Sous la direction de Bernard Granger et de Georges Charbonneau

PHÉNOMÉNOLOGIE
DES SENTIMENTS CORPORELS

I
Douleur, souffrance, dépression

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Anxiety, pain, and the limits of relating to oneself

Gerrit Glas

Anxiety is an emotion, whereas pain is a sensation. This is, at least, a common understanding of the difference between anxiety and pain. Analytic philosophers, inspired by Aristotelean thinking, argue that thinking about sensations and emotions may profit from the distinction between object and cause. Objects are the things (persons, situations) to which a particular emotion refers, causes are the antecedents (events, facts) that are a condition for the occurrence of the emotion. Sensations have a cause, but no object. Emotions are also caused, but what they are, i.e. what they mean, is determined by their object. Object and cause may coincide, but they often differ.

In this chapter, I will examine this common view by comparing anxiety (as an instance of an emotion) and pain (as an instance of a sensation). This comparison might prove to be fruitful because there is discussion about both anxiety and pain as instances of emotion and sensation, respectively. With respect to anxiety, there is the phenomenon of objectless anxiety, which seems contradictory to the notion of emotion as being object-bound by definition. With respect to pain, one has to account for the clinical as well as neuroscientific evidence for the existence of a pain affect apart from pain sensation. The main thrust of this paper is to contribute to a conceptual framework in which pain and anxiety are not exclusively interpreted from the perspective of the emotion-sensation distinction, but are conceptualized as multi-level expressions on different coordinates of the I-self relationship.

CASE VIGNET

First, I will present a case vignet of a patient with both a severe anxiety disorder and chronic pain. The patient is a 34 years old, unmarried woman, with a part-time vocation as remedial teacher, with a phobia for electricity, lightening, thunderstorms and loud noises since she was 11 years old. At that age, she witnessed a short-circuit of the light in a globe in her bedroom and panicked. A few days later, she panicked again after having been confronted with a loud noise at the playground of her school. The
ensuing phobic reactions worsened over the years, leaving her invalidated, with many somatic complaints, a slipped disc in her back because of strong and longstanding muscle tension, and almost unmanageable anticipatory anxiety when the use of electric equipment no longer could be avoided and/or thunderstorms were announced in the weather forecast. She describes this anxiety as a blockade, originating in her head; or as a tension or inner pressure leading to paralysis. At the same time, she interprets the pain as a warning signal that she might not be able to manage the situation. In a situation of panic, lifting her arm or her hand to switch on the light or an electric device, becomes an enormous task. Her arm feels heavy, painful; she has to support her arm.

I quote from an interview:

«Right at this moment, I feel tension in my arm, especially my left arm; it hurts, it hurts very much, here and in my shoulder [points to her arm and shoulder] ... I have to support my arm «psychically» ... [she lifts her right hand which supports the left arm] ... yet, I know that there is nothing wrong with my arm. But it hurts, it feels heavy. I could stop supporting my arm, but that would not feel good, I could lose control. I could lose control of the tension in the arm. The support is a relief from a strong feeling of being alone, of not being at home, of not being safe, and of living in an unfamiliar and inhospitable surrounding.»

Panic is a kind of explosion, a sudden discharge of pressure. Just like the pressure in the atmosphere explodes as a thunderstorm, she says, so the trembling, the pounding of her heart and the feeling of becoming mad are a kind of explosion. During the night, she listens in complete darkness to all the little noises in her house and at street, the ticking of the clock and of the central heating, and so on. When the anxiety increases, these sounds fade away, what remains is complete silence, which is experienced as a pressure, as a thickness of the atmosphere, and as pain, everywhere pain, paralyzing and alarming at the same time. Sounds that penetrate this silence, are felt as bouts of pain.

**ANALYTIC PHILOSOPHERS ON SENSATION AND EMOTION**

The case vignet contradicts common wisdom on sensation and emotion in analytic circles. According to this wisdom, sensations have no object, whereas emotions do have. Pain, in this view, is a sensation, caused by tissue damage. It does not have an object, in the sense that it tells a story beyond its reference to damaged tissues. Anxiety is an emotion, in the sense that
apart from being occasioned by a particular event, it has an object that may refer to other events. Such is the case, for instance, in patients with post-traumatic stress disorder, in whom it may only be a minor incident with no anxiety provoking potential whatsoever in normals, which arouses the anxiety. The object of anxiety, in these cases, is something beyond the incident. It is, for instance, a sense of utter helplessness, of vulnerability and isolation to which both the actual and the original traumatic situation refer. So, cause and object differ. The incident is the cause, the object is the situation to which the feeling of helplessness, vulnerability and isolation refers.

PSYCHOPATHOLOGY OF ANXIETY
AND THE PHILOSOPHY OF EMOTION THEORY

This simple and attractive scheme is blurred, however, in some cases of anxiety, especially the apparently causeless and meaningless anxieties psychiatrists deal with. These anxieties not only seem to be without a cause, like in cases of panic disorder. They are also meaningless because they do not refer to a particular object. I will limit my subject to the topic of object-relatedness. If an emotion does not have an object, does this mean that it stops being an emotion and that, in fact, it is a sensation? Or, is there some hidden, till yet unnoticed object? Or, do the counterexamples of objectless emotions indicate that the distinction between sensation and emotion should not be based upon the object-relatedness of emotion; or, even, is this distinction futile and does it not exist?

In considering these questions, let us first take a step back. Historically, the thesis of the essential object-relatedness of emotions, *i.e.* their directedness to objects of a particular type, can be traced back to Aristotle, who in his *Rhetoric* explains why emotions are so important in public speaking and how the emotions can be aroused. It is the object-directedness that gives the orator the clue with respect to the subtle elicitation of emotion and, hence, with respect to the way the public might be influenced. Modern analytic philosophy has used this Aristotelian notion in its rejection of prevailing introspectionist accounts of mental events like emotions. According to the introspectionist view, as it can be found in Descartes *Les Passions de l'âme* and in Hume's *A Treatise of Human Nature*, emotions are inner perceptions of bodily change or perceptions of the sensations accompanying bodily change. In both cases there is only a contingent relationship between the perception and its object (bodily change or the sensation of bodily change).

However, in emotion there is a much more inherent relationship between the feeling and certain characteristic types of objects to which the emotion refers. Anger is directed to situations in which the person is insulted, anxiety
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is related to situations of threat and future harm, guilt refers to some failure for which one keeps oneself responsible. So, in short, the thesis of the object-directedness of emotion has been used to criticize the until then dominant introspectionist and solipsist tradition in philosophy of mind, according to which emotions have to be viewed as inner perceptions. Because the relationship of perception and its object is contingent by nature, this view cannot do justice to the apparently non-contingent relation between emotion and its object. Anxiety is not merely a perception of accidentally felt bodily changes. It is inherently, non-contingently, directed to objects representing future harm or disaster.

Going back, now, to the issue of objectless emotion, we can ask how analytic philosophers have accounted for the problem of emotions lacking a feature that essentially distinguishes them from sensations. Here is what Anthony Kenny has to say about it:

« There are indeed such emotions [like pointless depression and undirected fears], though some emotions often described as objectless are not so in fact. We are often unaccountably depressed, on days when for no reason everything seems black; but pointless depression is not objectless depression, and the objects of depression are the things which seem black [!] ».

In cases in which the words « I am afraid » regularly come to the subject's mind, divorced from a context of future danger, these words « would gradually lose their meaning », he says. The neurotic patient echoes the verbal behavior of those who have ordinary object-directed fears. He may do so, because he recognizes some of his behaviors as part of the behavior of non-neurotics. His use of the word fear is « therefore dependent upon its use in cases where fear has an object ».

In short, Kenny admits cases of objectless emotion, but only temporarily and when there are similarities left in other areas of behavior, and when there is an explanation for the disappearance of the object (repression, for instance). Or, to quote Roger Lamb, the view advanced by Kenny commits him to the statement that « there are some tokens of certain emotion-types that are genuinely objectless », and that « no emotion-types are (such that all their tokens are) objectless. »

Let us, for the sake of the argument, assume that Kenny is right. What to make then of cases, like our case vignet, in which sensation and emotion are intermingled to such an extent that it is hardly possible to distinguish between one and the other?
PAIN SENSATION AND PAIN AFFECT

Drawing from experiments of Rainville and colleagues, in his own laboratory, Antonio Damasio argues for a distinction between pain sensation and pain affect. To begin with: «Pain is the perception of a sensory representation of local living-tissue dysfunction»7. The notion of sensory representation aims at the neural patterns that are caused by nociceptive stimulation. These patterns are displayed in appropriate areas of the brain stem, thalamus and cortex, generating an image, and consequently a feeling, of pain. Damasio aims here at the perceptual level.

However, these neural patterns of tissue damage are also interrelated to neural patterns of «me» (or you) experiencing this sensation. This «me»-experiencing-a-sensation is an affect. The pain affect consists in me knowing that I have pain. The distinction between feeling and knowing that one feels, is analogous to the distinction between perceiving and perceiving that.

I will leave undiscussed the issues that are associated with this distinction, such as those around sensory qualia and the nature of consciousness. However, we may note as a difficulty that the me-ness (or I-ness) of elementary perceptions cannot be accounted for from Damasio’s point of view. In his account, this me-ness only exists at the level of knowing that, i.e., at the level of emotion or affect, not at the level of perception.

Damasio’s point is simply that in the neuronal regulation of pain both perceptual and emotional mechanisms are involved and that these mechanisms are embodied in different brain regions, somatosensory area S1 and the anterior cingulate cortex (ACC) respectively. Both lesion studies and experimental induction of hypnosis have shown that pain affect can be influenced apart from pain sensation8. He mentions a patient with an intractable trigeminal neuralgia who after neurosurgery (probably lesion of the ACC) told that the «pains were still the same», but seemed relaxed and said that he «now felt fine».

TOWARD A CONCEPTUAL FRAMEWORK LINKING ANXIETY AND PAIN

Exciting as examples like these may be, they do not seem to bring us further in a conceptual understanding of the mutual relationship between anxiety and pain. All we could say, at this moment, seems to be: there are different brain mechanisms underlying elementary perception and the affect of pain, both can be studied separately, and both intermingle at a phenomenal level. From here, we are only one step from saying that the fact that there exist instances of anxiety and pain that can not be distinguished from one another at a phenomenal level, does not show us anything philosophically important and/or deep. This conclusion, however, would be premature.
Till now, our discussion has been focused on the distinctive features and possible overlap between perception and emotion. As we have seen, the emphasis on the object-relatedness, or aboutness, of emotion is strongly associated with the rejection of introspectionist accounts of consciousness. Useful and important as this rejection has been, today it may also curtail discussions in that it consolidates a preoccupation with mind-body issues in emotion and perception research. However, this preoccupation may preclude paying attention to other dimensions of anxiety and pain, especially those dimensions that elucidate the way anxiety and pain are part of the patient's life and reveal something of the way the patient relates to him or herself.

I will try to make some distinctions in the domain of the I-self relationship that may help us understand the nature of pain and anxiety and their potential overlap. Let us begin with anxiety. Recently, I have construed a distinction between seven types of basic anxiety, *i.e.* anxiety related to:

- loss of structure
- existence as such
- lack of physical protection
- affective unconnectedness
- doubt
- absurdity
- death (see Figure 1).

I will not discuss each of these anxieties, their theme and underlying structure here. Crucial to the understanding of these anxieties is that they are not, or not in the first place, anxieties about loss of structure, existence, lack of physical protection, and so on. On the contrary, they are the embodiment of a life which in itself, *i.e.* in its very existence, manifests the loss of structure, the inability to exist, and/or the physical unprotectedness just mentioned. In other words, the basic anxieties are the immediate, non-reflective expression of certain basic attitudes, positions and/or capacities. When they manifest themselves, they are primarily experienced as objectless. It is only after some self-experience that the latent theme of the basic anxieties is uncovered. It becomes apparent, then, that these basic anxieties are not merely emotional states, but basic attitudes, positions, or nodes of existentence, which primarily show how the person relates to him – or herself – and the world. They are immediate expressions of the way the person responds to basic structural conditions of human existence – structures like having the capacity to take a stance toward one's life, to feel safe, connected, able to choose and experience vitality and meaning. Anxiety means that there exists an incapacity in one – or a number – of these realms.
The psychopathology of anxiety teaches us that there are limits to one's capacity of taking a stance and of relating to oneself. This limitation of one's capacity to relate to oneself, ultimately, may lead to an incapacity to experience as such, as becomes apparent in the first form of basic anxiety. The imminent collapse of the I-self relationship manifests itself here as inner chaos. This chaos expresses itself in fleeting and depersonalized perceptions, incomplete and chaotic feelings, and lack of coherence in one's self-observation. Corresponding to this there exists an almost psychotic perception of the outer world: objects in one's environment look unfamiliar and uncanny, as if one's central self is disconnected from what is going on outside. In sum, all basic anxieties refer to a core self, each anxiety showing a particular aspect of the core sense of self. Basic anxieties affect the core self, because of – I am inclined to suggest – an underlying disruption of the unfolding of the I-self relationship, in its interaction with the world, in some of its different dimensions. Seen from this perspective, anxiety affects the sphere of personhood, i.e. of being a person.

Pain does not primarily refer to this sphere of personhood, though it disturbs as no other sensation the psycho-physical unity of the person and in this way, indirectly, also the I-self relationship. This holds both for acute and chronic cases of abnormal pain perception.

Acute pain and fright show similarities: both are expressions of being hurt (or injured), they share some motor and vocal expressions (refractory inhalation, exclamation). Both feelings represent a sudden disruption of seemingly self-evident connections with the environment. However, there are also differences. Buytendijk says that in acute pain the subject is hurt in his or her psychophysical unity whereas in fright or panic the subject is hurt as psychophysical unity. With this he means, that acute pain is more
immediate than (even) fright, and that it expresses itself as a disruption of sensorimotor coherence; whereas in fright the threat keeps to be experienced as coming from outside.

In situations of chronic pain, on the other hand, the person is thrown-back on his body, without any defense, even to the extent that the subject is powerless in his or her attempts to assume an attitude toward the pain. In cases of succesful pain management the patient is able to objectify the pain feeling and to change it into mere sensation, according to Buytendijk. In less succesful cases the painful region occupies one’s total body perception. The painful region is experienced as spatially extended and enlarged, so that other regions are totally repressed. One may think, here, of toothache, in which in severe cases the affected part of the mouth is felt as as disproportionally large compared to the rest of the body.

There are again similarities between pain and anxiety: the non-transparency of the feeling of pain, the overwhelming quality of the feeling itself, the accompanying sense of ineffectiveness and powerlessness. However, and I again quote Buytendijk, chronic pain does not affect the central sphere of personhood, like the basic anxieties do. It may disturb the I-self relationship, in the sense that it may paralyze the patient. However, in contrast to the basic anxieties, it does not – or, only indirectly – affect the most immediate sphere personhood, the core self. Because of its non-transparency and opaqueness, pain is meaningless at the level of sensation and emotion. It is true, suggests Buytendijk, that the pain experience may have a meaning and that this meaning should belongs to the central sphere of personhood. The pain patient attempts to assume an attitude toward the pain and, in doing so, redefines what is ultimately basic in his or her life. However, this «redefining» and «assuming an attitude» are acts of (re)construction. They do not reveal a meaning which is inherent in the pain experience itself. This is in contrast to cases of overwhelming (basic) anxiety. In these cases the anxiety itself expresses the underlying theme.

**CONCLUDING REMARKS**

I have tried to add plausibility to the notion of an overlap between anxiety and pain. There are instances of anxiety that are objectless; whereas there are instances of pain in which the pain does mean something for the patient. The conceptual framework of object-bound emotions and objectless sensations proved insufficient to account for this state of affairs. I introduced the notion of the I-self relationship, with its interaction with the world, as an indispensable conceptual tool in understandig basic anxieties. I applied this notion to the experience of pain.
Chronic pain and basic anxiety intertwine at precisely this juncture: a person's ability to assume an attitude toward his or her self.

This overlap and intertwining possibly clarify why pain is so important in the situation of the patient I introduced in the beginning of this chapter. There are many obvious reasons for her suffering from chronic pain. I will not mention them again. At the most basic level, however, the co-occurrence of her anxiety and pain indicates precisely the central issue: that there are moments that she is not able to maintain her own attitude toward the pain, and, underneath this, to her self, her own existence. These moments of feeling overwhelmed and paralyzed indicate the transition from a state in which the I-self relationship is only threatened into a state in which this relationship collapses and in which the body changes into a depersonalized, painful, space-occupying monster. Pain and anxiety, here, become two sides of the same coin. From the perspective of the concept of pain, pain sensations are absorbed by the pain affect (in the sense of Damasio), which in its turn is an expression of the core (sense of) self. From the perspective of the basic anxieties, the pain is an ultimately futile attempt to keep the experience of anxiety at a distance, by quasi-objectifying it into a non-transparant bodily experience. This act of objectification fails, however, in moments of utter anxiety. The anxiety is, then, not a fear of being unable to maintain the inner distance which is characteristic of the I-self relationship. It is itself the expression of the collapse of this relationship. This is reflected in the stream of fleeting, depersonalized and disorganized bodily sensations and the images of physical disaster haunting the patient.

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8. However, hypnotic reduction of the intensity of pain sensation also influences pain affect, which is mirrored by the joint reduction of activity in area S1 and the ACC (ibid., 75).


