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THE IMPORTANCE OF HEIDEGGER FOR PSYCHIATRY

PATRICK J. BRACKEN



AS WE APPROACH the final moments of the “decade of the brain,” it is perhaps timely to reflect upon some limitations of neurobiological and other forms of technical/scientific understandings of human reality. There can be little doubt that these approaches have come to dominate the fields of psychology and psychiatry in recent years. One of the attractions of a technical idiom is that it reveals a world that is open to prediction and manipulation. The power of this paradigm has meant that it has largely gone unchallenged. However, paradigms can sometimes work to conceal more than they reveal. Scientific psychology and psychiatry tell us that human experience is “something” that can be analyzed and explained in much the same way as other “things” in the world. This is the key assumption of all technical/scientific approaches and underscores currently popular cognitive developments.

Although Heidegger's *Being and Time* is a complex and difficult work, in it we find the strongest arguments yet developed against the validity of technical paradigms. Heidegger asks us to begin our reflections without assumptions of the sort which would posit human beings as “rational animals” or “embodied computers.” Likewise, he asks us not to begin with the supposition of an internal mind relating to an external world. Instead, he wants us to start with lived human

experience. If we do so, he says, we find that such experience is never separate from the world in which it exists, but, in fact, experience makes that world and, in turn, is made by that world. In Heidegger's words human being is always “being-in-the-world.” As such it is always embodied, encultured, and temporal. It is simply wrong to think of it as self-contained or fixed in any way. Thus it cannot be grasped through an idiom of causal logic. Because of this, any approach which seeks to reductively explain human experience within the terms of a nonhuman explanatory frame is doomed to cause confusion and, ultimately, to fail.

Svenaesus successfully uses Heideggerian phenomenology to give a rich description of what has been called *alexithymia*. Through this approach he is able to develop an understanding of the phenomenon that points to its intersubjective nature. This resonates with anthropological accounts of the complex ways in which different cultures articulate relationships between language, emotion, and the body (for examples, see the contributions to Kleinman and Good, 1985). These accounts have challenged Julian Leff's proposal that there is a unitary pathway of linguistic “evolution” along which various cultures can be ranked according to their ability to differentiate emotional states (Leff 1973, 1981).

Somatic ailments are often said to accompany the phenomenon of alexithymia. Svenaeus draws on the work of Merleau-Ponty to develop a phenomenological account of these ailments. He notes that the "body" does not receive a great deal of direct attention in *Being and Time*. However, in the years 1959–69 Heidegger was invited by the psychiatrist Medard Boss to give a series of seminars for doctors at Boss's home in Switzerland. In these Zollikon seminars, Heidegger discussed the nature of the body at some length.¹ These ideas then were applied directly to the area of illness and medicine in Boss's own writings. Again, we find a determination to resist any reduction of the human body to explanation in the terms of a purely technical idiom:

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

Like Svenaeus, I believe that narrow "existentialist" readings of Heidegger are too limited, and I concur with his more "hermeneutic" interpretation of *Being and Time*. In my own work, I have used the insights of Heidegger and Boss to challenge cognitivist explanations of post-traumatic sequelae.² I have also used their ideas in an attempt to develop an interpretative approach to trauma which pays due regard to social, cultural, and political issues.

Phenomenology starts with lived human experience, which is always "meaning-full," always orientated, and always value-laden. We experience our world as, first and foremost, a world involving relationships of significance. We produce a technical/scientific account of that world only by stripping it of these relationships and thus rendering it in an objective and "value-free" language. The positivist and reductionist approach to the human world tries to move in the reverse

direction, claiming along the way that the scientific world-view is actually primary. When it comes to the world of medicine, traditional approaches attempt to explain illness by "working up" to "subjective" human reality from the "objective" descriptions of physics, chemistry, biology, and (more recently) computer science. The phenomenological account of illness, developed by Heidegger and Boss, attempts to reverse the direction of understanding, moving from lived human "bodyhood" and being-in-the-world to an understanding of how certain phenomena limit the potential of this world. The account of alexithymia generated by Svenaeus is a useful contribution to this tradition.

NOTES

1. Boss published transcripts of these teaching sessions in German (*Zollikoner Seminare*, published by Klostermann) in 1987, but they have yet to be translated into English in their entirety. Nevertheless, two translated extracts are available: Boss (1988) and Heidegger (1988). In addition, Richardson (1993) and Dallmayr (1991) have provided English-language readers with accounts of the content.

2. I am in the process of completing a text which will offer a hermeneutic understanding of trauma. See also Bracken and Petty (1998) and Bracken (1995).

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