Trauma, Alienation, and Intersubjectivity

A Phenomenological Account of Post-Traumatic Experience

Lillian Wilde

PhD

Department of Philosophy

February 2022

Abstract

Traumatic experiences do not merely impact on the individual's body and psyche, they alter the way we experience others, our interpersonal relationships, and how we make sense of the world. In my dissertation, I integrate work in phenomenology, psychopathology, philosophy of mind, philosophy of psychiatry, and trauma studies, and draw on trauma testimonies obtained in an online questionnaire. I engage analytically with the question of what constitutes a trauma, whether psychological trauma is necessarily pathological, and what the causal and implicatory relations between traumatising and post-traumatic experiences are. Informed by these preliminary elaborations, I focus on the intersubjective dimension of trauma, drawing on a qualitative study I conducted in 2020. I show that empathic abilities may be altered but are not necessarily diminished through traumatising experiences; I suggest a framework for understanding feelings of alienation in the aftermath of trauma; and I demonstrate how feelings of belonging may be re-established. My dissertation is exemplary of how phenomenological frameworks can contribute to a better understanding of psychological trauma and that engaging with trauma can, in turn, inform and enrich philosophical thinking.

Table of Contents

Acknowledgements

First of all, I want to thank my principal supervisor Matthew Ratcliffe for his excellent advice, and academic as well as emotional support throughout working on this thesis. Your feedback has been valuable without exception and pushed me to do better every time. I would not have been able to do this without you. Many thanks also to my secondary supervisor Christina van der Feltz-Cornelis, for taking on a philosopher as supervisee and supporting me in my quest of becoming an interdisciplinary researcher.

I am extremely grateful to the participants of the study who were so generous and brave in recounting their experiences of trauma. I learned a lot from you, and I promise to keep listening.

For intellectually stimulating discussions, extremely helpful feedback on my work, academic as well as emotional support, and an overall sense of belonging to a vibrant academic community, I would like to thank Keith Allen, Oren Bader, Gregor Bös, Jelle Bruineberg, Eleanor Byrne, James Clarke, Rob Davies, Erik Norman Dzwiza-Ohlsen, Anthony Fernandez, James Killen, Joel Kruger, Barry Lee, Sonia Maria Lisco, Lucy Osler, Stylianos Panagiotou, Jennifer Radden, Louis Sass, Philip Schmidt, Angelos Sofocleous, Tom Stoneham, Thomas Szanto, Linas Tranas, Dan Zahavi, and the many other excellent researchers I had the honour and pleasure of meeting during my time as a PhD candidate.

Thanks to anyone who read and commented on earlier versions of the chapters, including the anonymous reviewers of the articles that have become a part of this dissertation, and the editors who invited me to contribute to their publications: Oren Bader, Luna Dolezal, and the editorial staff of *Dialogues in Philosophy, Mental and Neuro Sciences*.

Very special thanks go to Bruce Crown for proof-reading the entire dissertation. You have contributed significantly to my peace of mind during the final weeks of working on this project. No-one should have to deal with so many stray commas and rogue semicolons.

Part of the work included in this dissertation was presented at conferences and workshops hosted by the British Phenomenological Society, the British Society for Middle Eastern Studies, the Università Vita-Salute San Raffaele, the Centre for Subjectivity Research, and the

Boston College Philosophy Department. I want to thank the Northern Phenomenology Network, the Complex Trauma Therapists Network in the UK together with the University of York, and the Iranian Society for Phenomenology for inviting me to present my work at their events. I am grateful for the insightful comments and questions I received from the audience.

Furthermore, I want to thank my fellow PhD students and the staff at the University of York. Special thanks to Julie Kay, Carol Dixon, and Janet Eldred for always keeping an overview and somehow being able to answer any question. For strange pandemic-related reasons I could not spend the final year and a half of my time as a PhD student in York. I am grateful to the department for making this possible.

I also want to thank the students who enrolled in my 'Trauma and Philosophy' module for their brave and devoted engagement with the topic and for showing me so many different ways of thinking about the intersection between trauma and philosophy. I am so proud of the work you have done as part of this module and grateful for the inspiring discussions we had.

Thanks to Grant Denkinson at Open Door, who listened to me when the trauma got under my skin and who reminded me that it's ok to struggle, but that sometimes I can also focus my attention on the pleasant things around me, forget about trauma, and just enjoy.

Many thanks to the wonderful people at the Center for Subjectivity Research at UCPH, Dominik, Felipe, Gustav, Helle, Helene, Jelle, Julia, Linas, Lucy, Luigi, Mette, Nanette, Ody, Patricia, Ruth, Søren, and Thomas, for making the final five months of working on the thesis surprisingly enjoyable by creating an atmosphere of intellectual stimulation and friendly collegiality. I will miss the sense of 'being in it together', and our conversations over lunch! Special thanks go to Dan Zahavi for hosting me and allowing me to stay at the Center until the very last day of my PhD. The mysterious person who left pastry and roses in my office the week before submission deserves special mention (Lucy, I know it was you!).

Finally, but definitely no less importantly, deep thanks to my incredible friends for making me feel at home, even when I was far away: Alice, Atlanta, Danilo, Jakub, James, Jelle, Lucy, and Theis, and to Marta and Sergio for taking in a stray. My world would be a very different one had I not met you. Ich danke ebenfalls meiner Familie, Marina, Wolfgang, Katrin und Leo, für ein stetes Gefühl der Sicherheit und Liebe. Es ist von unschätzbarem Wert, gleich zwei Orte zu haben, an die ich immer zurückkehren kann.

Declaration

I declare that this thesis is a presentation of original work, and I am the sole author. This work has not been previously presented for an award at this, or any other, University. All sources are acknowledged as references.

Parts of the material presented in this dissertation have been previously published (in revised form) or are under review at the time of submission. All publications have been single-authored.

Wilde, L. (2019) 'Trauma and intersubjectivity: the phenomenology of empathy in PTSD', *Medicine, Health Care and Philosophy*, 22(1), pp. 141–145.

Wilde, L. (2020) 'Trauma Across Cultures: Cultural Dimensions of the Phenomenology of Post-Traumatic Experiences', *Phenomenology and Mind*, 18, pp. 222–229.

Wilde, L. (2021) 'Trauma: phenomenological causality and implication', *Phenomenology and the Cognitive Sciences*, pp. 1–17.

Wilde, L. (2021) 'Background Feelings of Belonging and Psychological Trauma', *Psychopathology*, pp. 1–11.

Wilde, L. (2021) 'Commentary on "The Empathic Migrant"', *Dialogues in Philosophy, Mental and Neuro Sciences*, 14(1), pp. 30–31.

Wilde, L. (*under review*) 'Homeworld Experience in the Aftermath of Trauma', *The Phenomenology of Belonging,* eds. Dolezal & Petherbridge, New York: SUNY Press.

Introduction

In this work, I explore the ways in which psychological trauma may impact an individual's interpersonal and intersubjective experience. This dissertation is an interdisciplinary project in the tradition of phenomenological psychopathology. It integrates work in philosophy of mind, philosophy of psychiatry, psychology, and trauma studies. I designed and conducted a phenomenologically informed explorative study in which those directly affected by psychological trauma were able to share their experience to inform and enrich my research. In the aftermath of violently shocking experiences, people often report loneliness and alienation, not feeling understood, and struggling to make sense of the world they live in. A traumatising experience does not merely impact on the individual's body and psyche, it can alter the way we experience others, change our interpersonal relationships, and threaten our sense of belonging. Trauma lingers in the background of our experience, colouring our perception of ourselves, the people around us, and the world we inhabit; it affects the most fundamental ways of being in a shared world. This dissertation demonstrates that phenomenological frameworks can contribute to a better understanding of psychological trauma and that engaging with trauma can, in turn, inform and enrich philosophical thinking.

Trauma is, unfortunately, a ubiquitous part of human experience. Of the almost 70.000 people interviewed in a large-scale international survey conducted by the World Health Organization (WHO), a staggering 70.4% reported having been exposed to a potentially traumatising event (Kessler *et al*., 2017). It is therefore surprising that trauma has not been the subject of extensive phenomenological enquiry to this date; while phenomenology has engaged in depth with mental disorders such as schizophrenia or depression and associated extraordinary experiences, the phenomenological literature on trauma is still scarce, despite these breath-taking numbers. This lacuna may exist in part due to the difficulty of capturing what exactly constitutes a trauma. Traumatic experiences and their effects on the individual are highly heterogenous, rendering 'trauma' a term that is notoriously difficult to define. The Ancient Greek word 'traûma' (τραῦμα), meaning 'wound' or 'damage' used to refer to physical wounds only. It was not until the late 19th century that the term took on another meaning and was applied, more and more often, to psychological or emotional wounds caused by severely distressing experiences. Sigmund Freud and Josef Breuer were among the first to explicitly use the expression 'psychic trauma' to describe the experiences of their psychiatric patients

("*Schreckaffect, das psychische Trauma*") (Freud and Breuer, 1893). Throughout this dissertation, I use the term 'trauma' to refer to psychological trauma, rather than external bodily injuries.

Importantly, this is not to say that a psychological trauma cannot express itself in and through the body. Post-traumatic experience is, in fact, often marked by what can be described as *physical* ailments such as an elevated heart rate, chronic pain, or alterations to appetite and digestion, just to name a few. Bessel van der Kolk's publication *The Body Keeps the Score* (2014) makes a strong case for the embodied nature of trauma, and its popularity speaks for itself: it is a #1 New York Times Bestseller and has been amongst a popular online retailer's 20 most sold non-fiction books for over 60 consecutive weeks (status: January 2022). The relationship between body and mind is complex, to say the least. For the purpose of this work, I adhere to the phenomenological tradition in understanding the human as an embodied being. More can be said about the experience of embodiment in the aftermath of trauma; however, the focus of this dissertation lies elsewhere, namely on the interpersonal and intersubjective experience of trauma.

Intersubjective Experience of Trauma Beyond PTSD

When considering psychological trauma, contemporary researchers often focus their work on Post-Traumatic Stress Disorder (PTSD) as the most severe and long lasting of the Trauma- and Stressor-Related Disorders listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) (*DSM-5*, 2013, p. 265ff.).[1] The majority of contemporary trauma research, both philosophical and clinical, focuses on the symptoms of PTSD, related diagnostic issues, neuro-biological correlates, and—to a small extent in phenomenologically inspired research—the embodied experience of patients diagnosed with PTSD. However, posttraumatic experiences cover the whole range of the trauma- and stressor-related disorders, as well as other mental illnesses such as depression and anxiety. Moreover, not all post-traumatic experiences are

[1] Complex Post-Traumatic Stress Disorder, or CPTSD, coined by Judith Herman in 1992 (Herman, 1992), identifies a more specific (self-)disturbance in the aftermath of prolonged or repeated trauma. It is listed in the International Classification for Disease (ICD), published by the World Health Organisation (WHO), as a distinct disorder (*International Classification of Diseases, Eleventh Revision*, 2018), but remains subsumed under PTSD in the DSM.

necessarily pathological and warrant a diagnosis with a disorder. According to the above mentioned WHO World Mental Health Survey, only about 4% of those exposed to a potentially traumatising event actually go on to meet the criteria for a diagnosis with PSTD (Kessler *et al*., 2017). Without going into further detail at this point, I want to emphasise that both traumatic events and the distress experienced in their aftermath are highly heterogenous. The latter far exceeds the kind of symptoms associated with a PTSD diagnosis. In this dissertation, I therefore abstain from restricting myself to experiences that fall under the DSM's definition of PTSD. Instead, I will engage with the lived experience of the traumatised individual more broadly speaking. *I take 'trauma' to encompass the significant alterations to an individual's experience of being in the world following a severely distressing event*. I will elaborate on and refine my understanding of the concept throughout this work. While I do not doubt that neurological alterations can be a result of traumatising experiences, my interest lies elsewhere, namely with the experiential dimension of trauma.

Leading psychologists do not shy away from acknowledging the important role patients' social relations and their impairment play in mental illness. Take, for example, Thomas Fuchs' claim that "independent of its etiology, mental illness is always a disturbance of the person's relations to others" (Fuchs, 2010, p. 567), or Robert Stolorow, who writes that the "intersubjective context, […] plays a constitutive role in all forms of psychopathology, and clinical phenomena cannot be comprehended psychoanalytically apart from the intersubjective field in which they crystallize" (Stolorow, 2013, p. 385). Nevertheless, research that explicitly focuses on the lived experience of traumatised individuals in relation to others and of being in a shared world is still wanting. It is the purpose of this project to address this lacuna.

Given these limitations of trauma research to date, the task of this project is twofold. The first part of the thesis is devoted to an elaboration on diagnostic issues arising in the context of trauma. I argue that in order to better understand what it is like to live with trauma, we need to look beyond the symptoms typically associated with PTSD and questions regarding the classification of mental illness. Having done so, I introduce the reader to the phenomenologically inspired explorative study I designed and conducted as part of this project. The online survey allowed trauma survivors to share their experience using free text responses. Participation was not limited to individuals with a specific diagnosis but was open to anyone above the age of eighteen who identified with having had a severely distressing experienced that has had a significant impact on their lives. The testimonies thus obtained are one of the principal sources I

draw on in the following elaborations. They highlight the significance of interpersonal relationships, as well as the toll trauma can take on them. I furthermore engage with first- and third-person accounts from the trauma literature, as well as select fictional works to further inform the philosophical enquiries of this work.

I proceed to develop a phenomenological account of the way in which trauma impacts on interpersonal and intersubjective experience, drawing on the testimonies obtained in the survey. Engaging with the individual as an isolated, independent entity disregards the fundamentally social and relational nature of the human being and their[2] experience and thus leaves out an important dimension of post-traumatic experience. The feeling of alienation frequently reported in the aftermath of trauma is a significant source of distress for many survivors. While a diagnosis with PTSD may be helpful for some of those affected by trauma and plays an important role in, e.g., decisions regarding access to therapy or payment of reparations, the everyday experience of trauma goes far beyond the limits of PTSD symptomatology.

Trauma research shows that strong social relations are not only pertinent to recovery but also a strong indicator of an individual's resilience to trauma. Given the reports of trauma survivors, this highlights the urgency to understand the ways in which people experience being in a shared world, and how this experience is impacted through trauma. Phenomenology is uniquely suited to this task, given its affinity with psychopathological research on the one hand and its sophisticated terminology describing human experience on the other. It has been successfully applied to a range of psychological disorders; phenomenological psychopathology is thriving, as the recent publication of the *Oxford Handbook of Phenomenological Psychopathology* demonstrates (Stanghellini *et al*., 2019). Phenomenological accounts of trauma, however, are still scarce, and an account of the interpersonal and intersubjective structures of trauma experiences is wanting. A better understanding of these issues might help to: improve trauma intervention; make treatment more effective and efficient; and support those living with trauma in a non-clinical context, thus helping more people live well after trauma. It furthermore promises to add to our understanding of the way in which people experience each other and their

[2] I use the gender-neutral 'they' and 'their', instead of 'he/she' 'his/her', to refer to individuals throughout this dissertation.

relationships, and help to make sense of the shared world we live in. It is thus of philosophical interest, too.

Summary of Chapters

In Chapter 1, I explore the history of traumatology and make a case for why I do not restrict my inquiry to experiences of PTSD. I will begin with a preliminary definition of 'trauma' in the sense explicated above. PTSD, the diagnostic category that was officially introduced in the third edition of the DSM in 1980, has quickly become the predominant angle from which psychological trauma is investigated. However, it does not begin to capture the heterogeneity of responses to traumatising experiences. While depression, anxiety, and other mental disorders are also common experiences in the aftermath of trauma, they, too, offer only limited insight into the way in which trauma alters the individual's being in the world. Traumatic experiences impact on the way we experience others, on our interpersonal relationships, and on our sense of belonging to the world, across and beyond diagnostic categories.

In the second part of the chapter, I engage with the question of whether trauma is pathological or a normal reaction to an abnormal event. Tackling the question of whether trauma is a mental disorder requires engaging with the question of what defines a mental disorder in the first place. While naturalists argue that disorders, mental or otherwise, are biological deficits or dysfunctions, normativists hold that only conditions causing harm or disruption to the individual's lived experience are to be considered disorders. For the purpose of this dissertation, I consider the harmful-dysfunction theory, which argues for the golden middle: a disorder is a disfunction that causes harm or distress to the individual. This understanding of mental disorder can also be found in the DSM, which adds 'clinical significance' to its definition. We can thus identify three core aspects of mental disorder: dysfunction, distress/disability, and clinical significance. Drawing on Jerome C. Wakefield's work, I show that neither clinical significance nor dysfunction play an operational role in the definition of mental disorder. We are thus left with the distress clause.

However, not all distress is pathological. The distinction between pathological and non-pathological distress rests heavily on what is considered an appropriate and proportional, expectable, or *normal* response or reaction to a life event, as exemplified by definitions of pathology in the diagnostic manuals. It is generally assumed that distress is pathological if it

deviates from the normal. I draw on Horwitz and Wakefield's account and show that it is extremely difficult to say what an appropriate, proportional response to a traumatizing experience may be: both traumatizing events and individuals' responses to them are highly heterogenous. Even if we were able to draw a clear line between what constitutes an expectable response and what does not, we are still left with the insight that also expectable distress might warrant a need for support, be it professional or provided by friends and family. Moreover, the way in which individuals respond to atrocities, whether their response is expectable or not, is worthy of philosophical inquiry and can offer a plethora of valuable insight into human experience and its vulnerability to atrocities. By engaging with the question of whether trauma is a psychopathology, I thus further cement the assumption that PTSD cannot capture post-traumatic experiences, and that a fruitful engagement with trauma needs to take into account a wide variety of experiences. Limiting the enquiry to pathological reactions to the experience of an atrocity would be unnecessarily restrictive.

Psychology is not the only discipline that has engaged with trauma. In this chapter, I also address the insights philosophers and phenomenologists have gained in their engagement with the topic. While they have added to our understanding of the way in which trauma may impact on the individual, their sense of self, and their body, what is still missing is an in-depth engagement with the interpersonal and intersubjective dimensions of post-traumatic experience. The goal of trauma research is not the ability to diagnose the 'right' disorder in the aftermath of an atrocity; the interpersonal dimension of post-traumatic experience reaches far beyond that. Ultimately, what is of relevance is how we can best support those who have experienced an atrocity and help survivors live well in the aftermath of trauma.

In Chapter 2, Taking my enquiry beyond the question of pathology, I introduce the phenomenological method to be adopted here. In this chapter, I situate my work within the tradition of phenomenology broadly speaking, and phenomenological psychopathology more specifically. Phenomenology has stood in a mutually enriching relationship with psychopathology from its earliest days and has seen wide application since. Particularly experiences associated with the schizophrenia spectrum have received detailed attention from phenomenologists. This work presents a contribution to contemporary phenomenological psychopathology by engaging with the to date largely neglected phenomenology of post-traumatic experience.

In the second part of this chapter, I introduce Louis Sass' taxonomy of phenomenological causality and implication, developed for a classification of the relations between symptoms

of schizophrenia, and apply it to the relationship between the experience of a traumatising event and subsequent distress. While it is tempting to see post-traumatic symptomatology as being caused by the traumatising event and related by a simple conditional ('if A then B'), the reality of trauma is much more nuanced and complex. Alterations to the individual's being in the world may be implied in the traumatising experience itself; apparently different effects may turn out to be inseparable, like two sides of a coin; coping strategies can be volitional or entirely un-intentional; often, trauma unfolds over time, only showing its full impact years after the event. With the help of Sass's taxonomy, I explore the causal and implicatory relations of experiences of trauma. It becomes clear, however, that in order to understand the experience of trauma in depth, it is indispensable to listen to those directly affected by it.

In Chapter 3, I therefore introduce the reader to the phenomenologically informed explorative study of post-traumatic experience I designed and conducted as part of this work. I am extremely grateful to the sixty participants who shared their experience of trauma and post-traumatic distress in the online survey. Granting an intimate insight into the experience of trauma, the testimonies highlight the importance of interpersonal relationships, and the pressure trauma can put on them. They also open up questions regarding feelings of being understood and belonging. In this way, they reveal something about post-traumatic experience that has, so far, remained understudied: the relationality of trauma. In the subsequent chapters, I draw on phenomenological research and terminology to further investigate three aspects of the relationality of trauma: in Chapter 4, the person-to-person encounter with the other, specifically the experience of empathy; in Chapter 5, the feeling of being understood and its absence in the aftermath of trauma; and in Chapter 6, the feeling of belonging to a shared, meaningful world marked by a shared horizon of possibility. The latter will open up a brief engagement with the cultural dimension of post-traumatic experience.

In Chapter 4, I explore the experience of person-to-person encounters and the impact trauma may have on it. A range of studies on interpersonal experience post trauma have focused on whether, and in which way, trauma impacts on the affected individual's empathy. An impaired ability to empathise has been suggested to explain the feelings of alienation common in the aftermath of trauma. I draw on psychological studies on the impact of trauma on empathic abilities, multiple accounts of empathy and social cognition—amongst them Edith Stein's phenomenology of empathy (*Einfühlung*)—as well as the testimonies obtained in the study introduced above. In doing so, I bring out the multifaceted nature of the concept and identify three

different but overlapping modes of experiencing other people: basic, affective, and cognitive empathy. 'Basic empathy', or 'empathy' as it is used in the phenomenological tradition, refers to an individual's ability to perceive another person's experience as that of another conscious subject. 'Emotional empathy', on the other hand, describes the emotional reaction to another's experience, while 'cognitive empathy' describes the cognitive processes involved in making sense of the other's behaviour. Trauma may impact on each of them. The testimonies and studies show that empathy in the three different senses may be impaired in the aftermath of trauma; but they also demonstrate that the opposite can be true, and that (some) empathic abilities may be experienced as *heightened*. Impaired empathic abilities therefore fail to explain the sense of alienation so often experienced in the aftermath of trauma.

In Chapter 5, I therefore turn to another dimension of interpersonal experience in the aftermath of trauma that was mentioned repeatedly in the testimonies: the feeling of not being understood. I argue that this feeling is not a cognitive failure of the other person to understand the words or reasonings of the traumatised individual, but rather an expression of a more pervasive, background feeling of belonging that is amiss. While contemporary accounts of we-intentionality offer some explanation of this sense of belonging, they all fall short in one way or another, most importantly in their failure to explain experiences of togetherness and belonging that do not occur in the context of specific interpersonal interactions. To this end, I introduce Gerda Walther's account of unification. The phenomenologist offers an account of communal experiences that can explain background feelings of belonging as habitualised experiences of unification. Having unified with another individual, the world *feels different*: it is experienced in light of a 'we'. This feeling can become sedimented and continues to colour the individual's experience of being in the world—even in the absence of the other person. It is enabled by others being experienced as significantly similar in one way or another: as being 'humans, who also…'. Drawing on the testimonies and examples from the trauma literature, I argue that it is this experience that is impaired by trauma: the survivor struggles to experience others as 'humans, who also…', or themselves as another 'human, who also…' to others. On the flipside of this, the testimonies suggest that actively seeking out recognition of similarities and shared aspects of experience may enable experiencing others as 'humans, who also…' once again, allowing for unification and re-establishing a sense of belonging. Walther leaves the notion of 'humans, who also…' intentionally open-ended. She offers commonalities such as sharing the same values, thought patters, or attitude towards the whole of life, but does not go into any detail on what the latter involves.

In Chapter 6, I suggest moving away from the inter-individual level of perceived similarity and feelings of belonging to a more communal one. The significant similarity between me and others does not have to be experienced in a concrete person-to-person way. There is another sense in which we feel that we belong, not tied to specific other individuals and the things we have in common with them, but to our community more generally: it is a feeling often described as being *at home*. Edmund Husserl offers a concept that can aid us in capturing something important to the pervasive background feeling of being at home in one's world: the '*homeworld*'. He introduces the concept to describe the individual's experiential world that is co-generated in contrast to an alienworld, the world of the other. The homeworld, on the other hand, is experienced as *our* world. It is an inherently intersubjective concept that rests on the experience of possibilities and anticipations within one's homeworldly horizon that are experienced by me and those like me: by the humans who also live in this world. In short, how we experience our world is intersubjectively constituted *as ours*. The homeworld concept thus promises to be a useful tool in understanding the experience of alienation common to post-traumatic distress.

I suggest that traumatic experiences have the potential to remove the individual from their homeworld. By breaking with the familiar patterns that constitute the horizon of my world, trauma questions my place within it. Being thus removed, the survivor feels alienated, not just from specific other individuals but more generally from their homeworld. This does not, however, imply that they become part of an alienworld, as this would require unification with others who share a similar experience of alienation. While this is indeed a possibility in the aftermath of trauma, as the testimonies suggest, it is by no means a given.

The drawback of Husserl's homeworld concept is that it fails to capture the complexity of overlapping and shifting home- and alienworlds; it does not allow for the fact that our world is far from unitary. Most of us are—explicitly or implicitly—members of a variety of partially overlapping worlds, or worlds-within-worlds, such as the world of the family, of our professional life, perhaps our world as a dancer, an activist, a devout fan of Dogme 95 cinema. These worlds can overlap or exist side by side, and sometimes even conflict with one another. Moreover, many individuals move between worlds. Migrants and refugees may be forced to leave behind one familiar homeworld for another; only the fortunate ones can retain their old homeworld and create a new one elsewhere. Different traumatic experiences disrupt our sense of belonging to a homeworld in different ways. Refugees lose their home and the world familiar

to them and are displaced into an alienworld—or a no-man's-land, losing all sense of belonging. Survivors of familial rape or domestic abuse, on the other hand, see their homeworld threatened from within. This further emphasises that the experience of homeworlds and one's expulsion from them is not unitary. An individual's sense of belonging to a homeworld is vulnerable to disruption in a multitude of ways. What we perceive as our world is messy, heterogenous, and in constant flux. The clear dichotomy between the home and alienworld that Husserl suggests does not capture the complexity of human experience; an alienworld may become familiar, and the homeworld may cease to feel like our own. By drawing on Husserl's homeworld concept and broadening its scope to allow for movement between and overlap of various homeworlds, we now have a conceptual framework that can begin to explain the feeling of alienation experienced in the aftermath of trauma. Experiencing the inconceivable may imply the experience of being cast out of one's familiar homeworld into a no-man's-land beyond.

I proceed to briefly explore the cultural dimension of trauma. I complicate the notion of the homeworld as being embedded in a cultural context and explore the cultural variability of trauma through this lens. I return to the diagnostic criteria for PTSD to question its purported universality and cross-cultural applicability, and explore cross-cultural variations of trauma experiences, both of the event and subsequent distress. I furthermore introduce what I call cultural horizons and situate diagnostic criteria within a cultural context, drawing on the insights from chapters 5 and 6.

By engaging with trauma broadly construed and focusing on various interpersonal and intersubjective dimensions of experiences of trauma and its aftermath, I hope that this dissertation contributes to a better understanding of the way in which trauma impacts on the individual's interpersonal and intersubjective experience. A better understanding of the structures underlying human experience, traumatic and otherwise, promises to be informative for fostering resilience to psychological distress in the aftermath of trauma, and inform treatment and intervention.

1. Researching Trauma

'Trauma' is a multifaceted term. A quick glance at the OED conveys that, in everyday use, it has at least two rather distinct meanings:

> "1. Pathology. A wound, or external bodily injury in general; also the condition caused by this; traumatism. […]
>
> 2. Psychoanalysis and Psychiatry. A psychic injury, esp. one caused by emotional shock the memory of which is repressed and remains unhealed; an internal injury, esp. to the brain, which may result in a behavioural disorder of organic origin. Also, the state or condition so caused." ('trauma, n.', Oxford English Dictionary)

In what follows, I will exclusively be concerned with this 'psychic injury caused by emotional shock'. For brevity's sake, I will use 'trauma' to denote psychological trauma, unless otherwise stated. This is not to say that psychological trauma is exclusively a matter of the psyche. Body and mind are not to be treated as two separate, independent entities in this thesis. In the vein of phenomenological enquiry, I shall consider the human being as a conscious, embodied, and socially embedded subject. I will expand on this throughout the present work.[3] By the end of this chapter, it should be clear what I take 'trauma' to mean, and why I do not restrict myself to experiences warranting a diagnosis of Post-Traumatic Stress Disorder: symptoms of PTSD are only some of the many possible reactions people might have to an experience (or multiple experiences) of atrocity. Many survivors of trauma are diagnosed with depression or anxiety; others do not develop symptoms warranting a diagnosis with a mental illness at all, despite reporting long-lasting alterations of everyday experiencing. Given the heterogeneity of both traumatic events and subsequent distress, it is thus pertinent to delineate the object of enquiry more carefully before proceeding.

[3] I will not explicitly engage with embodiment in this dissertation. For insightful accounts of embodiment and psychopathology see, e.g., Fuchs, 2013, 2018; Moran, 2017. For an account of experiences of disembodiment after trauma, see Ataria, 2016a, 2018.

1.1 A Brief History of Trauma Research

While trauma is as old as humankind, the history of trauma research in Western psychiatry can be traced back to the work of Sigmund Freud, Josef Breuer, Pierre Janet, and Jean-Martin Charcot, whose research on hysteria dates back to the late 19th century (Janet, 1889; Freud and Breuer, 1893; Freud, 1896, 1957). Freud and Breuer were the first to apply the German term 'Trauma' explicitly to a psychological "wound". In a review of their article, William James calls these mental wounds "psychic traumata, thorns in the spirit" (James, 1894), possibly the first English occurrence of the phrase. What prompted the psychologists to apply the ancient Greek word for 'wound' to the psychotic states of their hysteric patients? It was what appeared to be a causal connection between their patients' symptoms and past disturbing experiences. In this way, the researchers became the first to classify the illness as a mental one. Janet thought of trauma primarily as a disturbance of the affected person's memory; Freud's interest in sexual trauma and the suppression of its memory eventually lead him to his famous account of the subconscious—although it was Janet who first coined the term (Hart and Kolk, 1989). Throughout the 20th century, psychological research on the effect of traumatic experiences on the individual's mind developed, receiving increased attention owing to the devastating events of the time. Research after the first and second world war uncovered parallels between non-physiological symptoms of holocaust survivors and returning soldiers suffering from shell shock syndrome (see Crocq and Crocq, 2000). The Vietnam war and the women's movement, advocating outspokenness about domestic violence and identifying the resulting distress as another form of trauma, furthered both the public debate as well as academic research into trauma (see Herman, 1992). Trauma continues to be of major concern to psychologists and psychiatrists in the 21st century. 9/11, increasingly destructive natural catastrophes leading to immediate distress, as well as long lasting adversity such as displacement, more prevalent now than ever, are just some examples of recent events causing a profusion of trauma related stress. This is not to mention the persistent ubiquity of interpersonal violence (Neria, Galea and Norris, 2009; Kirmayer *et al*., 2010; *Global Issues: Refugees*, 2021).

1.1.1 Trauma in the Diagnostic Manuals

In 1980, Post Traumatic Stress Disorder (PTSD) first appeared in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (*DSM-III*, 1980), marking the official inclusion of psychological trauma into the rank of mental illnesses. In the 3rd and 4th edition of the

DSM, PTSD was subsumed under the Anxiety Disorders (*DSM-III*, 1980; *DSM-IV*, 1994); with the current 5th edition, a new category of Trauma- and Stressor-Related Disorders was introduced, which, besides PTSD, encompass: Reactive Attachment Disorder, Disinhibited Social Engagement Disorder, Acute Stress Disorder, Adjustment Disorders, Other Specified Trauma- and Stressor-Related Disorder (*DSM-5*, 2013, p. 265f.). The World Health Organization (WHO) included PTSD in their 10th edition of the International Classification of Disease (ICD) in 1992, as part of category 'F43: Reaction to Severe Stress, and Adjustment Disorders', which, in turn, was subsumed under the 'Neurotic, Stress-Related and Somatoform Disorders' (*International Classification of Diseases, Tenth Revision*, 1992). In the recently published ICD-11 (*International Classification of Diseases, Eleventh Revision*, 2018), a separate diagnostic category for more severe forms of trauma involving an enduring change to the affected individual's personality after the experience of an atrocity was introduced: Complex Posttraumatic Stress Disorder (CPTSD)—a category first proposed by Judith Herman in 1992 (Herman, 1992). With each new edition of a manual, the diagnostic categories are reworked and refined and thus differ more or less significantly from their previous iterations. For the present enquiry, whenever I refer to 'PTSD', I refer to the definition as it is presented in the DMS-5. This is not a dogmatic decision but a pragmatic one: the DSM category is the conceptualisation of the disorder most commonly referred to in the trauma literature; it goes without saying that I shall draw on its most recent iteration.

1.1.2 Post-Traumatic Stress Disorder (PTSD)

Eight criteria are listed in the DSM that, taken together, warrant a diagnosis with PTSD. Criterium A defines potential causes, that is, those events which may be experienced as traumatic and subsequently lead to the development of the disorder. These are summarised to span "actual or threatened death, serious injury, or sexual violence" (*DSM-5*, 2013, p. 271) and include:

> "… exposure to war as a combatant or civilian, threatened or actual physical assault (e.g., physical attack, robbery, mugging, childhood physical abuse), threatened or actual sexual violence (e.g., forced sexual penetration, alcohol/drug-facilitated sexual penetration, abusive sexual contact, noncontact sexual abuse, sexual trafficking), being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war, natural or human-made disasters, and severe motor vehicle accidents." (*DSM-5*, 2013, p. 274)

The list is not exhaustive and, as we can see, highly variable. Events like these provoke symptoms of PTSD in some but not all individuals exposed to them. According to a large scale

WHO survey, between 2% and 11.5% of trauma victims develop PTSD, depending on the type of exposure (Kessler *et al*., 2017). Studies using data from high risk samples such as Vietnam veterans or World Trade Centre first responders indicate PTSD prevalence rates of up to 20.1% (Bromet *et al*., 2018). Certain factors may increase resilience or vulnerability, thus altering an individual's risk of developing PTSD. These can be of temperamental, environmental, or physiological/genetic nature (*DSM-5*, 2013, pp. 277–278). Individuals may be directly or indirectly exposed in order to qualify for a diagnosis with PTSD, that is, they may be traumatised by witnessing an atrocity, rather than being directly affected by it. Reactions to traumatic events, the DSM acknowledges, are heterogenous and vary according to the severity of exposure as well as cultural background, gender, and age of the afflicted. It is important to point out that many individuals exposed to a traumatic event do not develop symptoms justifying a diagnosis with a psychiatric disorder, PTSD or otherwise, at all.

Criteria B to E list the symptoms that individuals may exhibit, ranging from intrusive recollections of the event (e.g., in the form of flashbacks and nightmares) over avoidance, numbing, and negative alterations of cognition and mood (e.g., dissociative amnesia, negative beliefs, guilt), to hyperarousal. A diagnosis of PTSD can be given if these symptoms prevail for more than four weeks after the traumatizing event, as determined by criterion F. Criteria G and H, finally, exclude disturbances that do not cause distress or impairment, and those that are caused by substances or medication, respectively (*DSM-5*, 2013, p. 271). I will engage with the question of whether and why trauma warrants a diagnosis with a pathology in a subsequent section where I shall return specifically to the distress/impairment criterium, given its centrality to the debate surrounding the question of what constitutes a psychopathology.

In short, PTSD is a mental disorder that afflicts a large number of people in response to adverse life events (Benjet *et al*., 2016; Kessler *et al*., 2017; Bromet *et al*., 2018). According to diagnostic manuals like DSM and ICD, it can be diagnosed if an individual has experienced at least one traumatizing event and subsequently develops a range of symptoms of psychological distress. In contrast to other mental illnesses, its aetiology is thus central to its understanding.

1.1.3 Other Psychopathologies

As mentioned above, PTSD is not the only psychopathology individuals may suffer from in the aftermath of trauma. I have already mentioned the range of Trauma- and Stressor Related

Disorders (DSM) an individual may be diagnosed with. However, post-traumatic experiences are not restricted to these. Both depression and anxiety occur frequently in the aftermath of adverse life events, and one or the other are often co-morbid with PTSD (e.g., Campbell *et al.*, 2007; van der Feltz-Cornelis *et al.*, 2019). A study with 991 participants from south Lebanese villages conducted one year after the 2006 war found a prevalence rate for PTSD of 17.8%. Half of the individuals that qualified for a diagnosis with PTSD—a total of 9%—was found to also meet criteria for Major Depressive Disorder (MDD). Only 8.8% were diagnosed with PTSD alone (Farhood *et al.*, 2016). In a qualitative study on experiences of depression (n = 145) (Ratcliffe, 2015), we find that a range of the depressed participants report having experienced traumatising events such as the ones outlined in criterium A of PTSD.[4] Focusing exclusively on the cases that explicitly mention (sexual) abuse or neglect as the cause for their depression (n = 28), we see that, while some of them did receive a diagnosis of PTSD (n = 4), many more did not. Other diagnoses that are cited by the twenty-eight survivors of abuse or neglect are (in alphabetical order): Affect Disorder, Anorexia Nervosa, Anxiety, Attention Deficit Disorder, Borderline Personality Disorder, Bulimia Nervosa, and Obsessive-Compulsive Personality Disorder. This indicates that we would miss out on a plethora of experiences that do not warrant a diagnosis with PTSD (or do not receive one for other reasons) were we to focus on PTSD as the main reaction to abuse and neglect, or other potentially traumatising events. It is worth noting that not all responses to trauma warrant a diagnosis with a mental disorder. Some individuals may experience what is commonly referred to as post-traumatic growth (Welz, 2015; Ataria, 2016b), a topic I will briefly return to in a later chapter (see section 3.2.1). But even those that do not feel increased resilience, self-acceptance, or strength in the aftermath of trauma may experience alterations to their being in the world that do not fall within the realms of psychopathology. As I will show throughout this work, traumatic experiences impact the way individuals experience others, their interpersonal relationships, and their sense of belonging to the world—across and beyond diagnostic categories. Before engaging in depth with the alterations of interpersonal and intersubjective experience in the aftermath of trauma,

[4] The study was undertaken as part of the AHRC- and DFG-funded project "Emotional Experience in Depression," principal investigators: Matthew Ratcliffe and Achim Stephan. The data was made available to the researcher in accordance with the study's data protection regulation by Matthew Ratcliffe. For details of the study, see Ratcliffe, 2015, Chapter 1.

I will first engage with the question of whether trauma is pathological, or a normal reaction to an abnormal event.

1.2 Trauma—A Mental Disorder?

1.2.1 What Is a Mental Disorder?

To engage with the question of whether (and to what extent) post-traumatic experiences can be classified as symptoms of a mental disorder is to engage with the question of what a mental disorder is in the first place. Answers to both questions are relevant to this dissertation in that they help delineate the subject matter of the subsequent enquiry. As mentioned above, I will not restrict myself to the study of experiences that fall within the range of PTSD. I want to remain open to non-pathological forms of post-traumatic experience, and those that are not captured by the disorder. To engage with the question of whether and, if so, how one can differentiate between pathological and non-pathological forms of trauma, let us begin with a look at some influential definitions of 'mental disorder'. The DSM states that:

> "A mental disorder is a syndrome characterized by *clinically significant disturbance* in an individual's cognition, emotion regulation, or behavior that reflects a *dysfunction* in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant *distress or disability* in social, occupational, or other important activities. An *expectable* or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above." (*DSM-5*, 2013, p. 20, my emphasis)

According to the most recent edition of the DSM, a mental disorder is a dysfunction that causes clinically significant distress or disability but is not an expectable or culturally approved response to a stressor. It thus adheres to the harmful-dysfunction theory of mental disorder, brought forth by Jerome C. Wakefield as a combination of naturalist and normative theories (Wakefield, 1992). Naturalists argue that a disorder is a biological deficit or a dysfunction, much like a broken arm. Normativists, on the other hand, argue that disorders are those conditions which cause harm or disruption to the affected individual's lived experience. While the debate is ongoing, the combination of both, i.e., the idea that a disorder is a dysfunction

which results in harm or distress, is widely adopted beyond the DSM (Spitzer, 1999; Bortolotti, 2020).

The DSM emphasises that disturbances must be "clinically significant" to fall within the categorizations of the manual. This clause is relevant for the practical application of the manual's categories, but, as Wakefield points out, not for the theoretical development of a definition of mental disorder. If we were to take the clause as a necessary condition for constituting a mental disorder, those cases that never come to the attention of a clinical professional and thus evade being classified as 'clinically significant' would not fall within the bounds of the definition. As a consequence, one would not be able to say that someone should have access to mental health care for their disorder, because the condition would only constitute a disorder once evaluated as such by a clinical professional (Wakefield, 1992). In order to avoid such nonsensical implications, Wakefield suggests doing without the clinical significance clause when it comes to defining 'mental disorder'. We are thus left with dysfunction and distress/disability as markers of pathology, as well as the expectability clause.

A dysfunction, according to Wakefield, is a "failure of a mechanism in the person to perform a natural function for which the mechanism was designed by natural selection" (Wakefield, 1997, p. 635, see also Wakefield, 1992). With this definition he aligns himself with earlier definitions of mental disorder as dysfunction (e.g., Boorse, 1975; Spitzer and Endicott, 1978), while refining the understanding of (dys-)function in biological-evolutionary terms (Wakefield, 1992, p. 236). To be a mental disorder, he adds, the dysfunction needs to affect the functioning of the mind. He remains theoretically neutral on what he takes to be processes of the mind rather than the body. He points out that a dysfunction can be said to be mental even if the dysfunction has biological roots, so long as it affects mental processes. According to the DSM definition, mental processes are those that involve the individual's cognition, emotion regulation, or behaviour (Wakefield, 1992, p. 234; *DSM-5*, 2013).

Wakefield proceeds to point out that the dysfunction criterium in itself does not play an operational role in the definition, as it is easily subsumed under the remaining two clauses: distress and the absence of expectability.

> "This interpretation is consistent with Spitzer and Williams' (1982) claim that they are defining disorder in terms of the consequences of a condition; the consequences are the distress and disability, and these consequences, modified by the "unexpectable

> response" clause to be discussed shortly, are supposed to be sufficient by themselves to imply a dysfunction and thus a disorder." (Wakefield, 1992)

He argues that we can assume that a condition is a dysfunction if it causes distress (unless the distress is to be expected). In other words, a dysfunction is implied in a condition causing distress. That is, if the organism is not functioning in a way that its "evolutionary design" intends, it causes distress and disability and can thus be classified as a disorder (Wakefield, 1992). On the other hand, a dysfunction that does not cause distress is not a disorder. Hormonal contraceptives, for example, cause a dysfunction of the reproductive organs without being the cause for distress. Quite the opposite: the biological dysfunction is the desired effect of the medication. Wakefield thus summarizes that "distress or disability is in part supposed to be an operational analysis of what a dysfunction is, making the dysfunction clause redundant" (Wakefield, 1992, p. 236). Having negative consequences, such as causing distress to the individual, is thus the primary condition for disorder.

1.2.2 Expectability and the Question of Normality

Of course, not all distress is pathological. Therefore, this harmful-dysfunction condition is then restricted by the expectability clause in order to eliminate those cases in which the distress is understandable, expectable, or culturally approved. In short, if the distress is expectable given the individual's circumstances and experiences, it does not amount to a disorder. In this way, the definition is able to exclude most intuitive counterexamples such as states of grief after the loss of a loved one, sadness caused by misfortune, etc. A lot of weight rests on this distinction between the expectable and the unexpectable, the normal and that which is not considered normal. This dichotomy is reflected in other definitions of mental disorder. The World Health Organisation (WHO) that publishes the International Classification of Disease (ICD), e.g., states on their website:

> "Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of *abnormal* thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug abuse." (World Health Organization, 2019; my emphasis)

Jennifer Radden's entry on Mental Disorder (Illness) in the *Stanford Encyclopaedia of Philosophy* begins with the following statement:

> "The concepts of mental disorder, or illness, are ascribed to *deviations from normal* thoughts, reasoning, feelings, attitudes, and actions that are by their subjects, or by others, considered socially or personally dysfunctional and apt for treatment." (Radden, 2019, my emphasis)

The questions that suggest themselves are thus: what is normal or expectable distress, and what is not—and thus constitutes a mental disorder? Can we judge experiences of post-traumatic distress accordingly, and if so, where does this leave us? There is no mention of the normality or abnormality of responses to traumatising experiences in the DSM's classification of PTSD. It does, however, refer to it in a differential diagnosis: Adjustment Disorder (AD) might be diagnosed in individuals who meet some but not all of the criteria for PTSD to warrant a diagnosis with the latter. In the section on AD, the manual states:

> "When bad things happen, most people get upset. This is not an adjustment disorder. The diagnosis should only be made when the magnitude of the distress (e.g., alterations in mood, anxiety, or conduct) *exceeds what would normally be expected* (which may vary in different cultures) or when the adverse event precipitates functional impairment." (*DSM-5*, 2013, p. 289; my emphasis)

As this occurs in a differential diagnosis which is given to those who do not experience the full-blown symptoms of PTSD (or those whose traumatising experience does not meet criterium A), it appears to be implicitly assumed that fully meeting the criteria for a PTSD diagnosis "exceeds what would normally be expected" (*DSM-5*, 2013, p. 289) as a response to the respective atrocity, too. It seems, then, that what makes the symptoms of trauma pathological and thus warrant a diagnosis with PTSD is that they constitute an abnormal, exaggerated response to an adverse life event.

This contradicts statements of afflicted individuals who often conceptualise their post-traumatic distress as a normal response to abnormal events, e.g.:

> "When PTSD was explained to me, I fitted every criterion. I knew then that I was not going mad, that I was not the only one who felt this way, and that my problems were normal responses to abnormal occurrences." (National Collaborating Centre for Mental Health, 2005)

If trauma is a normal, i.e., expectable, reaction to an abnormal event, can it still be said to be a psychopathology? The confusion, it seems, lies with a confusion about the boundary between the normal and the pathological, which I will address in the following.

1.2.3 Horwitz & Wakefield's Account of Normality

In a publication co-authored by Wakefield and Allan V. Horwitz, the authors suggest that context-specificity and proportionality are the key features in enabling a distinction between the normal and the pathological and thus allow a classification of reactions as expectable. In *The Loss of Sadness*, they mourn the loss of what they term "normal sadness" in light of ever increasing diagnoses of pathological depression (Horwitz and Wakefield, 2007). Their argument is thus in line with the DSM's underlying assumption that 'normal' and 'pathological' are mutually exclusive concepts. In their work, the authors focus on Major Depressive Disorder (MDD) and explain the significant rise in individuals diagnosed with and treated for MDD in the second half of the 20th century with a conflation of normal sadness and pathological depression. They argue that the origin of this insensibility lies in a failure by 20th century psychologists to take into account the proportionality of the individual's sadness response to an experience of loss, which would distinguish a normal sadness reaction from pathological depression. Retaining or reintroducing the distinction, they argue, has a range of advantages. These include improved assessment or prognosis of the disturbances' development; more accurate diagnosis enabling appropriate treatment and intervention; and improved accuracy in research while avoiding the potential harm inflicted by pathologization or medicalisation of normal sadness (Horwitz and Wakefield, 2007, pp. 19–22).

The authors begin with a discussion of normal sadness to ready the ground for their ensuing argument that a distinction between non-pathological and pathological depression has gone amiss in modern psychiatry, due to a disregard of the symptom's aetiology. Normal sadness, according to the authors, is a context-specific, proportional response to loss with temporary symptoms (Horwitz and Wakefield, 2007, p. 27f.). I will focus on proportionality and appropriateness before engaging with the temporality of reactions in the subsequent section.

Normal reactions to loss, the authors point out, do not necessarily fall short in severity compared to the pathological suffering experienced, e.g., in MDD. They furthermore argue that normal sadness is biologically rooted and developed due to its evolutionary advantages: recall the biological-evolutionary account of (dys-)function given by Wakefield I briefly addressed earlier. It is, however, still debated what these evolutionary advantages of sadness may be. Horwitz and Wakefield propose attraction of social support, protection from aggression after status loss, and promotion of disengagement from non-productive activities as some candidates (Horwitz and Wakefield, 2007, pp. 47–61). Pathological depression, on the other hand, lacks a

cause that serves as a satisfying explanation of the distressing experience; it does not constitute a normal response. Thus, only in cases in which sadness is caused by a harmful dysfunction of the individual's biological and psychological mechanisms, rather than a proper cause, can it be classified as a mental disorder (Horwitz and Wakefield, 2007, p. 17f.).

What, then, is a "proper cause?" Horwitz and Wakefield draw on a long historical tradition of psychological classification in an attempt to answer this question. Three criteria for non-disordered sadness emerge: context-specificity, proportionality, and temporariness. From ancient Greece through 19th century Europe, they argue, normal sadness had been distinguished from pathological depression by means of establishing the presence or absence of a specific, proportional cause (Horwitz and Wakefield, 2007, p. 54). This distinction rests on the assumption that non-pathological sadness is a normal human response to loss—in other words, the proportional and, depending on the given context, appropriate reaction to a highly emotional event—and is thus considered to have a proper cause that justifies the response. In short, a normal response is one that is both proportional and appropriate. Pathological depression, on the other hand, is as exaggeration of this response that exceeds what would amount to a normal reaction.

Take someone who absentmindedly tries to move a cast iron pot that has just come out of the oven without the use of mittens; it is safe to assume that they will develop burn blisters on the part of the fingers that comes into contact with the scorching pot. We would, however, be very surprised if instead they were left with third-degree burns on their forearms (a matter of proportionality), or a broken wrist (a matter of appropriateness). Similarly, we assume that certain psychological responses to adverse life events are more proportional and appropriate than others. This relation of distress to a triggering cause, the authors argue, should be "the first step in diagnostic logic… to distinguish the normal from the disordered" (Horwitz and Wakefield, 2007, p. 71). Being "without cause," then, traditionally does not denote the complete absence of a cause but conveys that a cause, if present, does not serve as a satisfactory justification of the symptoms. In short, Horwitz and Wakefield define 'normal' as the biological-evolutionarily shaped appropriate and proportional behaviour or response, whereas pathology is a harmful dysfunction thereof. In other words, a response that is to be expected, given the individual's biological make-up and the stressor they find themselves confronted with, is not a pathological response.

1.2.4 Proportional, Not Problematic?

For the DSM as well as for Horwitz and Wakefield, temporariness seems to play a central role in establishing the proportionality of a reaction to a distressing event, and thus whether it is to be deemed pathological or not. A reaction that at first seemed normal might develop into a pathology merely by its pervading over a longer period of time than is deemed proportional. In other words, it breaks with what would be an expectable reaction to the event in question and thus falls within the bound of pathology. In this section, I will briefly describe the role temporal thresholds play in the diagnosis with mental disorders following loss or atrocity, and the problems those are faced with who need to judge whether someone's distress is indeed pathological. It is worth noting that a reaction may also be disproportionate in intensity, what would commonly be called an overreaction. I am focusing here on reactions that at first seem normal (in the sense of appropriate and proportional) and develop into a pathological reaction.

Horwitz and Wakefield note that a reaction which seemed appropriate at first can become "established as an ongoing condition independent of events" (Horwitz and Wakefield, 2007, p. 74). As I mentioned above, the independence of the respective events does not entail the absence of an event but rather points to a mismatch between event and reaction: here, it is the absence of proportionality. Take, for example, a child that is mourning the death of their pet hamster. It seems safe to assume that sadness is an appropriate reaction to this event. Further, we would assume that the sadness will express itself in tears, a gloomy mood, anxiety, or fear of death that will prevail for some weeks. If our child is still heavily sobbing every day after several months, we might start to wonder if anything else might be troubling them; due to the child's distress lasting over a longer period of time, we would think of their reaction, albeit appropriate, as disproportional to the cause. These assumptions also seem to hold for cases of more severe bereavement, like the loss of a beloved spouse.[5] Normal sadness, it seems, is temporary and expected to heal with time. Pathological suffering, on the other hand, is ongoing or recurring.

While Horwitz and Wakefield solely focus on experiences of loss and MDD, a parallel case can be made for symptoms of PTSD following atrocity. Reactions that at first seemed

[5] For a phenomenological account of grief see, e.g., Ratcliffe, 2019a, 2019b; Richardson *et al*., 2020. For an account of bereavement by traumatic means, see Neria and Litz, 2004.

entirely appropriate and expectable (such as shock, fear, nightmares, irritability, etc.) may eventually turn into the symptoms of a disorder. The threshold that distinguishes normal sadness from pathological depression, according to the DSM-5, lies at two weeks, during which symptoms are experienced "most of the day, nearly every day" (*DSM-5*, 2013, p. 160). PTSD is diagnosed if symptoms persist for more than a month (*DSM-5*, 2013, p. 272). In other words, a pathology is present should an episode of depressive mood last for two weeks or more; or if symptoms of post-traumatic stress are present for more than a month after the respective event. It is, however, highly questionable whether a symptomatic reaction persisting for more than 2 weeks in the case of MDD, or more than one month in the case of PTSD, is pathological because of its disproportionality. In other words, which role does the duration of symptoms play in establishing whether they are pathological or not?

The first problem is that the temporal threshold appears to be selected rather arbitrarily. The minimal duration posited as symptomatic for Major Depression in the Feighner Criteria in 1972 was one month, and went from two months as initially planned for the DSM-III down to two weeks in the actual publication thereof, where it remains in the current edition (*DSM-III*, 1980, p. 213; *DSM-5*, 2013, p. 160; Horwitz and Wakefield, 2007, p. 92). The diagnostic criteria for PTSD did not include a temporal threshold when the disorder was first included in the manual's third edition. It merely stated that "symptoms may begin immediately or soon after the trauma" (*DSM-III*, 1980, p. 238) and offered a differential diagnosis of Chronic or Delayed PTSD, to be given when symptoms either prevail for more than 6 months, or the onset is delayed by the same amount of time. This threshold to distinguish between acute and chronic PTSD was reduced to 3 months in the DSM-IV (*DSM-IV*, 1994, p. 425), and 1 month in the DSM-5 (*DSM-5*, 2013, p. 272). Without going further into the history of the diagnostic manuals, the sheer variability challenges the validity of a temporal threshold and the role it plays in diagnostic practice.

Even if the threshold had not been selected arbitrarily, problems persist: two weeks are a very brief period for a non-pathological sadness response to a major loss. This puts pressure on the assumption that temporariness is a marker of proportionality and longevity a sign of pathology. The duration of distress that is deemed normal is so short that it obliviates a distinction between pathology and a normal reaction to loss, such as bereavement, almost entirely. The fourth edition of the DSM still contained an exclusion criterion for bereavement in the entry on MDD (*DSM-IV*, 1994, p. 327). This has been replaced in the fifth edition by a note

urging practitioners to exercise their "clinical judgement based on the individual's history and the cultural norms for the expression of distress in the context of loss" (*DSM-5*, 2013, p. 161, my emphasis) followed by a footnote detailing the distinctive predominant features of grief and MDD.[6] This demonstrates the DSM's acknowledgement that a differentiation of normal from pathological responses to loss cannot be based on the temporariness of symptoms alone. The same holds for reactions to atrocity such as the symptoms of PTSD. Nevertheless, the fifth edition of the DSM states that

> "…periods of sadness are inherent aspects of the human experience. These periods should not be diagnosed as a major depressive episode *unless* criteria are met for severity (i.e., five out of nine symptoms), duration (i.e., most of the day, nearly every day for at least 2 weeks), and clinically significant distress or impairment." (*DSM-5*, 2013, p. 168, my emphasis)

The temporal threshold is thus still part of the diagnosis, and temporality still one of the decisive diagnostic criteria. However, it is not clear how one is to judge a person's mental health who, e.g., experiences frequent episodes of depressed mood and suicidal thoughts, most of the day for three days in a row each time they have been abused by their partner. They would not meet the temporal threshold for a diagnosis with MDD, nor would their reaction be disproportional or inappropriate. Nevertheless, their regular episodes of depressive mood might prove lethal if no intervention is offered. In short, even if a reaction is temporary, and both appropriate and proportional to its cause, the distress might still call for support by friends or family, or professional intervention. On the other hand, the longevity of symptoms of distress does not necessarily make them pathological, either. The loss of a loved one might bring with it the long-lasting sense of having lost the possibility to interact and relate to the deceased (Ratcliffe, 2018, pp. 11–13). While both a painful and persistent experience, these features alone do not render the distress a symptom of a pathology.

PTSD highlights an additional problem in terms of the temporariness of symptoms, namely how one is to judge what a proportional time span for overcoming a severely distressing experience might be. The duration criterium for PTSD is longer than that for MDD; however, Acute Stress Disorder captures those cases that do not (yet) meet the temporal threshold of one month. Not only is this a very brief window allowing for non-pathological reactions to

[6] I will return to the relevance of cultural context for the experience of trauma in the final chapter.

experiences such as those listed in criterium A; it furthermore poses the question of just how one can judge what an appropriate amount of time to overcome such devastating experiences: how long ought one to feel disturbed after experiencing a traumatic event that leads to questioning one's most basic assumptions about the world and others? How long ought it take to overcome the pain and shock such an event brings with it? If losing one's beloved spouse to old age leads to suffering that most commonly lasts for more than one month, and often for a year or more (Didion, 2006; Horwitz and Wakefield, 2007, p. 32; Maciejewski, Block and Prigerson, 2021), how long will it be before a mother whose child was violently killed before her eyes will be able to recover from this loss? It seems that due to the severity of many of the experiences listed in the DSM as potentially traumatic, it is near to impossible to judge what a proportional reaction would be, and how long it ought to prevail. It is not at all obvious what it means to overcome, recover, or heal from trauma.

Last but not least, traumatic experiences are often more complex than the singular, temporally contained events described in criterium A of the DSM. Traumatic experiences can be ongoing, like abuse suffered at the hands of a relative over many years; or cumulative, like the experience of a series of disturbing events such as loss, abandonment, and violence—as experienced by many refugees—that, alone, would not have caused lasting psychological distress but that together add up to a trauma. This questions the notion of 'traumatic event' and highlights the oversimplification of the cause-and-effect structure of trauma, an issue I will address in the next chapter. I will also engage in more detail with the temporal dimension of trauma, specifically the unfolding of reactions to traumatic experiences over time.

Hence, applying Horwitz and Wakefield's account to PTSD shows that the differentiation of normal from pathological as two opposing and mutually exclusive concepts by reference to the aetiology of the disorder is highly problematic. It remains unclear how we are to judge reactions to events, especially those potentially traumatising events listed in category A, as proportional or appropriate. Moreover, it is questionable whether this distinction can indeed serve as a ground for distinguishing the pathologically ill from the "worried well," to borrow from Frances (Frances, 2013, p. 111). This becomes especially apparent in cases of trauma, but also holds for non-traumatic experiences of loss. A reaction can be proportional and appropriate to an event, i.e., a normal, expectable reaction, while still a) warranting mental health support and b) being a worthy subject of philosophical enquiry and offering valuable insight into human experience and its vulnerability to atrocities, as I will show in the following.

In this section, I have highlighted some of the difficulties we encounter in attempting to answer the question of whether trauma is a normal reaction to an abnormal event or warrants classification as a psychopathology. In this way, I hope to have further clarified why I will not restrict my enquiries in this work to experiences that fall under the PTSD category. A fruitful engagement with post-traumatic experiences needs to take into account the wide range of heterogenous reactions to atrocity that far exceed the symptoms of PTSD. Limiting the enquiry to pathological reactions would be unnecessarily restrictive.

1.3 Contemporary Trauma Research

Trauma and its aftermath have been (and continue to be) studied in a variety of disciplines. In the following, I will briefly explore contemporary scholarship that engages with (post-)traumatic experiences. Despite the heterogeneity of responses to traumatising experiences, the majority of contemporary trauma research focuses on PTSD as classified in the diagnostic manuals and the neurobiological mechanisms underlying the disorder. Much of contemporary trauma research is informed by the advanced technologies of neuroscience as well as neuroendocrinology, which scrutinise the impact of traumatic events on the brain and the endocrine system. Neurochemical imbalances, most notably of cortisol and norepinephrine, and alterations in the activity of the limbic brain—primarily the amygdala and the hippocampus, brain areas associated with stress response and memory—explain the patient's increased startle response and disturbances in memory processes (Bremner, 2006; Lanius *et al*., 2010; Neria, Rubin and Neria, 2016). The findings from neurobiological research are applied to inform the development of pharmacological treatment.

Increasingly, contemporary trauma research also takes into consideration the embodied, social, and environmental dimensions of PTSD. Bessel van der Kolk's popular work *The Body Keeps the Score*, for example, engages with the way in which the individual's physical being is impacted through trauma, emphasising the inseparability of brain, body, and psyche. Consequently, he suggests body-focused therapies, such as yoga, theatre, and collective movement to complement more traditional trauma treatments (van der Kolk, 2015). Laurence Kirmayer has contributed significantly to the trauma literature by advocating for a heightened awareness of the influence cultural environments may have on experiences of trauma, especially in the context of refugee mental health (Kirmayer *et al*., 2010; Kirmayer, 2012; Kirmayer and Gómez-Carillo, 2019). His work demonstrates the importance of taking cultural context into

account in developing therapeutic approaches for trauma patients. Furthermore, social support is widely acknowledged to play a significant role in both resilience and recovery, as this excerpt from the decennial review of *Psychotraumatology* exemplifies:

> "A lack of social support had been identified as one of the most important risk factors for PTSD following traumatic events (Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003). Further, social support was found to impact on symptom severity and recovery (Charuvastra & Cloitre, 2008)." (Olff *et al*., 2019)

This finding, Olff *et al*. go on to explain, has led to a proliferation of research into the role that oxytocin plays for the development of PTSD. Curiously, the discourse remains focused on neurobiological mechanisms and largely fails to address in depth what makes for successful social interactions (which can trigger the release of oxytocin) or how these are experienced by the individual. While treatment through intranasal administration of oxytocin is explored, the importance that social encounters have for the individual and the suffering that results from a disturbance of intersubjective experience remains understudied and thus, ill-understood. The authors acknowledge that "there is a need for more refined conceptualizations and measurements that capture the social processes associated with positive health" (Olff *et al*., 2019, p. 13). I hope that the present enquiry can contribute to this enterprise.

In short, trauma treatment is still widely based on medication and individualised approaches such as verbal or cognitive behavioural therapy. The importance of social relations and support has been widely recognized for more than a decade; and yet, the impact this has on trauma intervention and treatment focuses, so far, predominantly on studies on the effects of intranasal oxytocin administration (e.g., Olff *et al*., 2015). While I do not want to question the effectiveness of these approaches to alleviate symptoms and reduce suffering, I believe that an account that addresses the individual as fundamentally connected to others and embedded in a social world will add to our understanding of the disturbance and has the potential to further inform treatment.

1.3.1 Trauma Research in Philosophy

Philosophy has not remained silent on the topic of trauma, either. We find, for example, personal accounts of psychological trauma by the philosophers Susan Brison and Robert D. Stolorow (Brison, 2003; Stolorow, 2007, 2014, 2019). Both authors, in their own way, give detailed accounts of their experiences of trauma by drawing on a wide range of philosophical

works, reaching both personal and philosophically insightful conclusions. Brison argues for a relational account of the self and demonstrates the way in which trauma affects this social self, but also other dimensions of the self; Stolorow gives a phenomenological-existential account of trauma, comparing it, e.g., to Heidegger's notion '*angst*' (Heidegger, 2001; Stolorow, 2014, 2021a). The idea of relationality is not absent from Stolorow's writing, either. He posits the centrality of having a "relational home" to contextualise the traumatising experience in order to avoid prolonged suffering (Stolorow, 2013).

Frank Seeburger, on the other hand, takes a more theoretical stance towards trauma. In his 2016 article 'The Trauma of Philosophy' (Seeburger, 2016), he aims to define the term 'trauma'. In the course of doing so, he discusses three different ways in which the title phrase, 'the trauma of philosophy' may be understood. First, it can be taken to mean "trauma insofar as it interests philosophy" (Seeburger, 2016, p. 164), that is, trauma as a topic of philosophical inquiry. Second, we can read it as "trauma, insofar as philosophy itself undergoes trauma" (Seeburger, 2016, p. 164), in other words, the trauma that affects philosophy as a discipline; and third, as "the trauma that philosophy itself is" (Seeburger, 2016, p. 164). With the latter interpretation of his title, Seeburger draws parallels between trauma and philosophy itself: they are comparable insofar as both trauma and philosophy make the affected individual question their place in the world, bringing to awareness the finiteness of life and inevitability of death, ultimately "casting humanity adrift in eternally recurring meaninglessness" (Seeburger, 2016, p. 175). This comparison evokes a philosophy of trauma that I shall not be concerned with in this work: the existentialist debate of trauma. In the tradition of Sartre, Levinas, and Lacan—and, more recently, Rudolf Bernet—trauma is treated as something all humans are faced with, either through the encounter with the other, or with their own mortality (see, e.g., Bernet, 2000). As I am not concerned with the human condition at large, but the specific ways in which certain severely distressing events lastingly alter the affected individual's experience, I shall not engage with this strand of the philosophy of trauma.

1.3.2 Trauma Research in the Phenomenological Tradition

While phenomenology has demonstrated its applicability to a wide range of psychopathologies, very little phenomenological research focuses on trauma. One need only to glance at the table of contents of *The Oxford Handbook of Phenomenological Psychopathology* to see that trauma research is underrepresented within the discipline: of the almost 100 articles published in the

volume, only one is specifically about trauma (Stolorow, 2019). However, there are some notable exceptions, and trauma does crop up in several phenomenological articles: Matthew Ratcliffe has contributed to the body of work with a chapter on trauma and trust in his monograph *Real Hallucinations* (Ratcliffe, 2017b), and an article co-authored with Mark Ruddell and Benedict Smith, in which the authors give a dense but thorough account of temporal experience in trauma (Ratcliffe, Ruddell and Smith, 2014). Thomas Fuchs refers to the subject in several of his papers on schizophrenia (e.g. Fuchs, 2017); Yochai Ataria published a book on the topic of body disownership in CPTSD (Ataria, 2018); Mary Jeanne Larrabee applies Husserl's theory of temporality to PTSD (Larrabee, 1995); and Natalie Depraz engages with the anticipatory structure of human experience to explain the disturbances caused by trauma (Depraz, 2018). I will engage with some of these texts throughout the dissertation.

1.3.3 Lacuna in Trauma Research

A topic that remains largely absent from the phenomenological literature on trauma are intersubjective and interpersonal experiences—a surprising lacuna given the centrality of the concepts for phenomenological research in general. The purpose of this thesis is to contribute to the philosophical literature on trauma with a phenomenological account of the interpersonal and intersubjective dimension of post-traumatic experience beyond PTSD. 'Interpersonal experience' differs from 'intersubjective experience' in that it refers to person-to-person encounters. These can be unidirectional ("I see you") or reciprocal ("we value each other"), face-to-face or mediated through, e.g., a WhatsApp chat or a Zoom call (see, e.g., Osler, 2021). Imagined encounters with real others (such as imagining walking up to a stranger and giving them a compliment), and real encounters with imagined others (such as the fictional others Walther imagines also enjoying the landscape one is rejoicing in (Walther, 1923, pp. 80, 25)) appear to be borderline cases between interpersonal and intersubjective experience. Intersubjective experience involves other subjects in a more permissive sense: they may be real or fictional, concrete or anonymous (see, e.g., Paskaleva-Yankova, 2021). It is, in this sense, a more structural feature of experience that accounts for the world being given as shared, as there for everyone and structured not only in terms of my conscious experience but also theirs (Husserl, 1950, p. 123). Intersubjective experience thus encompasses not only interpersonal encounters but also the more abstract sense of the world as meaningful and shared with others (Zahavi, 2003, p. 110f.). In Husserl's writing, intersubjectivity is ultimately transcendental: it is the source of the objective world as such (see Zahavi, 2003, p. 111). Contemporary

phenomenological work on intersubjective experience furthermore highlights that we should not forget that, despite its transcendental and meaning-creating nature, intersubjectivity is characterised by embodiment and intercorporeality (Fuchs and De Jaegher, 2009; Moran, 2017).

The alienation experienced in the aftermath of trauma (and common in other psychopathologies such as depression) can occur on either the interpersonal or the intersubjective level, as I will bring out in the subsequent chapters. Alienation on the interpersonal level is experienced in social interactions, e.g., as an inability to make sense of another person, or as a lack of feeling understood by a specific other person or group of people. I will engage with these experiences in depth in chapters 4 and 5. Alienation on the intersubjective level is more pervasive as it affects the very structures of experience. In chapter 5, I will turn to an engagement with the sense of not feeling understood as the absence of a background feeling of belonging. It is the background nature of intersubjectivity that allows to account for this experience as a social one, without requiring the presence or absence of a concrete other. In chapter 6, I will then turn entirely towards intersubjective experiences of alienation in engaging with the impact trauma may have on an individual's experience of belonging to a shared homeworld. This shift in focus from interpersonal to intersubjective experiences does not entail leaving behind concrete person-to-person experiences. A disturbance on the level of intersubjective experience will have an impact on interpersonal relationships, too.

Furthermore, (post-)traumatic experiences not captured by the PTSD diagnosis remain largely unaddressed, in phenomenology just as much as other disciplines engaging with trauma. Our understanding of interpersonal and intersubjective structures of experience after trauma broadly construed is still poor, despite the correlation of strong social support with resilience and recovery from severe post-traumatic states. In the following, I will therefore offer a phenomenological account of the interpersonal and intersubjective dimension of trauma that goes beyond the symptoms of PTSD.

1.4 Conclusion

Contemporary trauma research that goes back to Freud and Breuer's studies of hysteria and was shaped by the atrocities of the 20th and 21st century remains largely focused on the symptoms of PTSD. Above, I have demonstrated that the classification of trauma as a pathology—and of post-traumatic experiences as symptoms pertaining to one disorder or another—is

riddled with problems. To highlight this, I presented a dominant framework of (mental) disorder as harmful dysfunction and identified the underlying dichotomy between 'pathological' and 'normal' prevalent in the diagnostic manuals and the relevant literature. I scrutinized Horwitz and Wakefield's account that aims to establish a clearer line between normal and thus expectable reactions to adverse life events on the one hand, and disordered reactions on the other. The authors highlight temporariness as one of the factors that can account for a reaction's proportionality. However, the historical variability of the threshold between normal and disordered reactions to adverse live events posited by the DSM puts pressure on its validity. The brevity of the window for non-disordered reactions is so brief it almost obliterates the distinction entirely and risks over-medicalizing normal reactions to loss or atrocity. Moreover, the severity of potentially traumatising experiences questions the feasibility of judging what kind of responses should be considered appropriate reactions to them.

The dangers of pathologizing—and as a consequence, medicalizing—normal suffering have been widely addressed in the trauma literature (see, e.g., Freud, 1957; Bandini, 2015). Interfering with the individual's healing process can be not only unhelpful but potentially harmful. This does not mean that the suffering should be left alone with their pain; support of family and friends plays an indispensable role for recovery from adversity, as the trauma literature widely acknowledges (e.g., Herman, 1992; Brison, 2003; Shay, 2003). Just because an individual's symptoms do not meet the threshold for being classified as a harmful dysfunction due to an absence of appropriateness and proportionality does not mean that they ought to just 'pull themselves together' and 'get on with it', or that 'things will get better with time'. And even if they do, the affected individual might still need support, professional or otherwise, until they are able to live well in the aftermath of the loss or atrocity they have experienced.

In short: the absence of a pathology does not denote the absence of a need for help, nor does it render the experience irrelevant to human experience or, for that matter, philosophical enquiry. For the present work, it is therefore not relevant whether someone's reaction to an atrocity falls within the definitional bounds of 'pathology' or not. This is the reason I do not restrict the enquiries in this dissertation to experiences of PTSD. I shall not be concerned with the question of whether someone meets the diagnostic criteria for PSTD or another psychopathology, or what the defining criteria ought to be. If a distressing life event has had a lasting impact on the individual, their experience is worth investigating, as it potentially offers valuable insights into the way in which trauma alters human experience. In the following chapters,

I will engage in depth with the way in which trauma impacts on different dimensions of interpersonal and intersubjective experience. Often, a sense of alienation, of not feeling understood and not belonging marks the aftermath of trauma, and social support and understanding are needed to avoid unnecessary suffering. Phenomenology offers the conceptual tools to engage with these experiences in a fruitful way.

2. Phenomenology

Phenomenology is a philosophical tradition that has its roots in early and mid-20th century work by scholars such as Edmund Husserl, Martin Heidegger, Max Scheler, Gerda Walther, Edith Stein, Maurice Merleau-Ponty, and others. It is often described as the discipline that studies the relationship between consciousness and world. As Thomas Szanto puts it:

> "A common denominator that all authors from the phenomenological movement converge upon is that phenomenology is the study of phenomena of conscious experience from the first-person perspective. […] phenomenology studies the complex ways in which something is intentionally given in subjective conscious experience." (Szanto, 2020a, p. 292)

Hence, phenomenology engages predominantly with how the world is given to the conscious subject. It engages with the lived experience of the individual from a first-person perspective. This is not to say that it is limited to mere descriptions of idiosyncratic individual experiences. It is interested in the structures of conscious experience and the different modes in which the conscious subject engages with their world: through sense-perception, imagination, and memory; actively, passively; reflectively and pre-reflectively. Moreover, it conceives of the subject as embodied and embedded in a spatiotemporal, social environment (Zahavi, 2003, 2012; Smith, 2018; e.g., Gallagher and Zahavi, 2020). Despite its undeniably strong focus on the conscious subject and its experience, phenomenology is not an introspective or even solipsistic discipline, contrary to what some critics suggest (see Zahavi, 2003, p. 109f.). Intersubjectivity plays a central role not only for the experience of the world but the constitution of its very objectivity. The world is understood to be experienced as there for all, equally accessible to everyone. It is precisely its being there for everyone, the "für Jedermann dasein" in Husserl's words, that constitutes the objectivity of the world (Husserl, 1950, p. 123, see also 1983, p. 55). This is emphasised by Husserl's continued engagement with the topic (Husserl, 1973b, 1973c, 1973a), and the abundance of phenomenological work that continues to be published on the topic to this day (Fuchs and De Jaegher, 2009; Gallagher, 2013; Zahavi, 2014; Moran, 2017). Thus, while phenomenology questions taken-for-granted assumptions about the objective world, it does so without questioning the objective character of the world itself.

For Husserl, a crucial task of phenomenology is to ground the natural sciences in subjective experience. His transcendental phenomenology seeks to explain how the objective

world is given as such in subjective experience. To this end, already in *Ideas I* (*Ideen zu einer reinen Phänomenologie und phänomenologischen Philosophie*) he developed phenomenological tools such as the epoché to bracket what he calls the 'natural attitude' (e.g., Husserl, 1983, pp. 33f., 51f., 61). While immersed in the natural attitude, the subject takes the world, its objects, and the way these are presented in subjective experience for granted. When I close the door to my apartment, I assume that it continues to exist just the way I have last seen it; when I turn over the book lying on my desk, I do not doubt that the letters on the cover continue to spell out 'Edmund Husserl…', merely because they are no longer within my perceptual field; when you leave the room, I continue to have a sense of your existence and relevance for me. While these are practical assumptions that make my life easier by saving me a lot of doubt and anxiety, the natural attitude, according to Husserl, can also hinder me from investigating just how the world is given. By bracketing my assumptions about rooms, books, and persons, I can arrive at a "purer" view of reality not coloured by my habits and presuppositions, and thereby gain fresh insights into their nature. Phenomenologists are urged to go "back to the things themselves," as Husserl famously posits in the introduction to his *Logical Investigations* (Husserl, 1901).

Phenomenology does not need to be transcendental, however, and research can be phenomenological without performing the epoché (Zahavi, 2021). This has been repeatedly proven by the application of phenomenological thought in a variety of disciplines, through approaches that question some presuppositions and taken-for-granted aspects of human experience without bracketing the natural attitude entirely. Phenomenological frameworks, concepts, and methodology have inspired work in psychopathology, anthropology, sociology, and more since the very beginning. The influence is not one-sided. Phenomenology has just as much drawn on work from other disciplines and continues to do so to this day. Interdisciplinary research projects and groups with a phenomenological focus play a central role in contemporary phenomenological circles (e.g., the *Center for Subjectivity Research* in Copenhagen; *Phänomenologische Psychopathologie* in Heidelberg; the recently established Wellcome Trust funded project *Renewing Phenomenological Psychopathology* in Birmingham; and many more).

2.1 Phenomenological Psychopathology

Over the years, phenomenology has been successfully applied to the study of a variety of psychopathologies such as schizophrenia, depression, and autism (e.g., Blankenburg, 1971; Urfer-

Parnas, 2001; Parnas and Gallagher, 2015; Ratcliffe, 2015; Sass and Borda, 2015; Fuchs and Röhricht, 2017; Zahavi and Martiny, 2019). The recent publication of the *Oxford Handbook of Phenomenological Psychopathology* (Stanghellini *et al*., 2019) highlights the significance of this field for contemporary philosophy. Some even call phenomenology "the foundational science for psychopathology" (Fuchs *et al*., 2019). Engaging with the ways in which human experience can be disturbed and altered allows phenomenologists to investigate not only the disturbed states themselves: by bringing into focus modes of experience usually taken for granted but absent in the respective pathology enables an in-depth understanding of everyday, non-disturbed experience, too. Phenomenologists can thereby contribute to a better understanding of both disturbed and non-disturbed experiences, shedding light onto those realms of perception and experience that remain hidden from awareness precisely because they form such an integral part of everyday experiential live.[7]

It is important to highlight that the mutually informative relationship of phenomenology and psychopathology is not a recent development. From its very beginning, phenomenological research has drawn on psychopathological experiences. Psychologists, in turn, have made use of the tools and terminology developed by phenomenologists to better describe and understand their patients' experiences. Already in 1912, Karl Jaspers published an article that argues for the importance of the phenomenological approach and its applicability to psychopathology. Husserl's *Logische Untersuchungen* had been published just over a decade earlier, in 1900 and 1901 (part 1 and 2, respectively). And even though *Ideen zu einer reinen Phänomenologie und phänomenologischen Philosophie* would not be published until the following year, in 1913, Jaspers already recognized the applicability of Husserl's ideas to the study of psychopathologies. In this early article, he advocates adopting a "phenomenological stance (*phänomenologische Einstellung*)" (Jaspers, 1912, p. 396); by bracketing their assumptions, the researcher can engage with the subjective experience of psychopathologies and is thus able to recognize, characterize, and ultimately better understand the patient's experience. In 1913, Jaspers published the work that is now recognized as the foundation of psychopathology, *Allgemeine*

[7] This is not only true of psychopathologies. For an insightful phenomenological account of experiences of illness, see Carel, 2021.

Psychopathologie: Ein Leitfaden für Studierenden, Ärzte und Psychologen (Jaspers, 1913), and which firmly established the close relationship of phenomenology and psychopathology.

The mutually enlightening relationship of phenomenology and psychopathology becomes particularly apparent in schizophrenia research. Eugène Minkowski has made lasting contributions with his influential work that applied phenomenological methodology to schizophrenia research by engaging with the "underlying organizing structure" (Urfer-Parnas, 2001) of the schizophrenic patient's experience (Minkowski, 1927). Wolfgang Blankenburg developed an account of pre-symptomatic schizophrenic experience, drawing on Husserl's work, and applying as well as enriching phenomenological concepts such as lifeworld, intersubjectivity, and being-in-the-world (Blankenburg, 1971). Recent research collaborations have produced systematic symptom checklists for disturbed experiences common in schizophrenia spectrum disorders: EASE (Examination of Anomalous Self-Experience) and EAWE (Examination of Anomalous World Experiences) were developed in interdisciplinary collaborations as tools to describe, diagnose, and enable further research of experiences typical of schizophrenia (Parnas *et al*., 2005; Stanghellini, Ballerini and Mancini, 2017). Schizophrenia continues to be a subject of investigation that highlights the continued relationship between phenomenology and psychopathology, as seen in the work of Thomas Fuchs, Louis Sass, Giovanni Stanghellini, Matthew Broome, and many more. The work in this research area has, in turn, yielded phenomenological and philosophically interesting insights into, e.g., the nature of the self and usually taken-for-granted modes of self- and world-experience that are disturbed in schizophrenia spectrum disorders (see, e.g., Fuchs and Röhricht, 2017; Ratcliffe, 2017b; Stanghellini, Ballerini and Mancini, 2017; Sass *et al*., 2018).

In more recent years, phenomenological research has engaged in depth with experiences of depression and added significantly to our understanding of the disorder. Matthew Ratcliffe has contributed to the field with several publications that do not only describe, characterize, and categorize symptoms of depression, but offer philosophically as well as therapeutically valuable insights into the way in which depression impacts on the very structures of being in the world of the affected individuals. Autism spectrum disorders have also been the object of phenomenological investigation (Avramides, 2013; Gallagher, 2013; Bader, 2020), as have Borderline Personality Disorder (Stanghellini and Mancini, 2019), Dementia (Dzwiza-Ohlsen, 2020, 2021), and experiences of grief and complicated grief (Ratcliffe, 2019a, 2019b; Richardson *et al*., 2020).

2.1.2 A Phenomenology of Trauma

Work on the phenomenology of trauma is, in comparison, relatively scarce. I mentioned above that only one of the articles in the recently published *Oxford Handbook of Phenomenological Psychopathology* specifically engages with trauma and mentioned certain notable exceptions. The reluctance of phenomenologists to engage explicitly with trauma might be due to the difficulty of delineating just what constitutes (post-)traumatic experiences. Traumatising experiences as well as the responses to them are highly heterogenous, as I will demonstrate in a later section (see section 3.3). Nevertheless, I think that a phenomenological investigation explicitly directed at experiences of trauma can a) enrich contemporary phenomenological debates and b) contribute to the trauma literature. A phenomenology of trauma promises to shed some light onto the questions of why certain experiences leave people so deeply disturbed, and how those who are suffering in the aftermath of trauma may be best supported. On the other hand, an investigation of traumatic experiences offers philosophically interesting insights into certain aspects of human experience more generally speaking. Engaging with trauma brings to light the individual's fundamental vulnerability to be impacted by life events; it highlights that a lot of the things we take for granted are, in fact, prone to being altered and disturbed, often in the blink of an eye.

This dissertation can be classified as a phenomenological work in the broader sense. It is worth pointing out that it is not my goal to present a transcendental phenomenological work; I do not make explicit use of the methods of transcendental phenomenology like the epoché briefly mentioned above. The work nevertheless remains deeply rooted in the tradition of phenomenology, aligns with much of contemporary phenomenological work (especially that on psychopathology), and draws philosophical conclusions. Throughout this work, I engage with first-person descriptions of trauma, without, however, being merely descriptive—as I make explicit in the subsequent part (section 2.3.1), and further chapters demonstrate. Ratcliffe warns of the risks of "superficially similar symptom descriptions obscuring profound differences in how a person relates to the world as a whole and to other people, and of different descriptions obscuring commonalities" and emphasises that "[p]henomenological analysis provides insight into underlying structural differences" (Ratcliffe, 2019b, p. 4). It is the underlying structural differences (and commonalities) of (post-)traumatic experience that I am interested in here.

Another marker of the phenomenological nature of this work is the fact that I draw heavily on phenomenological concepts and frameworks, such as empathy (particularly in chapter 4), habituality (mainly in chapter 5), the lifeworld, the homeworld, the horizonal structure of experience (in chapter 6), and interpersonal experience, intersubjectivity, experiential possibilities, affordances, and more throughout. Less explicitly, I adopt the phenomenological stance that understands the human being as embodied and embedded in a complex social world. It is worth noting that I will not engage explicitly with embodiment, or the way in which trauma impacts on embodied experience, bodily possibility, or the experience of one's own body (or those of others). Much can be said about this fascinating aspect of human experience and the way in which traumatizing experiences may alter and disturb it. Some research has already been done in this regard (e.g. Ataria, 2018), and further research promises to refine our understanding of embodied experience as well as the body in trauma. Nevertheless, this work predominantly focuses on the interpersonal and intersubjective aspects of experiences of trauma. While embodiment does not feature as a topic of explicit engagement, it will run through the background of this work. In this way, this dissertation aligns with much of contemporary research in phenomenological psychopathology.

In the previous chapter, I emphasised that a conceptualisation of trauma in terms of PTSD is severely limited. Discussions focusing on the correct limits of the disorder or the best practices of diagnosing it miss the interpersonal and intersubjective dimensions of post-traumatic experience, thereby failing to account for the feelings of alienation responsible for much of the suffering experienced in the aftermath of trauma. A phenomenologically inspired engagement with experiences of trauma that acknowledges the intrinsically relational nature of human experience thus promises to enhance our understanding of post-traumatic distress. In the following chapter, I will begin with a first phenomenological exploration of trauma beyond PTSD. Specifically, I will engage with the relations of phenomenological causality and implication that hold between the experience of a traumatising event and subsequent experiences of distress, before introducing the reader to the phenomenologically informed study of post-traumatic experiences aimed at exploring the interpersonal and intersubjective dimensions of trauma that informs the final three chapters of this dissertation.

2.2 Phenomenological Causality and Implication[8]

"Traumatic experiences do leave traces," Bessel van der Kolk writes in his bestseller on trauma (van der Kolk, 2015), and this is hardly disputable. Trauma presents us with severely disruptive experiences that have often long-lasting effects on the affected individual. The pathological symptoms commonly associated with Post-Traumatic Stress Disorder (PTSD) are only some of the possible reactions to atrocity, as I have highlighted above. Mental health issues such as Major Depressive Disorder (MDD), Anxiety, or Depersonalization/Derealization Disorder are all known to follow devastating experiences (DSM-5, 2013), and so are non-pathological changes to the individual's experience and behaviour. Whether the focus is on pathological symptoms or non-pathological alterations of experience, at the core of trauma lies a relationship between a severely distressing experience and the lasting impact it has on the individual.

A wealth of trauma literature offers varying suggestions as to what exactly causes these kinds of post-traumatic alterations of individuals' experience. Much of the consensus boils down to the alterations in brain functioning I briefly addressed above. Van der Kolk, for example, writes that researchers "now know that their [the trauma survivors'] behaviors […] are caused by actual changes in the brain" (van der Kolk, 2015). Little research, however, focuses explicitly on the details of how a potentially traumatizing event is experienced and how this experience relates to the development of subsequent distress. The diachronic relationship between a potentially traumatizing event and adverse mental health outcomes is either described vaguely, e.g., as "psychological distress following exposure to a traumatic or stressful event" (*DSM-5*, 2013, p. 265), being "associated" with the event (NICE guideline NG116, 2018), or it is conceptualized in exclusively causal terms, as the above van der Kolk quotation exemplifies. I suggest that a detailed phenomenological description of the experiences of trauma and their various relations may refine our understanding of post-traumatic distress, helping thus to shape prevention and treatment.

I suggest a twofold approach, scrutinizing 1) phenomenological causality and 2) phenomenological implication in the genesis and constitution of post-traumatic distress. I draw here on Louis Sass's phenomenological taxonomy (Sass and Parnas, 2007; Sass, 2010, 2014).

---

[8] An earlier version of this chapter has been published in article form under the title "Trauma: Phenomenological Causality and Implication" in *Phenomenology and the Cognitive Sciences* (Wilde, 2021c).

It includes six ways in which the experiences of schizophrenia and their relation to one another can be conceptualized. Phenomenological implication encompasses three relations that are identified as synchronic, describing symptoms that occur simultaneously: equiprimordial, constitutive, and expressive relations. Phenomenological causality encompasses three relations that are identified as diachronic, accounting for those experiences occurring in succession: primary, consequential, and compensatory relations. While Sass focuses his research on the symptoms typical of schizophrenia-spectrum disorders, he intended his phenomenological taxonomy to be generally applicable.

In the following, I shall demonstrate how it might be applied to experiences of trauma. In the context of trauma, three main relationships can be identified: I. the relationship between the traumatizing event and the individual's experience thereof (at the time of its occurrence or later); II. the relationship between the individual's experience of the event and subsequent experiences of distress; and III. the relationship between the various alterations in post-traumatic experience, such as those commonly conceptualized as symptoms of PTSD. I will focus here on the second relationship (II) and demonstrate how it can be conceptualized in more than causal terms, thus extending the application of Sass's taxonomy.

My adaptation will differ from Sass's account in one major respect: I will argue against his assumption that whether experiences occur synchronically or diachronically is essential to their categorization in terms of phenomenological implication and causality, respectively. I shall demonstrate that an alteration in perception or behaviour post trauma might temporally succeed the traumatizing event while, at the same time, being implied in the experience of the event. I will begin with an elaboration of phenomenological causality, first in Sass's terms, then applied to relations of trauma. Thereafter, I shall proceed along similar lines in my scrutiny of phenomenological implication. A third section follows, in which I part ways with Sass's taxonomy in order to describe diachronic relations of implication.

2.2.1 Louis Sass's Phenomenological Taxonomy of Causal Relations

Phenomenology has a long tradition of being applied to the study of psychopathologies, most notably schizophrenia and depression, as shown above. In these areas, it has proven to be a valuable tool for scrutinizing the individual's experience of themselves, the world, and others. With very few exceptions (Ratcliffe, Ruddell and Smith, 2014; Ratcliffe, 2017b; Ataria, 2018), it has not yet been applied to the study of trauma. I shall demonstrate in the following that it

can offer valuable insights in regard to the way traumatic events and subsequent alterations in perception and behaviour are experienced.

Traditionally, phenomenology is deemed to be a largely descriptive method. However, Sass (Sass and Parnas, 2007; Sass, 2010, 2014) argues for the explanatory value of the phenomenological method: a view that finds resonance with other contemporary phenomenological authors (e.g., Nordgaard and Henriksen, 2018; Schmidt, 2018). The detailed description of experience, pathological or not, and the differentiation of causal and other relations—which I shall come to discuss shortly—can add to the explanation of these experiences (Ratcliffe, 2020). Sass focuses his research first and foremost on schizophrenia and the ipseity or self-disturbance involved. His main focus lies on three disturbances present in but not limited to schizophrenia-spectrum disorders: hyperreflexivity, diminished self-presence, and disturbed grip or hold on the world. These alterations of the experience of oneself in the world are not independent from one another but are closely interrelated, as his taxonomy demonstrates.

The question of causality is not restricted to post-traumatic experiences and is widely debated in psychopathological literature. While the traditional disease model assumes that symptoms of psychopathologies are caused by an underlying disease entity (in parallel with physical ailments, e.g. the headache and dizziness caused by a brain tumour) (McNally *et al.*, 2015), a newer network approach argues for psychological disorders being "systems of causally connected symptoms" (Borsboom and Cramer, 2013, p. 93). A detailed discussion of the various kinds of relations that hold between symptoms and their causes, if any can be identified, is lacking in both models. Louis Sass's phenomenological taxonomy offers just that. On his account, causality describes relations between symptoms and their cause that are identified as diachronic, accounting for those symptoms that occur in succession and do not merely correlate. He identifies three such causal relations: primary, consequential, and compensatory. Albeit being an oversimplified classification, as Sass acknowledges, it allows for a more nuanced distinction between different kinds of causal relations. It can, moreover, be applied to non-pathological alterations to an individual's experience.

Primary relations, according to Sass, describe a primary cause with a direct consequence, such as a neurological dysfunction that leads to a certain symptom or set of symptoms (Sass, 2010, p. 648). The process by which the primary cause gives rise to its consequence is entirely operative. The individual has no awareness of or control over it; it takes place automatically, on a pre-reflective plane. While the neurocognitive disturbances underlying

schizophrenia have proven difficult to establish, Nelson *et al*. (with Sass as co-author) (Nelson *et al*., 2014a, 2014b) suggest that more fine-grained research can uncover respective correlates, e.g., research on efference copies. Efference copies are the neural signals that help to distinguish endogenous (self-generated) from exogenous (other-generated) stimuli by dampening stimuli that are generated by the individual themselves. Compare, for example, being tickled by someone else to trying to tickle oneself. In the latter case, the endogenous stimulus is dampened, leading to a dampened sensation of barely being tickled at all, while in the first case, the same stimulus generated by someone else might leave one doubled over with laughter. A failure in these neural signals leads to difficulties in distinguishing self-generated stimuli from other-generated stimuli and may thus, in turn, result in a diminished sense of self (Nelson *et al*., 2014b, pp. 14–15). Primary disturbances do not have to occur on the neurobiological level. Sass elaborates, e.g., on primary or operative hyperreflexivity (as opposed to a more reflective, secondary hyperreflexivity), denoting "a process afflicting the more fundamental levels of intentionality" (Sass, 2010, p. 648). It is a passive and pre-reflective process in which experiences that the individual is normally unaware of push to the surface of awareness and become focal. It results in an altered way of experiencing one's selfhood, e.g., through the loss of a sense of automaticity of one's movement, resulting in a heightened awareness of the normally transparent field of experience.

Consequential relations describe processes that are not entirely passive as the ones just described, albeit not fully conscious or volitional, either (Sass, 2010, p. 649). In the case of consequential hyperreflexivity, the not entirely passive, heightened scrutiny of an irritable feeling might result in an exacerbation of this sensation (Sass and Parnas, 2007, p. 83). For example, the delusional motor control typical of schizophrenia-spectrum disorders—the belief that one's movements are controlled by an external force—might be conceptualized as a consequence of the heightened scrutiny of the sensation of not being able to distinguish self- from other-generated stimuli (Nelson *et al*., 2014b, 2014a). That is, an individual who cannot distinguish someone else's touch from their own might, as a consequence, come to experience their own touch as being controlled by an external force. The initial irritable sensation does not have to be a somatic one: Sass and Parnas also refer to "odd visual appearances" that increase in oddness the more the individual is drawn to scrutinizing them (Sass and Parnas, 2007, p. 83). In both cases, the individual is involuntarily drawn to paying hypervigilant attention to an odd sensation, whether initially somatic or not, which consequently leads to an exacerbation of the disturbance.

Compensatory relations are explicitly goal-directed reactions that make the third category of Sass's diachronic relations. Their aim is to compensate for the primary factor that is their cause (Sass and Parnas, 2007, p. 83; Sass, 2014, p. 370). Also described as defensive, these teleological reactions are actively elicited by the individual and are volitional, as opposed to the consequential reactions described above. However, just as consequential reactions, compensatory reactions are often counterproductive. They threaten to result in more suffering rather than less and can become symptomatic of a disorder themselves. In response to a more basic disturbed sense of self, such as the above-described inability to distinguish between self- and other-generated stimuli and the resulting diminished self-presence, an individual might actively adopt a hyperreflexive stance, trying to re-establish the diminished sense of self. This, however, often results in an enhanced sense of unfamiliarity, thus perpetuating the disturbance rather than alleviating the distress (Sass, 2010, p. 649).

2.2.2 Relations of Phenomenological Causality in Trauma

In trauma research, the relationship between the experience of a potentially traumatizing event and an individual's subsequent mental health is mainly construed in terms of causality. The above presented taxonomy can thus be seen as a refinement of the generally assumed causal relation between a traumatizing event and adverse mental health outcomes. In what follows, I will focus on the relations holding between the individual's experience of the event and their experience of subsequent distress.

The experience of a traumatizing event has been shown to elicit neurochemical imbalances and alterations in the brain (Read *et al*., 2001; Yehuda, 2002, 2006; Bremner, 2006; Sherin and Nemeroff, 2011). These can be identified to play a primary, operative role in the disorder. While the event itself may be understood as a primary cause for alterations in experience and can be described as 'having implications', I shall focus here on the causal and implicatory relations between experiences of trauma. Take, for instance, an individual who is unaware that the gun they are being threatened with is in fact a cap gun. While they are not in any actual danger, they experience the assault as life threatening (Stern, 2010, p. 17). When a biological stress response is thus triggered by the experience of a potentially traumatizing event and cannot be contained by the organism, levels of norepinephrine and cortisol can be affected even long after the perceived threat has passed. These alterations, in turn, affect the individual's experience after the traumatic event. Increased circulating levels of the neurotransmitter

norepinephrine, which plays a central role in the regulation of stress responses, lead to increased alertness and hypervigilance and promote the encoding of emotional memories, such as those involving fear. Levels of cortisol, which helps contain the stress response by calming the sympathetic nervous system, are found to be low in individuals diagnosed with PTSD, and thus fail to counteract the heightened effects of the neurotransmitter. It is suggested that this neurochemical imbalance is a direct, primary cause not only for hypervigilance but also for the formation of enhanced traumatic memory, involving involuntary, intrusive memories and flashbacks (Elzinga and Bremner, 2002; Yehuda, 2002; Sherin and Nemeroff, 2011), all of which are symptoms of PTSD listed in the DSM-5 as "intrusion symptoms" (*DSM-5*, 2013, p. 271). The relation is a purely operative one that the individual plays no active role in.

These purely operative reactions can be distinguished from consequential reactions that are neither entirely operative nor fully conscious or volitional. When an intrusive memory or thought occurs, the individual might be drawn to paying hypervigilant attention to it. As a consequence of this kind of rumination, feelings associated with the event, e.g., guilt or shame, or somatic stress symptoms (e.g., raised heartrate) may arise and increase in intensity (van der Kolk, 2015, p. 41). The person threatened with a cap gun might, e.g., be overcome by shame at not fighting back. As Jessica Stern reports in her memoir Denial: "Here is what shames me to the core: I thought he was going to kill me, but I did not fight him" (Stern, 2010). At the same time, the memory of the perceived threat can still elicit a (somatic) re-experiencing of that fear, despite the knowledge that no actual threat was present, which might plausibly reinforce the experience of shame. Due to the nature of the initial stimulus—the intrusive memory—the individual is drawn to ruminate on the thought or image and is pulled into it, thus exacerbating the emotional or somatic response the memory evokes. Further scrutiny of phenomena of this kind might help to explain the symptoms in the DSM's category D: "negative alterations in cognition and mood" (*DSM-5*, 2013, pp. 271–272), as well as other post-traumatic experiences not included in the diagnostic category.

Compensatory reactions can also be referred to as coping mechanisms and are as such an inherent part of trauma discourse. Unable to make sense of the distressing event, an individual develops strategies to cope with the traumatic event it has been exposed to. As opposed to consequential reactions, this reaction is goal oriented in nature: the goal is to cope, that is, to find a way to go on after the horrifying experience. Emotional numbing can serve as a prime example: The individual, confronted with a distressing experience, dissociates, denies, forgets,

rather than having to bear the memory of the ghastly event. Taking the form of denial or partial amnesia, this defensive, teleological reaction is often aided by drugs or alcohol. The memory of the trauma is suppressed. "Persistent avoidance", another one of the DSM's diagnostic criteria for PTSD, can be conceptualized as a compensatory reaction (*DSM-5*, 2013, p. 271). The potentially harmful side of this strategy is apparent. Alcohol does not only have a detrimental effect on the individual's physical health, it also threatens to have negative effects on the individual's social and professional life.

All three of Sass's causal relations have in common that the cause may cease to exist while the effect continues to be present. This is not the case in relations of implication.

2.2.3 Louis Sass's Phenomenological Taxonomy of Relations of Implication

Sass demonstrates with his taxonomy that not only causal relations warrant scrutiny: phenomenological implication encompasses relations between symptoms that occur simultaneously, according to Sass. He thus describes the relations of phenomenological implication as synchronic. He identifies equiprimordial, constitutive, and expressive relations that can hold between symptoms which stand in a non-causal relationship to one another and are not merely correlative, either. Thereby, he adds another dimension to our understanding of how symptoms can relate to one another. This may be of relevance for treatment and intervention, as will become clear in the following. I shall demonstrate in the final section of this chapter that phenomenological implication is not restricted to the description of these synchronic relations. This is where my account will differ from Sass's. I will begin, however, with a description of the implicatory relations Sass identifies, and how they might be applied to trauma, before elaborating in more detail on the diachronicity of relations of implication.

Equiprimordial relations hold between experiences neither of which is understood as more basic or fundamental than the other (Sass and Parnas, 2007, p. 78). In other words, neither of the aspects can be identified as primary or secondary, in contrast to the relations described above. In this category, experiences are understood to be "two aspects of a single whole that we simply happen to describe from two different angles of vision" (Sass, 2010, p. 644). Sass argues that hyperreflexivity and diminished self-presence typical of schizophrenia can be understood as two "aspects of a fundamental (noetic) disturbance of the act of awareness" (Sass, 2010, p. 644). That is, rather than thinking of the symptoms as causing one another, they can be conceptualized as complementary aspects of the same fundamental disturbance of ipseity.

Each implies the other: the experience of one is part and parcel of the experience of the other. By extension, the alleviation of one, in turn, implies the alleviation of the other, too. In categorizing the relation between symptoms as equiprimordial, the enquiry focuses on the relationship between the symptoms. The question of the cause of the symptoms is left aside.

Constitutive relations hold between acts of awareness and the specific content of experience. Here, Sass draws on Husserl's distinction between noetic and noematic aspects of experience. Noetic aspects are fundamental intentional processes underlying experience. In other words, they are the acts of awareness that form or give rise to specific experiences (Sass, 2010, p. 639). Noematic aspects, then, are the perceptual content of this experience, whether in the presence of a physical object (e.g. the object that is seen or touched) or the absence thereof (e.g. the object that is remembered or hallucinated) (Husserl, 1983, p. 223). Noesis and noema stand in a constitutive relationship to one another: "any consciousness is a consciousness of something," Husserl writes (Husserl, 1983, p. 224). One cannot be without the other. Likewise, disturbances of the fundamental, noetic aspects of experience constitute disturbances in noematic perceptual content (Sass, 2010, pp. 639, 645). When a fundamental intentional process is disturbed, so will the specific experiences that are constituted by it be: a fundamental disturbance of one's sense of self will constitute a disturbed experience of how one relates to the world, experienced as a loss of hold or grip that is often cited in the context of schizophrenia (Sass, 2010, p. 645). The experience of loss of hold or grip would not persist in the event of the self-disturbance ceasing to exist. Moreover, Sass emphasizes that the constitutive relation is not a temporal one. He writes that "[constitution] should not be confused with a literal creation nor conceived as a temporal succession. There is not first the fact or process of subjectivity and only then the associated world" (Sass, 2010, p. 639). It is not the case that first there is a disturbance in the structure of experience and then a disturbance of the specific experience follows. Instead, the specific experience could not occur independently of the act of awareness; it is enabled and, in this sense, constituted by it, and so is its disturbance. I disagree with Sass in that this relation can only be described in synchronic terms and will demonstrate below the diachronicity of relations of implication.

Expressive relations describe "situations in which the (noematic) *content* of mental life seems to represent or express, in a more specific way, what appear to be more *general* formal or structural characteristics of mental life" (Sass, 2010, p. 646, emphasis in original). Again, the schizophrenic individual's delusion of motor control, such as the feeling of one's movement

being controlled by a computer inserted into one's brain, can serve as an example (Frith, Blakemore and Wolpert, 2000, p. 358). The experience of not being in control of one's movements can be described in consequential terms as resulting from a more basic, neurocognitive malfunction; it can, however, more appropriately be understood as expressing a more general disturbance of the sense of self, i.e., of not being able to draw a clear distinction between self and other with regard to agency (Sass, 2010, pp. 646–647). That is, the latter cannot be understood independently of the first. In other words, while a cause may cease to exist without its effect doing so, this does not hold true for relations of implication: once the fundamental intentional process that constitutes a specific experience ceases to be disturbed, so will the disturbance which expresses it.

According to Sass, the three categories which are identified as part of phenomenological implication allow to describe the non-temporal relations of experiences that are occurring simultaneously. I shall demonstrate later that phenomenological implication does not have to be restricted to these.

2.2.4 Relations of Phenomenological Implication in Trauma

Traumatic experiences, too, can be conceptualized in terms of implication. I suggest that phenomenologically inspired research promises to reveal relations between the experiences of traumatic events and subsequent distress that have, so far, remained underexplored. A discussion of relations of trauma in terms of causality leaves out an important and informative dimension of their experience: implication. However, it already transpires here that the implication addressed is not necessarily one between simultaneously occurring experiences. Therefore, I will focus on the possibility of diachronic relations of implication, specifically between the experience of a traumatizing event and subsequent distress, in the next part. Before, I shall briefly address a more general approach to phenomenological implication in regard to trauma.

On Sass's account of hyperreflexivity and diminished self-presence as two aspects of a fundamental disturbance of the act of awareness, these equiprimordial symptoms cannot be thought of as separate from one another: the experience of one implies the experience of the other. It is plausible to assume that relations of equiprimordiality can also be identified between experiences of trauma. Two symptoms that are phenomenologically distinct yet appear inseparably as two sides of one coin can be classified as equiprimordial. An advantage of identifying an equiprimordial relationship between two apparently distinct symptoms is that the treatment

of one would also benefit the healing of the other. Frequently co-occurring symptoms that share a common cause but could conceivably occur independently of one another do not fall under this category. For example, the "calm in the face of danger but fear in response to innocuous sounds or scents" (Stern, 2010, p. xv), that Stern reports do not seem to imply one another. The calm in the face of life threating situations she routinely experiences does not imply her aggravation at the sound of a ticking clock, nor the other way around. However, there still appears to be a certain kind of relationship between those two experiences that goes beyond accidental co-occurrence. What they have in common is that they are both expressive of a malfunctioning fear response. In other words, both the exhibiting of an unusual calm when faced with danger and the fearful reaction to hearing the clock's ticking imply a disturbed stress response. In these cases, treatment of the common, underlying disturbance would alleviate both symptoms, but treating one would not necessarily result in a relief of the other. To date, psychiatric research has, to my knowledge, not explicitly engaged with relations of *implication* between experiences of trauma. Empirical research informed by phenomenological theory promises to confirm the assumption that various kinds of relations of implication—besides the causal relations often discussed—can be identified, and thereby further add to a detailed understanding of trauma. Bringing attention to the difference between, e.g., equiprimordial, co-expressive, and correlative symptoms may shape therapeutic intervention that is better geared towards the disturbances at hand.

As discussed above, a disturbance on a fundamental level of the structure of experience might imply a disturbance of the specific content of experience and thus be constitutive of it. This might best be illustrated by the use of an example. Take the loss of trust often reported post trauma, e.g., by a survivor of deliberate, interpersonal violence. The individual is faced, not only with the specific loss of trust in another person (the perpetrator), but with a disruption of fundamental assumptions about others' trustworthiness in general and of their own "sense of safety in the world" (Herman, 1992, p. 51). This fundamental alteration of the experience of other poeple's trustworthiness can be described as constituting the experience of an inability to trust another person in particular in the aftermath of the traumatizing event. As social beings, we depend on a sense of safety in the world, a sense that others are generally well-meaning and trustworthy. This is essential for social functioning, as one is unable to form relationships without it (Herman, 1992). We trust not only our closest family and friends but the people we encounter in our day-to-day lives: colleagues, people in the library, on the train, in the café are encountered as trustworthy. These experiences of trust are pre-reflective, underlying, and

pervasive; not directed at each of the individuals one encounters but directed at others in general. As such, the underlying sense of trust is constitutive of more concrete, explicit experiences of trust. It becomes salient when it needs to be reconsidered in situations that are experienced as potentially dangerous: is the armed soldier on the train worthy of my trust? Is the person shouting insults? In these cases, I might come to experience the other as not trustworthy. However, this experience of a failure of trust is a "departure from our default attitude" (Ratcliffe, 2017b, p. 123), while our default attitude remains intact.

The experience of another individual deliberately inflicting pain on us goes against this very fundamental sense of being in a safe world. Extreme cases thereby destroy not only the victim's trust in the perpetrator but shatter a general assumption about the trustworthiness of others. Alice Sebold reports: "When I was raped I lost my virginity and almost lost my life. I also discarded certain assumptions I had held about how the world worked and about how safe I was" (quoted in: Herman, 1992, p. 51). The ability to trust others in general is impacted. That is, the experience of a violent breach of trust can present an immediate re-configuring of fundamental structures of experience. Some events of deliberate interpersonal violence are experienced as a violent breach of this basic sense of trust, rather than merely a loss of trust in the perpetrator. An experience that erodes the individual's capacity for trust in this way can therefore be described as causing (in a primary sense) the individual's fundamental sense of trust to erode, which in turn implies an inability to trust others in the aftermath of the event. This disturbance, I shall argue in the following, has a temporal structure. It may be expressed—sometimes years and decades after the event—in individual instances of failing to trust a specific person when, formerly, this trust would have been easily and unthinkingly granted. Moreover, the experience of not being able to trust someone is in itself temporal. This brings me to the claim that a discussion of phenomenological implication cannot be restricted to terms of synchronicity. The temporality of relations of implication needs to be taken into account, too.

2.3 Diachronic Relations of Implication

This is the point where I shall digress from Sass's framework and his proposed association of causality with diachronicity, and implication with synchronicity of symptom occurrence. I will focus here on the latter: the potential significance of the diachronicity of implication in trauma has already begun to come to the fore. Sass and Parnas briefly acknowledge the distinction between synchronic and diachronic processes to be a merely "pedagogical" one, as "all

conscious processes are in fact intrinsically temporal in nature" (Sass and Parnas, 2007, p. 76, endnote 16). The simplification has the advantage of allowing for a more straightforward classification of relations. The merit of phenomenological implication, on this view, is that it allows us to describe the relations between simultaneously occurring symptoms that causation cannot capture. However, I want to argue that it is not restricted to the description of these. By conflating phenomenological implication with the description of synchronic relations, Sass neglects the fact that phenomenological implication may in fact be very fruitfully applied to the description of successively occurring experiences.

In regard to the study of post-traumatic experiences, taking the intrinsic temporality of experience into account is particularly informative. The 'post' in 'post-traumatic' marks rather obviously the diachronicity of trauma, from the experience of a traumatizing event to the subsequent alteration of experience. I argue that, while an alteration in perception or behaviour post trauma might temporally succeed the event, it can, at the same time, be implied in the experience of the event. We are explicitly faced with a case of phenomenological implication with a temporal structure. This is only possible to account for if one allows for phenomenological implication to describe both synchronically and diachronically occurring experiences. I mentioned above that a traumatizing experience may erode an individual's pervasive sense of trust which constitutes their inability to enter into trusting relationships with specific people in the aftermath of the event. There are two ways in which this implication can be described as having a temporal structure: on the one hand, the erosion of trust may be phenomenologically present as an altered anticipatory style, which is an intrinsically temporal experience by virtue of its being an apperception in Husserl's sense. On the other hand, it can be experienced as unfolding over time.

2.3.1 Intrinsic Temporality

Husserl argues that every experience is intrinsically temporal. One perceives not only time slices of now-moments: conscious experience is in constant flux. This counts, too, for experiences of implication. Therefore, phenomenology ought to describe experiences not only in terms of their constitutive givenness, but also in terms of their temporality. Husserl calls these two lines of enquiry static and genetic phenomenology respectively and advocates, in his later work, for their interconnectedness (Husserl, 1966, p. 336f., 1973b, p. 34f.; Steinbock, 1998). Some implications of an experience, such as the breach of trust that an event of deliberate

interpersonal violence presents, are immediate and as such phenomenologically present in the experience. The individual's sense of being in a world shared with people that are generally trustworthy may erode at the time of the traumatizing experience. This alteration of one's fundamental structure of consciousness can be described as constituting one's experience of trusting others in the aftermath of the event as impossible. It is a relation of implication, not causation, as explicated above. At the same time, we see that it is also intrinsically temporal in nature.

We can account for the temporality of this experience by appealing to the phenomenological concept of apperception. An apperception is, according to Husserl, the perception of something that is not directly given in present experience but still part of the perception of the intentional object, like the backside of a tree trunk or the notes of a melody other than the one I currently hear. It is, in other words, the perception of possibilities, or more specifically the perception of horizons belonging to an intentional object which are possible to perceive (e.g., Husserl, 1950, p. 18f., 1973c, p. 289). Seeing a tree trunk, I perceive not only the bark that is in my field of vision; I have an apperception of it having a backside and the sense that, if I were to walk around the tree, different parts of its trunk would come into view. I anticipate its location, shape, and colours, and—on walking around the tree—my anticipations are fulfilled while dynamically giving rise to new apperceptions (see also Zahavi, 2003, p. 119f).

Any perception has this intrinsically temporal anticipation-fulfilment structure (Ratcliffe, 2017b). Husserl explicates further that an experience includes not only the current impression of what is directly given, but also what he calls retentions of what has just passed and protentions of the horizons one anticipates to varying degrees of likelihood, i.e., that are possible, likely, unlikely, etc. to be perceived in the future (e.g., Husserl, 1962, p. 200f.). Listening to a melody, I do not only perceive the current note. My perception of the note is marked by the retentions of the notes that have preceded it, and the protentions of the notes that are yet to follow. The presence of these retentions and protentions allows me to perceive the present note as part of a melody with a temporal structure instead of as an individual, isolated now-moment. Importantly, Husserl stresses that these apperceptions are integral to one's present experience. In other words, one cannot have a present experience without the apperception of the experienced object's horizons: I cannot hear the note independent of its occurrence in the melody.

Ratcliffe, drawing on Husserl, emphasizes that not only perceptions of tree trunks and melodies have this intrinsically temporal anticipation-fulfilment structure or anticipatory style:

"in order to encounter things—regardless of what they might be—in one or another way, experience must have a global form, a temporal structure whereby coherently organized possibilities are actualized in line with confident anticipation" (Ratcliffe, 2017b, p. 130). In fact, he draws on post-traumatic erosion of trust to demonstrate that this temporal structure holds of relations of implication, too. When one's sense of being in a world shared with people that are generally trustworthy erodes, so does the anticipation-fulfilment structure of one's experience. Where one formerly met others with the habitual confidence of an undisturbed basic trust, the erosion of this basic trust implies one's inability to trust another person in particular. We can see now that this takes the form of an altered anticipatory style: apperceptions now contain different possibilities than they formerly did. The possibility for trusting the other is no longer part of the encounter's horizonal structure; it has been replaced by the anticipation of threat (Ratcliffe, 2017b). Not meeting the person in the café, the library, or on the train with trust is no longer a departure from one's default attitude but is implied by one's altered default attitude.

2.3.2 The Unfolding of Trauma

I want to add to this that the experience of an implication may unfold over time. The pervasive loss of trust in others, not only the perpetrator, is an experience that only gradually becomes salient after the event. It might take months or years for the survivor to become aware of the impact that the traumatizing event had on their most fundamental structures of experience—if a full reckoning ever comes about. Here, too, we are faced with the diachronicity of the experience of a loss of trust that a traumatizing experience might imply. At the first instance of mistrust, e.g., the experience of not being able to trust the perpetrator to mean you well, there is no phenomenological difference between not being able to trust this specific individual and not being able to trust anyone in general. Only when instances accumulate does the full, fundamental disturbance come to the fore. This claim is supported by reports of survivors retrospectively becoming aware of features of the respective traumatizing experience. Take, once again, Stern's autobiography as an example: on thinking back to her abuser asking whether she and her sister were still clothed, Stern notes: "Would we still be clothed? We were wearing leotards. But I know the answer to that question now: I would never be clothed again" (Stern, 2010, p. 18). At the time of the assault, she was presumably painfully aware of her feeling of nakedness, helplessness, and vulnerability. Only time showed that this feeling was not going to go away by getting dressed again once the rapist left. The traumatic experience implied a sense of pervasive vulnerability that unfolded over time, becoming apparent in Stern's

difficulty urinating shortly after the rape: "I began to walk with crotch held back to prevent intruders, muscles so tight I have to will myself to urinate, sometimes even now" (Stern, 2010, p. 21). Note, also, the author's switch to the present tense in this unusually un-grammatical sentence in her otherwise strikingly eloquent memoir. It seems that not only did the traumatizing experience imply a future kind of experiencing; the past may also be experientially present in the now-experience. The development of trauma is not straightforward, and amnesia is not the only factor obscuring the linearity of trauma narratives. The trauma's lasting impact unfolds, often for months and years after the event. As I have shown, this does not mean that the relationship between the experience of a traumatizing event and subsequent distress cannot be described in terms of implication. Allowing for diachronicity of relations of implication might enable a better understanding of the experience of trauma over time. Also in this regard, further phenomenologically inspired research promises to yield interesting insights.

2.4 Conclusion

Trauma is often conceptualised as a coping mechanism; that is, the biological and psychological way of dealing with a severely distressing event. Van der Kolk points out that heightened startle response, loss of trust, avoidance, flashbacks, and nightmares can be seen as learning responses to a change in the environment after which the individual is forced to update their belief systems, i.e., the pre-existing models of understanding the world. The individual learns, for example, that another human being can be cruel to them in ways they could not have imagined, resulting in changes to their systems of trust. The symptoms are thus ways in which the individual integrates this new reality, consciously or pre-reflectively. Ideally, they are ways to survive the threat and to move on after it has passed (van der Kolk, 2015). For some—but not all—individuals exposed to potentially traumatising events, these coping strategies cause what can be deemed clinically significant distress.

In chapter 1, I elaborated on my decision to not restrict this enquiry to pathological reactions to trauma (typically treated under the umbrella of PSTD). In this chapter, I demonstrated that phenomenology offers a wide array of the conceptual tools and approaches that can enrich thinking about trauma. The discipline has demonstrated its applicability to extraordinary experiences typical of other psychopathologies such as schizophrenia since its earliest days; post-traumatic experiences have, however, largely escaped the attention of phenomenologists.

In the second part of this chapter, I illustrated the applicability of phenomenological thinking to post-traumatic experiences by drawing on Louis Sass's phenomenological taxonomy of causality and implication. He presents six different ways in which to conceive of relationships between experiences: three of causality and three of implication. I demonstrated that his framework, developed for the study of symptoms of schizophrenia, can be fruitfully applied to the relations between experiences of trauma. In order to make sense of the relationship between the experience of a traumatizing event and subsequent distress, which is one that unfolds over time, I furthermore expanded Sass's taxonomy to demonstrate that phenomenological implication can also be applied to diachronic relations.

Applying Sass's taxonomy to experiences of trauma demonstrated that the relationship between experiences of a traumatising event and subsequent distress is not a question of a simple conditional, as the conception of post-traumatic experience *qua* coping strategy suggests. Causal relations are manifold, and compensatory reactions are just one of the three causal relations Sass identifies as holding between experiences. I furthermore identified relations of implication holding between the experiences of trauma. The relationship between the experience of a traumatizing event and post-traumatic alterations in experience are manifold in kind and can be scrutinized in various ways. Both phenomenological causality and implication can be usefully applied to a diachronic relationship like this.

Hence, what I understand trauma to encompass is, broadly construed, a significant alteration to an individual's experience that stands in a relation of causation or implication to the experience of a distressing event. While the relation that holds between a distressing event and the subsequent distress (and the appropriateness or proportionality of the reaction) might not be apt for differentiating between the latter being pathological or normal, it is nevertheless of interest for further research—so are the various psychological reactions, whether they call for clinical intervention, friendly support, or neither. Understanding the intricacies of relations between experiences might offer insight as to why some people suffer more from trauma than others and help us understand how to best support those who have survived a traumatising event. Phenomenology offers the conceptual tools to do so.

I will expand this account by drawing on and engaging in further phenomenological research. In the following chapter, I will introduce the reader to the phenomenologically informed explorative study of post-traumatic experiences I conducted as part of this dissertation. With this work, I hope to add to a more detailed understanding of the manifold experiences of

trauma, both at the time of calamity and in its aftermath, as well as relations between the various experiences the trauma survivor is faced with. In order to do so, it is indispensable to listen to those directly affected by trauma. Hopefully, an in-depth description of traumatic experiences can offer better ways of explaining them. A thorough understanding of the way in which traumatic events leave their traces on the individual's experiential life promises to inform trauma intervention, *inter alia*, by taking into account relations between the various symptoms of PTSD, as well as non-pathological reactions. The testimonies highlighted the central role interpersonal and intersubjective experience plays for the individual's well-being; a pervasive sense of alienation and not feeling understood appears to be central to many survivors' distress in the aftermath of trauma. Subsequent chapters will engage with these dimensions in more depth.

3. A Qualitative Study of Post-traumatic Experiences

It is central to phenomenological methodology to take the individual's first-person experience into account. Therefore, I engage with different narratives of trauma survivors in my research: those that can be found in the trauma literature (e.g., Brison, 2003; Stolorow, 2007), memoirs and fiction (e.g., Stern, 2010; Gay, 2018; Murata, 2020), and reports and vignettes of psychologists and psychotherapists who work with those affected by trauma (e.g. Herman, 1992; van der Kolk, 2015). Moreover, as part of my doctoral research, I conducted a qualitative study to further inform the theoretical and analytical considerations in this work.[9] I developed an online questionnaire to collect testimonies from trauma survivors. Trauma research has largely neglected the lived experience of those who are not diagnosed with PTSD. Listening to those directly affected by trauma, without the filters of selection and presentation possibly afflicting other narratives, significantly shaped this dissertation. Research on the interpersonal and intersubjective dimensions of post-traumatic experience is scarce, and the detailed testimonies informed my philosophical engagement with these themes.

Philosophical literature on psychopathology has a tendency to oversimplify human experience. Simplification is unavoidable to some extent—without it we would not be able to make any informative claims at all.[10] However, one has to appreciate both the heterogeneity and ambiguity of the testimonies. Each testimony stands for an individual, unique experience of trauma. It is important to highlight the explorative nature of this study: the responses are not intended to be evidence or proof of (post-)traumatic experiences to be a certain way—this was not the aim of the study. Nor was there a fixed hypothesis that the responses were meant to test. Rather, the objective of the study was to explore the diverse voices of those affected by trauma broadly conceived, that is, to investigate a range of post-traumatic experiences beyond PTSD. The study aimed to uncover aspects of post-traumatic experience and thus contribute to alternative understandings of trauma not covered by the trauma- and stressor related

[9] After thorough ethical review, the study 'Trauma and Intersubjectivity: Self, Other, Meaning', was approved by the University of York Arts and Humanities Ethics Committee (AHEC) on April 28, 2020.

[10] See, e.g., Ratcliffe's statement that "when describing the phenomenology of typical grief, there is inevitably a degree of abstraction and simplification" (Ratcliffe, 2019b, p. 4).

psychopathologies of the diagnostic manuals. Its goal is to inform the theoretical and analytical work in the philosophy of trauma and has potential applicability to trauma intervention. A more nuanced understanding of post-traumatic experience promises to help explain why some people suffer more than others after the experience of an atrocity, and how they can be best supported in living well in the aftermath of trauma.

3.1 Method

The study was set up in the form of an online survey, as this allowed for a larger number of individuals to participate, irrespective of their location. Furthermore, it had the advantages of complete anonymity and privacy for the participants while responding to the questions, and the possibility to take their time and to pause or resume the questionnaire when it best suited them. The risk of distress and re-traumatisation was thereby mitigated (see section 3.2.3 on Ethical Considerations below). The remote process of collecting the testimonies also mitigated the risk of vicarious trauma through repeatedly witnessing the traumatic experiences of others to me as a researcher, as it allowed me, too, to take my time with going through the responses, and to take breaks when needed. The survey was conducted using Qualtrics, a state-of-the-art online survey tool that allows for anonymised data management and offers secure encryption (https://www.qualtrics.com/uk/).

3.1.1 Inclusion Criteria

Individuals of at least 18 years of age and fluent in English were invited to take part in the study if they responded with 'yes' to the question: "Have you experienced a distressing event that has had a significant impact on your life?" A positive answer to this question was taken to indicate that participants self-described as having experienced a traumatising event. The question was intentionally formulated in a broad and inclusive way and avoided the term 'trauma' in order to reflect a broad understanding of traumatising experiences and to invite participation by people with a variety of experiences. At the same time, it was formulated in a way that was limited to experiences which had a *significant* impact on the affected individual, so as to exclude the colloquial tendency of using the term 'traumatic' to describe merely unnerving but ultimately bearable experiences. The decision which kinds of experience were to be included was thus left to the respective participant and not to the discretion of the researcher.

Invitations were sent out through mailing lists and social media in May 2020 (see Appendix 4: Invitation Email): the lead researcher's personal social media accounts (Facebook and Twitter), the University of York philosophy department's social media account (Twitter), the University of York Arts and Humanities (AHRC) email digest, and the Complex Trauma Therapist's Network in the UK newsletter. Reminders were sent out via the lead researcher's personal social media accounts in August and October, as well as via the AHCR mailing list in late October 2020.

Written informed consent was obtained within the Qualtrics software by providing a detailed information sheet. Participants were required to confirm having read and understood the information therein before proceeding to the questions themselves, using the forced response function of the software (see Appendix 1: Information Sheet and Appendix 2: Informed Consent Form). All remaining fields of the questionnaire could be left blank, and participation could be paused or ended anytime and withdrawn within 14 days of submission. The goal to receive fifty responses was surpassed: a total of sixty complete responses was registered. Responses that were incomplete (e.g., those that only contained background information but no responses to the text-based questions, or responses that broke off mid-way) were excluded.

3.1.2 Questionnaire questions

The aim of the questionnaire was to collect first-person testimonies to contribute to the understanding of interpersonal and intersubjective experience after trauma. Through the first-person descriptions of trauma and its aftermath, I hoped to be able to identify common structures of traumatic and post-traumatic experience, particularly in regard to its social dimensions. I devised the questions in an open-ended fashion and regarding a variety of experiences in order to avoid eliciting specific responses. The questions fell into six categories: I. Background Information, II. Event, III. Self, IV. Others, V. Understanding, and VI. Follow-Up, the last of which merely asked whether participants would be willing to be contacted for possible follow-up questions, which did not occur (see Appendix 3: Questionnaire).

In section I. 'Background Information', participants were asked to provide their age, gender (m/f/other), country of residence, as well as information about psychiatric diagnoses and treatment received:

> Have you received any psychiatric diagnosis, e.g., PTSD, depression, or anxiety? If so, when were you diagnosed?

> Are you currently undergoing any form of treatment for a psychiatric condition? If so, of what kind?

This background information was deemed potentially important for the evaluation of the responses. For example, psychoactive medication might change how someone responds to the questions in the following parts. Furthermore, surveying how many participants were diagnosed with a mental disorder (and if so, which) allowed some insight into whether their experiences occurred in the context of PTSD, other frequently co-morbid disorders such as depression and anxiety, or not. It is important to note that this section serves to contextualise the responses, rather than presenting a quantitative set of data about diagnosis and treatment frequency.

Section II 'Event' consisted of only one question which prompted the participants to briefly describe the nature of their trauma:

> Please could you briefly describe the traumatic event, series of events, or situation that has/have had a significant impact on your life? (Please indicate roughly when it occurred).

Like the first section, it helped to contextualise the subsequent responses. Moreover, it was aimed at better understanding the nature of traumatising experiences. Both criterium A of the DSM entry on PTSD, as well as large scale studies on the experience of trauma suggest that a wide range of experiences are potentially traumatising. It is difficult to identify a unifying element between them: while many traumatising events involve a threat to the individual's life or bodily integrity, this is not true for all of them. Psychological abuse, for example, can be traumatic without presenting any such threat. On the other hand, not more than 1 in 5 individuals experience symptoms of posttraumatic distress after exposure to a potentially traumatising event such as those listed in the diagnostic manuals (Kessler *et al.*, 2017). The relationship between a certain type of experience and the subsequent development of post-traumatic distress remains unclear. The purpose of this question was to explore which kinds of events were experienced as having had a significant impact on the participant's life, and, in conjunction with later questions, how they impacted on the participants' experience in their aftermath.

Section III 'Self' included two questions about whether the event affected how the participant experiences or thinks about themself and their body:

> Has what happened affected how you experience or think about yourself? If so, how?

Has what happened affected how you experience or think about your body? If so, how?

This section was included to gauge whether participants hold certain assumptions about the concept of the self or person (e.g., a physicalist versus a spiritual understanding, an individualistic versus a relational understanding of the self, etc.). In the phenomenological tradition, the self is understood to be fundamentally embodied and constructed in relation to other people. Thus, the self-understanding of the participant was presumed to play a role for the interpretation of the responses to questions of otherness and relations to other people and, in itself, contribute to an understanding of the participant's experience of relationality.

Section IV 'Others' was designed as a nested question, with the aim of exploring how the individual relates to other people, and whether their traumatising experience had an influence on this. An affirmative answer to the initial question prompted a series of sub-questions asking the participant to specify this impact further:

Has what happened affected what it is like for you to be around and interact with other people (close friends and family, acquaintances, strangers)?

- Has what happened affected your trust in others?
- Has what happened affected your experience of physical contact with other people?
- Is there any other way in which what happened affected how you relate to others?
- Do you experience these changes all the time, or only in some interactions?

These questions addressed experiences of trust, physical contact, and relationships, and included an open question ("Is there any other way in which what happened affected how you relate to others?") to allow for further responses not covered by these themes. The final question was included to gauge whether alterations in experience were overarching, impacting every aspect of the individual's interpersonal life, or limited to certain social situations.

Section V 'Understanding' also included elements of interpersonal experience:

Do you feel understood by other people? Has what happened changed this?

Has what happened affected other people's attitudes or behaviour towards you? If so, how?

Has what happened affected how you understand and relate to others? Are there situations in your day-to-day life where you notice this most?

> Is there any part of your experience that you find especially difficult to convey to others? Can you attempt to describe what makes it difficult to express?

The last question was devised in response to the difficulties of sharing out-of-the-ordinary experiences, which I will address in the section on interpretation of first-person narratives. The questions in sections III, IV, and V were designed to explore the way in which trauma, whether interpersonally inflicted or not, may impact on interpersonal or intersubjective experience, and to gain insight into the way in which this impact occurs and expresses itself.

Initially, a further section with questions on temporal experience was considered. This section was not included in the final questionnaire, as the question of temporal experience post trauma is beyond the scope of this work. A question not directly contributing to the dissertation would have made the questionnaire unnecessarily long. Moreover, it had been considered including PCL-5 (the DSM-5 checklist for PTSD) or ACE (adverse childhood experience) scales for participants to self-report symptoms of PTSD or adverse childhood experiences to gain baseline information about the severity of the participants' experiences and subsequent distress. However, this, too, would have added to the length of the survey. Moreover, and more importantly, the relevant information was already sufficiently covered by the questions regarding psychiatric diagnoses and the description of the traumatising event. Thus, including the scales was not deemed necessary.

3.1.3 Ethical considerations

Due to the nature of the research topic, the likelihood that participants would share sensitive, embarrassing, or upsetting topics was high. This was taken into account in the design of the study. Participation in the study was anticipated to potentially cause emotional discomfort or distress in some cases, and to pose a small risk of re-traumatisation. In order to mitigate this risk, the participants were informed of the potentially upsetting nature of the questions in advance of the study. They could choose to leave questions unanswered, pause/end the survey at any point, or withdraw their agreement to participate within 14 days from the time of submission. Furthermore, to protect the participants' privacy, strict protocols of data management and safeguarding were followed.

The risk of vicarious trauma to the researcher was considered. The researcher received support through their supervisors Prof. Matthew Ratcliffe and Prof. Christina van der Feltz-Cornelis, and Open Door, the mental health and wellbeing service of the University of York.

The potential adverse effects of the research were justified in two ways:

1. The intrinsic value of the research: A better understanding of post-traumatic experience has the potential to lead to an improvement of interventions aimed at trauma recovery and resilience. Participants take an active role in shaping research that might help them and others with similar experiences recover from trauma and avoid unnecessary suffering.
2. Changing the traumatised individual's role from passive object of enquiry to active participant and co-contributor to knowledge can be an empowering experience for the individual, contributing to their sense of control and purpose.

To furthermore mitigate the risk of re-traumatisation and distress, the helpline number of the Samaritans, the main charity providing emotional support in the UK, was provided. As the survey was open to adult English speakers irrespective of their origin, the link to the website of Befrienders, the international network of helplines run by the Samaritans, was provided as well, where it is possible to find one's local helpline number irrespective of one's country of residence.

3.1.4 Selection Process

Due to the explorative nature of the study, no exclusion of responses was deemed necessary except for responses that were only partially completed and therefore did not offer sufficient insight into the participant's experience (e.g., several responses that only provided the background information in Section I but broke off thereafter were excluded). After closing the survey, the material was organised in two different ways: by participant, and by section. The former allowed for an overview of the individual experience to gain insight into the way in which the respective event was experienced and the effects it had on the individual. The latter allowed for putting the responses in relation to one another, to identify themes, commonalities, and differences between individual responses within sections.

3.1.5 Interpretation of first-person accounts

Drawing on first-person narratives in scientific work does not come without problems. First, there is the difficulty of the construction of the narratives themselves: even the most lucid descriptions of an experience cannot be taken as a direct representation of the individual's inner life. Narratives are shaped by their context, and morph with their function. Recounting an experience to a friend, the narrative will differ from the one chosen to convey the same experience

to a doctor or a judge, for example (Brison, 2003, p. 106f.). While each of the narratives will be (ideally) truthful; content, word choice, length, and detail will nevertheless differ. The regulatory role narratives play should not be overseen in this regard, either, as Ratcliffe points out (Ratcliffe, 2015, p. 24). Narratives are tools to make sense of experiences, to integrate them in a meaningful way into one's life narrative. Particularly with experiences of trauma that are notoriously difficult to make sense of, this might shift and alter the way in which events are recounted. Furthermore, experiences of trauma in specific are often intimate and very frequently charged with feelings of shame and guilt, which might lead to certain details being omitted, or stories remaining entirely untold: the distress of recounting traumatic experiences will often keep survivors from sharing their experiences in the first place. Another difficulty might arise out of experiences being pre-reflective, intuitive, or strange even to the participant themself, and therefore difficult to express. All of this makes it particularly difficult to share an experience of trauma with a researcher, even in the anonymous and relatively private space of an online survey. As mentioned above, some of these problems were addressed by introducing the question "Is there any part of your experience that you find especially difficult to convey to others? Can you attempt to describe what makes it difficult to express?" Nevertheless, a certain selection bias, which I did not have any influence on, has most likely taken place in this regard: those survivors who experience sharing their trauma narrative with others as particularly shameful or distressing will, most likely, not have participated in the study. I am therefore deeply grateful to the sixty participants who did share their experiences with me.

It is worth noting another selection bias: the survey invitations were distributed using university mailing lists and departmental social media, as well as the researcher's own social media network, all of which present a strong bias towards an academic environment. This bias was partially mitigated by the friendly offer of the Complex Trauma Therapists Network of the UK to distribute the link through their national mailing list, which led to a spike in responses likely outside of the university population. I tried contacting mental health charities such as MIND and SANE, but they were closed for enquiries due to the Covid-19 pandemic.

The interpretation of the narratives presents challenges, too. As Josef Parnas points out, patients (or participants, in this case) first need to translate their pre-linguistic experiences into words in order to share them (Parnas *et al.*, 2005, p. 238). While this might seem obvious, it highlights the difficulty the researcher is then presented with in interpreting the words and metaphors chosen by the individual to express their experiences. Often, the choice of words of

the participant will be influenced by theoretical preconceptions; previous experience with therapy and the language employed by the respective therapist; cultural resources and media representations of trauma; scientific resources the participant might have familiarised themselves with, etc. Individual responses can therefore not simply be taken at face-value but need to be understood within their context and interpreted accordingly. Interpretation always poses the threat of altering the intended meaning. I have tried my best to remain open to different ways of understanding the participants' responses, taken the context of the entire questionnaire—and the responses of other participants—into account, and stayed alert to possible interpretive biases. This will become particularly apparent in section 4.4, where I engage with the participants' reports regarding empathic abilities in the aftermath of trauma. Before I turn to an in-depth engagement with the interpersonal and intersubjective dimensions of post-traumatic experience, I will briefly discuss some preliminary findings in the following section.

3.2 Preliminary Findings

From the responses to Section I: Background Information, it did crystallise that only a small number of participants (10 out of 60) had received a diagnosis with PTSD (3 of which were diagnosed with Complex PTSD, or CPTSD). This might indicate either that people who self-identify as having experienced a traumatic event do not seek professional help and therefore do not receive a diagnosis, or that the impact of the traumatising event did not justify a diagnosis with PTSD according to the attending practitioner. A larger number of the participants reported having been diagnosed with depression or anxiety (17 and 13 participants, respectively), and of the ten who were diagnosed with PTSD, six had co-morbid diagnoses with either depression or anxiety, leaving only four with PTSD/CPTSD and no co-morbid disorders. Three participants had other psychiatric diagnoses: carer breakdown (1, co-morbid with PTSD and anxiety), adjustment disorder (1), and bulimia nervosa (1). Almost half (29) did not state that they had received any diagnosis. The very few instances of PTSD amongst the participants led me to reconsider my focus on the disorder and instead shift towards a broader understanding of trauma, which I will elaborate on throughout the dissertation.

Section II: Event. The heterogeneity of responses highlighted that the relationship between the nature of an event and the post-traumatic distress experienced in its aftermath is complex, to say the least. The events recounted covered a wide range of very distinct experiences, spanning direct experiences of severe physical or emotional abuse, multiple distressing

events constituting cumulative traumas, witnessing atrocities that did not pose a direct threat to one's life or bodily integrity but to that of another person, and more. Some of the traumas occurred during the participant's childhood, others in recent years. Whatever the nature of the traumatising experiences, they had a significant impact on the individual's experience of themselves, others, and their relationship in their aftermath—or else, the individual would not have participated in the survey in the first place. It is worth emphasising that just because a trauma is not interpersonally inflicted, its social dimensions are still relevant. The testimonies demonstrate that also accidents, that is, experience that are not intentionally inflicted by another person, may lastingly impact on how the individual relates to other people. Take testimonies 11, 14, and 44, for example:

> 11. The initial trauma lead (sic.) to me thinking about myself as simultaneously more vulnerable and also more guarded/ less open to emotional vulnerability.
>
> 14. I think I have a much deeper understanding of other's (sic.) emotions and I can relate to people on a much deeper level now.
>
> 44. I feel a lot more matured than many of my peers and often find it hard to relate to their lives.

Section III: Self offered a rich kaleidoscope of the ways in which trauma may impact on different aspects of the self. Amongst the most common responses to the question of whether the traumatising event affected how the participant experiences or thinks about themself were: the realisation of one's vulnerability and mortality; low self-esteem or self-worth; feelings of guilt and shame; the absence of a sense of autonomy; and, less commonly, the impact the trauma had on the respondents' sense of embodiment and relationality. It appears that many of the traumatising experiences questioned a hitherto taken for granted sense of safety: the finiteness of existence only came into focus through the trauma. This recalls Seeburger's more existential notion of trauma as philosophy, that is, as that which prompts the individual to question their place in the world, which I have referred to above in section 1.3.1 (Seeburger, 2016). Consider, e.g., the following responses:

> 4. I'm more at ease with the finite nature of life.
>
> 5. I'm very aware of my mortality and that my life could so easily end […]
>
> 6. I realized just how insignificant my life was and how easy it would be to die.
>
> 48. I began to realize how fickle life is.

A further very common theme in the responses to section III was low self-esteem or a sense of worthlessness:

1. Generally I have suffered from low self worth (sic.) […]

18. Loss of confidence, self esteem (sic.), body image.

21. In the past, yes, lot of low self-worth and insecure attachment.

25. I feel useless worthless […]

34. Lack of confidence and self-esteem.[11]

While it is not surprising that responses like these were given to the question of how one thinks about oneself in the aftermath of a trauma, it is not clear why low self-esteem appears to be such a common response to the various traumatising experiences. Asked differently, why does trauma appear to negatively impact on one's sense of worthiness? Brison suggests that this points to the relational nature of the self:

> "The fundamentally relational character of the self is also highlighted by the dependence of survivors on others' attitudes toward them in the aftermath of trauma. Victims of rape and other forms of torture often report drastically altered senses of self-worth, resulting from their degrading treatment. That even one person—one's assailant—treated one as worthless can, at least temporarily, undo an entire lifetime of self-esteem (see Roberts 1989, 91)." (Brison, 2003, p. 63, my emphasis)

This appears to be supported by the questionnaire responses: while the traumatising experiences were very heterogenous, of all the responses that mention low self-esteem only one (34) does not explicitly mention some form of abuse in their description of the traumatising event(s).

Another explanation of a general sense of low self-worth might be found in the frequent references to feelings of guilt and self-blame. Indeed, responses that mentioned low self-esteem often overlap with references to feelings of guilt and shame:

7. I blamed myself.

---

[11] We find further references to feelings of diminished self-worth in testimonies 3, 20, 31, 38, 42, 43, 51, 53, 56, and 60.

8. I used to think it was my fault.

13. I previously self harmed (sic.) in my 20's felt I deserved to be hurt although I didn't know why.

35. Before I had therapy it left me feeling and believing that I was evil and worthless.

53. Low self worth (sic.), guilt.

55. It has made me think that I am a bad person, that I deserve the worst, that I should be punished, so low self esteem (sic.), being very critical. It left me wth (sic.) this sense of guilt […]

9. I have felt dirty and ashamed […]

15. I think of myself as constructed around and through a core of shame and abandonment.

38. Feeling most strong is that of shame.

The feelings of low self-esteem, on this account, could be explained as being the result of the feeling that one is to blame for the traumatising experience. The next question that poses itself is then: why does a victim of trauma feel guilty for what happened to them, even though in most—if not all—situations, they were entirely out of control? I suggest that it is precisely the absence of control and the individual's resulting need to re-establish a sense of being in control that points towards an explanation: guilt implies responsibility and thus control. Only a person who is in control of a situation can be rightfully blamed for their actions; we do not blame others for accidents, that is, situations in which they could not have acted otherwise. Taking the blame can thus be one way of reclaiming a sense of control. Because a feeling of being deprived of control is often at the core of the suffering inflicted by a traumatising expe-rience, re-establishing this sense of control through blaming oneself might be a powerful coping mechanism. Brison offers a description of just this in her work:

> "I wished I could blame myself for what had happened so that I would feel less vulnerable, more in control of my life. Those who haven't been sexually violated may have difficulty understanding why women who survive assault often blame themselves, and may wrongly attribute it to a sex-linked trait of masochism or lack of self-esteem. They don't know that it can be less painful to believe that you did something blameworthy than it is to think that you live in a world where you can be attacked at any time, in any place, simply because you are a woman." (Brison, 2003, p. 13)

Low self-esteem and shame result from a sense of being blameworthy, which the survivor adopts in order to avoid a sense of being entirely out of control, at the mercy of an

unpredictable and dangerous world. This, in turn, does tell us something about the individual's implicit self-concept: the self is experienced as a "locus of autonomous agency" (Brison, 2003, p. 59) at all cost, reflected in the alterations of one's self-esteem resulting from the trauma. I would rather be to blame than lose my autonomy and ability to control my actions. In Brison's words, the autonomous self

> "…is considered responsible for its decisions and actions and is an appropriate subject of praise or blame. It is the transformation of the self as autonomous agent that is perhaps most apparent in survivors of trauma." (Brison, 2003, p. 59)

We find some explicit references to this autonomous self and its vulnerability to trauma in the testimonies, too:

> 20. no power or autonomy over my body or my life […]
>
> 26. lack of sense of purpose and control.
>
> 56. I constantly think that I'm not good enough or can't do the things I want to.

Traumatising events, most notably those involving some form of abuse, impact on the affected individual by threatening a sense of control that stands at the core of the autonomous self. Often, this attack is met with misdirected feelings of self-blame and guilt, aimed at regaining a sense of control, resulting in low self-esteem. An event that strips away the individual's control over their choices and actions thus concerns the very core of their self. The testimonies thereby implicitly highlight the centrality of the autonomous nature of the self.

Autonomy is not the only dimension of the self that trauma brings into focus, as several other responses demonstrate. Traumatising experiences may temporarily impact on the sense of one's body as an integral part of oneself:

> 9. I have felt like my body does not belong to me […]
>
> 15. Until recently, I didn't notice I had a body.
>
> 35. I still struggle with the impact on my body. I used to be almost completely dissociated from it; I would have told you I was trapped in a carcass.
>
> 47. I felt like I didn't care about my body, I didn't need to protect it. Sometimes I felt out-of-body, not rooted within my body.

Note that all of the above observations regarding embodiment are reported in the past tense, referring to a time after the trauma but before some healing has taken place and a sense of the

body as part of the self has been re-established. This indicates that a sense of embodiment, even if it may be temporarily impacted or even lost, remains a strong core feature of one's sense of self.

Only a few respondents explicitly mention feeling disconnected from others in the context of the question regarding the self. This points towards a broadly individualistic understanding of the self. Markus & Kitayama propose that this may be a cultural expression: just as in the US, an individualistic understanding of the self is dominant in Europe and the UK (where most respondents were from), whereas in Asian cultures an interdependent conception of the self is more common (see Markus and Kitayama, 2014). Only three participants were from outside of Europe and the UK: from China, Singapore, and Japan, respectively.

We do find some references to feelings of disconnection in other sections of the testimonies:

> 31. low self esteem, never feeling I fit in.
>
> 47. After both traumatic incidents, I felt very disconnected from others.
>
> 52. No matter what happens, I always think I can get through anything, but it has definitely made me more of an island; I don't like to rely on other people and I keep my business to myself.
>
> 59. Some of the key moments of my recovery were when people, like my friends, confirmed who I was before the event, and I was reminded of who I was, which I then held onto through the recovery process.
>
> 18. Find it difficult to trust & get close to folk / Difficulty in groups, social phobia, anxiety, stress, depression over the years.

While we do not find many references to feelings of alienation in the section on the self, responses to Section IV: Others & Understanding confirm the hypothesis that trauma impacts on the experience of others and one's way of relating to them: almost all respondents who provided answers to the questions in section IV affirmed that what happened affected what it is like for them to be around and interact with other people. Only three said that it did not. Of these three, two do mention changes to feeling understood by others and finding it difficult to convey their experience. I will engage in depth with the changes to the way in which others are experienced and the impact trauma can have on feelings of being understood in chapters 4, 5 and 6.

3.2.1 Positive Experiences

It is worth noting that not all post-traumatic experiences were described in negative terms. I am fully aware of the dangers of bright-siding (see Kidd, 2018) and I do not want to suggest that post-traumatic growth is part and parcel of trauma, or that "what doesn't kill you makes you stronger." More often than not, trauma results in a plethora of difficult experiences that can weigh on the affected individual for years. It is nevertheless possible that severely distressing experiences are accompanied by (some) ultimately positive changes, notwithstanding (and without diminishing) the suffering they cause or have caused in the past. We find, for example, statements like these:

> 4. I'm more at ease with the finite nature of life. I appreciate things more, and I'm less scared of death. I'm a lot more mature because of it all I think.
>
> 14. i feel much stronger now, i know i can cope with anything life gives me.
>
> 20. I have worked through some of this, and now feel a stronger sense of self and self-worth.
>
> 21. I see myself as a survivor and accept that there are many layers of healing, and that healing is an ongoing process. So I no longer look down at myself, but accept me for who I am.
>
> 50. I see myself as very resilient […]
>
> 59. I feel more myself than even I did before. I felt like I had to learn who I was again from scratch, and I think learning about myself bit by bit means that I know myself a lot better than I did before.

We also see a range of responses that indicate the individual's heightened empathy towards others, a topic I will engage with in more detail in chapter 4.

> 4. I'm very empathetic and more moral than I used to be.
>
> 11. I have more empathy. I notice this most in my work.
>
> 20. I feel like this experience has also contributed to my empathy for people who are feeling unsettled, destabilised and distressed due to trauma, as I can easily recall how it felt like my world, mind and body were falling apart. I now use this empathy in my career but also find myself drawing on it when thinking or talking about people in general.
>
> 38. Definitely gives me more empathy to others who are struggling with the consequences of sexual abuse that they experienced.

While the majority of responses highlighted difficulties, distress, and suffering experienced in the aftermath of trauma, these examples show that post-traumatic growth may indeed be possible at least for some survivors of trauma.

3.3 Conclusion

A preliminary engagement with the testimonies revealed the complex nature of trauma; traumatising events and post-traumatic experiences are highly heterogenous. Whatever the nature of the initial trauma, the testimonies showed the manifold ways in which trauma lastingly alters the affected individual's experience of themself, others, and their relationships. Above, I briefly engaged with the feelings of low self-esteem frequently reported in the questionnaire responses. It appears that particularly shame and self-blame have a negative impact on the individuals' sense of self-worth. Perhaps unintuitively, Brison suggest that these feelings might be preferable to the absolute loss of control often associated with trauma. The survivor would rather feel to blame for what happened than succumb to a sense of living in a world in which experiences, particularly those associated with actions of others, are entirely unpredictable and impossible to control. This highlights the centrality of control and autonomy for the individual, reminiscent of the notion of the autonomous self Brison elaborates on in her work. Responses also indicate embodiment to be a core feature of a healthy sense of self. While trauma might temporarily impact on the affected individual's sense of embodiment, it does not seem to obliterate it permanently. Furthermore, responses granted an insight into the possibility for post-traumatic growth. In some cases, traumatising experiences can leave the individual feeling stronger, more resilient, and more empathetic. Last but not least, the testimonies highlighted the centrality of a dimension of trauma that remains understudied to this day, namely the lasting impact traumatising experiences may have on the survivor's experience of other people, feelings of being understood, and of belonging.

The testimonies obtained through the online questionnaire study heavily influenced this work. Because only a small number of participants had received a diagnosis with PTSD, I was confirmed in my decision to shift my focus away from the psychopathology as it is defined in the diagnostic manuals and decided to engage with other post-traumatic experiences, too. This will become particularly apparent in the final three chapters of this dissertation. The diversity of the responses confirmed that an engagement with the questions of whether trauma is pathological and which diagnosis (if any) it warrants is unnecessarily limited. It remains an open

question what constitutes a trauma, i.e., what makes a distressing event traumatic. An answer to this question is, however, not the aim of this thesis. Rather, I hope that through an openly explorative engagement with trauma experiences broadly construed, we can gain further insight into ways in which to support survivors. Chapters 4, 5, and 6 present an in-depth engagement with three aspects of interpersonal and intersubjective relating possibly affected by trauma.

4. The Impact of Trauma on Interpersonal Encounters: The Case of Empathy[12]

In the previous chapters, I have elaborated on the status quo of trauma research, engaged with the question of whether trauma is necessarily pathological, and made a case for investigating non-pathological experiences following traumatizing experiences by taking into account both causal as well as implicatory relations between experiences. In the final three chapters of the thesis, I will focus on interpersonal and intersubjective experience in the aftermath of trauma. Following from earlier chapters, I will not restrict myself to experiences of patients diagnosed with PTSD. I am interested in the way distressing life events change the individual's experience of other people, their ability to connect with them in a meaningful way, and the way in which this impacts their feeling of belonging to a shared, meaningful world.

Trauma literature is rife in statements highlighting the importance of social connections for the resilience to and recovery from trauma, as well as the sense of alienation suffered by trauma survivors (Herman, 1992; Guenther, 2013; Griffin *et al*., 2019). To what extent is trauma an intersubjective disturbance, and why do social connections play such an important role both in the resilience to and the recovery from trauma? In the following, I will engage with these questions in a threefold manner. In this chapter, I will investigate how trauma impacts the way in which individuals experience other persons. In Chapter 5, I will explore feelings of belonging: drawing on Gerda Walther's work, I engage with the question of how people come to establish meaningful connections with one another, and how trauma may impair this. In Chapter 6, I will then turn to Husserl's concept of the 'homeworld' in order to better understand the pervasive feelings of alienation so often reported in the aftermath of trauma as an expulsion from one's homeworld. Ultimately, this exploration of intersubjective experience will demonstrate that trauma is intersubjective at its core.

---

[12] This chapter has developed out of the article "Trauma and Intersubjectivity: The Phenomenology of Empathy in PTSD," that was published in *Medicine, Health Care and Philosophy* in March 2019, and includes sections from the commentary "Commentary on "The Empathic Migrant"," published in *Dialogues in Philosophy, Mental and Neuro Sciences* (Wilde, 2019, 2021b).

In *Experiences of Depression*, Matthew Ratcliffe suggests that "impaired interpersonal relations are not an 'effect' of depression experiences but absolutely central to them" (Ratcliffe, 2015). I will argue that this is true of trauma, too. There is a weak and a strong understanding of this claim: in the weak sense, one can argue that interpersonal relations are central to all of human experience—even Robinson Crusoe exists *in the absence of* others and thus in relation to them. One can therefore conclude that interpersonal relations are central to traumatic experiences, too. There is, however, a more interesting way in which interpersonal relations matter with regard to trauma. The stronger claim is this: impaired interpersonal relations are central to trauma in specific. What makes an experience traumatic is inextricably linked to the way in which the individual engages with and relates to other people and the shared world they inhabit. By this I do not mean that the cause of the trauma is always interpersonal: while interpersonally inflicted trauma is frequent, it is by no means the only type of traumatic event that might befall an individual, nor the only type of trauma that impacts on interpersonal and intersubjective experience. What is of interest here is the social structure of the experience of trauma in general—that is, both the experience of the traumatic event itself and its aftermath—which is marked by alterations of the affected individual's experience of other people and shaped, in part, by others' (real and anticipated) reactions to the individual's trauma, impacting negatively on the individual's ability to establish and sustain meaningful relationships after trauma and to hold on to their sense of belonging to a shared world. Herman captures the feeling this gives rise to very poignantly in her work:

> "Traumatized people feel utterly abandoned, utterly alone, cast out of the human and divine systems of care and protection that sustain life. Thereafter, a sense of alienation, of disconnection, pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion." (Herman, 1992, p. 51)

This is not to say that disturbed interpersonal relations cannot be central to depression and other psychopathologies, too: flour can be central to making both sourdough bread as well as cinnamon rolls, without being central to making delicious foods in general. This stronger claim is what Ratcliffe supports in his work on depression, and what I shall argue for with regard to trauma throughout the following three chapters.

I will begin by addressing how trauma impacts on encounters with another person, that is, on interpersonal encounters, be they face-to-face or mediated. 'Empathy' is a term that frequently crops up in psychological studies on post-traumatic experiences. However, while diminished or altered experiences of empathy may form part of post-traumatic experience, their

impairment does not seem to be central to the experience of trauma in the strong sense. In fact, the testimonies I collected demonstrate that heightened empathy may be the more frequent experience in the aftermath of trauma. Impaired empathy therefore does not seem to be a good candidate for explaining feelings of alienation after trauma. In the subsequent chapter, I therefore turn to feelings of belonging.

4.1 Experiencing Other People

A look at the psychological literature on trauma reveals a non-conclusive picture as to why social relations are impacted by trauma, and in which way. While they are acknowledged to play a significant role for both recovery and resilience, studies explicitly engaging with interpersonal relationships offer only very limited insight into the way in which trauma impacts on them. On the one hand, studies regarding interpersonal relating post trauma tend to be limited in their scope because they focus on patients diagnosed with PTSD and thus disregard individuals with other post-traumatic experiences (e.g., Charuvastra and Cloitre, 2008). On the other hand, we are faced with what appear to be conflicting research outcomes. Some studies engaging with interpersonal relationships of patients with PTSD report diminished empathic abilities (e.g., Mazza *et al*., 2012; see also Couette *et al*., 2020); others seem to show just the opposite (Nietlisbach *et al*., 2010; Greenberg *et al*., 2018; Aragona *et al*., 2020). The testimonies I collected as part of this thesis suggest heightened empathy, but a diminished sense of feeling understood. The goal of this and the subsequent chapters is to understand how and to what extent trauma impacts on an individual's relationships and why it may leave the survivor of trauma feeling lonely and alienated. The first dimension I shall engage with is the experience of the person-to-person encounter. As mentioned above, this may be unidirectional or reciprocal, face-to-face or mediated through technological devices (at this stage I will focus on the way in which one individual perceives or engages with another, leaving reciprocal experiences for the subsequent chapter). I will focus on three modes of experiencing other people: basic, emotional, and cognitive empathy. Informed by psychological studies and the testimonies I obtained, I suggest ways in which trauma may impact on each of them, respectively. Overall, heightened empathic abilities may be the more frequent experience in the aftermath of trauma.

4.1.1 Theories of "Theory of Mind" and Simulation

There is a range of accounts that seek to explain how one comes to experience another person as another subject, and to what extent it is possible to know the state of mind they find themselves in. The most popular in the philosophy of mind, and widely adopted beyond philosophy, are folk psychological accounts which generally assume that the mind of the other is private, hidden, and only indirectly accessible through more or less complex cognitive processes which allow the individual to infer the state of mind the other is in. On some of these accounts, individuals are taken to possess a Theory of Mind (ToM) which allows them to "read" the other's mental state: followers of the so-called theory-theory argue that the other's mental life can only be made available to the individual through the interpretation of outer cues such as facial expressions, gestures, and behaviour (Premack and Woodruff, 1978; Baron-Cohen, Leslie and Frith, 1985; Leslie, 1987; Southgate, 2013). Adherers of the simulation theory, on the other hand, argue that the individual must simulate the other's mental state within themselves, to put themselves "in the other's shoes," so to say, and imagine what it would be like to be in their situation (Gallese and Goldman, 1998; Goldman and Lucy, 2013). Simulation theories, in turn, fall into the two broad categories of implicit and explicit simulation, where the former involves an implicit modelling of the other's mental state, rather than a conscious, explicit simulation.[13] Generally, theories of ToM construe interpersonal understanding as the ability to attribute intentional states to others, an inferential process that allows the individual to explain and predict other people's behaviour (Ratcliffe, 2007, p. 224). On some accounts, the term 'empathy' is used to describe these or related experiences, often without providing a clear definition of the term.

4.2 The Many Kinds of Empathy

These attempts at an explanation of how we come to perceive the mental states of other people have faced thorough criticism from phenomenologists, who argue instead that experiencing and understanding the other's mental life is not a question of inference but of intentionality (Gallagher, 2009; Ratcliffe, 2017b). The other's mental life, on these accounts, is the intentional object of the individual's experience—a process sometimes referred to as 'direct

[13] For a critical discussion of implicit and explicit simulation, see Gallagher, 2007.

perception', highlighting the absence of any form of mediation (e.g., Krueger, 2018). Contemporary phenomenology uses the same term, 'empathy', to describe this mode of perception of the other's mental life. To make things more complicated, within the phenomenological tradition this mode of experiencing the other's mental life has also been discussed as '*Fremdwahrnehmung*' (perception of other minds) or '*Nachfühlen*' (reproduction of feeling) in Max Scheler (Scheler, 2017); or '*Fremderfahrung*' / '*Fremdwahrnehmung*' (experience / perception of other minds) and '*Einfühlung*' (literally 'feeling-into', generally translated as 'empathy') in Husserl (e.g. Husserl, 1973b, Beilage IV). Both Scheler and Husserl expressed their reservations against using the term '*Einfühlung*', as it was used by Theodor Lipps to denote a reproduction of the other's experience in oneself—a claim which was rejected by the authors. It was Edith Stein who fully embraced the term '*Einfühlung*' in her work, while at the same time explicitly distancing herself from Lipps' understanding of it (Stein, 1917; see also Zahavi, 2010; Jardine and Szanto, 2017). Many contemporary phenomenologists follow in her steps (e.g., Zahavi, 2014; Szanto, 2015; Ratcliffe, 2017a; Fernandez and Zahavi, 2020; Osler, 2021)

Notwithstanding, 'empathy' remains to this day far from being a conclusively defined concept. Across disciplines, it has been (re-)defined and applied in a variety of different ways. Some of the definitions overlap with accounts of theory of mind (see Baron-Cohen *et al.*, 2001), others with what is sometimes referred to as 'sympathy', adding to the vagueness of the term and, as we will see, leading to an inconclusive picture as to the impact of trauma on empathic abilities. While phenomenologically inspired accounts since Stein have treated empathy as a mode of experience, seeking to explain how we come to experience others as other conscious subjects, psychological accounts have swayed between taking empathy to be either a cognitive or an emotional reaction to the experience of others—the distinction going back to Adam Smith (Smith, 1759; see Davis, 1980)—or a combination of both. In the following, I will disseminate these three core understandings of empathy: emotional (or affective), cognitive, and basic (or phenomenological) empathy. In the subsequent sections, I will proceed to show how trauma may impact on each of them, respectively. This is not to suggest that the three dimensions are irreconcilable or indeed function independently of one another; nor that they cover the whole range of social cognitive processes potentially impacted through trauma.

4.2.1 Empathy in the Psychological Literature

One of the most popular accounts of empathy in contemporary psychology was penned by Mark H. Davis, who advocates a multidimensional account of empathy entailing both cognitive and emotional aspects (Davis, 1980). Following from a detailed historical overview of the debate surrounding the term's meaning, he posits that empathy entails—and can be measured along—four dimensions: 'perspective-taking' and 'fantasy' are the dimensions involving higher order cognitive processes which allow individuals to identify with and adopt the point of view of others, whether real or fictional; while 'empathic concern' and 'personal distress' focus on the emotional aspects of the reaction to other people's states of mind in light of their negative experiences (Davis, 1980). He thereby bridges the divide between purely emotional and purely cognitive interpretations of 'empathy'. Studies assessing empathy based on his work tend to take into account both cognitive and emotional aspects of empathy by administering Davis' Interpersonal Reactivity Index, often in combination with other measures of empathy (e.g., Nietlisbach *et al*., 2010; Greenberg *et al*., 2018; Couette *et al*., 2020). I will engage with emotional/affective and cognitive interpretations of 'empathy' through Davis' work and proceed with an elaboration of basic empathy in phenomenological terms. I will then suggest ways in which these different dimensions of empathy may be impacted through traumatising experiences.

4.2.2 Emotional/affective Empathy

The items in the empathic concern and personal distress categories of Davis' instrument were designed to assess the individual's emotional reaction to other people's experiences. It thus mirrors a colloquial understanding of the term 'empathy' which is often used to describe a person's likelihood to be affected by the mental states of another person. In everyday language, an 'empath' is someone who is easily emotionally affected by another person's emotions, has compassion for them, or feels their plight. Note that this is an understanding of 'empathy' that strongly resembles classic phenomenological accounts of 'sympathy' (found, e.g., in Scheler), not making the work of clarifying the concepts much easier. On Scheler's account, 'sympathy' denotes the recognition of another's emotion paired with compassion, care, or concern for them. Seeing someone cry does not leave the sympathetic person cold; it touches them, filling them with compassion (Zahavi, 2010; Scheler, 2017). To keep things simple, I will use the expression 'emotional empathy' to refer to this kind of experience for the purpose of this chapter.

On Davis' account, emotional empathy is measured along two dimensions: the first one indicates the extent to which respondents react to other people's negative experiences with "feelings of warmth, compassion and concern"; the second assesses "feelings of discomfort and anxiety" under similar circumstances (Davis, 1980). Items include, e.g.:

> 14. Seeing warm, emotional scenes melts my heart and makes me teary-eyed.
>
> 37. Usually I am not extremely concerned when I see someone else in trouble.
>
> 1. When I see someone who badly needs help in an emergency, I go to pieces.
>
> 35. Other people's misfortunes do not usually disturb me a great deal. (Davis, 1980)

Emotional empathy, according to these items, is understood as the individual's tendency to be emotionally moved by another's negative experiences. In a systematic review of social cognition in PTSD, Couette *et al*. suggest a very similar definition of what they call 'affective empathy':

> "Affective empathy concerns our emotional responses to the perceived social situation. The emotion felt can be either the same (emotional resonance) or different (feeling angry or embarrassed about a situation)." (Couette *et al*., 2020, p. 118)

The social situation can involve both negative and positive experiences of the other, which, in turn, can be met with emotional resonance, i.e., a matching emotional experience, or dissonance, such as feeling embarrassed or upset. This definition is compatible with Baron-Cohen *et al*.'s understanding of affective empathy:

> "The affective approach defines empathy as an observer's emotional response to the affective state of another." (Baron-Cohen and Wheelwright, 2004, p. 164)

To summarise: emotional empathy (also 'affective empathy' or less commonly 'sympathy') is the ability (or tendency) of one person to respond in an emotional way to another person's distress, either with feelings of compassion and care, or with feelings of discomfort and upset.

4.2.3 Cognitive Empathy

A different way of making sense of an individual's experience of other people involves an investigation of the cognitive processes involved in person-to-person interactions. Theories of mind such as theory-theory or simulation-theory, which I have mentioned above, are the most

prominent ones. What both theories have in common is their assumption that the mental state of the other is private and hidden and needs to be accessed through mediating processes, such as the interpretation of behaviour and facial expressions, or perspective-taking. This ability is reflected in Davis' cognitive empathy measure. Again, he introduces two broad categories: fantasy items and perspective-taking items. Items in these categories were developed to assess the individual's cognitive grasp of the other's mental life. Fantasy items include, e.g.:

> 3. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.
>
> 44. When I watch a good movie, I can very easily put myself in the place of a leading character. (Davis, 1980, p. 6)

Perspective-taking items, too, are designed to measure the ability to imagine how the other might be feeling, or what their experience might be like:

> 8. Before criticizing somebody, I try to imagine how I would feel if I were in their place.
>
> 16. I sometimes try to understand my friends better by imagining how things look from their perspective. (Davis, 1980, p. 7)

Baron-Cohen and Wheelwright observe that 'cognitive empathy' has come to denote the individual's ability to use a theory of mind (Baron-Cohen and Wheelwright, 2004, p. 164). In short, 'cognitive empathy' refers to the cognitive processes used to interpret and understand the behaviour of the other. As mentioned above, it is now widely accepted within psychology that empathy entails both emotional and cognitive aspects, and most studies use measures designed to assess both dimensions, or administer multiple scales.[14]

4.2.4 The Impact of Trauma on Emotional and Cognitive Empathy

Studies assessing empathic abilities in traumatised individuals have heterogenous, if not conflicting outcomes. While some find impaired empathic abilities (Parlar *et al*., 2014; Mazza *et al*., 2015; Couette *et al*., 2020), others show just the opposite (Nietlisbach *et al*., 2010; Greenberg *et al*., 2018; Aragona *et al*., 2020). One explanation for this might be different

[14] See Appendix 5.1 for an overview of some of the most prominent measures used in studies on trauma and empathic abilities.

understandings of what empathy entails, and how it can be measured. In the following, I will engage with a selection of studies that have engaged with the more robust dimensions of empathy, i.e., affective and cognitive empathy, and the impact trauma has had on them. In doing so, I hope to shed some more light onto which empathic abilities are more likely to be susceptible to trauma, and which are not.

Aragona *et al*. administered Davis's IRI to investigate the empathic abilities of African refugees in Italy. Informed by earlier studies that showed impaired empathy in trauma survivors, the authors hypothesize that their participants would exhibit diminished empathy, too. However, contrary to this, they could not find any significant impairment (Aragona *et al*., 2020). In developing their hypothesis, the authors refer to a recent systematic review on social cognition in PTSD conducted by Couette *et al*., who find overall impaired empathic abilities in trauma survivors:

> "Our results suggest that affective and cognitive aspect [sic.] of theory of mind is comprehensively disturbed in patients with PTSD, showing a significant impairment in their ability to predict what others feel, think, or believe." (Couette *et al*., 2020)

Note that Couette *et al*. use the term 'empathy' interchangeably with the expression 'theory of mind' to refer to aspects of social cognition. Admittedly, conducting a systematic review of social cognition in individuals with PTSD leads one through a maze of different definitions of the various sub-categories of social cognition. The authors searched the PubMed database for articles on the following terms, reflecting the heterogeneity of the concept:

> "[PTSD] [Post traumatic disorder] AND [Emotion recognition] OR [Facial expression of emotion] OR [Facial expression perception] OR [Empathy] OR [Affective empathy] OR [Mentalizing] OR [Social cognition] OR [Theory of Mind] OR [Mental state attribution] OR [Cognitive empathy] OR [Emotional empathy] OR [Social behaviour deficits]." (Couette *et al*., 2020, p. 117)

Because many of these terms overlap and do so in varying degrees depending on the respective definitions applied, it is important to exercise caution when comparing studies and drawing overarching conclusions. Some of the authors included in the systematic review take 'Theory of Mind' to be a subcategory of 'empathy', i.e., the cognitive dimension of the latter. See, e.g. Mazza *et al*. who write: "Empathy has been recently described to include two dimensions (Decety & Meyer, 2008; Singer 2006): the cognitive component, known as theory of mind, […] and the emotional component […]" (Mazza *et al*., 2015, p. 37, my emphasis). Others see ToM and empathy to be two different aspects of social cognition (Nietlisbach and

Maercker, 2009, p. 388; Couette *et al*., 2020).[15] Others again use the terms interchangeably, e.g., Platek *et al*. "hypothesized that contagious yawning occurs as a consequence of a theory of mind, the ability to infer or empathize with what others want, know, or intend to do" (Platek *et al*., 2003, p. 223 my emphasis). Because it is not entirely clear how cognitive empathy and ToM are to be distinguished on an account where both empathy and ToM are subcategories of social cognition, I will side with Mazza *et al*. in taking ToM to describe the cognitive dimension of robust empathic abilities—an understanding Nietlisbach *et al*. seem to adopt in their 2010 study, too (Nietlisbach *et al*., 2010, p. 832).

While Couette *et al*. clearly state that "*all* studies reported extensive alterations of the affective and emotional aspects of ToM" (Couette *et al*., 2020, p. 131, my emphasis), a closer look at some of the studies covered in their systematic review reveals a rather mixed picture, contrary to the author's statement. In their 2010 study (included in the systematic review), Nietlisbach *et al*. state:

> "A clear pattern of dissociation was found in the empathic abilities of individuals with PTSD, with marked impairment in the nonreflective, more basic ability to resonate, but nonsignificant impairment in reflective, cognitive components, such as mind-reading or faux pas recognition… The findings of unimpaired empathic concern combined with increased personal distress in the PTSD group suggest that the nonreflective perception of social emotional content may be intact and that the reduction of observable resonance may be the result of top-down suppression." (Nietlisbach *et al*., 2010, p. 840)

Another study published in October 2018—and thus past the cut-off date for studies included in the systematic review—found increased empathic abilities in relation to trauma, too. Greenberg *et al*. state that "[…] the experience of a childhood trauma increases a person's ability to take the perspective of another and to understand their mental and emotional states […]" (Greenberg *et al*., 2018, p. 1).

Let us take a closer look at the two respective studies. Both Nietlisbach *et al*. and Greenberg *et al*. administered Davis' IRI. In addition, Nietlisbach *et al*. administered the Empathic Resonance (ER) measure, the Reading the Mind in the Eyes Test (RMET), and the Faux Pas Test, while Greenberg *et al*.'s study used the Empathy Quotient (EQ) in addition to the IRI to

---

[15] "Four domains of social cognition are classically evoked (Henry, von Hippel, Molenberghs, Lee, & Sachdev, 2016): theory of mind (ToM), social perception, affective empathy, and social behaviour" (Couette *et al*., 2020).

measure the impact of trauma on the individual's empathic abilities.[16] In Greenberg *et al.*'s study, the EQ revealed no significant impairment in cognitive empathy and heightened affective empathy in the trauma group (Greenberg *et al.*, 2018, p. 4). In the second part of the study, the authors administered the IRI to replicate the results from the EQ. The trauma group scored higher on Perspective taking, Empathic Concern, and Fantasy, and no significant difference was found on the Personal Distress scale. In Nietlisbach *et al.*'s study, "the PTSD group scored significantly higher than the Control group on the Personal Distress subscale" (Nietlisbach *et al.*, 2010, p. 839). No significant alteration on the other subscales was found (fig 1).

Study	Trauma Type	Interpersonal Reactivity Index					Empathy Quotient			ToM
		Perspective taking	Fantasy	Empathic Concern	Personal Distress	IRI (overall)	EQ affective	EQ cognitive	EQ (overall)	
Greenberg *et al.* 2018	Childhood trauma	⇑	⇑	⇑	o	⇑	⇑	o	⇑	⇑[17]
Nietlisbach *et al.* 2010	PTSD	o	o	o	⇑	⇑	-	-	-	o[18]
Aragona *et al.* 2020	PTSD	o	⇑	o	⇑	⇑	-	-	-	-
Parlar *et al.* 2014	PTSD & childhood trauma	⇓	o	⇓	⇑	⇓	-	-	-	-

Fig. 1: increase (⇑), decrease (⇓), and absence of significant alteration (o) in empathic abilities according to the IRI, EQ and other ToM measures in selected trauma studies.

Hence, both studies that administered the IRI present outcomes that match the results of Aragona *et al.*'s study that, too, applied Davis' measure. Can we thus conclude that

[16] See Appendix 5.1 for an overview of the measures, and Appendix 5.2 for an extended table detailing the outcomes of studies measuring the empathic abilities of individuals affected by trauma.

[17] ToM understood as indicated by IRI perspective-taking and fantasy items by the authors.

[18] ToM measured using the RMET. See my reservations in the footnote to Appendix 5.2.

administration of the same measure yields coherent outcomes? Unfortunately, it is not that simple: while both studies show an overall increase in empathic ability following trauma, the results of the individual dimensions of Davis' index do, in fact, differ significantly. While Greenberg *et al*. found increases in Perspective Taking, Fantasy, and Empathic Concern, and no change in Personal Distress, Nietlisbach *et*. *al*.'s results are flipped: no significant impact was found in the first three dimension, with increase showing only in the last (fig. 1). Hence, controlling for the empathy measure administered in a study seems to fail to account for the divergent outcomes identified.

Another reason for the discrepancy between findings might be the difference in inclusion criteria, and thus participant groups. Greenberg *et al*.'s study was not restricted to patients diagnosed with (or warranting a diagnosis with) PTSD but involved individuals with a history of childhood trauma. The group of participants was therefore significantly different to the group involved in Nietlisbach *et al*.'s study, which consisted only of individuals diagnosed with PTSD[19] and Aragona *et al*.'s cohort, a group of male African refugees with PTSD.

For comparison: the study conducted by Parlar *et al*. administered the IRI to a group of women diagnosed with PTSD following childhood trauma. However, while the results do not blatantly contradict those of Nietlisbach *et al*.'s outcomes, they nevertheless differ. On Fantasy and Personal Distress items, outcomes matched, but while Nietlisbach did not find a significant impact in the Perspective Taking and Empathic Concern, Parlar *et al*. found these empathic abilities to be negatively impacted. In effect, the overall results of the IRI show increased empathic abilities in Nietlisbach *et al*.'s study but decreased empathy in Parlar *et al*. Aragona *et al*.'s results most closely resemble those of Nietlisbach *et al*., the only difference being an increase on the Fantasy scale, as the table shows.

Thus, even controlling for inclusion criteria and the applied measures, it remains difficult to draw overarching conclusions regarding what kind of impact trauma may have on social cognition, or on affective and cognitive aspects of empathy. The definition of empathy and the tools administered to measure empathic abilities differ significantly between studies, and even those studies that work with the same definitions and measures yield divergent outcomes that

[19] No further information on the type of trauma the participants experienced is provided in the study.

only in part depend on the type of trauma experienced and whether or not the participating subjects' experiences warrant a diagnosis with PTSD. This is demonstrated by Couette *et al*.'s systematic review, which is limited to studies whose participants meet PTSD diagnostic criteria but falters with the divergent definitions and measures of empathic abilities.

To draw just one conclusion from the above discussion it would be this: abilities enabling successful interactions and a healthy social life are complex and multifaceted, and so are the terms describing the various dimensions of empathic or social abilities involved. Studies investigating the impact trauma may have on different aspects of the individual's social abilities, be they cognitive or emotional, need to pay close attention to the terminology they are working with and refrain from making claims broader than their methodology warrants. Furthermore, even if a clear and coherent terminology could be agreed on, researchers would still have to keep in mind that different individuals are affected in different ways by traumatizing experiences.

To investigate post-traumatic experience of interpersonal encounters in more detail, I will turn away from theories of mind and complex forms of affective or cognitive empathy and instead engage with basic empathy as it is defined and applied by phenomenologists. As we shall see, it is the very fundamental mode of perception of the other's mental states that is presupposed by more robust dimensions of social abilities.

4.3 Basic Empathy: empathy as a mode of experience

In this section, I will briefly explore a significantly different understanding of empathy that can be found in the classic phenomenologists, most notably in Edith Stein's work *Zum Problem der Einfühlung* (Stein, 1917). It will become clear in the following that the empathic abilities identified by psychologist such as Davis presuppose this more basic kind of empathy that we encounter in Stein's work. It is therefore worth investigating whether, and to what extent, it is vulnerable to traumatising experiences.

In order to understand Stein's notion of empathy we need to engage briefly with the concepts of the lived body (*Leib*), as opposed to the physical object body (*Körper*) (Husserl, 1973b). Being a physical object and thus the potential object of an intentional state, my body is a *Körper*. It takes up space, is susceptible to gravity, can never be found in more than one

location at once; it can be seen, touched, moved etc. In this sense, it does not appear to be very different from, say, a laptop or a stuffed animal. However, unlike the stuffed animal, the human body is never just a *Körper*. I do not experience my body as a physical object only: it is always also experienced as a *Leib*. As lived body, I have an intimate sense of my body *as experiencing* and of experiences as being given to my body. With my hands I feel, with my eyes I see, I have proprioception, that is, a sense of where my body is and in which position, and relative control over when and how to move certain parts of my body. My body is the focal point of my subjective experiencing and, as Stein emphasises, I cannot rid myself of it even if I tried to, eyes closed and limbs outstretched (Stein, 1917). Each human body thus exhibits a double character: it is physical object and, at the same time, lived body. My experience of my body oscillates between these two extremes. When I am absorbed in dancing to my favourite song in the light evening breeze, I am all lived body, until I trip and fall, and the physicality of my being comes into focus (see Moran, 2017). Of course, how I experience my own body differs from the way in which I perceive that of another human being. Theirs is also given to me as object body, as a material thing taking up space, susceptible to the laws of nature. It is furthermore given as lived body, but this is where my perception of the other's body differs from my perception of my own: I do not have the same sense of intimacy of experience, and yet I do experience their body as a corporeal field of expression for another mental life, that is, as a *Leib*, not merely as a *Körper* (Jardine and Szanto, 2017). By perceiving the other's body as lived body rather than object body, the other's mental life is given to me in direct experiencing, that is, unmediated by processes of cognition or simulation, according to the phenomenologists.

Let us now turn to Edith Stein's account of empathy, who, together with Husserl, coined the understanding of the term as the mode of intentionality directed towards the other's mental life (Stein, 1917; Zahavi, 2010, p. 291). In empathy, the intentional object (i.e., the object of my perception) is the other person's experience. Just like I see the butterfly, imagine a pizza, or remember the last time I ate pancakes, I empathise with the mental life of the other. Each intentional object is given in a different mode of experience; but just as the butterfly or the pizza of my dreams, the conscious life of the other is given to me directly, without the need to infer or simulate it (Stein, 1917). In this sense, it is possible to directly perceive the other's mental life because I immediately recognize the other's body as a lived body, as a *Leib*. When you enter the room, I immediately recognize your body as lived body, and you as an embodied conscious subject, having thoughts, feelings, intentions and so on. When I "see" that you are happy, your happiness is directly given to me in perception. However, it is not given to me

primarily through sight, i.e., visually, but through empathy. I do not need to infer from the spring in your step and the smile on your face that you are feeling buoyant, nor do I need to simulate the experience of happiness in myself to reach the same conclusion. Your happiness is the intentional object of my perception and as such directly accessible to me; this does not mean that I experience the same happiness as you, nor am I required to experience any happiness myself to mirror yours. Empathy, in fact, requires an acknowledgement of difference; it entails an appreciation of the fact that there is another mental life that is different from my own (Zahavi, 2010; Ratcliffe, 2017a).

This is probably where the phenomenological understanding of empathy differs most from the colloquial use of the word and from the previously discussed more robust accounts of empathy. Emotional empathy, as we have seen, is concerned with the individual's emotional reaction to the other's experience, be it positive or negative, in accordance with the other's state of mind or contrary to it. Basic empathy, in contrast, does not require being moved by the other's experience; it merely describes the ability to perceive the nature of their experience as being that of another conscious subject.

The fundamental difference between basic empathy and cognitive empathy or theories of mind can be highlighted by taking a brief look at disturbed states of intersubjective experience in, e.g., schizophrenic experience, which often involves a lack of the direct perception of the other's mental state that is basic empathy. The schizophrenic individual is required to reach the insight normally gained without effort through complex chains of algorithmic reasoning: a strategy that is rarely fully successful and ultimately leaves the affected with a sense of disconnection.[20] This is to show that inference cannot replace the direct perception of the other's mental life. Nor can simulation, or else it would be impossible to empathise with someone who is unable to have empathy themselves (Ratcliffe, 2017b).

While the basic understanding of empathy markedly differs from more robust affective and cognitive accounts, these higher order forms of empathy are not irrelevant to the experience of others. Strategies based on inference or perspective-taking can indeed enable one to

[20] For a rich discussion of social dysfunction in schizophrenia see, e.g., Stanghellini, 2004. For an in-depth account of the shortcomings of ToM approaches to explain autistic symptoms, see, e.g., Gallagher, 2004.

understand—or enhance one's understanding of—the other's experience (Fernandez and Zahavi, 2020). However, the recognition of the other as another conscious subject is a prerequisite for these more robust kinds of other-directed experience. The different empathic abilities can be (and usually are) bound up in one perceptual experience. Nevertheless, it is important not to conflate either emotional or cognitive empathy with the kind of empathy underlying both that Stein had in mind.

Hence, the phenomenological notion of empathy, or basic empathy, differs significantly from more robust accounts such as Davis' multidimensional conception of empathy or theories of ToM which find application in psychological studies. It seems that the mode of perception that allows one to directly perceive the other's state of mind is presupposed by more complex forms of empathy such as those identified by Davis. Not only is it important to keep in mind the fundamental differences in understanding the term 'empathy' to make sense of psychological studies designed to assess empathic abilities in individuals with PTSD. It will furthermore become clear that basic empathy in the aftermath of trauma has, to date, not been the object of investigation. I will therefore proceed to suggest ways in which this basic form of empathy may be impacted through trauma.

4.3.1 The Impact of Trauma on Basic Empathy

In this section, I shall focus on the way in which traumatising experiences can impact on an individual's basic empathy. I will explore the hypothesis that feelings of alienation post trauma may be explained by a breakdown of basic empathy. The trauma survivor experiences the other no longer as another subject offering possibilities for interaction. Instead, they are experienced as a source of threat, triggering a stress response, and rendering any attempt at establishing a meaningful connection futile. However, while this might be true of severe cases or particular triggering situations in the aftermath of trauma, it fails to explain the pervasive feelings of alienation amongst trauma survivors. I will therefore turn to the absence of feelings of belonging in the subsequent chapter.

In non-disturbed states, we experience other humans as other subjects offering possibilities for interaction. The experiential world is ripe in these perceived possibilities, affordances, and anticipations (Husserl, 1983; Fuchs, 2007). My coffee mug appears to me not only as something purple and smooth on my desk but also as something that is possible to be picked up and drunken from. The light switch by the door is out of reach, but it still affords

being used to turn on the light. When I see the cat pushing the vase off the windowsill, I anticipate it falling and breaking. Likewise, I experience people in light of possibilities, affordances, and anticipations: I see the girl at the café table next to mine as offering the possibility of starting a conversation, having things in common with me, and forming a friendship. She affords being spoken to, and I anticipate her to respond in one way or another to my saying 'hi'. I argue that my experience of affordances of interaction is owed to my ability to empathise, on the thinnest understanding of the term. I perceive the girl as having some mental life that is different from my own, as having thoughts and ideas that I could agree or disagree with, and as having feelings that are similar to my own in kind, albeit different in their actuality. My experience of a possibility of interaction depends on this empathic understanding of her mental life as similar to mine in its nature, but different from my own in its actuality.

In some severe cases of trauma, this kind of experience of the other might not be available to the survivor (Herman, 1992; Ataria, 2016a). Instead, the other may be experienced as a source of threat, triggering a fight, flight, or freeze response (van der Kolk, 2015). This may be explained in terms of basic empathy in two possible ways: like any other mode of perception, empathy is fallible, that is, we may mis-perceive the other's mental life (Fernandez and Zahavi, 2020); and it is possible to be lost altogether, just like someone may lose their ability to see. In the latter case, that is, in the absence of basic empathy, the sense of the other as a conscious subject, of their body as lived body, would be lost. They would be experienced as a threat in the same way a falling branch or a speeding car heading straight at the individual would be: as a threatening object body. The experiences may be similar in that they trigger an immediate stress response. However, the fear of a falling tree differs markedly from the fear of an approaching stranger: the other person, however threatening, is still perceived as another conscious subject and it is arguably this that makes them appear threatening in the first place. It is not their *Körper*, their object body, which is experienced as a threat, but their potential for acting in a certain way. The frightened individual is frightened because of the possibilities of interaction the encounter with the stranger entails.

For many trauma survivors it is not only others who are experienced as a potential danger, triggering flashbacks or other symptoms of PTSD—it can be anything which reminds the individual of the traumatising event, like hearing innocuous sounds or even reports of atrocities (Brison, 2003; van der Kolk, 2015). It therefore remains questionable whether it is indeed specifically an absence of empathy that is at the root of the survivor's hypervigilance and fear or,

as Nietlisbach *et al*. hypothesise, whether "the reduction of observable resonance may be the result of top-down suppression" (Nietlisbach *et al*., 2010, p. 840). The approaching stranger holds the potential for being a threat that is contingent on them being perceived as another conscious being with (in this case, malicious) intentions. The traumatised individual, familiar with their own tendency to feel threatened by benign strangers, might suppress their more robust, higher level social cognitive abilities keeping them from properly "taking in" the other and thus getting in the way of establishing a meaningful connection (which would require an exchange of glances, smiles, or greetings). Hence, it is not an absence of basic empathy that gets in the way of connecting with the other.

An alternative explanation is the *fallibility* of basic empathy (Fernandez and Zahavi, 2020). Just as we can mistake a shadow for a person or hear one phrase where another was uttered, we can be mistaken in how we experience the other. Misperceiving something is not the same as not having a perception; the other is still experienced as another subject. However, the state of mind they are in may be perceived inaccurately. A friendly gesture might be experienced as aggressive, a polite address as cold-hearted. Subsequently, the possibilities an interaction with the other offers and the affordances and anticipations involved appear different or even absent. Mistaking friendly advice as cunning deceit prohibits the establishing of a meaningful connection. Because the traumatised individual's basic empathy is failing them, they are unable to perceive the other as another subject offering possibilities for interaction. While this misperception of the other's mental life might entail a fear-response, it does not necessarily do so; it may simply express itself as an absence of the experience of affordances an interaction would normally offer.

4.4 Empathy in the Trauma Questionnaires

In an earlier chapter, I briefly addressed the challenge of interpreting testimonies of trauma (see section 3.2.5). The previous sections should have further highlighted the difficulty of doing so in the case of empathy, given the multidimensional character of the phenomenon and the different definitions of the various categories associated with the social abilities referred to using the term 'empathy'. I demonstrated above how the theoretical frontloading of studies measuring different forms of social cognition impacts the studies' outcomes, which is not always made explicit in the conclusions drawn. My survey differs from the studies mentioned above primarily in that it was a qualitative questionnaire, asking participants to share their

experiences of themselves, other people, and their relationships in the aftermath of trauma. Questions did not explicitly concern whether experiences of empathy, basic or otherwise, were impacted through the respective trauma. Nevertheless, many of the participants mentioned the impact their experiences had on their empathic and other social abilities. In the following, I will explore two types of statements from the questionnaire: those explicitly using the term 'empathy'; and those that refer to a social ability we can identify as empathy according to either Davis' definition or phenomenological terminology. In this way, I hope to steer clear of the terminological confusion of the studies mentioned above. It is worth highlighting that this methodology does not allow for broad generalisations regarding empathic abilities in the aftermath of trauma. It is entirely based on the individuals' subjective experience of their own empathic abilities, and whether and how they chose to report this in the questionnaire. An individual may not be aware of the way in which their empathic abilities have been altered, or think of themselves as more or less empathic without having changed much at all. Caution should thus be exercised in the interpretation of the testimonies and the drawing of general conclusions. Nevertheless, taken together, the reports do allow some insight into the way in which trauma may impact on an individual's empathic abilities, as certain trends crystallise across the participants' responses.

4.4.1 Direct Mention of 'Empathy'

Some of the testimonies explicitly use the term 'empathy' in their reports of how trauma has impacted on the way in which they relate to other people. Consider the following statements:

> 4. I struggle to relate sometimes when people are complaining about really minor things. I'm very empathetic and more moral than I used to be.
>
> 11. I have more empathy. I notice this most in my work.
>
> 20. I feel like this experience has also contributed to my empathy for people who are feeling unsettled, destabilised and distressed due to trauma, as I can easily recall how it felt like my world, mind and body were falling apart. I now use this empathy in my career but also find myself drawing on it when thinking or talking about people in general.
>
> 21. I am empathic and I always go out of my way to offer my support and help to anyone who is struggling, cause I know how it felt to be on your own with a lot of big difficult emotions, and how someone going out of their way to show they care, can be very helpful. Even stop you from killing yourself.

> 38. I always consider that people may have experienced trauma and not to underestimate the impact it may have had on them. Definitely gives me more empathy to others who are struggling with the consequences of sexual abuse that they experienced.
>
> 57. I have more patience and empathy with people, but I also judge people more quickly.
>
> 47. After both traumatic incidents, I felt very disconnected from others. I'm naturally very sensitive, but for a few years after these incidents occurred, I felt little empathy towards people. I didn't feel excited about anything. I self-harmed for a while. My low empathy for others really affected my relationships. I didn't feel like a good person.

Interestingly—but perhaps unsurprisingly—most of the statements that use the term 'empathy' do not allow for a clear interpretation of what kind of empathic ability the respective individuals refer to. Take testimony #20, for example, who writes: "I feel like this experience has also contributed to my empathy for people who are feeling unsettled, destabilised and distressed due to trauma, as I can easily recall how it felt like my world, mind and body were falling apart" (#20). The mention of 'recalling' their own trauma when faced with the distress of another person suggests a cognitive process of identification; whether the experience of empathy for the other's distress involves negative emotions on the part of the individual (through simulation or otherwise) is, however, not clear. Presumably, all aspects of empathy play a role in this particular case: the other is experienced as being distressed (a matter of basic empathy) and accompanied by a combination of pre-reflective and cognitive processes of recognition, reminiscence, and identification (cognitive empathy), an emotional response to the other's distress is experienced (affective empathy). However, the testimony does not reveal whether the affective response involves feelings of compassion, pity, personal distress, etc. The individual might experience care and concern for the other's distress without feeling distressed themselves; it might even give them pleasure to be able to easily recognize someone else's suffering and to be able to offer their support. Or they might be negatively emotionally impacted, feeling the distress together with the other.[21]

[21] I will engage with accounts of feelings of togetherness in the subsequent chapter, particularly in sections 5.1 and 5.2.

4.4.2 Indirect Reference to Empathic Abilities

Other participants, while not explicitly using the term 'empathy', describe their experiences of others and their relationships to them in terms that are reminiscent of the definitions of empathy discussed earlier:

> 1. I have a great sensitivity and ability to read others (which was necessary growing up in my family). I also feel that I can resonate with the deep pain in others in a way that not everyone is able to.
>
> 6. I notice when someone is in an emotional pain.
>
> 13. I am very perceptive to others and discerning. I am a good judge of character and feel this has stemmed from my childhood and life experiences when I learned at a very young age to read behaviour and body language. When it felt safe and when it wasn't. People tell me I am trustworthy and easy to talk to, i am compassionate and insightful to the needs of others and very good at reading moods and emotions.
>
> 14. I think i have a much deeper understanding of other's emotions and i can relate to people on a much deeper level now.
>
> 18. I can relate to others grief & pain very well. I am extremely compassionate & sensitive to others.
>
> 22. i am quite good at reading others, predicting behavior (good behaviors too, not just bad), knowing when ppl are down or need support (sic.).
>
> 35. I think I am very finely attuned to the non-verbal expressions of others, which gives people a sense of being known at a deep level.

The wide range of abilities and tendencies implicitly mentioned in the responses supports the assumption that different empathic abilities are involved in post-traumatic interpersonal experiences. In the above statements, we can identify cognitive, affective, as well as basic empathy, and see that they go hand in hand in the individuals' experience:

i. Basic empathy: "I notice," "I am perceptive," "I am finely attuned to the non-verbal expressions of others"

ii. Cognitive empathy: "ability to read others," "discerning," "good judge of character," "read behaviour and body language" (ToM), "good at reading moods and emotion," "deeper understanding of other's emotions" (I will, in fact, argue in the subsequent section why this is not necessarily a matter of cognition), "reading others, predicting behavior" (ToM), "knowing when ppl are down or need support"

iii. Affective empathy: "I resonate," "I am compassionate and insightful," "I can relate," "I am compassionate & sensitive"

Notice that amongst all of these statements regarding empathy, whether using the term explicitly or implicitly, only one mentions *impaired* empathic abilities (#47). All of the others report increased forms of empathy in the aftermath of trauma. Given the overall heightened empathic abilities in the testimonies, the question remains: why are reports of alienation and feelings of not being understood so frequent? In the following chapter, I suggest that this is due to a disturbance of unification or a background feeling of belonging.

4.5 Conclusion

In this chapter, I have presented three predominant explanations of how we come to perceive the mental states of other people. Folk psychological accounts assume that cognitive processes of interpreting outer cues are needed to reach an understanding of the other person's experience and to predict their behaviour, either by applying a theory of mind or by simulating the other's experience in oneself. In various publications of the psychological literature, this ability is described by simply using the term 'empathy', as an empathic ability, or as the cognitive dimension of empathy. I have adopted the latter terminology to be able to distinguish further dimensions of empathy. Affective or emotional empathy is presumably the most colloquial understanding of the term 'empathy'. In the psychological literature, it is described as the ability or tendency to be affected by the other's experience. On this understanding, an empathic person easily resonates with the other's experience, they are able to "put themself into the other's shoes," as it is often described, and to feel their pain. Alternatively, affective empathy can be expressed as a feeling of compassion and care for the other's distress, which does not necessarily require feeling the distress of the other. Some theorists of ToM argue that affective empathy is to be subsumed under cognitive empathy; I tend to disagree. Both cognitive and affective empathy are higher order processes, the first describing cognitive processes such as inference and interpretation, the second affective elements involved in the experience of the other. Above I showed that both presuppose the basic empathy discussed in the phenomenological literature. Here, empathy is understood as a non-inferential, intentional act of perception, in which the individual's intentionality is directed towards the other's mental state. This very thin understanding of 'empathy' goes against the colloquial understanding of the term but allows for an explanation of pre-reflective and pre-cognitive experiences of the other person that precede more robust processes such as those involved in affective and cognitive empathy.

Having established the difference between these processes, I turned to studies engaging with empathy in trauma survivors. While most studies make general claims as to the increase or decrease of empathic abilities in the aftermath of trauma, they do not sufficiently justify these claims, as their methodology is—often implicitly—tinted by theoretical preconceptions. In Appendix 5.1 I offer an overview of the different theories and definitions implied in the measures used in these studies to illustrate the heterogeneity of methods and underlying theories.

What the studies did not take into account is the very thin notion of empathy as it is understood in phenomenology. While basic empathy is not entirely absent in post-traumatic experiences (if it was, others would no longer be experienced as other conscious beings), it may nevertheless be impaired, leading to a misattribution of mental states. In some cases, this can express itself in the experience of a threat emanating from another person where none is present. A look at the testimonies confirmed that empathy is a multifaceted concept, and that trauma impacts on it in a variety of ways. Given the heterogeneity of abilities associated with 'empathy', and the manifold experiences of trauma and its aftermath, it is difficult, if not impossible, to draw any general conclusions. However, it has crystallised that empathic abilities broadly speaking are very often experienced as increased in the aftermath of trauma, particularly experiencing care and concern for others. The impairment of empathic abilities broadly construed can therefore not explain the sense of alienation so often experienced by survivors of trauma. In the following chapter, I will engage in more depth with the feeling of alienation experienced in the aftermath of trauma by focusing specifically on feelings of not being understood, which I conceptualise in terms of the absence of a background feeling of belonging, drawing on Gerda Walther's phenomenological work on unification.

5. The Impact of Trauma on Feelings of Being Understood[22]

After an extensive discussion on the impact of trauma on empathic abilities we have not yet succeeded in making sense of the feelings of alienation and not being understood frequently reported in the trauma literature (e.g. Herman, 1992; Brison, 2003). Looking for the root of feelings of alienation in an individual's impaired empathic abilities misses the point that alienation is an *inter*personal experience. It takes (at least) two to establish a meaningful relationship in which each individual feels understood. It is, however, not entirely clear what the feeling of being understood or its absence amounts to. In the following, I will argue that feeling understood is not merely a cognitive achievement, but rather an expression of a more pervasive background feeling of belonging, of being *one of us*. Accounts of we-intentionality, such as joint agency, shared emotions, or plural subjecthood, promise but ultimately fall short in explaining this sense of belonging. What is needed is an explanation of the pre-reflective sense of belonging that constitutes the feeling of being understood. Phenomenologist Gerda Walther offers an account of unification that promises to fill this lacuna. Other parts of her philosophy have enjoyed increased interest in the past years; her account of unification, however, has remained underexplored. I think that it can be informative and ultimately add to our understanding of the feelings of alienation encountered in reports of trauma survivors. It draws attention to three key aspects of feelings of belonging: (1) their affective and (2) their habitual nature, as well as (3), their close link with how others are experienced, namely, in Walther's words, as being "humans, who also…" (Walther, 1923). I interpret this concept—which Walther leaves intentionally open-ended through the use of the ellipsis—as experiencing others as being similar to oneself in a significant way, such as having the same experiences, values, or basic attitude. This, I shall argue, is impacted through traumatising experiences: after experiencing the unimaginable, trauma survivors may struggle to experience others as 'humans, who also…'. This, in turn, implies a breakdown of unification. Where formerly the world was given as a

[22] An earlier version of this chapter has been published under the title "Background Feelings of Belonging and Psychological Trauma" in a Special Edition of *Psychopathology* on "Space, Social Perception, Mental Disorders", eds. Bader & Bizzari (Wilde, 2021a).

meaningfully shared space, the traumatized individual no longer experiences themself as having the same basic attitude, values, or thought patterns as others. Unification and the sense of belonging it constitutes are impeded, and so is the feeling of being understood.

I will begin by exploring what background feelings of belonging amount to. I shall draw on recent phenomenological literature on communal experiences that promises to explain how feelings of being part of a group, collective, or 'we' are constituted. While they go some way towards explaining feelings of belonging, they cannot account for the non-actual or background sense of belonging at stake in trauma. I will therefore continue by exploring Gerda Walther's work and develop a phenomenology of background feelings of belonging based on her account of unification as both affective and habitual. In the final section, I will illustrate this by applying it to the absence of background feelings of belonging in trauma. I will conclude with a brief exploration of the potential practical implications of these findings: trauma testimonies suggest that actively seeking out recognition of similarities and shared aspects of experience may once again facilitate experiencing others as 'humans who also…', thus enabling connections with like-minded people and finding solace in community. Unification, once lost, is not lost forever, and the feeling of being understood can be re-established.

5.1 Feeling Understood and Background Feelings of Belonging

The feeling of being understood can describe a range of experiences, from the feeling arising out of a successful exchange of propositions to a more pervasive and subtle sense of acceptance and connection. In the context of post-traumatic experiences, the notion of feeling understood that appears to be most relevant is, as I shall argue in the following, dependent upon or even identical to a feeling of belonging. 'Belonging' is a multifaceted concept and can be applied in a variety of contexts: one can belong to a place, a club, a political party, a shared world at large (in Heidegger's terminology '*Mitwelt*' (Heidegger, 2001)), and more (see, e.g., Ratcliffe, 2009; Dolezal, 2017b; Zahavi, 2019). This paper focuses on the feeling of belonging to a group or a community: the feeling of being *one of us*. The relevant sense of 'belonging' here is both affective by nature and remains in the background of experience. It is affective in the sense that it does not involve a cognitive process of thinking about or positing oneself as belonging to another; it is a *feeling* of having a special kind of connection with the other. It is furthermore pre-reflective and, in this sense, remains in the background of experience, unless exceptional

circumstances bring it to the fore. Only when it is disturbed, or the individual is otherwise prompted to reflect on their sense of belonging, does it become focal.

The active philosophical debate concerning communal experiences and we-intentionality seems to be a suitable candidate to explain what constitutes background feelings of belonging to a group or community, or a sense of being *one of us*. Accounts of joint agency, shared emotions, and plural subjecthood all go some way towards explaining how subjects come to experience themselves as feeling or acting together with one another, as being part of a collective, or a 'we' (Helm, 2008; Gilbert, 2014; e.g. Pacherie, 2014; Schmid, 2014; León, Szanto and Zahavi, 2019). Many of the accounts, however, tend to focus on episodic interactions and rely on a notion of background feelings of belonging or togetherness to explain actualised we-experiences such as acting together or sharing an emotion, rather than offering an explanation of how the feeling of belonging is constituted in the first place. In the following, I shall briefly outline three of the core debates surrounding collective intentionality, and show why they do not, in fact, succeed in explaining the background nature of feelings of belonging. I will then proceed to elaborate on Gerda Walther's account of habitual unification and demonstrate that it is a more suitable candidate to do so.

5.1.1 Joint Agency

Joint agency (also 'we-agency' or 'plural agency') accounts for feelings of togetherness by explaining how subjects come to feel like being a plural agent, that is, acting together as a group. Explanations vary: Pacherie, for example, suggests that a sense of we-agency is rooted in coordination, joint predictions, and a common goal (Pacherie, 2014); Helm takes communal cares marked by patterns of shared emotions, desires, and evaluative judgments to be central to the formation of a plural agent (Helm, 2008). For both authors, subjects need to be engaged in the same activity or activities with a common goal, mutually aware of one another, and of one another's actions and intentions. The affective sense of we-ness, or what it is like to act together, remains largely unaddressed (Salmela and Nagatsu, 2017). A notable exception are cases of "pure we-agency" (Pacherie, 2014, p. 40), like dancing or military drills, in which individuals are said to feel like they are one (Pacherie, 2014, p. 40). This example, however, highlights that the phenomenon to be explained here is not a pervasive background feeling of belonging but rather an experience of phenomenological fusion that, at its most successful, obliterates the experiential distinction between subjects. It is furthermore tied to a specific

episodic interaction: when the action ends, so does the feeling of togetherness. Thus, accounts of joint agency cannot explain the more pervasive sense of belonging that is not tethered to any specific (shared) action.

5.1.2 Shared Emotions

Another way of explaining feelings of togetherness is by appealing to emotional sharing. It is generally accepted that in order to share something, the plurality of subjects needs to be preserved: I cannot share something with myself. Sharing requires reciprocal other-awareness and thus presupposes a plurality of subjects, as e.g., León, Szanto, and Zahavi argue for (Zahavi, 2015; León, Szanto and Zahavi, 2019; Szanto, 2020a, p. 310). Several contemporary scholars of we-intentionality have engaged with the question of what it means to share an experience or, more specifically, an emotion. The debate on shared emotions has focused predominantly on the question of whether or not one token emotion can be had by multiple subjects and what this sharing amounts to (Gilbert, 2014; Krueger, 2015). Scheler's famous passage on the experience of parents grieving their child is often referred to in order to illustrate that the two parents share the feeling of grief for their child. They are grieving together (Scheler, 2017; see also Szanto, 2020a). Whether we are faced here with one token emotion had by both parents or whether the parents fuse to form a plural subject is debated. The latter suggestion is usually countered with the requirement set out earlier, that is, preserving the plurality of subjects.

León *et al*. furthermore suggest that, in addition to reciprocal other-awareness, an identification with the other leading to an integration of the respective emotional experiences is required for a properly shared emotion. In their words, "to feel an emotion not simply as one's own but as ours, requires that one identifies with the other(s) in order to experience oneself as one of us" (León, Szanto and Zahavi, 2019, p. 4861). The authors point out that the shared emotion can be experienced differently by each of the subjects involved; it is sufficient for the subjects' complementary emotions to converge in an overarching feeling for it to be a shared experience. The authors explain 'emotional convergence' to be "an overarching integration of complementary emotional experiences" (León, Szanto and Zahavi, 2019, p. 4862). Without going into further detail, let us just note that, importantly, the shared feeling only exists in relation to the other subject's emotion and therefore does not breach the plurality requirement. Thus, for a properly shared emotion, the right balance of self-other difference and identification with the other through the emphasis of similarities needs to be struck. How two individuals

come to identify with one another and integrate their experiences remains, however, unclear. Furthermore, even if we can account for the shared emotion episode, this does not serve as an argument for a pervasive sense of belonging to a shared world and the feeling of being understood it constitutes. The moment the shared emotion is no longer experienced, the communal experience ceases, too.

5.1.3 Plural Subjecthood

Schmid's account of plural subjecthood aims to go a step further than accounts of plural agency or shared emotions. On his account, Scheler's grieving parents in fact form a single subject, united by their grief, contrary to the plurality requirement. He argues that such a sense of 'us' is constituted by plural pre-reflective self-awareness. Because it is like something for us to have a certain experience, like grieving our child, there is a plural subject to which the experience is given (Schmid, 2014; Schmid and Wu, 2018). Plural pre-reflective self-awareness is not something achieved by the subjects through some form of agreement or declarative act and does not require coordination or shared concerns. Just as singular pre-reflective self-awareness is marked by ownership, perspective, and commitment, so is its plural counterpart. And just like singular pre-reflective self-awareness, its plural form does not need further explanation other than that it is like something for us to have an experience. A pre-reflective plural subject is implied in the shared experience.

Schmid's account of phenomenological fusion has faced frequent criticism over the years, which I shall not reiterate here in any detail. One convincing example can be found in Zahavi's 2018 article "Collective Intentionality and Plural Pre-Reflective Self-Awareness" (Zahavi, 2018). What matters is that even if Schmid's account were successful in defending its argument for plural pre-reflective self-awareness, it would still not account for how this pre-reflective self-awareness is constituted, claiming instead that it is just as fundamental as singular pre-reflective self-awareness. Moreover, just like in the above cases, the phenomenological fusion Schmid defends appears to be limited to special cases of actual we-experiences where the experiential boundaries between subjects dim to the extent that the experience is that of oneness. It, too, thus falls short in explaining pervasive background feelings of belonging.

In the following, I shall demonstrate that Walther succeeds where other accounts of communal experience and we-intentionality fall short. Schmid, in fact, engages with Walther's account in several of his publications. In one paper he claims that it is faced with the problem

of infinite regress of mutual empathic experiences and thus fails to account for communal experiences (Schmid and Wu, 2018). In another, he suggests that, in order to avoid the infinite regress, Walther's notion of unification may be interpreted in a way that maps onto his own notion of plural subjecthood (Schmid, 2014). I disagree with this picture. Walther's account has several advantages over Schmid's: it retains a plurality of subjects that is widely assumed to be necessary for experiences to be properly shared and thus avoids the sharp criticism faced by Schmid's account; it can explain non-actualised communal experiences and is thus a better candidate to get to the core of background feelings of belonging; furthermore, it does not only describe what it is like for an experience to be given to us, rather than you and me, but also how this plural experiencing comes about in the first place, which is through unification.

5.2 Walther's Account of Unification

Gerda Walther's work has appreciated increased attention in recent years and informed research on the constitution of community and shared experiences in contemporary philosophy (e.g., Calcagno, 2018c; Salice and Uemura, 2018; Osler, 2020; Szanto, 2020b; Tranas and Caminada, 2020).[23] Her account of unification and her notion of 'humans, who also…' have, however, only played a supportive role to date. In the following, I shall take them centre stage. Where other accounts leave off, Walther's work goes one step further in explaining how communal experiencing is constituted. Despite her oftentimes obscure metaphors, the core of her theorising offers insightful explanations that may aid our understanding of what is at stake in trauma.

Most attention has probably been paid to unification as the last of four requirements which Walther identifies as having to be fulfilled for an experience to be communal, i.e., to count as a 'we'-experience (Osler, 2020; Szanto, 2020b). The requirements are: i) common intentionality, that is, the experience must involve a common intentional object (which may be a common goal, as identified by accounts of join action, or any other object); ii) reciprocal awareness of the other having the same experience (as we have seen both in accounts of joint

[23] Walther introduces her account of unification and the notion of 'humans, who also…' embedded within a wider discussion regarding the ontology of social communities. For a detailed account of Walther's ontology of community see, e.g., Part II of Calcagno, 2018a.

action as well as in the first requirement for shared emotions according to León *et al.*); iii) interdependency, that is, the intertwinement of our experiences, which leads to the individual's experience being enriched by the other's experience of it (along similar lines of León *et al.*'s second requirement for shared emotions); and last but not least iv) unification or "feeling oneself to be part of a we", the affective requirement which is of special interest here, and which promises to explain what the above mentioned accounts merely implied (Walther, 1923).

Walther argues that it is through unification that the individual's first-person perspective comes to be intimately linked to another subject's experience. In unification, the individual's intentionality—their experiential relation to the world—integrates the other's point of view and thus comes to be altered by it. Let us look at this in more detail through an example favoured in the phenomenology of communal experiences (Zahavi, 2015; e.g., Osler, 2020). Imagine going to see a movie in the cinema. We can think of three difference scenarios: in scenario 1, you are alone in the movie theatre; in scenario 2, you are surrounded by other people, all of them strangers; and in scenario 3, you are there with someone, watching the movie together with them. How does your experience differ in these scenarios? The difference between scenarios 1 and 2 is that in the latter, you share the intentional object of your experience, the movie, with a group of strangers. You have a common intentional object; requirement (i) is in place. Casting a look around and catching someone's eye, you can furthermore become reciprocally aware of the other and of having the same experience as them (ii). Perhaps your experience of watching the movie becomes enriched by your awareness of the other's experience of the movie: the tension in the movie theatre becomes palpable, the relief spreads through the aisles as one big outbreath. Your experience becomes entwined with and enriched by that of the others (iii). And yet, when asked 'who did you see the movie with?' your reply is unlikely to be 'a house full of strangers'—you would, more likely, report that you went to see the movie by yourself.

For a fully-fledged we-experience as in scenario 3, something else is required: the feeling of togetherness, of being part of a 'we'. Linguistically, this experience would be expressed as "we watched the movie together," which, as I mentioned, would not apply in scenario 2.iii. This feeling arises out of unification. In unification, claims Walther, the other's experience becomes integrated into your own. Not only is your experience of the movie somewhat enhanced (as would be the case in 2.iii); it is altered. That is, it does not merely differ in intensity

but is qualitatively different. Your first-person perspective on the movie now includes, pre-reflectively, the other's experience, too.

Alone, you might have found the romantic scenes between the couple on the screen boring; due to the feeling of watching the flirtations together with someone, you find them to incite intrigue and excitement. You might even feel the discomfort of a warm flushing of your cheeks from a shame that you would not have experienced had you seen the same action by yourself, or even in the anonymous company of a movie theatre full of strangers, for that matter. The experience alone, or even surrounded by others but without the special kind of connection that unification is, differs in kind from the experience of watching the movie together. Because you feel unified with the other, their experience alters your own.

Walther describes this state of unification as the other being 'in me' (Walther, 1923). I agree with Salice and Uemura that this is to be taken in a somewhat metaphorical sense, which is to say, in terms of intentionality (see Caminada, 2014, p. 206; Salice and Uemura, 2018). The other is 'in me' in the sense that they influence the way I experience. Their experience becomes an integral part of my intentionality and vice versa; the experience becomes 'ours' and I experience it as such. Note, however, that the 'we' arising out of unification does not replace the 'I' of the communal experience: the feeling of unification and the altered experience it gives rise to is still experienced by the singular subject, the 'I'. There is no higher order 'we' that replaces the 'me' or the 'you' of the experience (Walther, 1923; Salice and Uemura, 2018). Instead, unless brought to awareness through reflection, there is only an implicit 'we', in other words, a background feeling of being 'us'.

Note the affective nature of unification. Walther suggests that the fourth requirement for communal experiences is the affective dimension, a feeling of togetherness, that is, the feeling of having a special kind of connection with the other (Walther, 1923). It does not involve a cognitive process of thinking about or positing oneself as belonging to another, putting oneself in the other's shoes, predicting their behaviour, having a certain type of knowledge of their experience, or the like (Walther, 1923). The absence of unification is, therefore, not a cognitive failure, either. I will engage with whether feelings of being understood can be conceptualised as a cognitive achievement in the penultimate section of this chapter.

5.2.1 Habitual Unification and 'Humans, who also…'

At this point, one might wonder whether Walther's account faces the same problem as the above-mentioned accounts of we-intentionality. Is unification, as presented above, not also tied to a specific experience of having a common intentional object and reciprocal awareness thereof? Walther replies to this by arguing that, once established, the feeling of unification can become sedimented through habitualisation, in a process much alike that described by Husserl (Husserl, 1936; Moran, 2011). What we mean by habitual unification is not that the subject is in constant, actual unification with the other, but rather, that the feeling of unification is constantly in the background of the subject's experience. Past experiences of unification with a person or a group of people become sedimented, they retreat into the background of experience and henceforth colour the individual's present experiences. In other words, the relationship formed through unification becomes established in pre-reflective awareness and continues to shape experiences in a background way. Importantly, in habitual unification the individual does not have to be involved in any actual we-experience. Whereas a memory of an experience of unification, according to Walther, has also retreated into the background of experience and can be recalled, it can never be re-experienced (Walther, 1923). The habitualised unification, in contrast, can be reactivated any time and lived through once again. It remains in the background of experience, ready to be actualised once more. Let us return to our example. Having previously unified with another person whom, perhaps, I have come to call my friend, and our unification having sedimented over multiple actual we-experiences, amongst them going to the cinema or debating cinematography, even the experience of watching the movie by myself will be altered by my friend's implicit presence. In Walther's words: my friend is habitually 'in me'. In this way, my experience of the movie takes on a different meaning even when watching it alone: I see it in light of our love for cinema or our hate for one-dimensional female characters.

The subject does not have to be aware of this implicit influence of the other's perspective on their present experience. Whether another actualisation is brought about or not, the habitual unification with the other is there, in the background of the subject's awareness, subtly colouring their experiences in a pre-reflective manner. The other continues to 'be in' the subject and to influence their experience, without having to be actually present or aware of the same intentional object. By introducing the concept of habitual unification, Walther thus allows for non-actualised experiences of unification, running through the background of the individual's life (Caminada, 2014; Calcagno, 2018b).

Of course, most individuals do not form this kind of connection with one person alone. Throughout our lifetime, we unify with a multiplicity of other people and form more or less intense habitual bonds with them. Walther takes this to be the (ontological) foundation of community. In phenomenological terms, this broad unification with those in our lives can be understood as the foundation of a feeling of belonging to a shared world. Walther writes:

> "How should we think of this deep foundation [of communal life] through habitual unification? As a more or less clear and noticed co-presence (*Mitgehabtheit*)—even if only in a vague awareness in the background and not in attentive knowledge or presentation—other humans are always 'given', "humans, who also…" (This is one of the essential categories for understanding communities. This 'also' can be determined in various ways, depending on the kind and intentional foundation of the unification, as humans who 'also' value, 'also' have such goals, 'also' feel, desire, think etc. in the same way as the subject in question… it can also refer to the basic attitude (*Grundhaltung*) towards the whole of life, the whole cosmos…)." (Walther, 1923, p. 69, my translation)

This passage contains reference to two essential qualities of feelings of belonging which we have already addressed: the background nature of the feeling of belonging, and the persistence of this feeling over time, even when the feeling is not presently actualised (Salice and Uemura, 2018). It furthermore introduces the notion of 'humans, who also…' ("Menschen, die auch…" in the German original (Walther, 1923)), the category of other humans who have something in common with me. The ellipsis marks just how broad this category is to be understood. Any other individual who is experienced as being similar in a significant way, such as having the same thought patterns, experiences, values, or "basic attitude towards the whole of life (*Grundhaltung dem ganzen Leben gegenüber*)" (Walther, 1923, p. 69) can be counted as belonging to this group. The experience can be as specific or general as, e.g., also appreciating the scenery, also liking cinnamon rolls, also wanting to leave the house, also hoping for one candidate to be elected but not the other, also believing in karma, etc. Whether it is a specific experience or a goal, value, or world view that the individual has in common with the other, they may be experienced as another 'human, who also…'. The subject might be only vaguely aware of others who also experience the world in a certain way, as offering certain possibilities, being a safe place, humans who also have a certain basic attitude towards life more generally. I do not need to be explicitly aware of you experiencing the world in a certain way to have a sense that I am not alone in my experience of the world in this way. Due to my habitual unification with you and all the other subjects I have previously connected with, I have a background sense of experiencing the world as others experience it, too: as a shared space.

It is not clear in Walther's writings whether unification is equivocal with experiencing others as 'humans, who also…', or whether one of the concepts ought to be understood as more basic than the other. On the one hand, we can read Walther as suggesting that the subject is vaguely aware of the co-presence of others in the background of their experience *because* they stand in a relation of unification with them; unification is the foundation of communal experiences (Walther, 1923). On the other hand, a case can be made for the category of 'humans who also…' to be a precondition for unification. Experiencing someone as also having a certain experience, also having the same basic attitude towards the world, prompts the individual to integrate the other into their experience: it enables unification with them in the first place (Walther, 1923). The above quoted passage suggests that we are, indeed, to think of habitual unification *as* the co-presence of 'humans, who also…'. For Walther, 'humans, who also…' is a notion that describes a particular form of unification, namely habitual unification (Calcagno, 2018c). Habitual unification and experiencing others as 'humans, who also…' can thus be understood as being equiprimordial in the sense elaborated on above (see section 2.3.3.). In other words, habitual unification is neither more basic than the experience of others as 'humans who also…', nor the other way around: they are two sides of the same coin. Without one, the other cannot exist (see Sass, 2014; Wilde, 2021c).

In short, unification alters the phenomenology of the world at large. The world *feels different*: it is experienced in light of a 'we', be that narrow and specific ('me and my best friend') or broad and vague ('me and the rest of humanity'). Being habitual, this feeling becomes integral to one's identity and informs how one experiences oneself as part of a shared world. In the following, I shall direct my attention to the trauma testimonies. I will demonstrate how the subject's experience is impacted through traumatising experiences and why this may lead to a failure of unification and with it an absence of feelings of belonging and of being understood. The central idea I will explore is that experiencing others as 'humans, who also…' is no longer available to the traumatised individual. Therefore, unification fails and the individual is denied feelings of belonging and of being understood.

5.3 The Absence of Background Feelings of Belonging in Trauma

I have highlighted above the surprising lacuna of phenomenological research regarding post-traumatic experiences, particularly interpersonal and intersubjective aspects thereof. It appears that a common ailment of trauma survivors is a felt absence of a feeling of belonging and of

being understood. While this is not to say that it is a necessary or pervasive feature of post-traumatic experiences, references to feeling like a stranger frequently crop up in the trauma testimonies, too. In the following, I will apply Walther's phenomenological account of unification to the impact trauma appears to have on feelings of being understood, and the pervasive background feeling of belonging underlying them. Consider the following statements from the study I introduced in Chapter 3 as an illustration of the feelings of alienation experienced in the aftermath of trauma:

> 3. Excluded - not one of us.
>
> 8. It caused me to feel separate, that I was not the same as other people because we didn't have the same experience.
>
> 17. No [I don't feel understood by other people]. I feel very alone and different to others much of the time.
>
> 22. i just see things differently but would love to feel connected and part of the way i did up until my 30s. in my 30s, i stopped being able to make deep connections. (sic.)
>
> 34. Always a feeling of being a stranger to other people.
>
> 39. I don't think it's possible for anyone to completely understand my experience. I also feel a bit like a stranger.

We also find descriptions of this kind of experience in the popular trauma literature, e.g., in this passage from Roxane Gay's memoir *Hunger*, in which she describes the feeling she has being around her family, or a 2019 Guardian article penned by an anonymous survivor of a sexual assault:

> "[A]s desperately as they [my friends] wanted to help me, they couldn't actually understand what I was going through." (Anonymous, 2019)
>
> "Often, when I am around them [my family], I do not feel like I belong. I do not feel like I deserve to be among them. When I look at family photos, which I assiduously avoid, I think, *One of these things is not like the other*, and it is a haunting, lonely feeling, thinking you don't belong with the very people who know you in the truest, deepest ways." (Gay, 2018, italics in original)

In the previous section, I have drawn on Walther's work to demonstrate that feelings of belonging may be understood in terms of habitual unification. Furthermore, Walther asks us to think of habitual unification as experiencing others as 'humans, who also…'. Unification and the experience of others as 'humans, who also…' appear to be equiprimordial, that is, one does not occur without the other. I suggest that the latter may be directly impacted through

traumatising experiences, implying the breakdown of the former. References to feeling different, not the same, separate, like a stranger or an alien being can be explained in terms of no longer experiencing others as 'humans, who also…'—or, conversely, oneself as a 'human, who also…' to others.

> "There was a dinner at that conference for all the panelists, many of whom were my old and good friends and close colleagues. Yet as I looked around the ballroom, they all seemed like strange and alien beings to me. Or more accurately, I seemed like a strange and alien being—not of this world." (Stolorow, 2019, p. 809)

Sometimes these experiences are explicit, and the individual is—often painfully—aware of them, such as expressed in Stolorow's writing. Other times, these feelings are more elusive and expressed indirectly by reference to feeling like a stranger or by describing the difficulty of establishing close connections with others, like testimony #22. As we have seen above, the ellipsis in 'humans, who also…' can be filled with a variety of attributes that individuals may have in common. (Be reminded of León *et al.*'s account of shared emotions, who suggest that a balance of similarity and difference is also required for emotional sharing (León, Szanto and Zahavi, 2019)). Whatever it is, it is relevant for the present enquiry if and only if it prompts unification. In other words, we must ask which attributes filling the ellipsis are relevant to constituting feelings of belonging and are amiss in post-traumatic experience. An alteration to one's basic attitude appears to be a strong candidate for filling the position. In the subsequent chapter, I suggest that Husserl's 'homeworld' can enrich our understanding of what constitutes a 'basic attitude towards life'.

The experience of trauma is so out of the ordinary that the affected individual might lose their fundamental assumptions about the world. Traumatising experiences are called unimaginable or unintelligible (Herman, 1992; Brison, 2003), overwhelming, unbelievable and unbearable (van der Kolk, 2015, p. 195), something that is hard to imagine happening to anyone, least of all yourself. They involve threats to one's life, one's body, one's self, be it war trauma, domestic abuse, adverse childhood experiences, or the sudden and unexpected loss of a loved one. When it does happen to you, it doesn't make sense. Brison describes her own experience of this in the following words:

> "The fact that I could be walking down a quiet, sunlit country road at one moment and be battling a murderous attacker the next undermined my most fundamental assumptions about the world." (Brison, 2003, p. 25f.)

The traumatised individual lives in a world in which such atrocities are possible and can happen to anyone, at any time, including themself. The non-traumatised individual, in contrast, is in a conceptual limbo in which they know atrocities to happen, but they do not experience them as being possible to happen to themselves, or anyone close to them, a state Stolorow describes as a "metaphysical illusion" (Stolorow, 2021b).

> "[…] through some extraordinary mental gymnastics, while most people take sexual violence for granted, they simultaneously manage to deny that it really exists—or, rather, that it could happen to them. We continue to think that we—and the women we love—are immune to it, provided, that is, that we don't do anything 'foolish'." (Brison, 2003, p. 4)

We like to believe that trauma is something that happens to others, and for a reason. The traumatised individual knows better. The two attitudes are so fundamentally different that the traumatised individual can no longer perceive themself as being a human who also lives in a safe, shared world. At the same time, they do not perceive others as being other humans who also conceive of the possibility of trauma. The very foundation for establishing close and meaningful bonds is missing: others are no longer experienced as 'humans, who also…'. Unification is made impossible, and the unification that has formerly been felt shatters with its counterpart. In this way, we can now make better sense of Herman's description of alienation in the aftermath of trauma (quoted above in Chapter 4):

> "Traumatized people feel utterly abandoned, utterly alone, cast out of the human and divine systems of care and protection that sustain life. Thereafter, a sense of alienation, of disconnection, pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion." (Herman, 1992, p. 51)

Hence, what is at stake in trauma is not only the feeling of being different that might arise out of having had a unique experience that those one is surrounded by did not have. Because the experience is beyond what is generally assumed to be possible, the felt difference is so significant that it results in a pervasive absence of a background feeling of belonging. In other words, because the traumatising event challenges our fundamental assumptions about the world, and sharing those fundamental assumptions is key to establishing meaningful

connections with others through unification, the traumatised individual is denied the sense of belonging constituted by habitual unification.[24]

5.4 Feeling Understood: A Cognitive Achievement?

One may question whether feelings of being understood really are rooted so deeply in a pervasive background feeling of belonging. Another, simpler, way of making sense of feeling understood is taking it to be a cognitive achievement: an individual feels understood when the other can grasp the meaning of what one is saying, be it in words or gestures. They can understand the reasons one gives for feeling the way one does. Conversely, this means that the individual is overcome by a sense of alienation when the other cannot understand the reasons they give for feeling the way they are feeling. It might also appear to the traumatised individual that there simply are no reasons for experiencing either the traumatising event or the subsequent distress, and that it is thus impossible to make the other understand them. Frequent reports of trauma being 'intelligible' or 'unspeakable' appear to support this hypothesis. In other words, the individual feels the absence of reasons to convince the other to believe their experience or the inability of the other to understand the reasons they present. Trying to explain the experience of my trauma to you feels like trying to convince you of the flatness of the earth, only that, of course, I am right about the proposition I want you to adopt, resulting in the painful feeling of not being understood. This can be illustrated by the following testimonies from the survey mentioned above:

> 10. Yes...with the death of my son...it is hard to explain the horrific flashbacks I get from seeing him. From the abuse, it's hard to explain the terror the younger me feels when I come in contact with men from tht (sic) country.

---

[24] This absence of feelings of belonging is not unique to testimonies of trauma survivors but can be encountered in narratives of grief and depression, too. In both, individuals are painfully aware of the absence of feelings of belonging that have been replaced by feelings of not being at home in the world. The other is etched into the world, which becomes painfully apparent in their absence in the case of grief. Bereavement thus makes apparent the centrality of the other in shaping one's own experience of everyday life (Ratcliffe, 2019a). I would even go so far as to argue that in this sense, grief may be traumatic if the individual is not only robbed of their feeling of belonging to a world with the deceased but of their feeling of belonging to a shared world more generally. Depression testimonies, too, frequently refer to the experience of the impossibility of (re-)establishing bonds with others, the most striking illustration of which is probably Sylvia Plath's metaphor of the bell jar (Plath, 2008).

43. I tried to explain it to close friends, but they were not able to comprehend it.

While the feeling of being understood might be a question of a cognitive achievement in many cases, I do not think that the sense of alienation reported in trauma testimonies is best explained in terms of a cognitive failure of this sort. The frequent references to feeling like a stranger suggest that what is at stake is a feeling that goes deeper than just an unsuccessful exchange of propositions, although this might be amongst the effects of a failure of unification. It is a sense of belonging, a background feeling that is woven though the individual's everyday experience of being in a shared world. A simple misunderstanding or failure to convey the reasons for feeling the way I do may be painful and result in feelings of loneliness or abandonment—but alienation appears to be a sense deeper than that, a pervasive feeling that the individual is not necessarily reflectively aware of but that constantly lingers in the background, colouring the individual's experiences without becoming focal. Thus, in many cases of post-traumatic experience, utterances regarding the feeling of not being understood are best explained as an absence of a background feeling of belonging. This is not to say that cognitive, epistemological, or linguistic accounts do not have anything to add to the discourse on trauma and the individual's sense of feeling understood. Quite the opposite, they can further add to understanding the way in which the underlying disturbance of the feeling of belonging expresses itself in everyday interactions.

5.5 Conclusion

Applying Walther's notion of unification and the experience of others as 'humans, who also…' to experiences of trauma has shed some light on the origin and nature of feelings of alienation in its aftermath. While the feeling of not being understood frequently referenced in testimonies of trauma survivors may be explained as a cognitive failure, it is, in many cases, better understood as a more pervasive absence of a feeling of belonging. Because others are no longer experienced as similar in a significant way, presumably due to the severe alteration of the traumatised individual's basic attitude, establishing close connections with others through unification is no longer experienced as possible. Formerly established bonds of unification may break down, too, leaving the individual feeling 'like a stranger'. The lack of the pervasive background feeling of belonging that in non-traumatic experience is constituted through habitual unification leaves the individual with a feeling of alienation and of not being understood by those around them. While accounts of we-intentionality can explain specific, actualised communal

experiences, be they shared emotions or joint actions, they do not offer an explanation of non-actualised—or background—feelings of belonging or togetherness. Walther's notion of unification and 'humans, who also…', on the other hand, can account for background feelings of belonging and thus offers a way of conceptualizing the feelings of alienation experienced by trauma survivors as an absence of this habitual and affective background sense of belonging.

Trauma is often experienced collectively: while going through the same potentially traumatising event together, such as being part of a combat unit under fire, may form the basis for unification, this is not necessarily the case. A range of questions arises out of this observation: how does the collective nature of a trauma impact on the individuals' experience thereof? And how do victims of collective trauma relate to those they shared the traumatising experience with? Furthermore, many individually suffered traumas are similar in kind. Again, while this is not necessarily sufficient to establish a connection between survivors, testimonies suggest that in some cases, sharing a similar history of trauma may contribute to the feeling of being understood:

> 23. Some who have had a similar experience understand but most just pay lip service.
>
> 35. The people who would understand me are probably the clients I work with who themselves have experienced the kind of abuse I experienced.
>
> 41. I feel understood by other people who have been through similar experiences.
>
> 51. I relate to other abuse victims but not to people who haven't experienced anything like this.

This is not to say that those who have experienced a trauma can only relate to and feel understood by other survivors of trauma. I furthermore suggest that those who are not traumatized themselves can take an active role in enabling unification with trauma survivors. They can support the trauma survivor by acknowledging that the trauma happened, without downplaying its devastating nature. Traumatising events do happen. They are part of our shared world, and we are all, inevitably, humans who also live in this world.

In the next chapter, I will draw on Husserl's *homeworld* concept to flesh out the intersubjective nature of trauma further. By bringing Husserl's account into dialogue with Walther's notion of 'humans, who also…', I highlight another way in which others can be experienced as fellow humans inviting of unification, and how the experience of trauma may impair this.

6. The Impact of Trauma on Homeworld Experience

In the previous two chapters, I have engaged with the impact trauma may have on the individual's empathic abilities (Chapter 4) and their sense of feeling understood (Chapter 5). An impairment of empathic abilities does not seem to explain the pervasive sense of alienation often experienced in the aftermath of trauma. Diminished background feelings of belonging arising out of an impairment of unification, however, turned out to be a better candidate to explain the inability of the individual to form and sustain meaningful connections after trauma and the resulting feelings of alienation. Above, I have introduced Gerda Walther's notion of 'humans, who also…', describing those who are experienced as being similar in a significant way, prompting unification and thereby establishing a background feeling of belonging. As mentioned before, Walther leaves the notion intentionally open-ended: anything that might prompt unification can meaningfully substitute the ellipsis. I suggested above that sharing the "same basic attitude towards life (*Grundhaltung dem ganzen Leben gegenüber*)" (Walther, 1923, p. 69) is both a strong candidate for constituting significant similarity and vulnerable to disruption through an experience of trauma.

In this chapter, I will move away from the inter-individual level of feeling understood to a more communal one. The experience of significant similarity between me and others that is required for unification and the constitution of feelings of belonging does not have to be experienced in a concrete person-to-person way. There is a more communal sense in which we feel that we belong, not tied to specific other individuals and the things we have in common with them, but to our community more generally: it is a feeling often described as *being at home in the world*. The feeling of alienation common to post-traumatic experience, in turn, is often described as a sense of not feeling at home in one's world.

I will expand on this idea by drawing on Husserl's notion of the 'homeworld'. While the *life*world (*Lebenswelt*) has received much attention in phenomenological scholarship (e.g., Steinbock, 1995; Fuchs, 2007, 2015; Luft, 2011; Stanghellini and Mancini, 2019; Dzwiza-

Ohlsen, 2021), the *home*world concept has remained somewhat neglected.[25] Husserl introduces the 'homeworld' to describe the individual's experiential world that is co-generated in contrast to an alienworld: the world of the other, the foreign. The homeworld, on the other hand, is experienced as *our* world. It is an inherently intersubjective concept that rests on the experience of possibilities and anticipations within one's homeworldly horizon that is experienced by me and those like me: by the 'humans who also' live in this world, to borrow Walther's expression. In short, how we experience our world is intersubjectively constituted *as ours*. On this understanding of the concept, 'humans, who also…' describes those I share my homeworldly horizon with. They are the fellow humans who also live in this, my homeworld. However, this is not to say that the two concepts are interchangeable or can be conflated. The experience of others as 'humans, who also…' and of the world as our homeworld stand in a relationship of mutual implication to one another, as I will show below. Trauma can impact on both.

I suggest that we can account for the sense of alienation in the aftermath of trauma in terms of an expulsion from one's homeworld and the implied inability to experience others as 'humans, who also…'. By breaking with the familiar patterns that constitute the horizon of our world, trauma questions our place within it. Being thus removed, the survivor feels alienated, not just from specific other individuals but in a more pervasive sense from their homeworld. I will begin by engaging with the concept of the homeworld, highlighting its intersubjective nature. In the second part of this chapter, I will draw on examples from the trauma literature to show how experiencing an atrocity may impact on the survivor's sense of belonging to a homeworld, resulting in feelings of alienation. I will demonstrate that trauma disrupts the individual's sense of belonging to a homeworld by altering their experiential horizon of possibilities. Notably, it is *not* the case that the individual is thereby expelled into an alienworld; rather, they come to inhabit a liminal space between home- and alienworld, an experiential no-man's-land (*Niemandsland*) (Husserl, 2008, p. 155). Because the constitution of both home- and alienworld is an intersubjective process, I thereby highlight the intrinsically intersubjective nature of trauma. In the final section of this chapter, I complicate the notion of the homeworld further by engaging with the cultural dimension of homeworld experience.

---

[25] Notable exceptions are Anthony Steinbock's work *Home and Beyond*, Klaus Held's article 'Heimwelt, Fremdwelt, die eine Welt' and Kirsten Jacobson's dissertation on *Being at Home* (Held, 1991; Steinbock, 1995; Jacobson, 2006).

6.1 The Homeworld

I will begin with a brief, preliminary definition of 'homeworld', drawing predominantly on Husserl's writing in the third part of *Zur Phänomenologie der Intersubjektivität* (Husserl, 1973a) and contemporary interpretations thereof. I will focus on one aspect that is particularly relevant to the present enquiry: intersubjectivity.[26] I do not aim to give a comprehensive account of Husserl's notion of 'homeworld', or related terms such as '*Kulturwelt*', '*Umwelt*', '*Alltagswelt*', or '*Erfahrungswelt*' ('cultural world', 'surrounding world', 'everyday world', 'world of experience'). It is, however, worth noting that these different terms are not clearly delimitated from one another, and that their meaning partially overlaps in Husserl's writing. They all orbit around the familiar concept of the 'lifeworld' or '*Lebenswelt*', a key term much discussed in the secondary literature, and with particular vigour in Steinbock's Home and Beyond (Steinbock, 1995).

In *The Crisis of the European Sciences*, Husserl develops the lifeworld concept in contrast to the naturalistic worldview of the "hard" sciences: the world as principally objectifiable and mathematizable (Husserl, 1936). Taking the lived experience of the individual into account and placing it centre stage, he instead advocates a pre-scientific understanding of the world as it is given to the individual (Steinbock, 1995, p. 86f.). Husserl does not offer a definition of the lifeworld as such; Steinbock in fact identifies six different readings of the term 'lifeworld' in Husserl's writing that are systematically related to one another. Each notion highlights a different aspect of the pre-scientific experiential world and the various roles it plays, from quotidian, pre-reflective experience to transcendental and ontological world-building (Steinbock, 1995, p. 87).

Generally speaking, the lifeworld is the world as it is experienced in the natural attitude, that is, pre-reflectively. The individual is immersed in the world, which is always already given as *there for everyone*. The latter is an aspect of the lifeworld that Husserl describes as "cultural world" (*Kulturwelt*) in the fifth *Cartesian Meditation*, a publication based on lectures given in 1929 (Husserl, 1950; Held, 1991). Husserl then introduces a distinction between 'homeworld' (*Heimwelt*) and 'alienworld' (*Fremdwelt*) in texts penned in 1933 and 1934 (Husserl, 1973a,

[26] For an informative discussion of other central aspects of the homeworld, such as its historicity or the problem of generativity, see, e.g., Steinbock, 1995.

p. 174f., 2008, p. 157f.). The homeworld is the surrounding world as it is experienced by me and my fellow human beings: as *our* world.[27] However, up to the point of experiencing a foreign world, one's own homeworld is not experienced as such, but as the one (life)world, there for all. The homeworld only comes about in contrast to the alienworld. In other words, the experiential world is marked as homeworld in contrast to the world of another, foreign culture (Held, 1991, p. 307). As Husserl himself puts it:

> "My homeworld, my people (*Volk*). The universe in primary form as homeworld only comes to be set apart if other homeworlds, other peoples, are already within the horizon. The surrounding lifeworld (*Lebensumwelt*) in the horizon of foreign surrounding life worlds, my people surrounded by foreign peoples." (Husserl, 1973a, p. 176, my translation)

Steinbock offers a richly detailed account of the constitution of homeworld and alienworld as a co-generative process: it is the experience of a foreign world as foreign that gives rise to the sense of our world as ours (Steinbock, 1995, p. 179). On the flipside, nothing is simply alien. The experience of the alien always stands in reference to what is experienced as home.

Hence, the homeworld, more so than the lifeworld and other related notions, is intersubjective in a strong sense: it is the world as it is given to us *as ours*, as opposed to *theirs*. The dynamic between home and alien is integral to the sense of being at home in the world. Feeling at home involves encountering some things as home and others as not-home, that is, as alien. Intersubjectivity is a dimension that has already been identified as central to the investigation of post-traumatic experience. It is for this reason that I focus on the homeworld in the present chapter. I will demonstrate in the following that the background sense of belonging elaborated on in the previous chapter can be further clarified through an engagement with the experience of one's world as homeworld.

---

[27] It is worth noting that 'homeworld' is not (just) a spatial concept, much less a geographical notion, although its discussion is often rooted in enquiries concerning lived space (Jacobson, 2006, 2010; e.g., Fuchs, 2007)). See Dzwiza-Ohlsen, *forthcoming*, for a nuanced account of the homeworld as a sociotemporal space.

6.1.1 Homeworld experience: normal, familiar, expectable?

What is it that marks our experience of the homeworld as *ours*, as opposed to *theirs*? I do not think there is a simple answer to this question. In the following, I therefore want to explore the phenomenology of *our* (home)world. To begin with, the homeworld just *feels familiar*. Luna Dolezal's describes the phenomenology of home in the following words:

> "The phenomenology of home is, in part, about feeling at home; it is about belonging: a deep and often unnoticed familiarity that binds one to kin and community. When we are "at home" we feel more grounded, safe, secure, and in tune with our surroundings." (Dolezal, 2017a, p. 104)

Although she contrasts "home" with "world"—the latter being the space from which home offers a retreat (Dolezal, 2017a, p. 105)—her description captures something essential about the experience of the world as homeworld: it is the sense of familiarity and ease, security, and grounding that accounts for the difference between mere lifeworld and homeworld, and the sense of belonging that the latter entails.

Within my homeworld, experiences, things, and other people are experienced not as foreign, strange, or alien, but as normal. I have engaged with the concept of normality in Chapter 1, as part of the discussion regarding the status of trauma as a psychopathology (see section 1.2). I emphasised that the diagnostic manuals, as well as scholars of mental disorder, rely heavily on the distinction between the normal and the pathological. As I mentioned earlier, they take the expectability of a reaction or type of experience as central to establishing its affiliation with one or the other side of the dichotomy. I concluded then that, even if we were to establish whether a response to a traumatising event could be considered normal, this would not absolve us from engaging with the respective experience as potentially warranting a need for help—or as a candidate for fruitful philosophical engagement. Here, I would like to return to the discussion of what makes an experience normal, but not to the end of establishing whether it is part of a pathological reaction or not. Instead, I want to explore the experience of homeworld to emphasise an aspect of post-traumatic experience that remains ill-understood, namely, the experience of alienation. I will focus on three related concepts that may serve to explain what makes the homeworld feel normal: familiarity, typicality, and expectability, before returning to Walther's account of unification to account for the intersubjective nature of the homeworld.

We established above that the homeworld is constituted in contrast to the alienworld, the world of the other, the foreign. The first candidate accounting for the difference between home and alien is the feeling of familiarity that the experience of the homeworld seems to bring with it, and that is markedly absent from the experience of the alien (Fuchs, 2015). Familiarity is not just the sense of having encountered something before: I can have an experience of familiarity towards something I encounter for the first time. On the other hand, things or situations I have encountered many times before can still feel unfamiliar. Take, for example, someone's apartment that I have never been to before, which can feel (strangely) familiar; or, on the other hand, the sense of un-ease you feel in an interview situation, no matter how many interviews you have previously gone through. Importantly, we constantly encounter unfamiliar things and people without experiencing this as a threat to our sense of belonging. Held observes:

> "Now we know even within our homeworld possibilities of conduct (*Verhaltensmöglichkeiten*) and events (*Vorkommnisse*) that fall out of the unanimity (*Einstimmigkeit*) of the 'familiar typicality' (221) of the normal system of apperception (*Apperzeptionssystem*)…, (438). The abnormal may in individual cases be unexpected but given their type, deviations from the normal are intended in the homeworldly horizon of anticipation (*heimweltlicher Erwartungshorizon*). Normality asserts itself against abnormality by stipulating its typicality." (Held, 1991, p. 309f., my translation)

The unfamiliar can be part of our world: we are very much accustomed to encountering new and surprising things in our homeworld (Husserl, 1973a, p. 213). If you have lived in a city like Berlin, you are used to encountering all kinds of unfamiliar things; you learn that an inconspicuous basement door may reveal a dancefloor filled with dancing bodies, or that ponies sometimes ride on the subway. Held suggests that, as long as unfamiliar things do not break with their respective type, they do not threaten the integrity of the homeworld.

We can cope with variations of the typical, but also with incongruities and surprises, without having our homeworld threatened. As I will show below, the homeworld horizon is flexible and open to incorporate new perspectives. However, what is at stake here seems to be about something more than mere typicality: the homeworld encompasses a broad system of *expectations*. To understand what constitutes a threat to our homeworld experience, we need to engage with the nuances of anticipation and expectation within our homeworldly horizon. We can think of the experience of something belonging to a certain type as following a structure of anticipation and fulfilment (Ratcliffe, 2017b; Ratcliffe and Broome, 2022). If something adheres to the anticipation-fulfilment structure I expect, that is, if it adheres to its respective

type, it is encountered as familiar. Say, I have never seen a feather fall to the ground, but I am familiar with falling leaves. Both leaves and feathers can be said to belong to the same type, at least for this example: they fall slowly, swaying and swirling, and land noiselessly on the ground. Observing a falling feather for the first time, I anticipate it to fall in a way similar to a leaf: slowly and noiselessly. If it were to land with a loud thud, it would break with this anticipation. I would be surprised![28] Expectations are not restricted to the anticipation-fulfilment structure of encounters with objects, but extend to the engagement with other people, as well as to complex experiences of events and situations (Ratcliffe and Broome, 2022). The homeworld encompasses these anticipation-fulfilment structures within its horizon of possibilities.

Now, as I said above, I am open to surprise without my world being shaken and me being overcome by a sense of estrangement and alienation. A loss of my sense of familiarity is not just about something breaking with its anticipation-fulfilment structure; I can fail to anticipate something to happen in a certain way and still remain firmly rooted in my familiar homeworld, such as opening a basement door and finding a throbbing dancefloor rather than stacks of dusty furniture. Sometimes I might even expect to be confronted with the unfamiliar, e.g., when travelling to a foreign country. On the other hand, I can anticipate a highly distressing experience and still be shaken by it to the core. We can account for the puzzle that some things breaking with their anticipation-fulfilment structure are easily integrated into one's homeworldly horizon while others are not by further teasing apart the nuances of anticipation.

Let us look at an example that usually involves the affected individual's world being shaken: the experience of torture (see, e.g., Guenther, 2013; Kirmayer, Ban and Jaranson, 2018; Printzlau, 2018). In one sense, I can anticipate the pain inflicted by my torturer: I know that the wielding of a certain tool against my body will result in a certain type of sensation. This is a matter of a cognitive prediction process. But there is also a pre-reflective sense of anticipation that is not a matter of making a prediction, but a more structural feature of our homeworld experience, the anticipation-fulfilment structure just mentioned.[29] While certain deviations

---

[28] See, e.g., Wittgenstein, 1958; Fuchs, 2015.

[29] This can also be framed in terms of trust ("Vertrauen"), which stands in a close relationship to familiarity ("Vertrautheit"). For a more detailed discussion of the relation between trust, familiarity, and certainty, see Fuchs 2015. For an account of trauma and its impact on trust, see Ratcliffe, Ruddell and Smith, 2014; Ratcliffe, 2017c.

from the expectable are accounted for in my homeworldly experience (see Held's observations quoted above), *there are constraints on how far an experience can deviate from its normal anticipation-fulfilment structures and still be accommodated within my homeworldly horizon*. In other words, the homeworld can be described as the horizon that encompasses a structured system of anticipations which provides a standard for breaking with the individual's expectations. I may be able to predict the pain inflicted by the torturer; the experience of another human intentionally inflicting the pain and the sense of de-humanization that comes with it, however, are beyond these commonly held assumptions about my world.[30]

All of this is impossible to discuss without taking the intersubjective dimension into account: the horizon of possibility is intrinsically intersubjective. This is why Husserl's homeworld concept, being a deeply intersubjective notion, is particularly apt in describing this world-experience: my homeworld experience is not only marked by how things could be for me, but also how they could be for others *like me*. We have now come full circle to the problem of others being "like me" in a significant way, and with this to Gerda Walther's account of unification. Hence, in the next section, I will address the intersubjective aspect of the homeworld and how others are experienced within its bounds. I will then turn to an elaboration of the way in which trauma may impact on an individual's sense of belonging to a homeworld.

6.1.2 The Homeworld as an Intersubjective Sphere

In this section, I return to Gerda Walther's notion of 'humans, who also…' and the significant similarity required for establishing unification which I addressed in the previous chapter. Above, I suggested that a strong candidate for accounting for significant similarity and thereby for experiencing others as 'humans, who also…' is the experience of others as those who share my basic attitude. Drawing on Walther's work, I demonstrated the relevance of this for feelings of belonging. The question I address here is how one may share a basic attitude and thereby come to appreciate others as 'humans, who also…', and how this, in turn, contributes to one's

[30] There are good reasons for this: the knowledge that I could come to serious harm at any time needs to be suspended in order to be able to leave the house without fear—we need the metaphysical illusion that me and my loved ones are safe from atrocity, which I referred to above (see section 5.3).

feeling at home. I suggest that sharing the same basic attitude can be framed as sharing the same homeworldly horizon.

I suggest here a reading of Walther's notion of 'humans, who also…' as enriching Husserl's concept of the 'fellow humans' (or *meinesgleichen*: others like me) who I share my homeworld with (Husserl, 1973a, p. 161). This is not to say that Husserl's homeworld-concept and Walther's notion of 'humans, who also…' can be conflated. Rather, the experience of the homeworld and of others as 'humans, who also…' can be understood to stand in an equiprimordial relation to one another; neither is more fundamental than the other.[31] On the one hand, there is no homeworld in Husserl's sense without the experience of others as 'humans, who also…'. On the other hand, there cannot be 'humans, who also…' without the experience of a homeworld. Let us consider these two statements in more detail.

With Husserl, we can argue that a world without others who are experienced as my fellow humans is not a homeworld: there is no feeling of familiarity, nothing that is typical, because the homeworldly horizon of familiarity is established with and through my fellow humans, and in contrast to those who are different to me, alien. In this sense, the homeworld is intersubjectively constituted (Husserl, 2008, p. 157f.). Where no-one is experienced as significantly similar to me, that is, as a 'human, who also…', unification is no longer possible and the individual loses their background sense of belonging to a shared, meaningful world (Wilde, 2021a). In other words, when others are no longer experienced as 'humans, who also…', the individual feels expelled from their former homeworld into a liminal space, the aptly called no-man's-land or *Niemandsland*: the realm that is neither homeworld nor alienworld, precisely because it is *no-one's* homeworld (see Steinbock, 1995, p. 187; Husserl, 2008, p. 155f.).[32]

On the other hand, when others are experienced as 'humans who, also…', an experience of a homeworld is implied. Say I have been expelled from my homeworld through the experience of a trauma; experiencing others as humans who have also experienced a trauma may

---

[31] Refer to section 2.3.3 for an explanation of equiprimordial relations.

[32] Note that for Husserl, the no-man's-land is only inhabited temporarily in a "mode of passing through (*Durchgangsmodus*)" (Husserl, 2008, p. 155), while the community's homeworld is in transition. I deviate here from Husserl's account and suggest instead that this sense of homelessness can affect an individual, who loses a sense of belonging to a communal homeworld, and can prevail until or unless a feeling of belonging is re-established.

establish a sense of unity amongst us, a kind of experiential diaspora, by means of unification as explained in the previous chapter (see Walther, 1923). This diaspora implies in itself a type of homeworld. While it might not be based on a geographical area, a symbolic unity, or shared historicity, it entails its own patterns of familiarity, typicality, and expectation: certain ways of experiencing things are familiar, typical to us who belong to the group of traumatised individuals. We expect certain things to happen but not others. We have a sense of what is normal and what is not that differs from our respective former homeworlds but is sufficiently similar to that of our fellow trauma survivors to account for a background sense of belonging. It is, however, not a given that other trauma survivors are experienced as 'humans, who also…'; I will engage in more depth with the potential impact trauma has on the individual's homeworld experience in the subsequent section. For now, what I would like to emphasise is that an experience of others as 'humans, who also…' appears to imply the experience of a homeworld to which we belong together.

Hence, we can say that the experience of others as 'humans, who also…' and the world as a homeworld stand in a relation of mutual implication. They are co-constitutive: one gives rise to the other, but neither is more fundamental. The experience of belonging to a homeworld, our homeworld, establishes who is experienced as a fellow human, in contrast to the others who belong to alien worlds. In turn, experiencing others as similar in a significant way, that is, sharing the same basic attitude—thinking of the same things as normal, being familiar with the same things, having similar expectations—establishes them as my fellow humans (Husserl, 1973a, pp. 137, 141).

Husserl's homeworld is constituted in a markedly different way than Walther's community. The latter is established through actual and habitual unification with other 'humans, who also…'. Husserl's homeworld, on the other hand, is constituted in contrast to an Other, the unfamiliar and alien. This does not render the accounts incompatible. Quite the contrary, both accounts can be read as complementing the other. Walther's account explains how we constitute our world as ours from within: we establish a connection with other people like us, which is needed to constitute a sense of belonging. Husserl's homeworld concept, on the other hand, rests on the contrast of 'me and my fellow humans' with those who are not like us. The experience of home involves encountering some things as familiar and others as foreign. In this way, Husserl's account adds another dimension to the constitution of feelings of belonging that, rather than being grounded in actual and habitual inter-personal relationships of

unification, rests on the more impersonal experience of the familiar world, intersubjectively constituted as ours in contrast to the others' alienworlds.

It is worth highlighting that 'other' or 'alien' are not to be understood in the specific sense of encountering another person as alien or foreign; the alien is not hostile or vile. It is a much more subtle, abstract notion, referring to those who are not experienced as the humans who are also part of my homeworld. Nowhere is simply alien. The alien exists as much in relation to home as the home exists in relation to the alien; they are co-constitutive, as elaborated on above. In its most basic form, the recognition of the other as 'alien' is the recognition of the other as another conscious subject who is not *me*. It is what enables an engagement with the other in the first place (Zahavi, 2010; Ratcliffe, 2017a). [33] In more complex forms, the recognition of difference can be the basis for *inter*-personal engagement. Ultimately, dialogue rests on an appreciation of difference between me and my interlocutor. Furthermore, the relationship between me and *meinesgleichen* on the one hand and the alien on the other is not static and polarised. Members of the unfamiliar alienworld can come to be appreciated as *meinesgleichen* and subsequently shape my homeworldly horizon. Conversely, my fellow humans can cease to be experienced as being *like me* in significant ways. In short: the homeworld is dynamic, as I will elaborate on in the following.

6.1.3 Dynamic Homeworld(s)

The horizonal structure of the homeworld, that is, what is familiar to us, is not fixed. It includes the apperceptions not only of myself but also of others and constantly morphs and evolves to incorporate new possibilities. Husserl therefore refers to it as an open universe ("*offenes Universum"*) (Husserl, 1973a, p. 176). Each experience opens up new horizons. A shift in perspective that reveals the fleece underneath a piece of chess opens up the apperception of soft fuzziness that had been hidden while the piece was standing on the board; the acquisition of a new skill reveals new possibilities of engagement with objects in my world, such as learning to mend makes moth-ridden garments appear fixable, etc. (see Husserl, 1973a, p. 222).[34]

---

[33] See also section 4.3.

[34] It is worth noting that the horizonal structure of the homeworld is closely intertwined with my own embodiment and has an active dimension, too: I can interact with an object in the world (looking more closely, walking around, touching, putting on pressure, etc.), thereby opening up and exploring new

My world horizon is not only open to integrating experiences new to me, but also to the perspective of the other (Husserl, 1973a, p. 220, e.g., 2008, p. 160). In the foregoing discussion of Walther's account of unification, I have engaged with the (metaphorical) idea of the other being 'in me', in the sense that the other's experience of the world becomes part of my experience. Importantly, being unified with the other not only enhances my experience but *alters* it. With the help of Husserl's homeworld concept, we can now describe this alteration as an integration of (aspects of) the other's homeworldly horizon into our own. A steep rockface that appeared unconquerable to me, given my embodiment and skills, may become a climbable rockface with the appearance of a skilled climber. Having an experience of the rockface as conquerable to them makes it conquerable, in principle, in our world, even if it remains unclimbable by me. Subsequently, my homeworld horizon expands to include the possibility of climbing steep rocks of the kind currently reaching up in front of me, irrespective of whether I acquire the necessary skills to reach the top or not. The experience of the rockface as climbable is entirely dependent on someone else's abilities.

This opens up a range of questions regarding overlapping homeworlds, subcultures, and the flexibility of moving between worlds. How can we make sense of overlapping homeworlds of multiple individuals? Can an individual inhabit more than one homeworld, or move back and forth between them? Can we think of subcultures as homeworlds within homeworlds? And is there more than one alienworld? These questions bring to light the drawback of Husserl's homeworld concept, namely, that it fails to capture the complexity of overlapping and shifting home- and alienworlds that mark our everyday experience. It does not allow for the fact that our world is far from unitary. As elaborated on before, on Husserl's account, a relatively homogenous group of individuals shares a homeworld which is constituted in contrast to an alienworld. Thinking of the possible expulsion from one's homeworld highlights that this notion is potentially too unitary. Most of us are—explicitly or implicitly—members of a variety of partially overlapping worlds, or worlds-within-worlds, such as the world of the family, of our professional life, perhaps our world as a dancer, an activist, a fan of Dogme 95 cinema, etc. We move between these different worlds throughout our lives.

---

perceptual possibilities that are within the object's horizon of possibility in relation to my own body. See Zahavi, 2003, p. 98f for a detailed discussion of Husserl's engagement with this topic.

Let us consider an example. We can imagine an individual belonging to a certain subculture, say, the relatively small group of Catholic Danes. They might have a strong sense of belonging to this group and a vaguer sense of belonging to the group of European citizens. Being part of the group of Catholic Danes, I share a sense of what is normal and familiar with the other group members: to us, seeking the sacrament is normal and receiving absolution possible. In our world, children are baptized, and couples married before God. It is part of our homeworldly horizon. An unmarried couple deviates from the typical and might not even be recognized as a legitimate couple. Sharing this horizon of what is typical and familiar is what makes others similar in a significant way and thus recognizable as 'humans, who also' live in this homeworld.

The experiential horizon the individual shares with their fellow Catholic Danes might differ somewhat from the experiential horizon of non-Catholic Danes, but likely not enough to construe the non-Catholic Danes as foreign or alien. Quite the contrary: as a Catholic Dane, I still feel part of the wider group of Danes, again experiencing certain things to be typical and familiar within our shared horizon of possibility. I can furthermore feel part of the group of salsa dancers, together with some but not all other (Catholic and non-Catholic) Danes, and other salsa dancers, irrespective of their nationality.

Now, it could be that the Catholic Danes are construed as foreign by a group of non-Catholic Danes that experience the Catholic faith as alien. The non-Catholic Dances do not experience seeking the sacrament of reconciliation as normal—they might be very accepting of others doing so, but without it being part of their homeworldly horizon. Or they might become Catholic themselves, begin to seek the sacrament and thus making it part of their homeworld; it becomes normal for them, and the formerly foreign becomes familiar.

In short: the limits of homeworlds are not objective, clear-cut, and fixed. They allow for overlap and change—within constraints, as I've highlighted above. This indicates that there are not only different, overlapping homeworlds but accordingly different strata of 'humans, who also…'. Whatever perceived similarity it is that prompts unification with others like me is sufficiently significant for implying a shared homeworld experience, which makes Walther's account better suited to account for the heterogeneity of homeworlds. The multiple worlds an individual inhabits can overlap or exist side by side, and sometimes even conflict with one another. Moreover, many individuals move between worlds: migrants and refugees may be

forced to leave behind one familiar homeworld for another; only the fortunate ones can retain their old homeworld and create a new one elsewhere (see, e.g., Lugones, 2003).

It is worth nothing that, while sharing a homeworldly horizon is sufficient for constituting significant similarity, it is not necessary: it is merely one way of explaining how others may come to be experienced as 'humans, who also…'. I suggest this, rather than another explanation, because the notion of 'humans, who also…' as those who share my homeworld offers an additional angle onto the way in which trauma impacts on the individual's being in the world and may help to better understand the feelings of alienation so often mentioned in the literature, as I will demonstrate in the following.

In this section, I have highlighted the intersubjective nature of homeworld experience. It is intersubjective both in terms of being co-constituted in contrast with the experience of others and their alienworld, and in its constitution as *ours*, that is, as mine and the 'humans, who also' live in this world. In other words, feeling at home is rooted in habitual unification with those like me and constituted in contrast to the unfamiliar and alien. As Dolezal observes, it is "the 'here' from which everywhere else is figured as 'there'. It is only when we become distanced or estranged from home that we feel the tug of its significance" (Dolezal, 2017a, p. 105). I raised the problem of overlapping homeworlds, and criticised Husserl's notion for not accounting for the heterogeneity of homeworld experiences. Walther's account of unification turned out to be better suited to account for the shifting and overlapping homeworlds we find ourselves to be part of. The experience of a shared horizon of possibilities implies a sense of being significantly similar to the other, and thus part of the same homeworld. Horizons of possibilities shift and change not only according to us, our embodiment, and actions, but also relative to others' experiences of possibility—again, within limits. In an addendum to Text 14, Husserl acknowledges the possibility of a collapse of the communal life world, or homeworld:

> "Is not a collapse possible of the entire community of humans, in which not only I, but we all find ourselves in a limit situation (*Grenzsituation*): nothing can be relied on, no other human, for myself not even myself, the entire surrounding world (*Umwelt*) as our communal lifeworld (*gemeinschaftliche Lebenswelt*) loses for us all the character of a world in which one can exercise foresight, in which one can create goals for oneself and live, in a multiplicity of purposes, a self-unifying human life (*ein einheitlich sich integrierendes Menschheitsleben*)." (Husserl, 1973a, p. 213, my translation)

In the subsequent section, I will engage with the question of how the alterations to one's structures of experience due to trauma may impact on one's homeworld experiences, by drawing on examples from the trauma literature.

6.2 The Impact of Trauma on the Homeworld

In chapter 1, I have taken 'trauma' to denote the significant alterations to an individual's experience of being in the world following a severely distressing event. In this section, I demonstrate that trauma disrupts the individual's sense of belonging to their homeworld specifically, that is, of belonging to their world as a shared horizon of possibility. In this way, it impairs the experience of others as 'humans, who also…' and interferes with establishing feelings of belonging. Put differently, trauma alters the individual's experience of being in the world by alienating them from their experiential homeworld because it impacts on our shared horizon of possibility.

Trauma has been repeatedly described as something that defies understanding, something that cannot be described because it is unthinkable, or at most thinkable as happening to other people, but not to us or our loved ones—not to my fellow humans (Herman, 1992; Brison, 2003; van der Kolk, 2015). The fact that we believe ourselves and our loved ones immune to trauma is, according to Stolorow, a "metaphysical illusion" (Stolorow, 2021b), which we sustain despite our better knowledge. The experience of trauma is beyond our intersubjectively constituted, homeworldly horizon. When an atrocity does happen—to us or someone close to us—it breaks with what we formerly deemed possible, that is, part of our homeworldly horizon. This implies a shift in the traumatized individual's experiential horizon so it can incorporate the traumatising experience. As a consequence, the individual no longer feels at home in their homeworld.

6.2.1 Trauma and the No-man's-land

Trauma is not only experienced as unfamiliar or atypical, but it is also unimaginable: not in the sense that I cannot imagine a traumatising scenario, such as being raped. What I cannot imagine is the experience of rape. Just as my own death, the violent transgression of my embodiment and agency is only thinkable in theory. As such, it cannot be part of my homeworldly horizon

of possibility. In other words: I can make sense of it cognitively, but pre-reflectively it defies integration into the anticipation-fulfilment structures of my homeworld.

This aspect of trauma is often described as a departure from the human world, an otherworldly experience that brings with it feelings of estrangement and alienation. We encounter various descriptions of this experience in the trauma literature, e.g., by Jessica Stern in the following passage:

> "The "I" was lured away into a space of infinite white, a space of no feeling other than calm, *far from the human world*, entranced into leaving its normal home—my body—by this man's insistence that he would kill me if I spoke." (Stern, 2010, my emphasis)

I will now turn to Sayaka Murata's "Earthlings" (2020) as a striking example of this experience. In this work of fiction, the protagonist Natsuki, after having been raped, adopts the belief that she is—literally—an alien: "So I'm not an Earthling, after all! I was a Popinpobopian all along!" (Murata, 2020, no pagination), she exclaims. She describes this insight as affecting her entire world-experience: "The alien eye had already been downloaded into me. It was the only way I could see the world" (Murata, 2020, no pagination). Other humans remain "earthlings" who perceive the world in a strange, markedly different way to the protagonist: "Earthlings baffled me […]. It must be a peaceful, secure way of life" (Murata, 2020, no pagination), Natsuki observes. Interestingly, it seems that she did not, in fact, enter an alienworld. Instead, she appears to be adrift in a no-man's-land, as this passage illustrates: "I lost my magical powers and thereafter lived as an ordinary Popinpobopian, adrift from her spaceship and unable to go home. Life as a Popinpobopian was lonely. I just hoped the Earthlings would succeed in brainwashing me" (Murata, 2020, no pagination). An "infection" with the earthlings' way of being in the world appears, despite the negative connotation of the word, to be something Natsuki is hoping for—she is longing to be part of the earthlings' world again. Their experience is still conceptualised as the normal: "Normality was contagious, and exposure to the infection was necessary to keep up with it" (Murata, 2020, no pagination). In order to recover, Natsuki realises, she needs to re-learn being part of the earthlings' world, which she calls the "Factory," by adopting their world views and values: "Sometimes I thought being a Popinpobopian was effectively a mental illness that I had needed in order to protect myself, and the only way I would ever recover was by becoming a slave of the Factory" (Murata, 2020, no pagination).

In this strange tale, we can identify almost all of the themes addressed above: the experience of alienation in the aftermath of a de-humanizing assault, marked by an experience of

the formerly familiar homeworld as foreign; the inability to join another homeworld, a sense of being adrift in a no-man's-land; the conceptualisation of the former homeworld as the 'normal' world; and a longing to once again be part of it, to belong, however strange the once familiar homeworld may appear in the aftermath of trauma.

The trauma impacted on the protagonists' sense of belonging to her homeworld: while still normal, it is no longer experienced as hers. Those who remain firmly rooted in her former homeworld are described as 'earthlings', leading a safe and secure life, and are experienced as being markedly different to Natzuki herself. She feels like an alien. Why might this be? One way of explaining this is by appealing to the protagonists' experiential horizon of possibilities: one's own de-humanization and objectification that a violent assault brings with it are experientially impossible. To nevertheless make sense of them, that is to integrate them into one's homeworldly horizon, an existential shift is necessary, rendering the experience possible-for-me. The homeworld of the individual, while inherently flexible and in theory able to absorb the new, the unfamiliar, and the foreign, is, as we have seen, also deeply intersubjective. Because of its severity, the traumatising experience breaks with the individual's homeworldly horizon. The individual is not able to initiate a shift of the homeworldly horizon to incorporate the trauma by themselves: because their fellow human beings do not give in to the alteration of the homeworld initiated by the trauma, the survivor is cast out of their homeworld, being no longer part of what is commonly perceived as possible. In short, experiencing a trauma brings with it an existential shift, rendering my homeworld foreign to me, and me an alien in my world.[35]

We encounter a similar thought in Maurice Natanson's work, who establishes a connection between encountering anguish, despair, and death; the (forced) suspension of the natural attitude; and the experience of one's lifeworld as alien. He writes:

> "The "uncovering" of the qualitative force of anguish, despair, and death requires a transcension of the "natural attitude", a rendering of the Lebenswelt as "strange"." (Natanson, 1969, p. 108)

[35] Blankenburg describes something akin to this shift in his work on schizophrenia as a loss of *common sense* (Blankenburg, 1971).

The recognition of an atrocity requires a suspension of the natural attitude which normally marks my being in the world, our homeworld, and renders my world alien. As Fuchs puts it: traumatic experiences "resemble distortions or restrictions in a person's space of possibilities" (Fuchs, 2007). What was formerly perceived of as impossible no longer is; because it breaks with the typicality of the homeworld, it cannot be integrated into its world-horizon. The normal does not allow for the objectification of individuals, or any other type of traumatising experience. And so, feeling alienated from one's own homeworld does not make one a member of an alienworld, the others' homeworld, either. This would require the foreign homeworld to integrate the individual and their now traumatised horizon of possibilities. The traumatized individual is thus cast into a no-man's-land.

6.2.2 The Intersubjective Dimension of Altered Homeworld Experience

This passage from Jessica Stern's work *Denial* emphasises the important role other people play in this process:

> "To be raped or abused or threatened with violent death; to be treated as an object in a perpetrator's dream, rather than the subject of your own—these are bad enough. But when observers become complicit in the victim's desire to forget, they become perpetrators, too. This is why traumatized groups sometimes fare better than traumatized individuals. When the feeling of terror is shared, victims have a harder time forgetting what occurred or denying their terror […]. When authorities disbelieve the victim, when bystanders refute what they cannot bear to know, *they rob the victim of normal existence on the earth*. Bystander and victim collude in denial or forgetting, and in so doing, repeat the abuse. Life for the victim now begins anew. *In this new world*, the victim can no longer trust the evidence of her senses. Something seems to have happened, but what? The ground disappears." (Stern, 2010, p. 144, my emphasis)

The homeworld is an intersubjective space, constituted by the individual and their fellow humans. It is not the homeworld per se that obstructs the integration of the new possibilities the trauma presents; it is the fellow humans who—consciously or not—refuse to accept their expansion of the worldly horizon of possibilities, holding on to the metaphysical illusion that bad things do not happen to us. Stern's passage illustrates the impact this has on the individual's sense of being in the world: the other's refusal to admit to the possibility of the traumatising event results in the victim being robbed of their "normal existence on the earth," they become part of a "new world," but one which lacks intersubjective grounding (Stern, 2010, p. 144).

Husserl's 'homeworld' is a particularly useful concept to describe this experience of alienation because it acknowledges the intrinsically intersubjective nature of our world

experience. Trauma initiates a shift of what I previously experienced, pre-reflectively, as possibilities within my world horizon. The shifting of my horizon of possibilities is not necessarily problematic. Rather, what renders it problematic is the shift occurring only for me, which leaves me feeling alienated from the others I formerly shared my homeworldly horizon with. Hence, this shift can be framed in terms of an expulsion from one's homeworld. While my (life)world may or may not continue to make sense to me, it is no longer experienced as meaningfully shared with my fellow humans. The others, who do not share this significantly altered horizon of possibilities, are no longer experienced as 'humans, who also…'. When the experience of the homeworld collapses, "nothing can be relied on" and exercising foresight becomes impossible, not because the individual loses their capacity to do so, but because the character of this new world forbids it (Husserl, 1973a, p. 213, my translation). The very structures of anticipation that mark the individual's experience of the world are disrupted. Hence, Husserl's description of a possible collapse of the human community through encountering a limit situation closely mirrors the descriptions of world-experience in the aftermath of trauma.

The question remains whether the collective experience of trauma significantly alleviates this sense of alienation because a background feeling of belonging is allowed to remain intact, and traumatised groups really do fare better than traumatised individuals, as Stern suggests. In the previous chapter, I presented several of the testimonies that reported having found a relational home in the aftermath of trauma, a sense of belonging to a group of likeminded people, predominantly those that have experienced a similar trauma.

We can now further enrich our understanding of these descriptions by drawing on the foregoing discussion. Others are experienced as 'humans, who also' lived through an atrocity, thus as significantly similar, enabling unification with the other survivors. This implies a co-constitution of a new homeworld that of incorporates the possibility of the lived experience of trauma: the expansion of one's homeworld horizon is shared with the others. Recognizing others as humans who also experienced the unthinkable and establishing a bond of unification thus not only enables interpersonal relationships with the respective other survivors; it furthermore (re-)establishes a background sense of belonging. We can now understand this background sense of belonging as the sense of belonging to a shared homeworld. In short, Husserl's homeworld concept thus allows to make sense of the background feeling of belonging in terms of a shared horizon of possibilities; while Walther's account complements this in allowing for multiple homeworlds: nested, overlapping, and ever-changing, depending on the ties we establish

with other people or groups. The homeworld experience is not fixed and unitary. Trauma may expel the individual from their homeworld, but unification with other 'humans, who also…' can re-establish new homeworlds.

6.3 The Homeworld as Culturally Shaped[36]

We can think of communities in which the possibility of trauma, such as intentional interpersonal violence, is part of the homeworldly horizon: it does not require much effort to imagine the Birmingham of the early twentieth century to be as violent as depicted in the crime drama television series *Peaky Blinders*. While the experience of a physical assault in such a context would be no less distressing, it would, however, not break with the homeworldly experience of the individual and thus allow them to remain firmly grounded in their collective homeworld experience. So, with the previous discussion in mind, I want to complicate the notion of homeworld further by acknowledging its cultural dimension.[37] Mental health research, including phenomenological psychopathology, has been repeatedly urged to take into account cultural factors shaping human experience (e.g., Kirmayer, 2012). Thus, in the following, I will engage with the cultural dimension of the phenomenology of post-traumatic experiences to add an additional angle to the question of the expectability of reactions to experiences of atrocity. I will enquire into the nature of the influence cultural factors have on the experience of trauma, largely focusing on experiences associated with a diagnosis (actual or warranted) with PTSD as it can be found in the DSM-5. I will then scrutinize the nature and extent to which cultural factors may influence the phenomenology of the experience of certain events as traumatic and subsequent symptoms of post-traumatic stress. While the frequency of PTSD varies cross-culturally, it is not clear whether the structure of experience differs, too. A phenomenological-psychopathological account promises to yield interesting insights into the nature of post-traumatic experience and the extent to which it is influenced by cultural context.

---

[36] The following section is based on an article that was published under the title "Trauma Across Cultures: Cultural Dimensions of the Phenomenology of Post-Traumatic Experiences" in *Phenomenology and Mind,* Vol. 18 (Wilde, 2020).

[37] I use 'culture' here in the broader sense of an individual's social context, including "all of the socially constructed aspects of life that shape neurodevelopment, everyday functioning, self-understanding, and experience in illness and health" (Kirmayer and Gómez-Carillo, 2019, p. 3).

Since the first chapter, I have largely steered clear of discussions of PTSD, as the diagnostic category fails to capture the heterogeneity of post-traumatic experiences. In this chapter, I wish to return to the diagnostic category as a culturally informed way of making sense of trauma. As mentioned above, the definition of PTSD that can be found in the DSM has become, since its inclusion in the third edition of the manual in 1980, one of the major ways in which post-traumatic experiences are conceptualized. The DSM is an immensely influential work. Its main goal is to provide a comprehensive register of mental disorders and their respective symptoms. It promises to be universally applicable by psychiatrists worldwide, in order to reliably diagnose psychopathologies in individuals from varying cultural backgrounds. This justifies an engagement with its diagnostic category, despite its limited aptitude to capture the wide spectrum of post-traumatic distress.

The handbook in general as well as the PTSD category in specific have been widely criticized for being inapt. Their validity and specifically their applicability to individuals from non-western cultures have been challenged repeatedly (Timimi, 2014; Wells, Wells and Lawsin, 2015; Hassan *et al*., 2016). I will not, however, argue that PTSD is a mere fiction (Summerfield, 2001, 2004) or question the usefulness of the DSM (Frances, 2013; Parnas and Gallagher, 2015; Stolorow, 2018). What is of interest here is the extent to which cultural factors shape the experience of trauma and whether this challenges the DSM's assumption that the core psychopathology is equally applicable to individuals from all cultural backgrounds.

The DSM entry on PTSD, like many of the other psychopathologies in the manual, includes a section on Culture-Related Diagnostic Issues. It emphasizes that the risk of exposure to certain kinds of traumatic events and the subsequent onset and severity of PTSD may vary across different cultural groups. It furthermore acknowledges that the expression of symptoms may differ across cultures (*DSM-5*, 2013, p. 278). It seems, however, that these cultural variations in the risk of exposure and the expression of symptoms which the PTSD category allows for do not apply to the experience of the core pathology, the structure of which is assumed to remain the same across cultures. The DSM thus attempts to demonstrate its validity independent of the cultural background of psychiatrist or patient. As mentioned above, it has been widely criticized in this regard, not only concerning the PTSD category. Wells *et al*. point out that what is valid in one cultural context may not be valid in another. Symptoms might not carry the same significance in different cultures: hopelessness experienced by a healthy, young, upper-middle class individual has a very different significance than the hopelessness experienced

by an individual in the grip of an oppressive system that denies all personal freedom (Wells, Wells and Lawsin, 2015). Hassan *et al*. emphasize the importance of cultural competency in offering mental health and psychosocial support to individuals from non-western cultural backgrounds. A failure to do so can result in misdiagnoses due to a misunderstanding of the ways in which distress is expressed. Consequently, the ill-informed intervention offered is likely to be unsuccessful or, in the worst case, do more harm than good (Timimi, 2014; Hassan *et al*., 2016). The DSM-5's elaborations on culture-related diagnostic issues are to alleviate these concerns but cannot entirely obliterate them; it remains up to the attending practitioner to take the warnings to heart, which becomes particularly important in multi-cultural contexts such as mental health interventions aimed at asylum seekers and refugees (Hassan *et al*., 2016; Bäärnhielm *et al*., 2017).

The difficulty of applying the DSM's diagnostic categories to individuals from diverse cultural backgrounds is emphasized by the significant fluctuation of PTSD prevalence rates across countries. Differences in the expression of distress and the significance ascribed to experiences, as well as methodological variability, are only two possible explanations for rates ranging from 0.2% in metropolitan China to 3.5% in the United States (Hinton and Lewis-Fernández, 2011, p. 787). The question at hand is, however, not the cross-cultural variability in the frequency of PTSD, but the nature and extent to which cultural context influences the very structure of experience. In the following, I shall scrutinize whether it is likely that there are, in fact, cultural differences on a phenomenological level, i.e., whether traumatic events and post-traumatic distress are experienced in significantly different ways across cultures.

6.3.1 Cultural Horizons and the Experience of Trauma

Phenomenology offers an additional perspective on the question of cross-cultural applicability of the PTSD category. While cross-cultural differences in the experience of post-traumatic stress do not necessarily pose a problem for the validity of the diagnostic category, they might help to inform our understanding of the nature of the influence cultural circumstances have on the experience of trauma. This can inform clinical judgement, particularly in an intercultural context. In the following, I shall elaborate on the phenomenological differences in the experience of trauma across cultures before scrutinizing phenomenological similarities in the subsequent section.

Phenomenological differences across cultural contexts can be determined in the experience of both the traumatic event and the subsequently experienced psychological distress. In the trauma literature, traumatic events are described as 'shocking', 'shattering', or 'rupturing', and as being utterly incomprehensible (e.g., Herman, 1992; Brison, 2003). In phenomenological terms, as I have argued in the previous chapter, one can say that trauma violently disrupts what the individual experiences to be familiar, typical, possible; it impacts on the individual's homeworldly horizon, their horizon of possibilities (*Möglichkeitshorizont*) (e.g., Husserl, 2008, p. 53). I mentioned above that the entirety of my experience of anticipations and expectations is enclosed in a horizon of possibilities and expectations (see section 6.1.1). This horizon is constituted and shaped intersubjectively, by my encounters with others, my social relationships, but also, and importantly for the examination at hand, the cultural context in which I am embedded, as I will illustrate in the following. In other words, the cultural context stipulates what is experienced as expectable and thus establishes what falls outside of the horizon of possibilities, thus shaping the way the individual experiences the event in question.

Across cultural contexts, there is a difference in the phenomenology of what is experienced as normal and possible and what disrupts this horizon of possibilities. An event such as a missile destroying a house may be experienced as utterly unimaginable in one context while being a daily occurrence in another. Seeing a lone house standing amongst the rubble of what used to be a neighbourhood is likely to entail the experience of the possibility of the house's destruction, or even the anticipation thereof. Frequency does not make an event like this less disturbing; it does, however, influence the way in which it is experienced and the kind of distress the experience entails. An event that violently disrupts the individual's horizon of possibilities is more likely to be experienced as rupturing and shocking, eliciting an expulsion from one's former homeworld, and thus as traumatic. A disruptive event that has become part of the individual's (shared) homeworld may be more likely to result in feelings of helplessness and hopelessness, but less likely in feelings of alienation and estrangement from others, who continue to be experienced as their fellow humans. Given that alienation and the feeling of not being understood is a frequent source of distress in the aftermath of trauma, both in PTSD and other mental disorders such as MDD (Ratcliffe, 2015, 2018), Stern's above mentioned suggestion that "traumatized groups sometimes fare better than traumatized individuals" (Stern, 2010, p. 144) may be further supported in this way.

Several authors claim that there are, furthermore, differences in the way in which the symptoms following potentially traumatic events are experienced; differences that are, at least in part, culturally informed. Not only the expression of mental disturbances and the significance ascribed to them varies; there is some evidence for deviations in the phenomenology of psychological distress (Hinton and Lewis-Fernández, 2011; Kirmayer, 2012; Hassan *et al*., 2016). Catastrophic cognitions, i.e. the catastrophic misinterpretation of sensations as aversive, dangerous, or more severe than they are, increases the experience of psychological distress (Clark, 1986, p. 462). Lewis-Fernández *et al*. point out that individuals are inclined to search for specific symptoms that are prevalent in their respective culture. Through attentional mechanisms and positive feedback mechanisms, these symptoms become enhanced. In this way, the cultural context may influence the experience of distress by emphasizing certain symptoms. Furthermore, cultural particularities of grouping symptoms into clusters may lead to individuals experiencing the co-occurrence of symptoms that are supposed to belong to the same cluster as the distress experienced (Lewis-Fernández *et al*., 2010, pp. 5–6).

The high comorbidity of PTSD and MDD that was found in multiple studies (Campbell *et al*., 2007; e.g., Farhood *et al*., 2016) further supports the assumption that experiences associated with PTSD are not representative of post-traumatic experiences more broadly speaking. It seems that cultural circumstances alter the way in which potentially traumatising events are experienced. If there is a core pathology of PTSD that is similarly experienced across cultures, as the DSM assumes, the question remains how relevant it is and whether it indeed warrants the attention it is being paid in the trauma literature. Further research in phenomenological psychopathology that pays close attention to the ways in which cultural circumstances may influence individuals' experience of disruptive events and subsequent psychological distress is therefore needed.

6.3.2 Trauma Across Cultures

Despite the phenomenological differences in the experience of traumatic events and subsequent distress across cultures, there are also similarities in the structure of the experience of trauma. I have explicated above how the experience of an event as traumatic depends on the horizon of possibilities, shaped by the cultural context. A core pathology of PTSD would require significant similarities in the structure of experience across cultures. In other words, the relation between a traumatizing experience and the subsequent development of symptoms of post-

traumatic distress would have to follow a pattern that is independent of cultural influence and universally applicable. Trauma is primarily understood as a diachronic relation between a cause (the traumatic event) and an effect (the symptoms of PTSD). I have shown above that both the cause and the effect can be experienced in different ways, influenced by cultural circumstances. As elaborated on in Chapter 2, Sass suggests that there are not only multiple kinds of diachronic, but also several synchronic relations at play (Sass, 2010; 2014). The experience of a symptom of post-traumatic stress is not only a direct consequence of the event that is experienced as traumatizing; it can furthermore be understood as standing in a more intricate, implicatory relation to the event. The disruption of the individual's assumptions about what is possible and to be expected implies that the individual will no longer hold these assumptions, as I have demonstrated in the previous chapter by reference to Husserl's homeworld concept. An individual that never took them for granted would not experience an event that is contrary to these assumptions as disruptive or traumatic.

To illustrate this: torture is said to imply a loss of trust. That is, people hold assumptions about each other that involve a certain basic trust, a "habitual confidence" (Ratcliffe, Ruddell, & Smith, 2014) in other people. When receiving a manual treatment from my physiotherapist, I assume that the pain inflicted is to my benefit and that I could ask them to stop anytime. My trust would be broken if, instead, they tied me down and increased the pain to extract valuable information from me. If I assumed from the start that they were going to torture me, the physical pain I experience would not be lessened (and my fear of physiotherapists merely confirmed); however, I would not experience the event as shocking or disruptive in the same way. The experience of losing trust only occurs if the event itself involves a breaking of my habitual patterns of trust, of what I conceive of as possible for someone to do to me. In order to lose trust, one has to have trust in the first place. Who I trust and how this trust is expressed depends on my cultural context. The relationship between having these expectations violently shaken and my subsequent psychological distress follows a pattern that surfaces in the development of post-traumatic stress following events that are experienced as traumatizing across cultures.

The DSM offers a diagnostic category for post-traumatic stress (PTSD) that aims to be cross-culturally applicable, which is a matter of debate. An enquiry into the nature of cultural influence on the experience of trauma showed that the experience of events as traumatic is shaped by culturally informed habitual patterns of anticipation and possibilities. Furthermore, the experience of subsequent symptoms of distress varies, influenced by cultural

circumstances. A core pathology would require significant similarities in the structure of experience across cultures and it is not clear whether these are present. Phenomenological enquiry identified a structural similarity: phenomenological implication presents a link between the experience of an event that was not previously experienced as possible and the individual's subsequent experience of no longer being part of their homeworld, expressed in the feeling of alienation. 'Homeworld', I suggest, is a relevant notion in reaching a more nuanced understanding of trauma as occurring within a cultural context. Particularly experiences of communal or intergenerational trauma are worth exploring in more detail.

6.4 Conclusion

Above, I have introduced Husserl's 'homeworld' concept into the discussion. It is the lifeworld as it is experienced by us: as ours, in contrast to theirs, marked by familiarity and a shared sense of what is to be expected and what is perceived as impossible. I demonstrated that Husserl's 'homeworld' concept can be understood in more dynamic terms. I can feel myself to be part of multiple overlapping homeworlds that can shift and change with my own and other people's experiences; I can cease to be part of a homeworld; and I can be expelled into a no-man's-land. By bringing Husserl's 'homeworld' into dialogue with Walther's notion of 'humans, who also…', I further highlighted its intersubjective and flexible nature. Walther's account of 'humans, who also…' and Husserl's 'homeworld' can be understood as standing in a relationship of mutual implication. Once I cease to experience others as 'humans, who also…', I no longer have a sense of my world as homeworld; likewise, if I feel expelled from my homeworld, others are no longer experienced as 'humans, who also…'. One is implied in the other.

In the previous chapter, I have made a case for habitual unification and the experience of others as 'humans, who also…' standing in an equiprimordial relationship, too. This does not contradict the observation that the latter notion also stands in a relationship of mutual implication with the sense of belonging to a homeworld: both the homeworld and the habitual unification Walther introduces are ways of describing the individual's embeddedness in their social world; the implicatory relation to experiencing others within ones homeworld as 'humans, who also…' highlights the intersubjective nature of world-experience. Habitual unification is the concept that bears the brunt of explaining how the shared world is constituted, while Husserl's homeworld concept is more descriptive of the way in which it is experienced, and emphasises the contrast to other, alien worlds. Importantly, the alien is not to be vilified. It is

a contrasting notion: feeling at home involves encountering some things as home and others as not-home. In other words, it is the dynamic between home and alien that enables feelings of belonging in the first place. Recognizing someone as alien does not imply an inability to engage with them; on the contrary, it can be the beginning of a dialogue.

In the second part of this chapter, I suggested that we can conceptualise trauma as being expelled from one's homeworld. In this way we can make sense of the frequent references to deep-seated feelings of alienation and estrangement that go beyond the absence of a cognitive understanding of the event, or a linguistic inability to communicate one's experience, as I have argued earlier. The traumatised individual does not, however, become a member of an alien-world. They are expelled into a no-man's-land, a world they share with no-one. Trauma as an expulsion from one's homeworld furthermore succeeds in explaining what Stolorow framed in terms of a 'metaphysical illusion': the naïve belief that atrocities can happen all the time, anywhere, but not to ourselves or those close to us (Stolorow, 2021b). Pre-trauma, me and my fellow humans live in a world in which trauma cannot happen; to keep this illusion, the experience of those who undergo a traumatising event cannot be integrated into our homeworldly horizon.

This, in turn, suggests that we can support the trauma survivor by acknowledging the existence of atrocity in our world, thereby alleviating their suffering by sparing them the expulsion into a no-man's-land. Often, the feeling of alienation and the impossibility of being understood stand at the core of the individual's suffering in the aftermath of trauma. By opening our homeworldly horizon to the possibility of their experience we can thus support them in a day-to-day, non-clinical context. Furthermore, this understanding of trauma has clinical implications, too. The practitioner who is aware of the other's sense of no longer being part of the same homeworld understands that the other's experience of what is possible fundamentally differs.[38] The homeworld, as I have explained above, is intersubjectively constituted. We can thus say that trauma as the expulsion from one's homeworld can be understood to be intersubjective in the strong sense.

[38] See, e.g., Kirmayer and Gómez-Carillo, 2019 advocating a culturally responsive clinical encounter.

Conclusion

In everyday conversations about trauma, 'PTSD' is often used to describe any kind of psychological distress that is more severe than the unnerving experiences colloquially referred to as 'traumatic'. It is also the concept that dominates academic trauma research. However, as I have shown, it is but a small puzzle piece that receives a disproportionate amount of attention. In fact, it often stands in the way of a meaningful discourse about the way in which severely distressing experiences impact the affected individual's being in the world by limiting the enquiry to the stress response covered by the PTSD category. The broader understanding of trauma I present in this dissertation allows for an integration of a wide variety of experiences into the trauma discourse. These are not limited to the DSM's Trauma- and Stressor-Related Disorders—indeed, many of the observations made above in regard to trauma can be applied to experiences typical of other psychopathologies, too. Post-traumatic experiences, as I have shown, are not limited to one diagnostic category or another. Nor are they necessarily pathological. In fact, a meaningful discourse about trauma does not require answering the question of whether trauma is a normal response to an abnormal event or a pathological reaction to unfortunately frequently occurring stressors; responses to trauma are manifold and not all of them fall within the definitory bounds of psychopathology. I suggest instead an understanding of trauma as involving significant alterations to the individual's experience of being in the world, their experience of themselves, their relationships to others, and their place in the world, following a severely distressing experience (or experiences). These alterations may be subtle or severe, in the background of an individual's experience, or painfully evident.

The phenomenologically inspired explorative study revealed some of these subtleties of altered experience in the aftermath of trauma, and how commonly they occur beyond diagnoses of PTSD or other mental disorders. The testimonies, as well as accounts from the trauma literature, highlighted the central role disturbed interpersonal and intersubjective experiences play in the aftermath of trauma. Trauma does not affect the individual as an isolated entity; we are social beings, and a large part of post-traumatic suffering is grounded in feelings of alienation, estrangement, and not feeling understood. On the other hand, strong social bonds are reported to benefit the individual's recovery from trauma, and even increase resilience to post-traumatic distress in the first place. This aspect of post-traumatic experience is not adequately captured by the PTSD diagnosis.

In the final three chapters of the dissertation, I engaged in depth with the impact trauma may have on the individual's interpersonal and intersubjective dimensions of experience. The psychological literature that engages with interpersonal experiences and their impairments in the aftermath of trauma focuses their efforts mainly on experiences of empathy in individuals with PTSD. Besides the limitations addressed in this dissertation, the literature suffers from a lack of terminological clarity. Various overlapping and partly contradictory definitions of 'empathy' and related terms create confusion as to the nature of the object of investigation, and the measures best suited to investigate the state of an individual's empathic abilities. The outcomes of the studies differ accordingly. The trauma testimonies highlighted that, irrespective of the definition of 'empathy' we work with—be it basic, cognitive, or affective—it does not account for the individual's sense of alienation and estrangement in the aftermath of trauma. It seems that alterations of empathic abilities through trauma are not necessarily impairments, and that certain interpersonal skills are even found to be heightened. A trauma survivor may be more perceptive, particularly attuned to reading another person's mood or intentions, or more easily affected by their emotional distress, and still suffer from feelings of alienation.

It goes to show that the sense of alienation experienced in the aftermath of trauma is not a matter of an individual's impaired empathic abilities. It is a deeper sense of not being able to connect with other people in a meaningful way. The inability to explain one's experience to others and to make oneself understood is merely the surface-level expression of the absence of a more pervasive, background sense of belonging. This, in turn, can be explained by drawing on phenomenological concepts such as 'unification' and 'homeworld experience', introduced by Gerda Walther and Edmund Husserl respectively. The unification with 'humans, who also…', or others who are significantly *like me*, stands in a relationship of mutual implication with the experience of feeling part of a communal homeworld. In *our* world, certain things are to be expected while others are experienced as impossible: they would not happen, not to me or those close to me. Trauma falls into the latter realm; the traumatised individual is not granted this illusion of safety and security.

The homeworldly horizon encompasses the things that are to be expected within one's world and excludes those things and experiences that are not. When the individual experiences something that does not have a place within their familiar homeworld, their horizon expands to integrate it: a shift occurs. Is the shift too violent, it opens up a rift between the traumatised individual's world and the homeworld they formerly shared with their fellow humans; they are

thus cast into a no-man's-land. This is a realm where others are no longer experienced as 'humans, who also…', but as alien—or where the individual experiences themself as the "strange and alien being" Stolorow felt himself to be (Stolorow, 2019). The experience of others as no longer being 'humans, who also…'; the impossibility of unification; the dropping away of a background sense of belonging; the homeworld as foreign—these, I have suggested above, are intricately interconnected ways of accounting for the feeling of alienation so frequently reported in the aftermath of trauma.

By applying Walther's account of unification and Husserl's homeworld concept to experiences of trauma, I thus offered an account of the feeling of alienation in the aftermath of trauma beyond PTSD that highlights the intersubjective nature of traumatising experiences. In the course of doing so, I demonstrated the aptness of Walther's work to account for non-actualised communal experiences, that is, experiences of togetherness and belonging that go beyond episodes of joint action or shared emotions but run through the background of an individual's experience. Walther's work emphasises how this feeling of belonging is both affective and habitual.

I furthermore demonstrated how Walther's work can enrich Husserl's account of the homeworld. Husserl's account neglects the multifaceted and flexible nature of the homeworld: individuals often experience themselves as belonging to multiple homeworlds. I demonstrated that these are furthermore susceptible to change: by drawing on experiences of trauma as an example, I illustrated the possibility of being expelled from one's homeworld. Walther's notion of 'humans, who also…' enables thinking about homeworlds as overlapping and in flux and emphasises that the expulsion from one's homeworld is an alienating experience. An engagement with experiences of trauma thus revealed both the multifaceted nature as well as the vulnerability of homeworld experience.

Being expelled from one's homeworld, and the feeling of alienation this experience is marked by, does not have to be permanent. The testimonies highlighted that one can find solace in community, re-establishing bonds with one's fellow human beings, and thus re-building a shared homeworld. At least a small number of trauma testimonies report not only feelings of separation and alienation but also their experiences of connecting and (re-)establishing meaningful relationships, and with it, feelings of belonging, after the trauma:

> 19. I am not the same person I was before, my behaviour and comprehension of the world is different than it used to be and [most people] are oblivious. However, I have found my spiritual community including my new friends. Many of those people have been through traumatic events and they accept me and are more understanding on all levels.
>
> 20. To some degree, calling myself an assault victim and engaging in feminist theory around this offered me a sense of belonging.

Actively seeking out recognition of similarities and shared aspects of experience may enable one to recognize others as 'humans who also…' once again, thus making unification possible. Importantly, this is not restricted to others who have experienced the same or similar atrocities. An appreciation of difference lies at the root of interpersonal experiences; and recognizing that experiences differ can be the beginning of a dialogue. Homeworlds are flexible and intersubjective in the sense that they can integrate the other's perspective and horizon of possibilities. We do not need to have had the same experiences as our fellow humans to still relate to them in a meaningful way. Acknowledging the difference in experience—and our inability to fully appreciate the other's perspective—does not entail the impossibility to perceive the other as another human who also lives in this, our homeworld. On the contrary, as testimony #22 puts it:

> 22. The people who understand the best understand that they don't understand me.

Appendices

Appendix 1. Information Sheet

Trauma and Intersubjectivity: Self, Other, Meaning (Online Survey)

The University of York would like to invite you to take part in the following research project: *Trauma and Intersubjectivity: Self, Other, Meaning*. Before agreeing to take part, please read this information carefully and let us know if anything is unclear or you would like further information.

What is the study?

This survey explores the way in which trauma changes how we perceive ourselves and others. In order to better understand why and how this happens, more detailed descriptions of post-traumatic experience are needed. Participant responses will thus contribute to knowledge in an area that is critically ill-understood. Collaborative work is imperative for increasing the knowledge of trauma.

The survey has four parts. In part one, you will be asked to provide basic information about yourself, like your age, gender, and whether you have received any psychiatric diagnosis or treatment. You will also be asked to briefly describe the trauma you have experienced. It is imperative not to include any identifying information such as names or precise dates. All information will be treated anonymously and with utmost care (more on this in the following). In part two, the questions are about how you experience or think about yourself, and the questions in the third part are about how others are experienced. The questions in the fourth and final part are about feeling understood and about making sense of experiences. Do traumatic experiences affect this, and if so, how?

The research may have wider impact on improved trauma treatment and strategies to foster trauma resilience. It also promises to be informative regarding the nature of human experience more generally, and is thus of philosophical interest, too.

The research design has had a thorough ethical review from the University of York's Arts and Humanities Ethics Committee (contact details below).

Who is doing the research?

The Researcher, Lillian Wilde, is a PhD candidate in the Department of Philosophy, University of York (lillian.wilde@york.ac.uk). Her supervisors are Prof. Matthew Ratcliffe (Philosophy) and Prof. Christina Van Der Feltz-Cornelis (Psychiatry). The research will inform the work she is pursuing for her PhD thesis.

Why have I been invited to take part?

You have been invited to take part because you identify as having experienced a traumatising event.

Do I have to take part?

No, participation is optional. You can save a copy of this information sheet for your records and will be asked to complete a participant information form.

Participants may find writing about sensitive and personal matters difficult. You can save, pause, resume, or end the survey at any point. If you change your mind at any point during the study, you will be able to withdraw your participation without having to provide a reason.

Will I have access to research output?

Participants will have access to the research output through a) publications that might result from the study, as well as b) the published version of the PhD thesis this study contributes to on the website of the White Rose University Consortium after its submission in 2021.

On what basis will you process my data?

Under the General Data Protection Regulation (GDPR), the University has to identify a legal basis for processing personal data and, where appropriate, an additional condition for processing special category data.

In line with our charter which states that we advance learning and knowledge by teaching and research, the University processes personal data for research purposes under Article 6 (1) (e) of the GDPR:

> Processing is necessary for the performance of a task carried out in the public interest.

Special category data is processed under Article 9 (2) (j):

> Processing is necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes.

Research will only be undertaken where ethical approval has been obtained, where there is a clear public interest and where appropriate safeguards have been put in place to protect data.

In line with ethical expectations and in order to comply with common law duty of confidentiality, we will seek your consent to participate where appropriate. This consent will not, however, be our legal basis for processing your data under the GDPR.

How will you use my data?

Data will be processed for the purposes outlined in this notice.

Will you share my data with 3rd parties?

Yes. The following third parties will have access to your data for the following purposes: pseudonymised transcripts may be made available to the researcher's academic supervisors Prof. Matthew Ratcliffe (matthew.ratcliffe@york.ac.uk), Prof. Christina Van der Feltz-Cornelis (christina.vanderfeltz-cornelis@york.ac.uk), and thesis examiners (currently unknown). Pseudonymised data may be reused by the research team or other third parties for secondary research purposes.

How will you keep my data secure?

The University will put in place appropriate technical and organisational measures to protect your personal data and/or special category data. For the purposes of this project we will keep data on a secure University drive.

Information will be treated confidentially and shared on a need-to-know basis only. The University is committed to the principle of data protection by design and default and will collect the minimum amount of data necessary for the project. In addition, we will anonymise or pseudonymise data wherever possible.

Will you transfer my data internationally?

The University's cloud storage solution is provided by Google which means that data can be located at any of Google's globally spread data centres. The University has data protection complaint arrangements in place with this provider. For further information see, https://www.york.ac.uk/it-services/google/policy/privacy/.

Will I be identified in any research outputs?

No. All data included in research outputs will be pseudonymised by the Researcher.

How long will you keep my data?

Data will be retained in line with legal requirements or where there is a business need. Retention timeframes will be determined in line with the University's Records Retention Schedule.

What rights do I have in relation to my data?

Under the GDPR, you have a general right of access to your data, a right to rectification, erasure, restriction, objection or portability. You also have a right to withdrawal. You may withdraw your data and answers within 5 working days of the interview. Please note, not all rights apply where data is processed purely for research purposes. For further information see, https://www.york.ac.uk/records-management/generaldataprotectionregulation/individualsrights/.

Questions or concerns

If you have any questions about this participant information sheet or concerns about how your data is being processed, please contact Keith Allen, Chair of the Arts and Humanities Ethics Committee (keith.allen@york.ac.uk) in the first instance. If you are still dissatisfied, please contact the University's Acting Data Protection Officer at dataprotection@york.ac.uk.

Right to complain

If you are unhappy with the way in which the University has handled your personal data, you have a right to complain to the Information Commissioner's Office. For information on reporting a concern to the Information Commissioner's Office, see, www.ico.org.uk/concerns.

Appendix 2. Informed Consent Form

Please see information sheet for detailed information on the study

Participant Name (block letters):……

Please tick the relevant box:

I consent to participate in this project:

Yes □ No □

I give permission for my questionnaire responses to be saved anonymised or pseudonymised:

Yes □ No □

All data will be pseudonymised. I give permission for all questionnaire responses to be used in Lillian Wilde's PhD thesis as well as quoted, alluded to or shown in research papers, publications and public presentations given by Lillian Wilde:

Yes □ No □

Please note: participants may withdraw from the project or the interview and withdraw their consent at any stage.

If you have any questions or concerns, please contact

Lillian Wilde: lillian.wilde[at]york.ac.uk

Date, Signature: ……

By signing this form you confirm that you are over 18 years of age

Appendix 3. Questionnaire

Background Information

- Age
- Gender (m/f/other)
- Country of residence
- Have you received any psychiatric diagnosis e.g. PTSD, depression, or anxiety? If so, when were you diagnosed?
- Are you currently undergoing any form of treatment for a psychiatric condition? If so, of what kind?
- Please confirm before proceeding: Please do not include any information that could be used to identify you or others (such as names, locations, precise dates etc.).

Event

- Please could you briefly describe the traumatic event, series of events, or situation that has/have had a significant impact on your life? (Please indicate roughly when it occurred)

Self

- Has what happened affected how you experience or think about yourself? If so, how?
- Has what happened affected how you experience or think about your body? If so, how?

Others

- Has what happened affected what it is like for you to be around and interact with other people (close friends and family, acquaintances, strangers)?
- If yes:
    - Has what happened affected your trust in others?
    - Has what happened affected your experience of physical contact with other people?
    - Is there any other way in which what happened affected how you relate to others?
    - Do you experience these changes all the time, or only in some interactions?

Understanding

- Do you feel understood by other people? Has what happened changed this?
- Has what happened affected other people's attitudes or behaviour towards you? If so, how?
- Is there any part of your experience that you find especially difficult to convey to others? Can you attempt to describe what makes it difficult to express?
- Has what happened affected how you understand and relate to others? Are there situations in your day to day life where you notice this most?

Follow-Up

- Would you agree to be contacted for possible follow-up questions?
- Yes:
    - Please provide your e-mail address

Appendix 4. Invitation E-mail

Invitation to Take Part in a Research Project on Psychological Trauma (Online Survey)

- Have you experienced a distressing event that has had a significant impact on your life?
- Are you aged 18 or over?

If your answer to these questions is 'yes', the University of York would like to invite you to take part in the research project *Trauma and Intersubjectivity: Self, Other, Meaning*.

What is the study?

The study explores the way in which trauma changes how we perceive ourselves and others. As part of this, you are invited to share your experiences. The online survey consists of four parts.* In part one, you will be asked to provide basic information about yourself, like your age and country of residence. You will also be asked to briefly describe the trauma you have experienced. In part two, the questions are about how you experience or think about yourself. The questions in the third part are about how others are experienced. The questions in the fourth and final part are about feeling understood and making sense of experiences. Do traumatic experiences affect this, and if so, how?

Who is doing the research?

The researcher, Lillian Wilde, is a PhD candidate in the Department of Philosophy at the University of York. Her supervisors are Prof. Matthew Ratcliffe (Philosophy) and Prof. Christina Van Der Feltz-Cornelis (Psychiatry). The research will inform the work she is pursuing for her PhD thesis.

You can take the online survey here: Trauma and Intersubjectivity: Self, Other, Meaning [insert link].

*How long it will take to complete depends on how detailed you wish your responses to be. You may pause and resume or end the survey any time. You have the right to withdraw your replies within 5 working days of submitting. All information will be treated anonymously and with utmost care. You will be provided with detailed information on how we will process and use your data before beginning the survey. If you have any questions or concerns, please contact Lillian Wilde (lillian.wilde[at]york.ac.uk).

Appendix 5. Empathy in the Psychological Literature on Trauma

5.1 Empathy Measures

Those measures that were dominant in studies on trauma and empathy were selected; this list is not exhaustive.

Test	Terminology / Theory	What is tested?	How it is tested	Notes
Interpersonal Reactivity Index (IRI) (Davis, 1980)	Cognitive and affective empathy "1) the cognitive, perspective-taking capabilities or tendencies of the individual, and 2) the emotional reactivity of such individuals" (Davis, 1980, p. 3).	1. Perspective Taking: "spontaneous attempts to adopt the perspectives of other people" 2. Fantasy: "tendency to identify with characters in movies" 3. Empathic Concern: "respondents' feelings of warmth, compassion, and concern for others" 4. Personal Distress: "personal feelings of anxiety and discomfort that result from observing another's negative experience" (Davis, 1980, p. 2)	Self-report measure, 28 items, Rated on 5-point scale. Questions pertaining to, e.g., taking another's perspective on an issue, being able to imagine what it is like to be the character in a book or movie, being touched by other people's experiences, having care or concern for others, being disturbed by others' misfortunes, etc.	Overarching, well researched, multidimensional concept of empathy taking both cognitive and affective dimensions into account. Not (exclusively) based on ToM.
Empathy Quotient (EQ) (Baron-Cohen and Wheelwright, 2004)	Empathy "… is the drive or ability to attribute mental states to another person/animal, and entails an appropriate affective response in the observer to the other person's mental state." (Baron-Cohen	Affective empathy: "an observer's emotional response to the affective state of another" (S. Baron-Cohen & Wheelwright, 2004, p. 164). Cognitive empathy: "In recent	Self-report measure, 40 items, Questions pertaining to: perspective-taking, recognizing emotions in others, emotional response to others' experience, upset at	Developed for autism research; Cognitive empathy = application of ToM; Well researched and similarly broad and inclusive of different

	and Wheelwright, 2004, p. 168)	terminology, the cognitive component is referred to as using a "theory of mind."" (S. Baron-Cohen & Wheelwright, 2004, p. 164).	others' suffering, 'tuning in' to how someone feels, emotional involvement and detachment, etc.	dimensions as Davis' IRI.
Reading the mind in the eyes test (RMET) (Baron-Cohen *et al*., 2001)	Theory of Mind ""Theory of mind" is shorthand for the ability to attribute mental states to oneself or another person (Premack & Woodruff, 1978), and this ability is the main way in which we make sense of or predict another person's behaviour. Theory of mind is also referred to as "mentalizing" (Morton, Frith & Leslie, 1991), "mind reading" (Whiten, 1991), and "social intelligence" (Baron-Cohen, Jolliffe, *et al*., 1999), and overlaps with the term "empathy"." (Baron-Cohen *et al*., 2001, p. 241)	According to the authors, perspective-taking: "how well the participant can put themselves into the mind of the other person, and "tune in" to their mental state. For this reason, we described it as an "advanced theory of mind test." (Baron-Cohen *et al*., 2001, p. 241)	"4-choice task in which participants were presented with a series of 36 photographs of male and female facial eye regions and instructed to choose one of four words that best described what the person in the picture was thinking or feeling. This task is considered an advanced Theory of Mind test as participants are required to put themselves in the mind of the person pictured and to attribute a relevant mental state to them." (Nietlisbach *et al*., 2010, p. 836)	Assumes a purely cognitive understanding of empathy: "Empathy" overlaps with "ToM". Developed for autism research. Problem: recognizing an emotional state in someone's eye region is not necessarily a matter of using a theory of mind or taking the other's perspective. It is not clear how the RMET allows to draw conclusions about participants' ability to "put themselves into the mind of the other person and 'tune in' to their mental state" (Baron-Cohen *et al*., 2001, p. 241)
Eyes Task (Mazza *et al*., 2012)	Theory of Mind, "the ability to understand other people's mental states, […] to detect the intentions of others through the control of the gaze	Recognition and correct attribution of descriptor of mental state depicted in photograph of eye-region	Same as above, using "complex mental state descriptors, e.g. dispirited, bored […]" (Mazza *et al*., 2012, p. 250)	Same concerns as above.

	[…] the acquisition of ToM competence allows the child to understand (emotion recognition) and participate in (empathy) other people's emotions" (Mazza *et al*., 2012, p. 250)			
Strange stories test (Mazza *et al*., 2012)	Theory of Mind (also called "advanced theory of mind task" in (Mazza *et al*., 2012, p. 250))	Ability of the individual to recognize social situations in short stories	"It requires participants to read 24 short vignettes, each describing naturalistic social situations, divided into 12 story types, including Lie, White Lie, Joke, Pretend, Misunderstanding and Contrary Emotion. Each subject obtains a score ranging from 0 to 1 for each answer, where 0 = incorrect answer; 1 = correct answer." (Mazza *et al*., 2012, p. 250)	
Empathic Resonance Test (ER) (Platek *et al*., 2003)	"Empathic aspects of mental state attribution" and Theory of mind: "We hypothesized that contagious yawning occurs as a consequence of a theory of mind, the ability to infer or empathize with what others want, know, or intend to do" (Platek *et al*., 2003, p. 223)	Susceptibility to contagion of yawning or laughing (!)	Measured by presenting participants with 24 video sequences of yawning, laughing, or neutral facial expressions…. The recordings were rated for contagion of yawning and contagion of laughing.	Empathy subsumed under ToM. However, the measure has little or nothing to do with either emotional or cognitive empathy.
Faux Pas Test (Baron-Cohen *et al*., 1999)	Theory of Mind (not specified or defined in Baron-Cohen *et al*., 1999)	Ability to detect faux pas in narratives	Participants (children aged 7-11 in Baron-Cohen *et al*. 1999) are played audio recordings of faux pas stories. After each story, participants are asked to answer the following	Children on the autism spectrum perform worse at identifying faux pas. It is assumed that people on the autism spectrum have impairments in their

			questions: (1) a control question, (2) "Was there a faux pas in the story?"; (3) "Who committed a faux pas?"; and (4) a question about the mental state of the person who committed the faux pas (Baron-Cohen *et al*., 1999).	ToM. Thus, identification of a faux pas is taken as a measure of ToM ability. In Nietlisbach *et al*.'s application of the test to adults with PTSD, no significant group differences were found (Nietlisbach *et al*., 2010, p. 839).
Multifaceted Empathy Test (MET) (Mazza *et al*., 2015)	Empathy "Empathy has been recently described to include two dimensions [6,7]: the cognitive component, known as theory of mind, consisting of the ability to understand and explain the mental states of others [8,9], and the emotional component, referring to the individuals' own experience of the others actual or inferred emotional state" (Mazza *et al*., 2015, p. 37)	Cognitive empathy: Recognition of other's mental state & rating of valence (positive, negative, neutral) Implicit Emotional Empathy: Evaluation of own level of arousal Explicit Emotional Empathy: Evaluation of own empathic concern	Participants were asked to infer the valence (negative, positive, neutral) of the mental states of individuals in photographs depicting different emotions (to measure cognitive empathy); how much it affected them (implicit emotional empathy); and their emotional concern (e.g., "How strong is the emotion you feel about this person? (explicit emotional empathy)" (Mazza *et al*., 2015, p. 39)	The recognition of the mental state is only partially measured through assessment of valence. Accurate description (as in, e.g., RMET) is not required.
Emotion Attribution Task (Blair and Cipolotti, 2000)	Emotional expression recognition (part of Social Cognition)	Emotion Attribution: The ability to recognize and describe the emotions of others	"the participant was presented with 67 short stories describing emotional situations and was asked what the main protagonists might feel in that situation" (Blair and Cipolotti, 2000, p. 1130)	Developed for assessing acquired psychopathy due to frontal lobe damage; n = 1.
Toronto empathy	Empathy "as a primarily emotional process	Empathy most broadly construed as a	Self-report measure. Questionnaire using 95 questions	Very broad measure assessing a wide

questionnaire (TEQ) (Spreng *et al*., 2009)	[…] Generally speaking, it refers to the consequences of perceiving the feeling state of another as well as the capacity to do so accurately" (Spreng *et al*., 2009, p. 62).	multifaceted construct, encompassing emotional and cognitive dimensions as well as taking into account perspective taking, sympathy, personal distress, emotional contagion, and ToM. "Importantly, this consensus measure was derived statistically, using factor analysis, rather than through intuition" (Spreng *et al*., 2009, p. 63).	from other empathy measures, e.g., Davis' IRI, as well as 36 additional questions developed specifically for the TEQ.	range of empathic abilities.

5.2 Empathic Abilities of Individuals Affected by Trauma: Study Outcomes

'⇑' Indicates increase in empathic ability, '⇓' indicates decrease in empathic ability, and 'o' indicates that no significant alteration was found.

Study	Inclusion criteria	PT	F	EC	PD	Overall IRI	EQ-A	EQ-C	Overall EQ	ToM
Greenberg *et al*. 2018	Childhood trauma	⇑	⇑	⇑	o	⇑	⇑	o	⇑	⇑[39]
Nietlisbach *et al*. 2010	PTSD	o	o	o	⇑	⇑	-	-	-	o[40]
Aragona *et al*. 2020	PTSD	o	⇑	o	⇑	⇑	-	-	-	-
Parlar *et al*. 2014	PTSD (childhood trauma)	⇓	o	⇓	⇑	⇓	-	-	-	-
Mazza 2015	PTSD (earthquake)	-	-	-	-	-	⇓	o[41]	⇓	-
Mazza 2012	PTSD (military)	-	-	-	-	-			⇓	⇓[42]

Explanation of abbreviations:

- IRI – Interpersonal Reactivity Index (Davis, 1980)
- EQ – Empathy Quotient
- PT – Perspective-taking
- F – Fantasy
- EC – Empathic Concern
- PD – Personal Distress
- A – affective
- C – cognitive
- ToM – Theory of Mind (different measures, see footnotes)

[39] IRI: perspective-taking and fantasy taken to indicate ToM abilities

[40] RMET: ToM is presupposed and measured through participants' ability to recognize an emotional state in someone's eye region. This is, however, not necessarily a matter of using a theory of mind. What is de facto measured is emotion recognition.

[41] MET: cognitive empathy was measured through the participants' ability to infer the valence (negative, positive, neutral) of the mental states of individuals in photographs depicting different emotions.

[42] Strange stories and Eyes Task (revised version of RMET, same reservations as above).

Bibliography

Anonymous (2019) 'A year ago I was raped. Here's what I have learned.', *The Guardian*, 22 January.

Aragona, M. *et al*. (2020) 'The empathic migrant: empathy is preserved in African refugees with PTSD', *Dialogues in Philosophy, Mental and Neuro Sciences*, 13(2), pp. 54–61.

Ataria, Y. (2016a) 'Body without a self, self without body', *Journal of Theoretical and Philosophical Psychology*, 36(1), pp. 29–40. doi: 10.1037/teo0000029.

Ataria, Y. (2016b) 'Traumatic and Mystical Experiences', *Journal of Humanistic Psychology*, 56(4), pp. 331–356. doi: 10.1177/0022167814563143.

Ataria, Y. (2018) *Body Disownership in Complex Posttraumatic Stress Disorder*. New York: Palgrave Macmillan US. doi: 10.1057/978-1-349-95366-0.

Avramides, A. (2013) 'Other Minds, Autism, and Depth in Human Interaction', in Fulford, K. W. M. et al. (eds) *The Oxford Handbook of Philosophy and Psychiatry*. Oxford: Oxford University Press. doi: 10.1093/oxfordhb/9780199579563.013.0020.

Bäärnhielm, S. *et al*. (2017) 'Mental health for refugees, asylum seekers and displaced persons: A call for a humanitarian agenda', *Transcultural Psychiatry*, 54(5–6), pp. 565–574. doi: 10.1177/1363461517747095.

Bader, O. (2020) 'Alterations of social attention in mental disorders: Phenomenology, scope, and future directions for research', *Consciousness and Cognition*, 79(January), pp. 1–13. doi: 10.1016/j.concog.2020.102884.

Bandini, J. (2015) 'The Medicalization of Bereavement: (Ab)normal Grief in the DSM-5', *Death Studies*, 39(6), pp. 347–352. doi: 10.1080/07481187.2014.951498.

Baron-Cohen, S. *et al*. (1999) 'Recognition of faux pas by normally developing children and children with asperger syndrome or high-functioning autism', *Journal of Autism and Developmental Disorders*, 29(5), pp. 407–418. doi: 10.1023/A:1023035012436.

Baron-Cohen, S. *et al*. (2001) 'The "Reading the Mind in the Eyes" Test revised version: A study with normal adults, and adults with Asperger syndrome or high-functioning autism', *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 42(2), pp. 241–251. doi: 10.1017/S0021963001006643.

Baron-Cohen, S., Leslie, A. M. and Frith, U. (1985) 'Does the autistic child have a "theory of mind"?', *Cognition*, 21, pp. 37–46.

Baron-Cohen, S. and Wheelwright, S. (2004) 'The Empathy Quotient: An Investigation of Adults with Asperger Syndrome or High Functioning Autism, and Normal Sex Differences', *Journal of Autism and Developmental Disorder*, 34(2), pp. 163–175.

Benjet, C. *et al*. (2016) 'The epidemiology of traumatic event exposure worldwide: results from the World Mental Health Survey Consortium', *Psychological Medicine*, 46(02), pp. 327–343. doi: 10.1017/S0033291715001981.

Bernet, R. (2000) 'The Traumatized Subject', *Research in Phennomenology*, XXX, pp. 160–179.

Blair, R. J. R. and Cipolotti, L. (2000) 'Impaired social response reversal. A case of "acquired sociopathy"', *Brain*, 123(6), pp. 1122–1141. doi: 10.1093/brain/123.6.1122.

Blankenburg (1971) *Der Verlust der Natürlichen Selbstverständlichkeit*. Berlin: Parodos Verlag.

Boorse, C. (1975) 'On the Distinction between Disease and Illness', *Philosophy & Public Affairs*, 5(1), pp. 49–68.

Borsboom, D. and Cramer, A. O. J. (2013) 'Network analysis: an integrative approach to the structure of psychopathology', *Annual Review of Clinical Psychology*, 9, pp. 91–121. doi: 10.1146/annurev-clinpsy-050212-185608.

Bortolotti, L. (2020) 'Doctors without Disorders', *Aristotelian Society Supplementary Volume*, 94, pp. 164–184. doi: 10.1093/arisup/akaa006.

Bremner, J. D. (2006) 'Traumatic stress: effects on the brain', *Dialogues in Clinical Neuroscience*, 8(4), pp. 445–461.

Brison, S. (2003) *Aftermath: Violence and the Remaking of a Self*. New Jersey: Princeton University Press.

Bromet, E. J. *et al*. (2018) 'The Global Epidemiology of Trauma Exposure and Posttraumatic Stress Disorder (Chapter 1)', in *Trauma and Posttraumatic Stress Disorder*. Cambridge University Press.

Calcagno, A. (ed.) (2018a) *Gerda Walther's Phenomenology of Sociality, Psychology, and Religion*. Cham: Springer International Publishing (Women in the History of Philosophy and Sciences). doi: 10.1007/978-3-319-97592-4.

Calcagno, A. (2018b) 'Gerda Walther and the Possibility of a Non-intentional We of Community', in Calcagno, A. (ed.) *Gerda Walther's Phenomenology of Sociality, Psychology, and Religion*. Cham: Springer Nature Switzerland, pp. 57–70.

Calcagno, A. (2018c) 'On the Vulnerability of a Community: Edith Stein and Gerda Walther', *Journal of the British Society for Phenomenology*, 49(3), pp. 255–266. doi: 10.1080/00071773.2018.1434977.

Caminada, E. (2014) 'Joining the Background: Habitual Sentiments Behind We-Intentionality', in Konzelmann Ziv, A. and Schmid, H. B. (eds) *Institutions, Emotions, and Group Agents-Contributions to Social Ontology*. Dordrecht: Springer Netherlands, pp. 195–212.

Campbell, D. G. *et al*. (2007) 'Prevalence of Depression–PTSD Comorbidity: Implications for Clinical Practice Guidelines and Primary Care-based Interventions', *Journal of General Internal Medicine*, 22(6), pp. 711–718. doi: 10.1007/s11606-006-0101-4.

Carel, H. (2021) 'Pathology as a phenomenological tool', *Continental Philosophy Review*, 54(2), pp. 201–217. doi: 10.1007/s11007-021-09538-9.

Charuvastra, A. and Cloitre, M. (2008) 'Social Bonds and Posttraumatic Stress Disorder', *The Annual Review of Psychology*, 59, pp. 301–328. doi: 10.1146/annurev.psych.58.110405.085650.

Clark, D. M. (1986) 'A cognitive approach to panic', *Behaviour Research and Therapy*, 24(4), pp. 461–470. doi: 10.1016/0005-7967(86)90011-2.

Couette, M. *et al*. (2020) 'Social cognition in post-traumatic stress disorder: A systematic review', *British Journal of Clinical Psychology*, 59(2), pp. 117–138. doi: 10.1111/bjc.12238.

Crocq, M.-A. and Crocq, L. (2000) 'From shell shock and war neurosis to posttraumatic stress disorder: a history of psychotraumatology', *Dialogues in Clinical Neuroscience*, 2(1), pp. 47–55.

Davis, M. H. (1980) 'A Mulitdimensional Approach to Individual Differences in Empathy', *JSAS Catalog of Selected Documents in Psychology*, 10, pp. 85–100.

Depraz, N. (2018) 'Trauma and Phenomenology', *Eidos: A Journal for Philosophy of Culture*, 2(4), pp. 53–74. doi: 10.26319/4716.

Didion, J. (2006) *The Year of Magical Thinking*. London: Harper Collins Publishers.

Dolezal, L. (2017a) 'Feminist Reflections on the Phenomenological Foundations of Home', *Symposium*, 21(2), pp. 101–120. doi: 10.5840/symposium201721222.

Dolezal, L. (2017b) 'Shame, Vulnerability and Belonging: Reconsidering Sartre's Account of Shame',

Human Studies, 40(3), pp. 421–438. doi: 10.1007/s10746-017-9427-7.

DSM-5 (2013). American Psychiatric Association.

DSM-III (1980). American Psychiatric Association.

DSM-IV (1994). American Psychiatric Association.

Dzwiza-Ohlsen, E. N. (2020) 'Commentary on "Embodied Selfhood and Personal Identity in Dementia": A Lifeworld Account of Personal Identity', in Tewes, C. and Stanghellini, G. (eds) *Time and Body*. Cambridge University Press, pp. 390–395. doi: 10.1017/9781108776660.

Dzwiza-Ohlsen, E. N. (2021) 'Verstummter Geist, verstummtes Leben? Zur therapeutischen Bedeutung lebensweltlichen Ausdrucks bei Alzheimer', in *Zwischen Phänomenologie und Psychoanalyse*. Nomos Verlagsgesellschaft mbH & Co. KG, pp. 181–192. doi: 10.5771/9783748909330-181.

Dzwiza-Ohlsen, E. N. (2022) '"Going Home Alone"? – On Disorientation, Homelessness, and We-Identity in Alzheimer's Dementia', *Methodo, Special Issue: Familiarity and Togetherness*, pp. 1–24.

Elzinga, B. M. and Bremner, J. D. (2002) 'Are the neural substrates of memory the final common pathway in posttraumatic stress disorder (PTSD)?', *Journal of Affective Disorders*, 70(1), pp. 1–17.

Farhood, L. F. *et al*. (2016) 'PTSD and depression construct: prevalence and predictors of co-occurrence in a South Lebanese civilian sample', *European Journal of Psychotraumatology*, 7(1), p. 31509. doi: 10.3402/ejpt.v7.31509.

van der Feltz-Cornelis, C. M. *et al*. (2019) 'Adverse Childhood Experiences (ACE) in outpatients with anxiety and depressive disorders and their association with psychiatric and somatic comorbidity and revictimization. Cross-sectional observational study', *Journal of Affective Disorders*, 246, pp. 458–464. doi: 10.1016/j.jad.2018.12.096.

Fernandez, A. and Zahavi, D. (2020) 'Basic Empathy: Developing the Concept of Empathy from the Ground Up', *International Journal of Nursing Studies*, 110, pp. 1–6.

Frances, A. (2013) 'The past, present and future of psychiatric diagnosis', *World Psychiatry*, 12(2), pp. 111–112. doi: 10.1002/wps.20027.

Freud, S. (1896) 'Zur Ätiologie der Hysterie', in *Gesammelte Werke I: Werke aus den Jahren 1892–1899*, pp. 425–459.

Freud, S. (1957) 'Mourning and Melancholia', in *Standart edition of the complete works of Sigmund Freud*. London: Hogarth Press.

Freud, S. and Breuer, J. (1893) 'Ueber den psychischen Mechanismus hysterischer Phänomene', *Neurologisches Centralblatt*, 1 & 2.

Frith, C. D., Blakemore, S.-J. and Wolpert, D. M. (2000) 'Explaining the symptoms of schizophrenia: Abnormalities in the awareness of action', *Brain Research Reviews*, 31(2–3), pp. 357–363. doi: 10.1016/S0165-0173(99)00052-1.

Fuchs, T. (2007) 'Psychotherapy of the Lived Space: A Phenomenological and Ecological Concept', *American Journal of Psychotherapy*, 61(4), pp. 423–439.

Fuchs, T. (2010) 'Phenomenology and Psychopathology', in *Handbook of Phenomenology and Cognitive Science*. Dordrecht: Springer Netherlands, pp. 546–573. doi: 10.1007/978-90-481-2646-0_28.

Fuchs, T. (2013) 'Depression, Intercorporeality, and Interaffectivity', *Journal of Consciousness Studies*, 20(7–8), pp. 219–238.

Fuchs, T. (2015) 'Vertrautheit und Vertrauen als Grundlagen der Lebenswelt', *Phänomenologische Forschungen*, pp. 101–117. doi: 10.28937/1000107760.

Fuchs, T. (2017) 'Self across time: the diachronic unity of bodily existence', *Phenomenology and the Cognitive Sciences*, 16(2), pp. 291–315. doi: 10.1007/s11097-015-9449-4.

Fuchs, T. (2018) 'The Cyclical Time of the Body and its Relation to Linear Time', *Journal of Consciousness Studies*, 25(7–8).

Fuchs, T. *et al*. (2019) 'More than Just Description: Phenomenology and Psychotherapy', *Psychopathology*, 52(2), pp. 63–66. doi: 10.1159/000502266.

Fuchs, T. and De Jaegher, H. (2009) 'Enactive Intersubjectivity: Participatory sense-making and mutual incorporation', *Phenomenology and the Cognitive Sciences*, 8, pp. 465–486. doi: 10.1007/s11097-009-9136-4.

Fuchs, T. and Röhricht, F. (2017) 'Schizophrenia and intersubjectivity. An embodied and enactive approach to psychopathology and psychotherapy', *Philosophy, Psychiatry, & Psychology*, 24(2), pp. 127–142. doi: 10.1353/ppp.2017.0018.

Gallagher, S. (2004) 'Understanding Interpersonal Problems in Autism: Interaction Theory as An Alternative to Theory of Mind', *Philosophy, Psychiatry, & Psychology*, 11(3), pp. 199–217. doi: 10.1353/ppp.2004.0063.

Gallagher, S. (2007) 'Logical and Phenomenological Arguments Against Simulation Theory', in Ratcliffe, M. and Hutto, D. D. (eds) *Folk Psychology Re-Assessed*. Dordrecht: Springer, pp. 63–78.

Gallagher, S. (2009) 'Two Problems of Intersubjectivity', *Journal of Consciousness Studies*, 16(6–7), pp. 289–308.

Gallagher, S. (2013) 'Phenomenology and Intersubjectivity', in *The Oxford Handbook of Philosophy of Psychiatry*. Oxford University Press.

Gallagher, S. and Zahavi, D. (2020) *The Phenomenological Mind*. Abingdon, Oxon; New York, NY: Routledge. doi: 10.4324/9780429319792.

Gallese, V. and Goldman, A. (1998) 'Mirror neurons and the theory of mind reading', *Trends in Cognitive Sciences*, 2(12), pp. 493–501.

Gay, R. (2018) *Hunger: A Memoir of (My) Body*. Corsair.

Gilbert, M. (2014) 'How we feel: Understanding everyday collective emotion ascription', in von Scheve, C. and Salmela, M. (eds) *Collective Emotions*. Oxford: Oxford University Press, pp. 17–31.

Global Issues: Refugees (2021) *The UN Refugee Agency (UNHCR)*. Available at: https://www.un.org/en/global-issues/refugees (Accessed: 11 February 2022).

Goldman, A. I. and Lucy, J. C. (2013) 'Mindreading by simulation', in Baron-Cohen, S., Lombardo, M., and Tager-Flusberg, H. (eds) *Understanding Other Minds*. Oxford: Oxford University Press, pp. 448–466. doi: 10.1093/acprof:oso/9780199692972.003.0025.

Greenberg, D. M. *et al*. (2018) 'Elevated empathy in adults following childhood trauma', *PLoS ONE*, 13(10), pp. 1–13. doi: 10.1371/journal.pone.0203886.

Griffin, B. J. *et al*. (2019) 'Moral Injury: An Integrative Review', *Journal of Traumatic Stress*.

Guenther, L. (2013) *Solitary Confinement: Social Death and its Afterlives*. Minneapolis and London: University of Minnesota Press.

Hart, O. van der and Kolk, B. van der (1989) 'Pierre Janet and the Breakdown of Adaptation in Psychological Trauma', *American Journal of Psychiatry*, 146(12), pp. 1530–1540.

Hassan, G. *et al*. (2016) 'Mental health and psychosocial wellbeing of Syrians affected by armed conflict', *Epidemiology and Psychiatric Sciences*, 25(2), pp. 129–141. doi: 10.1017/S2045796016000044.

Heidegger, M. (2001) *Sein und Zeit*. Tübingen: Niemeyer.

Held, K. (1991) 'Heimwelt, Fremdwelt, die eine Welt', in *Phänomenologische Forschungen. Perspektiven und Probleme der Husserlschen Phänomenologie: Beiträge zur neueren Husserl-Forschung*. Felix Meiner Verlag, pp. 305–337.

Helm, B. W. (2008) 'Plural Agents', *Nous*, 42(1), pp. 17–49.

Herman, J. (1992) *Trauma and Recovery*. New York: Basic Books.

Hinton, D. E. and Lewis-Fernández, R. (2011) 'The cross-cultural validity of posttraumatic stress disorder: implications for DSM-5', *Depression and Anxiety*, 28(9), pp. 783–801. doi: 10.1002/da.20753.

Horwitz, A. V. and Wakefield, J. C. (2007) *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow Into Depressive Disorder*. Oxford, New York: Oxford University Press.

Husserl, E. (1901) *Logische Untersuchungen*. Halle: Niemeyer.

Husserl, E. (1936) *Die Krisis der Europäischen Wissenschaften*, *HUA VI*. Hamburg: Meiner.

Husserl, E. (1950) *Cartesianische Meditationen und Pariser Vorträge*, *HUA I*. Den Haag: Nijhoff.

Husserl, E. (1962) *Phänomenologische Psychologie, Vorlesungen Sommersemester 1925*, *HUA IX*. Den Haag: Nijhoff.

Husserl, E. (1966) *Analysen zur passiven Synthesis*, *HUA XI*. Edited by M. Fleischer. Den Haag: Nijhoff.

Husserl, E. (1973a) *Zur Phänomenologie der Intersubjektivität, Dritter Teil: 1929-1935*, *HUA XV*. Edited by I. Kern. Den Haag: Nijhoff (HUA XV).

Husserl, E. (1973b) *Zur Phänomenologie der Intersubjektivität, Erster Teil: 1905-1920*, *HUA XIII*. Edited by I. Kern. Den Haag: Nijhoff (HUA XIII).

Husserl, E. (1973c) *Zur Phänomenologie der Intersubjektivität, Zweiter Teil: 1921-1928*, *HUA XIV*. Edited by I. Kern. Den Haag: Nijhoff.

Husserl, E. (1983) *Ideas Pertaining to a pure phenomenology and to a phenomenological philosophy*, *HUA III*. Translated by F. Kersten. Dordrecht: Kluwer.

Husserl, E. (2008) *Die Lebenswelt: Auslegungen der vorgegebenen Welt und ihrer Konstitution*. HUA XXXIX. Edited by R. Sowa. Dordrecht: Springer.

International Classification of Diseases, Eleventh Revision (2018). Geneva: World Health Organisation (WHO).

International Classification of Diseases, Tenth Revision (1992). Geneva: World Health Organisation (WHO).

Jacobson, K. E. (2006) *Being at Home: a phenomenological analysis of the experience of space*. The Pennsylvania State University.

Jacobson, K. E. (2010) 'The Experience of Home and the Space of Citizenship', *The Southern Journal of Philosophy*, 48(3), pp. 219–245. doi: 10.1111/j.2041-6962.2010.00029.x.

James, W. (1894) 'Discussion: The physical basis of emotion', *Psychological Review*, 1(5), pp. 516–529. doi: 10.1037/h0065078.

Janet, P. (1889) *L' automatisme psychologique. Essai de psychologie expérimentale sur les formes inférieures de l'activité humaine*. Paris: Felix Alcan.

Jardine, J. and Szanto, T. (2017) 'Empathy in the phenomenological tradition', in Maibom, H. L. (ed.) *The Routledge Handbook of Philosophy of Empathy*. New York, pp. 86–97. doi: 10.4324/9781315282015.

Jaspers, K. (1912) 'Die phänomenologische Forschungsrichtung in der Psychopathologie', *Zeitschrift*

für die gesamte Neurologie und Psychiatrie, 9(1), pp. 391–408. doi: 10.1007/BF02911781.

Jaspers, K. (1913) *Allgemeine Psychopathologie*. Berlin Heidelberg: Springer.

Kessler, R. C. *et al*. (2017) 'Trauma and PTSD in the WHO World Mental Health Surveys', *European Journal of Psychotraumatology*, 8, pp. 1–16. doi: 10.1080/20008198.2017.1353383.

Kidd, I. J. (2018) 'Adversity, wisdom, and exemplarism', *Journal of Value Inquiry*, 52(4), pp. 379–393. doi: 10.1007/s10790-017-9621-x.

Kirmayer, L. J. *et al*. (2010) 'Trauma and disasters in social and cultural context', in Morgan, C. and Bhugra, D. (eds) *Principles of social psychiatry*. 2nd edn. New Jersey: Wiley-Blackwell, pp. 155–177. doi: 10.1002/9780470684214.ch13.

Kirmayer, L. J. (2012) 'Rethinking cultural competence', *Transcultural Psychiatry*, 49(2), pp. 149–164. doi: 10.1177/1363461512444673.

Kirmayer, L. J., Ban, L. and Jaranson, J. (2018) 'Cultural logics of emotion: Implications for understanding torture and its sequelae', *TORTURE*, 28(1), pp. 84–100.

Kirmayer, L. J. and Gómez-Carillo, A. (2019) 'Culturally Responsive Clinical Psychology and Psychiatry', in *Cultural Clinical Psychology and PTSD*. Boston: Hogrefe, pp. 3–21.

van der Kolk, B. A. (2015) *The Body Keeps the Score*. New York: Penguin.

Krueger, J. (2015) 'The Affective "We": Self-regulation and Shared Emotions', in Szanto, T. (ed.) *The Phenomenology of Sociality: Discovering the 'We'*. London: Routledge, pp. 263–277. doi: 10.4324/9781315688268.

Krueger, J. (2018) 'Direct Social Perception', in Newen, A., De Bruin, L., and Gallagher, S. (eds) *The Oxford Handbook of 4E Cognition*. Oxford: Oxford University Press, pp. 300–320. doi: 10.1093/oxfordhb/9780198735410.013.15.

Lanius, R. *et al*. (2010) 'Fear conditioning and early life vulnerabilities: two distinct pathways of emotional dysregulation and brain dysfunction in PTSD', *European Journal of Psychotraumatology*, 1(1), pp. 1–10. doi: 10.3402/ejpt.v1i0.5467.

Larrabee, M. J. (1995) 'The Time of Trauma: Husserl's phenomenology and post-traumatic stress disorder', *Human Studies*, 18, pp. 351–366.

León, F., Szanto, T. and Zahavi, D. (2019) 'Emotional Sharing and the Extended Mind', *Synthese*, 196(12), pp. 4847–4867. doi: 10.1007/s11229-017-1351-x.

Leslie, A. M. (1987) 'Pretense and Representation: The Origins of "Theory of Mind"', *Psychological Review*, 94(4), pp. 412–426. doi: 10.1037/0033-295X.94.4.412.

Lewis-Fernández, R. *et al*. (2010) 'Culture and the anxiety disorders: recommendations for DSM-V', *Depression and Anxiety*, 27(2), pp. 212–229. doi: 10.1002/da.20647.

Luft, S. (2011) *Subjectivity and Lifeworld in Transcendental Phenomenology*. Evanston: Northwestern University Press.

Lugones, M. (2003) *Pilgrimages/Peregrinajes: Theorizing Coalition Against Multiple Oppressions (Feminist Constructions)*. Oxford: Rowman & Littlefield.

Maciejewski, P. K., Block, S. D. and Prigerson, H. G. (2021) 'An Empirical Examination of the Stage Theory of Grief', 297(7), pp. 716–724.

Markus, H. R. and Kitayama, S. (2014) 'Culture and the self: Implications for cognition, emotion, and motivation', *College Student Development and Academic Life: Psychological, Intellectual, Social and Moral Issues*, 98(2), p. 264. doi: 10.1037//0033-295x.98.2.224.

Mazza, M. *et al*. (2012) 'Social cognition disorders in military police officers affected by posttraumatic stress disorder after the attack of An-Nasiriyah in Iraq 2006', *Psychiatry Research*, 198(2), pp. 248–252. doi: 10.1016/j.psychres.2011.11.027.

Mazza, M. *et al*. (2015) 'Neural activity related to cognitive and emotional empathy in post-traumatic stress disorder', *Behavioural Brain Research*, 282, pp. 37–45. doi: 10.1016/j.bbr.2014.12.049.

McNally, R. J. *et al*. (2015) 'Mental Disorders as Causal Systems', *Clinical Psychological Science*, 3(6), pp. 836–849. doi: 10.1177/2167702614553230.

Minkowski, E. (1927) *La schizophrénie. Psychopathologie des schizoides et des schizophrènes*. Oxford, England: Payot.

Moran, D. (2011) 'Edmund Husserl's Phenomenology of Habituality and Habitus', *Journal of the British Society for Phenomenology*, 42(1), pp. 53–77. doi: 10.1080/00071773.2011.11006731.

Moran, D. (2017) 'Intercorporeality and Intersubjectivity: A Phenomenological Exploration of Embodiment', in Durt, C., Fuchs, T., and Tewes, C. (eds) *Embodiment, Enaction, and Culture*. Cambridge, Massachusetts: The MIT Press, pp. 25–46. doi: 10.7551/mitpress/9780262035552.003.0002.

Murata, S. (2020) *Earthlings*. E-book. Translated by G. T. Takemori. Grove Press.

Natanson, M. (1969) 'Philosophy and Psychiatry', in Natanson, M. (ed.) *Psychiatry and Philosophy*. New York: Springer, pp. 85–110. doi: 10.1192/pb.17.11.693-a.

National Collaborating Centre for Mental Health (2005) *Post-Traumatic Stress Disorder: The Management of PTSD in Adults and Children in Primary and Secondary Care*, *National Institute for Health and Clinical Excellence NICE Clinical Guidelines*. Edited by J. Blisson et al. Leicester (UK): Gaskell.

Nelson, B. *et al*. (2014a) 'What are the neurocognitive correlates of basic self-disturbance in schizophrenia?: Integrating phenomenology and neurocognition. Part 1', *Schizophrenia Research*, 152(1), pp. 12–19. doi: 10.1016/j.schres.2013.06.022.

Nelson, B. *et al*. (2014b) 'What are the neurocognitive correlates of basic self-disturbance in schizophrenia?: Integrating phenomenology and neurocognition', *Schizophrenia Research*, 152(1), pp. 20–27. doi: 10.1016/j.schres.2013.06.033.

Neria, Y., Galea, S. and Norris, F. H. (eds) (2009) *Mental Health and Disasters*. Cambridge: Cambridge University Press.

Neria, Y. and Litz, B. T. (2004) 'Bereavement by Traumatic Means: the complex synergy of trauma and grief', *Journal of Loss & Trauma*, 9(1), pp. 73–87. doi: 10.1080/15325020490255322.

Neria, Y., Rubin, M. and Neria, M. (2016) 'Fear, Trauma, and Posttraumatic Stress Disorder: Clinical, Neurobiological, and Cultural Perspectives', in Neria, Y. (ed.) *Interdisciplinary Handbook of Trauma and Culture*. Switzerland: Springer International Publishing, pp. 303–313. doi: DOI: 10.1007/978-3-319-29404-9_18.

NICE guideline NG116 (2018) *Posttraumatic stress disorder*, *Evidence reviews*.

Nietlisbach, G. *et al*. (2010) 'Are Empathic Abilities Impaired in Posttraumatic Stress Disorder?', *Psychological reports*, 106, pp. 832–844. doi: 10.2466/pr0.106.3.832-844.

Nietlisbach, G. and Maercker, A. (2009) 'Social cognition and interpersonal impairments in trauma survivors with PTSD', *Journal of Aggression, Maltreatment and Trauma*, 18(4), pp. 382–402. doi: 10.1080/10926770902881489.

Nordgaard, J. E. and Henriksen, M. G. (2018) 'Phenomenological Psychopathology and Quantitative Research', (June), pp. 1–15. doi: 10.1093/oxfordhb/9780198803157.013.88.

Olff, M. *et al*. (2015) 'Intranasal oxytocin: Miracle cure after trauma?', *European Journal of Psychotraumatology*, 6, pp. 1–3. doi: 10.3402/ejpt.v6.27631.

Osler, L. (2020) 'Feeling togetherness online: a phenomenological sketch of online communal experiences', *Phenomenology and the Cognitive Sciences*, 19(3), pp. 569–588. doi: 10.1007/s11097-019-09627-4.

Osler, L. (2021) 'Taking empathy online', *Inquiry*, pp. 1–28. doi: 10.1080/0020174X.2021.1899045.

Pacherie, E. (2014) 'How does it feel to act together?', *Phenomenology and the Cognitive Sciences*, 13, pp. 25–46. doi: 10.1007/s11097-013-9329-8.

Parlar, M. *et al*. (2014) 'Alterations in empathic responding among women with posttraumatic stress disorder associated with childhood trauma', *Brain and Behavior*, 4(3), pp. 381–389. doi: 10.1002/brb3.215.

Parnas, J. *et al*. (2005) 'EASE: Examination of Anomalous Self-Experience', *Psychopathology*, 38(5), pp. 236–258. doi: 10.1159/000088441.

Parnas, J. and Gallagher, S. (2015) 'Phenomenology and the interpretation of psychopathological experience', *Faculty of Law, Humanities and the Arts - Papers*, pp. 65–80.

Paskaleva-Yankova, A. (2021) 'Interpersonal and Intersubjective Alienation in Social Stigmatization and Depression', *Psychopathology*. doi: 10.1159/000519253.

Platek, S. M. *et al*. (2003) 'Contagious yawning: The role of self-awareness and mental state attribution', *Cognitive Brain Research*, 17(2), pp. 223–227. doi: 10.1016/S0926-6410(03)00109-5.

Plath, S. (2008) *The Bell Jar*. London: Faber & Faber.

Premack, D. and Woodruff, G. (1978) 'Chimpanzee theory of mind', *The Behavioral and Brain Sciences*, 4, pp. 515–526.

Printzlau, G. A. (2018) 'Feeling Less Than Real: Alterations in Self experience After Torture', *Journal of the British Society for Phenomenology*, 49(3), pp. 205–216.

Radden, J. (2019) 'Mental Disorder (Illness)', *Stanford Encyclopedia of Philosophy*. Edited by E. N. Zalta. Metaphysics Research Lab, Stanford University.

Ratcliffe, M. (2007) 'From Folk Psychology to Commonsense', in Hutto, D. D. and Ratcliffe, M. (eds) *Folk Psychology Re-Assessed*. Dordrecht: Springer, pp. 223–243.

Ratcliffe, M. (2009) 'Belonging to the World through the Feeling Body', *Philosophy, Psychiatry, & Psychology*, 16(2), pp. 195–199. doi: 10.1353/ppp.0.0235.

Ratcliffe, M. (2015) *Experiences of Depression: A Study in Phenomenology*, *Experiences of Depression: A study in phenomenology*. Oxford: Oxford University Press (International Perspecitves in Philosphy and Psychiatry). doi: 10.1080/09515089.2015.1095872.

Ratcliffe, M. (2017a) 'Empathy and Psychiatric Illness', in Heidi Maibom (ed.) *The Routledge Handbook of Philosophy of Empathy*. London: Routledge, pp. 190–200.

Ratcliffe, M. (2017b) *Real Hallucinations: Psychiatric Illness, Intentionality, and the Interpersonal World*. Cambridge, Massachusetts: MIT Press.

Ratcliffe, M. (2017c) 'Trauma and Trust', in *Real Hallucinations: Psychiatric Illness, Intentionality, and the Interpersonal World*. Cambridge, Massachusetts: The MIT Press, pp. 108–139.

Ratcliffe, M. (2018) 'The Interpersonal Structure of Depression', *Psychoanalytic Psychotherapy*, 32(2), pp. 122–139. doi: https://doi.org/10.1080/02668734.2018.1455729.

Ratcliffe, M. (2019a) 'Grief and phantom limbs: a phenomenological comparison', in Burns, T. et al. (eds) *The New Yearbook for Phenomenology and Phenomenological Philosophy*. 1st edn. London: Routledge, pp. 77–96.

Ratcliffe, M. (2019b) 'The Phenomenological Clarification of Grief and its Relevance for Psychiatry', in Stanghellini, G. et al. (eds) *The Oxford Handbook of Phenomenological Psychopathology*. Oxford: Oxford University Press. doi: 10.1093/oxfordhb/9780198803157.013.58.

Ratcliffe, M. (2020) 'Existential Feelings', in Szanto, T. and Landweer, H. (eds) *The Routledge Handbook of Phenomenology of Emotions*. London: Routledge, pp. 250–261.

Ratcliffe, M. and Broome, M. R. (2022) 'Beyond Salience and Affordance: Understanding Anomalous Experiences of Significant Possibilities', in Archer, S. (ed.) *Salience: A philosophical inquiry*. London: Routledge, pp. 1–23.

Ratcliffe, M., Ruddell, M. and Smith, B. (2014) 'What is a "sense of foreshortened future?" A phenomenological study of trauma, trust, and time', *Frontiers in Psychology*, 5, pp. 1–11. doi: 10.3389/fpsyg.2014.01026.

Read, J. *et al*. (2001) 'The Contribution of Early Traumatic Events to Schizophrenia in Some Patients: A Traumagenic Neurodevelopmental Model', *Psychiatry*, 64(4), pp. 319–345.

Richardson, L. *et al*. (2020) 'The Covid-19 Pandemic and the Bounds of Grief', *Think*, 20(57), pp. 89–101.

Salice, A. and Uemura, G. (2018) 'Social Acts and Communities: Walther Between Husserl and Reinach', in Calcagno, A. (ed.) *Gerda Walther's Phenomenology of Sociality, Psychology, and Religion*. Cham: Springer Nature Switzerland, pp. 27–46.

Salmela, M. and Nagatsu, M. (2017) 'How does it really feel to act together? Shared emotions and the phenomenology of we-agency', *Phenomenology and the Cognitive Sciences*, 16(3), pp. 449–470. doi: 10.1007/s11097-016-9465-z.

Sass, L. (2014) 'Explanation and description in phenomenological psychopathology', *Official Journal of the Italian Society of Psychopathology*, 20, pp. 366–376.

Sass, L. *et al*. (2018) 'Varieties of Self Disorder: A Bio-Pheno-Social Model of Schizophrenia', *Schizophrenia Bulletin*, 44(4), pp. 720–727. doi: 10.1093/schbul/sby001.

Sass, L. A. (2010) 'Phenomenology as Description and as Explanation.pdf', in Gallagher, S. and Schmicking, D. (eds) *Handbook of Phenomenology and Cognitive Science*. Dordrecht, New York: Springer, pp. 635–654.

Sass, L. A. and Parnas, J. (2007) 'Explaining Schizophrenia: The relevance of phenomenology', in Chung, M. C., Fulford, K. W. M., and Graham, G. (eds) *Reconceiving schizophrenia*. Oxford: Oxford University Press, pp. 63–95.

Sass, L. and Borda, J. (2015) 'Phenomenology and neurobiology of self disorder in schizophrenia: Secondary factors', *Schizophrenia Research*, 169(1), pp. 474–482. doi: 10.1016/j.schres.2015.09.025.

Scheler, M. (2017) *The Nature of Sympathy*. London: Routledge.

Schmid, H. B. (2014) 'Plural self-awareness', *Phenomenology and the Cognitive Sciences*, 13, pp. 7–24. doi: 10.1007/s11097-013-9317-z.

Schmid, H. B. and Wu, X. (2018) 'We-Experience - With Walther', in Luft, S. and Hagengruber, R. (eds) *Women Phenomenologists on Social Ontology*. Cham: Springer Nature Switzerland, pp. 105–117.

Schmidt, P. (2018) 'The Relevance of Explanatory First-Person Approaches (EFPA) for Understanding Psychopathological Phenomena. The Role of Phenomenology', *Frontiers in Psychology*, 9, pp. 1–16. doi: 10.3389/fpsyg.2018.00694.

Seeburger, F. (2016) 'The Trauma of Philosophy', in Ataria, Y. et al. (eds) *Interdisciplinary Handbook of Trauma and Culture*. Cham: Springer International Publishing, pp. 163–179.

Shay, J. (2003) *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. New York: Scribner.

Sherin, J. E. and Nemeroff, C. B. (2011) 'Post-traumatic stress disorder: the neurobiological impact of psychological trauma', *Dialogues in Clinical Neuroscience*, 13, pp. 263–278.

Smith, A. (1759) *The Theory of Moral Sentiments*. Edited by D. D. Raphael and A. L. Macfie. Oxford: Clarendon Press.

Smith, D. W. (2018) 'Phenomenology', in Zalta, E. N. (ed.) *The Stanford Encyclopedia of Philosophy*. Metaphysics Research Lab, Stanford University.

Southgate, V. (2013) 'Early manifestations of mindreading', in Baron-Cohen, S., Lombardo, M., and Tager-Flusberg, H. (eds) *Understanding Other Minds : Perspectives from developmental social neuroscience*. Oxford: Oxford University Press, pp. 1–22. doi: 10.1093/acprof:oso/9780199692972.001.0001.

Spitzer, R. L. (1999) 'Harmful dysfunction and the DSM definition of mental disorder', *Journal of Abnormal Psychology*, 108(3), pp. 430–432.

Spitzer, R. L. and Endicott, J. (1978) 'Medical and mental disorder: Proposed definition and criteria', in Klein, D. F. and Spitzer, R. L. (eds) *Critical Issues in Psychiatric Diagnosis*. New York: Raven Press, pp. 1–10. doi: 10.1016/j.amp.2018.07.004.

Spreng, R. N. *et al*. (2009) 'The Toronto Empathy Questionnaire', *Journal of Personality Assessment*, 91(1), pp. 62–71. doi: 10.1080/00223890802484381.

Stanghellini, G. (2004) 'The senses of common sense', in *Disembodied Spirits and Deanimated Bodies: The psychopathology of common sense*. Oxford: Oxford University Press, pp. 1–23. doi: 10.1093/med/9780198520894.001.0001.

Stanghellini, G. *et al*. (eds) (2019) *The Oxford Handbook of Phenomenological Psychopathology*. Oxford University Press. doi: 10.1093/oxfordhb/9780198803157.001.0001.

Stanghellini, G., Ballerini, M. and Mancini, M. (2017) 'Other Persons: On the Phenomenology of Interpersonal Experience in Schizophrenia (Ancillary Article to EAWE Domain 3)', *Psychopathology*, 50(1), pp. 75–82. doi: 10.1159/000456037.

Stanghellini, G. and Mancini, M. (2019) 'The Life-World of Persons with Borderline Personality Disorder', in Stanghellini, G. et al. (eds) *The Oxford Handbook of Phenomenological Psychopathology*. Oxford University Press, pp. 664–681. doi: 10.1093/oxfordhb/9780198803157.013.67.

Stein, E. (1917) *Zum Problem der Einfühlung*. Buchdruckerei des Waisenhauses.

Steinbock, A. J. (1995) 'Home and Beyond. Generative Phenomenology after Husserl'. Evanston: Northwestern University Press.

Steinbock, A. J. (1998) 'Husserl's static and genetic phenomenology: Translator's introduction to two essays', *Continental Philosophy Review*, 31, pp. 127–134.

Stern, J. (2010) *Denial: A Memoir of Terror*. New York: Harper Collins.

Stolorow, R. D. (2007) *Trauma and Human Existence*. New York and London: The Analytic Press.

Stolorow, R. D. (2013) 'Intersubjective-Systems Theory: A Phenomenological-Contextualist Psychoanalytic Perspective', *Psychoanalytic Dialogues*, 23(4), pp. 383–389.

Stolorow, R. D. (2014) 'Fleshing out Heidegger's Mitsein', *Human Studies*, 37(1), pp. 161–166. doi: 10.1007/s10746-014-9309-1.

Stolorow, R. D. (2018) 'Emotional Disturbance, Trauma, and Authenticity: A Phenomenological-Contextualist Psychoanalytic Perspective', in Aho, K. (ed.) *Existential Medicine: Essays on Health and Illness*. London: Rowman & Littlefield, pp. 17–25.

Stolorow, R. D. (2019) 'A Phenomenological-Contextual, Existential, and Ethical Perspective on Emotional Trauma', in Giovanni Stanghellini, Matthew Broome, Andrea Raballo, Anthony Vincent Fernandez, Paolo Fusar-Poli, and R. R. (ed.) *The Oxford Handbook of Phenomenological Psychopathology*. Oxford: Oxford University Press, pp. 895–906.

Stolorow, R. D. (2021a) 'Heidegger's Angst and Apocalyptic Anxiety', *Metalepsis: Journal of the American Board and Academy of Psychoanalysis*, 1(1), pp. 120–122.

Stolorow, R. D. (2021b) 'Trauma and the Dismantling of Metaphysical Illusion', *Psychoanalysis, Self and Context*, pp. 1–3. doi: doi.org/10.1080/24720038.2021.1919680.

Summerfield, D. (2001) 'The Invention of PTSD and the Social Usefulness of a Psychiatric Category', *BMJ Clinical Research*, 322, pp. 95–98. doi: 10.1136/bmj.322.7278.95.

Summerfield, D. (2004) 'Cross-cultural Perspectives on the Medicalization of Human Suffering', in Rosen, G. M. (ed.) *Posttraumatic Stress Disorder: Issues and Controversies*. New Jersey: John Wiley & Sons, Ltd., pp. 233–245.

Szanto, T. (2015) 'Collective Emotions, Normativity, and Empathy: A Steinian Account', *Human Studies*, 38(4), pp. 503–527. doi: 10.1007/s10746-015-9350-8.

Szanto, T. (2020a) 'Phenomenology and Social Theory', in Kivisto, P. (ed.) *The Cambridge Handbook of Social Theory*. Cambridge: Cambridge University Press. doi: 10.15448/1984-7289.2021.1.39153.

Szanto, T. (2020b) 'The Phenomenology of Shared Emotions: Reassessing Gerda Walther', in Luft, S. and Hagengruber, R. (eds) *Women Phenomenologists on Social Ontology*. Cham: Springer Nature Switzerland, pp. 85–104. doi: 10.1007/978-3-319-97861-1.

Timimi, S. (2014) 'No more psychiatric labels : Why formal psychiatric', *International Journal of Clinical and Health Psychology*, 14(3), pp. 208–215. doi: 10.1016/j.ijchp.2014.03.004.

Tranas, L. and Caminada, E. (2020) 'Gerda Walther and Hermann Schmalenbach', in Szanto, T. and Landweer, H. (eds) *The Routledge Handbook of Phenomenology of Emotion*. 1st edn. London and New York: Routledge, pp. 133–143.

'trauma, n.' (no date) *Oxford English Dictionary*.

Urfer-Parnas, A. (2001) 'Phenomenology and Psychopathology of Schizophrenia: The Views of Eugene Minkowski', *Philosophy, Psychiatry, & Psychology*, 8(4), pp. 279–289.

Wakefield, J. C. (1992) 'Disorder as harmful dysfunction: A conceptual critique of DSM-III-R's definition of mental disorder', *Psychological Review*, 99(2), pp. 232–247.

Wakefield, J. C. (1997) 'Diagnosing DSM-IV, Part I: DSM-IV and the Concept of Disorder', *Behaviour Research and Therapy*, 35(7), pp. 633–649.

Walther, G. (1923) 'Zur Ontologie der sozialen Gemeinschaften', in *Jahrbuch für Philosophie und phänomenologische Forschung*, pp. 1–158.

Wells, R., Wells, D. and Lawsin, C. (2015) 'Understanding Psychological Responses to Trauma among Refugees: the Importance of Measurement Validity in Cross-cultural Settings', *Journal and Proceedings of the Royal Society of New South Wales,* 148(455&456), pp. 60–69.

Welz, C. (2015) 'Post-traumatic growth? Tavshed og tale i omgang med afmagt, angst og sorg', *Kritisk Forum for Praktisk Teologi*, pp. 88–106.

Wilde, L. (2019) 'Trauma and intersubjectivity: the phenomenology of empathy in PTSD', *Medicine, Health Care and Philosophy*, 22(1), pp. 141–145. doi: 10.1007/s11019-018-9854-x.

Wilde, L. (2020) 'Trauma Across Cultures: Cultural Dimensions of the Phenomenology of Post-Traumatic Experiences', *Phenomenology and Mind*, 18, pp. 222–229. doi: 10.17454/pam-1816.

Wilde, L. (2021a) 'Background Feelings of Belonging and Psychological Trauma', *Psychopathology*, pp. 1–11. doi: 10.1159/000518327.

Wilde, L. (2021b) 'Commentary on "The Empathic Migrant"', *Dialogues in Philosophy, Mental and NeuroSciences*, 14(1), pp. 30–31.

Wilde, L. (2021c) 'Trauma: phenomenological causality and implication', *Phenomenology and the Cognitive Sciences*, pp. 1–17. doi: 10.1007/s11097-020-09725-8.

World Health Organization (2019) *Mental disorders*. Available at: https://www.who.int/news-

room/fact-sheets/detail/mental-disorders.

Yehuda, R. (2002) 'Post-Traumatic Stress Disorder', *The New England Journal of Medicine*, 246(2), pp. 108–114.

Yehuda, R. (2006) 'Advances in understanding neuroendocrine alterations in PTSD and their therapeutic implications', *Annals of the New York Academy of Sciences*, 1071, pp. 137–166. doi: 10.1196/annals.1364.012.

Zahavi, D. (2003) *Husserl's Phenomenology*. Stanford, California: Stanford University Press.

Zahavi, D. (2010) 'Empathy, embodiment and interpersonal understanding: From Lipps to Schutz', *Inquiry*, 53(3), pp. 285–306. doi: 10.1080/00201741003784663.

Zahavi, D. (ed.) (2012) *The Oxford handbook of contemporary phenomenology*. Oxford: Oxford University Press. doi: http://dx.doi.org/10.1093/oxfordhb/9780199594900.001.0001.

Zahavi, D. (2014) *Self and Other: Exploring Subjectivity, Empathy, and Shame*, *Continental Philosophy Review*. Oxford University Press. doi: 10.1093/acprof:oso/9780199590681.001.0001.

Zahavi, D. (2015) 'You, Me, & We', *Journal of Consciousness Studies*, 22(1–2), pp. 84–101.

Zahavi, D. (2018) 'Collective Intentionality and Plural Pre-Reflective Self-Awareness', *Journal of Social Philosophy*, 49(1), pp. 61–75. doi: https://doi.org/10.1111/josp.12218.

Zahavi, D. (2019) 'Second-Person Engagement, Self-Alienation, and Group-Identification', *Topoi*, 38(1), pp. 251–260. doi: 10.1007/s11245-016-9444-6.

Zahavi, D. (2021) 'Applied phenomenology: why it is safe to ignore the epoché', *Continental Philosophy Review*, 54, pp. 259–273. doi: 10.1007/s11007-019-09463-y.

Zahavi, D. and Martiny, K. M. M. (2019) 'Phenomenology in nursing studies: New perspectives', *International Journal of Nursing Studies*, 93, pp. 155–162. doi: 10.1016/j.ijnurstu.2019.01.014.