BOOK REVIEW

Kevin Aho's

Contexts of Suffering: A Heideggerian Approach to Psychopathology

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Kevin Aho. *Contexts of Suffering: A Heideggerian Approach to Psychopathology*. London: Rowman & Littlefield International, 2019. 143 pages.

Kevin Aho's new book, *Contexts of Suffering*, brings Heideggerian phenomenology and hermeneutics to bear on pressing issues in medicine and health care. Aho opens with a Heideggerian critique of the medicalization of mental health, provides phenomenological descriptions of depression and anxiety, and hermeneutically analyzes how everyday conditions – shyness, stress, and rage – have been medicalized through the twentieth and into the twenty-first century.

In the first chapter, Aho establishes the foundation for the rest of the book by quickly bringing the reader up to speed on two distinct literatures. First, he covers the rise of medicalization, including the pathologizing of anti-social behaviors and the role of the pharmaceutical industry in the creation of new categories of mental disorder. Second, he introduces Heidegger's hermeneutic phenomenology, providing a brief overview of the core structures of human existence, including moods, embodiment, spatiality, relationality, temporality, and understanding. This may seem an odd combination for a single chapter. But

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Aho effectively provides the dual foundations that his readers need to understand and appreciate the concrete analyses that constitute the bulk of his book. A key feature of Aho's approach is that he doesn't simply provide phenomenological analyses of experiential alterations across various conditions. He also considers how shifting cultural values shape how we interpret, make sense of, and ultimately experience ourselves when living with these conditions. In this respect, one of Aho's key takeaways is that medicalization shouldn't be understood, simply, as the inappropriate absorption of non-medical conditions into a medical model. Rather, when medicine takes up a condition and incorporates it into its diagnostic framework, there's a genuine sense in which it constructs the condition *as* an illness — and this alters how the condition is lived by those who have it.

How does this hermeneutic orientation play out in *Contexts of Suffering*? While Aho provides some initial hints of his hermeneutic approach in the first chapter, his analyses only become genuinely hermeneutical in the second half of the book (the first half is phenomenological). But how should we distinguish phenomenological analyses from hermeneutic analyses? All of his analyses are explicitly Heideggerian. And Heidegger was, after all, a hermeneutic phenomenologist.

Aho's phenomenological analyses focus on alterations in core structures of existence, whereas his hermeneutic analyses focus on the shifting cultural values and interpretive schemes that we use to make sense of ourselves when ill. However, his phenomenological analyses also motivate the hermeneutic turn in part two. These analyses, while wide-ranging, eventually channel into a concern with how we construct a narrative or social identity. Following Heidegger, Aho affirms that we are self-interpreting beings with the capacity for transcending our current situation. We therefore have the capacity to reinterpret ourselves, including in cases of illness. A cancer diagnosis may, for instance, motivate a profound shift in values and new ways of relating to others. But, Aho argues, there's something peculiar about depressed and anxious experience. In these conditions, we may lose this capacity for futural transcendence and, therefore, cease to be a self-interpreting being (at

least to some degree). He says that depression "can close down our temporal horizon and capacity for forward-looking decisions" (33). And, in cases of severe anxiety, the world is disclosed as meaningless and one undergoes a kind of narrative foreclosure (44). Aho argues that Heidegger doesn't appreciate the potential loss of this capacity for transcendence and self-creation: "Heidegger's account of Dasein is problematic because it risks reifying the idea of the human being as a self-creating agent" (33).

By characterizing depression and anxiety in this way, Aho captures one of the most unsettling features of these conditions: a loss of self or identity. Yet, by highlighting this feature, he's also able to prescribe techniques for therapeutic interventions. In the case of anxiety, for example, he says, "The clinician needs to engage in a dialogue that opens up new narrative possibilities for the sufferer, possibilities that help create a discursive space that allows the client to reinterpret him or herself in the face of world collapse in order to recreate or reimagine a new identity" (45). He warns, however, that one shouldn't become overly attached to the new identity. Rather, he suggests that the best approach is to acknowledge that each new identity is also open to revision and susceptible to loss.

How do these phenomenological analyses of depression and anxiety motivate Aho's hermeneutic analyses? Depression and anxiety are peculiar because they shut down our capacity for self-creation. But this peculiarity highlights just how fundamental our capacities for self-interpretation are in everyday life. When Aho turns his attention to shyness, stress, and rage, he confronts conditions that don't inherently involve a kind of world collapse or loss of meaning. These kinds of experiences are fundamentally shaped by our socio-historical context. We make sense of these ways of being – and, thus, of ourselves – within the socio-cultural milieu that we find ourselves in the midst of. Starting from this hermeneutic foundation, Aho traces how each personality or behavioral trait came to be medicalized in the twentieth century. He argues, for example, that we can only understand the rapid increase in diagnoses of social anxiety – and the widespread use of anti-anxiety

medication – within the context of shifting societal values that today idealize extroversion and, therefore, pathologize shyness. However, in taking this hermeneutic view, Aho doesn't conclude that people aren't actually suffering or that they don't benefit from psychopharmaceutical interventions. Rather, he takes a more nuanced position, arguing that anti-anxiety medication can be helpful, "but not because the sufferer has a medical condition. They are helpful, in this case, because they allow the sufferer to cope with compulsory extroversion" (87). Here, Aho implies that he isn't seeking a radical change in how we treat people diagnosed with social anxiety. Rather, he wants to instill a kind of critical self-awareness in both patients and clinicians. Rather than label someone as ill, we should instead see them as a person whose behavior or subjective states are, in some respect, out of alignment with current societal ideals. If I think about myself in this way, then I have considerably more freedom and autonomy. I may decide that these cultural ideals are not my ideals, and therefore choose not to conform with compulsory extroversion. Alternatively, I may decide that this is an ideal that I'd like to make my own and, thus, seek out interventions – which may be psychotherapeutic or psychopharmaceutical – to help me achieve this ideal.

The distinctly hermeneutic orientation of *Contexts of Suffering* sets it apart from some of the major works in phenomenological psychopathology. But it also brings it closer to a number of other approaches, both inside and outside of philosophy. This is characteristic of Aho's work, which has always been interdisciplinary in orientation, drawing inspiration from the sociology of medicine and illness. Aho, for example, draws explicit parallels between his hermeneutic analyses of ontological death and Arthur Frank's narrative approach to illness and medicine. He argues that Frank's descriptions of facing his own critical illness provide concrete examples for the Heideggerian notions of ontological death and authenticity.

But Aho's hermeneutic approach has the potential to contribute to a number of other historical and contemporary approaches to the study of health and illness. For instance, his hermeneutic critiques of the

medicalization of anti-social behavior overlap with Michel Foucault's poststructuralist critiques. While the novelty of Aho's analyses isn't in question, there's still the broader question of whether (and how) a hermeneutic critique of psychiatry differs from a poststructuralist critique. And, if they do differ, it may be valuable to consider how the two approaches might be combined. Moreover, Aho's critiques are reminiscent of twentieth century anti-psychiatry, especially the work of Thomas Szasz. In "The Myth of Mental Illness," Szasz made the provocative claim that mental illness does not exist. But, once qualified, his position is akin to Aho's. Szasz readily admits that there are a number of psychological and behavioral conditions that result in genuine suffering. But he thinks that these are best understood as "problems in living."[1] He argues that by reconceptualizing one's condition in this way, one gains a greater responsibility for one's own well-being. This aligns with Aho's focus on the need to take responsibility for one's own narrative and social identity. Once we realize that our identity isn't static and can be constructed and chosen – at least within a limited range of possibilities – we gain considerable power over not only who we take ourselves to be, but even the meaning that life events have for us.

Contexts of Suffering makes a valuable contribution to the field of phenomenological psychopathology. But it's also critical of this field, insofar as phenomenological psychologists and psychiatrists tend not to question the medicalization of the conditions they treat. Aho's hermeneutic approach opens up a much-needed space for thinking more critically about the nature of mental health, not only in the field of phenomenological psychopathology, but in psychological and psychiatric care more broadly. The book will be of interest to anyone working in applied phenomenology and hermeneutics, and also to psychotherapists and people living with a diagnosis of mental illness.

NOTES

1 Thomas S. Szasz, "The Myth of Mental Illness," *American Psychologist* 15 (1960): 113–18.