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ON STORIES WITHIN AND STORIES BEHIND SYMPTOMS: RESPONSE TO COLOMBETTI AND STEIN

GERRIT GLAS



I THANK GIOVANNA COLOMBETTI and Dan Stein for their careful reading and thoughtful comments.

Colombetti is right when she suggests that in enactivism there are no ‘mere physiological states.’ She criticizes the following quotation: “If there is no self-referentiality, even after attempts at clarification, the putative emotion is just a physiological state or a sensation.” My formulation, she says, echoes traditional, disembodied cognitivist accounts of emotion, according to which bodily arousal and bodily sensation, without accompanying intentional evaluations and judgments, are mere physiological happenings. Enactivism rejects the dichotomy between cognitive appraisals and bodily arousal.

I agree that I could (and probably should) have formulated more carefully. I endorse most of the assumptions on which the enactivist approach is based. I reject the dichotomy Colombetti addresses. My concerns about enactivism regard its underlying metaphysics (which is not the topic of the article) and its presumed promises for the empirical study of emotion (which might be more difficult to fulfill than proponents are inclined to suggest). But I have never doubted the importance

and the power of its arguments against dualist accounts of psychological phenomena.

My somewhat ambiguous formulations with respect to ‘pure’ or ‘mere’ physiological states reflect my carefulness not to pretend too much by claiming that just as in the case of emotions (‘mere’) physiological states signify something about the person having them. Emotions are after all not just physiological states. I agree that (‘mere’) physiological states embody certain interests of the organism. But does this also mean that such physiological states “reveal something about what the organism cares about?” The difference between these two formulations is subtle, but relevant. Can organisms like bacteria care about themselves? And if so, do they do this in the same way as humans do? Or do bacteria only metaphorically take care of themselves? I find these questions difficult to answer. Even if we granted that it is possible to say, without logical or grammatical error, that a bacterium takes care of itself by orienting itself to a sugar gradient, would that imply that we can say (with Colombetti) that the bacterium’s “swimming up [against] a sugar gradient reveals that it evaluates sugar as good for its survival?” Do bacteria evaluate? Such

anthropomorphisms are useful and legitimate when scientific findings are ‘translated’ to lay-contexts; they are probably harmless in a scientific context (because scientists know better); but they are not harmless and should concern us when we try to make philosophical sense of empirical findings.

In the article I try to develop a vocabulary that allows psychopathological phenomena, such as disturbed moods and emotions, to be understood as signifying something about the person, even if the person having these emotions and moods is not aware of this. The non-transparency of the emotion (or mood) is, in other words, not an argument against its self-signifying potential. These non-transparent emotions and moods differ from self-conscious emotions and moods, on the one hand, and from ‘mere’ physiological states on the other hand. They differ from the self-conscious emotions/moods in that their subjects lack awareness of self-signifying meanings; and they differ from physiological states in that they signify something about who I am. Physiological states do not or do not in the same way signify something about me qua person. They mean and indicate something about me qua organism. They give indications about my needs, drives, and interests. They may be viewed as the embodiment of my drives, needs and interests. But this ‘self-signification’ nevertheless differs from the self-signifying capacity of emotions.

My formulations show that I am still somewhat uncertain about how to phrase distinctions like these. I am inclined to see the difference between the self-signifying qualities of emotions and physiological states as one of gradation. There are situations in which emotions and physiological states overlap, for instance cases in which the emotion (panic, for instance) amounts to a storm of physical sensations; or cases in which physiological states are so indicative of the condition of the organism that they are difficult to discern from basic emotions. But this overlap does not imply that the distinction between emotion and physiological states has no validity at all or that physiological states signify in a similar way as emotions. Ricoeur would possibly say that (‘mere’) physiological states reveal something about the

‘what,’ about what condition I am in, not about who I am. However, phrasing the distinction in this way would sound somewhat dualistic and rigid, even to me. Maybe it is better to conceptualize the distinction as gradual. Physiological states would then ‘self-signify’ content related to me as a physiological organism, whereas non-transparent emotions ‘self-signify’ about higher order meanings that pertain to me as a person.

One of the reasons for proceeding somewhat sparingly when attributing self-signifying qualities to physiological states is the long, disturbed history of psychosomatic medicine. In the psychosomatic tradition of the 1950s and 1960s physiological ailments were thought to mean something and to indicate something meaningful about the patient. Low back pain was thought to reflect that the patient could not bear the weight of life; vomiting and gastric problems were assumed to symbolically refer to the patient’s refusal to ‘swallow’ some disappointing life event, and so on. Psychological meaning was projected into ‘mere’ bodily phenomena. History has shown that the therapeutic gain of this approach was low. There is even today a legitimate and fruitful tradition of psychosomatic medicine, but this tradition has become much more careful with respect to the attribution of psychological meaning to physiological symptoms. There may be a story ‘*behind*’ the symptoms, but not always ‘*within*’ the symptoms.

This history of psychosomatic medicine is one of the other reasons that I am hesitant to adopt a too inclusive notion of self-referentiality. Self-referentiality can only be attributed to phenomena which possess immediate self-revelatory capacities; phenomena, in other words, with a story ‘*within*’ (instead of behind) the symptoms. Saying that “embodying an interest” can best be seen as an “empirical approximation” of self-referentiality is a somewhat obscure formulation of this point. What it meant to suggest is that the ‘behind’ may approximate the ‘within’; but that the two will probably never completely overlap. This, in turn, is also caused by differences in epistemic strategy. The hypothesis that physiological states, like emotions, embody certain interests has been developed by empirically oriented psychologists (like Frijda). Empirical sciences tend to adopt a third

person, objective stance, and do not investigate their explananda from within. Self-signification and self-referentiality are terms that were coined by Continental hermeneutic philosophers. These philosophers are interested in the intrinsic meaning of the phenomena they investigate. With this, we are back at the point at which we started; but enriched and more aware of both the difficulties and the opportunities of attempts to ‘integrate’ philosophical analysis and empirical investigation.

Dan Stein’s comments also circle around this idea of integration. I agree with most of what he says, especially his conclusion that “it may well be that findings in psychiatric science ultimately influence the way in which we think about enactivism.” The interaction between philosophy and empirical science should indeed develop in two directions. It is interesting to see how Stein’s interest in the work of Lakoff and Johnson influences his appreciation of the enactivist tradition. Metaphors, he says, help us to conceptualize mental processes. Scientific language cannot do without metaphors either, but that is not something to deplore. Metaphors support scientific intuition

and they help to open up and direct the scientist’s mind. From here, one can indeed understand why it would be so worthwhile to compare recent work on anxiety (Stein mentions LeDoux and Pine as well as Fox and Kalin) with enactivist interpretations of the same phenomena. Metaphors may help us bridge the gaps between science, clinical practice, and every day lay understanding of psychopathological phenomena; but they may also hide underlying tensions and ambiguities. Careful cross-disciplinary informed analysis of the claims and hidden tensions in these attempts to approximation will prove to be one of the important keys for a flourishing future psychiatry.

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