence (AI). In fact the assumptions underlying AI and cognitivist psychology are essentially the same. If it is possible, in principle, to account for different aspects of human thought and behaviour in terms of rule-following formulae, then, also in principle, it should be possible to build machines which would operate on the basis of these formulae and so replicate human intelligence and behaviour. Both developments assume that the human mind works in the same way that computers do. Two major proponents of AI, Newell and Simon, conclude that their work:

"provide(s) a general framework for understanding problem-solving behaviour ... and finally reveals with great clarity that free behaviour of a reasonably intelligent human can be understood as the product of a complex but finite and determinate set of laws" (Newell and Simon, 1963, p. 293).

4.4 PHILOSOPHICAL ASSUMPTIONS WITHIN THE COGNITIVIST PARADIGM

In chapter two I have already argued that cognitivism is, in essence, a modern day version of

Cartesianism. I defined the latter in terms of methodological individualism, separation of 'inner' mind from 'outer' body and surrounding world, and a positivist causal understanding of human reality. In this section I will develop this argument further.

4.4.1 FUNCTIONALISM

Theoretical and practical developments in AI and in cognitive psychology have been given substantial support from contemporary developments in philosophy of mind. Philosophers such as Jerry Fodor argue the case for a computational view of thought, a position which is perhaps the dominant one in current philosophy of mind (Crane, 1995). Functionalism, as this philosophy of mind has come to be called, has, in fact, become:

"something approaching an orthodoxy over the last ten years" (Lyons, 1995, p. lviii).

Functionalism involves the belief that mental states are defined by their causes and effects. It asserts a distinction between *role* and *occupant*. Thus a similar functional state can be *realized* in different systems. In many ways a response to, and a rejection of, the ideas of eliminative materialism, functionalists draw on the dualism implicit in the computer model to argue the case for a separate mental realm. Just as computer software cannot be fully accounted for by reference to hardware alone, so too mental states cannot be reductively explained through an account of brain states alone. Mentation has its own elements and structures which cannot be explained in the language of physics, chemistry and neurophysiology. There are, now, a number of separate versions of functionalism. In his book *Mind, Language and Reality* Hilary Putnam made the case for 'computer functionalism' (also called 'Turing machine functionalism') :

"According to functionalism, the behaviour of, say, a computing machine is not explained by the physics and chemistry of the computing machine. It is explained by the machine's *program*. Of course, that program is realized in a particular physics and chemistry, and could, perhaps, be deduced from that physics and chemistry. But that does not make the program a physical or chemical property of the machine : it is an abstract property of the machine. Similarly, I believe that the psychological properties of human beings are not physical and chemical properties of human beings, although they may be realized by physical and chemical properties of human beings" (Putnam, 1975, p. xiii).

The mind is not only separable from the body (brain) in functionalist accounts but also from the world around. It is a realm which exists in relation to this outside world and which represents it. Mental operations exist in a self-contained internal domain. Thus while functionalists reject Cartesian (ontological) dualism they continue to think (in a Cartesian idiom) about the mind as something 'interior' and separable from an 'external' world.

In addition to its assertion of the mind-brain distinction, functionalism also makes assertions about the nature of thinking. It proposes that representational mental states, such as beliefs, desires, memories, aspirations are related to one another in a computational way. They are processed in a rule governed way, as are the representational states of a computer. Fodor calls this the "Representational Theory of Mind". He writes:

"At the heart of this theory is the postulation of a language of thought : an infinite set of "mental representations" which function both as the immediate objects of propositional attitudes and as the domains of mental processes"

Fodor spells out what the notion of "propositional attitude" means for him :

"To believe that such and such is to have a mental symbol that means such and such tokened in your head in a certain way; it's to have such a token 'in your belief box' ... Correspondingly, to hope that such and such is to have a token of that same mental symbol tokened in your head, but in a different way; it's to have it

tokened 'in your hope box'".

Furthermore this theory of mind involves the claim that:

"Mental processes are causal sequences of tokenings of mental representations"
(Fodor, 1995, p. 258).

Thus functionalism, as a theory of mind, incorporates assumptions which emerge from the Cartesian tradition, discussed in chapter two. Its focus is the individual 'mind', which is understood to be 'something' which exists in relation to an 'outside' world. The contents of the mental realm are held to exist in 'causal' relations with each other, and are thus open to scientific investigation.

We shall see in the chapter six how a Heideggarian perspective challenges the basic tenets of Cartesianism and thus undermines these orientating assumptions. However before outlining such a Heideggarian perspective it is first important to identify a further assumption which also underscores current cognitivist approaches in psychology. This involves a particular orientation to the question of time, in particular of how past and present are related.

4.4.2. TIME AND CAUSALITY IN THE COGNITIVE FRAMEWORK

Within functionalism, meaningful behaviour is understood to be an outcome of intentional mental states which can be characterised in terms of representations. In this framework the meaning of a piece of behaviour consists of those mental representations in the mind of the person involved which give rise to the behaviour. Grasping the meaning of a piece of text involves correctly

accounting for the system of representations in the mind of the author. Because all mental states are held to be representational, in this framework there is, in principle at least, a single correct answer to the question of what the meaning of any piece of behaviour is. It is always theoretically possible to provide a full account of the system of representations in a person's mind at any given time. Cognitivism is concerned with how these representations are structured and related to one another. As Jerome Wakefield puts it:

"The cognitivist holds that representational states are determinate in meaning because the content of a mental sentence or a mental picture, like the contents of sentences and pictures generally, can be discerned and described from their structure alone. If meanings are inherently determinate, then an interpretation is an attempt to use language to match as closely as possible the actual content of the intentional state, and the interpretation either gets it exactly right or suffers from some degree of inexactitude" (Wakefield, 1988, p.135).

In the cognitivist view the relationship between past and present involves a relationship between such determinate intentional states. Furthermore the move from one intentional state to another comes about through interactions with the external world which can be characterised in terms of operations and thus systematically defined. Just as the software in a computer can be changed by inputs from keyboard, so too schemas in the human mind can be changed through inputs from the experiences of the individual. Within cognitivism memory plays an extremely important role. It is the matrix in which past and present are related. Memory is essentially about storage and retrieval and again computer models have helped organise theoretical developments in this area. In this framework past and present are clearly separable states of mind. The model of time which underlines this framework involves a linear series of 'nows'. For the human being each 'now' involves a particular intentional state of mind, with certain representations organised in a particular way. Just as the contents of any particular mental state can be defined and formalised,

so too change from one state to another can be accounted for in terms of certain causal laws. These laws are themselves fixed and atemporal. Memory involves reaching out of the present.

As Frederick Olafson says:

"memory is typically construed in terms of episodic acts in the course of which we reach out of the present and back into the past so as to recapture something from our earlier life. The facts that are so recovered may also be thought of as having being "stored" after their actuality had lapsed and, as so stored, continuing on with us through each of the successive presents in which we live" (Olafson, 1987, p. 86).

Post traumatic sequelae are essentially seen to be the result of a disordered interaction of past and present conceived in causal terms. In chapter six we show how hermeneutics offers a very different approach to the question of time and causality.

Before ending this chapter I wish to briefly introduce the work of Charles Taylor, a North American philosopher, who has developed a critical engagement with the legacy of the Cartesian tradition. This discussion will hopefully serve to raise some initial questions about the cross-cultural validity of the cognitivist model.

4.5 CARTESIANISM AND THE MORAL ORDER

In a series of books and other works Taylor has argued strongly that modern notions of self, individuality and agency are historically contingent. This is in spite of the fact that they often appear to those of us who have lived and grown within modernity as self-evident facts about being human. It is hard for us to imagine other ways of thinking about our *selves* apart from the

ways we have been given by this culture. In his book *Sources of the Self. The Making of the Modern Identity* Taylor traces the origins of our modern notions about self. Furthermore he traces the particular sense of a moral order which has been established around this approach to the self. Modern ideas about good and bad, right and wrong are often predicated upon a certain concept of the individual self and how this self is related to the wider order of the natural world and the universe at large. He is exploring, what he calls, the "background picture" lying behind our moral and spiritual intuitions. He calls this our "moral ontology" (Taylor, 1989, p.8).

For Taylor, investigating the moral ontology of modernity brings him straight away to modern notions of human agency and how these in turn are influenced by modern ideas about the mind and epistemology. He argues that a Cartesian approach to mind and the self, what he calls the "epistemological tradition", is inextricably bound up with certain modern ideas about morality and spirituality. He explains the ease with which computer models of thinking have become established in Western societies by pointing to this connection. We have seen above that the world of AI is closely allied to a philosophy of functionalism. Empirically such models have had only limited success. AI has not lived up to its original aspirations and is, at least in its traditional form (described by John Haugeland as Good Old-Fashioned AI (GOF AI)), a good example of what Imre Lakatos called a "degenerating research program" (Dreyfus, 1994). However the computer model of thought is still widely accepted and functionalism remains one of the dominant positions in modern philosophy of mind. It has already been noted that cognitivism is of growing importance in psychology and psychiatry. This contradiction leads Taylor to assert that the :

"... the great difficulties that the computer simulations have encountered ... don't seem to have dimmed the enthusiasm of real believers in the model. It is as though they had been vouchsafed some revelation a priori that it *must* all be done by

formal calculi. Now this revelation, I submit, comes from the depth of our modern culture and the epistemological model anchored in it, whose strength is based not just on its affinity to mechanistic science but also on its congruence to the powerful ideal of reflexive, self-given certainty.

For this has to be understood as something like a moral ideal" (Taylor, 1997, p. 6).

In other words our acceptance of cognitivism and computer models of mind and thinking cannot be explained by the empirical success of these approaches alone. This acceptance appears to be driven by other cultural aspirations and ideals as well. The moral ideal referred to in the quotation above is about our cultural concern with autonomy and freedom. In the modern sense a free agent is one who is able to rely on his/her own judgements, able to look inside at his/her own needs and desires and who is able to seek fulfilment of these inner needs and desires in the outside world. A free agent is one who can stand back from the world and be responsible according to one's own agenda. Thus our very notion of freedom involves some sort of separation between inside and outside and some sort of calculating self-reflexivity. According to Taylor there are three aspects of the modern view of the self which are particularly bound up with the cartesian, or epistemological , tradition:

"The first is the picture of the subject as ideally disengaged, that is free and rational to the extent that he has fully distinguished himself from the natural and social worlds, so that his identity is no longer to be defined in terms of what lies outside him in these worlds. The second, which flows from this, is a punctual view of the self, ideally ready as free and rational to treat these worlds- and even some features of his own character-instrumentally, as subject to change and reorganizing in order the better to secure the welfare of himself and others. The third is the social consequence of the first two: an atomistic construal of society as constituted by, or ultimately to be explained in terms of, individual, purposes" (Taylor, 1997, p. 6)

Taylor makes the point that to challenge one tradition automatically brings us into conflict with the other. The epistemological tradition gives support to the moral order of modernity and its

ideals of disengaged rationalistic agency. In turn this order gives support to the apparent clarity and naturalness of the Cartesianism account of self and thought. These traditions stand together in "a complex relation of mutual support" (Taylor, 1997, p. 8).

In the modern world of psychiatry and psychotherapy this mutuality becomes explicit in the credence our culture give to analysis of the self. Reflecting upon oneself in a detached and "objective" manner has become something of moral imperative. Analysing one's desires, motives and aspirations either through cognitive forms of therapy or psychodynamic approaches is generally accepted as a "good" way to deal with anxiety, depression and more recently psychosis. Nikolas Rose has developed a sustained Foucauldian analysis of how, in this century, psychology and psychotherapeutics have penetrated into many different corners of everyday life. He points to the political dimension of these developments and argues that to a significant degree we are now governed, ironically, through our own individual quests for freedom and self-expression:

"Psychotherapeutics is linked at a profound level to the socio-political obligations of the modern self. The self it seeks to liberate or restore is the entity able to steer its individual path through life by means of the act of personal decision and the assumption of personal responsibility. It is the self freed from all moral obligations but the obligation to construct a life of its own choosing, a life in which it realizes itself ... It promises to make it possible for all of us to make a project of our biography, create a style for our lives, shape our everyday existence in terms of an ethic of autonomy. Yet the norm of autonomy secretes, as its inevitable accompaniment, a constant and intense self scrutiny, a continual evaluation of our personal experiences, emotions, and feelings in relation to images of satisfaction, the necessity to narrativize our lives in a vocabulary of interiority. The self that is liberated is obliged to live its life tied to the project of its own identity" (Rose, 1989, p. 253-254).

Cognitive therapy, in particular, aims to bring a rational ordering to the world of unconscious "scripts" and "schemas". In this paradigm the idea is to rid ourselves of anxiety and despair

through the Cartesian ideal of self-reflexivity. The end result of therapy is a self which is more self-aware and detached, a self which can monitor itself in a rational way and detect emerging difficulties.

Thus cognitive therapy and other self-reflecting therapies endorse the two traditions described by Taylor and which offer each other mutual support: Cartesian approaches to the self and thought and a moral order based upon individualism and atomism. These theories and therapies are at home in a culture which operates with a strong notion of the "ideally disengaged" subject. One of the central themes of this work (i.e. the thesis) is around the question of whether such approaches are relevant in other cultures. We shall return to this question again in chapters five and six. An important question is whether different societies operate with fundamentally different notions of self and agency. This question can only be answered by reference to the literature of social anthropology. My treatment of the issue here will not be intensive, I will simply point to a few examples which make the point. The anthropologist Clifford Geertz defines the issue at stake in characteristic terms:

"the Western conception of the person as a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic centre of awareness, emotion, judgement, and action organised into a distinctive whole and set contrastively both against other such wholes and against a social and natural background is, however incorrigible it may seem to us, a rather peculiar idea within the context of the world's cultures" (Geertz, 1975, p. 48).

Arthur Kleinman, a prominent American academic and Professor of Anthropology and Psychiatry at Harvard Medical School has conducted extensive research on the problem of depression in Chinese and American patients. In his book *Rethinking Psychiatry. From Cultural Category to Personal Experience* he writes:

"Psychiatry in the West is strongly influenced by implicit Western cultural values about the nature of the self and its pathologies which emphasize a deep, hidden private self. In contrast, both classical Chinese texts and the contemporary common-sense viewpoint among Chinese, both laymen and psychiatrists, affirm that the self is chiefly interpersonal. The Chinese view the self, to a large degree, as consensual - a sociocentrically oriented personality that is much more attentive to the demands of a particular situation and key relationships than to what is deeply private... Social context, not personal depth, is the indigenous measure of validity (Kleinman, 1988, p. 98).

Laurence Kirmayer points out that in Japan autonomy in interpersonal relationships is much less valued than in the West. He notes that for the Japanese the moral value of the self is expressed through an idiom of social connectedness rather than personal achievement. He contrasts, what he calls the "sociosomatic" origins of distress in Japan with the more familiar psychosomatic framework developed in the West. He says:

"The moral value of the self is expressed through social connectedness and endurance rather than through mastery or control of the physical or social environment. This supports a sociosomatic theory of the origins of distress, in which the self endures bodily suffering as a consequence of inescapable social conditions. Japanese sociosomatics emphasizes inborn constitution and the stress of fulfilling social roles as causes of disease. Morally upright behaviour may lead to illness when the person overextends himself ... this contrasts with Western psychosomatics, in which the intrapsychic self mediates the body's suffering and the person is morally culpable not only because of how he acts toward others but because of how he acts toward himself" (Kirmayer, 1988, p. 79).

Shweder and Bourne (1982) distinguish two different approaches to the individual-social relationship. They characterize these as the "egocentric contractual" and the "sociocentric organic". Societies which endorse the former as an ideal tend to emphasize the intrapsychic and promote reflection upon the self and its desires and cognitions. In sociocentric societies there is much less focus on the psychological realm and instead there is an orientation towards integration of the individual with the natural, supernatural and social worlds. This differentiation is now

generally accepted in social anthropology and is increasingly accepted by mainstream transcultural psychiatrists (e.g. Leff, 1988).

4.6 SUMMARY

In this chapter I have examined the cognitivist approach in psychology and psychiatry. I have shown how this approach works with many of the assumptions of Cartesianism. Specifically it incorporates an individualist and positivist approach to the understanding of human reality and adheres to a linear model of time and causality. It works with the basic assumption that the mind exists as separate from, and in relation to, an outside world. This tradition informs much of what might be called "common-sense" ideas about the self and the nature of thought in much of modern Western society. However I have pointed to the fact the disengaged self, idealised in this tradition, is not a notion which is "at home" in many other parts of the world. Of necessity therefore, psychological theories and therapies which are based on this tradition, and which promote this orientation to the self will have major difficulties cross-culturally. In the next chapter I will begin to develop a very different account of trauma and human reality in general, one which seeks to move beyond the assumptions of Cartesianism.

CHAPTER FIVE

LIMITATIONS OF THE DISCOURSE ON TRAUMA:

CASE MATERIAL AND OTHER EVIDENCE

5.1 INTRODUCTION

In chapter three I examined the current Western discourse on trauma. I argued that this has been premised upon a strongly individualistic and positivistic approach to psychology, and currently is dominated by a cognitivist framework. In this chapter I will begin by discussing a literature on trauma which, in contrast to that presented in chapter three, points to the importance of social and cultural context in determining the outcome after traumatic events. In the second section of the chapter I will outline an alternative framework which gives priority to context. In this section I will use a series of case vignettes from work in Uganda to illustrate my points. At the end of this chapter I point to a number of tensions which have emerged in the individual trauma framework (what I have been calling the discourse on trauma, or PTSD-based accounts of trauma). I will argue that these issues do not present difficulties for a context-centred approach which looks to hermeneutics rather than cognitivism for its conceptual grounding. While the individual trauma model works from an initial focus on individual psychology and explains the influence of social factors in terms of individual psychologies, a hermeneutic approach begins with an initial focus on contextual issues and works from these towards an understanding of how individuals deal with suffering and seek help. In addition, while the cognitivist tradition locates meaning inside individual psychologies, the latter understands meaning as a social and cultural

issue. This chapter is empirical in content, in section two of the thesis I will explore the nature of philosophical hermeneutics in greater depth.

5.2 THE IMPORTANCE OF SOCIAL CONTEXT

The French sociologist Emile Durkheim (1951), in his work on suicide, noted that in the 19th century there was a widespread reduction in the suicide rate in those European countries affected by civil war. According to Durkheim the "common enemy" acted as a source of social cohesion which in turn acted to lessen the isolation of individuals and diminish feelings of loneliness and depression. The reduced suicide rates were due:

"not to the crisis but to the struggles it occasions. As they force men to close ranks and confront the common danger, the individual thinks less of himself and more of the common cause" (Durkheim, 1951).

The suicide rate fell in nearly all European countries during the two world wars. At the outbreak of World War II it was widely assumed in Britain that one of the effects of the war would be an increase in the number of patients. Arrangements were made at the start of the war to receive large numbers of psychiatric casualties from the civilian population as the war began to involve urban communities (O' Brien, 1994). Such people were subjected to terrifying bombing raids, food shortages, family bereavements and lack of sleep, all of which were thought of as causal, or at least participatory, factors in mental breakdown. However, following 15 months of continuous warfare there was found to be no increase in the admission rate in the Bristol area (Hempill, 1941) and in Coventry there was a decrease in the attendance at the psychiatric out-patients. It was even

argued that the war was having a beneficial effect on the mental health of many people, possibly because family and social life had become more intimate as entertainments, shopping, and travelling were restricted. Hempill expressed the view that:

"the war has had little adverse effect on the mental health of the general population, and has been of benefit to certain types of individuals, especially women".

He noted a decrease in admissions to his mental hospital in the year 1941 and showed that, for those people who did attend for treatment, factors attributable to the war did not play a significant part in the reasons for admission. He wrote:

"The necessity of extending hospitality to neighbours, friends and the homeless seems to have brought reality closer to the shut-in mind : as one hypochondriacal woman said, "You can't think of yourself when everyone is going through so much"" (Hempill, 1941, p. 180).

During the Spanish Civil War large numbers of civilians were again involved. Furthermore, the enemies in this war were not from a different country with a different language, rendering them more easy to 'dehumanise'. Rather they were fellow Spaniards, often from the same village or even the same family. Again it was assumed that in these circumstances there would be a significant increase in mental breakdown, but this proved not to be the case. In 1939, at the end of the war, Emilio Mira, Chief Psychiatric Inspector to the Spanish Republican Army, noted that the amount of psychiatric illness which developed during the war did not call for the provision of more psychiatric beds than had been available during peacetime. In addition he noted that :

"Depressed and neurotic patients whom I had looked after in private found relief in working for some public service - for example, social work. There was no

increase in the average rate of suicide. I had the impression that many depressed and other mentally ill people were better when confronted with the actual demands and situations that arose during the war than when they were concerned only with their conflicts" (Mira, 1939, p. 1219).

Closer to the present time, a number of studies have been reported from Northern Ireland, where a guerilla war has been waged over the past 30 years. In 1969 when the first riots broke out, an increase in psychiatric admissions or clinic attendance was expected. Not only did this not happen, but Lyons (1972) observed an actual decrease in the recorded rates of depression. He postulated that this was directly related to the outbreak of street violence, which allowed a discharge of aggressive impulses that otherwise would be inwardly directed, causing depression¹. In a review of studies from Northern Ireland, Curran (1988) states:

"Judging from hospital referrals and admission data, suicide and attempted-suicide rates, the practices of psychoactive-drug prescriptions, and community-based studies ... the campaign of terrorist violence does not seem to have resulted in any obvious increase in psychiatric morbidity" (p. 470).

He suggests a number of reasons why the war has failed to produce a rise in observed psychiatric morbidity. In keeping with the work of Durkheim, Curran puts emphasis on the notion of increased social cohesion in times of war. He says:

"During rioting and other spells of sectarian disorder, followings killings of the most horrific nature, certain subpopulations and communities may bind together in a sense of common purpose and common outrage ... Maybe, in the Belfast ghettos, there is a feeling of a real or indeed a supposed common enemy, whether it be the British, the Irish, the Catholics, the Protestants, the Army, the police or whoever. Identification and feeling 'one of us' against 'them' may defend each population and its members against overt psychological disturbance in the face of

¹This effect of rioting on mental health has also been observed in the U.S.A, see Fogelson (1970) and Greenley et al (1975).

chronic civil disorder and tension, sectarianism, and acts of terrorist violence" (p.475).

Thus there is good evidence that war-time suffering and trauma is not inevitably associated with increased psychiatric morbidity. A common theme in the reports quoted above is the importance of social processes such as increased cohesion and solidarity in times of war. However it would be wrong to assume that all wars are the same, or that all people in a given population are affected in the same way. The social position of women in many societies may mean that rape in wartime is something about which there is little discussion. There may well be substantial social stigmatisation associated with rape and thus social cohesion will not extend to victims of sexual violence. In different ways, depending on social norms and expectations, this failure of solidarity and cohesion may affect others groups as well.

In a number of conflict situations, particularly in South America, there is evidence that oppressive states actually worked systematically to undermine social cohesion and solidarity, particularly during conflicts of the 1970s and 1980s (Jenkins, 1991). For example torture has been deliberately used in preference to assassination by such regimes, as simply killing a community leader may create a martyr for the community, a symbol of strength and resistance, while torturing such a person to the point where they break down psychologically and then releasing them in a disabled state means that the person returns to the community inarticulate and frightened. He/she has become a living symbol of the community's vulnerability and weakness (Ritterman, 1987).

We can conclude that the social context in wartime profoundly affects the ways in which communities and individuals experience and react to the various traumas that violence brings. Social context can be supportive or destructive, have positive or negative effects. What I am

emphasising here is simply the fact that not only is social context *important* but it can also be the *most important* issue determining outcome.

5.3 CULTURAL ISSUES

Cross-cultural studies of emotion have recently tended to undermine the notion that emotional states have the same form universally and that these forms are independent of culture. In fact it is now generally accepted (at least within anthropological circles) that culture mediates in a very pervasive way the experience and expression of emotion. Jenkins (1996) quotes Rosaldo's formulation of emotion as:

"self-concerning, partly physical responses that are at the same time aspects of moral or ideological attitudes; emotions are both feelings and cognitive constructions, linking person, action and sociological milieu. Stated otherwise, new views of culture cast emotions as themselves aspects of cultural systems, of strategic importance to analysts concerned with the ordering of action and the ways that people shape and are shaped by their world" (p. 168).

This has implications for the cross-cultural understanding of emotional reactions, including reactions to frightening or violent events. If culture shapes emotional experience in a pervasive and profound way, where does that leave the 'emotional processing' theories of cognitive psychology, and with them the current discourse on trauma? Based on her work with Salvadoran women refugees living in North America, Jenkins raises questions about the validity of using the individual trauma model in cross-cultural situations. She argues that there is a need to look at 'collective trauma' :

"Because traumatic experience can also be conceptualised collectively, person-centred accounts alone are insufficient to an understanding of traumatic reactions. In addition to the social and psychocultural dynamics surrounding any traumatic response, the collective nature of trauma may be related to what was ... referred to as the political ethos characterizing an entire society" (Jenkins, 1996, p.177).

Jenkins suggests that accounts which start at an individual level will never be "fully adequate in understanding traumatised cultures" (p.177). Derek Summerfield, a psychiatrist working in London at the Medical Foundation for the Care of Victims of Torture, has published widely on this theme. He argues that the individualistic concept of PTSD cannot grasp the cultural dimension of suffering in times of war, particularly in non-Western settings:

"Western diagnostic classifications are problematic when applied to diverse non-Western survivor populations. The view of trauma as an individual-centred event bound to soma or psyche is in line with the tradition in this century for both Western biomedicine and psychoanalysis to regard the singular human being as the basic unit of study" (Summerfield, 1997, p. 150).

Summerfield draws on a wide range of examples to make his point. For example, the war in Southern Sudan has not only caused loss of life and injury to individual victims, it has also destabilised a way of life:

"Disruption of the traditional cycle of animal husbandry resulting from the Sudanese civil war has brought social breakdown to the pastoralist Southerners. Cattle are crucial to them, being a form of currency not just in trading, but in rituals and disputes. Tribal marriages can no longer be arranged because of dislocation and lack of cattle (the only traditional dowry) and women are driven to prostitution in the town, something previously unheard of. Because of the endemic killings and rape in the countryside, security conditions have become prime determinants of social behaviour, to the extent that families with noisy children are pushed out. Half this population has been forced to abandon villages regarded as ancestral places, seeking precarious safety in urban areas where their traditional skills are worthless. One study of teenagers displaced to Juba showed the resultant estrangement and loss of social identity : none could write a history of their clan and many did not even know the names of their grandparents or the

village their clan came from (Summerfield, 1996, p.6).

Summerfield, who has extensive experience of working with refugees in London and has worked as a consultant with Oxfam in Rwanda and Bosnia, argues that cultural factors are not only important in determining the degree of disruption and dislocation facing individuals in times of war, but culture also determines how people cope with their suffering and seek help:

"psychological trauma is not like physical trauma: people do not passively register the impact of external forces (unlike, say, a leg hit by a bullet) but engage with them in an active and problem-solving way. Suffering arises from, and is resolved in, a social context" (Summerfield, 1996, p.25).

The anthropologist Maurice Eisenbruch introduced the concept of *cultural bereavement* in 1990 in a deliberate attempt to move beyond the individualistic discourse based on PTSD. Eisenbruch argues that for many refugees and others displaced from their homelands and home cultures loss of a known way of life is the key issue which determines psychological and social outcome. In an empirical study he examined differences between two groups of unaccompanied and detached Cambodian adolescents. The first group were fostered in Cambodian group care in Australia while the second group were living with foster families, both American and Cambodian, in the U.S. Eisenbruch found that the cultural bereavement among those in the U.S. was significantly greater than that found among those in Australia. In the latter context there was less pressure to abandon the old way of life and the children were actively encouraged to participate in traditional ceremonies. Many of the children who were fostered by American families in the U.S. saw little of other Cambodians and experienced little exposure to Cambodian culture. These children were in a precarious position psychologically, according to Eisenbruch, and displayed sustained feelings of regret at having lost their homeland. They continued to be immersed in the past and were

preoccupied with thought of their families. Eisenbruch comments:

"The fieldwork showed that much good could be done by promoting access of the refugee children to Buddhist monks and Cambodian *kruu kmae* (traditional healers). It was striking how often my young Cambodian informants expressed their yearning to participate in traditional Buddhist ceremonies. They wanted to learn how to chant with the monks and the older participants, and how to 'make merit' for their dead or lost parents and ancestors for a better life in the next incarnation and to protect themselves from vengeful spirits" (Eisenbruch, 1991, p. 674).

5.4 CONCEPTUALISING CULTURE

Eisenbruch's work takes us out of and beyond the individualistic focus of PTSD and the therapeutic concern with 'processing'. It is beginning to emerge with increasing clarity that if the individual trauma model works at all, it works in a culture with a strong individualist agenda. Most non-Western cultures do not work with such an agenda and so major practical difficulties arise when this model is exported. In spite of this a number of clinicians and researchers have continued to assert the universal relevance of the PTSD framework. Laurence Kirmayer, whose work was referenced in chapter three, points out that this model is attractive because it:

" it performs three great simplifications : (a) morally, it simplifies the issue of responsibility and blame by suggesting that survivors are not responsible for their suffering; (b) scientifically, it suggests that a causal model can be tested using animal models and simple experiments; (c) therapeutically, it allows clinicians to attribute a wide range of problems to a single wound and so to organize treatment along clear lines that may include both the moral and scientific models" (Kirmayer, 1996, p. 155)

However the assumption that PTSD is universally relevant also echoes a wider assumption with in psychiatry concerning the relevance of Western diagnostic categories and therapies. In the field of transcultural psychiatry a debate has emerged in the past 10 to 20 years around what has

become known as the 'new cross-cultural psychiatry'. Traditional cross-cultural psychiatry, alongside the rest of psychiatry, locates itself firmly within the embrace of medicine. As we saw in chapter two medicine has long been anxious to proclaim its scientific credentials. The nature of science itself is a subject rarely interrogated from the side of medicine. It is simply assumed that there is a 'scientific method' which has been established and contains within it some necessary and objective truth about the proper investigation of phenomena.

5.4.1 The new cross-cultural psychiatry

A good example of the theoretical debate within cross-cultural psychiatry appeared in a 1987 edition of the British Journal of Psychiatry in which two articles appeared side by side. In one, Allen German argued that the increased use of standardised interviews in psychiatric research enabled:

"psychiatrists in different settings, to study the distribution of symptoms and syndromes in various cultures and to draw conclusions as to the nature of such phenomena in various parts of the world" (German, 1987, p. 440).

In the other article, Arthur Kleinman argued that the simple use of such questionnaires in different situations cannot by itself lead to any valid conclusions about the nature of psychiatric disorders in such different settings. The possibility of making a *category fallacy* is inherent in such an approach. According to Kleinman:

"A category fallacy is the reification of a nosological category developed for a particular cultural group that is then applied to members of another culture for

whom it lacks coherence and its validity has not been established." (Kleinman, 1987, p. 452)

In other words, Kleinman argued that while standardised questionnaires may improve the reliability of psychiatric diagnosis they do not help us really to understand the nature of madness and distress in different groups and so do not, as German believes, enable us "to draw conclusions about the nature of such phenomena in various parts of the world". The juxtaposition of these two opinions served to illustrate the tension which is at the heart of conceptual debate in cross-cultural psychiatry. Researchers are guided by widely differing views as to the relation between culture and individual psychology, as to proper approaches to research and ultimately as to the importance, or otherwise, of the contribution of disciplines such as medical anthropology and sociology.

Some are still happy to continue looking for evidence to show that psychiatric disorders are basically the same the world over, assuming that the traditional nosology developed in Western industrialised countries has universal application. Mainstream cross-cultural psychiatry follows this path and broadly accepts the traditional view of psychiatry as 'applied science' discussed in chapter two. In his review of psychiatry in Africa, German argues that, while different approaches to management may be needed :

"the "medical model" - or perhaps more precisely the "Western nosological model" - seems capable of adequately accounting for the nature of the majority of these African mental ill-health problems" (German, 1987, p.445).

Meanwhile, other researchers are seeking to understand the various ways in which madness and distress are represented in different cultures, and to understand the ways in which local people and healers approach these problems in order to comprehend them more fully. Such workers emphasise

the importance of understanding the meaning of behaviours and symptoms within local contexts, and apply Western concepts in a tentative fashion only. The 'old cross-cultural psychiatry' continues to assert the adequacy of the traditional medical model while the 'new cross-cultural psychiatry' argues for a recognition of the role which other forms of knowledge can play. The medical model of the "old" approach is based on certain fundamental assumptions which include:

a) a belief in the adequacy of the positivist approach to research b) a belief that the individual is the appropriate focus of attention both from a research and clinical point of view, and c) the assumption that certain psychological processes, because they are biologically determined, are universal. This model is currently the dominant one within psychiatry generally and is supported by cross cultural psychiatrists such as German (1987), Kiev (1972), Leff (1990) and others. The individual trauma model shares its basic assumptions. The "new" psychiatry denies the adequacy of the positivist model (Good and Good, 1982). It seeks to show that in many ways our familiar notion of the individual is a purely "Western" one (Schweder and Bourne, 1982) and questions the universality of postulated psychological processes (Marsella, 1982). The anthropologist and psychiatrist, Prof. Roland Littlewood, wrote a comprehensive review of the 'new cross-cultural psychiatry' for the British Journal of Psychiatry in 1990. This is an interesting and valuable summary of the themes and debates in the field. Of interest to our discussion of trauma and PTSD (and the content of the last chapter) is Littlewood's observation that:

"It seems likely that the more individualised and Cartesian a particular society's notion of the self (whether as a consequence of industrialisation, Westernisation, or whatever), the more some notion of 'stress' or 'pressure' has then to be introduced to link the individual back to society and to articulate constraints on autonomy" (Littlewood, 1990, p. 322).

5.5 TOWARDS A 'CONTEXT-CENTRED' FRAMEWORK

It is not my intention to propose some new universalist model to replace, or try to improve on, PTSD or the other syndromes. I am suggesting that by focusing first on the individual and his/her symptoms there is a tendency to conceptualise the effects of trauma in purely individual and medical terms. Issues of context are seen as secondary and as being merely "factors" which impinge on the progress of a now reified psychological or biological process.

In contrast to this I am proposing that issues of context in terms of social, political and cultural realities should be seen as central. A context-centred approach looks away from Cartesian models of mind and is more consonant with hermeneutic ideas because it attaches priority to the issues of meaning and interpretation. Events, reactions and supports are not conceptualised as separate items which can be analysed and measured in isolation from one another but are, rather, bound together in a web of meaningful connections which can be explored and illuminated, but which can never be grasped in a causal explanatory framework (see chapter six, below). In addition, such an approach is interested in an examination of *itself* and the assumptions behind its own questions and priorities.

In a context-centred approach to trauma any individuals' experiences and reactions are understood to be largely dependent on the social, political and cultural context in which they live. Social reality refers to such things as family circumstances, available social networks, economic position and employment status. Political reality refers to the individual's engagement, or otherwise, in a political movement, their social position as determined by gender, class and ethnic factors and whether they are the victims of state repression or other forms of organised violence. By the term cultural reality I am referring to such things as linguistic position, spiritual or religious involvement, basic ontological beliefs and concepts of self, community and illness. Obviously there is much overlap between these realities and these terms are used here to provide a framework, not as an attempt

to develop a strict categorisation. These realities structure any individual's response to violence by determining both the semantic and the practical context in which the violence occurs and in which the individual recovers.

In what follows of this section I would like to illustrate this framework with case vignettes from my own work in Uganda². The work in Uganda took place in the Luwero Triangle, an area to the north-west of the capital Kampala, which became known as the "killing fields of Uganda" in the 1980s. Hundreds of thousands of civilians were killed in government counter-insurgency operations there. During a three year period spent in Uganda (1987-1990) I worked with many survivors in local medical clinics and the case material used here is drawn from this work. My work in Uganda, with my colleague Dr. J. Giller, was under the auspices of the London-based Medical Foundation for the Care of Victims of Torture.

Social, political and cultural realities structure the context in which violence is experienced and determine to a greater or lesser degree:

- a) the subjective meaning of the violence or trauma,
- b) the way in which the distress associated with violence is experienced and reported,
- c) the type and extent of general support available to the individual and
- d) what type of therapies are available and are appropriate.

5.5.1 The subjective meaning of violence and trauma.

²These have been presented previously in the article by Bracken et al (1995).

Within the D.S.M. III and D.S.M. III-R accounts of P.T.S.D. it was assumed that frightening events, outside the range of normal experience would be, of themselves, psychologically damaging³. In other words it was assumed that certain events could be objectively described as damaging or traumatic. The following cases would suggest otherwise:

case 1 : A 40 year old Ugandan man who had been a prominent politician in the past was arrested and brought to an army compound. He was held for seven days. During this time he was beaten and humiliated while being interrogated. After his release he was referred to see me by a friend who assumed that he would be in need of some form of psychiatric help. When interviewed, however, he denied any great distress. He told me that he was a Christian but that prior to his imprisonment his faith had not meant a great deal to him. While he was in detention he felt a strong identification with the figure of Jesus Christ who had also suffered torture and humiliation. He found that his own suffering and his identification with Christ brought him closer to his religion and since his ordeal the quality of his spiritual life was intensified. He indicated that because of this the overall effect of his experience had been positive for him.

case 2 : A 28 year old woman who witnessed her husband being killed by the army was unable to bury his body as she was forced to flee the area immediately with her children for fear that she, herself, would be killed. When she was able to return 6 months later his body had gone. When she was seen by members of our team some 5 years later she was still haunted by nightmares and feelings of shame because she had not been able to bury her husband according to traditional rites.

³As discussed above (chapter three, section 3.2) the authors of DSM IV were cognisant of the difficulties inherent in the notion of an 'objectively' traumatic event and substantially changed the definition of 'criterion A' in their description of PTSD.

It was this aspect of her loss that she spoke most about when interviewed and which seemed to cause her most distress.

In both these cases the nature of the trauma cannot be accounted for without reference to the subjective meaning of the events. This, in turn, cannot be understood without reference to the cultural context in which the individuals lived and in which the events occurred. For one his religious beliefs meant a positive framework for his suffering. For the other, the tragic loss of her husband was compounded by the belief that his soul was not at rest because certain rites had not been performed.

War and organised violence often damage traditional ways of life and cultural institutions. This damage can then mean that the events of war are even more traumatic for the individuals who are left without a meaningful framework in which to structure their suffering and live their lives. Eisenbruch's concept of 'cultural bereavement' was mentioned above. As Summerfield (1996) notes there are subsistence peoples who may not be able to imagine personal survival if their way of life does not survive.

5.5.2 The way distress associated with violence is experienced and reported.

According to traditional models of responses to trauma there are certain universal effects of trauma and these are accounted for within the syndrome of PTSD. This assumption has been questioned both in the first half of chapter three and in the earlier sections of this chapter. In Uganda we looked for the symptoms of PTSD and found that while these were often present, they seldom dominated the person's account of his or her suffering. For example in a series of rape victims the

commonest presenting complaints were somatic in nature (Giller et al, 1991). These were felt by the women to have stemmed from the rape experience. In a society where fertility is of great importance, subsequent failure to conceive ranked highly amongst presenting complaints. Although on further questioning many admitted to symptoms consistent with a diagnosis of PTSD, very few chose to present with these and instead sought treatment for the somatic problems. These somatic complaints were not just "epiphenomena", but the way in which these women actually experienced their distress. Interventions had to be structured accordingly with an initial focus on physical therapy and investigation and subsequent discussion about relationships.

Case 3: A 25 year old woman was raped by several soldiers. While relatives and neighbours almost certainly knew that her ordeal had happened, before talking to members of our team she had never before discussed what happened nor its consequences for her with anyone else. The rape had taken place approximately 4 years prior to our interviews with her. She had become convinced that she had developed a venereal disease and reported a foul smelling vaginal discharge. She had attended many medical clinics for this and had received several courses of different antibiotics. Swabs were taken by members of our team and no infection was identified. However it was difficult to reassure her and she was convinced that she had been rendered infertile by the rape and its aftermath. She had not sought marriage because of this.

In El Salvador, the psychologist Martin Baro has written persuasively about the need to analyse the impact of state violence in his country in terms of the relationship between individual and society (Baro, 1990). He reminds us that what was left traumatised were not just Salvadoran individuals, but Salvadoran society. Jenkins, whose work was cited above in section 5.3, writing about Salvadoran refugees in North America argues that their fear and anxiety is:

"framed by bodily experience, knowledge of illness, and the ethnopsychology of emotion within the context of chronic political violence and poverty"

and suggests that:

"trauma, conceived within a framework of individual psychopathology, cannot account for the global affective consequences of terror and distress" (Jenkins, 1991, p. 157).

5.5.3 The type and extent of general support available to survivors of violence.

As noted in section 5.2 many situations have been described where traumatic events have not above been followed by psychopathological sequelae. Contextual issues, as outlined above, determine the extent to which the individual's environment will be supportive or not. We noted that in some situations of war and violence there may actually be increased levels of social cohesion and thus mutual support. The following cases illustrate this:

case 4: 52 year old Ugandan man described how he had suffered greatly in prison. He told me about the solidarity felt among the prisoners. Even though they were packed into a small cell so that they could barely breathe and were unable to lie down, he told me that there was no fighting amongst them, that they shared food and generally looked after one another. He reported that each day all the prisoners would pray together. The Muslims learnt some of the Christian prayers and the Christians learnt some Muslim prayers so that they could worship together. This man remarked that it was such things which helped him endure his imprisonment and saved him from despair.

case 5 : Another 45 year old man who was tortured during counter-insurgency operations in Luwero had both hands cut off by soldiers and he was separated from his wife whom he had never

seen or heard of since. An operation was performed on one of his forearms at a rural mission hospital. In this, the bones and muscles were divided, and he ended up with some use in one of his stumps. Apart from this he was totally dependent on his neighbours. He was referred to me as a victim of torture but when I interviewed him in his home four years after his traumatic experience he reported no symptoms of PTSD or any other psychiatric syndrome. He remarked that the support and solidarity shown to him by his neighbours had allowed him to return to a fairly normal life. His current difficulties were all of a practical nature.

In the other direction, the absence of social support and understanding, or the absence of cultural institutions which can help make sense of suffering can leave individuals, or groups of individuals, isolated and fearful. War and violence can rupture social worlds and destroy preexisting social situations characterised by cohesion and mutual support. Looked at in this way, it was the ability of the concentration camps to undermine these social forces which left their inmates psychologically vulnerable. The problems of the Vietnam veterans were compounded by, and in some ways specific to, the particular social, cultural and political ethos which existed in the United States after that country's defeat in Vietnam (Figley, 1978). This ethos denied the veterans the sort of social support given to returned soldiers after previous wars. In Luwero, we found that rape had often worked to destroy processes of mutual support:

case 6 : A 34 year old woman with five children had been rejected by her husband because of the fact that she had been raped by two soldiers. He had turned her off the small holding which she had struggled to cultivate. As the rest of her own family had perished or been dispersed during the war, she had to survive on what she could find in the bush until ultimately she found her way to the home of some distant relatives who took her in. Unable to explain what had happened to her because of

the shame she felt regarding her circumstances and the fear of further rejection, she relinquished any rights she had to the land and to her children and remained in the position of a servant in her relatives home. Five years later she still was still suffering terrible grief over the loss of her children and had no other relationship during that period. The lack of support because of social attitudes towards rape and the political position of women at that time in Uganda (which has subsequently improved during the Museveni era) prevented her from asserting any rights she may have had regarding the custody of her younger children.

We found that the mending of social relations was the most important part of the healing process for the women in Luwero. Their response, once they felt it legitimate to talk about rape, was to organise themselves into meeting groups that focused on development projects and not specifically on their experience of rape or post-traumatic symptoms.

5.5.4 The availability and relevance of specific therapeutic interventions.

Arthur Kleinman has pointed to the fact that healing is always a multifaceted phenomenon. Professional-client encounters are only one type of healing relationship and in most societies, particularly in the Third World, form a small proportion of the whole (Kleinman, 1980). In the developing world, traditional healers, or the 'folk sector' of the 'health care system' according to Kleinman, are often much more important than the 'professional sector'. When it comes to dealing with the effects of war and violence, there is now considerable evidence that traditional beliefs and folk healers play an important role in the recovery process of both individuals and communities. For example, Wilson (1988, 1989) discusses how, traditionally many societies had particular rituals which were performed when people returned from war. An example is the famous Sweat Lodge

purification ritual performed by certain Native American groups. This ritual (*Inipi Onikare*) is regarded as a :

"a serious and sacred occasion in which spiritual insights, personal growth, and physical and emotional healing may take place. The purpose of purification is experienced on many levels of awareness, including the physical, psychological, social and spiritual" (Wilson, 1988, p. 44).

Aspects of the ceremony are specifically designed to promote a sense of the continuity of the whole community and to resituate the person who has been 'at war' back into the heart of that community. We have already noted above, in section 5.3, Eisenbruch's work on 'cultural bereavement'. He notes the important role of the *Kruu Kmae* (Cambodian traditional healers) and Buddhist monks in helping children who had lost their parents and suffered in other ways during the violence in Cambodia.

In the Luwero Triangle it was apparent that local traditional healers, most of whom were from the Ganda tribe (*abasawo abaganda*), were quite numerous and very well attended. I had the opportunity to spend a good deal of time with some of the healers during the years I spent in Uganda. I spoke with them individually and as a group and attended a number of healing sessions, some of which involved shamanistic rituals. The healers agreed that all forms of illness had increased since the war. These included cases of madness (*eddalu*), foolishness (*obusiru*) and disturbed behaviour (*akalogojjo*). However, these healers did not recognise a particular syndrome associated with war-time trauma. They gave various reasons for the increased rates of sickness including poor diet and living conditions. Some thought that the drinking of dirty water during the war was of particular importance. It was thought that the mixing in the person's body of this contaminated water with clean water, drunk after the war had ended and the village supply had been

restored, was the cause of imbalance, and hence, sickness⁴.

It was apparent that the traditional healers were playing a double role in Luwero at this time. They were providing therapies for sick individuals. Little Western medicine was available. But they also functioned as an important link with the past and thus contributed to a sense of continuity in a community which had just endured a very violent onslaught on its way of life. The healing activities of the traditional healers depended to a large extent on consultation with the ancient spirits of the tribe (*the balubaale*). During a healing session the healer would become possessed by the *lubaale* and pronounce on the cause of the sickness and prescribe a remedy. The ceremony of "settling the lubaale" (Orley, 1970) was frequently performed and the *balubaale Mukasa* (spirit of the lake) and *Kiwanuka* (spirit of thunder) were often identified. Shrines to some of these *balubaale* were constructed near to the healer's *ssabo* (a round grass hut, used for healing purposes). Interestingly, writing before the destruction of the Luwero Triangle in 1970, John Orley commented that these ceremonies were considered "a little shameful" by his informants, and Mbiti (1969), also writing before the Luwero campaigns, observed an overall decline in the *balubaale* cults. During the years I spent in Uganda these ceremonies were regularly performed in Luwero and I detected no sense of shame associated with them. As noted above, it was my impression that traditional healing was flourishing during this post-war period.

case 7 : A 19 year old ex-soldier was interviewed at a village medical clinic. He complained of headaches and generally feeling unwell. At interview he also spoke about nightmares in which he would see friends of his who were killed in the war and also some of the people he had killed

⁴Anthropologists have often commented upon the importance of beliefs about balance, pollution and contamination in relation to health matters, e.g. see Douglas (1984).

himself. He was very disturbed by these nightmares and believed that he was being visited by the spirits of the dead people. He told us that he had joined the army after his father was killed by a rebel group. He was only 16 when he joined. He left his mother and two sisters behind in the home village. He had spent many months in 'active combat' and had been nearly killed, on at least two occasions. On one of these he was hurt when a grenade exploded in front of the army lorry in which he was travelling. He was thrown from the lorry and broke his ankle in two places. Because of this he was discharged from the army on medical grounds. When this happened he returned to his home village. Although his ankle healed well and he was able to walk, he continued to feel ill. He found it difficult to settle back into civilian life and became preoccupied with his nightmares. He was seen a few times by myself and the local medical assistant but also attended a local traditional healer. He diagnosed that the patient was being persecuted by harmful spirits (*mayembe*) and prescribed the sacrifice of a chicken and certain other rituals to be carried out by the patient and his family. The young man felt relieved when these had been performed and also felt closer to his family.

Psychotherapy, as practised in Western countries, largely takes the form of an individual client consulting a therapist. The majority of therapy in Africa, and in other parts of the Third World, directly involves other family members and sometimes people from the wider community. Relevant and appropriate forms of intervention will be determined by the cultural context. Contextual factors will also determine which forms of help are available. This very point is underscored by Judith Herman, a firm advocate of the individual trauma approach (I have already mentioned her work in section 1.4). She makes the point that specific therapeutic strategies associated with the discourse on trauma have become available in the past 20 years because the study of trauma has only become possible in this time:

"The systematic study of psychological trauma ... depends on the support of a political movement. Indeed whether such study can be pursued or discussed in public is itself a political question. The study of war trauma becomes legitimate only in a context that challenges the sacrifice of young men in war. The study of trauma in sexual and domestic life becomes legitimate only in a context that challenges the subordination of women and children" (Herman, 1992, p. 9).

5.6 FURTHER EVIDENCE OF TENSIONS IN THE TRADITIONAL APPROACH

So far in this chapter I have presented evidence that the individual-trauma approach is severely limited in relation to cross-cultural work. In its place I have argued for an approach which incorporates insights from the 'new cross-cultural psychiatry'. In the rest of the thesis I shall be developing a philosophical grounding for this approach. Before moving to philosophy however, in what remains of this section, I would like to draw attention to two other serious problems which have arisen for the individual trauma model. The first problem concerns evidence which has emerged about the epidemiology of PTSD, the second concerns aspects of the biology of the syndrome.

1. Traditional accounts of PTSD present a rather simple scenario: an individual, who carries the weight of a particular history, experiences a traumatic event. This is extremely stressful and the individual develops characteristic symptoms which are indicative of certain processes taking place within. Social factors impinge on these processes and can facilitate or interfere with their progress but do not determine their essence. The response to traumatic events is understood to be an exaggeration of the physiological and psychological response to stress. Thus animal models of stress reactions should be useful in understanding the human biology of PTSD. In different ways the problems which have emerged concern the 'flow of time' in this account. In the original PTSD

framework the characteristic symptoms are understood to be a reaction to the trauma. This motif clearly underscores Horowitz's account and the thinking behind the DSM III version. Traumatic event happens first, then the symptoms emerge. We noted in the last chapter that the big innovation involved in the concept of PTSD was its proposal that the trauma was the *aetiology* of the syndrome. This proposal distinguished DSM III PTSD from earlier accounts of posttraumatic reactions. It also distinguished PTSD from other psychiatric syndromes with similar symptoms such as depressive disorders and obsessive-compulsive states. It was assumed that empirical studies would confirm the validity of this formulation.

In the original formulation of PTSD the role of the stressor was seen as obvious and clearcut. DSM III merely states that to make the diagnosis there should be :

"The existence of a recognizable stressor that would evoke significant symptoms of distress in almost anyone" (APA, 1980).

The epidemiological evidence about PTSD after disasters and other 'obviously traumatic' events calls this assumption into question. In fact it would appear that the development of PTSD after a significant trauma such as combat or rape is the exception, rather than the rule. Estimates of the prevalence of PTSD after a criterion A stressor event are given in DSM IV. They are said to range from 3% to 58% (APA, 1994). One of the major studies of Vietnam veterans found a 15% prevalence of current PTSD and a 30% lifetime prevalence (Kulka et al, 1990). Of those exposed to the Mount St. Helens volcano eruption, only 3.6% developed PTSD symptoms (Shore et al, 1989). After reviewing such studies, Yehuda and McFarlane comment:

"in documented epidemiological studies it is difficult to find even transitory

symptoms in more than 50% of the population, and in the majority the symptoms will have usually resolved within 2-3 years. Thus, the available epidemiological data show that PTSD, and certainly chronic PTSD, is more unusual than usual following exposure to a variety of traumatic events (Yehuda and McFarlane, 1995, p. 1708).

The McFarlane quoted above is the same person quoted in chapter one. He is an Australian psychiatrist who, in the 1980s studied a large group of fire-fighters who were exposed to very traumatic events in the course of a major bush fire. These traumatic events easily met the original PTSD stressor criterion. McFarlane had access to the men's psychiatric records and he followed them up with interviews and questionnaires over an extended period of time. He has reported on a number of conclusions. Severity of exposure was not the most important factor determining symptomatic outcome. Only a small number of the men, described as "anxiety-prone" developed characteristic intrusive and avoidance symptoms. Indeed:

"pre-morbid vulnerability accounted for a greater percentage of the variance of disorder than the impact of the disaster" (McFarlane, 1989, p. 227).

Allan Young discusses McFarlane's findings at some length in his book *The Harmony of Illusions*. We have already encountered this work in chapters one and three. Young argues that not all of those who develop symptoms after a traumatic event do so in a way which corresponds to the DSM III formulation. Thus a certain number of people will develop significant psychopathology but in them post-traumatic symptoms are not *triggered* by the trauma. Instead, anxiety and depressive symptoms are induced by the traumatic event. These then bring into being the PTSD intrusion-avoidance symptoms:

"Once anxiety symptoms and/or depression have become established, a *feedback effect* begins to occur where the intensity and frequency of the memories of the

disaster are increased" (McFarlane, quoted in Young, 1995, p. 138).

McFarlane's research was based on people who developed 'rapid-onset PTSD', in other words they became symptomatic very quickly after the trauma. The likelihood is that their anxiety or depression *was* induced by the events. However, Young makes the point that if we accept that anxiety or depressive states can bring about the intrusive-avoidance symptoms of PTSD *at all*, then we have to accept the possibility that at least some cases of delayed-onset PTSD are induced by anxiety or depressive states which occur *independently* of the actual event, which then becomes the focus of these intrusive-avoidance phenomena. In other words, Young interprets McFarlane's research as opening up the possibility that in some cases of PTSD the 'flow of time' does not correspond to that incorporated in the DSM concept of the disorder. This has very serious implications for research on PTSD. The two sorts of case, i.e. one where the symptoms emerge from the event, the other where preoccupation with the event is the result of the prior emergence of other symptoms, cannot be distinguished by phenomenology alone, or even by presence/absence of a stressor. This ambiguity, about time and causality, is hopelessly engrained into the very definition of PTSD. As we saw in chapter three, more recent versions of the DSM have indicated an awareness of the complexity associated with the stressor criterion and it has been described differently in post-DSM III versions. However, PTSD remains *defined* as a syndrome in which symptoms flow *from* the event. Those situations where the flow is in the other direction simply cannot be accommodated, and so are ignored. Part of this problem at least, stems from the model of time and causality operating within traditional accounts of PTSD. I have discussed this model in chapter two. As I shall show in our discussion of Heidegger's philosophy, in the next chapter, he presents an approach to temporality in which simple distinctions between past, present and future cannot be made. For a hermeneutic approach the causal ambiguity identified in traditional PTSD research serves, not

a problem, but as a *support* for the theory.

2) PTSD is presented, by traditional models, as involving an exaggeration of the normal stress response. This was clearly the guiding assumption of the work of Mardi Horowitz (see chapter three). The assumption was quickly made that animal models of stress reaction could be used, unproblematically, to investigate the human biology of PTSD. Initial results appeared to confirm this⁵. However more recent findings suggest that the symptoms of PTSD are associated with biological phenomena which are *not* a reflection of the normal biology of stress. For example, researchers looking at hypothalamic-pituitary-adrenal (HPA) axis alterations in PTSD have found results which are at odds with those found in the 'normal' stress literature. Yehuda et al (1995) summarize their research in this area as follows:

"The findings suggest that, rather than showing a pattern of increased adrenocortical activity and resultant dysregulation of this system, individuals who suffer from PTSD show evidence of a highly sensitized HPA axis characterised by decreased basal cortisol levels, increased number of lymphocyte glucocorticoid receptors, a greater suppression of cortisol to dexamethasone, and a more sensitized pituitary gland compared to individuals without PTSD. Thus, in addition to the classic pattern of increased cortisol levels in response to stress, there may be a contrasting paradigm of cortisol abnormalities following stress, characterised by diminished cortisol levels as a result of stronger negative feedback inhibition. This paradigm compels us to expand the stress response spectrum" (Yehuda et al, 1995, p. 362).

Like the epidemiological research findings quoted above, these findings point to the conclusion that human responses to trauma are simply more complex than initially proposed in the DSM formulation of PTSD. In particular, they tend to support Young's suggestion that the direction of

⁵see for example the review by Krystal et al. (1989).

causality is in post-trauma psychiatric syndromes is ambiguous. Yehuda et al (1995) remark:

"To the extent that PTSD is conceptualized as a stress disorder, the findings challenge us to regard the stress response as diverse and varied, rather than as conforming to a simple, unidirectional pattern" (p.362-363)

The dominant model of PTSD, predicated upon a cognitivist framework, suggests that the intrusive-avoidance symptom complex is associated with a loss of meaningfulness in the life of the victim after the traumatic experience. For example in the work of Janoff-Bulman, examined below in chapter 8, traumatic experiences are said to "shatter the assumptions" held by the victim about themselves and the nature of the world. If Young is correct and, in some cases at least, the flow is the other way around, then the implication is that a vulnerability with regard to meaningfulness may not simply be the *result* of trauma but might, in some way, be a predisposing factor for the development of problems after such events.

The *context-centred approach* presented here, grounded in the hermeneutic philosophy to be presented in part two, would predict that, in reality, the situation is far more complex than originally proposed in the DSM account of PTSD, as the contexts in which people endure traumatic experiences differ greatly. We examined a literature above which provides support for this. However, almost the entire biological and psychological research literature on PTSD, as an entity, has been carried out from within the traditional framework and works with its assumptions. We should not expect it to provide *direct* support for a framework which works with a very different approach to human reality. However the points of contention *within* the traditional PTSD literature, I believe, point to a degree of complexity in the area of trauma which the traditional approach cannot easily accommodate, and thus work to support the approach being developed

here.

5.7 SUMMARY

In this chapter I have presented empirical evidence from my own work and that of others which points to the importance of contextual factors in shaping how traumatic events are experienced, endured, responded to, and reported. Based on my own, first hand, experience of cross-cultural work with victims of violence and based on an ever-increasing literature on culture and trauma, I have put forward an alternative framework to the individual trauma model and called this a *context-centred approach*. Methodologically, this framework involves two essential elements. First it gives priority to a research engagement with questions of context. Its orientation implies that the meaning and impact of any event will be determined by the social, cultural and political context in which it occurs. It also implies that communal and individual psychological and behavioural reactions to such events will, likewise, be dependent on contextual elements, as will the availability and relevance of supportive and therapeutic inputs. I gave evidence from work in Uganda in support of this above. Secondly this approach attaches great importance to the issue of *reflexivity*. This involves a sustained analytic engagement with the origins and assumptions within our *own* knowledge.

A large part of this thesis, thus far, has involved this second dimension. Thus, I have analysed the philosophical framework of cognitivism, its importance for the discourse on trauma, and its indebtedness to the Enlightenment project in the earlier chapters of this section. I have also pointed to the role that practical professional politics played in the advent of PTSD as a diagnosis in the DSM III in 1980. In the last section I have briefly examined other tensions within the traditional

approach. My suggestion is that these tensions stem directly from the conceptual grounding of the traditional trauma model. They are 'built into' the very concept of PTSD itself.

In the next part of the thesis I will go on to explore an alternative conceptual framework for theoretical work relating to trauma. This hermeneutic approach will draw on the writings of Martin Heidegger in which a very different understanding of human experience (to that of Descartes) is developed. As this understanding emphasises the importance of context it will serve to support the line of argument developed so far.

PART TWO

A HERMENEUTIC APPROACH TO HUMAN REALITY AND TRAUMA

In part one of this thesis I examined the current discourse on trauma as developed within psychology and psychiatry. I attempted to show how this discourse has emerged within a particular philosophical understanding of the world and human reality. I identified the underlying Cartesian assumptions at work and, using the philosophical work of Charles Taylor, pointed to a strong association between these epistemological assumptions and specifically modern and Western assumptions about morality.

Psychiatry, as a discipline desperate to establish its medical and scientific credentials, has easily embraced the cognitivist framework and avoided any sustained analysis of the assumptions involved. Psychiatry, as pointed out in chapter two, is a child of the European Enlightenment and works with the goal of bringing rational medical and psychotherapeutic techniques to bear on the problems of madness and distress. To do so effectively it needs to understand and frame these problems within a causal framework which allows for prediction and manipulation. Psychiatry, in its quest for medical and scientific status, has sought to be objective, value-free and culturally neutral.

However, in the last chapter and in the first sections of chapter three I examined an empirical literature which raised serious questions about the cross-cultural validity of the current

psychological understanding of trauma. I demonstrated, with case material from my own work, that there was a need for an approach which emphasised the importance of social and cultural contextual issues. I also indicated some internal contradictions which have emerged within the PTSD framework with regard to questions of time and causality.

In part two, I go on to present a philosophical critique of the underlying Cartesian assumptions involved in the prevailing approach to trauma. I do this by first outlining Heidegger's account of Dasein and being-in-the-world in chapter six. This gives us an understanding of human experience radically different to that offered by Cartesianism. My argument is that this hermeneutic understanding, with its emphasis on actual lived meaningful experience, takes us beyond the detached post-Enlightenment picture of human reality which is currently dominant in psychology. In chapter seven, I discuss how Heidegger's philosophy, through the efforts of the psychiatrist Medard Boss, gave rise to a specific psychotherapeutic approach known as Daseinanalysis. In the following chapter I bring together the Heideggarian understanding of anxiety with the issue of trauma. I explore some of the implications of Heideggarian philosophy for our understanding of the loss of meaning so often described after traumatic events.

CHAPTER SIX

HEIDEGGER'S ACCOUNT OF HUMAN REALITY¹

6.1 INTRODUCTION

In the traditional psychiatric framework, disorders are defined and theoretically modelled as a first step. Then therapeutic techniques are developed and tested. The notion of cultural particularity only emerges as a sort of "afterthought" when these models and techniques are being applied to people from non-Western societies. In Heidegger's philosophy human beings are *always* temporal, embodied and culturally situated², *always* linguistically and historically located. Thus, in a psychiatry organised around the concept of Dasein (see below), one can imagine the possibility of putting social, cultural and linguistic issues at the centre and examining them as a *first step*. In the next three chapters I will examine this possibility. In the last part of this thesis, however, I will argue that because *Being and Time* is an attempt to provide a *universal* account

¹I am aware of the difficulties associated with the term 'human reality' in the context of Heidegger's philosophy. As we shall see below Heidegger attempted to distance himself from any form of humanism. I have used the term 'human reality' to help establish the contrast between Cartesian and Heideggerian approaches.

²In the introduction I pointed out that Heidegger, himself, was at pains to distance himself from cultural theory. As I shall show below he presented his account of experience as something which was universal. He did not consider his work to be 'anthropological' in any sense. However there is now a substantial literature which brings together hermeneutic philosophy with anthropological enquiry, see, for example, Bernstein, R.J. (1983) *Beyond Objectivism and Relativism: Science, Hermeneutics and Praxis*. In this thesis I am broadly following the interpretation of Heidegger developed by Hubert Dreyfus (1991). He writes that "Heidegger follows Wilhelm Dilthey in emphasizing that the meaning and organization of a culture must be taken as the basic given in the social sciences and philosophy and cannot be traced back to the activity of individual subjects" (p.7). This is the sense in which I use the notion of human beings as *always* 'culturally situated'. I will comment again on Dilthey's influence on Heidegger in chapter nine, below.

of human experience it will fail to provide the philosophical basis upon which the sort of 'new cross-cultural psychiatry' described in the last chapter can begin to philosophically reflect upon itself. However, I shall use some material from Heidegger's work, post *Being and Time*, to argue for a way forward.

In this chapter I will attempt to outline the ways in which Heidegger's thought provides an alternative to cognitivism and Cartesianism. In particular, I will attempt to show how his approach demonstrates the limitations of methodological individualism, 'internal' understandings of mind and positivism.

6.2 HEIDEGGER'S CRITIQUE OF INDIVIDUALISM AND 'INTERNAL' ACCOUNTS OF MIND

6.2.1 The concept of Dasein

Heidegger's aim in *Being and Time* is to examine the question of being³, the central preoccupation of traditional Western ontology, in a completely new light. Dreyfus (1993) maintains that:

"what Heidegger has in mind when he talks about being is the intelligibility correlative with our everyday background practices" (p. 10).

In other words:

"to raise the question of being (is) to make sense of our ability to make sense of things" (p. 10).

³There is dispute about whether the German noun *Sein* should be rendered into English with a capital 'B'. I shall follow the translators of *Being and Time* when quoting from the text. However at other times I shall follow Dreyfus and use a lower-case 'b'.

Heidegger argues that traditional ontology has floundered because it has always sought some self-sufficient source to ground an answer to this question. He says:

"If we are to understand the problem of Being, our first philosophical step consists in not "telling a story" - that is to say, in not defining entities by tracing them back in their origin to some other entities, as if Being had the character of some possible entity. Hence Being, as that which is asked about, must be exhibited in a way of its own, essentially different from the way in which entities are discovered" (Heidegger, 1962, p.26)

The question of being is the question of how the world makes sense for us, of how it is meaningful. According to Heidegger, the meaningfulness of the world is primary and cannot be generated or explained by recourse to an analysis of entities. He distinguishes two areas of inquiry which he labels "ontological" and "ontic". While he does not define these terms explicitly, his translators point out that ontological inquiry refers to the question of being while ontic enquiry refers to a concern with entities and the facts about them (Heidegger, 1962, p. 31). Ontological inquiry has to be undertaken in a fundamentally different way to any type of ontic enquiry. Being has to be "exhibited in a way of its own". Heidegger's approach to the question of being, his way of revealing being, is through an analysis of the being "for whom that Being is an issue for it" (Heidegger, 1962, p.32). He uses the term "Dasein" to characterise this kind of being⁴. Dasein

⁴ McCall (1983) indicates that no acceptable English translation of Dasein has been agreed on. A literal translation would be "to be there" or "being there". Dasein in colloquial German can mean "everyday human existence" (Dreyfus, 1993, p.13) and Heidegger is clearly referring to human reality when he uses the term. However Dasein means something more than simply "conscious subjectivity". Heidegger is striving to get away from a view of human reality as something grounded in a meaning-giving transcendental subject. As we have seen in chapter four such a view has dominated Western thought from Descartes through Kant to the work of Husserl. He says:

"One of our first tasks will be to prove that if we posit an 'I' or subject as that which is proximally given, we shall completely miss the phenomenal content (Bestand) of Dasein" (Heidegger, 1962, p.72).

So Dasein is not the personal self. While it does have a quality of mineness (see Heidegger,

is different from all other beings because human beings exist, and relate to their world in a way that no other entity does. Dasein, human being, involves an openness to all things, including itself. Indeed as McCall puts it "Human being is open being" (McCall, 1983, p.70). Charles Scott, in a discussion of the work of Medard Boss, says that:

"human being is irreducible, perceptive world-openness" (Scott, 1975, p. 183).

As such, Dasein is the only being which is open to the question of being (in the sense indicated by Dreyfus, above):

"Dasein is an entity which does not just occur among other entities Understanding of being is itself a definite characteristic of Dasein's Being. Dasein is ontically distinctive in that it is ontological" (Heidegger, 1962, p.32).

Thus an enquiry into Dasein provides us, according to Heidegger, with a unique possibility to "exhibit" being. Indeed he argues that this task is fundamental and a priori in relation to science and philosophy:

"The question of Being aims therefore at ascertaining the a priori conditions not only for the possibility of the sciences which examine entities as entities of such and such a type, and, in so doing, already operate with an understanding of Being,

1962, p. 68). it is apparent that Heidegger is trying to move beyond an atomistic vision of human reality. This is an important issue because many in the existentialist psychiatry and psychotherapy school appear to have mistakenly interpreted Dasein as being an autonomous individual subject. This has led to a type of individualism which imbues many forms of existentialist therapy. In the next chapter I shall mention Heidegger's critique of the work of Ludwig Binswanger, which centred on this issue. McCall opts to translate the term as "being present" or "human presence". However "being present" is problematic given the importance in Heidegger's work of the concept of *Vorhandenheit*, which is usually translated as "present-at-hand". Emmanuel Levinas (1978) uses the French term "*l'existant*", "the existent", and Dreyfus simply uses the term "human being". For the most part I shall stick to Heidegger's own term: Dasein, and occasionally, when an English equivalent is needed, follow Dreyfus and use the term "human being".

but also for the possibility of those ontologies themselves which are prior to the ontical sciences and which provide their foundations" (Heidegger, 1962, p.31).

6.2.2 Being - in - the - world

As mentioned above the literal translation of the term Dasein is "being there". Heidegger's use of the term includes this element of "situatedness". To be human is to be involved, implanted, immersed in the everyday world. In contrast to the dominant tradition in philosophy Heidegger seeks to engage with Dasein in this grounded state. His work is an attempt to avoid the abstracting, separating tendency inherent in traditional philosophy with regard to issues around mind and world. As the very words and concepts used in this tradition are themselves the products of this separating tendency Heidegger uses the composite being-in-the-world (*In-der-Welt-sein*) to express this embeddedness of Dasein. Heidegger's aim was an understanding of the essential elements of human existence, and he deliberately avoids any temptation to describe a particular, or local human reality. Thus, being-in is not an attribute of Dasein in the sense of something that it just happens to be characterised by, and something Dasein could lack. He says:

"Being-in is not a "property" which Dasein has and sometimes does not have, and without which it could be just as well as it could with it. It is not the case that man "is" and then has, by way of an extra, a relationship-of-Being towards the "world" - a world with which he provides himself occasionally" (Heidegger, 1962, p.84).

"In the interpretation of Dasein, this structure is something "a priori"; it is not pieced together, but is primordially and constantly a whole" (Heidegger, 1962, p.65).

Heidegger criticised Descartes, because in his philosophy human subjectivity has the same ontological status as its subjects. For Heidegger human subjectivity is not just another entity in

the world but is rather, itself, the transcendental ground of the world. Louis Sass notes that both Kant and Husserl also made this criticism of Descartes but according to Heidegger neither was able to liberate himself completely from this tendency to treat human subjectivity ontically. Thus according to Heidegger both Kant and Husserl tend to portray the transcendental subject as if it could, in principle at least, be separated from the world around it. This is the result of treating the subject and world as two objects existing alongside within the world. Sass says:

"Such a way of thinking obscures the essential inseparability of consciousness and its objects, and can lead to the error of conceiving the mind's epistemological constituting of experiential objects on the model of some kind of actual generation or production of one object by another. Heidegger considers this tendency to interpret, understand, or express ontological issues concerning the fundamental nature of the world on the analogy of empirical facts within the world ... to be the deepest and most treacherous source of confusion in the entire history of Western thought" (Sass, 1992, b, pgs 292-293).

Not only is Dasein always being-in-the-world, according to Heidegger, but we are in fact "thrown" (*geworfen*) into the world. We do not know whence we came into being, he says, nor do we know towards what end (apart from inevitable death) we have been projected into existence. We simply find ourselves in the midst of the world, involved in it. The world is always already in us as we are always in it. Our orientations within the world are thus prior to any consciousness we may have of them. Reflection, of any sort, always takes place in the context of a worldly embedded life. It is never, and can never be, primary. Heidegger points to the derivative character of the detached reflective stance in human affairs. He argues that philosophically if we are to comprehend anything about our place in the world we have to return to our everyday involvement with things. When we do this, he argues, the detached reflective stance, is seen for what it really is: a secondary, derived position. Traditional Western philosophers, even before the Cartesian cogito, have stressed the primordial position of mental

states. They have argued that we get to the world, to reality, through reflection. Heidegger says in a latter work:

"Being-amidst as existential is of course itself a problem. It is a problem precisely because of the seeming self-evidence of the premise of a subject-object relation. It is remarkable that the problem addressed by this claim cannot be budged. It is as old as philosophy and appears already in Parmenides. The view developed early and easily in the pre-philosophical understanding of Dasein that the soul, thinking and representing, consciousness, establishes a relationship to objects, or put conversely, that entities occur before and ie opposite to thinking, seeing and representing" (Heidegger, 1984, p. 130).

In contrast to this Heidegger stresses our pre-cognitive, pre-reflective involvement with the world. Dasein is always already involved and the world is always primarily "ready-to hand" (*zuhanden*). As such it is always already meaningful, always already configured prior to any reflection. Our most basic understanding of the world is not in the form of "knowing-that" but of "knowing how". Objects in the world are first and foremost tools, equipment and instruments. For example, to understand a hammer, in the most basic sense, means knowing how to hammer, how to use it. The separation between consciousness and the object (such as hammer) that appears so self-evident to a philosopher who is sitting back in an attitude of reflection or observation, is not at all in evidence when one is actually using the object.

Both Descartes and Kant began their reflections with the assumption of disconnection between mind and world (in Descartes this had an ontological dimension). They then sought to find instances of epistemological connection which are certain and secure. By starting with the notion of Dasein as already in the world Heidegger actually reverses the direction of the problematic. Thus in the Heideggerian framework what needs to be explained is not the connection, which is the basic given, but the instances of disconnection. Such instances of disconnection occur when

we are interrupted in our practical, cognitive or emotional involvement with the world and we find ourselves in the position of reflection.

6.2.3 The reversal of the cogito

This position allows Heidegger to effectively reverse the Cartesian cogito, which confidently asserts the primacy of detached thought: "*cogito ergo sum*". For Heidegger the reverse is the case: "I am, therefore I think". Existence, in the sense of lived human existence, involved and embedded in the world, is the necessary precedent and the enabling condition of thought. George Steiner writes:

"Platonic-Cartesian cogitation and the Cartesian foundation of the world's reality in human reflection are attempts to "leap through or across the world" (ein Überspringen) in order to arrive at the noncontingent purity of eternal Ideas or of mathematical functions and certitudes. But this attempted leap from and to abstraction is radically false to the facticity of the world as we encounter it, as we live it" (Steiner, 1992, p. 88).

Heidegger's reversal of the cogito has important implications. For our purposes it has implications for the philosophical assumptions of cognitivism. Perhaps most importantly it challenges the underlying assumptions of the Cartesian or "rationalist" tradition as characterised by Taylor (1993) in his discussion of the notion of "engaged agency". Taylor says:

"the dominant conception of the thinking agent that Heidegger had to overcome was shaped by a kind of ontologizing of rational procedure. That is, what were seen as the proper procedures of rational thought were read into the very constitution of the mind and made part of its very structure.

The result was a picture of the thinking agent as disengaged, as occupying a sort of protovariant of the 'view from nowhere', to use Nagel's suggestive phrase. Heidegger had to struggle against this picture to recover an understanding of the agent as engaged, as embedded in a culture, a form of life, a 'world' of

involvements, ultimately to understand the agent as embodied" (p. 317 - 318).

Taylor works with the concept of embodiment to tease out some of the implications of a reversed cogito as developed by Heidegger⁵. Taylor begins his argument by making the point that the idea that the world of the agent is shaped by his or her world is actually generally accepted. In particular it is uncontroversial to suggest that our experience is shaped by the fact of our embodiment. However there are two distinct ways in which we can understand this shaping. On the one hand my experience is shaped in psychophysical causative fashion. Thus as a perceiving agent I cannot see the wall behind me. This can be explained in causal terms. Thus the light coming from the wall cannot reach my retina because the back of my head is in the way and my retina is pointed in the wrong direction. The physical, material characteristics of my body make my seeing the wall impossible. In this way my perception is shaped by my embodiment. My world is shaped by it.

A completely different notion is involved when shaping is understood as the provision of context and background so that my experience as agent becomes intelligible. This is a Heideggerian way of understanding the concept of one's world being shaped. For example, as I take in the room around me, even before I think about it, the scene already has a structure for me. It is already orientated for me. Some things are "up", some things "down". Some are "near", some are "far". Some objects "lie to hand" while others are "out of reach". My world is shaped by my embodiment in the sense that this is the world of an agent with this particular kind of body. It is an agent who can move and deal with things in certain ways:

⁵In the next chapter I will discuss some of Heidegger's own thoughts on the subject of "bodyhood", as presented in the *Zollikon Seminars*.

"To understand what it is to 'lie to hand' one has to understand what it is to be an agent with the particular bodily capacities that humans have. Some creatures from another planet might be unable to grasp this as a projectile term. Of course the creature might work out some descriptions that were roughly extensionally equivalent. But to project this term the way we do, one has to understand what it is to be human" (Taylor, 1993, p.319).

Thus there are two distinct ways in which we can understand the shaping of or experience by our embodiment. The first type of relation between embodiment and experience can be stated in causal terms. The second type of relationship is more in the way of a relating of the background facts of our embodiment:

"These two senses in which experience is shaped by embodiment help to explain the dialogue of the deaf between critics and exponents of artificial-intelligence-inspired theories of the mind. The former have often insisted that the computer offers a model of 'disembodied' consciousness. Proponents of the artificial intelligence model, insulted in the very heart of their materialist commitment, generally find this accusation unintelligible. But it is easy to see why the criticism is not understood. Proponents of strong artificial intelligence are thinking of the first kind of relation. The second kind has not swum into their conceptual ken, and hence they have great trouble understanding what they are being accused of" (Taylor, 1993, p.334).

Thus embodiment provides the pre-cognitive, pre-reflective lived experience which is the condition of intelligibility for any statements about ourselves. We act as agents embodied. Taylor uses the term "engaged agency". The form of our agency - our embodiment - stands to our experience as a context conferring intelligibility. Embodiment, as context or background, can be described but cannot be made fully explicit. Embodiment is known implicitly. We have, what Heidegger calls a "pre-understanding" (see Taylor, 1993, p. 327) of what it is to act as human beings. Dreyfus says:

"Such an understanding is contained in our knowing-how-to-cope in various domains rather than in a set of beliefs that such and such is the case. Thus we

embody an understanding of being that no-one has in mind. We have an ontology without knowing it" (Dreyfus, 1993, p. 18).

For Heidegger our primordial type of understanding is know-how. He says:

"With the term 'understanding' we have in mind a fundamental existentials, which is neither a definite species of cognition distinguished, let us say, from explaining and conceiving, nor any cognition at all in the sense of grasping something thematically" (Heidegger, 1962, p. 385).

"When we are talking ontically we sometimes use the expression 'understanding something' with the signification of 'being able to manage something', 'being a match for it', 'being competent to do something'" (Heidegger, 1962, p. 183).

In summary, according to Heidegger, human being is always engaged being, embodied being. Human reality is always in the world and the world is always involved in that reality. It is impossible to conceive of any human existence which is not engaged thus. Our sense that we have an interior mind which exists in relation to an outside world only arises when we attempt to cease our involvement and start to reflect in a detached way. Such detachment is, according to Heidegger, impossible and we only have the sense of separation because our culture and the prevailing philosophical attitude asserts that it is a fundamental aspect of human nature.

6.3 HEIDEGGER'S CRITIQUE OF SCIENTIFIC REDUCTIONISM AND POSITIVISM

6.3.1 Significance

We have noted above Heidegger's argument that reflective thought is derivative and secondary to the practical involvement of Dasein in the world. One of his most original and important insights relates to the derivative nature of traditional concepts of the natural world, nature, in a number of different ways:

"Nature is itself an entity which shows up within the world and which can be discovered in various ways and at various stages" (Heidegger, 1962, p. 92).

Primarily we encounter nature in "available" forms: iron tools, wood etc as part of our practical involvement with the world. In this way natural objects form part of our human environment and are useful, beautiful, harmful etc. The scientific understanding of the natural world is achieved only by ridding it of such qualities. "Worldliness" is Heidegger's term for the underlying environmental context in which Dasein exists. The scientific mode of our relating to nature only arises when we deprive "the world of its worldliness" in a definite way" (Heidegger, 1962, p. 94). Only by stripping the world of its values for us do we engage with it scientifically. We remove its significance and recontextualise it in scientific theory. These processes "produce" a nature which is understood in causal terms. Such is the work of the natural sciences.

Because philosophy has traditionally regarded detached reflective thought as our primary mode of involvement with the world the derivative nature of the natural science project has not been noticed by scientists or philosophers. This detached mode of thought "passes over" the "world" of being-in-the-world. In the traditional ontology dating from Descartes:

"The Interpretation of the world begins, in the first instance, with some entity within-the-world, so that the phenomenon of the world in general no longer comes into view" (Heidegger, 1962, p. 122).

Because of this it has not seemed implausible to propose the possibility of explaining the world, including the human world, in the terms of natural science. Thus emerged the positivist agenda. Heidegger's demonstration of the primacy of worldliness however brings such a project into question. He says:

"Even if (traditional) ontology should itself succeed in explicating the Being of Nature in the very purest manner, in conformity with the basic assertions about this entity, which the mathematical natural sciences provide, it will never reach the phenomenon that is the 'world'" (Heidegger, 1962, p. 92).

His point is that we produce the natural science concept of nature by stripping the world of human significance. We cannot then reverse the project and explain significance in terms of such a dehumanised nature. Harrison Hall writes:

"Heidegger argues that this practical world, the intentionality appropriate to it, and the sense things have for us within it are more fundamental than the traditional sense of the world as a collection of things in objective space, the intentionality of cognitive acts, and the sense things have for us within such acts. That priority or fundamentality comes to at least the following:

- 1 The practical world is the one we inhabit first, before philosophising or engaging in scientific investigation - in Heidegger's words, it is where we find ourselves 'proximally for the most part'.
- 2 The world in the traditional sense can be understood as derivative from the practical world, but not the other way around - that is, starting from Heidegger's account of the practical world we can make sense of how the traditional sense of the world arises, whereas any attempt to take objective perception and cognition as basic and construct the practical world out of the resources traditionally available is doomed to failure" (Hall, 1993, p. 128)

Human values are built into the world and are implicit in the skills with which we involve ourselves with people and things. They are part of our embodiment and involvement in a culture. In terms of embodiment, experiences such as pain, pleasure, hunger and sexuality provide a "valued" orientation towards the world but this orientation cannot be stated explicitly because

such values are not always open to cognitive formulation. Such embodied experiences arise in particular human settings and have significance only in such settings. Their significance exists because of the background embodied and "encultured" context in which they occur. For Heidegger such significance is primary and cannot be reduced to explanation in terms of a secondary derived theory. For Heidegger, explication of the realms of human significance, of "worldliness", is only properly undertaken in a hermeneutic mode. The casual explanatory framework of the natural sciences is singularly unsuited to the task.

Some interpreters of Heidegger, most notably Dreyfus and Taylor, have argued that his analysis reaffirms the Diltheyan distinction between the natural and the human sciences. They suggest there is a clear distinction between the two types of investigation in terms of what counts as appropriate methodology. For them the investigation of the natural world with a causal explanatory framework is valid but the human realm needs to be understood in hermeneutic terms alone. Both Dreyfus and Taylor have used Heidegger's work to support this approach. Their basic assertion that human beings are unique, in being self-interpreting, is most clearly developed by Heidegger in *Being and Time*. They contrast this with the position of objects in the natural world which are not seen as having this self-interpreting quality. Both Dreyfus and Taylor are mindful of the post-empiricist challenge to the status of natural science. In this, philosophers of science such as Kuhn, Hesse and Feyerabend have argued that natural science is *in fact* not the sort of neutral, objective, detached discipline that it was once understood to be. Instead they argue that all natural sciences are loaded with assumptions and exist in social and historical contexts that determine their priorities and agendas to a large extent. As such, they all involve a hermeneutic dimension. The implications of this development in the understanding of scientific theory and practice is not underestimated by Dreyfus and Taylor. Taylor, in a now famous

quotation, summed up the irony involved:

"Old-guard Diltheyans, their shoulders hunched from years-long resistance against the encroaching pressure of positivist natural science, suddenly pitch forward on their faces as all opposition ceases to the reign of universal hermeneutics" (Taylor, 1980, p. 26).

However, both philosophers have worked hard to maintain the distinction. They have presented various arguments to underscore the difference between the two. For example, Taylor has argued that although the natural sciences are interpretive, the human sciences have to be doubly interpretive. This is because not only are the human sciences involved in interpretation but the objects of their study are themselves involved in self-interpretation. This does not hold in the natural sciences.

All of the arguments presented by Dreyfus and Taylor involve the Heideggarian notion of human being as interpretive. They contrast this with the ontologically distinct position of the natural world. They suggest that Heidegger's presentation of the derivation of the concept of nature in the scientific framework supports their view. However an alternative interpretation of Heidegger is used by Joseph Rouse (1987) to support his critique of these neo-Diltheyan arguments. Rouse argues that the hermeneutic circle as elaborated by Heidegger radically undermines the Diltheyan position:

"Traditional Diltheyan hermeneutics emphasized the meaningful character of the object of interpretation, and the hermeneutic circle involved an interplay between the object as a meaningful whole and the parts that both compose the whole and acquire their sense from it. For Heidegger, the hermeneutic circle is an interplay between the understanding of the world as the meaningful configuration within which things are manifest as what they are and the interpretation of particular things within the world. The circle thus has the same structure for the interpretation of persons and of things, because it has nothing to do with the presumptively meaningful character of the object" (Rouse, 1987, p. 182).

Thus, nature only "shows up" in relation to Dasein. Rouse does not argue for an anti-realist position but aligns himself with the pragmatist position that the "world is what shows up in our practices" (p. 165). From this perspective what count as things, relations, causes do so only within particular social and cultural contexts⁶. Not only is the social world constructed through human practice and language but so too is the very concept of nature. Thus, Rouse argues that Heidegger offers a way of being grounded in particular human circumstances:

"To say with Heidegger that only Dasein is meaningful is not to say that only Human beings 'have' meaning, but rather to say that a practical, purposive configuration of world is the condition for anything's having any intelligible properties of any sort. Meaning is a 'formal' condition of the intelligibility of beings rather than a substantive characteristic of some particular being" (Rouse, 1987, p. 183).

In spite of Rouse's usage of Heidegger's understanding of hermeneutics he is also critical of Heidegger's "early philosophy of science". He argues that this account presents science as essentially a theoretical activity which disengages the scientist and the objects of science from local, functional situations. In contrast, Rouse presents science as a practical, experiment-orientated activity which never manages to disengage itself from its social and political context. He says that Heidegger failed to give adequate attention to the actual practices involved in scientific research. Science is always, according to Rouse, "local knowledge".

These arguments concerning the proper relations between the natural and human sciences do not affect the argument developed above that human significance cannot be understood in terms of a dehumanised nature. Rouse, Taylor and Dreyfus all agree with the basic Heideggarian argument

⁶This is similar to the position taken by Rorty (1979, 1980).

that human reality can only be understood in a holistic way. Significance is always generated against a broad background of linguistic structures and social practices. As such it can only be grasped and understood in relation to such background structures and practices. These are always multiple and unformalisable. Thus, understanding of human significance always requires a hermeneutic element. The attempt to generate human significance solely within the framework of a dehumanised natural science is thus doomed to failure. As pointed out in chapter four Dreyfus has demonstrated this in relation to artificial intelligence (AI) models of mind. He says the practical failure of AI research to develop convincing models of human activities is practical support for Heidegger's position:

"It is easy to say that to account for the equipmental nexus one needs simply add more and more function predicates and rules describing what is to be done in typical situations, but actual difficulties in AI - its inability to make progress with what is called the common-sense knowledge problem, on the one hand, and its inability to define the current situation, sometimes called the frame problem, on the other - suggest that Heidegger is right. It looks like one cannot build up the phenomena of world out of meaningless elements" (Dreyfus, 1991, p. 119).

6.3.2 'Intentional causality'

These arguments hold even in relation to the sort of 'sophisticated' cognitivism put forward by Bolton and Hill (see chapter two). They argue the case for a psychological science, which, while sharing a great deal in common with biology, cannot be reduced to the forms of explanation which exist in physics and chemistry. Psychology and biology are said to exhibit 'intentional causality', and explanations in these sciences require 'intentional explanations'. These are explanations which incorporate notions such as 'normal/abnormal', 'information', 'design', 'mistake' and 'rules'. According to Bolton and Hill, this terminology cannot be 'reduced' to the terminology of physics

and chemistry. DNA and the haemoglobin molecule are put forward as exhibiting intentional causality, as well as such things as human thought and reason. The transitions between the two levels are said to be 'seamless' (p. 260). Because of this it is appropriate to talk in terms of a 'predictive' science of psychology, albeit one which pays attention to human meanings. While they reject the idea that human reality can be explained by reference to 'physical laws', they nevertheless assert that cognitive psychology is in the business of establishing 'natural laws' and 'norms of function' in the mind. They write, unproblematically, about people who develop psychotic episodes as possibly exhibiting a 'design fault' (p. 284). If psychology can describe what the 'normal design' of a human being actually consists of, and can describe 'norms of function', then it can predict what will happen under particular conditions, given that the system is functioning 'normally'. They are quite clear that once such norms are established, psychology becomes a true causal science. They maintain:

"... the idea that the causal status of cognitive explanations derives from their place within a well-entrenched systematic empirical theory about relations between stimuli, cognitive states, and behaviour. There is something correct about this suggestion, but it is not yet complete. It omits special features of descriptions of functional systems, namely, that they essentially invoke *norms* of function, and that this accounts for their necessity" (Bolton and Hill, 1996, p.200).

Asserting that there are 'norms of function', which can be established, leads Bolton and Hill to elaborate an account of human beings as 'rational agents'. Unless human beings act in a rational and consistent way, the predictive power of psychology starts to evaporate. Because of this, they are led to propose that there are 'laws of reason', according to which particular behaviours can be judged to be rational or otherwise. Thus :

"If a person believes such-and-such, then she *must*, in appropriate circumstances,

act in a way that accords with that belief. This 'must', however, has nothing to do with scientific theory or natural law. If the consequent of the hypothetical fails, no scientific theory has been refuted, still less has there been a miracle! Rather, the inference would be that, for one reason or another, the person has apparently acted irrationally. The nomological character of the prediction pertains to the 'laws' of reason, not to laws of an empirical science" (Bolton and Hill, 1996, p. 201).

The problem with this theory is that there simply are no universally accepted 'laws of reason'. There are only human judgements about what it is to be rational or irrational. Anthropologists have been interested in the question of rationality for many years. Hobart (1985) describes how Balinese epistemology is highly sophisticated and subtle. He argues that in Balinese culture, language is recognized as polysemic and 'double-edged' and always influenced by the interests and intentions of both speakers and listeners. Truth is always relative to context. Hobart writes:

"Balinese ideas of what is manifestly so or not so cannot be grafted onto our model of propositions being true or false. Scepticism over human abilities sets the Balinese sharply apart from Hellenic, and later, traditions of the omnipotence of reason" (Hobart, 1985, p. 113).

If this is the case, and complex and different rationalities exist in different cultures, it is very difficult to see the value of talking about 'laws of reason' at all. Any proposed set of 'norms', 'rules' or 'laws' of thought will always be the product of a particular perspective. This is the central difficulty with the approach of Bolton and Hill. While they claim to endorse a 'post-empiricist' epistemology, they appear to locate this epistemology solely in the *subjects* of psychological research, and not in the *researchers* themselves. What a researcher puts forward as 'normal functioning' may well be uncontentious and generally agreed in the world of biology, but *disagreement* about the nature of normality is the *usual state of affairs* in the world of psychology and psychiatry. Bolton and Hill admit that generalizations in the area of human

psychology are 'vague' and 'non-specific' (p.207). Nevertheless they argue that such generalizations do exist and can be used scientifically. For example, they quote the work of Seligman on the phenomenon of 'learned helplessness'. Seligman's original work was with animals, but the concept of learned helplessness has been widely used as a model for depression in human beings. Bolton and Hill argue that :

"... the cognitive-affective state of helplessness (which) results from persistent or traumatic (perceived) lack of control over major aversive events, such as pain, or deprivation, and ensues in behavioural inertia .. " (Bolton and Hill, 1996, p. 206)

... is an example of a generalization over a cognitive-affective state. This 'learned helplessness' which results from negative life-events is understood by many to lead to a state of intense hopelessness and through this is held to account for many features of the syndrome of depression. Presumably this would be an example of what Bolton and Hill mean by 'intentional causality'. In a similar vein one could develop 'causal' theories about the origins of depression from the work of Brown and Harris. The Sri Lankan anthropologist, Gannanath Obeyesekere, quotes the following passage from their work :

"The immediate response to loss of an important source of positive value is likely to be a sense of hopelessness, accompanied by a gamut of feelings, ranging from distress, depression, and shame to anger. Feelings of hopelessness will not always be restricted to the provoking incident - large or small. It may lead to thoughts about the hopelessness of one's life in general. It is such *generalization* of hopelessness that we believe forms the central core of depressive disorder" (Brown and Harris, 1978, p. 134).

However, Obeyesekere makes the following observation :

"This statement sounds strange to me, a Buddhist, for if it was placed in the

context of Sri Lanka, I would say that we are not dealing with a depressive but a good Buddhist. The Buddhist would take one further step in generalization : it is not simply the hopelessness of one's own lot; that hopelessness lies in the nature of the world, and salvation lies in understanding and overcoming that hopelessness" (Obeyesekere, 1985, p. 134).

In other words, hopelessness is not something which has a fixed meaning. How it relates to sorrow and loss is determined by cultural context. Thus the relationship between life events, states of helplessness and hopelessness and the syndrome of depression cannot be stated in terms of an acultural, decontextualised law. States of depression can be interpreted in terms of life events, but such interpretations emerge in the context of a particular culture which places certain values on affective states and differentiates such states in particular ways.

Similar observations have been made by Janis Jenkins and Marvin Karno in relation to the concept of 'expressed emotion'. This is, currently, one of the most researched constructs in psychosocial research and is cited by Bolton and Hill. High 'expressed emotion' in the families of patients with schizophrenia is understood to be causally related to relapse in such patients after they leave hospital. However, Jenkins and Karno demonstrate that there are substantial cultural influences on the way in which family context, symptoms and relapse are related. Because most researchers in this area of research are committed to psychology as a causal science they have assumed the generalizability of the 'expressed emotion' construct and failed to see the cross-cultural difficulties:

"Quite striking from a cross-cultural psychiatric point of view is the neglect on the part of expressed emotion researchers in calling for a systematic examination of the relationship between culture and expressed emotion. Since the anthropological and cross-cultural psychiatric literature of the past several decades has documented substantial cultural differences in conceptions of psychosis, display of emotion, behavioral rules and norms, and family structure and identification, it is reasonable to expect that features such as these are of key relevance to the explication of expressed emotion. In our view, it is these features

that go to the very heart of what the construct of expressed emotion embraces" (Jenkins and Karno, 1992, p. 19).

One can only speak confidently about 'norms of function' and 'rational action' in the human world, after one has bracketed out contextual phenomena such as culture, language, gender, social and political circumstances etc. However, according to hermeneutic philosophy (and most anthropologists) these phenomena actually *constitute* the meaningful reality of human beings. When one enters debates about cultural norms, beliefs and practices, and how these relate to metaphysical and ontological assumptions, one has *de facto* moved away from any sort of causal framework. This is a realm of interpretation and hermeneutics.

Bolton and Hill convincingly argue that biological science involves a strong element of 'functionality' which cannot be reduced to the terms of physics and chemistry. However, the question being posed here is : to what extent have they been effective in developing a conceptual bridge between biological systems and lived human reality? As we have seen in the last section, the Heideggerian argument is that the scientific account of the world is produced by systematically stripping the language we use of human value terms. It is a move away from the 'ready-to-hand' reality within which we live, to another way of ordering the world. Positivism seeks to use this 'de-valued' language of science to explain the nature of lived human reality. As Bolton and Hill argue that biology can only 'work' if we do *not* 'de-value' our language completely, and continue to use terms such as 'normal', 'information' and 'mistake', it is not really surprising that their version of biological reality has certain affinities with the human reality from which they are borrowed. But this position is nothing less than a tautology. Their failure to engage with the position of the observer, the one who decides what is 'normal' or 'faulty' and writes the theories of biology and psychology, renders their account unstable and open to the sort of hermeneutic

critique developed above in relation to more traditional forms of positivism.

6.3.3 Temporality and Historicity

Before ending this chapter, I wish to examine Heidegger's approach to time. Just as Dasein is always situated in a world of significance, it is also always temporal. In fact, according to Heidegger, it is because Dasein is temporal that a world of significance opens up at all. The title of Heidegger's great work emphasises the importance of time. For him a fundamental ontology is one in which being is shown to be inseparable from "temporality" (*Zeitlichkeit*). In the introduction to *Being and Time*, he says :

"We shall point to temporality (*Zeitlichkeit*) as the meaning of the being of that entity which we call 'Dasein' " (Heidegger, 1962, p. 38).

There is a close relationship between the way Heidegger approaches the question of Dasein's being in-the-world and Dasein's temporality. In both cases there are established philosophical and commonsense understandings of the relationship which Heidegger wants to oppose. Dasein is not in a contingent relationship to time, but rather temporality is part of its very make-up. Dasein 'temporalises'. His account of temporality runs contra to the traditional philosophical approach to time dating back to Plato. In the tradition time is modelled on a spatial metaphor. In this it becomes possible to be "in time" or "outside time". To be outside time, to be atemporal, is to be in a transcendental relationship to the world and to Dasein⁷. By invoking a viewpoint on the

⁷Within modernity this extemporal vantage point has been associated with the search for certainty and the emergence of the "transcendental pretence" discussed in chapter two.

world which is extratemporal the human imagination exalts itself and reaches out of its embeddedness. Olafson says:

"The distinction between what is in time and what is not has been deeply entrenched in the Western philosophical tradition since Plato. That distinction treats what is not in time as superior, both intrinsically and for the purposes of knowledge, to what is in time. This Platonic conception of knowledge as directed ultimately to what is timeless became the model for the Christian idea of God's mind and knowledge. God himself was taken to be outside time, so his knowledge was in no way qualified by a temporal position. Instead, he knew everything, including things in time, in a timeless manner. In Heidegger's view, this conception of God's knowledge became, in the modern period, the model for understanding human knowledge" (Olafson, 1987, p. 77).

In the traditional account, the notion of an atemporal vantage point is combined with a vision of time itself as a linear phenomenon. Time is understood to be a series of moments, a series of "nows", each essentially disconnected from each other. While Aristotle conceived the "now" as having a certain "thickness", modern thought has sought to model the "now" in atomistic terms. It is only from outside the series of nows that what is past, present and future can be established. Furthermore the necessity of a possible extratemporal position is also required to explain how any individual has a sense of his/her own position in time. In the model of linear time the person who is in time knows the past through representations. But there is a difficulty here as these representations are always present. Thus it is not clear how the person can reach out of the present and establish certain representations as being of the past and then relate to them as such. Why is it that all representations do not simply collapse into the present? This is only avoided by postulating an atemporal position from which it is evident which representations are in the present and which are from the past. In some way it is understood that the person who is in time has access to the atemporal viewpoint. This model is obviously problematic and has caused a number

of difficulties for philosophy. However the postulation of an extratemporal position is often an implicit rather than explicit element of the model and so the problematic usually does not come to light. Modern commonsense and psychology simply assume a clear distinction between what is present and what is past.

The notion of an atemporal vantage point is deeply entwined with the positivist notion of causality discussed in chapter two. Causal laws are understood to exist as "hard and fast" unchanging connections between things. Such laws, by definition, do not change with time but work at different times and in different situations. As the psychologists Faulconer and Williams assert:

"The positivist notion of causality ... relies on the assumption that static, atemporal entities are the fundamental kind of existing things and that other things exist only to the degree that they can be reduced to these static entities and their atemporal characteristics. Causal explanation is explanation in terms of these atemporal entities. In this sense causality *is* atemporality; the causal account is the atemporal one, and it is the only account by which human being is intelligible according to the positivist point of view" (Faulconer and Williams, 1985, p. 1182)

Heidegger contradicts this by pointing out that time is at the essence of human being. To be human is to be temporal, involved in possibility and change. Without the presence of possibility no *human* event can really occur. Dasein relates to itself and to the world in a temporal way and cannot be grasped in terms of atemporal, static causality.

"Now", like the word "there", is an indexical term. It works to date and locate events in the world by reference to the time at which it is *used* and thus to the person who uses it. In the traditional account this indexicality is seen as an interference and attempts have been made to establish a non-indexical set of time concepts such as objective metric time. Heidegger rejects this move and

with it rejects the linear notion of time. For him, just as the scientific concept of nature is *produced* by an active stripping away of value terms from the language in which we contemplate nature, so too our notion of linear time is *produced* by stripping temporality of its indexicality.

In the traditional account human beings have a sense of the past, the present and future because they have access to a transcendental atemporal point from which events show up as being in time.

Heidegger reverses this and argues that it is only because Dasein is temporal and as such has a "built in" understanding of the movement of time that it then becomes possible for Dasein to imagine an atemporal position. In other words the notion of linear time and non-indexical time concepts are only possible because Dasein always already has a sense of change and a sense of past, present and future.

Heidegger argues that we have to stop thinking about the "now" as a self-contained independent moment, existing as logically distinct from the past or the future. His move is to point to the internal complexity of the "now" as it is actually experienced. For Dasein, the now is not simply a point in a series but rather it holds, or frames, time in such a way as to set up contrasts within itself between the past, present and future. Olafson says:

"Another way of putting this is to say that, in the Now, time is stretched (*erstreckt*) in such a way that it holds on to what has been and awaits something that is to come. The former is thus taken as that which is no longer, the latter as what is not yet; and what is now the case is present in the strong Heideggarian sense of that term as what once was not and later will (or may) no longer be the case. If what is now the case were simply replaced in the next moment by something else, then in each of these moments what is the case would be a Now without a contrasting Then, a present without a past or a future. But there is a future only if what is not yet the case is something other than just a state of the world that is located, for some transcendental and nontemporal observer, further along the time dimension" (Olafson, 1987, p. 85).

Because Dasein is ontological it is in a relationship of "care" (*Sorge*) to the world and this relationship implies a continuity. In his discussion of care Heidegger writes:

"The formal existential totality of Dasein's ontological structural whole must therefore be grasped in the following structure: the Being of Dasein means ahead-of-itself-Being-already-in-(the-world) as Being-alongside (entities encountered within-the-world) " (Heidegger, 1962, P. 237).

Thus Dasein has three basic dimensions: it is

1) ahead-of-itself. This is evidenced in our understanding. In this we are always thinking ahead in some way or another, always projecting into the future.

2) already in. This is evidenced by the fact that we are always already disposed to the world in some particular way. This is manifest through our moods or states of mind (*Befindlichkeit*).

3) alongside. We are always present to the world around us.

He says:

"The "ahead-of-itself" is grounded in the future. In the "Being-already-in ...", the character of "having been" is made known. "Being-alongside ..." becomes possible in making present" (Heidegger, 1962, p.375).

The essential point being made is that the present is not and cannot be something which is separate from the past and the future. The three are involved inextricably with one another. This

is seen clearly if we attempt to imagine a person existing in the present tense alone, without access to a past or future. It is simply impossible to imagine such a state. Our worlds are always already configured for us and this configuration implies a past. It makes no sense to think of a present moment in which the world is not configured in some way. Likewise it makes no sense to think of a present without a future. It is akin to attempting to think of night without a concept of day, or vice versa. By speaking about a present at all we are implying the existence of something else, we are implying a movement onwards.

Olafson discusses the implications of this approach for the notion of memory. He points out that memory is usually thought of in terms of "episodic acts" through which we somehow reach out of the present into the past and through this we have access to representations of some previous events. In addition the representations which are so recovered are often thought of, particularly in cognitive frameworks, as having been "stored". We thus carry them with us all the time but only retrieve them at certain moments. In this account the present is given a highly privileged position. It is from the present that we reach out and encounter our memories. This account of memory gives us a picture of a strong present which carries the past with it, stored away but accessible. Olafson points out that this picture is problematic :

"What this misses, of course, is the way this supposedly present world bears a burden of pastness that is not at all a mere external supplement that a helpful memory is constantly adding to an otherwise rigorously present state of affairs. The identities in terms of which we understand and deal with the things and places and artifacts in our world are not construed on the basis of such a rigorous distinction between present reality and added information about the past. ... If we are to be thought of as carrying our pasts with us, the place where we "store" them is the world, not our heads. We move and act and live within a world that is instinct with pastness; and although it is true that we do on occasion suddenly recollect things that we had forgotten, that recollection itself occurs within a world that is itself historical - that is, a world in which what happens (geschehen)

happens in a present that has a past and a future" (Olafson, 1987, p. 87)

Thus Dasein always and everywhere inhabits a world which is historical, a world which is structured and ordered and orientated in the past. For Dasein, in an ironic way, the present *is* its own past. Similarly in regard to the future. Just as the notion of "stored memory" cannot do justice to the way in which lived Dasein experiences the past's involvement with the present, so also the notion of prediction does not properly grasp the way in which the future is involved with Dasein's present. Many, if not most, of Dasein's actions and thoughts involve an element of futurity. In many ways Dasein's present is pregnant with its future. The future is not something contingently related to the present, rather every present is committed to a future. Dasein's existence is primordially orientated towards the future and possibility:

"The primary meaning of existentiality is the future" (Heidegger, 1962, p. 376).

For Heidegger the spatial metaphor in which we understand ourselves to be "in time" confuses the true nature of our temporality. For him Dasein is not "in time" as the entities of the world are, rather Dasein is the entity which *has* time.

6.4 SUMMARY

Heidegger offers us a way of understanding the human world which is very different to that presented by Descartes and other philosophers who have followed his strongly 'subjectivist' orientation. I believe that his philosophy can help us to ground a critique of traditional approaches

to trauma because it directly engages with the philosophical assumptions upon which these approaches are built. His thought provides support for the sort of *context-centred* approach advocated in the last chapter. In particular, his move away from a focus on the individual mind existing in relationship to an 'outside' world and towards an embedded notion of being-in-the-world, promotes a perspective in which contextual issues are not simply 'acting from the outside' on a series of reified psychological processes. His notion of 'worldliness' moves us away from scientific reductionism. Instead, existence in a world 'of significance' is primary and cannot be grasped or explained in an idiom of causal science. This works to contradict the fundamental tenets of positivism. Thirdly, Heidegger's account of human temporality, in which the future, past and present exist in a unified way helps us to avoid the difficulties encountered in the very concept of PTSD and highlighted by Allan Young (discussed in the last chapter).

In the next chapter I will explore the way in which Heidegger's thought was brought to bear, directly, on the fields of medicine and psychiatry through his long collaboration with Medard Boss. In the following chapter I will tease out some further implications of this approach for our understanding of trauma.

CHAPTER SEVEN

A HEIDEGGERIAN APPROACH TO PSYCHOLOGY AND PSYCHIATRY¹

7.1 INTRODUCTION

After the end of World War II, because of his earlier association with the NAZI party, Heidegger had to appear before a 'Denazification Commission' in Freiburg. He was forbidden to teach for three years, the ban lasting up to 1949. He was, however, allowed to keep his library and was granted an emeritus professorship by the University. In 1946 he received a letter from the Swiss psychiatrist, Medard Boss, who expressed an interest in applying the insights of *Being and Time* in his psychiatric work. Boss wrote later that he received 'an extremely warm response' from Heidegger. The two men met for the first time in Heidegger's ski-hut near his home in the Black Forest in 1947. This was the beginning of a long and productive friendship. According to Boss, Heidegger later revealed that to him that he (Heidegger) originally saw their involvement with one another as a means whereby :

"his thinking would escape the confines of the philosopher's study and become of benefit to wider circles, in particular to a large number of suffering human beings" (Boss, 1988, a, p.7).

In this chapter I will examine the product of this collaboration. I will first point to some of the

¹This chapter is not crucial to the development of the thesis which is focused specifically on conceptualisations of trauma. However, one of the 'subtexts' of this work is an attempt to show how hermeneutics can provide a philosophical framework for a very different approach within psychiatry and psychology. In this regard I think it important to review one of the major ways in which this has already been tried.

ways in which Heidegger's original account of Dasein was developed in the Zollikon Seminars (see below) and then discuss aspects of Boss's Daseinanalytic psychotherapy. In the next chapter I will discuss Heidegger's approach to moods, and to the mood of anxiety in particular, as this relates directly to the question of trauma and loss of meaning.

7.2. MEDARD BOSS AND THE ZOLLIKON SEMINARS

Boss was a psychiatrist who received psychiatric training from the two Bleulers (father and son) at the famous Burghölzli hospital in Switzerland. He also had a training in psychoanalysis. He had begun his own analysis with Freud in 1925 and had continued it with Karen Horney in Berlin. He was also taught by Reich, Fenichel and Jones, amongst others, and participated, for 10 years, in a bi-weekly seminar with Carl Jung (Richardson, 1993). In spite of this exposure to the major psychiatric and psychoanalytic thinkers of his time, Boss was dissatisfied with the prevailing accounts of human psychology and mental illness. He found Heidegger's account of Dasein in *Being and Time* extremely convincing. After reading this, he spent the rest of his life developing an approach to medicine and psychiatry based on Heidegger's thought. He received substantial support and encouragement from Heidegger himself in this endeavour. In the preface to the first edition of his 'magnum opus' *Existential Foundations of Medicine and Psychology* Boss wrote that :

"... this work actually evolved under Heidegger's watchful eye. There is not one section of "philosophical" import which was denied his generous criticism" (Boss, 1979, p. xxiii -xxiv)

At Boss's request Heidegger gave a series of seminars for Zurich-based medical doctors and

psychiatrists between the years 1959 and 1969². Although these seminars occurred many years after the publication of *Being and Time*, and in other writing of this time Heidegger had moved away from a central focus on Dasein, the familiar themes of being-in-the-world and the existential structure of Dasein in terms of spatiality and temporality are the major topics of discussion³. In addition, Heidegger discusses certain psychosomatic phenomena and developed an account of the bodily existence of Dasein which is not well developed in *Being and Time*. He also discussed, and severely criticised, Freudian psychoanalysis and distanced himself from the type of 'psychiatric daseinanalysis' being developed at that time by Binswanger. In this section I shall give an account of Heidegger's position on these issues, with supporting material from Boss. In the next section, I will briefly outline the main tenets of Boss's form of daseinanalysis.

In the seminars, Heidegger distinguished between the body as *Körper* and body as *Leib*. The former refers to the physical body whose limit is the skin, the latter is the 'horizon' of the world for Dasein as being-in-the-world. He says:

"We cannot "see" because we have eyes, rather we can only have eyes because according to our fundamental nature we come to presence as beings that see. Likewise, we could not be bodily (*leiblich*) in the way we are unless our Being-in-the-world always consisted fundamentally of a perceptive/receptive relatedness to something that addresses us out of the Open of our World, [that Open] as which

²These seminars took place at Boss's home in Zollikon, near Zurich, up to three times each semester during this period. Boss published transcripts of these teaching sessions in German (*Zollikoner Seminare*, published by Klostermann) in 1987, but they have never been translated into English. However, two translated extracts are available : Boss (1988) and Heidegger (1988). In addition, Richardson (1993) and Dallmayr (1991, pgs 211-237) have provided English language readers with accounts of the seminars.

³Heidegger's orientation is basically the same as that in *Being and Time*, which goes some way to demonstrate that the separation of his work into 'early' and 'late' is artificial, even though I shall make use of it in part three of this thesis.

we exist" (Heidegger, quoted in Richardson, p.52).

Boss develops this approach to the body in a number of works. In the English translation of *Existential Foundations of Medicine and Psychology* (translation by Stephen Conway and Anne Cleaves) the word *Leib* is said to have the connotation of body as 'lived bodyliness'. The translators use the word 'bodyhood' in the text and give the dictionary definition of this as 'the quality of having a body or of *being body*'. Boss argues that scientific medicine has fundamentally misunderstood the nature of human bodyhood. By defining it in purely material terms as an object which can be measured and manipulated, science misses its specifically human dimension. He says:

"By positing the human body as some self-contained material thing, natural science disregards everything that is specifically human about human bodyhood. The natural scientific research method treats the body as it might treat works of art. Given a collection of Picasso paintings, for instance, this method would see only material objects whose length and breadth could be measured, whose weight could be determined, and whose substance could be analyzed chemically. All the resulting data lumped together would tell us nothing about what makes these paintings what they are; their character as works of art is not even touched by this approach" (Boss, 1979, p. 100).

He makes the point that when a human being is existing in the most characteristically human way it ceases to be aware of its bodyhood. Ironically, to be involved in a task whereby one puts one's 'body and soul' into it, is to be involved in such a way that one is not conscious of being a body at all. In spite of this, there is no aspect of human existence which is not bodily in some way. Being-in-the-world is to be a body. Even the most intellectual task involves what we have read or heard at some point. The point is that while Dasein is always embodied, simply regarding the human body as a thing fails to grasp the nature of this embodiment. Boss talks about human being as 'bodying forth' beyond the limits of the skin. When I perceive something, or point to something

I am extending myself bodily beyond the reach of my finger tips. Just as there can be no independently existing time outside human temporality so too there is no such thing as a human body outside a human life. For Boss, echoing Heidegger in the quote above:

"The borders of my bodyhood coincide with those of my openness to the world. They are in fact at any given time identical, though they are always changing with the fluid expansion and contraction of my relationship to the world"(Boss, 1979, 103).

In this interpretation of bodyhood, even the least gesture : a move of the hand for example, can never be fully understood if the hand is simply regarded as a physical object made up of skin and bone and muscle. The human hand is so intimately related to being-in-the-world that it ceases to be a hand if this relationship is severed. A hand cannot exist except as a bodying-forth, an aspect of human engagement with the world. Thus a hand is only a hand because it is involved with a particular human existence. Likewise my organs of sensation : ears, eyes, touch owe their being to their involvement with an ongoing human openness to the world⁴. Thus bodyhood always presupposes a perceiving and acting existence, a human encounter with the world. Human existence 'bodies forth' through the different parts of our bodyhood. This means that bodyhood is 'phenomenologically secondary, though our senses tell us that it is primary' (p. 105).

⁴Although I will not expand on the issue here, there are clear resonances between Heidegger and Boss on bodyhood and the approach developed later by Merleau-Ponty, in his *Phenomenology of Perception*. The following quotation serves to make this connection :

"The thing is inseparable from a person perceiving it, and can never be actually in itself, because its articulations are those of our very existence, and because it stands at the other end of our gaze, or at the terminus of a sensory exploration which invests it with humanity. To this extent, every perception is a communication or a communion ... the complete expression outside ourselves of our perceptual powers, and a coition, so to speak, of our body with things" (Merleau-Ponty, 1962, p.320).

The meaning of this assertion becomes clearer in Boss's discussion of illness. This he defines as a state in which the potential to be fully human and free is undermined. With Heidegger, he argues that the fundamental existential 'traits' of human being are not 'so many bricks with which *Da-sein* is put together'. These traits are inseparable and all equally primary. Together they make up the structure of human being-in-the-world. Whenever one trait is disturbed, all the others are affected, and conversely, no matter how serious the illness, as long as the human being is alive, these traits continue to exist, even if in potential only. He lists these fundamental traits, or Existentials, as :

"the spatio-temporal character of *Da-sein*, its attunement, its bodyhood, its coexistence or being together with other people in a shared world, its openness and finally, the unfolding of inherent potentialities into existential freedom"(Boss, 1979, p. 199).

There is also the 'ultimate existential trait of mortality'. These traits are what make human life human. Together they constitute *Dasein* as a 'clearing' in which the world comes to light. Illness involves impairment to one or more of these traits. Because of the presence of illness the human being is unable to fully actualise itself. As noted above, this does not mean that the trait is not present, for this would be to say that human life is not present. Rather, in illness the particular trait is seen to exist as blocked potential. For example a child born without the use of its arms, either because through prenatal thalidomide damage the arms have not grown, or because of perinatal injury the nerve fibres are severed, has had its ability to 'body forth' in a greeting relationship reduced. In this way we see that it is because a specifically human being is present that a specific form of bodyhood impairment can come into being. Thus, human illness is dependent on human existence for its reality. The potential given to *Dasein* by its constitution in terms of the traits outlined above is what determines the nature of human illness. If we were not beings for whom communication is a part of our very make-up, then there would be no human illnesses

characterised by a loss, or breakdown, of communication⁵. This is what Boss means when he says that 'bodyhood is phenomenologically secondary'. We can only build up a picture of bodily function and impairment from a prior understanding of what meaningful human reality is like. We cannot move in the other direction. Let us think of a painting by Picasso, and imagine that it has been damaged in a move from one gallery to another. The impact of the damage can only be judged by way of reference to the meaning of the painting as a whole. Loss of a certain amount of material from one corner of the painting might not render the painting as damaged as a loss from some other point on the canvass. The damage is *defined* by how the painting works as a meaningful whole. Boss uses the example of colour blindness. He makes the point that this condition is supposed to be clearly and primarily 'hereditary-organic'. However :

"If we want to understand what it really is, we will have to find out from the afflicted person exactly how his ability to relate himself through perception to what reveals itself to him in his world has been impaired. We will discover that he cannot respond to the meanings "red" and "green". Yet the potentiality in understanding "red" for what it is cannot be understood on the basis of any molecular structure. Like color blindness, all of the other so-called primarily organic-hereditary illnesses are by nature nothing more than deficiencies in the ability to carry out potential ways of being which are usually there for people" (Boss, 1979, p. 201).

This discussion of bodyhood echoes the discussion of significance in the last chapter. We experience our world as, first and foremost, a world involving relationships of significance. We produce a scientific (in terms of physics and chemistry) account of that world only by stripping it of these relationships. The positivist and reductionist approach to the human world tries to move in the reverse direction, claiming along the way that the scientific world-view is actually

⁵There are strong resonances between this approach to the notion of illness and that developed (from within a different philosophical tradition) by Fulford in his *Moral Theory and Medical Practice* (1989).

primary. When it comes to the world of medicine, traditional approaches attempt to explain illness by 'working up' to 'subjective' human reality from the 'objective' descriptions of physics, chemistry biology and (more recently) computer science. The 'phenomenological' account of illness, developed by Heidegger and Boss, attempts to reverse the direction of understanding, moving from lived human 'bodyhood' and being-in-the-world to an understanding of how certain phenomena limit the potential of this world.

In the *Zollikon Seminars* Heidegger also developed a critique of Freudian psychoanalysis. He accused Freud of trying to force human being into a causal framework whose phenomena could be explained in terms of unconscious instincts and forces. Such unconscious elements were theoretical constructs, of which we could have no direct experience. The enterprise of phenomenology was very much to move in the opposite direction : to stick with, and never abandon, the phenomenon one sought to understand. He says:

"In the entire construct of Freud's libido theory ... is there ever any room for 'man' (or human existence)?... Instinct [*Trieb*] ... is always an attempt at explanation. However, the primary issue is never to provide an explanation, but rather to remain attentive to the *phenomenon* one seeks to explain - to what it is and how it is" (Heidegger, quoted in Dallmayr, 1991, p. 214).

Attempts to explain human reality and behaviour through theories of instinct are always misconceived, because the human world can never be grasped through such a causal idiom. Heidegger also criticises Freud's theory of repression. In this it is postulated that certain wishes, and other experiences, are so potentially distressing that they are banished from consciousness and stored instead in the unconscious. This theory is one of the fundamental cornerstones of psychoanalysis and reckoned by Freud and his followers to be one of his greatest 'discoveries'. The

theory of repression has been widely used to explain such things as neurotic symptoms, the parapraxes, jokes and dreams. For Heidegger, this approach is mechanical and treats human reality on an ontic level, i.e. treats it as an object, among others in the world. If we accept that human being is ontological, according to Heidegger, then we need an approach which does justice to this fact. In the *Zollikon Seminars* he attempted to develop such an approach. In the last chapter we saw how Heidegger discussed human reality as a *Lichtung*, a clearing in which the world is brought to light. In place of repression, he proposed the 'intertwining of concealment and unconcealment, of clearing and veiling'. Dallmayr quotes him as follows:

"Freud's notion of repression," we read, "has to do with the hiding or stashing away of an idea or representation [*Vorstellung*]." By contrast, concealment (*Verbergung*) is "not the antithesis to consciousness, but rather belongs to the clearing - a clearing which Freud did not grasp" (Dallmayr, 1991, p. 215).

Boss uses an example of a 'parapraxis' to illustrate the difference between the Freudian notion of repression and what is involved in the Heideggerian approach. A parapraxis involves some error in our everyday functioning. While most people regard such things as slips of the tongue and the forgetting of names as insignificant, for Freud these constituted the 'psychopathology of everyday life'. They come about because repressed desires seek to 'escape' from the unconscious mind, or because an unconscious wish blocks a consciously planned course of action. For example if someone makes a slip of the tongue, this is interpreted by the psychoanalyst as meaning that he/she was unconsciously resisting what he/she consciously intended to say. (Fenichel, 1946, p. 312). Boss says that if, after spending an evening with a friend, he does not remember to take his umbrella, most people would say that he forgot it. However a psychoanalyst might interpret this as being caused by an unconscious wish to return to see the friend again, soon. The opportunity to do so has been created by the excuse to return for the umbrella. Boss says that this explanation

is unconvincing as it makes no effort at understanding the forgetting of the umbrella as 'forgetting'. Instead it has made use of a hypothetical assumption which has nothing to do with the 'phenomenon under investigation'. A better account would involve staying with the notion of forgetting. Boss says that if this is taken to mean that the object is 'lost to the collection of objects in my world' then this is obviously not true. Boss still knows that he has an umbrella and knows what it looks like. The umbrella is still present in his world, although because he is engrossed in conversation with his friend, its presence becomes 'unthematic'. He says:

"My forgetting cannot be caused by the repression into an unconscious of my conception of the umbrella. In order to force something inward, I would need to have it in my grasp. Yet it is clear that while I am taking leave of my friend, I am with him, not with my umbrella. Thus I cannot possibly be occupied with a desire to forget it so I may visit him again. Such desire cannot be operating at that moment, consciously or unconsciously, because my whole being is occupied with my friend and with the topic of the evening's conversation. Here, forgetting is nothing more than the changing of a phenomenon's immediate, thematically considered presence in a human realm of openness to its nonimmediate and unthematic presence somewhere in the world" (Boss, 1979, p. 117).

In this way, ideas, thoughts and desires may be 'neglected' or 'concealed' (Heidegger's term) or 'unthematically present' (Boss's term) but they are never 'put somewhere else'. There is, for the phenomenologist, an inherent contradiction in the very notion of a conscious-unconscious split. Boss quotes Kohli-Kunz on this subject. She argues that the concept of repression is really about self-deception. This is analogous to my deception of someone else. When I tell someone else a lie, I am aware of the truth, they remain unaware. When deceiver and deceived are, in fact, two different people there is no problem. When this is applied to one person there is a logical difficulty:

"In order to create the duality that was logically necessary to accommodate

repression as self-deception, Freud took the integral selfhood of human existence, objectified it as a psychic apparatus, and split it into two pieces, the consciousness and the unconscious"

Freud himself wrote :

"The term 'unconscious' refers to any psychic process whose existence we are forced to assume on the evidence of its outward effects but of which we know nothing directly. We stand in the same relation to this as to some psychic process in another person, except that here it is one of our own"

If this is the case, and conscious and unconscious are as one person is to another, then there must be some 'agent' acting to decide which repressed material will be allowed to become conscious. Freud calls this agent the 'censor'. But this must have the ability to review, deliberate and decide. In other words, it must be conscious, in some way. We end up with a censor which is an 'unconscious consciousness'. Kohli-Kunz argues that the only way out is to reject Freud's 'reification of human being-in-the-world' and his 'compartmentalization' of the psyche. While she still opts to use the word 'repression', this is clearly not Freudian repression but something very similar to the Heidegger/Boss approach. She says that, in the phenomenological outlook, Dasein is 'integral, indivisible being-in-the-world', and in this 'repression' becomes a:

"... very specific mode of human conduct towards something that is encountered, i.e., a refusal to admit the address and urgent appeal of encountered beings, a looking away from them, a fleeing from them. This is flight from the concrete beings actually perceived in a world. ... Repression, then, is anything but a mechanical shuttling of representation between compartments of a psyche. In repression, what is repressed is not set aside. Rather, it becomes increasingly obtrusive. The urgency of the appeal of what the closed and narrowed being-in-the-world cannot admit becomes more and more intense" (Kohli-Kunz, quoted in Boss, 1979, pgs 246-247).

Thus for Heidegger, and those phenomenologically-orientated psychiatrists who followed him,

Freud's work represented a continuation of the Cartesian project. Mental substance, split off from bodily substance, was to be investigated in the same mechanical idiom used by physical science. Heidegger spoke about the 'fatal distinction between conscious and unconscious' (see Richardson, 1993, p. 54). However Freud was not the only psychiatrist criticised in the course of the *Zollikon Seminars*. Heidegger also made a number of negative assertions about the form of phenomenology and 'psychiatric daseinanalysis' being developed by Ludwig Binswanger.

Like Boss, Binswanger was a Swiss psychiatrist who had studied with Eugen Bleuler and Carl Jung, who introduced him to Freud in 1907. In 1911, Binswanger became the chief medical director at Bellevue Sanatorium in Kreuzlingen. Although he remained a friend of Freud's until the latter's death in 1939, in the 1920s and 30s he gradually moved away from a Freudian perspective and, under the influence of Husserl and Heidegger, developed an existentialist approach. Although Binswanger called his work 'daseinanalysis' and cited Heidegger as his main philosophical influence, in the *Zollikon Seminars* Heidegger claimed that Binswanger had seriously misunderstood much of his work⁶. Heidegger accuses Binswanger of paying insufficient regard to the ontological-ontic difference. Because of this there is a tendency for him to misunderstand the fundamental nature of Dasein as a 'clearing'. Instead Dasein becomes a 'subject', or an 'ego', in either case a 'thing' amongst other things. For Heidegger, this is Cartesianism. Any analysis of Dasein, worthy of the name, must start with Dasein's ontological dimension, its relation to 'being-ness as a whole'. This does not happen in Binswanger's "psychiatric daseinanalysis".

Heidegger says:

⁶Binswanger, himself, called this a 'productive misunderstanding'!

"So little can this relation to being-ness be omitted from the leading and all-important determination of Dasein that by overlooking precisely this relation [as happens in the "psychiatric daseinanalysis"] we are prevented from ever thinking adequately of Dasein as Dasein. The understanding-of-Being is not a determination relevant only to the thematic of fundamental ontology but is *the* fundamental determination of Dasein as such. An *Analysis* of Dasein therefore that omits this relation to Being-ness as such which is essential in the understanding-of-Being is not an Analysis of *Dasein*" (Heidegger, 1988, p. 85).

Heidegger argues that Binswanger completely misunderstands the notion of care (*Sorge*) as developed in *Being and Time*. For Heidegger, Dasein is always in a relationship of care with its world. It is only because such care is a fundamental part of the existential make-up of Dasein, that we live in a world which has significance for us. Care thus refers, in *Being and Time*, to the way that Dasein is actually structured. It should not be regarded as just one psychological disposition among others. Heidegger remarks that Binswanger had selected the notion of 'being-in-the-world' but had interpreted it in an empirical-contextual sense. This is an important observation because Binswanger says that his whole approach is based on the notion of being-in-the-world.

In the next chapter I shall present Heidegger's approach to anxiety and attempt to highlight an ontological dimension to the question of trauma. I will conclude this section by mentioning Heidegger's brief remarks about 'stress' in the *Zollikon Seminars*. These are of interest, given our concern with trauma and posttraumatic stress disorder (PTSD) in this thesis. Commenting on a psychiatric report dealing with the subject, he contrasts his approach to that of behaviourism which conceptualises stress as a stimulus, impacting upon the human being from outside. Instead Heidegger conceives of stress as something which "lays claim" to Dasein's care (*Beanspruchung*). This claim cannot be understood in terms of a stimulus-response but only in terms of a situated being-in-the-world. Demands on Dasein come about because of its basic 'thrownness' in the world.

He says:

"Only on the basis of the correlation of thrownness and understanding via language can Dasein be addressed by beings; the possibility of such an address, in turn, is the condition of the possibility of a demand or claim - whether this takes the form of stress or of relief from stress" (Heidegger, quoted in Dallmayr, 1991, p. 222).

Boss also writes about stress and notes the ambiguity involved in any event or experience. One circumstance will be a source of stress for one person, not for another. This, he notes, is a cause of some frustration for those using a natural science approach. Science tries to render every 'object' of study into a form whereby it can be 'calculated' in some way. He says :

"... not out of regard for the object of study itself, immense effort is expended in the natural sciences, including medicine, to get rid of the inherent ambiguity of phenomena and reduce them to a condition of unambiguous calculability" (Boss, 1979, p. 207).

However, he observes, that there is simply no such thing as an unambiguous or 'self-contained' stimulus. Thus for the phenomenologist, stress exists for human beings because human being is 'openness' to the world and thus can be the object of demands from that world. Many of these demands are experienced as ambiguous. This analysis resonates with the analysis of case material presented at the end of chapter five. We saw there that, in reality, no event can be objectively described as traumatic. The way in which any event is experienced will always depend on the context and the individual history of the person involved. We noted that the DSM III of 1980 had assumed that certain events could be inherently traumatic. Clinical experience led to the abandonment of this assumption in later versions of the DSM (see also chapter three).

7.3 DASEINANALYSIS

We have noted, above, the gap between Heidegger and Binswanger. In this section I shall briefly describe the essential aspects of the form of daseinanalysis developed by Boss and his colleagues.

Boss maintains that there are two aspects to daseinanalysis. First there is daseinanalysis as ontology. This incorporates a way of understanding human reality which challenges traditional medical, psychiatric and philosophical accounts of human being. This aspect is closely based on the writings of Heidegger, and in particular on *Being and Time*. I have introduced some of the major themes of this understanding in the last chapter and in the section above. In this section I wish to concentrate on the second aspect : daseinanalysis as a specific form of psychotherapy.

Boss says that it involves an approach to therapy :

" which is concerned with freeing individuals to fulfill their own-most possibilities for being with things and with other human beings. Although all serious psychotherapies are concerned with this very thing, with liberating individuals from the suffering and constriction which prevents them from being themselves, only daseinanalysis has a philosophical understanding which comprehends this as the goal and purpose in the first place" (Boss, 1988,b, p. 62).

While Boss and his followers were quite clear that their approach was very different to other forms of psychotherapy, they have not sought to establish an 'official' account of what this approach involves in practice. Their assumption seems to be that if the therapist can properly grasp the philosophy involved, then the therapeutic techniques follow on from this. Indeed, while Boss was deeply critical of Freud's theory, there is no evidence that he had any great misgivings about his (Freud's) therapeutic techniques. In his book *Psychoanalysis and Daseinanalysis* (published originally in 1957), Boss wrote that he remained impressed with the power of "Freud's unsurpassed practical recommendations" (Boss, 1963, p.285). Indeed, Boss saw his project as involving an attempt to :

"restore the original meaning of Freud's actual, immediate, concrete and most brilliant observations" (Boss, 1963, p. 59).

One of Boss's followers was Gion Condrau. He became Director of the training institution founded by Boss in Zurich : the *Daseinanalytic Institute for Psychotherapy and Psychosomatics*. In a seminar published in 1988, Condrau indicated that in daseinanalysis patients lie on a couch, as in conventional psychoanalysis. They are also invited to 'free associate'. This is 'the basic ground rule' of psychoanalysis, introduced by Freud. The patient is instructed to say anything which comes into his/her mind. Condrau says that whereas in Freudian analysis this technique is used in order to allow repressed wishes and other material to emerge from the patient's unconscious, in daseinanalysis it is used in order 'to give the patient as much freedom as possible' (Condrau, 1988, p. 118). Similarly, daseinanalysis makes use of the other Freudian therapeutic technique : dream interpretation. Boss actually wrote two books on dream interpretation. The first was published in 1953. This was translated into English and published in 1958 as *The Analysis of Dreams*. In this Boss set out to :

"pave the way for the direct study of the dream phenomenon itself, by removing all the disguises and schemata of mental constructs of contemporary dream theories" (Boss, 1958, p. 10).

While he again gives credit to Freud for drawing attention to the meaningful nature of dreams he goes on to criticise him for his 'scientific' and 'objective' account. He is particularly critical of Freud's positing of the manifest dream as a secondary phenomenon and his turn instead to the latent, or hidden, meaning of the dream as the primary target of interpretation. For Boss, the manifest dream is what should be approached in therapy. In addition it should not be presumed that the elements of the manifest dream 'stand' for or symbolise something else. His approach is

to 'stay with the phenomena' which are presented in the reported dream. In the seminar mentioned above, Gion Condrau gives an example of a dream which was discussed at a meeting of analysts from different schools. The dream was one which had been reported by a young woman, to one of the participants. The woman had dreamt that, while sleeping one night, the window in her room flew open and a piece of wood was hurled into the room. She dreamt that she 'woke up' and found the wood on the floor. This then became a snake which proceeded to slide underneath the woman's bed clothes. At this point she 'actually' awoke in a state of fear. Condrau reports that for the Freudians the snake represented "phallic anxiety", whereas for the Jungians the snake was a symbol of unconscious spiritual forces. For Jung, himself, the snake was always a symbol of individuation. In the Jungian framework this would be interpreted as an 'archtypical' dream indicating that the dreamer was in an important phase of personal growth. Condrau says:

"Well, as daseinanalysts, we would first argue that this dream snake is not a symbol at all. A snake is a snake, even in the dream".

However this does not mean that nothing further can be said about the dream:

"A snake is an animal, an instinct-bound living creature; and we would say that the person who dreamt this sees something, recognizes something, is related to something about this kind of creatureliness. Also, we see that something opens up to this dreamer in the dream, not only did the window open, but the dreamer "opened," that is, she woke up, she opened up into waking while still dreaming. Just the fact that she sleeps and then wakes up in the dream, means that she is seeing something, opening up to something, perhaps for the first time" (Condrau, 1988, p. 121).

Nineteen years after his first book on dream analysis, Boss published another work on the subject: *I dreamt last night...* In this he gives 115 pages of dream analyses and again exhorts the reader to stay with the manifest dream and not postulate unconscious forces which give rise to the

content. Rather, the dream is understood as an experience of concentrated attention and emotion. In this experience, one's relationships to other people and to the things of the world are laid open, sometimes in 'uncomfortable closeness'.

A very good example of the daseinanalytic approach to dream interpretation is provided by the American therapist Erik Craig (1988,b). He takes Freud's famous 'dream of Irma's injection' which is the central dream in *The Interpretation of Dreams*, and subjects it to the daseinanalytic approach. By concentrating on the actual elements of the reported dream Craig is able to develop an interesting (and for me convincing!) account of Freud's 'existential' situation at the time of the dream (the summer of 1895). However, I do not wish to focus on Craig's reading of the Irma dream as such. Instead I want to point to his account of 'anticipatory care' which is said to be characteristic of the daseinanalytic approach to therapy. To grasp the meaning of this concept will require a return to the text of *Being and Time*.

In *Being and Time* Heidegger spoke about the nature of Dasein's 'Being-with' others as *Fürsorge*. The translators of the work note that there is no good English language translation but they opt for the word 'solicitude'. They remark that although this is more literally translated as 'caring-for', this :

"... has the connotation of 'being fond of', which we do not want here; 'personal care' suggests personal hygiene; 'personal concern' suggests one's personal business or affairs. 'Fürsorge' is rather the kind of care which we find in 'prenatal care' or 'taking care of the children' or even the kind of care which is administered by welfare agencies" (Macquarrie and Robinson, footnote in Heidegger, 1962, p. 157).

Heidegger goes on to point out that, in a negative direction, solicitude can mean something

approaching, but never in fact fully equating, indifference. However, it can also be a 'positive' encountering of others. There are two 'extreme possibilities' of such positive solicitude. On the one hand we can 'intervene' in someone's life (*einspringende Fürsorge*). Solicitude can, as it were:

"... take away 'care' from the Other and put itself in his position in concern : it can *leap in* for him. This kind of solicitude takes over for the Other that with which he is to concern himself. The Other is thus thrown out of his own position; he steps back so that afterwards, when the matter has been attended to, he can either take it over as something finished and at his disposal, or disburden himself of it completely. In such solicitude the Other can become dominated and dependent, even if this domination is a tacit one and remains hidden from him" (Heidegger, 1962, p. 158).

The German word *einspringen* is often used in situations where one person 'steps in' for another. It has the connotation of taking over responsibility for the other person's life and actions. Craig suggests that it is the form of care often seen in medicine and even in therapy. On the other hand, solicitude can mean a way of relating to the other in which one :

"... does not so much leap in for the other as *leap ahead* of him [ihm *vorausspringt*] in his existentiell potentiality-for-Being, not in order to take away his 'care' but rather to give it back to him authentically as such for the first time. This kind of solicitude pertains essentially to authentic care - that is, to the existence of the Other, not to a "*what*" with which he is concerned; it helps the Other to become transparent to himself *in* his care and to become *free for* it" (Heidegger, 1962, pgs 158-159).

Heidegger says that, for the most part in everyday-life, we relate to one another in a way that is a mixture of these two extremes:

"Everyday Being-with-another maintains itself between the two extremes of positive solicitude - that which leaps in and dominates, and that which leaps forth

and liberates [vorspringend-befreiend]. It brings numerous mixed forms to maturity..." (Heidegger, 1962, p. 159).

Craig (following Boss) argues that this second type of solicitude, this form of "anticipatory care", was exactly what Freud was seeking to achieve in the practice of psychoanalysis. However his orientation towards medical science often pulled him in the other direction, and undermined this. Craig maintains that the manifest content of the dream of Irma's injection is centred on a tension between these two forms of care. Initially, in the 'dream plot', the Freud character is in a mood of openness and receptivity, later, with the appearance of Irma, his persona becomes medical, analytic and intrusive, more concerned about the views of his peers than about Irma's own account of herself. Craig gives the following interpretation, based on his phenomenological interpretation of the dream:

"First we must remember that Freud's sudden "retreat" to medicine and biology was in part an act of professional conscientiousness, a shouldering of the models and attitudes of physicianly care which he had been taught and in which he so deeply believed. We must also remember, however, that at this very juncture of his life, Freud was in the midst of a revolutionary paradigmatic change and consequently was on his way to seeing that there was more to this physicianly care than the giving and receiving of "solutions" and "injections". Increasingly he was becoming aware of the significance of the uniquely human and "meaning-full" dimensions of psychological care including especially the significance of the human relationship between doctors and patients" (Craig, 1988,b, p.213).

At numerous points in his work Boss argues that Heidegger's description of a non-dominating form of solicitude is actually the ideal mode of care for the psychotherapist. He suggests that this is, in fact, what Freud recommended as "the best possible therapeutic attitude" (Boss, 1963, p. 74).

7.4. THE LIMITATIONS OF DASEINANALYSIS

While my presentation of the literature on daseinanalysis has been far from comprehensive, it does emerge that this form of therapy does not present or develop any new techniques of its own. Daseinanalysis is revealed, in the writings of Boss and his followers, to be a sort of 'philosophically sophisticated psychoanalysis'. Patients come, on an individual basis, to see a therapist. They lie on the couch, free associate and offer dreams for interpretation. The therapist adopts a position of 'anticipatory care' and helps the patient face the challenges of his/her life. As mentioned above, its goal is an expansion of individual freedom. In a number of places, Boss argues that the most important question that the therapist can ask his/her patient is not "why?", but "why not?". While theoretically, Boss, with the help of Heidegger, put considerable 'distance' between himself and Freud, practically, in the therapeutic arena there is not a great deal of difference between the two. Eric Craig, himself, says:

"Beyond the radical phenomenological rethinking of the essentials of psychotherapy, including its unique structure and meaning as well as its most ubiquitous and characteristic phenomena, daseinanalysis has added little that is novel to the actual conduct and practice of the craft" (Craig, 1988a, p.16).

One has the sense of being promised much more. The Heideggarian understanding of human reality is so profoundly different to the philosophical tradition which underscores Freudian psychoanalysis that one expects the implications for psychiatry to be equally profound. Instead we are guided down a path which leads into the familiar territory of individual psychtherapy. It must be said of Boss that in an afterword to his major work *Existential Foundations of Medicine and Psychology* he spoke briefly about the "Foundations of a *Da-sein*-based Social Psychology and Social Preventive Medicine in Modern Industrial Society". In this piece he echoes Heidegger's reflections about the nature of technological civilization (which I shall examine in a later chapter). However, Boss's thoughts are very sketchy and his proposals are weak. Essentially

he seems to argue that in modern industrial society there is more time for recreation than ever before, and because this is the only time in which human beings have the potential to relate to one another outside the world of capitalist alienation, recreation is an area worthy of the interest of daseinanalytical psychologists and psychiatrists. More guidance than this we simply do not get. Technological rationality is so pervasive that there appears to be little hope that we can take steps to move beyond. In fact, those of us who live in the Western world can really only 'wait':

"We may assume that the break through the technological framework of modern industrial society into a genuine freedom in relation to this technology will not be done first by the West. It is rather to be hoped for from the peoples of the Far East ... (whose) being-in-the-world ... is shaped always, continually, and decisively by a traditional relationship with the world that is astonishingly close to the vision of European phenomenology just now unfolding" (Boss, 1979, p. 296).

It would appear that Boss's background as a psychiatrist influenced strongly by psychoanalysis led him to adapt Heidegger's thought to the type of human encounter set up by psychoanalysis. Daseinanalysis involves a rethinking of psychoanalysis rather than an opening up of a genuinely alternative approach within psychiatry.

Given the Heideggarian insights about the nature of Dasein's being-in-the-world and about the importance of Dasein's pre-ontological understanding of its world one could have expected that a psychiatry based on Heidegger's thought would have moved in a direction away from individual psychotherapeutics and more towards a focus on the relationship between mental illness and the social and cultural world. While I have great sympathy with Boss's striking respect for the cultures of India, China and Japan, the above comments are obviously inadequate in terms of helping the development of a form of social psychiatry which is not ultimately grounded in a Cartesian philosophy. As mentioned in a footnote at the beginning of this chapter, one of my aims

in this thesis is to explore how Heideggerian ideas can help us to substantially rethink the whole world of distress, madness, psychiatry and healing. We discussed the emergence of a 'new cross-cultural psychiatry' in a previous chapter. One could imagine a fruitful encounter of this approach in psychiatry and the philosophy of Heidegger. My work on trauma will hopefully stand as an example of this.

7.5 SUMMARY

In this chapter I reviewed the collaboration between Heidegger and the psychiatrist Medard Boss in the years after World War Two. I discussed their approach to 'bodyhood', the phenomenology of illness and their critique of Freudian theory. I noted Heidegger's objections to the form of 'daseinanalysis' developed by Binswanger. I gave an account of Boss's form of daseinanalysis which is essentially a form of psychoanalysis influenced by Heideggerian thought. At the end of the chapter I expressed my 'dissappointment' with this work.

In the next chapter I shall examine Heidegger's understanding of anxiety and connect this with the current discourse on trauma. This will then allow me to present an alternative to current cognitivist accounts of the 'loss of meaning' often described after trauma.

CHAPTER EIGHT

ONTOLOGY, ANXIETY AND TRAUMA

8.1 INTRODUCTION

In chapter six I discussed Heidegger's approach to the reality of human being. I attempted to show how this approach differed from the traditional framework of psychology and in particular from the cognitivist orientation which, we have seen, dominates current thinking in the area of trauma. Heidegger offers us an approach which insists on the embedded nature of human reality, a reality in which the cultural and temporal are not merely additional factors which can be added to an independent psychology but are in fact a priori dimensions of that reality. I argued that Heidegger's hermeneutic philosophy offers substantial support for a move towards a framework which gives due regard to questions of context.

In this chapter I wish to use Heidegger's thought to explore another dimension of the issue of trauma. This concerns the way in which trauma is said to destabilise the meaningfulness of the individual's world. Guided by the ontological/ontic difference explored in chapter six, I want to suggest that there is an *ontological* dimension to trauma which has only received an *ontic* type of exploration up to now. Before addressing the issue directly I will need to introduce Heidegger's account of anxiety as a loss of meaningfulness. I shall begin by examining Heidegger's approach to the domain of human moods in general. I will then look specifically at his understanding of anxiety. Following this, I will discuss the work of the American psychologist Ronnie Janoff-Bulman and what she calls a "new psychology of trauma". I will suggest that there

are strong resonances between Janoff-Bulman's description of "shattered assumptions" after trauma and Heidegger's description of anxiety. I will then compare and contrast the cognitive and the hermeneutic approach to the question of loss of meaning.

8.2 HEIDEGGER'S INVESTIGATION OF AFFECT AND MOOD

8.2.1 The structure of Being-in

Being and Time is essentially an analysis of the nature of Dasein's being-in-the-world. As Dasein, as an entity, is always ontological, he calls his exploration of Dasein a "fundamental ontology" (p.170). Because this exploration does not take for granted the usual starting point of psychology, i.e. a subjective realm relating to an outside objective world, his account of human experience is radically different from traditional accounts. Thus his examination of such things as our sense of self, moods, cognitions and death is of a very different nature from those found in mainstream psychology.

He says that while being-in-the-world is a "unitary phenomenon" (p.78) this does not prevent it from being analysed in terms of the "several constitutive items in its structure" (p.78). First, he analyses what it is to be "in-the-world" and defines his notion of "worldhood". Secondly he looks at the:

"entity which in every case has Being-in-the-world as the way in which it is. Here we are seeking that which one inquires into when one asks the question "Who?" (Heidegger, 1962, p. 79).

Thirdly, in chapter five, he analyses the notion of being-in (In-sein). Heidegger points out that Dasein's being-in cannot be thought of as one entity being in another, as is the case when we say, for example, the water is in the glass. Being-in is more in the nature of a "clearing", what Heidegger terms a *Lichtung* (see chapter six)¹.

Thus Dasein is always orientated in one way or another. Being-in is never a neutral, unaffected, uninvolved illumination, but is, as it were, focused in a particular way. The two constitutive ways of Being-in, of being the "there", are understanding (*Verstehen*) and "state-of-mind" (*Befindlichkeit*). These are not present as two distinct elements but are always experienced in a unitary way and together become manifest in speech (*Rede*). Thus, according to Heidegger, human being is always situated, and as such always already has a position of understanding and is always in some way in a "state-of-mind". These constitutive aspects of being-in are equiprimordial. As we are concerned with Heidegger's concept of *Angst* which is a "state-of-mind" we shall proceed by first giving an account of his concept of *Befindlichkeit*.

8.2.2 *Befindlichkeit*

¹Heidegger's notion of Dasein as a clearing has the sense of things in the world showing up through the illumination provided by Dasein. The word *Lichtung* usually refers to a clearing in the woods, according to Macquarrie and Robinson, the translators of *Being and Time* and the noun *Licht* also means light. Heidegger says:

" Only for an entity which is existentially cleared in this way does that which is present-at-hand become accessible in the light or hidden in the dark. By its very nature, Dasein brings its "there" along with it. If it lacks its "there", it is not factually the entity which is essentially Dasein; indeed, it is not this entity at all. *Dasein is its disclosedness.*" (Heidegger, 1962, p. 171).

There is considerable dispute with regard to the translation of the term *Befindlichkeit* into English. Macquarrie and Robinson indicate that the literal translation would be something like: "the state in which one may be found". They point out the connection with the common German expression "*Wie befinden Sie sich?*" which literally means, "How are you?" or, "How are you feeling?". They reluctantly use the expression "state-of-mind", while pointing out its limitations. However Dreyfus argues that this is completely unacceptable. He says:

"To translate this term we certainly cannot use the translators' term, "state-of-mind", which suggests, at least to philosophers, *a mental state*, a determinate condition of an isolable, occurrent subject. Heidegger is at pains to show that the sense we have of how things are going is precisely *not* a private mental state" (Dreyfus, 1991, p. 168).

What we need, according to Dreyfus, is an English word which conveys a sense of "being found in a situation where things and options already matter". He opts for the word "affectedness". McCall also condemns Macquarrie and Robinson's translation, suggesting that we use something like "the sense of one's actual situation". *Befindlichkeit* refers, he says, to an "orienting attitude of the individual toward his actual situation" (McCall, 1983, pgs 77-78). This seems too personalistic and open to the same objection raised by Dreyfus. Gendlin discusses the term *Befindlichkeit* at some length and argues that in grappling with this concept we go to the "core" of Heidegger's philosophy. According to Gendlin :

" "*Sich befinden*" (finding oneself) ... has three allusions: The reflexivity of finding oneself; feeling; and being situated. All three are caught in the ordinary phrase, "How are you?". That refers to how you feel but also to how things are going for you and what sort of situation you find yourself" (Gendlin, 1988 , p. 44).

He says that Heidegger's coinage of the term *Befindlichkeit* is "clumsy" and there is simply no English language equivalent which transmits the sense of "how-you-are-ness". I intend to use the

translator's term, "state-of-mind" or the original "*Befindlichkeit*" in the following discussion but I am aware of the limitations of this approach. In introducing this concept Heidegger is clearly referring to something like the familiar concept of "mood" or "feeling" or even the term used in clinical psychiatry : "affect". However, his point is that behind these everyday notions there also lies an ontological dimension:

"What we indicate *ontologically* by the term "state-of-mind" is *ontically* the most familiar and everyday sort of thing; our mood, our Being-attuned" (Heidegger, 1962, p. 172)².

Being in a state-of-mind is one of the fundamental ways that Dasein is aware of its being-in-the-world. Thus state-of-mind is one of the ways in which Dasein discloses being. The implication is that state-of-mind, or its everyday mode, 'mood', should not be thought of as something internal and mentalistic. There is always a background or public dimension:

"A mood assails us. It comes neither from "outside" nor from "inside", but arises out of Being-in-the-world, as a way of such Being...

Having a mood is not related to the psychical in the first instance, and is not in itself an inner condition which then reaches forth in an enigmatical way and puts its mark on Things and persons" (Heidegger, 1962, p. 176).

Gendlin argues:

"Whereas feeling is usually thought of as something inward, Heidegger's concept refers to something both inward and outward, but before a split between inside and outside has been made.

²While I am of the opinion that the term 'attunement' come closest to giving the sort of connotation meant by the original German word, for the sake of simplicity I shall continue to use the translators' : 'state-of-mind'.

We are always situated, in situations, in the world, in a context, living in a certain way *with others*, trying to achieve this and that." (Gendlin, 1988, p. 44).

The point is that our usual understanding of mood or feeling as something private and internal is false to the true nature of our experience. Our moods have a social dimension and, as we shall see in the next chapter, are always culturally embedded, just as our understandings of the world are. Only in the context of our background cultural orientation to feeling can we have individual feeling and mood³.

8.3 ANXIETY

Heidegger follows his discussion of *Befindlichkeit* by presenting an analysis of fear as a "mode of state-of-mind". He says that there are three ways in which we can consider the phenomenon of fear:

1) That in the face of which we are afraid : the "fearsome". This is the thing in the world which threatens us and brings about the state of fear.

2) Fearing as such. This is the actual mood which allows something to show up as being a threat. Fear is thus something which discloses the world to us. It is a good example of a mode of state-of-mind which is one of the equiprimordial aspects of being-in , one way in which Dasein

³This conclusion has also emerged from an empirical, anthropological literature which has been alluded to above in chapter five, section 5.3.

as being-in "illuminates" the world:

"We do not first ascertain a future evil (*malum futurum*) and then fear it. But neither does fearing first take note of what is drawing close; it discovers it beforehand in its fearsomeness. And in fearing, fear can then look at the fearsome explicitly, and "make it clear" to itself. Circumspection sees the fearsome because it has fear as its state-of-mind. Fearing, as a slumbering possibility of Being-in-the-world in a state-of-mind (we call this possibility "fearfulness" ("Furchtsamkeit")), has already disclosed the world, in that out of it something like the fearsome may come close." (Heidegger, 1962, p. 180).

3) That which fear fears about, Dasein itself, is what is threatened in situations of fear. This can relate to things other than simply parts of one's body. Dasein can be threatened by attacks on its projects. Fear can be with regard to the things that Dasein is concerned with and fear can be in the form of "fearing for" when one is afraid on another's behalf.

Based on this analysis of fear we can say that, according to Heidegger's account, the structure of moods consists of a) the before-what of moods, b) the mood itself and c) the about-what of moods (Smith, 1981, p. 221). Armed with this structure Heidegger is able to approach the question of anxiety⁴.

Heidegger discusses anxiety at some length in *Being and Time*. This makes sense if we remember that the overall aim of this work is to do "fundamental ontology", to use an analysis of Dasein to open up the question of being in a new way. In writing about anxiety Heidegger is not just presenting us with an example of a particular state-of-mind. I have already noted Heidegger's use

⁴Like many other terms used by Heidegger there has been dispute about the proper translation of the German word "*Angst*" into English. The translators of *Being and Time* use the word anxiety and this appears to be used by most commentators. However the word "dread" is also used commonly. This was the word used to translate "*Angst*" in the work of Kierkegaard.

of the term *Sorge* (care). This represents the ontological structure of Dasein. This term should not be taken to have the English language connotations of love or affection. In *Being and Time* it indicates the fact that Dasein is always occupied, in some way, with the entities it encounters in the world. It is concerned about the ready-to-hand and the present-at-hand entities in its world and is solicitous (see last chapter) about the other human beings it meets. As being-in-the-world, Dasein simply cannot avoid being involved with and dealing with that world. Heidegger explores the existential phenomenon of anxiety because it reveals, as nothing else can, this 'care-structure' of Dasein. Just as a breakdown in the workings of a piece of equipment can reveal the nature of the equipment and how it actually functions, in analysing anxiety Heidegger is attempting to reveal the nature of Dasein and its world. While anxiety should not be regarded as any kind of breakdown (see below), it is the case that in the state-of-mind of anxiety Dasein is brought to a halt and forced to examine its true situation as being-in-the-world. For the most part Dasein exists not as a free entity facing its own destiny and its own possibilities but rather as one in the midst of the many, in the midst of the "They" (*Das Man*), taking its directions from the crowd. The experience of anxiety, however, causes Dasein to feel dislocated with regard to *Das Man* and thus precipitates a fundamental examination of its own predicament. Thus in *Being and Time* and in the essay, *What is Metaphysics* (Heidegger, 1993), anxiety is presented not simply as an unpleasant mood but as state-of-mind which can serve the function of revealing to Dasein its true predicament.

Heidegger begins by contrasting anxiety and fear and makes the point that the two are often thought of as referring to the same thing:

" We are not entirely unprepared for the analysis of anxiety. Of course it still

remains obscure how this is connected ontologically with fear. Obviously these are kindred phenomena. This is betokened by the fact that for the most part they have not been distinguished from one another : that which is fear, gets designated as "anxiety" , while that which has the character of anxiety, gets called "fear" (Heidegger, 1962, p. 230).

However, on the basis of his analysis of fear Heidegger is able convincingly to assert a difference.

Most crucially is the question of what it is that anxiety is anxious about. As fear relates to the fearsome, what is it that anxiety is about?

"What is the difference phenomenally between that in the face of which anxiety is anxious (*sich ängstet*) and that in the face of which fear is afraid? That in the face of which one has anxiety is not an entity within-the-world." (Heidegger, 1962, pgs. 230-231).

"That in the face of which one has anxiety (das Wovor der Angst) is Being-in-the-world as such" (Heidegger, 1962, p. 230)

In fear Dasein is threatened by some entity in the world. In anxiety it is the question of being itself which has become threatening. It is the question of how anything makes sense at all. For what happens in anxiety is that Dasein comes face to face with a terrifying feeling that the background connections which make sense of and order the entities of the world have receded. Anxiety is anxious because of an absence, not a presence:

"That in the face of which one has anxiety is characterized by the fact that what threatens is nowhere.

... The world has the character of completely lacking significance" (Heidegger, 1962, p. 231).

Heidegger's separation of the mood of anxiety from that of fear is uncontentious and echoed by many writers on the subject. For example, Kurt Goldstein speaks about anxiety as attacking us

'from the rear' . Writing in the late 1930s Goldstein says that while in the situation of fear we are aware of ourselves and well aware of the object of our fear:

"Does not anxiety consist intrinsically of that inability to know from whence the danger threatens?" (Goldstein, 1939, p. 292).

What Heidegger describes as anxiety is a profound sense of the constructed nature of the world and the connections of the entities within it. In anxiety we look at the order of the world as if from outside. The meanings, values, roles of our lives appear as devoid of any ultimate grounding, as if the playing board in a game of chess was taken away : the pieces are still there but their relatedness has disappeared. Their positions in relation to one another become arbitrary and lack significance; moving them becomes meaningless. In anxiety, the world, in the sense of a structured whole, withdraws from us. The entities within the world : the people, the places, the things, the projects are still there in situ as before, but their sense has vanished and with it any orientation towards a future or any sense of purpose. Everything appears strange and disconnected. Heidegger uses the term "*Unheimlich*" which is usually translated as "uncanny" but means more literally, "unhomelike":

"As we have said earlier, a state-of-mind makes manifest "how one is". In anxiety one feels "*uncanny*". Here the peculiar indefiniteness of that which Dasein finds itself alongside in anxiety, comes proximally to expression : The "nothing and nowhere". But here "uncanniness" also means "not-being-at-home" (das Nicht-zuhause-sein)" (Heidegger, 1962, p. 233).

It is this experience of "*Unheimlichkeit*" which is at the heart of the mood of anxiety. In *Being and Time* anxiety is the mood which reveals the groundlessness of the world and Dasein's being-in-the-world. Dreyfus says:

"Anxiety is thus the disclosure accompanying a Dasein's preontological sense that it is not the source of the meanings it uses to understand itself; that the public world makes no intrinsic sense for it and would go on whether that particular Dasein existed or not. In anxiety Dasein discovers that it has no meaning or content of its own; nothing individualizes it but its empty thrownness" (Dreyfus, 1991, p. 180).

In *What is Metaphysics?* this disclosive function of anxiety is also discussed. Anxiety is seen as revealing the nothingness at the heart of Being. Metaphysics is, in essence, concerned with the question of being and nothingness. In Heidegger's framework neither of these terms has a concrete empirical reference. Thus we cannot approach an understanding of nothingness by way of a simple definition. Nothingness is neither a positive entity nor is it simply the negation of such an entity, it is in fact "more original than the 'not' and negation". In other words nothingness "is the source of (logical) negation, not the other way around". Thus negation depends on Dasein having a prior access to an experience of nothingness. In anxiety, according to Heidegger, Dasein has such access:

"We cannot say what it is before which one feels ill at ease. As a whole it is so for one. All things and we ourselves sink into indifference. This, however, not in the sense of mere disappearance. Rather, in this very receding things turn toward us. The receding of beings as a whole that closes in on us in anxiety oppresses us. We can get no hold on things. In the slipping away of beings only this "no hold on things" comes over us and remains.

Anxiety reveals the nothing" (Heidegger, 1993, p. 101).

Thus the question of anxiety becomes a central focus of metaphysics. In this essay anxiety is presented as something ever present but out of view. It is a most fundamental mood but ordinarily we live our lives oblivious to its presence because we are absorbed in the everyday world. However, we need to cease our flight from anxiety, according to Heidegger, if we are to engage in any real metaphysical enquiry. In anxiety there is disclosure of the lack of any foundational grounding for the meaningfulness of the world. We realise that the world has no

meaning outside of Dasein and thus Dasein itself is the ground. Dasein is the "groundless ground" and has to provide a meaning which will not otherwise be given. As well as disclosing something essential about the nature of Dasein, anxiety also discloses something about the nature of the world. As Joseph Fell summarises:

"The blanking out of everyday significance does not leave us with nothing at all; beings remain, but now as strange, stripped of their ordinary familiarity. Abruptly, they stand out like sore thumbs, all by themselves, independent of any grounding context. Not nothing, they *are* - but for no evident reason or purpose, without "whence or whither". This is the routinely concealed human experience of the disclosure of sheer givenness, sheer contingency, the disclosure of naked "that-being". ... Anxiety is thus the beginning and a basis of all specifically human ontic experience and ontological understanding" (Fell, 1992, p.69).

Thus the anxiety discussed in *Being and Time* and in *What is Metaphysics?* cannot be conceived as a symptom, a sign of breakdown. It is clearly something built into the nature of Dasein and its being-in-the-world. It is, in fact, an originary experience out of which various other human experiences flow. Even though it is a profoundly uncomfortable experience and we usually are at pains to avoid it, it is never really absent from our lives. Heidegger says:

"...original anxiety in existence is usually repressed. Anxiety is there. It is only sleeping. Its breath quivers perpetually through Dasein" (Heidegger, 1993, p. 106).

8.4 ANXIETY AND DEATH. DIVISION II OF *BEING AND TIME*

In the first section of Division II of *Being and Time* Heidegger reiterates the aim of the entire work : it is to investigate the meaning of being in general, and since the meaning of being is disclosed by Dasein the ultimate clarification of the meaning of being demands an equally ultimate

(or primordial) interpretation of Dasein. What is required is an approach to Dasein which can grasp it as a "whole". He goes on to point out that his analysis in Division 1 is less than complete because it has failed to reveal both the totality and the authenticity of Dasein. He says:

"One thing has become unmistakable : *our existential analysis of Dasein up till now cannot lay claim to primordiality*. Its fore-having never included more than the *inauthentic* Being of Dasein, and of Dasein as *less than a whole (als unganzes)*. If the Interpretation of Dasein's Being is to become primordial, as a foundation for working out the basic question of ontology, then it must first have brought to light existentially the being of Dasein in its possibilities of *authenticity* and *totality*" (Heidegger, 1962, p.276).

Division 11 is an attempt to move the analysis in this direction. It is through an analysis of death that Heidegger proceeds, as it is only in its being-toward-death that Dasein is revealed in its totality and it is only through the lucid acceptance of one's death that Dasein moves towards authenticity. Death both totalises and individualises Dasein. As long as Dasein is still alive it continues to choose its possibilities, it is always "ahead-of-itself":

"It is essential to the basic constitution of Dasein that there is *constantly something still to be settled*." (Heidegger, 1962, p. 236).

There is, he says, always a "lack of totality". Death provides this sense of totality to Dasein's existence. At the same time death provides each one of us with the one and only experience which is uniquely ours and in facing death we have the opportunity to define ourselves as somehow distinct from the "They" (*Das Man*), to define for ourselves the meaning of our lives and to achieve a sense of authenticity which otherwise would be always only partial.

While death allows Dasein its possibilities of totality and authenticity, the cost is the ever present

reality of anxiety:

"But the state-of-mind which can hold open the utter and constant threat to itself arising from Dasein's ownmost individualized Being, is anxiety. In this state-of-mind, Dasein finds itself face to face with the "nothing" of the possible impossibility of its existence" (Heidegger, 1962, p. 310).

In anxiety we are brought into a relationship with our own death. As death is something which cannot be confined to a particular moment or period of time, and yet can materialize at any moment, it is essentially and profoundly indefinite. The indefiniteness of the threat of death undermines our connections with the public world, for it demonstrates, as nothing else can, the fragility and unreliability of this world. None of the meanings, the connections, the narratives given to us by our social world can protect us from death. As discussed above, the essential quality of the mood of anxiety is this sense of disconnection, of groundlessness. Thus in Division 11 of *Being and Time* Heidegger links together anxiety and death in a very clear way:

"Being-towards-death is essentially anxiety" (Heidegger, 1962, p. 310).

In summary, in the early work of Heidegger anxiety is presented in the following ways;

1. Anxiety is not a symptom of illness or disease but a mood available and present to all. On the other hand what Heidegger is describing is not just an unease which emerges in the course of philosophical reflection. He presents us with a phenomenological understanding of a state-of-mind which is extremely painful. This is why, for the most part, we attempt to avoid it. However, anxiety never completely disappears from a human life and is always present, even if only as a potentiality. In certain situations anxiety can become part of a person's daily life and can be a

reason for a presentation to psychiatry.

2. Unlike fear, anxiety is not "about" any entity in the world. Anxiety is experienced in relation to being as a whole. It is an experience of the nothingness at the heart of being. Fear is actually the mood most often encountered in those conditions labelled by psychiatry as 'anxiety disorders'. However moods such as fear, depression and alienation are sometimes accompanied by anxiety as defined by Heidegger.

3. Anxiety can be a privileged revealing experience of our essential nullity and rootlessness. In facing anxiety we have the potential to move to an 'authentic' mode of being.

4. There is an intimate relationship between anxiety and death. Anxiety is the state-of-mind in which we have an experience of our own mortality.

5. Anxiety is best characterised as a sense of being "ill at ease". In it the world is experienced as profoundly strange. We feel "not at home" (*Unheimlich*) in the world.

In the next section I move away from Heidegger and back to the discourse on trauma. I want to return to the cognitivist approach to trauma. In particular I wish to discuss the cognitivist understanding of how a person suffers a 'loss of meaning' after trauma. Janoff-Bulman's writing provides a very good example of this approach. I will relate this to Heidegger's account of anxiety and then comment upon the relationship between the two.

8.5 JANOFF-BULMAN'S "NEW PSYCHOLOGY OF TRAUMA"

As we saw in chapter three a number of clinicians and researchers have attempted to conceptualise the ways in which traumatic events have their impact. I drew attention to the fact that at the heart the concept of PTSD lies the symptom complex of intrusion-avoidance phenomena. These symptoms appear to be associated with the victim's search for meaning and cognitive theories which aim to grasp this search for meaning have come to dominate current theoretical work on PTSD. A recurrent theme in this context is the idea that extremely frightening events have the effect of shattering the background assumptions of the individual with regard to him/herself and with the regard to the order of the outside world. As we saw in chapter four, cognitive psychology involves an account of human reality in which each of us is said to develop a set of assumptions (also called schemas or scripts) about ourselves and our worlds. In the cognitive approach the meaningfulness of our lives is dependent on these assumptions. Like most other psychological theories, cognitivism does not recognise the sort of ontological/ontic difference described by Heidegger. Cognitivism encounters the issue of meaning on an ontic level. It assumes that, like other aspects of psychology, it can be investigated by an empirical, fact-seeking approach. We shall return to the difference between hermeneutics and cognitivism on the question of meaning below.

In her book *Shattered Assumptions. Towards a New Psychology of Trauma* (1992) Janoff-Bulman, following the cognitivist tradition, argues that there is a universal and definable structure to human psychology. She argues that at the 'core of internal world' we all have a set of basic assumptions which guide us in our day-to-day thought and actions. She calls these 'our fundamental assumptions'. She argues that although different psychologists have used different

terminology , it is generally accepted within psychology that such a set of assumptions exists in us all:

"Although different terms are used, there is clearly congruence in these descriptions of a single underlying phenomenon. The reference is to a conceptual system, developed over time, that provided us with expectations about the world and ourselves. This conceptual system is best represented by a set of assumptions or internal representations that reflect and guide our interactions in the world and generally enable us to function effectively" (Janoff-Bulman, 1992, p. 5).

She argues that the core assumptions which operate universally concern the nature of the world around us and the value we attach to ourselves. On the one hand we appear to assume that the world is meaningful and generally benevolent, on the other we assume that we are, ourselves, worthy human beings. The world, in this case, is our own individual world, made up of our environment and our relationships. Although people may not be fully aware of these assumptions she claims that there is empirical evidence that *in fact* most people operate on the basis of some version or another of these. According to Janoff-Bulman there is evidence, for example, that most people are optimistic about their own future, even when they are more generally pessimistic about the world at large. With regard to the orderliness and meaningfulness of the world, she suggests that:

"We generally believe in an action-outcome contingency, that we can control what happens to us, and such a belief provides us with one means of maintaining a view of the world as a meaningful place. In fact, we tend to perceive a contingency between what we do and what happens to us, even in situations when this is clearly inappropriate" (Janoff-Bulman, 1992, p.10).

She suggests that a belief in a God who rewards a moral existence also reflects this deeper belief in the orderliness of the world. With regard to the self, Janoff-Bulman maintains that most people

evaluate themselves as good and worthy. She says:

"In study after study, people report themselves as better than others and certainly better than average in terms of their own abilities and personal qualities, and scores on self-esteem scales tend to be highly skewed towards the positive end of the scale" (Janoff-Bulman, 1992, p. 12).

These basic assumptions about ourselves and our worlds are said to be laid down early in life and are generally resistant to change. However, such positive orientations are dependent on an early environment characterised by love and trust. She quotes Erik Erikson's notion of the 'task' of the very first year of life being the establishment of a 'sense of basic trust' in the world. According to Erikson this is dependant on a positive relationship between mother and child. She also quotes the attachment theories of John Bowlby in which the children are understood to form 'working models' of the world and themselves through their early relationships with 'attachment figures'.

Janoff-Bulman believes that our assumptions about the world are held in our minds in the form of 'schemas'. As we have already seen this concept is widely used by psychologists with a cognitivist orientation. A schema is a mental theory or map concerning the outside world. It involves not just information about the world but also our own generalisations and abstractions concerning stimuli and concepts of various kinds. Research on schemas tends to show that people are inclined to preserve schemas and do not change them easily. They tend towards 'cognitive conservatism' and, in relation to their mental schemas, are generally resistant to change.

Traumatic experiences, however, can have the effect of shattering our deepest schemas, our most fundamental assumptions:

"Over the past fifteen years my students and I have studied a number of victimized populations, including individuals who have experienced rape, battering, and other crimes; life-threatening illnesses, particularly cancer, severe accidents resulting in paralysis; and premature unexpected deaths of parents and spouses. We have attempted to understand the responses of trauma survivors through both intensive interviewing and through quantitative measures of their reactions. For some survivors, the trauma is relatively short-lived, for others it lasts years. Yet regardless of population, and regardless of research approach, we have found remarkable similarities across different victim populations. The basis for these similarities is apparent in the words and responses of survivors : The traumatic event has had a profound impact on their fundamental assumptions about the world" (Janoff-Bulman, 1992, p. 51).

Janoff -Bulman argues that the immediate effect of a traumatic experience is the confrontation with one's own fragility . She writes:

"The confrontation with real or potential injury or death breaks the barrier of complacency and resistance in our assumptive worlds, and a profound psychological crisis is induced" (Janoff-Bulman, 1992, p. 61).

This "psychological crisis" is experienced as a sense of inner turmoil. The assumptions about the self and about the meaning of the world which had provided the background frame work for the victim are shattered:

"Suddenly, the self- and worldviews they had taken for granted are unreliable. They can no longer assume that the world is a good place or that other people are kind and trustworthy. They can no longer assume that the world is meaningful or what happens makes sense. They can no longer assume that they have control over negative outcomes or will reap benefits because they are good people. The very nature of the world and self seems to have changed; neither can be trusted, neither guarantees security" (Janoff-Bulman, 1992, p.62)

For Janoff-Bulman the essence of trauma is in the way the inner world of the victim is abruptly ruptured and starts to disintegrate. They move from feeling safe in their world to feeling

vulnerable. This brings about a 'double dose of anxiety' (her words). On the one hand the victim is overwhelmed with feelings of fear. Their world becomes intensely frightening. Their very survival may be in question. On the other hand their 'conceptual system' is broken and in a state of upheaval. Their fundamental assumptions which provided security, coherence and order are shattered. Janoff-Bulman calls these two aspects of anxiety : terror and disillusionment. She proposes that the symptoms of PTSD are best understood as being produced as part of the individual's innate attempts to cope with these feelings of terror and disillusionment. Cognitive processes which are not fully conscious, such as those described by Horowitz (see chapter three), come into action and give rise to the intrusive-avoidance symptoms of PTSD. However, Janoff-Bulman also suggests that there are more conscious activities that victims characteristically pursue in order to rebuild their shattered assumptions:

"Cognitive strategies represent one extremely important means by which survivors facilitate this demanding reconstruction process. These are motivated cognitive strategies, not in the sense of conscious manipulation, but rather in the sense that effect is strategic; they facilitate the coping process by better enabling victims to reformulate a view of reality that can account for the victimization and yet not be wholly threatening" (Janoff-Bulman, 1992, p. 117).

In addition, she calls attention to the importance of 'social support' in aiding the recovery from trauma. As with the other approaches to trauma, discussed in part one, the social world is understood to be something external to the individual victims. For Janoff-Bulman the social world is mainly important because it enables individuals to receive 'feedback' about their own behaviours and about the nature of the world. This feedback is then internalised and enters a 'cognitive-emotional' equation which becomes the basis for a new assumptive framework.

8.6 POST-TRAUMATIC ANXIETY

There are obvious incompatibilities between Janoff-Bulman's account of human reality and that of Heidegger. We shall examine these below. However there are strong resonances between her account of post-traumatic sequelae and Heidegger's account of fear and anxiety. Janoff-Bulman's distinction between terror and disillusionment is similar, in many ways, to Heidegger's distinction between fear and anxiety, even though at times she uses the term anxiety as being synonymous with fear⁵. Terror, which she equates with fear and anxiety, relates to external threats, whereas disillusionment relates to the "inner world". This clearly echoes Heidegger's proposal that fear is produced by a threat from some entity in the world whereas anxiety is generated from a concern with the background meaningfulness of the world. Janoff-Bulman says:

"Fear and anxiety are dominant early responses to overwhelming life events; represented physiologically as arousal and cognitively as the perception of threat, these emotions can persist months or even years after the traumatic event. Yet a very different psychological reaction typically co-exists with the fear and anxiety, and this is the experience of profound disillusionment, a response that often outlasts a victim's fear and anxiety. Victim's inner worlds are shattered, and they see their prior assumptions for what they are - illusions" (Janoff-Bulman, 1992, p. 70)

Just as Heidegger described anxiety as a profound sense of disconnection, many people who have been through something very frightening describe being "cut-off" in some way from the world. The experience of very frightening events can have the effect of shattering any sense of living in an orderly world which has inherent structures of meaning and order. A patient of mine, a fireman

⁵I propose to use the term "post traumatic anxiety" as being similar to Janoff-Bulman's "disillusionment", and to distinguish this from post traumatic fear in relation to an outside threat.

who suffered a psychological breakdown after a complex series of distressing events at work, said:

"I feel so alone. I know that everything is as it was before but it has all changed for me. There doesn't seem to be any point any more. I feel distant from my wife, I can't explain to her what it's like."

People describe a feeling of being set adrift from the rest of the world, of being completely on their own in a way which is beyond ordinary loneliness. The feeling of trust in the world, both human and natural, which is essential to ordinary life has been broken apart and people describe living in a meaningless void, desperately seeking their old sense of order and meaning. The combat veteran Tim O'Brien describes how for the common soldier in the midst of war :

"There is no clarity. Everything swirls. The old rules are no longer binding, the old truths are no longer true. ... The vapours suck you in. You can't tell where you are, or why you're there, and the only certainty is overwhelming ambiguity. In war you lose your sense of the definite, hence your sense of the truth itself, and therefore it's safe to say that in a true war story nothing is ever absolutely true" (O'Brien, 1990, p. 88)

Post traumatic anxiety also involves a profound realisation of the self's fragility. Just as Heidegger related anxiety and death, the literature on post traumatic reactions provides numerous accounts of how post traumatic anxiety is connected to a sense of one's imminent death. Robert Lifton, after interviewing 75 survivors of the atomic bomb in Hiroshima 17 years after the event, described them as exhibiting what he called a "death imprint". This reaction was also reported in other groups such as survivors of the concentration camps and survivors of natural disasters. Lifton argued that the "death imprint" is the key to understanding post traumatic reactions:

"what needs (also) to be emphasized is the survivor's having experienced a *jarring awareness of the fact of death*... he has been disturbingly confronted with his own mortality" (Lifton, 1967, p. 481).

The encounter with death serves to emphasise the fragility of the self: we can no longer operate with any sense of invulnerability. There is nothing we can do to avoid death. A traumatic event brings this realisation home with considerable force. Thus post traumatic anxiety combines a penetrating sense of the ultimate meaninglessness of the world and a paralysing sense of the self's fragility in the face of death. As we have already seen Heidegger's account of anxiety emphasises very similar themes.

Thus Janoff-Bulman's description of post-traumatic disillusionment resonates strongly with Heidegger's account of anxiety. Both accounts are of a phenomenon which is to be distinguished from fear of an outside threat. Both accounts describe a phenomenon which is essentially a mood of dislocation associated with a profound sense of a lack of meaning and order. Both accounts stress the relationship between this phenomenon and the apprehension of death. My suggestion is that traumatic experiences can have the effect of awakening the mood of anxiety in individuals. According to the Heidegger of *Being and Time*, however, this mood is 'already there' in every human being and not something brought about de novo by the trauma. Rather trauma can have the effect of *revealing* the anxiety which is a built-in dimension of human being.

8.7 BROKEN MEANINGS, BROKEN WORLDS

Janoff-Bulman's position is important because she systematically highlights how the question of meaning stands behind the syndrome of PTSD. She concurs with a number of other researchers that behind the sort of intrusive-avoidance symptoms, which are now generally regarded as being the typical sequelae of traumatic experiences, lies the shattering of people's structures of meanings. In other words intrusive-avoidance symptoms signal the presence of a major disturbance in the person's sense that his/her world is ordered in some way. As we have seen above, in descriptive terms, Heideggerian anxiety is similar to the mood state described by Janoff-Bulman after trauma. How does this contribute to a hermeneutic account of trauma?

8.7.1 An ontological approach to post-traumatic anxiety

As we saw in chapter six, Heidegger makes a fundamental distinction between the ontological and the ontic. The former refers to that which allows anything at all to show up as existing : being in general. The latter refers to entities within the world. Ontological understanding does not involve any sort of naming or explanation. It is a completely different enterprise to science, including scientific psychology. If I am correct, and the mood-state described by Heidegger in terms of anxiety is of a similar nature, in descriptive and experiential terms at least, to the mood-state described by Western psychology as occurring after trauma, then it follows that an ontological approach to post-traumatic anxiety is a path worth exploring. Current ways of approaching trauma, and particularly cognitive approaches, clearly operate on an ontic level and treat the question of meaningfulness in the same way that they treat other aspects of psychology,

i.e. as 'something' to be analysed. My suggestion is that this approach is inadequate because the meaningfulness of the world, or in Heideggerian terms the meaning of being, cannot be grasped by this type of analysis. This issue demands ontological understanding. Hermeneutic enquiry, not reductive science, is alone able to provide this.

We saw in the last chapter how Medard Boss approached an understanding of illness. He argued that we cannot build up a picture of illness from a description of a particular lesion in itself. Illness involves a limitation of the Dasein's ability to be itself, to be fully open to the world as only Dasein can be. To understand this, we need, as a first step, a full understanding of the meaningful nature of this human world. The phenomenological approach to illness moves from a description of 'normal' human reality to lesion in order to understand fully the limitations imposed on that reality by the lesion in question. If post-traumatic anxiety is characterised by a withdrawal of meaning, then we need to understand how a meaningful world *is present for us in the first place*. What is it that withdraws from us in this state?

If Heidegger's account of Dasein, as discussed in chapter six, is accepted, then science (whether biological or psychological), will never be able to account for this meaningfulness. This is an ontological issue. Following the Heideggerian analysis of human reality developed in chapter six, and examples of the phenomenological approach 'in action' in the last chapter, we are now in a position to explore the question of meaning from a phenomenological position. Following Heidegger, to do this properly we must avoid any of the starting assumptions of traditional psychology. In particular we must deal with experience as we find it before it has been shaped by any sort of theory. We begin with the fact that we find ourselves, first and foremost, in the world and with the world in us. We are not separate, and cannot be separated from, our worlds. They

are fundamental dimensions of ourselves. As we have already seen, Heidegger goes to great pains to overcome the Cartesian assumptions which have become built in to our understandings of ourselves, indeed have become built into the language we commonly use to describe ourselves. These are assumptions to the effect that mind stands outside world and is related to it by means of representations. The central Cartesian problematic concerned the question of how we can ever know the world 'outside' us. Heidegger does not answer this because his starting point is not a situation where subject and world are separate in the first place, and the one stands in a position of 'knowing' the other. As Stephen Mulhall puts it :

"(knowing) is therefore doubly inapplicable as a model for the ontological relation between subject and world. First, because knowing is a possible mode of Dasein's Being, which is Being-in-the-world; knowing therefore must be understood in terms of, and cannot found, Being-in-the-world. Second, because knowing is a relation in which Dasein can stand towards a given state of affairs, not towards the world as such; Dasein can know (or doubt) that a given chair is comfortable or that a particular lake is deep, but it cannot know that the world exists. As Wittgenstein might have put it, we are not of the *opinion* that there is a world: this is not a hypothesis based on evidence that might turn out to be strong, weak or non-existent" (Mulhall, 1996, p. 96).

For Heidegger, for the most part, we do not relate to our world by having sets of schemas stored in our minds concerning the world. Likewise the meaning of the world is not something located, or 'encoded' in Bolton and Hills' account, inside individual minds. Rather the meaning of the world, and of ourselves as part of that world, lies in the background intelligibility generated by the everyday shared beliefs, rituals and practices through which we live out our lives. While our conscious beliefs are important, Heidegger, like Wittgenstein, puts his emphasis on the social context as the ultimate foundation of intelligibility. This background context is essentially complex

and cannot be grasped in the terms of a causal science⁶.

While Heidegger is involved in an attempt to characterise the commonsense background and illuminate its structure, he is firmly against the idea that it can be grasped as any sort of set of concepts or schemas. According to Heidegger we have a 'pre-understanding' of the world which is neither conscious, nor unconscious. Dreyfus uses a number of examples to illustrate what could be involved in such a 'pre-understanding'. One example is 'distance-standing practices':

"People in different cultures stand different distances from an intimate, a friend, a stranger. Furthermore, the distances vary when these people are chatting, doing business, or engaging in courtship. Each culture, including our own, embodies an incredibly subtle shared pattern of social distancing. Yet no one explicitly taught this pattern to each of us. Our parents could not possibly have consciously instructed us in it since they do not know the pattern any more than we do. We do not even know we have such know-how until we go to another culture and find, for example that in North Africa strangers seem to be oppressively close while in Scandinavia friends seem to stand too far away".

We become uneasy in such situations and try different stances until we feel more comfortable. As Dreyfus remarks, it is presumably through some responses like this in early life that we learned about distance in the first place. However for the vast majority of us, this learning was not through the acquisition of concepts concerning standing and relationships.

"As a skill or *savoir faire* it is not something like a set of rules that could be made

⁶In fact, according to Wittgenstein, the practices which are the basic elements of our forms of life are overwhelmingly complicated and he warns against attempts to systematize the 'bustle of life'. In his *Remarks on the Philosophy of Psychology, Volume II* he says :

"The background is the bustle of life. And our concept points to something within *this* bustle.

And it is the very concept 'bustle' that brings about this indefiniteness. For a bustle comes about only through constant repetition. And there is no definite starting point for 'constant repetition'." (Wittgenstein, 1980, p. 108).

explicit. Yet it embodies rudiments of an understanding of what it is to be a human being- hints of how important body contact is, and the relative importance of intimacy and independence" (Dreyfus, 1993, p. 294-295).

As Dreyfus points out human practices like distance-standing involve particular orientations towards the world. In this way our deepest values are actually embodied in our practices. Another source of examples of how an understanding, and a way of life, can be contained non-cognitively in our practices is the work of Erving Goffman. In his book *Relations in Public* (1971) Goffman analyses the phenomenon of 'civil indifference'. This occurs in modern societies when strangers pass each other on the street. It involves an implicit understanding about the correct way to encounter one another. One person acknowledges the other through a controlled glance. This indicates a degree of respect but is non-intrusive. The person then averts their gaze to show that there is no threat intended. The other person does the same. This encounter incorporates a tacit understanding of the nature of human reality and the relationship between individuals. It is a ritual embedded in the urban world of modernity and involves 'modern' ways of understanding the world and other people. In many traditional societies where there is a more clear-cut difference between who is a 'familiar' and who is a 'stranger' people generally do not encounter each other through such rituals of 'civil indifference'. They may completely avoid one another or else stare in a way which would be perceived as threatening in a modern context. Giddens (1991) notes that such rituals of everyday life, involving trust and tact, are more than merely ways of protecting one's self-esteem and that of others. Rather, in so far as they involve the very substance of everyday encounters with one another, 'they touch on the most basic aspects of ontological security' (P. 47).

The intelligibility of our worlds, their meaningfulness, is thus not something held as a set of schemas in an individual mind. The sense and order of our worlds are aspects which simply cannot

be grasped, or formalised as a set of beliefs or rules or programmes. Dreyfus says that :

"Sense is precisely what is left out in all formalization. Sense, for Heidegger, in opposition to Husserl, is the structure of the general background that can never be fully objectified but can only be gradually and incompletely revealed by circular hermeneutic inquiry" (Dreyfus, 1993, p. 222).

For the cognitivists : ruptured meanings occur inside individual minds. For Heidegger, because the inside-outside distinction is false and because meaning resides in our background practices, the breakdown of meaning involves this background. From a phenomenological point of view, loss of meaning occurs in a broken world, not a broken mind. Trauma has an ontological dimension because it can have the effect of bringing the intelligibility of the world into question. Post-traumatic anxiety is thus a state of Dasein in which the meaningfulness of life itself, and the situation of Dasein within life has been rendered fragile.

Because intelligibility and meaningfulness are social phenomena, derived from the practices of our everyday lives, the social world is seen as not something impacting on the post-traumatic state from 'outside'. Conceiving the social dimension of trauma in terms of 'social factors' acting as 'buffers' of one sort or another simply does not do justice to the lived reality of the survivor. If trauma is about broken meanings, then it is a social phenomenon through and through. In his writing, the psychiatrist Derek Summerfield, whose work was quoted in chapter five, draws attention to the importance of a socio-cultural dimension in modern conflicts. For example:

"Guatemalan Indians, hunted by 'low intensity' warfare, felt that their collective body had been wounded, one which included the ants, trees, earth, domestic animals and human beings gathered across generations. Mayan origin myths are linked to land and maize. To them the burning of crops by the army was not just an attack on their physical resources, but on the symbol which most fully

represented the Mayan collective identity, the people of the maize. When they talked about 'sadness' they meant something experienced not just by humans but also by these other interconnected elements which had been violated. When you touched the earth you could feel its sadness, and you could taste it in the water. To them all this was genocide" (Summerfield, 1998, in press).

In building their models of post-traumatic reactions, cognitivist researchers begin by positing some psychological process which is presented as the essential element of the reaction. They work with a model of an individual mind reacting to a specific event or series of events. They add to this ideas about preexisting personality traits and cognitive schemas. To this, is added ideas about the social environment. In other words they theorize 'from the inside out'. In contrast, the hermeneutic approach 'moves in the other direction'. In this, the first step in understanding the impact of an event or series of events, on an individual or community, is the generation of an account of the social world which existed before and after the events. From this one moves to understand the meaningful world of any particular individual. Hermeneutic enquiry thus begins at the level of anthropology and thereafter moves towards psychology. My *context-centred* approach to understanding the effects of trauma, presented in chapter five, incorporates this sort of movement.

8.7.2 A Heideggerian contribution to our understanding of trauma : benefits and limitations

Benefits: 1) The (Heideggerian) phenomenological account of meaning and intelligibility is able to account for the importance of social and cultural environment in relation to trauma as outlined above (see chapters five and six). The way in which one's world is meaningful and ordered will

determine the way in which one experiences and reacts to any particular event. It will also determine what forms of help will be appropriate.

2) Heidegger's approach to time and causality, discussed in chapter six, presents a fundamentally different picture of how individuals experience the events of their lives, compared to the traditional understanding embodied in the concept of PTSD. We have seen how this question of causality has brought about certain problems for the traditional framework. These problems simply do not arise within a Heideggerian phenomenology because all experiences are understood to occur within a horizon which encompasses past, present and future together. In this, my reaction to a terrifying event *always* happens in these three dimensions. Debates about whether my reaction was caused by the traumatic event or instead caused the event to be retrospectively highlighted (and thus the 'target' of my intrusive-avoidance symptoms) are seen in the light of the Heideggerian account of human temporality to be misconceived and not open to clear resolution.

Limitations : 3) In spite of these positive 'gains' from a phenomenological account of trauma, in the rest of this thesis I shall point to certain difficulties which emerge from this account. At the centre of my concerns is Heidegger's own account of his project in *Being and Time*. In this work he operated with the assumption that there could be a 'fundamental ontology'. In other words he appears to have believed that it would be possible to give an account of Dasein in universal terms. While he was opposed to any 'psychological universalism' (the positing of mental processes which were universal and which could be investigated scientifically), nevertheless he appears to

have assumed that he was, in fact, exploring the structures of all human experience⁷. In his account of human reality in *Being and Time* anxiety plays a key role. I shall discuss, in the next chapter, how according to the Heidegger of Division Two of this work, it was only through the experience of anxiety that Dasein could become authentic. In *Being and Time* anxiety is always close at hand and, as we have seen above, is related to the fact of human mortality. While loss of meaning and intelligibility may well be universal human reactions, I shall argue in the next part of this thesis against this assumption that anxiety plays the same role in every culture. I shall argue that in some cultures anxiety (as a state-of-mind characterised by a sense of dislocation and 'homelessness') is more 'close at hand' than in others. This will have important implications for the cross-cultural understanding of trauma.

4) I also noted at the end of the last chapter my 'disappointment' with the limited therapeutic horizon opened up by daseinanalysis, as developed by Boss and Heidegger. If post-traumatic anxiety involves the withdrawal of meaningfulness and order, and if these are given by the background practical way of life in which we live, then helping people who have been traumatised requires an effort to rebuild this way of life. Individual psychotherapy will make little sense to people, like the Mayan Indians, described by Summerfield above, who have lost a way of life.

⁷Dreyfus (1993) notes this tension. He says : "Heidegger seems to imply (at the end of Division 1) that his fundamental ontology in *Being and Time* will be a *full clarification* of the understanding of being, and even a *science of being as such*. This idea conflicts with the presuppositions of hermeneutics" (p. 39).

8.8 SUMMARY

This chapter has moved between philosophy and psychology, between hermeneutics and cognitivism. I have attempted to develop an understanding of 'loss of meaning' from a hermeneutic point of view. This required an outlining of Heidegger's account of anxiety as presented in *Being and Time*. I then used Janoff-Bulman's account of 'shattered assumptions' as an example of a cognitivist approach to the same issue. Using Heidegger, I argued that there is an ontological dimension to post-traumatic anxiety which cannot be grasped through the framework of an 'ontic' science such as cognitive psychology. This ontological dimension can only be 'illuminated' through hermeneutic enquiry and I suggested that such enquiry would involve anthropological understanding as a key element. This was linked to the particular kind of *context-centred* approach to trauma developed in chapter five.

Having presented the case for a hermeneutic approach to the issue of trauma, at the end of this chapter I pointed to some questions concerning the universal validity of Heidegger's account of anxiety. This is to raise some of the tensions which were identified in the introduction. In the next part of the thesis these tensions will be explored further.

PART THREE

THE LIMITATIONS OF A HEIDEGGERIAN APPROACH

In the last section I developed what I called a hermeneutic approach to the understanding of trauma. I contrasted this with the currently dominant approach which involves a cognitivist understanding of the issue of meaning. I argued that the hermeneutic approach had certain advantages. It was able to avoid the problems associated with causality which are currently undermining the whole concept of PTSD. It was also able to give a more convincing and satisfactory account of the way in which contextual issues determine the experience of trauma. In addition I argued that current approaches to post-traumatic anxiety which deal with the subject on an 'ontic' level are inadequate. I argued instead that trauma has an 'ontological' dimension to the extent that it can involve an undermining of the background intelligibility through which anything in the world shows up, as such. I suggested that this ontological dimension called for a very different form of enquiry than is currently available within the discourse on trauma. I suggested that the sort of enquiry which I have called hermeneutic, in this thesis, is more appropriate.

However, at the end of the last chapter I pointed to certain theoretical and practical limitations to a hermeneutics which is uncritically based on the ideas of *Being and Time*. In the next two chapters I will explore these further. In this chapter I argue against the idea presented in *Being*

and Time that anxiety plays the same role and has the same ontological position, in every culture. Instead I argue that anxiety is a state-of-mind which is particularly prominent in modern Western societies. In chapter ten, I will explore some ideas about therapy which hopefully will move us beyond the daseinanalytic framework. In both of these chapters I will use ideas from the later work of Heidegger in conjunction with the work of a number of other philosophers. My basic argument shall be that although trauma can involve an ontological dimension, certain cultures are more predisposed to ontological difficulties than others. In particular the culture of modernity/postmodernity has rendered Western peoples vulnerable to a level of ontological insecurity which is not universal. I shall use this insight to argue against the export of Western concepts of trauma and their associated therapies to non-Western communities.

CHAPTER NINE

ANXIETY AND MODERNITY

In this chapter I will argue that anxiety (as discussed in the last chapter) is something which has a particular association with features of modern Western society, of modernity. I will begin by making the case for a 'hermeneutic' appropriation of the insights of *Being and Time* in which we drop the 'universalist' understanding of anxiety as a revelatory mood at the heart of every Dasein. I shall then present Heidegger's critique of modernity and move to discuss the work of Charles Taylor and other philosophers and sociologists who make the case for a specific connection between anxiety and modernity. In the last part of the chapter I discuss the move to post-modernity and discuss the implications of this for our theoretical work relating to trauma¹.

9.1 RETHINKING THE PLACE OF ANXIETY

A number of commentators have drawn attention to a change in direction in Heidegger's thought in the 1930s. This has been compared with the substantial change in the philosophy of Wittgenstein which occurred after the *Tractatus*. The change in Heidegger's philosophy has been called his *Kehre*, or 'turning'. In this chapter, I will not dwell at length on the nature of Heidegger's *Kehre*, but will focus on the relationships between technology and nihilism in the

¹I will be using the term anxiety to signify the sort of 'state-of-mind' described by Heidegger and presented in the last chapter. It should be noted that psychiatry often conflates the concepts of anxiety and fear and that conditions such as phobic states, which psychiatry labels as anxiety disorders, are (in the account presented here) not necessarily characterised by anxiety at all.

later works. Indeed most commentators are now agreed that this *Kehre* was more apparent than real. Essentially it would appear that Heidegger moved on to explore different themes and away from the central focus on Dasein which characterised *Being and Time*². Heidegger, himself, was willing to speak about a 'Heidegger I' who preceded this turning and a 'Heidegger II' who came after, but rejected any strong sense of a separation in the end. He says:

"... only by way of what [Heidegger] I has thought does one gain access to what is to-be-thought by [Heidegger] II. But the thought of [Heidegger] I becomes possible only if it is contained in [Heidegger] II" (Heidegger's preface in Richardson, 1963, p. xxii).

All of Heidegger's thought has focused on the question of being. In *Being and Time* and other works from the same period he sought being through an analysis of Dasein : the being for whom being is an issue. Existentialist interpretations of *Being and Time* have tended to equate the question of being with questions about the projects of individualised Dasein. From the *Letter on Humanism* (Heidegger, 1993, pgs 217-265) onwards , we find Heidegger at pains to distance himself from subjectivist approaches to phenomenology such as those of Sartre³.

However, a number of commentators have pointed to a tension within *Being and Time*, a tension between, what I will loosely call, above, the 'existentialist' and the 'hermeneutic' aspects of the work. This becomes most apparent in relation to the role of anxiety and the question of authentic and inauthentic ways of being. In *Being and Time* Heidegger is centrally concerned to investigate Dasein's way of being. However :

²In spite of this I have pointed to the fact that he returned to this focus in the *Zollikon Seminars* which took place well into the 'later period', see chapter seven, above.

³ We noted in chapter seven his criticism of Binswanger on this issue.

"Ontically, of course, Dasein is not only close to us - even that which is closest : we *are* it, each of us, we ourselves. In spite of this, or rather for just this reason, it is ontologically that which is farthest" (Heidegger, 1962, p.36).

In other words there are aspects of our being which are so 'close to us' that we cannot 'see' them in our normal gaze. These aspects involve the 'foundations' of our lives and actions. In our daily lives we do not have to pay attention to these foundations, we simply take them for granted. In fact, we usually forget about them altogether. Heidegger argues that all our actions and behaviours are premised upon an 'already existing' interpretation of the world, what he calls our 'preontological understanding of being'. This is given to us by the culture in which we emerge as any particular human being. Thus the culture in which we find ourselves provides us with a preconscious orientation towards the world. As we saw in the last chapter this is not something we can stand apart from and examine because it structures our very ways of examining in the first place. As we saw in chapter five, Heidegger uses the term being-in-the-world in an attempt to get beyond a notion of the human being as something separate from its world. He says:

"Dasein is never 'primarily' a being which is, so to speak, free from being-in, but which sometimes has the inclination to take up a 'relationship' toward the world. Taking up relationships toward the world is possible only *because* Dasein, as being-in-the-world, is as it is" (Heidegger, 1962, p. 84).

Our worlds are always in us, as we are in our worlds. Thus our understanding of ourselves is always already structured for us. We cannot hope to develop an understanding of ourselves which is free from, or outside, the various possibilities thrown up by the culture in which we live, or by the cultures we have access to. This is most clearly seen in relation to language. The words we use to understand ourselves are always 'common words', in the sense that they are always shared

by the community in which we live⁴. In *Being and Time*, Heidegger uses the term *Das Man* to indicate the world of our everyday social involvement. This is the they-world. Dreyfus (1991) translates the term *Das Man* simply as "the one". It refers to the social world in which we normally live our lives. Dreyfus argues that there is a major internal contradiction in Heidegger's approach to this everyday social world. He says:

"Heidegger is influenced by Kierkegaard and Dilthey, both of whom had a great deal to say about the importance of the social world. But, whereas Dilthey emphasized the positive function of social phenomena, which he called the "objectifications of life," Kierkegaard focused on the negative effects of conformism and banality of what he called "the public". Heidegger takes up and extends the Diltheyan insight that intelligibility and truth arise only in the context of public, historical practices, but he is also deeply influenced by the Kierkegaardian view that "the truth is never in the crowd"" (Dreyfus, 1991, p. 143).

Although Dasein is always being-in-the-world (including the social world), Heidegger (perhaps following Kierkegaard) describes Dasein's everyday involvement in *Das Man* as 'fallenness'. He describes Dasein's 'fallen' involvement with the world as indicating a "*fleeing* of Dasein in the face of itself" (p.229). The result is that Dasein's existence, as existence in the mode of *Das Man*, is inauthentic. There is thus a normative element to Heidegger's account of Dasein as being-in-the-world. It would appear that while Dasein always exists with a 'preontological understanding' of the world, something which Dasein receives from the world of *Das Man*, nevertheless Dasein possesses the possibility of moving beyond this. This possibility is given, as we saw in chapter six, in the state of anxiety. In anxiety, Dasein experiences the world and all its meanings as

⁴In spite of this, as we noted in previous chapters, Heidegger's own project in *Being and Time*, is an effort to get beyond our ordinary culture and language and generate an account of human reality in its universal essence.

contingent, without any ultimate grounding. In this state it is brought before itself as being, itself, the only ground. This is a painful and desperate moment and Dasein, normally, attempts to flee. In anxiety, Dasein is, so to speak, truly alone. He says:

"Anxiety thus takes away from Dasein the possibility of understanding itself, as it falls, in terms of the 'world' and the way things have been publicly interpreted. Anxiety throws Dasein back upon that which it is anxious about - its authentic potentiality-for-Being-in-the-world. Anxiety individualizes Dasein for its ownmost Being-in-the-world, which as something that understands, projects itself essentially upon possibilities" (Heidegger, 1962, p. 232).

There would thus appear to be a contradiction in Heidegger's account, two incompatible accounts of inauthenticity. Dreyfus calls these the structural and motivational accounts. On the one hand Dasein is involved in the everyday social world because of structural necessity. It simply *is* being-in-the-world. On the other hand, Dasein 'actively' flees into this world to escape from the pain of anxiety. The latter account contains the implication that Dasein could potentially change its position and move away from its inauthentic participation in the world of *Das Man*. By contrast the former account seems to undermine the very possibility of such authenticity. The motivational account of inauthenticity is developed, at length, in Division II of *Being and Time*. Heidegger further extends the idea that it is Dasein's response to anxiety which determines whether it becomes authentic or not. Dreyfus argues that Heidegger was involved in an unsuccessful attempt to 'secularize' Kierkegaard's interpretation of the Christian doctrine of the fall. For Kierkegaard, our distraction by the practices of the everyday world constituted sinfulness. In Heidegger's work this becomes fallenness. However, according to Dreyfus:

"Heidegger's attempted secularization runs into a double contradiction; inauthenticity becomes both inevitable and incomprehensible. On the one hand, if one holds that falling as absorption is motivated by fleeing, i.e., that absorption is

a way of covering up Dasein's nullity, then, since absorption is essential to Dasein as being-in-the-world, Dasein becomes essentially inauthentic. On the other hand, if facing the truth about itself leads Dasein to equanimity, appropriate action, and unshakable joy, resoluteness is so rewarding that, once one is authentic, falling back into inauthenticity becomes incomprehensible" (Dreyfus, 1991, p.334).

At the heart of this contradiction lies Heidegger's indebtedness to both the hermeneutic philosophy of Dilthey and the existentialist philosophy of Kierkegaard. Dreyfus makes a case in favour of the former approach and argues for a 'Wittgensteinian interpretation of being-in-the-world in terms of shared background practices' (p. 144). However existentialists can find in *Being and Time* strong support for a philosophy of life which emphasises the importance of individual freedom and choice. In the later works Heidegger left these tensions behind. The important point for our discussion is that this analysis has clarified, to some extent at least, the problematic position of anxiety, in *Being and Time*. As I wish to use Heidegger's thought to help orientate an approach to trauma and, in particular, cultural aspects of this, I want to shed the *universalist* existentialist dimension while holding on to the hermeneutic insights⁵. If Dreyfus is correct, and Heidegger's universalist presentation of anxiety and inauthenticity, is a secularised version of a (Kierkegaardian) Christian narrative then I feel justified in doing this. The Christian orientation to the world carries its own ontology and cannot be used to account for the realities of other, non-Christian, cultures. In essence, I wish to 'hold on to' Heidegger's depiction of anxiety as a state-of-mind in which the meaningfulness of the world withdraws from us, but 'leave behind' his idea that this arises in the same way, and serves the same function, in all cultures.

I believe that this move is supported by textual evidence from Heidegger, himself. *Being and*

⁵However, as argued in the last chapter, I want to retain an understanding of the ontological dimension of trauma, but as a *particular* problematic of certain cultures.

Time was published in 1927. In a lecture course given in 1929-30, and published first in an English translation in 1995 as *The Fundamental Concepts of Metaphysics: World, Finitude, Solitude*, Heidegger moved away from a focus on the centrality of anxiety and instead presented boredom as a *Grundstimmung*, or 'fundamental attunement'⁶. Most importantly this attunement of boredom was presented by Heidegger, in this lecture series, as historically *situated*. Heidegger begins his analysis of boredom (*Langeweile*, literally meaning 'long while') by stressing that any attunement has a public dimension. It is something which is not simply inside or outside. It rather:

"... imposes itself on everything. It is *not* at all '*inside*' in some interiority, only to appear in the flash of an eye; but for this reason it is *not at all outside either*. ... Attunement is not some being that appears in the soul as an experience, but the way of our being there with one another" (Heidegger, 1995, p. 66).

In addition, he stresses that attunement should not be regarded as a 'side effect' of some other phenomenon. Indeed, attunement itself is the fundamental basis upon Dasein can begin to have any experience at all :

"Attunements are the fundamental ways in which we *find* ourselves *disposed* in such and such a way. Attunements are the '*how*' [*Wie*] according to which one is in such and such a way. Certainly we often take this 'one in such and such a way' ... as something indifferent, in contrast to *what* we intend to do, *what* we are occupied with, or *what* will happen to us. And yet this 'one is in such and such a way' is not - is never - simply a consequence or side-effect of our thinking, doing, acting. It is - to put it crudely - the presupposition for such things, the 'medium' within which they first happen" (Heidegger, 1995, pgs 67-68).

Heidegger goes on to examine different 'interpretations of our contemporary situation' and asks

⁶The translators of this lecture series use the term 'attunement' for Heidegger's word *Stimmung*. This is usually translated by the word 'mood'. Our moods are perhaps the most familiar ways in which we are in a 'state-of-mind'.

why it is that we feel a *need* for an interpretation of our situation in the first place?, why is it that we seek a 'role' for ourselves? He suggests that perhaps we find ourselves in need of making 'ourselves interesting to ourselves again'. This leads to a question concerning boredom. Have we, he asks, become bored with ourselves. In attempting an answer to this question Heidegger distinguishes a 'profound boredom' from more everyday forms. He suggests that this profound form of boredom is something particularly associated with 'our Dasein', our contemporary human reality. Ironically it is actually a lack of oppressiveness, a lack of mystery and terror, which most 'oppresses' us:

"This *being left empty* ultimately resonates in our Dasein, its emptiness is the absence of any essential oppressiveness. The *mystery* [*Geheimnis*] is lacking in our Dasein, and thereby the inner terror that every mystery carries with it and that gives Dasein its greatness remains absent. The absence of oppressiveness is what fundamentally oppresses and leaves us most profoundly empty, i.e. the *fundamental emptiness that bores us*" (Heidegger, 1995, pgs. 163-164).

Thus, even in the late 1920s, Heidegger was moving towards the idea that different periods of history have been associated with different attunements. Different attunements open up different epochs. In *On the Essence of Truth* he writes:

"Every mode of historical man's comportment - whether accentuated or not, whether understood or not - is attuned, and by this attunement is drawn up into beings as a whole" (Heidegger, 1993, p. 129).

It would appear that even shortly after *Being and Time* Heidegger had abandoned the idea that anxiety was *the* fundamental human mood which defined the (universal) human predicament. Instead other moods are introduced. Furthermore these other moods can come to define different historical epochs. In the lectures of 1929-30 he presents 'profound boredom' as the attunement

of contemporary Dasein. However a number of commentators make a case that in the course of his writing on technology and nihilism (see below) anxiety again emerges, this time not as a universal state-of-mind of every individual Dasein, but as the epochal mood of modernity. For example, Dreyfus writes that :

"Later Heidegger ... gives up his existential account of anxiety, and of falling as a motivated cover-up of Dasein's essential nullity and unsettledness. ... Heidegger the thinker (not the hermeneutic phenomenologist with a preontological understanding of the sense of being) interprets anxiety as a specific response to the rootlessness of the contemporary technological world" (Dreyfus, 1993, pgs 336-337).

However, there is little textual elaboration of this connection between anxiety and modernity in the later works of Heidegger, himself⁷. Michel Haar (1992) makes the point that Heidegger speaks more about a mood of 'terror' in relation to the nihilism of modernity, but whether this can be directly equated with anxiety in the work of Heidegger remains unclear. I will not dwell on the issue here. My purpose in introducing Heidegger's concept of 'epochal attunements' is meant merely to support my use of the insights of *Being and Time*, minus the concept of existential anxiety as a universal. My argument is that the connection between anxiety, death and authenticity presented in *Being and Time* as a fundamental aspect of human life is, in fact, something which is particularly associated with modernity and thus not universal. I will turn to the work of philosophers other than Heidegger to make my case for a specific connection between anxiety and modernity. However I will use Heidegger's critique of modernity as a way into this issue. This critique is also relevant to the themes of the next chapter.

⁷Dreyfus points to the essay *The Way Back into the Ground of Metaphysics* and I quote from this below.

9.2 THE LATER WORKS OF HEIDEGGER

While Heidegger makes it clear at the beginning of *Being and Time* that his exploration of Dasein is only a path into the exploration of being itself, this path was the only one opened in the work. In his writings after the mid-thirties, Heidegger spoke less about exploring being through an exploration of Dasein and more about exploring being in a more direct way. In this vision human existence and temporality arise within a wider, more encompassing, "openness" which cannot be grasped in terms of human reality alone. Heidegger began to attempt a "thinking" of being in its own terms. As Zimmerman remarks this was a move away from the "remaining anthropocentrism" (Zimmerman, 1993) discernible in the earlier works.

The later works increasingly focused on language as having a direct relationship to being outside the confines of ordinary human life. Heidegger also increasingly turned his attention to the history of being. In a series of deconstructive readings of the great thinkers of the Western metaphysical tradition he sought to disclose the underlying and unthought presuppositions of this tradition. For Heidegger the history of metaphysics was about the way in which being has been "forgotten". In the 1949 essay *The Way Back into the Ground of Metaphysics* he draws on a metaphor from Descartes in which the whole of philosophy is likened to a tree. In this metaphor the roots are metaphysics, the trunk is physics while the other disciplines emerge from these central structures as do the branches of a tree. Heidegger seizes upon this image and asks :

"In what soil do the roots of the tree of philosophy have their hold? Out of what ground do the roots - and through them the whole tree- receive their nourishing juices and strengths?"

In other words:

"What is the basis and element of metaphysics? What is metaphysics, viewed from its ground? What is metaphysics itself, at bottom?" (Heidegger, 1956, p. 207).

His point is that philosophy systematically forgets the ground, even though the ground always enters and lives in the roots themselves and indeed in the tree as a whole. Whenever metaphysics thinks about beings as beings, then such beings are "already in sight". What shows them up as beings in the first place is ignored by philosophy. Heidegger's complaint is that metaphysics, far from revealing the ground from which our thinking has sprung, actually works to conceal this ground:

"Due to the manner in which it thinks of beings, metaphysics almost seems to be, without knowing it, the barrier which keeps man from the original involvement of Being in human nature" (Heidegger, 1956, p. 211).

Heidegger's historical works attempt to show how the ground, i.e. being itself, has been "revealed" in its "concealment" by metaphysics. He moves away from a vision of Dasein as some sort of fixed opening to being. Instead he historicizes the notion of Dasein's clearing. Thus Dasein is seen to be historically the recipient of a succession of different clearings.

My presentation of Heidegger's later philosophy will not attempt to be, in any way, comprehensive. However, as these ideas have substantially influenced the other philosophers whose works are discussed below is, it is important to provide an introduction, at least, to this philosophy. In addition, in the next chapter I will make use of his concept of *Gelassenheit* (Release) which emerges from his writing on technology.

9.3 HEIDEGGER'S HISTORY OF BEING AND THE CRITIQUE OF MODERNITY

In his 1938 essay *The Age of the World Picture* Heidegger asks the question, "What is the essence of the modern age?". He answers that modern times can be characterised as the era of the "world picture" (*Weltbild*). He uses the word "picture" as it is used in the expression "we get the picture". This phrase indicates that what ever is, or whatever is happening, is somehow set out before us and we are equipped and prepared for it. Heidegger says:

"Where the world becomes picture, what is, in its entirety, is juxtaposed as that for which man is prepared and which, correspondingly, he therefore intends to bring before himself and have before himself, and consequently intends in a decisive sense to set in place before himself" (Heidegger, 1977, p. 129).

In the modern era, the Age of the World Picture, everything that is, including ourselves, shows up for us as resources to be utilised, enhanced, transformed or ordered for the sake of greater and greater efficiency. In contrast, in the medieval era the world was not experienced in the form of a picture standing before us and to which we had ready access. Instead in the Middle Ages:

"that which is, is the *ens creatum*, that which is created by the personal Creator-God as the highest cause. Here, to be in being means to belong within a specific rank of the order of what has been created" (Heidegger, 1977, p. 130).

For medieval Christians reality was the presence of created entities, beings which were "finished products" (Dreyfus, 1991, p. 338). Human beings stood in a position of acceptance with regard to the world, and knowledge was about understanding the order of creation. Heidegger also contrasts the modern age with that of the ancient Greeks. For the Greeks the world was not there as a "picture" for human beings to order for their purposes. In contrast it was the world, being

itself, which looked upon human beings and which opened itself to them. Humanity was:

"... gathered towards presencing, by that which opens itself. To be beheld by what is, to be included and maintained within its openness and in that way to be borne along by it, to be driven about by its oppositions and marked by its discord - that is the essence of man in the great age of the Greeks" (Heidegger, 1977, p. 131).

In these different ages there were different understandings of being and thus different conceptions of metaphysics. In spite of the fact that Heidegger finds echoes of the modern approach to reality in works of Protagoras, Plato and Aristotle, he argues that they all remain within the general framework of the "Greek fundamental experience of what is". It is only because their thought has been presented to us through a "modern humanistic interpretation" that we have failed to realise how different their approach to being really is. He says it has been denied to us to :

"... ponder the Being that opened itself to Greek antiquity in such a way as to leave to it its uniqueness and strangeness" (Heidegger, 1977, p. 144).

For modern humanity the possibility of experiencing being in this way has disappeared. Because our understanding of being is that of the world picture, beings show up for us simply as objects to be controlled and organised according to our agendas. Ours is the age of technology.

9.3.1 Technology and nihilism

In the essay, *The Question Concerning Technology* Heidegger argues that to grasp the importance of modern technology fully we should understand it not merely as a "means" to an end but rather we need an ontological understanding in which technology becomes a mode of

"revealing" being. He traces the origins of the word "technology" to the Greek *technikon* which in turn means that which belongs to *techne*. This term refers to the activities and skills of the craftsman on the one hand and also to "the arts of the mind and the fine arts" on the other.

Furthermore:

"From the earliest times until Plato the word *techne* is linked with the word *episteme*. Both words are names for knowing in the widest sense. They mean to be entirely at home in something, to understand and be expert in it. Such knowing provides an opening up. As an opening up it is a revealing." (Heidegger, 1977, p. 13).

Technology is the modern cultural paradigm. It is the context in which the world as "world picture" comes into view. This understanding of the concept of technology is extremely important, because, as Dreyfus points out, Heidegger is sometimes presented as a latter day Luddite who simply wishes to turn the clock back (Dreyfus, 1993, p. 304). Heidegger does not ask the question, "How can we control technology?" In fact responding to modern technology in this way is part of the problem. It is a response set by the nature of technology itself. Understanding our predicament as something to be solved by more appropriate action is itself a technological response:

"The instrumental conception of technology conditions every attempt to bring man into the right relation to technology. The will to mastery becomes all the more urgent the more technology threatens to slip from human control" (Heidegger, 1977, p. 5).

Heidegger's concern is not with the destructive effects of specific technologies but with the larger human implications of living in an age whose metaphysics is brought into being by technology.

In *The Question Concerning Technology*, echoing his earlier reflections on the concept of the

'world-picture', Heidegger also introduces the term *Gestell*. Lovitt translates this as 'Enframing' and adds in a footnote that he uses the prefix 'en-' to give a sense of the active meaning Heidegger gives to the German word. Lovitt says:

"... the reader should be careful not to interpret the word as though it simply meant a framework of some sort. Instead he should constantly remember that Enframing is fundamentally a calling forth. It is a "challenging claim", a demanding summons, that "gathers" so as to reveal. This claim *enframes* in that it assembles and orders. It puts into a framework or configuration everything that it summons forth, through an ordering for use that it is forever restructuring anew" (Lovitt, footnote in Heidegger, 1977, p. 19).

Heidegger introduces the word *Gestell* "as the name for the essence of modern technology". Thus Heidegger uses the term with a specific sense : it refers to the sort of ordering of the world *for human purposes* which is characteristic of the modern era. Previous epochs of Western history were not characterised by this type of Enframing. He argues that Enframing as a way of human beings relating to their world actually predates the rise of technology itself. Thus Enframing is not the result of actual technologies, rather it would appear that the former gives rise to the latter. Enframing involves both 'attitude and behaviour' and can be seen first in European society in the rise of the scientific approach to nature:

"Accordingly, man's ordering attitude and behaviour display themselves first in the rise of modern physics as an exact science. Modern science's way of representing pursues and entraps nature as a calculable coherence of forces. Modern physics is not experimental physics because it applies apparatus to the questioning of nature. Rather the reverse is true. Because physics, indeed already as pure theory sets nature up to exhibit itself as a coherence of forces calculable in advance, it therefore orders its experiments precisely for the purpose of asking whether and how nature reports itself when set up in this way" (Heidegger, 1977, p.21).

In other words, modern physics does not simply encounter the natural world and then develop ways of investigating it. The notion that it would be appropriate to 'investigate' nature happens

first and on the basis of this particular understanding of the natural world it then becomes possible to think in terms of scientific investigation. Enframing involves, in a profound way, the domination of a certain type of thought. In this, Dasein comes to have a particular relationship with the entities of the world in which they become resources for it. These entities include fellow human beings. Olafson writes:

"Technological thought treats everything as being an object of one kind or another, and it does so because it is in this form that the world corresponds to the disposition to manipulate and control it. This disposition is observable in spheres of life as apparently remote from one another as philosophy and the technologies of management. What is common to these very different domains is a growing determination to decide in terms of a pragmatic a priori what kinds of entities are to be recognised as existing for the purposes of a given activity" (Olafson, 1987, pgs 215-216).

Heidegger warns about this ever increasing expansion of calculative and objectifying thought in the *Discourse on Thinking* and suggests that the "greatest danger" facing humanity in the modern epoch is that:

"the approaching tide of technological revolution in the atomic age could so captivate, bewitch, dazzle, and beguile man that calculative thinking may someday come to be accepted and practised *as the only way* of thinking" (Heidegger, 1966, p.56).

What is at stake is not a problem to be solved but an ontological question concerning our modern understanding of being.

In the essay, *The Word of Nietzsche : "God is Dead"* Heidegger, following on from Nietzsche and Kierkegaard, further characterises the modern era as the age of nihilism. In the modern age,

the technological age, the era of the "world picture", being is experienced as nothing but a manifestation of the will to power. Being is thus denied its dimensionality. Unlike Nietzsche, however, Heidegger does not regard the "death of God" as the cause of nihilism, but sees it rather the other way around. Nihilism is the "world-historical movement of the peoples of the earth who have been drawn into the power realm of the modern age" (Heidegger, 1977, p.63) and is, in its essence, the negation of being. For Heidegger, when human beings understand the world as being composed of resources which can be used in more or less interchangeable ways, choices and decisions emerge about alternative ways of using these resources. These choices depend on what we wish to use the resources for. This can only be determined by further calculative reasoning. To do this we have to articulate what is at issue for us in any given situation. In this process we generate the 'values' which will guide our calculations and decisions. As Joseph Rouse writes:

"This is the significance of the concept of "value" : it transforms the configuration of practices within which thought and action are intelligible to us into something we can reckon with and wilfully implement. When this happens, however, the values chosen do not govern our choice, for they are what is chosen. That for the sake of which our choice of values is made always withdraws from calculative awareness. This complication calls for further reckoning, in a futile attempt to disclose our "ultimate" values" (Rouse, 1987, p.261).

For Heidegger this leads to an endless expansion of calculative thought. What is at stake is a will towards mastery and control, not just of the world around us, but of ourselves. This is similar to Nietzsche's 'will to power'. We have entered an era of nihilism and within modernity there is no longer any stable structure to what is at stake for us. Power, as expressed in the calculative thought of our times, robs us of any coherent and generally accepted meaning for our lives. In a section which will be echoed later by Foucault, Heidegger writes in *Nietzsche IV : Nihilism*:

"The new valuation ... supplants all earlier values with power, the uppermost value, but first and foremost because power and *only power* posits values, validates them, and makes decisions about the possible justifications of a valuation. ... To the extent that it is truly power, alone determining all beings, power does not recognize the worth or value of anything outside of itself" (Heidegger, 1982, p.7).

9.3.2. Subjectivity and modernity

Heidegger argues that Descartes stands at the beginning of the modern era in metaphysics. In his demand for certainty Descartes set the basis for our modern experience of subjectivity :

"The metaphysics of the modern age begins with and has its essence in the fact that it seeks the unconditionally indubitable, the certain and assured (*das Gewisse*), certainty. It is a matter, according to the words of Descartes, of *firmum et mansurum quid stabilire*, of bringing to a stand something that is firmly fixed and that remains. This standing established as object is adequate to the essence, ruling from of old, of what is as the constantly presencing, which everywhere lies before (*hypokeimenon, subiectum*) ... In as much as Descartes seeks this *subiectum* along the path previously marked out by metaphysics, he, thinking truth as certainty, finds the *ego cogito* to be that which presences as fixed and constant. In this way, the *ego sum* is transformed into the *subiectum*, i.e., the subject becomes self-consciousness. The subjectness of the subject is determined out of the sureness, the certainty, of that consciousness" (Heidegger, 1977, pgs. 82-83).

In this metaphysics the self becomes an 'ego-logical self' and enters a relationship of representation with that which it has positioned before itself. Thus the strong sense of objectivity brought into being in the modern era is linked to a strong sense of the subjective. Olafson contrasts the later Heidegger's engagement with Descartes with the arguments developed in *Being and Time*. In the earlier work Heidegger criticised Descartes' separation of the inner mind from an exterior world. He argued that this actually passed over how the world is actually experienced by Dasein. As we have seen in chapter six, Heidegger was of the opinion that Descartes's move in this was a major

source of difficulties for subsequent Western philosophy. When Heidegger returned to Descartes, in the context of his writing about Nietzsche, he was more concerned by the latter's positioning of the self as the preeminent entity:

"Heidegger emphasizes instead what he takes to be the characteristic effort of modern thought to elevate the thinking self to the status of the preeminent and ultimately exclusive self for which all other entities that in medieval parlance were "subjects" on an equal footing with it become "objects" (Olafson, 1987, p. 212).

The era of the "world picture" is also the era of the glorified self. It is the age of humanism. For Heidegger, humanism:

"designates that philosophical interpretation of man which explains and evaluates whatever is, in its entirety, from the standpoint of man and in relation to man" (Heidegger, 1977, p. 133).

This has brought into being a self which can best be described as "pathologically hypertrophied"⁸. Its exaltation as the source of everything also renders it fragile and precarious. In a situation where human being has become the sole source of meaning and order in the world and at the same time has become increasingly self-conscious and separate from the world, there is a continuous tendency for humanity to feel disconnected and for the meaning of the world to appear arbitrary and unconvincing. Heidegger speaks about the 'oblivion of Being' and in the 1949 essay, referred to above, *The Way Back into the Ground of Metaphysics*, appears to make

⁸Hypertrophy is a medical term which refers to an increase in the size of an organ or tissue due to an increase in the size of its constituent specialised cells. Physiological forms of hypertrophy occur in skeletal muscle due to hard work and in the muscle of the uterus (the myometrium) due to pregnancy. In pathological forms of hypertrophy the organ or tissue is affected by a disease process. While it is enlarged, it is also rendered weak. This happens in some forms of muscular dystrophy.

a specific connection between this 'oblivion' and the state of anxiety (anxiety is here translated as 'dread'):

"If the oblivion of Being which has been described here should be real, would there not be occasion enough for a thinker who recalls Being to experience a genuine horror? What more can his thinking do than to endure in dread this fateful withdrawal while first of all facing up to the oblivion of Being?" (Heidegger, 1956, pgs. 211-212).

Furthermore this oblivion is ever increasing. As our involvement with technology increases and ever more aspects of our lives are structured and ordered according to an ethic of efficiency our thinking becomes almost exclusively calculative. Heidegger asks :

"What if the absence of this involvement (of Being in human nature) and the oblivion of this absence determined the entire modern age? What if the absence of Being abandoned man more and more exclusively to beings, leaving him forsaken and far from any involvement of Being in his nature, while this forsakenness itself remained veiled? What if this were the case - and had been the case for a long time now? What if there were signs that this oblivion will become still more decisive in the future? (Heidegger, 1977, p. 211).

9.4 OTHER PHILOSOPHERS ON ANXIETY AND MODERNITY

I will now discuss the work of other writers (philosophers and social theorists) who have written on this subject. I have already discussed the work of Charles Taylor with regard to the emergence of the 'modern self'. We saw in, chapter three (section 3.5), how Taylor drew attention to the ways in which modern perspectives in areas of ethical concern have been in a position of mutual support to post-Enlightenment ideas about the importance and centrality of reason in human affairs. In his book *Sources of the Self: The Making of the Modern Identity* Taylor aims to

articulate some of the background assumptions implicit in our moral beliefs. He is engaged in what he calls a 'moral ontology'. He argues that in every culture there are basically three axes along which one can examine assumptions about morality. However there are great differences in how these axes and issues are conceived, how they relate to one another and their relative importance to different cultures. These axes are:-

- 1) respect for human life
- 2) what constitutes a good and meaningful life
- 3) the notion of personal dignity

The first of these concerns the moral beliefs around our sense that human life is to be respected. Every culture has a different notion of what this involves and there are different prohibitions and obligations in this respect. For some cultures the definition of who is part of the 'human race' may not correspond with current Western universalism, but nevertheless it would appear that every society has rules which involve prohibitions against killing and harming fellow humans. In the Western world the issues surrounding this particular moral axis have recently been formulated in terms of rights. The second concerns the issue of what kind of life is worth living, of what constitutes a rich meaningful life as opposed to one concerned with merely secondary matters or trivia. The third issue of dignity refers to our sense of ourselves as commanding attitudinal respect from others.

Taylor argues that this third axis was the most important in the morality of ancient Greece. He suggests that for us this is difficult to conceive as it seems obvious that the first axis is paramount, followed by the second. However what is important to our discussion here is his observation that:

"one of the most important ways in which our age stands out from earlier ones concerns the second axis. A set of questions makes sense to us which turn around the meaning of life and which would not have been fully understandable in earlier epochs. Moderns can anxiously doubt whether life has meaning, or wonder what its meaning is. However philosophers maybe inclined to attack these formulations as vague or confused, the fact remains that we all have an immediate sense of what kind of worry is being articulated in these words" (Taylor, 1989, page 16).

While questions along the second axis can arise for different people in different cultures, for people living in modern society they have a particular depth and a particular set of implications. Taylor points out that someone living in a warrior society might well ask whether his tale of courageous deeds lives up to the promise of his lineage or the demands of his station in life. On the other hand people living in a very strongly religious community will often ask whether the demand for piety means that they should change their life or follow a call to some purer more dedicated vocation. The point is, however, that in each of these scenarios some framework stands in the background unquestioned. This framework helps define the demands by which such people measure their lives with regards to its fullness or its emptiness. To us, living in the contemporary Western world, however, there are no such shared frameworks which might serve as a background for the articulation of such questions. Taylor says:-

"the problem of the meaning of life is therefore on our agenda, however much we may jibe at this phrase, either in the form of a threatened loss of meaning or because making sense of our life is the object of a quest. And those whose spiritual agenda is mainly defined in this way are in a fundamentally different existential predicament from that which dominated most previous cultures and still defines the lives of people today." (Taylor, 1989, page 18).

Taylor then makes a point which is very relevant to our discussion about anxiety. He points out that the anxiety which is experienced in a strongly religious community where the unchallenged framework makes demands which we fear being unable to meet is something very different from

an anxiety associated with a sense of meaninglessness. He points to the anguish experienced by Luther with regard to questions of faith. Luther's struggle, and his sense of inescapable condemnation were quite clearly profoundly painful. But however one might want to describe Luther's crisis it was not a crisis of meaning. Taylor makes the point that:-

"the existential predicament in which one fears condemnation is quite different from the one where one fears, above all, meaninglessness. The dominance of the later perhaps defines our age.

In a way which we cannot yet properly understand, the shift between these two existential predicaments seems to be matched by a recent change in the dominant patterns of psychopathology." (Taylor, 1989, pages 18 - 19).

Taylor's arguments about the moral ontology of the modern self are I believe quite close to those developed by Heidegger and are overtly in support of the connections I am making here. The descriptions of anxiety in Paul Tillich's book *The Courage to Be* are also consonant with what I am suggesting and his historical framework is shared with both Heidegger and Taylor. Writing about courage, which he says is usually described as the power of the mind to overcome fear, Tillich says that in the 20th century fear itself has undergone close scrutiny. In particular, he notes the distinction, made by Heidegger and others (and discussed in chapter six), between fear and anxiety. Fear is held to be in relation to something tangible in the world, whereas anxiety is in relation to a threat to the coherence of the world, as a whole. Tillich suggests that anxiety tends to hide itself in fear, as in fear, the tangible object can at least be faced by courage. As our time has become known as the 'age of anxiety', according to Tillich, courage has become the ability to overcome anxiety. With this in mind, Tillich develops, what he terms, an 'ontology of anxiety'. Echoing Heidegger, he defines anxiety as "the state in which a being is aware of its possible nonbeing". He also says: "anxiety is the existential awareness of nonbeing" (Tillich, 1952, p. 35).

Tillich's approach to the existential dimension of anxiety is quite close to that of Heidegger in *Being and Time*. Thus, for Tillich, anxiety is an inevitable part of being a human being. Anxiety is an existential universal, it belongs to existence as such, and not to any particular pathological state of mind. Likewise, and unlike the later Heidegger, anxiety occurs transhistorically and in different cultures. However, according to Tillich's analysis, because anxiety is, in effect, the threat of nonbeing and nonbeing has different qualities, it is possible to think of existential anxiety as having different dimensions. He argues that there are three 'directions' from which nonbeing threatens being. The first of these involves threats to man's 'ontic self-affirmation'. These can be of a relative nature, involving issues of fate, or an absolute nature, in the form of death. Secondly, nonbeing can threaten man's 'spiritual self-affirmation' which again can be relative, in terms of emptiness, or absolute, in terms of meaninglessness. Lastly, nonbeing can pose a threat to man's 'moral self-affirmation'. Relatively, this can take the form of guilt and absolutely it can appear as condemnation. Corresponding to this threefold threat, anxiety can appear as :

"... that of fate and death (briefly, the anxiety of death), that of emptiness and loss of meaning (briefly, the anxiety of meaninglessness), that of guilt and condemnation (briefly, the anxiety of condemnation)" (Tillich, 1952, p. 41).

While these three forms of existential anxiety are not mutually exclusive and can appear together, according to Tillich, in different historical epochs it is usual for one form to be dominant. The anxiety of fate and death is the most universal and the most basic. Human beings are always, and everywhere, anxiously aware of the threat of nonbeing and need courage to endure. While this threat is absolute in the threat of death and only relative in the threat of fate, in reality fate can only threaten us because death is in the background. Again, echoing Heidegger, Tillich writes that the threat of death pervades our lives as human beings. It is what gives power and impact to the

other fateful contingencies of our lives. This form of anxiety dominated Western civilization in the 'ancient' period. Tillich provides an account of this in relation to the courage displayed by the Stoics and notes that although the anxiety of fate and death was dominant in this period, the other forms of anxiety were also present. At the end of the Middle Ages anxiety of guilt and condemnation became most prominent. The threat of condemnation is very visible in the works of art of the pre-Reformation and Reformation periods. Images of hell and purgatory abound. Christian Europe witnessed a proliferation of various ways of alleviating this anxiety. Pilgrimages to holy places, devotion to shrines and relics, rituals of confession and penitence all became very common. In this time the anxiety surrounding death was embraced by an extreme concern about sin and its effects. Tillich remarks that : "death and the devil were allied in the anxious imagination of the period" (p.59). While questions of spiritual doubt did emerge at times, in particular during the course of the Renaissance and the Reformation, the anxiety of condemnation remained dominant throughout this epoch and it is only with the Enlightenment and the rise of humanism that concern about spiritual nonbeing became prominent. Tillich writes:

"the breakdown of absolutism, the development of Liberalism and Democracy, the rise of a technical civilisation its victory over all enemies and its own beginning disintegration- these are the sociological presupposition for the third main period of anxiety. In this the anxiety of emptiness and meaninglessness is dominant. We are under the threat of spiritual non being". (Tillich, 1952, pages 61 - 62).

Concern about emptiness and meaninglessness are the central anxieties of our time. As noted above Tillich relates these forms of anxiety directly to questions of 'spiritual self-affirmation'. Meaninglessness is the absolute threat of nonbeing to human spirituality, and emptiness is the relative version of this. The former is anxiety about the 'loss of an ultimate concern', the loss of a 'spiritual centre' which gives an ultimate sense of coherence, order and purpose to the world.

In this, there is the loss of any answer to the question of life's meaning. The anxiety of emptiness

" ... is aroused by the threat of nonbeing to the special contents of the spiritual life. A belief breaks down through external events or inner processes : one is cut off from creative participation in a sphere of culture, one feels frustrated about something which one had passionately affirmed, one is driven from devotion to one object to devotion to another and again on to another, because the meaning of each of them vanishes and the creative eros is transformed into indifference or aversion" (Tillich, 1952, p. 47-48).

However a 'spiritual centre' cannot simply be created. They cannot be produced 'intentionally'. Indeed, attempts to do so produce deeper anxiety: "the anxiety of emptiness drives us to the abyss of meaninglessness" (p.48).

Thus Heidegger's discussion of how anxiety, characterised by dislocation and loss of meaning, is particularly associated with modern times is supported by a number of other philosophers. The psychotherapist Rollo May, who was substantially influenced by the work of Tillich, in his book *The Meaning of Anxiety* also talks about the loss of a meaningful world and the connection of this with the problem of anxiety. We shall examine May's existentialist response to this predicament in the next chapter when we contrast this response to that of Heidegger and other philosophers.

May argues that the:

"quantity of anxiety prevalent in the present period arises from the fact that the values and standards underlying modern culture are themselves threatened ... The threats involved in the present social changes are not threats which can be met on the basis of the assumptions of the culture but rather are threats to those underlying assumptions themselves" (May, 1977, p. 238).

9.5 THE MOVE TO POSTMODERNITY

Before finishing this chapter, I wish to discuss the cultural aspects of the move from modernity to postmodernity⁹. I am aware that the latter term is contended in its references and somewhat nebulous in its actual usage. However it has been used now for many years and appears to be 'here to stay'. However, at this point it is important to make the following distinction. The term "postmodernity" is often used to refer to a contemporary social, cultural and political *condition*, something we simply find ourselves in the midst of. The term postmodern is also used, in a more positive way, to refer to a *way of reflecting* upon the world and our place within it. In other words this is a concept of postmodernity as:

"... a form of reflection upon and a response to the accumulating signs of the limits and limitations of modernity. Postmodernity as a way of living with the doubts, uncertainties and anxieties which seem increasingly to be a corollary of modernity, the inescapable price to be paid for the gains, the benefits and the pleasures, associated with modernity" (Smart, 1993, p.12).

In the next chapter I shall explore this second meaning of the term. Here, I wish to focus on the postmodern condition as a cultural epoch, as a way of life. I will suggest that in this way of life whatever systems of order and coherence came in the wake of modernity, have now begun to disappear.

Just as the past two decades have witnessed an enormous growth in the literature pertaining to

⁹I will not enter the debate about whether the term 'late modernity' would be a more accurate description of our current times (this term is used by Anthony Giddens). This does not have direct relevance to the argument to be developed here, as we shall see below.

trauma and PTSD, so too in the same period we have seen 'postmodernity' emerge as a central preoccupation of cultural studies and the various branches of social theory¹⁰. In the sections above I pointed to major cultural developments within modernity. These were the move to an ontology which was characterised by Heidegger as involving 'the oblivion of being'. The second, and intimately related, development was the emergence of, what I called, 'pathologically hypertrophied subjectivity'. In Heidegger's analysis, both of these developments have given rise to the nihilism of modernity. In turn, this nihilism has been related to the mood of anxiety by a number of philosophers and sociologists. This (Heideggarian) anxiety, which we 'equated' with posttraumatic anxiety in chapter six, is thus something particularly associated with the culture of modernity. By showing how these developments have become even more acute within postmodernity I hope to develop a 'convincing' account of how posttraumatic anxiety has become a preoccupation of our times. I will examine the implications of this account in the next chapter and in the conclusion. In this section, I will turn to the work of a number of sociologists whose works often resonate with the more philosophical literature discussed above.

9.5.1 The decline of 'meaning' within postmodernity

One of the central goals of what I termed the *Enlightenment project* in chapter two was to use reason in the pursuit of an efficient and orderly society. Modernity was to incorporate a social life established according to the dictates of science and rational planning. An orderly society was to be a goal in itself. In the utilitarian calculations of modern times the best society would be one

¹⁰Jean-Francois Lyotard's book *La Condition Postmoderne* was published in 1979, the year before PTSD was established in DSM III.

that was predictable and orderly. However as Zygmunt Bauman says:

"Among the multitude of impossible tasks that modernity set itself and that made modernity into what it is, the task of order (more precisely and most importantly, of *order as a task*) stands out - as the least possible among the impossible and the least disposable among the indispensable; indeed, as the archetype for all other tasks, one that renders all other tasks mere metaphors of itself" (Bauman, 1991, p. 4).

Thus even within modernity order was an impossible dream. Disorder always seems to follow in its wake. Indeed order and disorder appear as twin concepts and the idea of an orderly society, free from chaos and conflict was, surely, one of the greatest illusions of modernity. As we pass into the state of postmodernity disorder becomes integral to our very ways of life. Indeed in the postmodern cultural arena 'meaning' itself is systematically undermined. In writing 'a political economy of postmodernism', Scott Lash talks about 'the decline of meaning' in economic terms:

"Meaning is only achieved by the connection of signifieds to signifiers. If there is an oversupply of such signifiers - as there appears to be in today's constant bombardment of images and sounds - and only a finite number of signifieds to go round, then large numbers of signifiers will persist with no meanings attached, and be literally experienced as such" (Lash, 1990. p. 43).

Within postmodernity we experience reality as fleeting and unstable. The meaningful connections of our social world are rendered fragile. Elements of the everyday culture itself seem to work to destroy predictability and meaning. This is a theme Anthony Giddens returns to in a number of works. In his book *Modernity and Self-Identity: Self and Society in the Late Modern Age* he writes specifically about the position of the self in a 'runaway world'. One of the key features of modernity which makes it different to, what Giddens refers to as 'traditional society', is its extreme dynamism. Not only is the *pace* of social change more rapid than at any other time but

the *scope* of this change and its *profound* nature mean that modernity contrasts markedly with other cultural systems. Giddens describes three elements involved in this dynamism. The first of these involves the separation of time and space. In the global world of post, or late, modernity telecommunications technology means that time is increasingly set apart from geography. Media events, such as rock concerts and sporting events, are experienced according to an international, rather than a local periodization. This separation of time and space is central to the second element of modernity's dynamism : the disembedding of social institutions. In this, our social institutions such as medicine, education, culture become separate from local contexts and stripped of specific local orientations. Giddens argues that there are basically two types of 'disembedding mechanisms'. On the one hand are 'symbolic tokens', media of exchange which are of standard value universally. The prime example is money and its circulation through international financial markets. On the other hand are 'expert systems' of technical knowledge. These systems are held to have international and universal validity. They are of many types, but Giddens make the point that, in our time, the medical doctor and the therapist are as 'central to the expert systems of modernity' as are other more obvious figures such as the scientist and the engineer.

Both these elements of modernity move societies away from systems of social order based on tradition and spiritual authority. In turn this gives rise to the third element of modernity's dynamism. This involves the profound reflexivity involved in modern culture and modern social organisations. Never before have the members of a society written and spoken so much about themselves as in the modern West. Social scientists of many types provide descriptive and analytical accounts of society which feed into patterns of social change. Giddens makes the point that this reflexivity has had the effect of continuously undermining systems of meaning and order.

He writes:

"In respect both of social and natural scientific knowledge, the reflexivity of modernity turns out to confound the expectations of Enlightenment thought - although it is the very product of that thought. The original progenitors of modern science and philosophy believed themselves to be preparing the way for securely founded knowledge of the social and natural worlds : the claims of reason were due to overcome the dogmas of tradition, offering a sense of certitude in place of the arbitrary character of habit and custom. But the reflexivity of modernity actually undermines the certainty of knowledge, even in the core domains of natural science".

Ironically, science as the heir of Descartes' method of doubt, has come to destroy the very sense of certainty which he sought to establish. The absence of a 'non-deceiving' God in the late modern era has meant that self-reflexivity has not led to certitude but to disorder:

"Science depends, not on the inductive accumulation of proofs, but on the methodological principle of doubt. No matter how cherished, and apparently well established, a given scientific tenet may be, it is open to revision - or might have to be discarded altogether - in the light of new ideas or findings. The integral relation between modernity and radical doubt is an issue which, once exposed to view, is not only disturbing to philosophers but is *existentially troubling* for ordinary individuals" (Giddens, 1991, p. 21).

Whether we characterise the past twenty to thirty years of Western culture as 'late' or 'high' modernity or as 'postmodernity' there are signs that during this period the trend towards meaninglessness which originated in the time of modernity has been ever more powerful and pervasive. Thus, the central themes of Enlightenment : the veneration of reason and reflexivity are seen to have a 'downside', bringing in their wake a lack of any ground or stable order upon which a secure 'way of life' could be based.

9.5.2 Postmodern subjectivity

We noted above that with the advent of modernity human subjectivity had become 'pathologically

hypertrophied'. On the one hand it appeared to be the 'source of everything', while on the other it was experienced as 'weak and fragile'. The move from modernity to postmodernity has been explained in terms of a shift from an economic order based on the priority of production to one based, instead, on consumption. In a culture dominated by consumption there is an ever expanding need to create more desires and needs within individuals. The logic of the current economic system involves an increasing exhortation to consume and to experience our lives in terms of needs to be filled by new products, new services or some new expert discourse. Never before has the realm of internal subjectivity been so well explored. We have books and magazines dedicated to every form of human desire. And, yet, we experience an even greater emptiness than ever before. Nickolas Rose has written about this paradox:

"Consumption requires each individual to choose from among a variety of products in response to a repertoire of wants that may be shaped and legitimated by advertising and promotion but must be experienced and justified as personal desires. the modern self is institutionally required to construct a life through the exercise of choice from among alternatives" (Rose, 1989, p. 227).

We are, according to Rose, 'obliged to be free'. Not only do we have to choose items to feed our desires however, but we also have to choose our values from a range with an ever decreasing 'shelf-life'. The nihilism of modernity, as described by Heidegger, becomes an economic necessity in the age of postmodernity. It is not hidden 'deep' within the culture but instead is proclaimed loudly from every T.V. set and billboard. As mentioned above, Giddens draws attention to the importance of reflexivity in the time of late modernity. He talks about the 'reflexive project of the self, which he defines as:

"the process whereby self-identity is constituted by the reflexive ordering of self-narratives" (Giddens, 1991, p. 244).

He argues, in a formulation that echoes the philosophical analysis of modernity discussed above, that this process directly leads to an undermining of 'ontological security'. We briefly discussed the writing of Rollo May in the last section. In his book *The Meaning of Anxiety*, although pointing to the problem of anxiety as a problem of modernity, May also notes the powerful 'anxiety-dispelling' effects of the Enlightenment and the advent of modernity. He notes that :

"The confidence that physical nature and the human body were mathematically and mechanically controllable had vast anxiety-dispelling effects. This was true not only in meeting man's material needs and overcoming the actual threats of physical nature but also in freeing the human being from "irrational" fears and anxiety. A way was opened for dissolving the multitude of fears of devils, sorcerers, and forms of magic which had been the foci of pervasive anxiety in the last two centuries of the Middle Ages as well as in the Renaissance itself "(May, 1977, p.24).

In other words, the order promised by modernity had the effect of ridding Western society of many of the fears and worries associated with a world dominated by spirits and immaterial forces. We have noted the anxiety associated with the nihilism of modernity above, however the Enlightenment promises of reason and individual freedom also held out a promise of security and of a world under the control of human beings. Postmodernity robs us of even this promise. The terrors of cultural chaos and disorder return to haunt us and combine with the ontological anxiety which is the ongoing legacy of modernity to render postmodernity the true *age of anxiety*.

Ulrich Beck characterised modernity as a 'risk society'. By this he meant that there had been a real increase in the number of threats posed to individuals by science and technology (Beck, 1992). However there has also been an increased *focus* on risk, associated with the rise of calculative rationality and reflexivity. In the absence of the moral authority and direction provided by religion, human beings are led to live their lives according to a utilitarian agenda which involves the

everyday calculation of opportunity and risk. In a language which echoes Heidegger, Berger et al (1974) speak about modernity in terms of humanity's 'homelessness' in the absence of 'religious theodicies'. They note that although modernity has achieved many impressive transformations, it has not :

'fundamentally changed the finitude, fragility and mortality of the human condition. What it has accomplished is to seriously weaken those definitions of reality that previously made the human condition easier to bear" (p. 166).

It must be said that although the message of modernity seriously undermined any unquestioning approach to religious faith, it actually gave rise to a number of ideologies which provided alternative frameworks for many people, particularly in the 20th century. In a number of ways, science, socialism and discourses such as psychoanalysis provided meaningful systems of knowledge, through which people could find a moral order and guidance about appropriate ways to lead their lives. These systems offered a vision of reality in which human progress was a reality. People put their 'faith' in such accounts of our situation and through this achieved some relief from the burden of calculative reflexivity. In the past twenty years anti-foundationalism and post-structuralism have subverted these ideologies and robbed us of 'secure' systems of knowledge about the world and our place within it. In a recent book, the sociologist Frank Furedi speaks about our times in terms of a 'culture of fear'. Furedi notes that in the past twenty years Western societies have not only been concerned about risk but *preoccupied* by it. He points to the paradox whereby the healthier we are, the more, it seems, we are obsessed about health. He quotes the study by Skolbekken (1993) of the 'risk epidemic in medical journals'. In this review of medical journals in the U.K., Scandinavia and the U.S.A, between 1967 and 1991, a phenomenal increase was noted in the number of articles dealing with issues of 'risk'. In the first five years of this period

there was just 1000 'risk' articles published, whereas during the last five years there were over 80,000. Furedi writes:

"There may be different interpretations concerning the intensity and quality of different threats to our safety, but there is a definite, anxious consensus that we must all be at risk in one way or another. Being at risk is treated as if it has become a permanent condition that exists separately from any particular problem. Risks hover over human beings. They seem to have an independent existence. That is why we can talk in such sweeping terms about the risk of being in school or at work or at home. By turning risk into an autonomous, omnipresent force in this way, we transform every human experience into a safety situation (Furedi, 1997, p.4).

Postmodernity is thus a time when the established routes through life have been destroyed and we are left individually to set a course for ourselves. We are left with fragments of maps, in which we can have little faith. In this situation the self itself has become the route and while sometimes this is experienced as liberation, more often, according to the sociologists, it is felt to be a heavy burden. Our sense of living in a meaningful world is more fragile than ever and, perhaps, more easily shattered.

My suggestion is that, in so far as PTSD is a disorder which has an ontological dimension, a concern with the meaningfulness of life itself, then it is a disorder which we could expect to be associated with the postmodern era. We saw earlier in this thesis that the intrusive-avoidance symptoms, at the heart of PTSD, are generally understood to result from the individual's desperate attempts to make sense of what has happened to him/her. If my analysis is correct, then PTSD, as disorder of meaning, is something which we could reasonably expect to be more prevalent in the postmodern era and to be an object of concern for the society and its 'healers'. This might explain the increased interest in trauma, discussed in the Introduction. Before finishing this chapter I would like to point to other work which has sought to connect other forms of

psychopathology with the culture of modernity/postmodernity. This discussion will not aim to be comprehensive, but will seek to show how other commentators have sought to establish the sort of connection under discussion in this work.

9.6 THE POSSIBILITY OF A POSTMODERN PSYCHOPATHOLOGY

Psychiatry has long recognised 'culture-bound' syndromes, but these have usually been patterns of distress located in certain non-Western cultures. Littlewood and Lipsedge (1986) examine what they call 'the culture-bound syndromes of the dominant culture'. These are patterns of dislocation and distress, named and analysed by Western psychiatry as part of its general nosology but which appear to be particularly associated with modern Western societies. Traditional culture-bound syndromes are usually understood to occur in individuals who are relatively powerless and the culturally 'prescribed' syndrome allows the individual to communicate their distress in a way which will be recognised and understood. There is often a triphasic pattern consisting of initial *dislocation* of the individual, followed by an *exaggeration* of this dislocation (this phase involves development of the characteristic 'symptoms' of the syndrome), which is followed in turn by a *restitution* of the individual back into the everyday world (Littlewood and Lipsedge, 1989). Examples of traditional culture-bound syndromes are : 'Koro', which has been described, in men, in Malaysia, China and other countries in the 'Far East'. This involves an intense fear that one's penis is retracting into one's abdomen. The individual takes steps to stop this happening, in the belief that if his penis retracts he will die. 'Negi Negi', described in young men in the New Guinea Highlands, involves the public destruction of property and the threat of violence. It often occurs in men who are faced with enormous bride-price debts.

Littlewood and Lipsedge make the point that these syndromes do not simply involve the expression of individual distress but articulate 'core structural oppositions' in the society between different groups such as men and women, young and old. They possess a 'public shared meaning' and appeal to beliefs and values which are held in common by members of the society. In their display of distress the 'victim' articulates the fundamental (and often unconscious) cultural concerns of his/her community.

When it comes to the 'dominant culture' (by which they mean Western modernity), Littlewood and Lipsedge make the case that syndromes such as anorexia nervosa, hysteria, overdoses and agoraphobia (in the main conditions suffered by women), could be regarded as culture-bound. They are infrequently found in traditional, non-Western cultures. They involve the 'inversion' of everyday roles prescribed by Western culture for women. For example, they discuss agoraphobia as 'the housewife's disease' and make the point this syndrome involves an *exaggeration* of the usual woman's social position which is 'in the home' and 'dependent'. In the case of anorexia nervosa, which is now taking on epidemic proportions in industrialised countries, there is an obvious *exaggeration* of 'normal' slimming and dieting. There is clearly enormous pressure on young women and girls in such countries to control their weight. Attractiveness is often equated in the media with 'a slim figure'. Littlewood and Lipsedge make the point that women are 'more harshly penalised for failure to achieve slenderness as they are more often denied or granted access to social privilege on the basis of physical appearance' (1986, p. 264).

Giddens also examines the case of anorexia nervosa and argues that a central aspect of this syndrome is the profound degrees of 'self-monitoring' involved. As I noted above a number of writers have drawn attention to the way in which modernity has promoted rational control of the

self as an ideal. This control is achieved through regular monitoring and analysis of our thoughts, our moods and our bodies. Giddens argues that modernity has championed the 'cultivation of bodily regimes as a means of reflexively influencing the project of the self'. Anorexia nervosa is a disorder of modernity and can be understood as:

" a pathology of reflexive self-control, operating around an axis of self-identity and bodily appearance, in which shame anxiety plays a preponderant role" (Giddens, 1991, p. 105).

Anorexia nervosa appears in the 20th century and reaches an alarming prevalence in the past twenty years because our culture has, as a central preoccupation, reflexive self-control. Giddens quotes from the therapist Susie Orbach:

"The anorectic woman *encompasses in her symptom a way of being* entirely at odds with the phlegmatic response of her nineteenth-century hysterical sister. Not for her the fainting, falling, or flailing fists; her protest is marked by the achievement of a serious and successful transformation of her body..." (Orbach, 1986, p.27. My italics).

While the epidemiology of anorexia nervosa is clear-cut, and there is little disagreement that it is a syndrome of modernity and postmodernity, the same cannot be said of schizophrenia. However, the case that schizophrenia, the central clinical conundrum of the psychiatric enterprise, involves an exaggerated form of self-reflexivity has been persuasively made by the psychologist Louis Sass. In his book *Madness and Modernism. Insanity in the Light of Modern Art, Literature, and Thought* (1992, b), Sass argues that most 20th century accounts of schizophrenia have either presented the condition as some sort of 'deficit state' with a breakdown of 'higher cognitive abilities', or as a state of 'wild' abandon, a state of 'Dionysian madness'. The first of these two images is best captured in Emil Kraepelin's original formulation of the condition as *dementia*

praecox. This image, allied to the Freudian notion of 'regression' in the work of Eugen Bleuler, has come to shape the dominant approach towards understanding schizophrenia within psychiatry. The condition is held to be caused by some sort of breakdown in mental functioning and the patient is understood to be operating at a 'lower level' or even to have returned to a 'primitive' form of psychological functioning. The second image of madness is more often found in art and literature and even philosophy. This is the image of the 'madman' as wild and free, someone whose desire is not bound by the normal constraints of society. This image can be found in radical psychiatric accounts of madness such as those of R.D.Laing in the *Politics of Experience* and Deleuze and Guattari's *Anti-Oedipus : Capitalism and Schizophrenia*. Sass points out that:

"The avant-gardists and antipsychiatrists have emphasised the positive side - excesses of passion, vitality, and imagination - yet they, no less than the traditional analysts, assume that the schizophrenic lacks the self-control, awareness of social convention, and reflexivity of "civilised" consciousness" (Sass, 1992,b, p. 22).

Sass presents a very different interpretation of the schizophrenic experience. He finds strong resonances between the ways in which modern artists and writers have grappled with the contradictions of modernity and the symptoms described by patients who have been diagnosed as schizophrenic. Modern art, according to Sass, struggles with the cultural presence of both alienation and intensified, exaggerated forms of self-consciousness. He says:

"Instead of a spontaneous and naïve involvement - an unquestioning acceptance of the external world, the aesthetic tradition, other human beings, and one's own feelings - both modernism and postmodernism are imbued with hesitation and detachment, a division or doubling in which the ego disengages from normal forms of involvement with nature and society, often taking itself, or its own experiences, as its own object" (Sass, 1992,b, p. 37).

He suggests, in effect, that similar things happen in schizophrenia and explores a great deal of case material in support of this. Sass does not make an argument for a causal connection between modernity and schizophrenia. His work is aimed at helping increase our 'understanding' of the experience of madness, not at producing a scientific 'explanation'. However, he is very much aware of potential objections to his link between modern culture and schizophrenia. Most psychiatrists would object to his work by citing the usual interpretation of the findings of the international WHO studies on the prevalence of schizophrenia. This interpretation points to the similarity in prevalence found in developed and developing societies. Sass takes up this issue in an Epilogue to his book and argues that, by paying attention to the findings relating to onset, course and subtype diagnosis, a very different interpretation of the results of these studies can be made. He makes the case that what these studies do suggest is that the more persistent, and perhaps more prototypical, forms of the illness may well be more common in developed societies. He musters similar support from historical studies of madness in Western countries. While there are obviously no epidemiological studies that one can use to compare prevalence historically, there is evidence that schizophrenia did not appear, to any significant degree at least, until the end of the 18th century. This would connect schizophrenia with the birth of the 'modern episteme' which Sass (following Foucault) identifies with the Kantian revolution.

David Levin, in the opening chapter of a multi-authored book edited by himself, entitled *Pathologies of the Modern Self. Postmodern Studies on Narcissism, Schizophrenia, and Depression* (1987), argues that clinical conditions such as narcissism, schizophrenia and depression are particularly associated with modern culture. His analysis of this culture and its psychopathological effects draws heavily on the critique of nihilism developed in the work of Nietzsche, Adorno and Heidegger. He says :

"I want to draw a clearer, more deeply ontological understanding of the way in which the epidemic psychopathology distinctive of our time is a historical manifestation of a cancerous nihilism : the "negation" of Being working its slow destruction through the agency of the human will, the human ego. The pathology is pervasive and not limited to a few unfortunates. This understanding of our pathology is what I call my "ontological hypothesis". (Levin, 1987, p. 22-23).

Levin makes a direct connection between the rise of the 'modern self' and the emergence of specific forms of psychopathology. His interpretation of nihilism is not only ontological, he says, but epidemiological. He attempts to demonstrate that some of the 'postures of narcissistic disorders, schizophrenias, and depressions' are 'symptomatically implicit' in the thought of Descartes, with its strong focus on subjectivism. However these specific forms of psychopathology are merely the 'tip of the iceberg', according to Levin. There are, he says:

"... merely the most extreme cases of a collective and archetypal madness - nihilism - at work in all of us. Nihilism is a cultural epidemic that defines the spirit of our epoch. Thus, our cases of psychopathology cannot be understood outside of an ontological field of interpretation in which we acknowledge our present historical experience of Being: our debilitating loss of conviction in the meaningfulness of living; our dreadful encounter with the possibility of nothingness" (Levin, 1987, p. 26).

These are just some examples of the different idioms : clinical, sociological, cultural and philosophical, in which different forms of psychopathology have been associated with modernity. Most of these accounts identify a particular form of alienation, involving meaninglessness and dislocation, alongside an exaggerated form of self-reflectivity as being involved in the psychological suffering of our times.

We saw in part one of the thesis and again through the work of Janoff-Bulman in chapter seven,

that PTSD, as defined by contemporary psychiatry, is a syndrome which involves meaningfulness and assumptions about the self as central concerns. The intrusive-avoidance symptom complex, which is understood to lie at the heart of PTSD, is conceptualised by most workers as arising directly from a disturbance in the meaningfulness of the patient's world. We have seen above how modern/postmodern culture has been characterised by many thinkers as involving both a fundamental breakdown in the meaningfulness of the world and a particular form of 'pathologically hypertrophied' subjectivity which renders the self disconnected and fragile. In bringing these two discourses together my aim is not to develop a new 'causal model' of PTSD. Like Louis Sass, I am not trying to *explain* the causes of PTSD. Rather I am attempting to develop an understanding of why our concern with this disorder has risen so dramatically (and to draw further implications in the next two chapters). If PTSD is conceived as a 'disorder of postmodernity' then this could go some way to account for this rise: both in the number of cases diagnosed and the cultural preoccupation with the disorder. I shall return to this issue in the conclusion.

9.7 SUMMARY

In this chapter I have made the case that anxiety (as described by Heidegger in *Being and Time*) is not something which is present in all cultures to the same extent. Instead I have argued that this form of anxiety is something particularly associated with the culture of modernity. Furthermore its presence has become even more apparent as we have moved from modernity to postmodernity. The postmodern condition is one wherein meaning and order are systematically undermined. As PTSD is conceptualised as a disorder in which the victim experiences a profound sense of meaninglessness and dislocation, I have made a connection between the recent rise in

interest in (and possible prevalence of) PTSD and the advent of postmodern culture. My aim has been to support the evidence presented in part one of this thesis that the discourse on trauma is not universally valid. My point is that this discourse is itself the product of a particular cultural preoccupation with trauma and the sequela of meaninglessness and dislocation. It has arisen in Western societies at a time when Western culture has taken a postmodern turn. In the next chapter I will spell out what I think to be the implications of this insight. I will again turn to the later Heidegger to provide a philosophical 'starting point'.

CHAPTER TEN

HELPING VICTIMS OF VIOLENCE

So far in this thesis I have used Heidegger's ideas in a number of ways. I have used his concepts of being-in-the-world, worldliness and temporality to highlight the limitations of cognitive approaches in psychology. I have also used these concepts and his account of the ontic-ontological difference to develop an approach to trauma and loss of meaning which situates these phenomena, not inside the individual mind of the victim, but in relation to the social and cultural context. In the last chapter I introduced Heidegger's approach to technology and his concept of *Gestell*, and I used this as a way of opening up the relationship between anxiety and modernity. On the basis of this analysis I suggested that PTSD, a disorder involving loss of meaning as a central issue, might be best understood as a condition which is particularly associated with the culture of postmodernity. In this chapter I will make some suggestions about how Heidegger's ideas can help us to move forward in our thoughts about helping people who have been traumatised. In keeping with my earlier discussion of trauma, I will focus my remarks specifically on cross-cultural work with victims of violence.

I shall argue that the later Heidegger's writing about *Gestell* and *Gelassenheit* (see below) has served to highlight the dangers of knowledge and the fact that (at certain times) non-intervention and the 'holding back' of knowledge can have positive results. This position has been developed by those arguing for a 'postmodern ethics'. In this discussion I shall return to the work of Foucault (touched on in the introduction) and use this to emphasise the point that deconstructive approaches have an important positive function. By showing that certain assumptions are built

into the foundations of dominant discourses deconstruction works to show that these discourses are limited by the limits of these assumptions. This is a move outside debates about the truth claims of such discourses, to focus on the ever-present mutual dependency of power and knowledge. Through its analysis of the underlying frameworks of disciplines such as psychiatry, philosophy moves these disciplines from the realm of the necessary to that of the contingent. It does not prove their theories false or their practices wrong but it does render them open to a scrutiny which they usually resist through an appeal to supposedly rock solid (necessary) conceptual foundations. In highlighting the contingent nature of such theories and practices philosophy can also serve to bring into view very different approaches which are usually hidden by the hegemony of dominant positions. While philosophy cannot tell us what to do clinically, this chapter will go some way towards demonstrating the importance of conceptual analysis for clinical work. In working cross-culturally we move between worlds constructed according to different assumptions, different priorities and different values. In helping us to face this clinical reality squarely philosophy has a *vital* role to play.

I shall begin by discussing the cross-cultural limitations of Western psychotherapy. These limitations also operate in regard to previous psychiatric work based on Heidegger's thought i.e. daseinanalysis. I then go on to argue for a different application of Heidegger in this area. This will lead to a discussion of his concept of *Gelassenheit* and various philosophical responses to it. I use these as a lead into a discussion of postmodern ethics and Foucault's role in this. I will then be in a position to apply the insights developed to the area of trauma.

10.1 THE LIMITS OF PSYCHOTHERAPY

I have already discussed some of Heidegger's ideas about psychiatry and psychotherapy in chapter seven. I noted my 'disappointment' at how little Boss's daseinanalysis had moved from the original therapeutic approach of Freud. Both Heidegger and Boss were critical of Freud's attempt to develop a causal science of the unconscious and his use of interpretations which stressed the 'symbolic' nature of neurotic symptoms and phenomena such as dreams and parapraxes. Furthermore, Boss argued against the concept of transference, saying that this only served to devalue and obscure the actual relationship between therapist and patient. Instead he used the term 'therapeutic being-together' and stressed the importance of actual trust in the therapeutic situation (Boss, 1979, p. 269). In spite of these objections to Freud, and in spite of Boss's attempt, in his book *Existential Foundations of Medicine and Psychology*, to bring the insights of the daseinanalytic approach to bear more widely on the practice of medicine, his thinking about the practicalities of therapy remained indebted to classical psychoanalysis. Boss saw his therapeutic goal as a matter of extending the 'freedom' of the patient, but this was to be achieved through a change occurring *within* the world of the individual patient. In addition to the practical aspects of therapy being the same as those of psychoanalysis, it would also appear that the content of daseinanalytic sessions is similar to those of traditional psychoanalysis, albeit with a different emphasis. For the most part, therapeutic daseinanalysis involves encounters between individual patients and therapists. Is such a framework relevant to cross-cultural work with victims of violence?

There is now a considerable body of evidence from the world of medical anthropology which calls into question the universal relevance of individual psychotherapy as practised in Western

societies. For example, two prominent commentators write:

"... the use of 'talk therapy' aimed at altering individual behaviour through the individual's 'insight' into his or her own personality is firmly rooted in a conception of the person as a distinct and independent individual, capable of self-transformation in relative isolation from particular social contexts" (White and Marsella, 1982, p. 23).

Margaret Lock describes how in Japan, where a very different cultural conception of the self operates, there is little regard for Western style psychotherapy (Lock, 1982). In many other non-Western societies different conceptions of the self and its relationship to the social and the supernatural also mean that explorations of inner emotions and conflicts have less relevance than in the West. Kleinman, in a discussion of the Chinese in Taiwan, writes that they invest:

"intimate relationships with more affective significance than one's own thoughts, fantasies, desires and emotions. Family and other close interpersonal relations become a person's paramount interest; coping with them becomes a sign of adult competence, and problems with them are more important to him than other personal problems" (Kleinman, 1980, p. 134).

Similar considerations emerge with regard to many different non-Western cultures. Although it is a gross over-simplification, Shweder and Bourne's classification of different societies into those which tend towards an 'egocentric' idiom and those which are more 'sociocentric', is useful. With regard to the explanation of illness, in more sociocentric cultures less attention is given to 'intrapsychic' factors and more weight attached to :

"... independent somatic processes, supernatural forces and social relations as causal agents" (Shweder and Bourne, 1982, p.111).

In such societies, 'talk-therapy' which aims at relieving symptoms and distress through self-

exploration and self-transformation, has less validity than in societies where there is a great cultural concern with the individual and the intrapsychic. If this assertion is correct then there are obvious implications for cross-cultural work with victims of violence. As we have seen in part one of this thesis, the currently dominant framework for understanding reactions to traumatic experiences in Western psychiatry, is largely shaped by cognitive theories. Psychotherapy, aimed at helping the victim 'process' the 'traumatic material', is widely prescribed. As I noted in the Introduction, after any man-made or natural disaster, and increasingly after more 'mundane' forms of tragedy and loss, counselling, or therapy, is understood to be essential. Daseinanalysis shares the individual focus of traditional forms of psychotherapy. It therefore shares their limitations in this area.

In the past twenty years Western 'Non-Governmental Organisations' (NGOs) and the various arms of the United Nations have become increasingly involved with communities in the Third World who have suffered war and violence. Such communities are very often extremely poor and can become dependent on these organisations for health and welfare programmes. We have already noted the increasing presence of trauma in the consciousness of Western societies. This interest in trauma has also emerged in the NGOs and U.N. agencies involved with victims of violence in Third World settings. There is evidence that these agencies are increasingly 'finding' evidence of 'traumatisation' in individuals and communities who have suffered wartime violence. They are also in the business of setting up 'projects' to provide counselling and therapy for victims. While these agencies approach their task in somewhat different ways there is a strong tendency for them to use the discourse on trauma which has emerged around the diagnosis of PTSD. In using this, the trend is for these projects to provide therapeutic interventions which are alien to the local culture and way of life. Furthermore, they often involve a substantial commitment to 'training' and

'education'. This involves local people reconceptualising their suffering in terms of 'trauma', 'symptoms' and 'therapy'. In other words, a Western, 'technical' way of thinking about suffering and loss is being introduced to people at a time when they are weak and vulnerable. The effect is often to undermine respect for local healers and traditions and ways of coping which are embedded in local ways of life.

Based on the arguments developed in this thesis I want to make a strong case against these sorts of interventions. I wish to argue, not *against* the provision of support and assistance for people suffering the effects of war, but *for* forms of assistance which work towards an understanding of contextual issues as a priority, and which function from a position of respect for the cultures and cosmologies with which they engage. This position of respect should lead to greater caution with regard to the export of Western psychiatric technologies and non-intervention in certain circumstances. In the next sections I will explore a philosophical orientation towards this idea of respect. As a first step, I need to return to Heidegger and his concept of *Gelassenheit*. I will use this as an entry point into contemporary debates about ethical thinking and ethical 'sensitivity'.

10.2 GELASSENHEIT

In the last chapter we encountered the Heideggerian concept of 'enframing' (*Gestell*). This was introduced in *The Question Concerning Technology* and refers to the characteristic form of thought associated with our technological age. Enframing involves an encounter with the world in which everything is experienced as a 'standing reserve', on hand for our use. We saw that for Heidegger this was not just one mode of thought amongst others but the defining mode in the time of modernity. At its heart is an orientation towards efficiency. In opposition to this, in a

number of later works Heidegger proposed another form of thinking. I will loosely refer to this as 'meditative thought'. He called this *Gelassenheit*, in an 1959 book with that title. This has been translated as *Discourse on Thinking* (Heidegger, 1966) but the word *Gelassenheit* is usually translated as 'releasement'. In this work he explicitly contrasts the two forms of thought.

Calculative thinking is :

"the mark of all thinking that plans and investigates. Such thinking remains calculation even if it neither works with numbers nor uses an adding machine or computer. Calculative thinking computes Calculative thinking is not meditative thinking, not thinking which contemplates the meaning which reigns in everything that is" (Heidegger, 1966, p.46).

In contrast, meditative thinking does not attempt any sort of grasping of the world. It is a form of thought which allows things their place. We keep meditative thinking alive by allowing a 'releasement towards things' and by keeping an 'openness to the mystery'. We allow a 'releasement' towards technology, not by fighting against it, or by denying it, but by allowing it its place and by finding in it its own 'mystery'. He says:

"Releasement toward things and openness to the mystery belong together. They grant us the possibility of dwelling in the world in a totally different way. They promise us a new ground and foundation upon which we can stand and endure in the world of technology without being imperiled by it" (Heidegger, 1966, p. 55).

Thus, Heidegger does not oppose technology, as such. Through it, albeit in a distorted way, we relate to being. Indeed, in Heidegger's framework we *receive* our technological understanding of being. If we can keep open this idea, of a somewhat passive form of reception, then we have already moved into a non-calculative mode of thought:

"Our technological clearing is the cause of our distress, yet if it were not given to us to encounter things and ourselves as resources, nothing would show up *as* anything at all, and no possibilities of action would make sense. And once we realize - in our practices, of course, not just as a matter of reflection - that we *receive* our technological understanding of being, we have stepped out of the technological understanding of being, for we then see that what is most important in our lives is not subject to efficient enhancement - indeed, the drive to control everything is precisely what we do not control" (Dreyfus, 1993, p. 307).

Thus we have the possibility of moving beyond Enframing, even though, we dwell within it. The difficulty is that we cannot *will* ourselves out of our current dwelling. This was the essential problem for Heidegger : how to keep meditative thinking alive, when it was not something we could consciously grasp at, or aim towards. The picture he paints is of humanity *waiting patiently*.

He says:

"If releasement toward things and openness to the mystery awaken within us, then we should arrive at a path that will lead to a new ground and foundation" (Heidegger, 1966, p. 56).

Famously Heidegger remarked in his last interview that : "Only a god can save us now". This remark appears to confirm the idea that passivity is the only option for modern humanity in the face of technological nihilism¹. When he does advocate particular practices Heidegger points away from any sort of active engagement with the culture or politics of our time. Rather he talks in terms of a different type of 'dwelling' upon the 'earth', a way of living within the world in a 'non-exploitative' way. We get a hint of what Heidegger is advocating in the lecture *Building Dwelling Thinking* of 1951. He looks back to a way of life which seems to have incorporated this notion of dwelling. While he is clear that we cannot return there, his tone in this passage is clearly one of reverence:

¹This was also seen in the writing of Boss, see chapter seven.

"Let us think for a while of a farmhouse in the Black Forest, which was built some two hundred years ago by the dwelling of peasants. Here the self-sufficiency of the power to let earth and sky, divinities and mortals enter *in simple oneness* into things ordered the house. It placed the farm on the wind-sheltered mountain slope, looking south, among the meadows close to the spring. It gave it the wide overhanging shingle roof whose proper slope bears up under the burden of snow, and that, reaching deep down, shields the chambers against the storms of the long winter nights. It did not forget the altar corner behind the community table; it made room in its chamber for the hallowed places of childbed and the "tree of the dead"-for that is what they call a coffin there: the *Totenbaum*- and in this way it designed for the different generations under one roof their journey through time" (Heidegger, 1993, pgs 361-362).

Many commentators have argued that the thought of the later Heidegger is simply unhelpful and leads nowhere, or worse to authoritarian politics and even fascism. This is the accusation levelled by Habermas in *The Philosophical Discourse of Modernity : Twelve Lectures*. Habermas argues that in his later work Heidegger presents us with a false and restrictive dichotomy between the all embracing dominance of *Gestell* and the passive position of *Gelassenheit*. This analysis of our situation allows no space for any sort of active politics. We are doomed to 'wait' while locked in the all encompassing hold of a calculative rationality. Habermas condemns Heidegger for collapsing :

"*all* normative orientation into the power claims of a subjectivity crazed with self-aggrandizement" (Habermas, 1987, p. 134).

According to Habermas, Heidegger's picture of *Gestell* is totalizing and allows no opening for any sort of normative politics. This leads Habermas, ironically perhaps, to accuse Heidegger of *logocentrism*. For Habermas this means:

"neglecting the complexity of reason effectively in the life-world, and restricting

reason to its cognitive-instrumental dimension" (Habermas, interview in Bernstein, 1985, p. 197).

While not following the critique of Habermas, Miguel de Beistegui also points to the limitations inherent in Heidegger's later concepts of technology and *Gestell*. In an attempt to understand Heidegger's infamous post-war silence on the Holocaust he analyses a number of key quotations from his works during this period. He quotes the 1949 lecture titled *Das Gestell* (The En-framing) in which Heidegger discussed the ever increasing penetration of the technological approach to life. In the course of this Heidegger said the following:

"Agriculture is now a motorized food-industry - in essence, the same as the manufacturing of corpses in gas chambers and extermination camps, the same as the blockading and starving of nations, the same as the manufacture of hydrogen bombs" (Heidegger, quoted in de Beistegui, 1998, p. 153).

Interestingly, de Beistegui notes that these words do not appear in the published version of the lecture. He points out that there is an unacceptable levelling implied in this quotation. Heidegger seems to be saying that the horror of the Holocaust was somehow 'in the same league' as the problems produced by a 'motorized food-industry'. He appears to say that 'in essence' there is no difference between these happenings. These are all presented as examples of the working out of the logic of *Gestell*. This analysis is not only 'insensitive' but completely inadequate from any philosophical or ethical viewpoint. The totalizing nature of the *Gestell* allows no position to engage with the evil of the Holocaust as something obviously different from the problems of agriculture:

"When Heidegger defines the enframing as "the supreme danger" (*die höchste Gefahr*) on the basis of the fact that under its reign man "himself will have to be taken as standing-reserve", we must wonder whether the death of the victim in the

extermination camp does not represent a danger that is other and perhaps greater than the one anticipated in the enframing. Has the victim not moved beyond the status of the standing reserve? Does it not fall outside that logic, outside what Heidegger identifies as the fundamental trait, the essence of our epoch? " (de Beistegui, 1998, p. 156).

De Beistegui also points to the centrality of the *Heim* motif in Heidegger's writings which encounter the political. His discussions of thinking, language and history which remain in thrall to the "exigency of the return (*Heimkunft*)", and his preoccupation with an image of 'dwelling' which is "bound to a domestic economy" (p.159) are, according to de Beistegui, likely to encounter difficulties in the modern reality of transnational capitalism.

However a number of commentators have drawn a positive agenda from Heidegger's these writings. John Caputo (1993) points out that these writing have inspired a 'new wave' of Protestant theologians who found in them a much sought-after exit from the existential theology of the post-War years. Heidegger consistently argues the case for a vision of reality which cannot be articulated in material or scientific terms. His concept of meditative thought is easily assimilated to a spiritual quest and he overtly talks about the 'mystery' at the heart of the human situation. Caputo notes that :

"Christian theologians have shown a remarkable interest in and been much nourished by Heidegger's later writings. These writings are marked by Heidegger's deeply -albeit generically -religious discourse of giving and receiving, grace and graciousness, saving and danger, address and response, poverty and openness, end time and new beginning, mystery and withdrawal and by a new thematics of the truly divine God" (Caputo, 1993, p. 284).

Heidegger died in 1976. At his funeral a mass was celebrated by the Freiburg Catholic theologian Bernard Welte. Welte (1982) has also argued for the importance of Heidegger's thought from a

theological perspective. In addition, Michael Zimmerman suggests that the later thought of Heidegger produces insights which resonate with those produced by Zen Buddhism. Zimmerman cites evidence that Heidegger was directly influenced by reading works of East Asian religious thought. While Zimmerman is able to develop a number of similarities between various elements of the Buddhist tradition and Heideggerian philosophy I wish to quote just one here:

" both later Heidegger and the Soto Zen master suggest that spiritual practices may help put one in the position of a paradoxical "willingness not to will", thereby preparing one for the releasement that brings one into the world appropriately for the first time" (Zimmerman, 1993, p. 256).

Zimmerman also notes how Heidegger's notion of 'letting things be' has been picked up by a number of thinkers from within the environmentalist tradition. These thinkers have put forward the notion of *deep ecology*. They argue for a transformation in the way human beings think about, and encounter, their environment and share with the later Heidegger a deep opposition to humanist thought. For example Christopher Manes argues that deep ecology involves learning a 'new language'. This would involve removing human reason from its pedestal and developing a position from which we can 'hear' another language:

"A language free from an obsession with human preeminence and reflecting the ontological humility implicit in evolutionary theory, ecological science, and postmodern thought, must leap away from the rhetoric of humanism we speak today. Perhaps it will draw on the ontological egalitarianism of native American or other primal cultures, with their attentiveness to place and local processes. Attending to ecological knowledge means metaphorically relearning "the language of birds" - the passions, pains, and cryptic intents of the other biological communities that surround us and silently interpenetrate our existence " (Manes, 1992, p.349).

Thus, the later Heidegger's encounter with modernity has been both an inspiration and the subject of severe criticism. Given his involvement with the Nazis and his post-war silence with regard to

the Holocaust, any positive agenda which is seen to rest on Heidegger's work is likely to be the subject of controversy for some time. In spite of this, I believe that his distinction between the *Gestell* and *Gelassenheit* modes of thinking is a helpful orientation. In the next section I discuss how this has had an effect on certain aspects of ethical thought within the continental philosophy tradition. What follows is not meant to be a comprehensive exposition of the emerging discourse of 'post modern ethics'. I am concerned simply to show how Heidegger's thought has opened up a way of thinking which is of relevance to the encounter between Western psychiatry and other cultures.

10.3 'RESPONSIBILITY FOR OTHERNESS'

Much contemporary ethical theory is, according to Zygmunt Bauman, a product of modernity - a search for rational, universal, foundational ways of understanding the world and determining our place in it. However, within the culture of postmodernity, faith in reason, order and science is being rapidly undermined, and postmodern, anti-foundationalist philosophies and ideas are now coming to the fore. Bauman, who overtly embraces the concept of postmodernity, argues that the modernist search for codification, universality and foundations in the area of ethics was actually destructive of the moral impulse. He argues for a "morality without ethics". For Bauman postmodernity is not about the "demise of the ethical" or about the "substitution of aesthetics for ethics" as is often assumed and sometimes proclaimed. Rather, it is about facing up to the real moral dilemmas which face us, without recourse to the illusion that there will always be a rational correct solution. For Bauman, modernity was animated by a belief in "the possibility of a non-ambivalent, non-aporetic ethical code" (the term *aporia* refers to a contradiction that cannot be overcome, one that results in a conflict that cannot be resolved). He says :

"It is the *disbelief* in such a possibility that is *postmodern*... The foolproof - universal and unshakably founded - ethical code will never be found; having singed our fingers once too often, we know now what we did not know then, when we embarked on this journey of exploration: that a non-aporetic, non-ambivalent morality, an ethics that is universal and 'objectively founded', is a practical impossibility; perhaps also an *oxymoron*, a contradiction in terms" (Bauman, 1993, p.10).

In his book *Political Theory and Postmodernism* (1991), Stephen White has clarified some of the ethical issues at stake in the modernism/postmodernism debate. White distinguishes two senses of the concept of responsibility, a key term in ethical discussion. The more familiar is a 'responsibility to act' in the world in ways which are justifiable. He contrasts this with a 'responsibility to otherness' which involves a concern not to silence other voices and thus involves an element of 'withholding' as a central concern. The former is associated with an obligation to acquire reliable knowledge to guide one's actions and is essentially concerned with issues of practical effectiveness. This sense of moral responsibility is most familiar to us because it is firmly attached to the modernist vision. It requires ethical principles firmly grounded in rational analysis and which can be held to be universally valid. This sort of responsibility corresponds to a *Gestell*-like impulse to order and control the world, to make it, and us, function more efficiently and predictably. White links these different aspects of responsibility to different understandings of the nature of language. He says:

"Language can be understood in terms of its *action-coordinating* or its *world-disclosing* capacity. These correspond, respectively, to the responsibility to act and the responsibility to otherness" (White, 1991, pgs 22-23).

A number of philosophers have put the question of 'action' at the centre of their systems. These include Anglo-American philosophers such as J.L. Austin and John Searle who :

"have followed a strategy of analysing how in normal speech, our *saying* certain things allows us to *do* certain things (e.g., saying "I promise" under the appropriate or normal conditions also constitutes the making of a promise). This capacity of speech acts to coordinate our interactions under normal, conventional conditions is what Austin called "illocutionary force" " (White, 1991, p. 23).

In the development of his speech-act theory, Austin (1980) argued that the meaning of an utterance depends on the context in which the speech-act is made. 'Context', in this situation, primarily involves the social conventions which pertain to the act. The success, or failure, of the act depends on the degree of congruence between the intentions of the speaker and the actual circumstances or context. A successful speech-act is one where the correct meaning is conveyed. Derrida, following Heidegger, emphasises the 'world disclosing' dimension of language. He argues that neither the intention of the speaker nor the context are ever fixed enough so that a speech-act can be judged so simply (Derrida, 1988). In the end, there is never a straight-forward 'correct meaning' in any act of communication. Once an utterance has been made, or a word has been written, it becomes something which has a degree of independence from the intentions of the speaker. Communication always involves acts of 'dissemination', according to Derrida. In addition, he maintains that the context is never something which is objectively 'given'. Derrida suggests that Austin's theory privileges a 'normal' usage of language. His arguments are an attempt to deconstruct this separation of normal from abnormal language and to show that the conventional conditions for delineating a normal use of language are hopelessly open-ended and unclear.

In his theory of 'communicative action' Habermas draws on Austin's work in arguing the case for a 'normal' use of language. In Habermas's theory speech must be subject to limits:

"These limitations, under which illocutionary acts develop an action-coordinating force and release action-relevant consequences, define the sphere of normal

speech" (Habermas, 1987, p. 195-196).

In White's view, this leaves Habermas open to Derrida's critique. In the approach to language developed by Austin and Habermas words are basically used by human beings to help solve practical problems and to coordinate the actions of groups of people. While there is validity in this approach, it is for White, one-sided and partial. If the meanings of speech-acts and written words can never be fully fixed, language is seen to be an open arena of possibilities. It has a dimension which cannot be accounted for in terms of action theory. This is where Heidegger's concept of *Gelassenheit* is important. *Gelassenheit* involves a respect for this 'world disclosive' aspect of language². The 'responsibility to otherness' emerges from both. It involves an openness to the world which is made manifest in a gesture of withholding.

Possibly the clearest account of what a 'responsibility to otherness' would involve is to be found in the work of Foucault. We have already encountered, in the Introduction, the debate between Foucault and Habermas with regard to reason. Much of Foucault's work has been concerned to demonstrate the constructed nature of some of our most established assumptions. Our notions such as selfhood, sexuality and reason are shown in his work to be historically contingent 'cultural products'. We do not experience them as such but rather take them as somehow given. Foucault's aim is to show that the order produced in our lives by such givens is not established without cost. As White indicates, Foucault shares with other postmoderns:

²This is explored in a number of the later works and is the central concern of the essays in *On the Way to Language* (1971).

" a strong sense of responsibility to expose and track the way our modern cognitive machinery operates to deny the ineradicability of dissonance. The harmony, unity, and clarity promised by this machinery have, for the postmodern, an inevitable cost; and that cost is couched in a language of the Other that is always engendered, devalued, disciplined, and so on, in the infinite search for a more tractable and ordered world" (White, 1991, p.20).

Thus emerges the 'responsibility to otherness'. This involves a concern *not* to impose order on the world but instead to allow the emergence of other voices and visions even when this involves increasing complexity and ambivalence. In the three volumes of *The History of Sexuality* Foucault set out to examine how human beings 'problematize' themselves through ethical discourse and practice. His aim was not to put forward an ethical theory, or a new set of values, or to tell us how to achieve our already-existing values more efficiently. He said : "I am not looking for an alternative", rather "I would like to do genealogy of problems, of *problematiques*" (Foucault, 1983, p. 231). Such 'problematizations' occur in a culture or an ethos when doubts emerge about axiomatic principles and practices. While Foucault was not about developing an ethical system or theory, he was at pains to promote, what Connolly calls, a strong 'ethical sensibility'. In this, Foucault sought to reach 'beyond good and evil' to an ethical position, not accommodated within traditional approaches to morality. In much of his work Foucault attempted to track the ways in which power and knowledge were intertwined. He argued that the one always implied the other. In this way certain voices in society come to be heard while others are neglected and silenced. In addition, power not only works to silence, it also asserts itself more positively by creating domains of knowledge and discourse. In this process power sometimes manifests itself in a division of the world into good and evil. However in modern society, which is wary of blunt moral divisions, power more often asserts itself through divisions into true and false, normal and abnormal/pathological. Foucault sought to demonstrate the contingency of such divisions and to

deny their necessity. He says that the distinctions good/ evil and normal/ pathological :

"... reinforce each other. When a judgement cannot be framed in terms of good and evil, it is stated in terms of normal and abnormal. And when it is necessary to justify this last distinction, it is done in terms of what is good or bad for the individual. These are the expressions that signal the fundamental duality of Western consciousness" (Foucault, 1977, p.226).

The 'ethical sensibility' he worked to develop was about showing the suffering brought about by such regimes. As Connolly puts it:

"Foucault finds a covert problem of evil to be lodged within the conventional politics of good and evil. Evil not as actions by immoral agents who freely transgress the moral law but evil as arbitrary cruelty installed in regular institutional arrangements taken to embody the Law, the Good, or the Normal. Foucault contends ... that systematic cruelty flows regularly from the thoughtlessness of aggressive conventionality, the transcendentalization of contingent identities, and the treatment of good/evil as a duality wired into the intrinsic order of things" (Connolly, 1993, p. 366).

There are, of course, certain difficulties with this notion of an 'ethical sensibility'. It seems obvious to us that ethics should be orientated towards action, towards the future, towards intervention. A number of commentators have argued that Foucault's refusal to offer a defined set of values which could orientate struggles against domination leads us nowhere. Foucault calls for 'resistance' against domination in a number of his writings, but does not offer a guide to what to put in its place. A typical critique is offered by Fraser, who says:

"Foucault calls in no uncertain terms for resistance to domination. But why? Why is struggle preferable to submission? Why ought domination to be resisted? Only with the introduction of normative notions of some kind could Foucault begin to answer such questions (Fraser, 1981, p. 283).

I believe that this type of comment seriously misunderstands the sort of ethics being developed by Foucault. It is not that Foucault has no values to offer, instead he is conscious of the *dangers* involved when philosophers and other intellectuals start to construct ethical systems. He is not in the business of telling us where to go, rather the project is about telling how we have got to where we are now. He describes his work as a 'philosophical ethos consisting in a critique of what we are saying, thinking, and doing, through a historical ontology of ourselves' (Foucault, 1984, p. 45). What many of his critics miss is the fact that Foucault was very much aware of the power of *his own thought*. In his philosophy it was not possible, and not desirable, to construct a theory which was universally valid. Those who accuse him of failing to do so, themselves fail to understand the thrust of his work. For Foucault the time of the "traditional" intellectual, i.e. the formulator of universalist theories of human nature and liberation, is past. We are instead in a period where it is important for the intellectual to reflect upon his/her own position and to adopt a more humble approach to their knowledge and theories. He refers to such people as "specific" intellectuals and counts himself among their number. For Foucault:

"the intellectual no longer has to play the role of an adviser. The project, tactics and goals to be adopted are a matter for those who do the fighting" (Foucault, 1980, p. 42).

The notion of a postmodern ethics does not resolve any of the great problems or dilemmas of modernity. But armed with the 'responsibility to otherness', or a Foucauldian 'ethical sensibility,' we are able to see the world with a different gaze. We are able to see the downside of modernity, the casualties of progress, the problems hidden from the view of traditional morality. We can experience with greater honesty the immense ambivalence at the heart of our ethical situation as human beings. Bauman says:

"... there are problems in human and social life with no good solutions, twisted trajectories that cannot be straightened up, ambivalences that are more than linguistic blunders yelling to be corrected, doubts which cannot be legislated out of existence, moral agonies which no reason - dictated recipes can soothe, let alone cure" (Bauman, 1993, 245).

Postmodern ethics is not about a situation where "anything goes". It is rather about facing the world without easy recourse to guiding codes or principles. It is about an acceptance that ambivalence and disorder are here to stay, not just temporary difficulties which need to be overcome by further analysis, or the application of ever more structured ethical systems. Postmodern thinkers would contend that by focusing on the 'responsibility to act', traditional ethics, has had to :

"fix or close down parameters of thought and to ignore or homogenize at least some dimensions of specificity or difference among actors. To act in this sense means inevitably closing off sources of possible insight and treating people as alike for the purpose of making consistent and defensible decisions about alternative courses of action. The modern thinker associates the commitment to this sense of responsibility with self-justification either in the sense of moral-uprightness or pragmatic effectiveness. The postmodern thinker, however, sees a deeper, unacknowledged will to mastery at work here" (White, 1991, p. 21).

Thus, while I concur with philosophers such as Habermas that Heidegger's later work cannot, in itself, lead directly to a progressive political agenda, and while there are profound dangers along some of the paths he has opened up, I do believe that his influence, working through philosophers such as Foucault, has led to important insights about the ethical complexities of our world. In what follows in this chapter I will return to the discussion about cross-cultural work with victims of violence.

10.4 CROSS-CULTURAL WORK WITH VICTIMS OF VIOLENCE: THE CHALLENGE FOR

PSYCHIATRY

As mentioned above these thoughts are not an attempt to develop a new ethical framework for psychiatry. There are many difficulties in the postmodern position. However, by dwelling on Heidegger's distinction between the *Gestell* and *Gelassenheit* modes of thought and ways of encountering the world, we can begin to see certain difficulties in the arena of mental health in a new light. Foucault's 'ethical sensibility', which, as we have seen above, carries echoes of Heidegger's *Gelassenheit*, can also have the same effect. Thus, one can imagine these ideas helping to clarify debates between the emerging 'user movement' and the *discipline* of psychiatry. In addition one can envisage how the downside of the, currently very popular, 'clinical effectiveness' paradigm could be explored through such ideas. My interest here is to show their relevance to work with victims of violence in non-Western cultures.

While philosophy cannot tell us what to do clinically, it can help to clarify what values are being used in the course of certain interventions. It can highlight the assumptions and orientations which normally lie 'below the surface'. With this knowledge we can become sensitive to problems which were previously hidden. As well as attempting to diagnose, analyse, treat and control illness, medicine also needs to develop an awareness of its limits and a sensitivity to perspectives other than its own. Foucault's point is that through simply proclaiming that one has access to 'the truth', one can often be guilty of silencing other, less powerful, voices. The resulting arrogance can be very dangerous.

In chapter five I touched on the area of cross-cultural psychiatry. The usual assumption has been that because psychiatry is a "scientific" discipline, its findings and techniques are, in essence,

universally relevant. While culture may superficially influence the ways in which psychiatric disorders present, their basic forms are the same throughout the world. This position has been and continues to be the dominant one in this area. However it is now regarded by many workers to be seriously flawed and for the past twenty years has been under attack from proponents of what has become known as the "new cross cultural psychiatry" (see chapter five). We have already seen that there are three major assumptions contained within the traditional approach:

- (a) a belief in the adequacy of the positivist approach to research
- (b) a belief that the individual is the appropriate focus of attention both from a research and clinical point of view
- (c) the assumption that certain psychological processes, because they are biologically determined, are universal.

The 'old cross-cultural psychiatry' thus incorporates the essential assumptions of what I have called in this thesis : the individual trauma model or the current discourse on trauma. The old cross-cultural psychiatry has been the dominant ideology guiding the export of psychiatry from Western centres to hospitals and clinics in the 'developing' world. In the Introduction I briefly mentioned the work of Higginbotham and Marsella. In an important paper published 10 years ago in the journal *Social Science and Medicine*, they gave a good example of how a 'responsibility to otherness' can work in action. By stepping outside the prevailing wisdom and contemplating the possible destructive consequences of the export of psychiatric technology they opened up a different educational agenda which involved a real respect for local ways of life. In their work they examined the way in which psychiatric care varied little in the capital cities of Southeast Asia. This was in spite of large social, cultural and linguistic differences between the peoples of these cities. This 'homogenization of psychiatry' was brought about through the inputs of Western (largely

British, American and Dutch) psychiatric experts. Via the mechanisms of international mental health education, consultation and collaboration these inputs had created a form of psychiatric practice in these different cities which looked to the West for its conceptual foundations and for ideas about innovation and progress. This rendered Third World psychiatry homogenous with :

"(A) Common language uniting international and local levels (deriving) from shared assumptions about the shared nature of psychopathology, the use of standardised assessment, and the efficacy of scientifically derived bio-medical or bio-behavioural interventions" (p. 553)

While the anticipated effect of these developments was a better standard of patient care, these authors pointed to the unanticipated and very negative consequences which meant, in practice, an actual deterioration in the care received by people with mental health problems. They stood back from the general 'celebration' associated with the export of psychiatry and presented evidence for serious deleterious 'after-shocks' within local cultural systems. For example

"The inability of local centres to generate research and evaluate services, in combination with pervasive resource and personnel deficiencies, means that hospitals become custodial end-points for chronic cases. Drugs and electric shock treatment are overused and non-psychotic patients are drawn into hospital work forces" (p. 557)

They were able to demonstrate how the diffusion of Western based knowledge had promoted professional élitism, institutionalised responses to distress and undermined local indigenous healing systems and practices. They argued that, when seen from a perspective located outside the dominant tradition :

"The net result of introducing a formal treatment system for psychological

problems is less help for those in need" (Higginbotham and Marsella, 1988, p. 559).

When it comes to the discourse on trauma, which psychiatry presents as being universally valid, we can see very clearly the potential for the negative effects outlined by Higginbotham and Marsella. Thus, there is already a body of Western psychiatrists and psychologists involved in consultation and "education" in the Third World and in Eastern Europe regarding "trauma psychology". This promotes a uniform language centred on the concept of PTSD, treats victims of violence with certain counselling techniques and "educates" local people in the "recognition" and "measurement" of the effects of traumas. The recipients of this knowledge are rendered passive and in the worst situations, are in fact silenced. Derek Summerfield, who researched N.G.O. 'psychosocial' projects in Rwanda and Bosnia, writes:

"With the world's spotlight on the genocide of April-July 1994 in Rwanda, humanitarian agencies flocked to the region. Soon after the earliest flows of destitute refugees away from the killing, a surprising number of NGOs, some with little knowledge of the country, mobilised psychosocial projects to address mass traumatisation. One of these was a well-known international relief agency whose model - known as Emergency PsychoSocial Care - sought to make an early psychological intervention, both to offer immediate relief and as a preventive measure to thwart the later development of more serious mental problems in the exposed population"

With this in mind, as part of their overall strategy, this NGO included an element of 'psychoeducation' for the Rwandan refugee community and produced 75,000 copies of a brochure 'explaining' the symptoms of PTSD. However as there was no word in the indigenous language of the refugees (Kinyarwanda) for the concept of 'stress', difficulties were encountered in the translation process. This did not deter the efforts of the NGO in question and they proceeded to develop a questionnaire and carry out a piece of research:

"First a questionnaire was distributed to evaluate baseline knowledge on trauma so that, after distribution of the brochure, they could repeat the questionnaire to see if there had been "an increase in knowledge". The question begged here is : whose knowledge were they talking about, the refugees or the agency's own? The assumption with which they had arrived was that there was a universal trauma response and thus standard knowledge about it" (Summerfield, 1996, pgs 14-15).

This agency went to Rwanda to help, to assist the refugees and help them move forward and beyond the genocidal violence they had suffered. However, their thinking was dominated by a preoccupation with quantification and measurement, and characterised by a faith in scientific psychology and its ability to 'render' the world of the refugees in an 'objective form'. It was assumed that, in this form, the reality of the refugees was available for analysis and intervention. The organisation was concerned to be 'active', 'efficient' and orderly. Their vision, I would like to suggest, incorporates many of the features of Heidegger's *Gestell*, the world of the refugees 'shows up' for the NGO workers as something available and 'enframed'. An alternative approach, one aware of the specific historical and cultural grounding of this vision, would be one more in tune with *Gelassenheit*. Such an alternative approach would be able to:

- 1) recognise the importance of local contextual factors in shaping peoples responses to suffering,
- 2) recognise that reconstruction of meaning involves, for the most part, rebuilding a practical way of life,
- 3) work from a position of 'deep respect' for local traditions of healing, local ways of life and local cosmologies,
- 4) work towards an understanding of its own assumptions and orientations, and
- 5) learn to 'listen' to local voices and learn the skills of, what I shall call, supportive 'non-intervention'.

This would not abandon the current discourse on trauma but would use it more tentatively and only from a position of 'deep respect' for local situations and ways of life. It would understand the limitations of the PTSD discourse, both because of the particular assumptions on which it is based and because it has emerged from a society which itself has particular difficulties with issues of meaning. It would pay particular care to understand issues of context while planning an intervention and would make strenuous efforts to 'listen' to local voices and work with local agendas. Summerfield writes:

"The initial aim, surely, is to put ourselves as close as possible to the minds of those affected, to maximise our capacity for accurate empathy and enrich our ways of seeing. It is vital that we do not misunderstand people when they express themselves in their own terms. We want as many as possible of the questions we ask to be right in the sense that they tap what the respondents themselves see as important or urgent" (Summerfield, 1996, p. 28).

With regard to the available cross cultural research on the validity of PTSD there is no consensus.

In their review of 'ethnocultural aspects of PTSD', Marsella et al write:

"Limitations in the cross-cultural sensitivity of much of the existing ethnocultural research constrains our knowledge about culture-specific aspects of PTSD.... The measurement of PTSD remains a serious problem because the existing instruments often do not include indigenous idioms of distress and causal conceptions of PTSD and related disorders (Marsella et al, 1996, pgs 120-121).

On the one hand researchers working from within a strongly medical tradition have, not surprisingly, found PTSD in different parts of the world. However, more anthropologically sophisticated researchers have questioned these findings and have pointed to substantial cross cultural differences in this area. My philosophical arguments are I believe supportive of the later position.

My argument is not that the Western discourse on trauma is fallacious or mistaken but that it makes sense only in the context of a particular cultural and moral framework. Its focus upon the intrapsychic, and its proposals for technical solutions are at least meaningful, even if disputed, within a Western framework. However, when exported to Third World or non Western societies they become confusing and problematic. I would emphasise that I am not questioning the motivation of most of the people who are involved in applying such ideas and techniques. Such workers are confronted by the outrage of violence and suffering in situations of war and seek whatever knowledge is available to guide their responses. However because of the devastation brought by war, many countries are increasingly dependent on the support of Western NGO's and UN agencies to run health and social welfare programmes. Without sufficient attention being paid to the sort of issues raised here, much damage can be done.

10.5 SUMMARY

In the last chapter I used Heidegger's later thought, in conjunction with the thought of a number of his successors, to help us think about the connection between trauma, loss of meaning and the culture of modernity and postmodernity. In this chapter I have again used ideas from his later work to help us think about our position, therapeutically, in relation to victims of violence in non-Western societies. I do not believe that Heidegger, or Foucault, can tell us what to do, or how to be active, or how to help. For this knowledge we need to look elsewhere : to psychiatry, to anthropology, to local history and other sources. However, by thinking *with* Heidegger and Foucault on the issues discussed above, we can begin to open our understanding to the potential downside of interventions which might initially appear unproblematic. Their work also leads us to develop a different sort of relationship with the 'objects' of our knowledge and the 'targets' of

our interventions. In becoming aware of the *Gestell*, we start to position ourselves in relation to it. In doing this we begin to allow ourselves an opportunity to *be* with other people and their worlds in a way which does not involve explanation, analysis or diagnosis. This, I believe, can allow the development of a different sort of communication between helpers and those they seek to help.

CHAPTER ELEVEN

CONCLUSION

11.1 SUMMARY OF ARGUMENTS

In this thesis I have discussed theoretical and empirical research from a number of disciplines. I have quoted sources from psychiatry, psychology, and medical anthropology. I have attempted to maintain a practical focus throughout. However, most of the discussion has been philosophical and most of the arguments developed have taken inspiration from the thought of Martin Heidegger. In this conclusion I wish to draw some of the themes together and point to some of the implications of this work. Three major arguments have been developed. These correspond to the three parts of the thesis. However the arguments of the thesis are not discrete or separate and overlap to a considerable degree in the text. In this section I will clarify these lines of argument by way of summarising the main findings of the work.

1. In part one of the thesis I developed a critical analysis of what I called the 'current discourse on trauma'. This discourse, which has developed around the diagnosis of PTSD, has matured rapidly and now occupies an important and influential position within both psychiatry and clinical psychology. The discourse on trauma had been very successful in directing therapeutic attention to a number of suffering individuals who had been largely neglected by both psychiatry and society at large, before its advent. Victims of torture and rape, soldiers affected by their experiences in wartime, children who suffer physical and sexual abuse were all virtually invisible to the gaze of professionals prior to the rise of trauma studies. To this extent, the emergence of a discourse on

trauma is to be welcomed. However, in my opinion, discussion of trauma has been seriously limited by the conceptual foundations upon which it has developed. I suggest that information-processing and cognitive models have become dominant, both theoretically and clinically, in this area and our thinking about trauma has been limited by the limits of these models.

The cognitivist approach to human reality is premised upon a functionalist philosophy of mind and I argue that this represents a modern day version of Cartesianism. Current thinking about trauma is guided by an individualist and positivist agenda. It is based upon a separation of an 'inner' mind from an 'outside' world which is reflected in the mind in the form of representations. It assumes that the mind is 'something' which can be investigated scientifically and causal models developed unproblematically. The discourse on trauma shares these fundamental assumptions with mainstream psychiatry which understands itself to be, in essence, an applied medical science. As such, psychiatry thinks of itself as a progressive enterprise which discovers and accumulates facts about the nature of the mind and mental illness. PTSD is understood to be 'something' discovered by psychiatry and, like other disorders described by medicine, is held to have an objective reality. Furthermore, most PTSD researchers and practitioners assume that it is a disorder which exists, in basically the same form, in different cultures.

These assumptions have not gone unchallenged. I point to the work of the anthropologist Allan Young. Young traces the emergence of ideas about psychological trauma from the last century into this, and argues that the concept of PTSD has, in reality, been 'created' (not simply discovered) by psychiatry. In the course of his analysis of PTSD he raises a crucial, but little discussed, conceptual difficulty which is built into the concept itself. This has to do with the way in which PTSD makes the assumption that symptoms flow unidirectionally from the traumatic

event. In a thoughtful analysis of the work of the Australian psychiatrist, A.C. McFarlane, Young raises the possibility that in at least some individuals, who have been given a diagnosis of PTSD, their focus on the event in question is actually the *result*, and not the cause, of other psychiatric symptoms, such as depression and anxiety. This problem is given added weight by the fact that recent biological research on PTSD would appear to contradict early assumptions that the disorder was simply an exaggeration of the normal response to stress. I use this material to argue that the sort of causal models which are currently being used in the field of trauma studies are just inadequate to grasp the complex reality of many suffering individuals.

Of greater concern to myself, however, are the limitations of the PTSD framework in the cross-cultural arena. I quote from a number of workers who argue against the easy export of the discourse on trauma to non-Western communities. I also present case-material from my own work with victims of violence in Uganda to highlight the limitations of an individualist and universalist approach to trauma. Instead, I argue in favour of, what I call, a *context-centred* approach. Such an approach would be consistent with the hermeneutic understanding of human reality presented in part two.

2. In part two of the thesis I went on to explore some aspects of hermeneutic philosophy. I concentrate on the writings of Heidegger as, I believe, his thought is of direct relevance to the position I am developing. I suggest that Heidegger's account of being-in-the-world is more convincing than the Cartesian understanding of human reality and this is particularly the case when it comes to cross-cultural issues. In addition, I use his approach to nature and science to ground a critique of positivism. From this I also develop a critique of the sort of 'sophisticated' cognitivism' presented by Bolton and Hill (1996). I discuss Heidegger's notion of the ontological

difference; his separation between ontic and ontological issues and forms of understanding. The former refers to things which exist in the world, the latter to the background which, he says, discloses the things of the world to us and renders them intelligible. Heidegger suggests that in the mood of anxiety human beings have a terrifying sense of this intelligibility withdrawing. Anxiety is thus understood to have an ontological dimension. It is a condition which cannot be grasped on ontic level alone. I use this analysis to argue that post-traumatic anxiety is also a condition which has an ontological dimension. Meaning and loss of meaning are phenomena which are inadequately accounted for in an empirical scientific idiom. I argue that cognitive approaches to meaning fail to do justice to the complexity of the issue. If one accepts this approach and grants that background intelligibility and meaningfulness are qualitatively different to all other 'things', or elements, in the world, then it becomes clear that the ontological dimension of post-traumatic anxiety demands an understanding which is different to that developed by cognitivism. Hermeneutics does not seek to grasp issues of meaning in an analytical and scientific way. Instead, meaningful connections are illuminated through interpretations which are never fixed or certain, always tentative and partial.

All hermeneutics is focused on interpretation but Heideggarian hermeneutics argues that meaning is something generated through our practical engagement with the world. We 'know' our world primarily through our practical activities in this world. This form of 'knowing-how' cannot be described, or analysed in terms of sets of rules (or schemas) but is the ground upon which our propositional knowledge ('knowing-that') is based. This is an important issue in the context of our discussion of trauma and loss of meaningfulness and we shall return to the implications of this below.

3. In part three of the thesis I distanced myself from the 'universalism' which is inherent in *Being and Time's* project of 'fundamental ontology'. Instead I turn to Heidegger's later works to develop my arguments. In chapter nine I position myself against the existentialist presentation of anxiety as a universal mood in *Being and Time* and the associated notion of authenticity as emerging from an individual confrontation (and ultimate acceptance) of anxiety. (I present textual evidence from other works of Heidegger which, I believe, supports my move in this direction). Instead, I argue that the sort of anxiety described by Heidegger (which does not equate with the everyday psychiatric concept of anxiety; something more akin to Heidegger's understanding of fear) is not universal but something which is particularly associated with the culture of modernity. In other words, I am suggesting that a sense of meaninglessness, associated with a feeling of dislocation, is something which emerges in a very direct way from the cultural contradictions of modernity. Furthermore, the advent of postmodernity has made these contradictions more acute and robbed us of whatever promises of order modernity could make. The suggestion is that the cultural and professional preoccupation with trauma and its sequelae (i.e. loss of meaning, shattered assumptions etc) stems from a wider cultural difficulty around a belief in an ordered and coherent world. I am not suggesting that only people living in the postmodern Western world suffer in the wake of traumatic events. However, I am arguing that cultures differ with regard to how much 'ontological security' (see Giddens, 1991) is systematically put into question. In a society whose background metaphysics (both articulated and that which is contained in the 'way of life') does not function to create a strong sense of life's coherence and continuity severe trauma or loss can more easily lead to the sort of post-traumatic anxiety described above. In situations where individuals and communities share an orientation towards life (religious, political or cultural) which gives them a strong sense of coherence trauma may be experienced differently and result in different sequelae.

I presented the views of a number of commentators in the introduction with regard to the question as to why the concept of PTSD had recently come to the fore. The analysis of trauma developed in this thesis leads to an alternative understanding of why this has happened. In the discourse on trauma the prevailing view is that the cardinal symptoms of PTSD (as currently defined) are directly related to the loss of meaning brought about by trauma. If loss of meaning is a culturally variable phenomenon then the cross-cultural validity of the syndrome of PTSD is put into question.

There is thus a move in the thesis from a critique of current (cognitivist) approaches to trauma to the elaboration of a context-centred approach grounded in hermeneutic philosophy. However, for use in the cross-cultural arena even this hermeneutic approach is inadequate on its own. My argument is that it needs to be balanced by certain insights which I broadly label 'deconstructive'. In chapter ten I discussed Heidegger's concept of *Gelassenheit* and the emergence of a 'postmodern ethics'. I used the work of Foucault to emphasise the idea that a withholding of knowledge can be a positive move. I noted how Stephen White has used the work of Heidegger, Foucault and Derrida to develop the idea of a 'responsibility to otherness'. I then applied this concept in the area of cross-cultural work with victims of violence. In this discussion I brought together the insights of hermeneutic and deconstructive approaches and outlined some principles which could be applied in this clinical area. In the thesis as a whole I have tried to develop what can best be described as a 'non-universalist' hermeneutics. In the next section I will elaborate on this approach to hermeneutics and point to its direct emergence from my own clinical endeavours. In the last section I shall comment on the wider implications of this work.

11.2 TOWARDS A NON-UNIVERSALIST HERMENEUTICS

In this section I will be making the case that clinical work can be of direct relevance to philosophy. The disciplines of medicine and psychiatry involve a practical confrontation with the human realities of death and suffering. To the extent that philosophy involves an attempt to explore the nature of human experience it simply cannot avoid an encounter with these disciplines. Clinical work can underscore the validity of certain philosophical positions or alternatively work to undermine them. I will argue that my clinical involvement with victims of violence in Uganda and my engagement with their suffering lends support to both hermeneutic and deconstructive approaches to understanding human reality. In the following section I will suggest that there can be movement in the other direction as well. Philosophy, through its rigorous interrogation of accepted 'truths' can work to destabilise dominant theoretical positions and serve to open paths in new directions.

I noted in the introduction that my own interest in the issue of trauma emerged from my work with victims of violence and torture in Uganda, in the late 1980s. I became dissatisfied with the models of trauma and suffering which were available to me through my training as a psychiatrist. In the course of three years listening to people who had experienced terrible suffering I became convinced that the knowledge I brought with me had little to offer them. Instead, as time went on, I felt that I had more to learn from them about endurance and resilience in the face of extreme tragedy. Individual psychological models, such as PTSD, seemed somehow inappropriate and did not fit with what I was hearing. Somehow it felt wrong to reduce the suffering I encountered, which had historical, cultural, religious, economic and sociological dimensions to any sort of model at all. And yet many people clearly wanted to talk about what had happened to themselves,

their families and their communities during the war years. They were very welcoming and often extremely grateful for my interest and, at times, it 'felt right' to be there, if only to bear witness to what had happened.

This thesis is the result of my own search for an appropriate way to understand, in a respectful way, the suffering of the Ugandan people I met. Since my time in Uganda this search has been also stimulated by work with asylum-seekers in this country and occasional work with the organisation Save The Children in West Africa. Through this work I have had the opportunity to visit both Sierra Leone and Liberia on a number of occasions and speak to people who have been affected by war and to people who have gone to help. I have become aware that very many 'trauma therapy' projects have been set up by Western agencies in countries affected by war and civil violence. Most of these projects look to the 'discourse on trauma' analysed in part one for their theoretical and practical orientation. I am hopeful that this work will help people think differently about the encounter between helping agencies and victims of violence. My aim is not to present a new universalist model of trauma but instead to develop a framework in which a better understanding can occur between helpers and those they wish to support. I believe that the sort of 'non-universalist hermeneutics' presented here can offer a way forward. At this point it is possible to characterise my position vis a vis hermeneutics more clearly and to define what I mean by 'non-universalist hermeneutics'.

As I noted in the introduction, the term hermeneutics, like many words used in philosophy, has a number of connotations, and it has different meanings when used in different settings. In his book *Contemporary Hermeneutics* Bleicher (1980) proposes that there are three separate 'strands' of hermeneutic thought within the Continental philosophy tradition. The first of these is

hermeneutics as a methodological approach within the human sciences (*Geisteswissenschaften*). This refers to the sort of hermeneutic enquiry advocated by Dilthey as an alternative to approaches adopted from the natural sciences. It is centred on the idea of *Verstehen*, our intuitive capacity to understand and grasp what another person means. This capacity can be developed and used to generate 'relatively objective' knowledge and so hermeneutics can involve a scientific encounter with the world. This casting of hermeneutics as science was rejected by proponents of the second strand of hermeneutic thought. Heidegger and Gadamer denied that hermeneutic interpretation was only relevant as a methodology in the human sciences. They opposed any form of 'objectivism' and argued instead that all human understanding was based on interpretation. They developed hermeneutics as an ontological, or philosophical discipline. In his book, Bleicher argues that there has also been a tradition of critical hermeneutics. Proponents of this strand criticised what they saw as the 'idealism' of hermeneutical theory and philosophy. We have already encountered the debate between Habermas and Gadamer in the introduction. Critical hermeneutics sought to identify the ways in which material forces and domination restricted thought and action and sought a form of 'objective' reason, with which to mount such a critique. I am not sure that my 'use' of hermeneutics can be easily fitted into one of Bleicher's three strands. It is obviously Heideggerian in orientation, but I have also used it in a critical fashion to engage with the current discourse on trauma. This critical usage stems from my belief that Heidegger's account of human reality is superior to that of Descartes. I have attempted to justify this position through case material and reference to anthropological writing. In addition I also want this work to have methodological relevance and to serve a practical function by helping orient research and support projects away from an individualist and positivist programme. As well as developing a critique of current writing about trauma I have also developed a more positive agenda. I have argued in favour of a *context-centred* approach and in favour of an *ontological* dimension to this issue. In

doing this I have used the philosophical hermeneutics of Heidegger in a 'constructive' way. However, I argued against a universalist understanding of hermeneutics.

There are obvious tensions here. On reflection, I believe that these stem directly from my own clinical experience. In my work with victims of violence two concerns emerged as primary. First, there was a need to bear witness; to engage in a positive way with people who had suffered terribly. This demanded a capacity for empathy and with this a need for understanding. There was no way of avoiding an attempt at interpretation. I was not convinced that PTSD with its philosophical and cultural baggage would get me very far and so emerged the framework put forward in chapter five. Heidegger's concept of being-in-the-world allowed for the philosophical grounding of this approach. Alongside a need to bear witness and understand, however, was a second priority : the need to avoid a silencing of indigenous interpretations. This, in turn, demanded an understanding of the limitations of my own position (even one which was critical of PTSD) and a respect for alternative perspectives on illness, healing and the nature of human reality. As I argued in chapter ten, this is where Foucault's approach became important. A 'non-universalist hermeneutics' is my attempt to move beyond the tensions between deconstructive and hermeneutic philosophies. In relation to victims of violence (living in non-Western societies or refugees to Western countries) I outlined the form such an approach would take in the last chapter.

11.3 WIDER IMPLICATIONS

If such an approach can be usefully developed with regard to the issue of trauma (in cross-cultural settings) are there wider implications? Could this analysis be applied elsewhere in mental health

work? My aim here is to outline an agenda for future research, so my remarks will be limited and tentative. The point has been made by Roland Littlewood, in his review of the 'new-cross-cultural psychiatry', that the insights developed in this field could be applied to psychiatry more generally.

He says that psychiatry has been criticised because it:

"... lacks any rigorous theory for dealing with the dialectical interplay of biology and human society, or for examining the relationship between psychopathologies and its own procedures of research and practice. The shift in emphasis from cross-cultural comparisons of psychiatric categories to examining psychiatric epistemology and clinical practice in all societies has led some to use the term 'the new psychiatry' (or even 'metapsychiatry') rather than the 'new cross-cultural psychiatry'" (Littlewood, 1990, pgs. 308-309).

My writing about trauma does not arm the reader with a new model or a new therapeutic technique. My aim has been to open a space in which genuine dialogue can begin to unfold, a space in which psychiatry has a role, but only alongside other forms of knowledge and understanding. Most importantly this is a space characterised by a respect for alternative sets of priorities, ways of support which do not involve notions of mental health or mental illness and forms of healing not based in the various forms of dualism built into Western understandings. This echoes the views of Arthur Kleinman, Professor of Psychiatry and Anthropology at Harvard, who argues in his book *Rethinking Psychiatry: From Cultural Category to Personal Experience* for a substantial rethink of psychiatry's agenda. Kleinman criticises the 'positivist bias' of psychiatry and argues the case for a substantial role for other disciplines. In particular, he suggests that:

"Cross-cultural comparison, appropriately applied, can challenge the hubris in bureaucratically motivated attempts to medicalize the human condition. It can make us sensitive to the potential abuses of psychiatric labels. It encourages humility in the face of alternative cultural formulations of the same problems which are viewed not as evidence of the ignorance of laymen, but as distinctive modes of thinking about life's troubles. And it can create in the psychiatrist a sense

of being uncomfortable with mechanical application of all too often taken-for-granted professional categories and the tacit "interests" they represent" (Kleinman, 1988, p. 17).

A 'new psychiatry' would seek to open up such discussions and dialogues in areas other than the cross-cultural. Psychiatry has already been challenged to move in this direction. Philosophy has a substantial role to play here. My approach has been to use insights from within the continental philosophy tradition to open up the assumptions of psychiatry to examination. However, there is also an important, and ever expanding critical literature, which draws on the analytic philosophy tradition. Fulford (1994) has used the linguistic analytical approach to highlight the prevalence of, and significance of, value judgements within psychiatric classifications. He argues that these judgements are not simply a 'nuisance' which can be cleared away through the adoption of ever more empirical scientific classifications. Instead they are at the heart of the psychiatric enterprise.

Fulford writes that :

"Instead of ... being a mark of deficiency, the evaluative connotations of mental illness are shown to reflect the properties (the logical properties) of its constituent symptoms (such as anxiety) and to reflect these properties as faithfully as the more descriptive connotations of physical illness reflect the corresponding (logical) properties of its constituent symptoms (such as pain)" (Fulford, 1994, p. 219).

Fulford draws a number of conclusions from this. Perhaps more germane to our discussion here is his emphasis on the importance of the patient's experience of illness. This experience is not something secondary to the scientific view of the patient's disorder, rather it has a validity and an importance of its own. In an approach to mental illness which identifies the centrality of issues of value, then the patient's account of his/her own position also becomes central. In pushing psychiatry towards a confrontation with these issues, philosophy has a vital role to play in the future of the discipline.

An increasingly important 'user movement' (made up of patients, ex-patients and their supporters) has emerged in different parts of the world in recent years¹. This movement has begun to challenge some of the fundamental assumptions of psychiatry and has argued the case for forms of support and assistance in times of crisis which owe little to traditional psychiatric theory or practice. For example, the Hearing Voices Network² is a loose organisation of people who hear voices. Some have received psychiatric care, others have not. They oppose the psychiatric orthodoxy that the experience of hearing voices is always best characterised in terms of auditory hallucinations i.e. as being a symptom of mental illness. They argue for the validity of other forms of explanation including spiritual and other supernatural accounts. They do not oppose psychiatry as such (and many members of the network take psychiatric medication), but they do oppose the dominance of psychiatric perspectives and its limited understanding of human reality. Similar networks are beginning to emerge in relation to other experiences and behaviours as well, for example a national network of people who 'self-harm' has been developing in Britain. Peter Campbell argues that the concept of 'crisis' needs substantial rethinking:

"Sadly, I am convinced that for many mental health workers it remains true that they do not think the content of our crises, particularly those they define as psychotic, are real, relevant or of anything but negative value. It is ironic that while increasing numbers of people in the user/survivor movement are seeking new meanings in their most vivid personal experiences, so many mental health workers continue to look the other way" (Campbell, 1996, p. 182).

A narrow positivist approach to research and theory building cannot hope to cope with these

¹There is now a 'user literature' on mental health. A good introduction is the collection of articles in Read, J. and Reynolds, J. (1996) *Speaking Our Minds : An Anthology*. See also Campbell, P. (1993).

²For various perspectives on hearing voices see Romme, M. and Escher, S, (1993) *Accepting Voices*.

demands and developments. They involve questions of values and ethics and entail debates in which the recipients of psychiatry demand a respect for their realities and demand to be heard in their own words. They refuse to be silenced by the strong voice of psychiatry. I believe that a non-universalist hermeneutics can offer a framework in which psychiatry can understand itself in a new light and engage in such debates in a productive manner. This framework would not entail an abandonment of cognitivism or empirical research in general. However, it would seek to demarcate the limitations of these approaches more clearly and also work to establish other ways in which researchers and patients encounter one another.

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