



When Anthropology Meets Science. An Interview with Allan Young¹

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*Anthropologists have long been interested in the study of biomedicine, psychiatry and in the epistemology of science. With the constant growth of life sciences, neurosciences and other disciplines trying to define the very nature of the human brain, the need for an anthropological perspective on such issues has never been greater. Anthropology is situated on the borders of nature and culture, biology and society, the body and the mind. Science bears within it the traces of historical truths and moral economies. It is a product of what Allan Young calls 'epistemic cultures'. While scientific activities need to be understood in light of the social, economic and political dynamics which underlie them, it is clearly not the anthropologist's task to decide what is good or bad science. Anthropological work has to do with unveiling the epistemological premises of contemporary science, as well as its normative impact on the way we think about ourselves, our behavior, what is considered as normal and what is not. In that regard, Allan Young made a significant contribution to the anthropological study of psychiatric science through his pioneering book, *The Harmony of Illusions: Inventing Post-traumatic Stress Disorder* (1995), in which he discusses the invention of Posttraumatic Stress Disorder (PTSD). In recent years, his research has centered on social neurosciences, their epistemology and their conception of the brain and of*

¹ Allan Young is a Professor of Anthropology and the Marjorie Bronfman Professor of Social Studies in Medicine at McGill University. His research focuses on the ethnography of psychiatric science, specifically the valorization of (new) diagnostic and therapeutic technologies and the institutionalization of standards of evidence. He also has interests in the ethnography of psychogenic trauma as a clinical entity and as a subject of laboratory and epidemiological research. His current research focuses on the study of social neurosciences.

human nature. In this interview, Allan Young discusses the relative lack of interest anthropologists have shown in examining the latest developments in this field of science. While philosophers (among whom we may mention Ian Hacking) and other social scientists have offered valuable insights regarding the neurosciences, anthropologists remain unfortunately nowhere to be seen.

*Your book *The Harmony of Illusions* (1995) is a great demonstration of the linkages between science, and psychiatry on the one hand, and broader historical configurations and moral economies, on the other. In what way is the invention of PTSD² a good example of the institutionalization of new standards of evidence?*

Allan Young: This is a big question. First of all, let me say that the research on PTSD falls into the domain of psychiatric science. It is not our job as anthropologists to say ‘this is true science,’ ‘this is not true science’. Psychiatric Science is an institution and our job is to study that institution. However, within the institution of psychiatric science, it is important to recognize differences within sectors. And the sectors often correspond to psychiatric disorders. PTSD is a very distinctive sector, or disorder, within psychiatric science. I think that one should be prepared that the standards of evidence or what I call the ‘epistemic culture’ of PTSD, is going to be in some way quite distinctive. I would reframe in my own vocabulary what makes the epistemic culture of PTSD distinctive or perhaps different from other psychiatric sectors or diagnosis. There are a number of factors that make PTSD distinctive. One thing that makes it special is that it has a longer history than many other psychiatric disorders, certainly going back into the XIXth century. If we look at that history, one could say it’s the history of post-traumatic disorders. PTSD is simply the most recent of those disorders and there are a number of features that make PTSD special. The first of those features is that it is a disorder or psychiatric domain that is the product of multiple forces, not just one. Many people suppose that a history or genealogy of PTSD would be an account of developments in psychiatry from the 1870s to the present. That’s a fundamental mistake. PTSD is not owned by psychiatry. It’s the co-production of a number of institutions and social interests, the most important of which, in addition to psychiatry, are legal institutions. From the very beginning of the 1870s, the definition of the diagnosis, i.e. the standards that would count as a post-traumatic disorder, have been established not only by psychiatry but also within legal institutions. The reason is that if you compare PTSD with all the other psychiatric diagnosis listed in the DSM,³ beginning with DSM-III,⁴ it is one of a small number of disorders that is defined by its etiology, by its cause, not simply by the list of symptoms that identifies it, as in the case, for example, of schizophrenia or general anxiety disorders, where you’ve got a list of symptoms and there is no assumption about how those symptoms are connected to one another. It is simply a behavioral syndrome. With PTSD, that is not true. It is defined by its etiology and its symptoms are connected to one another through an inner logic that is implicit in the diagnostic criteria themselves. I won’t bore you with what the inner logic is but it’s got that inner

² PTSD stands for Posttraumatic Stress Disorder.

³ DSM stands for *Diagnostic and Statistical Manual of Mental Disorders*. This book providing diagnostic criteria for mental disorders is published by the American Psychiatric Association and its latest version (DSM-IV) was released in 1994.

⁴ DSM-III was published in 1980.

logic. That configuration of symptoms and the way in which they are defined have opened the space, beginning in the 1870s, for a domain of **legal** responsibility. It's not simply an ideology but those ideologies often involve human culpability, responsibility for the disorder. In the very beginning, it involved a classic site of the posttraumatic disorder which was railway accidents. This is where most of the clinical cases and most of the interest come from. The reason is not because they are intrinsically interesting from a psychiatric point of view but because they are important from a forensic point of view. That is to say the compensation of passengers, of workers on railways and so on will call attention to the disorder. And then the disorder becomes a matter of debate not in scientific journals but in the courts of law. If one looks at the history of the disorder over the following 150 years, it remains a disorder about which there are important debates taking place within psychiatry certainly but also outside of psychiatry, in the courts as well, involving expert witnesses from psychiatry and so on. So, if you ask the question of evidence, you've got a number of standards of evidence. You've got the standards of evidence within the law, you've got standards of evidence – whatever they are – within psychiatry itself and other standards as well. If you look at the history of the disorder, just from the point of view of epidemiology, the points at which the disorder explodes in terms of number of people being diagnosed with posttraumatic disorders occurs during war times. And those people are overwhelmingly combatants, they are overwhelmingly soldiers in a variety of countries. That's quite interesting because they represent a military population which entails standards of evidence that are being dictated by the State and the interest of the State. So you go back to the First World War, and the intense interest in shell shock and traumatic neurosis and those types of disorders focuses on the fact that so many soldiers are receiving that diagnosis and are being invalidated out of the trenches, especially in Great Britain and in Germany and, to a lesser extent, in other combatant countries. That creates a kind of military panic among military leaders and political leaders in regards to manpower. Manpower is an extremely important subject for these people, because the casualties, physical casualties, such as death or mutilations are incredible. So the State intervenes either directly or indirectly through psychiatric medicine within the military services to establish its own interests, to establish its own standards of what would qualify as a diagnosis, what would qualify as a treatment, where would that treatment take place, what qualifies as an outcome, what qualifies as a satisfactory outcome following treatments. Our tendency to look at this quite narrowly and think that it's all been established within psychiatry according to the professional standards of clinical psychiatry and psychiatric research are simply untrue. Again, it involves the courts, particularly in peace time in the postwar period, the direct involvement of military bureaucracies and the direct intervention of the State as well. So, there is no neat way to answer the question except to observe that it changes over time. And it changes not because there is a progressive accumulation of information and knowledge and facts and we have a trajectory of scientific knowledge, of gradual self-correction and a progressive movement in terms of knowledge of the disorder. It is something quite different. Diagnostic criteria and procedures are dictated by historical contingencies rather than because of any inner dynamic of science.

You conclude The Harmony of Illusions by saying: "As the veterans of Vietnam age and fade, and their patrons in government adopt new priorities, a chapter in the history of the traumatic memory draws to a close." I guess that is what you mean?

Allan Young: Yes, that is exactly what I mean. And I've written since that book on the subject to suggest that when one looks at PTSD, the presumption is 'okay Allan Young, I understand what your idea is of an epistemic culture, I understand that epistemic cultures are co-productions but is that all that you have to say?', and the answer is 'no, that's not all that I have to say,' because I want to argue that PTSD does not have a single epistemic culture. In fact, if one looks historically from the late 1970s, just before DSM-III onwards, what we call PTSD is constituted of at least four or five quite distinctive epistemic cultures. Even though the whole talking about PTSD involves psychiatry and so on, I think there's a post-Vietnam war epistemic culture of global trauma having to do with refugees and immigrant populations, there is another epistemic culture of Holocaust PTSD that has considerable autonomy. In fact, not just one Holocaust PTSD, but four different versions of Holocaust PTSD, each with different standards. Right now, we're living in a period, a very interesting period of yet another of the epistemic cultures of PTSD and that's the post-9/11 epistemic culture which is radically different in terms of what its diagnostic standards are. The way such knowledge is produced discontinues with the others. As Ian Hacking said, it's not just evidence, it's some of the most taken-for-granted notions of outcomes, or what constitutes an outcome. That's changing over time! Forget about whether it's a good outcome or a bad outcome but what constitutes even an outcome changes radically over time within PTSD. Forget about the differences amongst the post traumatic disorders, World War I shell shock is expected to be different from PTSD. Even within these epistemic cultures of PTSD it likewise changes quite radically again as a product of historical contingencies, of social forces, of historical forces and constitutes, in a very real sense, a culture. These are distinctive cultures. And if one needed any more justification for why anthropologists should be interested in this, this is what we do, this is what our job is and the fact that we say 'culture of psychiatric science' doesn't make it any less a culture or make us any less relevant.

Hacking⁵ speaks of the necessity to unmask the contexts and actions through which science is being shaped. How do we find a balance between a vision of science as referring to a universal, transcendental reason and a relativist perspective, in some postmodernist trends, by example?

Allan Young: That's a terrific question. Whenever I do lectures, I always make this my starting point so that people don't misunderstand what I'm going to say afterwards. I believe that science's got a culture because the only way we can engage the world is in this very complicated way. We live in societies we have to engage, and sometimes people conclude from that statement quite foolishly: "Oh, science has a culture, witchcraft has a culture, astrology has culture." That's right, they all have cultures, but that doesn't mean that those cultures are equal. Among those cultures, science stands out as being vastly superior in a variety of ways and my ontology, my reality in the world is through the lens of science. That's the way that I see it. But again, that doesn't mean that one is uncritical or unknowing about what science is and what science does. The job is not to discredit science. Hacking says this very nicely, he said: 'I'm not interested in deconstructing what science does, I'm interested in knowing how science constructs knowledge, because that's my knowledge as well.' To talk about the contingencies that shape technology doesn't make that knowledge any less science. Because we don't have any

⁵ Hacking, Ian, 1999, *The Social Construction of what?* Cambridge: Harvard University Press.

other option! This is the human condition, this is how we live in the world, and our job is not to purify science because that truly would be a very mistaken enterprise with all sorts of unforeseen consequences. Our obligation is, to the extent that we can, to make the process transparent, and that's it.

Foucault⁶ said that psychiatry has quite a low epistemological profile. Would you think that's right?

Allan Young: I'm sorry to say he's right, and I'm sorry to say that within psychiatry that is not an unusual opinion. I think there are a number of reasons for this, particularly in the past, but now too. Foucault's observation was not an unkind or unreasonable observation. I think that within medicine and the various branches of medicine, there is likewise a consensus on this. It is reflected in disturbing trends in psychiatry with regards to it falling down the list of preferences, with regards to new residents coming in to do specializations in psychiatry. Psychiatry is, if not in a crisis, going through a very difficult period and it is well understood within psychiatry, not by every psychiatrist, but it's not something psychiatrists are ignorant of.

The medicalization of life is a common theme in medical anthropology. Singer describes this phenomenon as the "absorption of ever-widening social arenas and behaviors into the jurisdiction of biomedical treatment."⁷ How can anthropology provide arguments to resist the ideological temptation to reduce the entire human drama of suffering, anger or ecstasy to chemical reactions?

Allan Young: I think it is something bigger than simply medicalization. For maybe the last 4 years, 5 years, I've been very interested in social neurosciences and research in social neuroscience, particularly as it applies to psychiatric problems as well. But social neuroscience is not psychiatry; it is something much bigger than psychiatry. What has become clear to me is that we're living in a period that maybe bears some comparisons with what happened during the Enlightenment, from the late XVIIth century through the XVIIIth century, when there was a profound re-conceptualization of human nature, what people's innate dispositions are, what their capacities are, and a number of other ways you want to define human nature. I think something similar to that is taking place now. My own feelings are really quite negative. I was very happy about what happened in the Enlightenment and I'd be perfectly happy to continue on this trajectory because in one way, the final legacy of the Enlightenment was the birth of anthropology. Yet I think that something very profound is taking place and that we miss what is happening by thinking simply in terms like 'reductionism'. It's something bigger than that, it's something that anthropologists should be looking at and should be looking at in a critical way. Not to recommend changes but to get some grasp on what in fact is taking place which I don't think is altogether clear. And again, I've spent most of my time over the last four years, perhaps inappropriately, trying to get some sort of grip, some sort of framework to be able to write about this development. So, I think we are many steps away before we get into a position of talking about what we should change and what we should not change. When we talk about medicalization, you know it's a very complicated thing. Anthropologists have for decades, and Merrill Singer is one, complained

⁶ Foucault, Michel, 1984, *The Foucault Reader*. Paul Rabinow, ed. New York: Pantheon Books.

⁷ Singer, Merrill, 2004, *The Social Origins and Expressions of Illness*. *British Medical Bulletin* (69)1:9-16.

about the medicalization of everyday life. Again, I think it's much more than that. Medicine is just one part of this. And yet if we look into psychiatry and talk about a social transformation that has taken place through psychiatry or in relation to psychiatry, it's been ironically the medicalization of psychiatry. I mean specifically the biologization of psychiatric disorders. In terms of the costs and benefits, I think that patients, their families and society as a whole have benefited from the biologization or medicalization of psychiatry, when compared to what it was before that. It's one of those cases where people say 'be careful what you wish for because you might get it' and the demedicalization of psychiatry, of that domain of life, would be an enormous step back. Now I realize that it is not the question that you asked. You included a great many other things about passion, about imagination and I completely agree with you. And the battle should be joined. Even within social neurosciences people are looking into it. We just have to wait to see what happens but again the first job is to be able to know what we talk about and to know what it is.

It's taking place in social neurosciences...

Allan Young: Absolutely. I gave a talk in Vancouver, I've given one in Chicago. The same issue. I start off by saying that my interest is in being able to say something about human nature. The way that human nature is reconceived and changed and... One of the ways of defining human nature is not only to say that human nature reverts to these innate capacities and dispositions of people but also the distinctive problems that are engendered by those capacities and dispositions. So we start off by making an assumption which most of us make of the autonomy or the self-contentedness of the individual. We then immediately have a problem that philosophers have written about for three hundred years. It is called the problem of other minds. How do we know what belongs in the minds of other people? How is this possible? If we go back in time, and look at the period between 1870 to about WW2, the discipline that was preeminent in asking that question, attempting to answer it, drawing the attention from educated people around the world, was anthropology. And it was the problem of rationality and it was a problem that anthropologists asked for two reasons. Number one, because of the Enlightenment heritage, genealogy of anthropology, and number two, because anthropologists at that time were working with very exotic societies of which nobody knew the language. So there was immediately the problem of being able to establish, to bridge the problem of other minds. How do you know this is what's really going on in this society and especially when they're saying such odd things, and they're doing such odd things? Today, it's not politically correct to call people odd but if you go back to when Evans-Pritchard was describing the Azande⁸, it was 'I came and I saw them, their behavior is idiotic, it's crazy, it's stupid, you know... But I know if I interact with them as human beings, that they are rational, that they are progressive in their attitude to the world and that they are empirical. So, how can you be rational and empirical and progressive on the one hand, and an idiot on the other hand?' You know something has to be explained here, and of course the result of this is these *magnum opuses*. If anthropology only produced a single book, something to remember for hundreds of years, it would be *Witchcraft, Oracles and Magic Among the Azande*. Many philosophers read it at the time, including Ludwig Wittgenstein. How important it is. How important

⁸ Evans-Pritchard, Edward Evan, 1976[1937], *Witchcraft, Oracles and Magic Among the Azande*. Oxford: Oxford University Press.

anthropology is. Engaging anthropology. Since World War II, 1939 or something, you have a progressive decline. Structuralism comes in. Lévi-Strauss is a very important anthropological intellectual presence but it has been I think a downward slope in terms of what the relevance of anthropology is outside of anthropology. Quite sad, in that respect. I don't think that it's irretrievable, that it can't change but the same question is being asked, reframed all over again. Now it's being reframed not about other cultures but about other brains. In neuroscience. We have again the question that's being asked, and it's the question of other minds. And it's being asked in a very sophisticated, very compelling way. And anthropology's out of it, nowhere to be seen with regards to this reshaping. I think that's a very interesting historical development.

If anthropology was there to meet these exotic "other minds," why do you think it is not present to face changes, such as those happening in the neurosciences?

Allan Young: Only because it has not found its proper subject. I think its proper subject is not the science of the mind but the science of the brain.

How can philosophy contribute to that type of anthropological reflection on science?

Allan Young: It's a good question, and I have a short answer that I am utterly convinced of. Without philosophy, particularly without analytical philosophy, there is no anthropology worth talking about and I feel the same way about history and historical inquiry. If we don't have an anthropology that is read with a historical perspective on absolutely everything, including anthropology, if we don't have an anthropology that is totally grounded in the debates within analytical philosophy and other branches of philosophy, we've got an intellectually impaired, maybe even empty discipline. The achievements of anthropology in the past have been precisely because of that engagement. And in fact, I don't know if we'll ever recover the golden age back then, when the flows of ideas were to a substantial extent coming from anthropology into philosophy rather than from philosophy into anthropology. We can't hope for that now but we still have this marriage, I think. In this case, one partner has become more dominant than the other, there's maybe a kind of reversal.

Why isn't it possible right now for anthropology to be feeding philosophy intellectually?

Allan Young: It is possible if we could have the kind of 'renaissance' that I have spoken about. I mean, if we were going to talk about the great anthropologists today, there are many great ones...I don't mean to marginalize them. I would pick out amongst them someone who's a real embarrassment for us and that's Ian Hacking, because Hacking is not an anthropologist, he's a philosopher. Between you and me, in many ways, he is an exemplar of what an anthropologist should be. In the same way, to talk about the great anthropologists in the past that we have as our founding ancestors, a man who was not an anthropologist was Emile Durkheim. And we feel, as I do, that he's the greatest anthropologist of the whole. So, I think that tells us something about the nature of anthropology and the intellectual openness of anthropology.

Then what would be the main things that distinguish anthropology from sociology or philosophy? Historically speaking it's been often distinguished by its methodology but right now...

Allan Young: It's a very good question because the objects and the sites of inquiry that we have are now the same. In the past that was a very easy question to answer. Anthropologists were distinct and now that is not true. Again an answer that's convincing to me and it's not complicated, is that to become an anthropologist one must become socialized as an anthropologist and go back to those texts. In fact, I would have an even stronger argument and say it's not enough to go back to Durkheim, it's not even enough to go back to Spencer and work your way up through all the greats into 2008. I think it's necessary to go back to Locke and work a way up from the end of the XVIIth century through 2008. We're not philosophers and we should not attempt to become philosophers but that's where anthropology was born. That's where our epistemology begins. And once you abandon that, you're truncating what anthropology is about. So, it's quite natural for people to look around and say 'what is the difference between anthropology and sociology?' Well, I have an answer for that. You can say: 'Oh yeah that history stuff I'll pick that up later'. It is not history stuff, it's epistemology stuff. That would be my answer. I think that is anthropology, at least what I see as anthropology, and of course I have no claim to say 'that is the true anthropology'... I am not making that argument, I only speak for what I know and what I understand.

So it is the epistemological perspective which is different...?

Allan Young: Absolutely. We've got our epistemic culture.

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