

Chapter 2

Emotional Disturbance, Trauma, and Authenticity: A Phenomenological-Contextualist Psychoanalytic Perspective

Robert D. Stolorow

PHENOMENOLOGICAL PSYCHOPATHOLOGY

Beginning with its origins in the work of Karl Jaspers (1913), phenomenological psychopathology has traditionally been an investigation of the experiential worlds associated with particular mental disorders or psychiatric entities. The subtitle of a recently published anthology on the subject (Stanghellini and Aragona 2016) makes this focus explicit: *What Is It Like to Suffer from Mental Disorders?* Of the eighteen chapters between the introductory and concluding ones, twelve explicitly name a psychiatric diagnosis in their title. As is typical of such studies, the validity of this diagnosing is left unchallenged.

A particularly good example of this tradition in phenomenological psychopathology is provided by a recent book by Matthew Ratcliffe (2015), and I will be referring to it throughout this chapter. Central to his perspective is a conception of the experiential world as a space of possibilities and a distinction between intentional feelings—those that are about a particular intentional object—and pre-intentional feelings—those that indicate the kinds of intentional states that are possible within an experiential world. The latter, what Ratcliffe calls *existential feelings* (see also Ratcliffe 2008), disclose the existential structure of experience, one's pre-intentional ways of finding oneself in the world. Ratcliffe's book—and here is its highly valuable contribution—is a study of changes in existential feeling—shifts and disturbances in the kinds of possibility that experience incorporates. His particular focus is on the loss or diminution of kinds of possibility. One such loss that figures prominently in Ratcliffe's analysis is the loss of existential hope—the loss of a sense of the future as a domain of possible meaningful change for the better. Such pre-intentional existential hopelessness entails loss of the

very basis for particular intentional hopes. Particular hopes and aspirations themselves become unintelligible, as the world is emptied of significance. Existential hopelessness emerges in Ratcliffe's analysis as a richly variegated, multidimensional unity. It can include a sense of eternal incarceration and irrevocable guilt. The sense of freedom of will and personal agency is often diminished or lost, and there is an accompanying alteration in the felt bodily "I can." Perhaps most important, existential hopelessness entails a profound alteration of temporality, the lived experience of time. Instead of being a linear unfolding toward an open future marked by possibility, time is felt to be circular, with a closed future characterized by endless repetition. Lastly, there is a feeling of profound alienation from others deriving from a sense of living in a reality different from that inhabited by everyone else.

Ratcliffe's analysis of the unity of existential hopelessness is quite elegant and very valuable. Would that he had stopped with that, rather than linking it with traditional psychiatric diagnosing! But he presents it to us as a phenomenological account of "experiences of depression," the unfortunate title of his book. But what is this "depression," the phenomenology of whose experiences he gives us? At several points he acknowledges that the word refers to something that is very heterogeneous and of questionable empirical validity. Correspondingly, he cautions against associating specific forms of experience with specific diagnostic categories. It does not help to claim that depression is an "ideal type," as Ratcliffe does, because he continues to refer to it as if it were a psychiatric entity or illness (he does the same with schizophrenia), a condition with particular symptoms from which it can be diagnosed. After commenting on the inadequacy and questionable validity of psychiatry's *Diagnostic and Statistical Manual of Mental Disorders (DSM)* (American Psychiatric Association 2013a), Ratcliffe proceeds to use two of its categories—"major depressive episode" and "major depressive disorder"—as the organizing psychiatric framework for his studies.

Recent research has called into question the most recent *DSM's* creation of new diagnostic entities and categories that are scientifically unsubstantiated and that over-pathologize vulnerable populations such as young children, the elderly, and the traumatically bereaved (Frances 2013). More fundamentally, the *DSM* is a direct descendent of Descartes's (1989) metaphysical dualism, which divided the finite world into two distinct basic substances—*res cogitans* and *res extensa*, thinking substances (minds) with no extension in space, and extended substances (bodies and other material things) that do not think. This metaphysical dualism concretized the idea of a complete separation between mind and world, between subject and object. What, after all, could be more separate than two realms of being constituted by two completely different substances? Descartes's vision can be characterized as a radical decontextualization of both mind and world. Mind, the "thinking thing," is isolated from the world in which it dwells, just as the world is purged of all

human significance. Both mind and world are stripped of all contextuality with respect to one another, as they are beheld in their bare thinghood, their pure presence-at-hand, as Heidegger (1962) would say. The ontological gap between mind and world, between subject and object, is bridged only in a relationship of thinking, in which the “worldless subject” somehow forms ideas that more or less accurately represent or correspond to transcendent (i.e., mind-independent) objects in an “unworlded world.”

The *DSM* partakes of what might be called *the illusion of perceptible essences* (Stolorow and Atwood 2017). Wittgenstein (1953) explained how such an illusion is constituted by the use of a single word to denote an array of items that bear a “family resemblance” to one another—that is, items that share some qualities but not others. When such items are grouped together under one word, a reified picture is created of an essence that each of them instantiates. The *DSM* will present several symptoms that are claimed to be characteristic of a diagnostic entity, say depression, and a patient—or better, the patient’s mind—is said to be afflicted with this disorder if a certain proportion of those symptoms are manifest. That is, people whose sufferings bear a family resemblance to one another become, through the reified picture that has been named, instantiations of a metaphysical diagnostic essence, a disordered Cartesian mind.

In his existential analytic, Heidegger (1962) seeks interpretively to re-find the unity of our being, split asunder in the Cartesian bifurcation. Thus, what he calls the “destruction” of traditional ontology is a clearing away of its concealments and disguises, in order to unveil the primordial contextual whole that it has been covering up. His contextualism is formally indicated early on, in his designation of the human being as *Dasein*, to-be-there or to-be-situated, a term that already points to the unity of the human kind of being and its context. This initially indicated contextualization is to be further fleshed out as Heidegger focuses his hermeneutic-phenomenological inquiry, with its contextualist interpretive perspective, on our average everyday understanding of our kind of being. His aim is to “lay bare a fundamental structure in *Dasein*: Being-in-the-world” (Heidegger 1962, 65), also described as *Dasein*’s “basic state” (constitution) or “constitutive state” (78). In introducing the idea of Being-in-the-world, Heidegger makes clear both that he has arrived at it through hermeneutic inquiry and that his interpretive perspective is a contextualist or holistic one:

In the *interpretation of Dasein*, this structure is something “*a priori*”; it is not pieced together, but is ***primordially and constantly a whole***. (65, bold emphasis added)

With the hyphens unifying the expression *Being-in-the-world* (*In-der-Welt-sein*), Heidegger indicates that in his interpretation of *Dasein* the

traditional ontological gap between our being and our world is to be definitively closed and that, in their indissoluble unity, our being and our world “primordially and constantly” always contextualize one another. Heidegger’s ontological contextualism, in which human being is saturated with the world in which we dwell and the world we inhabit is drenched in human meanings and purposes, provides a solid philosophical grounding for a *psychoanalytic phenomenological contextualism* (Atwood and Stolorow 2014), replacing the Cartesian isolated mind that underpins both traditional diagnostic psychiatry and classical Freudian psychoanalysis.

The *DSM* is a pseudo-scientific manual for diagnosing disordered Cartesian isolated minds. As such, it completely overlooks the exquisite context-sensitivity and radical context-dependence of human emotional life and of all forms of emotional disturbance. Against the *DSM*, Atwood and I (Atwood and Stolorow 2014) have contended that all emotional disturbances are constituted in a context of human interrelatedness—specifically, contexts of emotional trauma. One such traumatizing context is characterized by relentless invalidation of emotional experience, coupled with an objectification of the child as being intrinsically defective—a trauma that is readily repeated in the experience of being psychiatrically diagnosed. This retraumatization, in turn, can actually co-constitute the manifest clinical picture.¹ Ratcliffe elaborates a phenomenological account of existential hopelessness that invites exploration and appreciation of its context-embeddedness, but he encases it in an objectifying psychiatric diagnostic language that negates this very embeddedness! I contend that this criticism holds for the field of phenomenological psychopathology in general.

EXISTENTIAL ANXIETY AND EMOTIONAL TRAUMA

Ratcliffe notes an important similarity between his characterization of existential hopelessness and Heidegger’s phenomenological description of existential anxiety (*Angst*), in which the everyday world becomes devoid of practical significance. In Heidegger’s ontological *account* of anxiety, which Ratcliffe does not discuss, the central features of its phenomenology—the collapse of everyday significance and the resulting feeling of uncanniness, of not being at home in the everyday world—are claimed to be grounded in what Heidegger called authentic (nonevasively owned) *Being-toward-death*. Death, in this account, is a distinctive possibility that is constitutive of our existence—of our intelligibility to ourselves in our futurity and our finitude.

In my own work (Stolorow 2007, 2011), I have contended that emotional trauma produces an affective state whose features bear a close similarity to the central elements in Heidegger’s existential interpretation of anxiety and that it

accomplishes this by plunging the traumatized person into a form of authentic Being-toward-death. Trauma shatters the illusions of everyday life that evade and cover up the finitude, contingency, and embeddedness of our existence and the indefiniteness of its certain extinction. Such shattering exposes what had been heretofore concealed, thereby plunging the traumatized person into a form of authentic Being-toward-death and into the anxiety—the loss of significance, the uncanniness—through which authentic Being-toward-death is disclosed. My description of trauma's impact in disrupting our experience of time and our connectedness with others is remarkably similar to the corresponding features that Ratcliffe attributes to existential hopelessness. Trauma, I contended, devastatingly disrupts the ordinary, average-everyday linearity of temporality, the sense of stretching-along from the past to an open future. Experiences of emotional trauma become freeze-framed into an eternal present in which one remains forever trapped or to which one is condemned to be perpetually returned. In the region of trauma, all duration or stretching along collapses, the traumatic past becomes present, and future loses all meaning other than endless repetition. Because trauma so profoundly modifies the universal or shared structure of temporality, I claimed, the traumatized person quite literally lives in another kind of reality, an experiential world felt to be incommensurable with those of others. This felt incommensurability, in turn, contributes to the sense of alienation and estrangement from other human beings that typically haunts the traumatized person. Experiences of severe emotional trauma are the contexts, concealed by Ratcliffe's devotion to a decontextualizing psychiatric language, in which the existential feelings that he so beautifully elucidates take form. And not accidentally, these same contexts of severe trauma are those in which the emotional disturbances that are objectified by the *DSM* also take form (Atwood 2011). There are no diagnostic entities, only devastating contexts.

What enables us to exist authentically—that is, to own our Being-toward-death and to bear the existential anxiety that such owning entails? Heidegger does not tell us, but the phenomenology of trauma and the relational contexts that facilitate its transformation contain clues as to what makes authenticity possible.

I have contended that emotional trauma can be borne to the extent that it finds a context of emotional understanding—what I call a *relational home*—in which it can be held. In a sense, in the context of a receptive and understanding relational home, traumatized states can cease to be traumatic, or at least cease to be enduringly so. Within such a relational home, traumatized states are in a process of becoming less severely traumatic—that is, of becoming less overwhelming and more bearable—thus making evasive defenses less necessary. Thus, within a holding relational home, the traumatized person may become able to move toward more authentic (nonevasive)

existing. Authenticity as a possibility in the wake of trauma, I am proposing, is embedded in a broader contextual whole within which traumatized states can evolve into painful emotional experiences that can be more fully felt and articulated, better tolerated, and eventually integrated. Authentic existing presupposes a capacity to live in the emotional pain (e.g., the existential anxiety) that accompanies a nonevasive experience of finitude, and this capacity, in turn, requires that such pain find a relational context in which it can be held.²

The counterpart of inauthenticity in the phenomenology of trauma is called *dissociation*, a defensive process discussed by most authors on trauma. I think of defensive dissociation phenomenologically as a kind of *tunnel vision*—a narrowing of one's experiential horizons so as to exclude and evade the terrifying, the prohibited, and the emotionally unbearable. Such narrowing of one's horizons entails the keeping apart of incommensurable emotional worlds, a process that contributes to the devastating impact of emotional trauma on our experience of temporality. I use the term *portkey*, which I borrowed from *Harry Potter* (Rowling 2000), to capture the profound impact of emotional trauma on our experience of time. Harry was a severely traumatized little boy, nearly killed by his parents' murderer and left in the care of a family that mistreated him cruelly. He arose from the ashes of devastating trauma as a wizard in possession of wondrous magical powers, and yet never free from the original trauma, always under threat by his parents' murderer. As a wizard, he encountered portkeys—objects that transported him instantly to other places, obliterating the duration ordinarily required for travel from one location to another.³ Portkeys to trauma return one again and again to an experience of traumatization. The experience of such portkeys fractures, and can even obliterate, one's sense of unitary selfhood, of being-in-time.

The endless recurrence of emotional trauma is ensured by the finitude of our existence and the finitude of all those we love.⁴ Authentic temporality, insofar as it owns up to human finitude, is traumatic temporality. *Trauma recovery* is an oxymoron—human finitude with its traumatizing impact is not an illness from which one can recover, and innocence lost cannot be regained. "Recovery" is a misnomer for the constitution of an expanded emotional world that coexists alongside the absence of the one that has been shattered by trauma. The expanded world and the absent shattered world may be more or less integrated or dissociated, depending on the degree to which the unbearable emotional pain evoked by the traumatic shattering has become integrated or remains dissociated defensively, which depends in turn on the extent to which such pain found a relational home in which it could be held. This is the essential fracturing at the heart of traumatic temporality. From this perspective, authenticity may be understood as a relative ease of passage between the expanded world and the shattered world of trauma.

Authentic existing that seizes and affirms its own nullity must bear the dark foreboding that accompanies it as the signature affect of traumatic temporality. I have contended (Stolorow 2007, 2011) that the darkness can be enduringly borne only in relational contexts of deep emotional attunement and understanding. This contention has crucial implications for the therapeutic approach to emotional trauma.

THERAPEUTIC IMPLICATIONS

I have been moving toward a more active, relationally engaged form of therapeutic comportment that I call *emotional dwelling*. In dwelling, one does not merely seek empathically to understand the other's emotional pain from the other's perspective. One does that, but much more. In dwelling, one leans into the other's emotional pain and participates in it, perhaps with aid of one's own analogous experiences of pain. I have found that this active, engaged, participatory comportment is especially important in the therapeutic approach to emotional trauma. The language that one uses to address another's experience of emotional trauma meets the trauma head-on, articulating the unbearable and the unendurable, saying the unsayable, unmitigated by any efforts to soothe, comfort, encourage, or reassure—such efforts invariably being experienced by the other as a shunning or turning away from his or her traumatized state.

If we are to be an understanding relational home for a traumatized person, we must tolerate, even draw upon, our own existential vulnerabilities so that we can dwell unflinchingly with his or her unbearable and recurring emotional pain. When we dwell with others' unendurable pain, their shattered emotional worlds are enabled to shine with a kind of sacredness that calls forth an understanding and caring engagement within which traumatized states can be gradually transformed into bearable and nameable painful feelings.

What is it in our existential structure that makes the offering and the finding of a relational home for emotional trauma possible? I have contended (Stolorow 2007, 2011) that just as finitude and vulnerability to death and loss are fundamental to our existential constitution, so too is it constitutive of our existence that we meet each other as "brothers and sisters in the same dark night" (Vogel 1994, 97), deeply connected with one another in virtue of our *common* finitude. Thus, although the possibility of emotional trauma is ever present, so too is the possibility of forming bonds of deep emotional attunement within which devastating emotional pain can be held, rendered more tolerable, and, hopefully, eventually integrated. Our existential kinship-in-the-same-darkness is the condition for the possibility both of

the profound contextuality of emotional trauma and of the mutative power of human understanding. I suggest, as does Vogel (1994), that owning up to our existential kinship-in-finitude has significant implications for what might be called an *ethics of finitude*, insofar as it motivates us, or even obligates us, to care about and for our brothers' and sisters' existential vulnerability and emotional pain.

CONCLUSION

I have presented a critique of traditional phenomenological psychopathology for failing to challenge and move beyond traditional diagnostic psychiatry and its Cartesian isolated-mind thinking. Such objectifying thinking obscures the embeddedness of emotional disturbances in constitutive contexts of emotional trauma. There are no psychiatric entities, I have contended, only traumatic contexts. And I have shown that Heidegger's existential analytic provides not only a philosophical grounding for a psychoanalytic phenomenological contextualism but also a pathway for grasping the existential meanings of emotional trauma.

What would phenomenological psychopathology look like if it were to incorporate my criticisms and claims? On one hand, it would illuminate the dimensions of emotional worlds that are disrupted and altered in particular forms of emotional disturbance. Ratcliffe (2015), as I have said, has provided an excellent example of such phenomenological description in his analysis of existential hopelessness. On the other hand, it would seek to identify the particular contexts of emotional trauma—not psychiatric diagnoses!—that are implicated in the formation of these disturbed emotional worlds. Without reified psychiatric entities and with a focus on contexts of emotional trauma, phenomenological psychopathology could become more relevant to psychoanalytic therapy and more truly phenomenological!

NOTES

1. See Atwood (2011, chapter 2).
2. I have suggested (Stolorow 2011, chapter 9) that during the period when he was working on the ideas in *Being and Time*, Heidegger found such a relational home in his close bond with Hannah Arendt. When he looked into the abyss of nothingness, he had his sustaining muse at his side.
3. My wife, Dr. Julia Schwartz, first brought this imagery of portkeys to my attention, as a metaphor that captures the impact of trauma on the experience of temporality.

4. I have claimed (Stolorow 2011) that authentic Being-toward-death entails owning up not only to one's own finitude but also to the finitude of those we love. Hence, authentic Being-toward-death always includes Being-toward-loss as a central constituent. Just as, existentially, we are "always dying already" (Heidegger 1962, 298), so too are we always already grieving. Death and loss are existentially equiprimordial. Existential anxiety anticipates both death and loss.