

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/293769263>

The Phenomenology of Affectivity

Chapter · June 2013

DOI: 10.1093/oxfordhb/9780199579563.013.0038

CITATIONS

25

READS

2,195

1 author:



Thomas Fuchs

Universität Heidelberg

288 PUBLICATIONS 5,972 CITATIONS

SEE PROFILE

Some of the authors of this publication are also working on these related projects:



third edition 'Dance Movement Psychotherapy: Theory, research and practice' commissioned by Routledge. and A Routledge International Handbook entitled: 'Embodied perspectives in Psychotherapy' to be published by Routledge, 44 chapters. [View project](#)



Schizophrenia and the Moving Body - Motor Markers of Disembodiment [View project](#)

Oxford Handbooks Online

The Phenomenology of Affectivity

Thomas Fuchs

The Oxford Handbook of Philosophy and Psychiatry

Edited by K.W.M. Fulford, Martin Davies, Richard G.T. Gipps, George Graham, John Z. Sadler, Giovanni Stanghellini, and Tim Thornton

Print Publication Date: Jun
2013

Online Publication Date: Sep
2013

Subject: Psychology, History and Systems in Psychology,
Personality and Social Psychology

DOI: 10.1093/oxfordhb/9780199579563.013.0038

Abstract and Keywords

In contrast to current opinion which locates mental states including moods and emotions within our head, phenomenology regards affects as encompassing phenomena that connect body, self, and world. Based on the phenomenological approach, the chapter gives a detailed account of: (a) the feeling of being alive or vitality, (b) existential feelings, (c) affective atmospheres, (d) moods, and (e) emotions, emphasizing the embodied as well as intersubjective dimensions of affectivity. Thus, emotions are regarded as resulting from the circular interaction between affective affordances in the environment and the subject's bodily resonance, be it in the form of sensations, postures, gestures, or movement tendencies. A special section deals with the phenomena of interaffectivity, understood as the mutual empathic coupling of two embodied subjects. Psychopathological examples complete the phenomenological account of affectivity.

Keywords: affectivity, existential feeling, atmosphere, mood, emotion, bodily resonance, interaffectivity

Introduction

The comprehension of affective disorders by today's psychiatry is still impeded by an insufficient understanding of the nature of affectivity itself. In accordance with the subordinate role of affects in the Western concept of the human being, traditional psychiatry took a primarily intellectualistic view of madness as a disturbance of the rational mind (Berrios 1985). Emotions were considered elusive mental states better reduced to either cognition or volition or ignored as epiphenomena. On this basis, for example, melancholia had to be defined as a mixture of irrationality and behavioral inhibition. Until today, the predominant psychological approaches to depression are based on cognitive models, regarding the core of the disorder as a combination of faulty information processing and distorted thinking (Beck and Alford 2009, pp. 224ff.). Consequently, cognitive behavior therapy became the generally recommended psychotherapy (Beck et al. 1979). Traditional psychodynamic approaches, for their part, regarded emotions such as anxiety or depression as mere surface phenomena that indicated the actually relevant conflicts and drives in the depths of the unconscious.¹ Thus a genuine psychopathology of affectivity is lacking until today.

Moreover, emotion theory both in philosophy and psychology still suffers from the traditional introjection of affects and feelings into an inner "psyche," separated from the body as well as from the world. Affects are generally conceived as private, "mental" phenomena that arise in the subject's mind (or brain) from a cognitive evaluation of external stimuli, whereas the objective world is actually bare of any affective qualities or meanings. From a phenomenological point of view, this picture is still a heritage of Cartesian dualism and its separation of mind and matter. In fact, we do not live in a merely physical world; the experienced (p. 613) space around us is always charged with affective qualities. We may feel something "in the air," or we sense an interpersonal "climate," for

example, a serene, a solemn, or a threatening atmosphere. Feelings befall us; they emerge from situations, persons, and objects which have their expressive features and which attract or repel us. This *affective space* is essentially felt through the medium of the *body* which widens, tightens, weakens, trembles, shakes, etc. in correspondence to the affects and atmospheres that we experience. As William James (1884) already argued, there is no emotion without bodily sensations, bodily resonance and affectability, even though the intentional aspect or directedness of emotions toward values may certainly not be disregarded.

Finally, the field of affectivity also presents an inherent difficulty to its conceptualization. The phenomena in question are generally fleeting, diffused, hardly delimitable, and even harder to describe. They vary between short-lived, intense, object-related states and longer lasting, objectless states remaining in the background of awareness. This is mirrored in the host of terms such as mood, affect, feeling, emotion, passion, or sentiment that have been variously used and defined, but still may not be neatly separated. Therefore, philosophy and psychology have often tended to subsume affects and emotions under more “tidy” mental categories such as desires, volitions, beliefs, or judgments. Recently, neurobiology has added the attempt to trace them back to physiological changes in brain activity and metabolism. However, such strategies run the risk to miss an adequate description and understanding of affective phenomena in their own right.

In this chapter, I will use the umbrella terms “affectivity,” “affective states,” or “affects” to denote these different phenomena. Based on the phenomenological tradition, I will give a detailed account of (1) vital and (2) existential feelings, (3) affective atmospheres, (4) moods, and (5) emotions, emphasizing their embodied as well as interaffective dimensions, with side-glances to psychopathology. My account is based on the assumption that affects are not mental states in the immanence of the subject that we project onto an otherwise indifferent sum of objects. Rather, they are modes of bodily attunement to, and engagement with, the lived world. It is only through our affectivity that we find ourselves in a meaningful environment in which persons and things matter for us, and in which we care for them as well as for ourselves. Affects are the very heart of our existence.

The Feeling of Being Alive

At the most foundational layer of affective experience we find what may be called the *feeling of being alive*: a pre-reflective, undirected bodily self-awareness that constitutes the unnoticed background of all intentional feeling, perceiving, or acting. This continuous background feeling of the body is situated at the threshold of life and experience, between *Leben* and *Erleben* (Fuchs 2012). Most of the time, it is just taken for granted, unquestioned and pre-given; it does not require a particular cause or occasion. Nor do we feel alive in the same way as we feel angry, fearful, or happy about something. Rather, the tacit feeling of life merges in these special and changing emotions without further ado.

However, there may be states in which this feeling is heightened, intensified, or diminished. This is captured by the German term “*Befinden*” (finding oneself in a certain state), as expressed in the everyday question “How are you?” It relates to the lived body as a (p. 614) domain of diffuse ease or unease, relaxation or tension, freshness and vigor, or tiredness and exhaustion. These feelings with their basic polarity of *Wohlbefinden* and *Missbefinden* (well- and ill-being) may be regarded as indicators of our state of life in its ups and downs and can also be subsumed under the term *vitality*. They are centered in the lived body but also spread without borders into the environment and tinge our relationship to the world. *Wohlbefinden*, such as in freshness or vigor, lets things appear closer, more interesting, and accessible, whereas *Missbefinden*, as in fatigue or sickness, lends a monotonous or vaguely repellent coloring to the surroundings. Thus, in feelings of vitality the body functions as a *medium* of experiencing the world; its overall state imbues and pervades the experiential field as a whole.

On the neurobiological level, the feeling of being alive corresponds to Damasio’s “core sense of self” that is based on continuous feedback loops between brain and body (Damasio 1995, pp. 150–151). Peripheral muscular, cardiovascular, hormonal, biochemical, and other states interact with higher brain centers (mainly thalamus, cingulate gyrus, insular and somatosensory cortex), thus serving as a basis for an elementary “feeling of life itself” (p. 207). “The somatic background feeling never subsides, though we sometimes rarely notice it, because it does not represent a particular part of the body, but the over-arching state of virtually all domains” (p. 210). Processes of life and of experience, *Leben* and *Erleben*, are thus inseparably bound to each other. Emerging from the life of the organism as a whole, the feeling of being alive may be regarded as a primary manifestation of the *embodiment*

of subjectivity.

A general diminishment or a rise of vitality is found in affective disorders, i.e., in depression and mania. Schneider (1959) already emphasized the impairment of vital feelings as the hallmark of severe depression: oppression, anxiety, heaviness, exhaustion, and inhibition may be summarized as a generalized bodily constriction (Fuchs 2005a). With the loss of vitality, the lived body becomes unable to open up to the world and to disclose its potentialities. The exchange of body and environment is blocked, drive and impulse are exhausted; feelings of distance and alienation may arise. Since a diminished feeling of being alive also concerns the patient's basic self-awareness, *affective depersonalization* is a core feature of severe depression (Kraus 2002; Stanghellini 2004). It culminates in the so-called nihilistic delusion or *Cotard's syndrome* (Enoch and Trethowan 1991) where patients no longer sense their own body: taste, smell, even the sense of warmth or pain are lost. This lets them conclude that they have already died and ought to be buried. Having lost the background feeling of the body that otherwise conveys a sense of connectedness and realness to our experience, the patients may also contend that the whole world is empty or does not exist anymore. Thus, in Cotard's syndrome a severe disturbance of the basic feeling of life leads to a delusional depersonalization (Fuchs 2005a; Ratcliffe 2008, pp. 165ff.)

Existential Feelings

The feeling of being alive may be regarded as a paradigm for a number of related background feeling states that are characterized by a tacit presence of the body in the experiential field. Drawing on Heidegger's ontology of mood, Ratcliffe has termed these background states *existential feelings*, conceiving them as "both 'feelings of the body' and 'ways of finding (p. 615) oneself in the world'" (Ratcliffe 2008, p. 2). They include, for example, feelings of freedom, wideness, and openness, or feelings of restriction or suffocation, feelings of vulnerability or protection, uncanniness or certainty, familiarity or estrangement, reality or unreality. They do not involve the body as an object of awareness, but as a medium through which one's being-in-the world is experienced. Thus, they constitute a tacit sense of relatedness between self and world and pre-structure our experience of particular situations (Ratcliffe 2009).

Existential feelings are clearly distinct from emotions since they are not directed at specific objects or situations; thus, they lack intentional "aboutness" as well as "propositional content."² By contrast, there is much overlap with the concept of mood which denotes a type of existential background affect, in particular on Heidegger's account. However, existential feelings comprise a number of feeling states which are characterized by a particular relation of the embodied subject to its surrounding world (e.g., "reality," "situatedness," "connectedness," or "belonging") and which are not covered by the traditional forms of mood. Since they have largely gone unnoticed by phenomenology and psychopathology until recently, a separate term seems all the more justified.

It is important to note that background feelings are not just related to an anonymous world, but to the world that we share with others, or to the interpersonal world. In the last analysis, they are always *existential feelings of being-with*. It is primarily in our coexistence with others that we feel close or distant, familiar or alienated, open or restricted, and even real or unreal. This is also mirrored by a specific type of "social" existential feelings (see later). As I will argue later on, "*interaffectivity*" is not merely a particular section of affectivity. Rather, it is the encompassing sphere in which our emotional life is embedded from birth.

Existential feelings may be classified, though not clearly separated, into three categories (cf. Stephan and Slaby 2011):

1. Elementary existential feelings include the feeling of being alive, of feeling oneself, at home in one's body; the feeling of reality, the feeling of meaningfulness and significance. All these feelings are normally tacit and unquestioned; it is only in severe psychopathological states that they are disturbed or vanishing:

- Feeling dead, having lost all affects (as in Cotard's syndrome).
- Feeling alien to oneself, like an outside observer to one's own body, like a robot (depersonalization) (cf. also Radovic and Radovic 2002).
- Feeling unreal, like in a dream (derealization).
- Feeling detached from the world, experiencing a loss of all meaning or "nothingness."

In such states, the background of taken-for-granted familiarity vanishes and is replaced by a sense of

alienation from oneself and the world. Heidegger's "Angst" refers to a related existential feeling of uncanniness caused by a complete absence of all practical significances that normally connect us to the world.

2. *General existential feelings* include states of feeling healthy, fresh, strong, or, on the other hand, tired, weak, ill; feeling satisfied or empty, in harmony or disharmony with oneself; open and alert or indifferent to everything; secure or vulnerable; free (p. 616) or constricted, etc. Such feelings are obviously part of everyday experiences, but also of mental disorders.

3. *Social existential feelings* refer to states such as feeling at home in the world and with others, feeling welcome, familiar, connected—or feeling like a stranger, distant, disconnected, rejected, or isolated; having a sense of basic trust or feeling wary and suspicious toward others. These feelings are of major importance for psychopathology, as shown by recent concepts of delusion as being based on a loss of the basic trust and common sense which normally create a "bedrock of unquestioned certainties" in social life (Rhodes and Gipps 2008; Wittgenstein 1969). Thus, the Capgras delusion (implying the belief that spouses or other familiar persons have been replaced by impostors) may be regarded as a loss of basic familiarity with close others that leads to misperceiving their appearance as a spurious and deceitful (Ratcliffe 2008, pp. 139ff.). Similarly, the loss of basic affective connectedness to others in depression manifests itself in delusions of guilt, impoverishment or bodily decay (Fuchs, in press).

As can be seen, existential feelings comprise a host of affective states that can appear in complex blending. Although they do not feature in the usual psychiatric assessment, they are of particular importance for psychopathology. Much of what is currently conceived as belonging to higher domains of cognition, belief, or judgment—for example, the sense of reality, the sense of being oneself, paranoid ideation, even delusions—is actually based on an affective foundation, namely on the tacit background feelings of the lived body in relation to others. Disturbances of these feelings often remain unnoticed, because they manifest themselves primarily in the way the world and the others appear to the patient: "The patient is ill, that means, his world is ill" (van den Berg 1972, p. 46).

Atmospheres

Although a ubiquitous phenomenon, affective atmospheres are only rarely treated in emotion research and theory. They may be regarded as holistic affective qualities of experienced spatial and interpersonal situations, integrating their expressive features into a unitary dynamic Gestalt: for example, feeling the hilarity of a party, the sadness of a funeral march, the icy climate of a conference, the awe-inspiring aura of an old cathedral, or the uncanniness of a somber wood at night. Such atmospheric effects are evoked by physiognomic or expressive qualities of objects as well as by intermodal features of perception such as rhythm, intensity, dynamics, etc.³ Like all affective phenomena, atmospheres are experienced through a resonance of the body (an icy atmosphere feels chilly, an uncanny situation makes one shiver or "one's hair stand on end," a tense interpersonal climate is felt as oppressive or suffocating, etc.). They appear as warm or cold, serene or melancholic, relaxed or charged, familiar or sinister, and so forth.

(p. 617) In comparison to existential feelings or moods, affective atmospheres are often felt more distinctly, since they are not experienced as something one carries with oneself, but rather encountered as an enveloping aura, radiating or emanating from the space or environment that one enters (cf. Anderson 2009). Thus, one feels exposed to atmospheres, drawn into them, and they are often experienced as contrasting with one's own mood which is then felt even more intensely. Insofar as the atmospheric qualities of a specific environment—in particular landscapes, architecture, interiors, and other spaces—are often experienced concordantly by many persons, they may well be regarded as objective to a certain degree. It is even possible to purposefully arrange an environment so as to emanate a certain atmosphere.

Most important for psychopathology and psychotherapy are:

1. The *personal atmospheres* which irradiate from the appearance and comportment of a person, integrating his or her physiognomy, expression, gesture, voice, posture, and comportment into a unitary impression. This is the basis for the intuitive diagnostic, for example, of depression or schizophrenia, in the latter case being captured by the well-known "praecox-feeling" (Grube 2006; ümke 1941/1990).

2. The *interpersonal atmospheres* which arise from the interaction of two or more persons and are felt as encompassing affective climates. Whereas Western psychiatry has tended to neglect these phenomena, in traditional Japanese or Chinese psychopathology the surrounding climate and social atmospheres such as the *ki* (or *qi*) are even regarded as carriers of mental illness: *ki* means “air,” “breath,” but also “attunement” and “atmosphere,” and thus constitutes the “in-between” from which mental disorders may take their origin (Kimura 1972/1995; Kitanaka 2012, pp. 23ff.).

Even in Western psychopathology, a classic phenomenon of schizophrenic psychopathology, namely “delusional mood” (Jaspers 1968), may be regarded as a characteristic atmosphere of perplexity, uncanniness, and enigmatic significance in which the patient senses an inexplicable change in his environment (Fuchs 2005b). A heightened sensitivity to surrounding atmospheres is also characteristic for paranoid states or social phobia and other anxiety disorders.

Mood and Attunement

Moods constitute a further layer of emotional life which permeates all current experiences and lends them a certain coloring. Typical examples are elation, euphoria, serenity, boredom, sadness, dysphoria, irritability, anxiety, or melancholy. In a first approximation, moods may be defined as global, basically evaluating (i.e., pleasant or unpleasant), but non-intentional feeling states which render a person prone to experience himself and the environment in a certain way, and to behave correspondingly. Moods are thus fundamental states of being-in-the-world that indicate “how things stand” in our life and how we are disposed to react to the present situation. In what follows, I will further elaborate this definition by describing characteristic features of mood in contrast to emotions (which are described in more detail in the next section).

(p. 618)

1. *Duration and intensity.* Moods are sustained affective states which usually last for hours, days, or weeks; they take a gradually rising and falling course without having a definite beginning or end. In contrast, emotions are rather short-lived, episodic, and dynamic: they typically rise to a swift peak, reach a higher intensity, and fade after seconds, minutes, or hours. Thus, emotions become prominent for a short time span, whereas moods often remain in the backdrop of the experiential field and need not even be conscious (e.g., one may deny being in a dysphoric mood while other persons are aware of it; a depressive patient may have a distorted view of his situation without being able to attribute this to his altered mood).

2. *Pervasiveness.* Moods permeate and tinge the whole experiential field; they cannot be spatially localized and delimited. “A mood assails us. It comes neither from ‘outside’ nor from ‘inside,’ but arises out of Being-in-the-world, as a way of such Being” (Heidegger 1962, p. 176). Moods are primary to the subject-object distinction, radiating through the environment and conferring concordant affective qualities on the whole situation. Thus, boredom or depression lends a dull or gloomy quality to the objects, whereas in euphoria they take on a colored and attractive expression. Hence, moods are a background through which we encounter things as mattering or not mattering. They belong to a primordial sphere of attunement of self and world, thus serving as a basis for all specifically directed intentional states.

3. *Lack of intentionality.* Moods are global states of feeling-oneself-in-the-world, without referring to certain objects, causal events, or desirable goals. In contrast, emotions are intentional in terms of being inherently motivated by, and directed toward, certain objects or events. Emotions imply an “aboutness” (joy of ..., hope for ..., etc.) and tend to fade once their inherent object or motive is gone. Moods may also be triggered by events or even caused by psychotropic agents, but they do not contain their cause as an inherent motive. The cheerfulness brought about by consuming alcohol is unmotivated and may only secondarily find objects to direct itself upon. It is this unspecific character of moods which has favored their interpretation in existentialist philosophy as fundamental determinants of being-there: anxiety, boredom, or depression may disclose the uncanniness, emptiness, or burden of existence *as such*.

4. *Dispositional character.* Moods render the subject prone to perceive a situation, to feel and to act in a certain way; they favor congruent and impede incongruent cognitions, emotions, and actions (“being in the mood for something”). However, whereas emotions prefigure rather specific behavior, moods imply only an unspecific directedness (e.g., an extraverted tendency in euphoria, or an introverted tendency in sadness).⁴ One might also say that in moods, background feelings of (p. 619) the body are connected to the overall

potentialities of a given life situation. "The mood has already disclosed, in every case, Being-in-the-world as a whole, and makes it possible first of all to direct oneself towards something" (Heidegger 1962, p. 176).

5. Polarity. Mood typically swings in dual polarities, the most basic being *pleasant-unpleasant*, and *high-low*. However, there are other poles derived (a) from the prevailing bodily feeling: *light-heavy*, or *tension-relaxation*; (b) from the dominating atmospheric quality: *bright-dark*, *familiar-uncanny*, or *exciting-dull*; (c) from the dominating tendency of movement and directedness: *centrifugal-centripetal*, or *expansive-recessive*. These opposites express fundamental polarities in the relationship of a person with his or her environment.

6. Attunement. The phenomenology of moods may be summarized by a short analysis of the corresponding German term *Stimmung* which implies the metaphors of orchestration, consonance, and attunement. Moods may be said to "tune" body, self, and environment to a common chord, similar to a tonality linking a series of notes to the major or minor key. First, moods imply a bodily resonance, such as feeling light and fresh in elation, or heavy and weary in depression. Therefore disturbances of bodily well-being have an immediate impact on one's mood. Second, by coloring one's whole experience, moods also imply a basic, pre-reflective self-awareness. Third, being in a mood means opening oneself toward the kinds of possibilities and projects of one's present situation. Moreover, moods are strongly influenced by surrounding atmospheres, as is best shown by the impact of music—a special carrier of atmospheric feelings. In sum, moods are comparable to a "*basso continuo*" that establishes a consonance of bodily feeling, affective self-awareness, and environmental atmosphere.

Moods are often compared to *climate* and emotion to *weather* (e.g., by DSM-IV; American Psychiatric Association 1995). However, climate may be regarded as the time integral of weather,⁵ whereas emotions do not become moods, even when they persist for a longer time. A better analogy might be the relation of the *tides* (mood) to the *waves* (emotions). In any case, one's basic mood can be superimposed by emotions of congruent or (more rarely) incongruent value. Mood even has a tendency to "materialize," i.e., to elicit corresponding emotions with their according objects. Thus, a general irritability easily finds occasions for specific anger and attack; anxiety tends to become fear and thus to direct itself toward specific frightening objects. Depression notoriously facilitates guilt-feelings and self-reproaches concerning arbitrary omissions or mistakes that are recalled from autobiographical memory (Blaney 1986). Conversely, one's grief over a loss may change into an unspecific sad, wistful, or even depressed mood when the triggering event is no longer present. However, this does not mean that the intentionality or "aboutness" of emotion is only a gradual phenomenon: grief is inherently motivated and thus comprehensible for the subject in itself, whereas sadness persists even when there is no apparent motive for it. Moods are not generalized emotions but rather conditions of possibility for specifically focused emotions.

(p. 620) Emotions

Emotions may be considered the most complex phenomena of affectivity. This is mirrored by the host of different and often opposing emotion theories both in philosophy and psychology. Of the many attempts to reduce the complexity of emotions to a more simplified concept, two should be mentioned. The first focuses on their bodily component, as in the famous theory of James and Lange (James 1884), simply put: we do not shiver because we are scared of the lion, but we shiver, and *this is* what we feel as our fear. In other words, emotions are feelings of bodily changes. This counter-intuitive assumption has been widely criticized for neglecting the intentional content or "aboutness" of emotions.

On the other hand, the contrary theory seems no less one-sided: according to the currently predominant cognitive approaches (Lyons 1980; Nussbaum 2001; Solomon 1976), emotion mainly consists in an act of evaluation or appraisal of a given situation. The bodily experience of emotions is then regarded as just an additional quale without further relevance (Gordon 1987) or serving the limited purpose to assure us that an emotion is going on (Lyons 1980). Again simplified: we believe or judge the lion to be dangerous, want to run away, and *this is* our fear of him. However, belief-desire concepts of emotions have been notoriously unable to capture their experiential and phenomenal aspect. A purely cognitive or functional approach to the phenomenon loses its peculiar self-affecting character. In particular, as Downing (2000) has argued, it fails to account for the changing intensity of emotions: without referring to bodily experience (e.g., to one's increased sense of muscle tension, breath restriction, heated face, or pounding of the heart) it is virtually impossible to indicate what a more intense anger, shame, or fear should be. There are no "intensive cognitions."

In view of these difficulties, it seems advisable to follow a step-by-step approach in presenting the phenomenon. In a first approximation, we may regard emotions as affective responses to certain kinds of events of concern to a subject, implying conspicuous bodily changes and motivating a specific behavior (De Sousa 2010). This already denotes the main differences to the other affective phenomena treated so far. Accordingly, I will first consider emotions under the aspects of (1) affective intentionality, (2) bodily resonance, (3) action tendency, and (4) function and significance. Then I will try to integrate these aspects into an embodied and extended concept of emotions.

1. Affective intentionality. There is wide agreement among philosophers and psychologists that emotions are characterized by intentionality—they relate to persons, objects, events, and situations in the world (see e.g., De Sousa 2010; Frijda 1994; Solomon 1976). However, this intentionality is of a special kind: it is not neutral, but concerns what is particularly *valuable and relevant* for the subject. In a sense, emotions are ways of perceiving, namely attending to salient features of a situation, giving them a significance and weight they would not have without the emotion. Referring to Gibson's (1979) concept of affordances (that means, offerings in the environment that are available to animals, such as a tree being "climbable," water "drinkable," etc.), one could also speak of *affective affordances*: things appear to us as "important," "worthwhile," "attractive," "repulsive," "expressive," and so on. Without emotions, the world would be without meaning or significance; nothing would attract or repel us and motivate us to act.

(p. 621) Of course, this meaning-making implies an evaluative or appraising component which should not, however, be conceived in terms of propositional attitudes; otherwise, emotions could not be experienced by small children or higher animals lacking language. Moreover, this evaluation may not be regarded as a mere cognitive judgment, for in emotions, *oneself is affected*. They always imply a particular relation to the feeling subject in its very core: through emotions, I experience *how it is for me* to be in this or that situation. *It is me* who is surprised, hurt, angry, joyful, etc. Affective intentionality is thus twofold: it discloses an evaluative quality of a given situation as well as the feeling person's own state in the face of it (Slaby and Stephan 2008). To be afraid of an approaching lion (world-reference) means at the same time being afraid for oneself (self-reference). To feel envy toward another person means to begrudge her an advantage or success as well as to feel inferior and dissatisfied with oneself. Each emotion, thus, implies the two poles of feeling something and feeling oneself as inextricably bound together.

2. Bodily resonance. Like all other forms of affectivity, emotions are experienced through the resonance of the body, but in a far more intensive and manifold way. This includes all kinds of local or general bodily sensations: feelings of warmth or coldness, tickling or shivering, pain, tension or relaxation, constriction or expansion, sinking, tumbling, or lifting, etc. They correspond, on the one hand, to autonomic nervous activity (e.g., raised heartbeat, accelerated respiration, sweating, trembling, visceral reactions), on the other hand, to various muscular activations, bodily postures and related kinesthetic feelings (e.g., clenching one's fist or one's jaws, moving backward or forward, bending or straightening oneself, etc.). Particularly rich fields of bodily resonance are the face and the gut. Thus, for example, sadness may be felt locally as a lump in the throat, a tightening in the chest or in the belly, a tension around the eyes, a tendency to weep, or globally as a sagging tendency or a painful wave spreading through the whole body.

In sum, the body is a most sensitive "sounding-board" in which every emotion reverberates (James 1884). At the same time, these bodily feelings have an immediate repercussion on the emotion as a whole: feeling one's heart pound in fear raises one's anxiety, feeling one's cheeks burn with shame increases the painful experience of exposure and humiliation, etc. (Ekman et al. 1972). Therefore bodily feelings should not be conceived as a mere by-product or add-on, distinct from the emotion as such, but as the *very medium* of affective intentionality. Being afraid, for instance, is not possible without feeling a bodily tension or trembling, a beating of the heart or a shortness of breath, and a tendency to withdraw. It is *through* these sensations that we are anxiously directed toward a frightening situation. Our feeling body is the way we are emotionally related to the world, or in other words, affective experiences *are* bodily feelings-toward (Goldie 2000).

3. Action tendency. Bodily resonance of emotions is not restricted to autonomic nervous system activity or facial expression (which are in the focus of most empirical studies), but includes the whole body as being moved and moving. Fear, for example, does not only mean a raised heart beat or widely opened eyes but also the urge to break free, to flee, or to hide (Sheets-Johnstone 1999). The term "emotion" is derived from the Latin *emovere*, "to move out," implying that inherent in emotions is a potential for movement, a directedness toward a certain goal (be it attractive or repulsive) and a tension between possible and actual movement. Emotions arise (p. 622) in the course of evolution when need and satisfaction are separated, as

a way to bridge the resulting gap: they sustain the intentional arc of drive, desire, and action toward the desired object (Merleau-Ponty 1962). Correspondingly, Frijda (1986) has characterized emotions in terms of *action readiness*, according to the different patterns of action which they induce: approach (e.g., desire), avoidance (e.g., fear), being-with (enjoyment, confidence), attending (interest), rejecting (disgust), non-attending (indifference), agonistic (anger), interrupting (shock, surprise), dominating (arrogance), and submitting (humility, resignation).

Similarly, according to De Rivera (1977), there exist four basic emotional movements: moving oneself “toward the other” (e.g., affection, mourning), moving the other “toward oneself” (e.g., desire), moving the other “away from oneself” (e.g., disgust, anger), and moving oneself “away from the other” (e.g., fear), related to the gestures of giving, getting, removing, and escaping. These basic movements are connected to a bodily felt sense of expansion or contraction, relaxation or tension, openness or constriction, etc. In anger, for example, one feels a tendency of expansion toward an object in order to push it away from self. In affection, one feels a relaxation, opening, and emanation toward an object or person. Emotions can thus be experienced as the directionality of one’s potential movement, although this movement need not necessarily be realized in physical space; they are phenomena of lived space (Fuchs 2007).

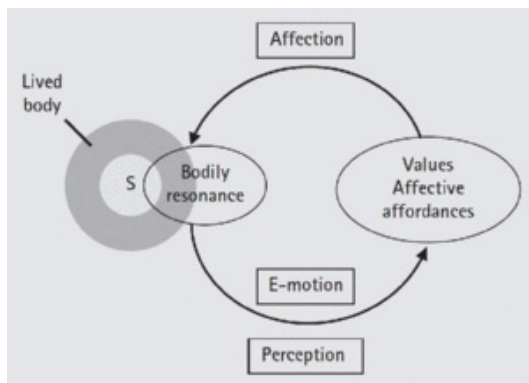
4. Functions and significance. On the basis of the analysis so far, the role of emotions for the individual may be determined as follows: Emotions “befall us”; they interrupt the ongoing course of life in order to inform us, warn us, tell us what is important and what we have to react upon. They (re)structure the field of relevancies and values; some of our plans, intentions or beliefs must be revised (Downing 2000). Emotions thus provide a basic *orientation* about what really matters to us; they contribute to defining our goals and priorities. At the same time, they preordain a certain scope and direction of possible responses which complement the *meaning* they give to the situation. Bodily resonance, autonomic arousal, and muscular activations make us *ready to act*: in anger we prepare for attack, in fear we tend toward flight, in shame to hide or disappear. This motivation also underlies the intentional arc that we draw in every action directed toward a desired goal. Emotion may thus be regarded as a bodily felt recognition of a meaningful transformation of the subject’s world which solicits the lived body to action. However, even when the action tendency of emotions does not win through, they still retain an *expressive* function: by indicating the individual’s state and possible action to others, they serve a communicative function in social life which will be explained below in the section on “inter-affectivity.”

An embodied and extended concept of emotions

We now have the necessary components that may be integrated into an embodied and extended model of emotions:

1. Emotions emerge as specific forms of a subject’s bodily directedness toward the values and affective affordances of a given situation. They encompass subject and situation and therefore may not be localized in the interior of persons (be it their psyche or (p. 623) their brain). Rather, the affected subject is engaged with an environment that itself has affect-like qualities. For example, in shame, an embarrassing situation and the dismissive gazes of others are experienced as a painful bodily affection which is the way the subject *feels* the sudden devaluation in others’ eyes. The emotion of shame is extended over the feeling person and his body as well as the situation as a whole.
2. Emotions further imply two components of bodily resonance:
 - ~ A *centripetal or affective component*, i.e., being affected, “moved,” or “touched” by an event through various forms of bodily sensations (e.g., the blushing and “burning” of shame).
 - ~ A *centrifugal or “emotive” component*, i.e., a bodily action readiness, implying specific tendencies of movement and directedness (e.g., hiding, avoiding the other’s gaze, “sinking into the floor” from shame). In emotions, we are “*moved to move*” (Sheets-Johnstone 1999).
3. On this basis, emotions may be regarded as *circular interactions or feedback cycles* between affection, perception, and movement (cf. Fig. 38.1). Being affected by the value features or affective affordances of a situation triggers a specific bodily resonance (“affection”) which in turn influences the emotional perception of the situation *and* implies a corresponding action readiness (“e-motion”). Embodied affectivity consists in the whole interactive cycle which is crucially mediated by the resonance of the feeling body.
4. Bodily resonance thus acts as the medium of our affective engagement in a situation. It imbues, taints, and

permeates the perception of this situation without necessarily stepping into the foreground. In Polanyi's terms, bodily resonance is the *proximal*, and the perceived situation is the *distal*, component of affective intentionality, with the proximal component receding from awareness in favor of the distal (Polanyi 1967). This may be compared to the sense of touch which is at the same time a self-feeling of the body ("proximal") and a feeling of the touched surface ("distal"); or to the subliminal experience of thirst ("proximal") which first becomes conspicuous as the perceptual salience of water flowing nearby ("distal").



Click to view larger

Figure 38.1 Embodied affectivity. S = subject.

5. If the resonance or *affectability* of the body is modified in specific ways, this will change the person's affective perception accordingly. Thus, a lack of resonance will (p. 624) impede the perception of corresponding affective affordances in the environment (e.g., injection of botulinum toxin in the frowning muscles impairs the understanding of negative semantic content which is normally facilitated by a slight frown; Havas et al. 2010). Conversely, increasing a certain bodily feeling favors the correlated affective perception (e.g., holding a hot cup of coffee elicits a "warmer" impression of a target person which is presented to test subjects than holding a cup of iced coffee; Williams and Bargh 2008). Thus, the different components of the affection-intention-motion cycle influence each other.

The last point is of particular psychopathological and psychotherapeutic importance, for it shows that emotions may not only be influenced by cognitive means (i.e., by changing the evaluative component of the cycle), but also by modifying the bodily resonance. It can be diminished as well as increased. The first is the case in habitual *body defenses*: When an emotion emerges, one often tends to defend against it by bodily counteraction: suppressing one's tears or cries, compressing one's lips, tightening one's muscles, keeping a stiff posture, "pulling oneself together," etc. This often happens unconsciously, as part of one's early acquired bodily *habitus* (cf. Bourdieu 1990). On the other hand, the experience of vague or diffuse emotions may be enhanced and differentiated by carefully attending to the bodily feelings and kinesthetic tendencies which these emotions imply, in order to render them accessible to verbal explication in psychotherapy.

A disturbance of bodily resonance and loss of affectability is also characteristic of severe depression. The constriction and "freezing" of the lived body in depression (Fuchs 2005a) leads to a general emotional numbness and finally to the affective depersonalization already mentioned. The deeper the depression, the more the affective qualities and atmospheres of the environment fade. The patients are no longer capable of being moved and affected by things, situations, or other persons. They complain of a painful indifference, a "feeling of not feeling," and of not being able to sympathize with their relatives any more.⁶ In his autobiographical account, Solomon describes his depression as "a loss of feeling, a numbness, [which] had infected all my human relations. I didn't care about love; about my work; about family; about friends" (Solomon 2001, p. 45). Thus patients feel disconnected from the world; they lose their participation in the interaffective space that we normally share with others.

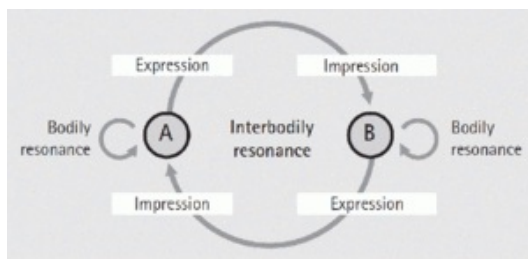
Interaffectivity

As we have seen in the "Emotions" section, emotions imply embodied action tendencies. More specifically, in the social sphere they are characterized by various potential movements toward, or away from, an actual or implicit

The Phenomenology of Affectivity

other (De Rivera 1977), i.e., they are essentially (p. 625) *relational*. As such, they are not only felt from the inside, but also displayed and visible in expression and behavior, often as bodily tokens or rudiments of action.⁷ The facial, gestural, and postural expression of a feeling is part of the bodily resonance that feeds back into the feeling itself, but also induces processes of *interaffectivity*: Our body is affected by the other's expression, and we experience the kinetics and intensity of his emotions through our own bodily kinesthesia and sensation. This means that in every social encounter, two cycles of affective intentionality (cf. Fig. 38.1) become intertwined, thus continuously modifying each subject's affective affordances and resonance. This complex process may be regarded as the bodily basis of *empathy* and *social understanding*.

To illustrate this (Fig. 38.2), let us assume that A is a person whose emotion, e.g., anger, manifests itself in typical bodily (facial, gestural, interoceptive, etc.) changes. He feels the anger as the tension in his face, the sharpness of his voice, the arousal in his body, etc. This resonance is an *expression* of the emotion at the same time, i.e., the anger becomes visible and is perceived as such by A's partner, B. But what is more, the expression will also produce an *impression*, namely by triggering corresponding or complementary bodily feelings in B. Thus, A's sinister gaze, the sharpness of his voice, or expansive bodily movements might induce in B an unpleasant tension or even a jerk, a tendency to withdraw, etc. (similarly, shame that one witnesses may induce embarrassed aversion, sadness a tendency to connect and console, and so forth). Thus, B not only sees the emotions in A's face and gesture, but also senses it with his own body, through his own bodily resonance.



[Click to view larger](#)

Figure 38.2 Interaffectivity. Adapted from *Phenomenology and the Cognitive Sciences*, 11(2), 2012, pp. 205–236, *The Extended Body: A case study in the neurophenomenology of social interaction*, Froese, T., Fuchs, T., with kind permission from Springer Science and Business Media.

However, it does not stay like this, for the impression and bodily reaction caused in B in turn becomes an expression for A. It will immediately affect his bodily reaction, change his (p. 626) own expression, however slightly (e.g., increasing or decreasing his expression of anger), and so forth. This creates a circular interplay of expressions and reactions running in split seconds and constantly modifying each partner's bodily state. They have become parts of a dynamic sensorimotor and interaffective system that connects both bodies in *interbodily resonance* or *intercorporality* (Merleau-Ponty 1964). Of course, the signals and reactions involved proceed far too quickly to become conscious as such. Instead, both partners will experience a specific feeling of being connected with the other in a way that may be termed "mutual incorporation" (Fuchs and De Jaegher 2009). Each lived and felt body reaches out, as it were, to be extended by the other. In both partners, their own bodily resonance mediates the perception of the other. It is in this sense that we can refer to the experience of the other in terms of an embodied perception, which, through the interaction process, is at the same time an embodied communication.

This can perhaps best be studied in early childhood. Emotions primarily emerge from and are embedded in dyadic interactions of infant and caregiver. Stern (1985) has shown in detail how emotions are cross-modally expressed, shared, and regulated. Infants and adults experience joint affective states in terms of dynamic flow patterns, intensities, shapes, and vitality affects (e.g., *crecendo* or *decrecendo*, fading, bursting, pulsing, effortful or easy, etc.) in just the way that music is experienced as affective dynamics. This includes the tendency to mimic and synchronize each other's facial expressions, vocalizations, postures, movements, and thus to converge emotionally (Condon 1979, Hatfield et al. 1994). All this may be summarized by the terms *affect attunement* and *interaffectivity* (Stern 1985, p. 132): The emerging affect during a joyful playing situation between mother and infant may not be divided and distributed among them. It arises from the "in-between," or from the over-arching process in which both are immersed.

Thus, affects are not inner states that we experience only individually or that we have to decode in others, but primarily *shared states* that we experience through interbodily affection. Even if one's emotions become

increasingly independent from another's presence, intercorporality remains the basis of empathy: There is a bodily link which allows emotions to immediately affect the other and thus enables empathic understanding without requiring a theory of mind or verbal articulation (Fuchs and De Jaegher 2009). It is obvious that these processes of embodied interaffectivity as well as their disturbances are of major importance for psychiatry, in particular for all kinds of psychotherapeutic interaction.

Conclusion

In contrast to the common cognitivist picture in which our mental states including moods and emotions are located within our head, phenomenology regards affects as encompassing phenomena that connect body, self, and world. They emerge on the basis of a pre-reflective attunement to the current situation, indicate the current state of our relations, interests, and conflicts, and manifest themselves as sensations, motions, and expressions of the body. In this way, I have presented vital and existential feelings, affective atmospheres, moods, and emotions as embodied and extended phenomena. In all of them, the body acts as a tacit or more explicitly felt medium of our affective relation to the world. At the same time, all of them imply a pre-reflective self-awareness which links them to the core of our subjectivity. (p. 627) Finally, all feelings and affects open and direct us, specifically or rather unspecifically, toward the various possibilities, tendencies, or projects of our present life situation.

As such, affectivity conveys *meaning* to our life: it is only through affects that we live in a world in which persons and things matter, that we learn what is relevant for us, and what is worth our engagement. Without affects, the world would be a place without affordances and significance; we would not even attend to anything, for nothing would attract our interest. There is no clear separation between *affection* and *cognition*, for we can only recognize what is relevant for us, i.e., what bears affective values of some sort for our life. All cognition is based on our affective participation in the world. Nor is there a clear separation between *affection* and *volition*, for we can only take action on what has already affected us, and conversely, we can only be affected by what already motivates us to act. Acting is only possible in a world of affective affordances which lend a meaningful structure to the field of possible action.

A particular emphasis has been placed in this account on the intersubjective dimension of affectivity: Even in the most basic existential background feelings of reality, belonging to and familiarity with the world, all the more in our moods and emotions, we are always related to others within a shared affective space. Our participation in this space is crucially mediated by the lived body with its affectability and resonance. Infant research demonstrates how the mutual bodily resonance of facial, gestural and vocal expression engenders our primary affective attunement to others. From birth on, the body is embedded in intercorporality, and thus becomes the medium of interaffectivity. Hence, affects are not enclosed in an inner mental sphere to be deciphered from outside, but come into existence, change, and circulate between self and other in the interbodily dialogue. This applies also to the social and moral emotions such as shame, pride, envy, or guilt feelings which imply a reflective awareness of the self-in-relation-to-others and are only called forth by social interactions in the second and third year of life. Emotions are neither individual nor unidirectional phenomena; they operate in cycles that can involve multiple people in processes of mutual influence and bonding.

The diversity of affective phenomena, in particular their frequent background character, indicate that their psychopathological significance is by no means restricted to affective disorders in the narrow sense. If affectivity is the foundation of our being-in-the-world and of our being-with-others, then in all mental disorders this basic level will also be implicated. Moreover, as I pointed out earlier, numerous disorders which at first sight appear as disturbances of thought, perception or behavior are actually based, at least to a large extent, on unnoticed background feelings that tacitly change the whole experiential field. Similarly, disorders of intersubjectivity, as in schizophrenia and autism, which are currently attributed to higher cognitive dysfunctions, i.e., a theory of mind deficit (Frith 1989, 2004), may also be conceived as more basic disturbances of pre-reflective intercorporality and interaffectivity (cf. Fuchs 2010; Gallagher 2004; Hobson 2002; Stanghellini 2004). Finally, we should not forget that in all mental disorders affectivity occurs a second time, as it were, namely as suffering *from one's own condition*. A depressive person, for example, does not only experience anxiety, inhibition, loss of drive, or lack of sleep, but also suffers from feelings of insufficiency, guilt, or despair over his own state. Since human beings are essentially characterized by the stance they take toward themselves, they are not only affected on the primary level of the disturbance, but they also suffer on the existential level on which they have to live and to cope with their illness.

(p. 628) The complexity thus indicated should caution us against neglecting the phenomenology of affectivity and its disturbances in favor of searching for their underlying processes, such as unconscious cognitive mechanisms or neurobiological dysfunctions as their alleged “real causes.” First, a nuanced phenomenology is necessary for the psychiatrist to adequately understand the patient’s condition and thus to build up a close therapeutic relationship. Second, affects as fundamentally motivating and meaning-bestowing experiences are indispensable for the patients to understand *themselves*. All explanations of moods and emotions in terms of underlying mechanisms, though justified for certain research purposes, risk turning our self-understanding as feeling, wishing, and intending beings into a view of ourselves as a kind of apparatus whose states can be mechanically or chemically modified like those of our cars. Third, affects are what essentially connects us to others as well as to ourselves—not primarily cognitions or knowledge about neurobiological mechanisms. Working with the patient’s affects, i.e., understanding, sharing, expressing, verbalizing, clarifying, and modifying them is arguably the most important task the psychiatrist has to face. He would be ill-advised to regard all these processes as mere surface phenomena.

Affects as interpersonal experiences show that human beings are essentially relational beings, needful of others for belonging, recognition, and being themselves. To be impaired or incapacitated in participating in the interaffective space that we share with others is probably the most serious suffering which mental illness can cause to those afflicted. If the categories developed in this chapter allow for a more fine-grained and richer assessment of individual experience in disorders of affectivity, it might make a contribution to our understanding of our patients’ suffering, and thus to our ability to alleviate it.

References

- Alpert, M. and Rosen, A. (1990). A semantic analysis of the various ways that the term “affect,” “emotion” and “mood” are used. *Journal of Communication Disorders*, 23, 237–46.
- American Psychiatric Association (1995). *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington DC: American Psychiatric Association.
- Anderson, B. (2009). Affective atmospheres. *Emotion, Space and Society*, 2, 77–81.
- Beck, A. T. and Alford, B. A. (2009). *Depression: Causes and treatment*. Pennsylvania, PA: University of Pennsylvania Press.
- Beck, A. T., Rush, A. J., Shaw, B. F., and Emery, G. (1979). *Cognitive Therapy of Depression*. New York, NY: Guilford Press.
- Berg, J. H. van den (1972). *A Different Existence. Principles of Phenomenological Psychopathology*. Pittsburgh, PA: Duquesne University Press.
- Berrios, G. E. (1985). The psychopathology of affectivity: conceptual and historical aspects. *Psychological Medicine*, 15, 745–58.
- Blaney, P. H. (1986). Affect and memory: A review. *Psychological Bulletin*, 99, 229–46.
- Bourdieu, P. (1990). Structures, habitus, practices. In *The Logic of Practice*, pp. 52–79. Stanford, CA: Stanford University Press.
- Condon, W. S. (1979). Neonatal entrainment and enculturation. In M. Bullowa (Ed.), *Before Speech*, pp. 131–48. Cambridge: Cambridge University Press.
- Damasio, A. (1995). *Descartes’s Error: Emotion, Reason and the Human Brain*. London: Picador.
- Darwin, C. (1872). *The Expression of Emotions in Man and Animals*. London: Murray.
- De Rivera, J. (1977). *A Structural Theory of the Emotions*. New York, NY: International Universities Press.
- De Sousa, R. (2010). Emotion. In E. N. Zalta (Ed.), *Stanford Encyclopedia of Philosophy* (Spring 2010 Edition).

The Phenomenology of Affectivity

[Online.] Available at: <>.

Downing, G. (2000). Emotion theory reconsidered. In M. Wrathall and J. Malpas (Eds), *Heidegger, Coping, and Cognitive Science: Essays in Honor of Hubert L. Dreyfus. Vol. 2*, pp. 254–70. Cambridge, MA: MIT Press.

Ekman, P., Friesen, W. V., and Ancoli, S. (1972). *Emotion in the Human Face*. New York, NY: Pergamon.

Enoch, M. D. and Trethowan, W. H. (1991). *Uncommon Psychiatric Syndromes* (3rd edn). Bristol: John Wright.

Freud, S. (1959). Inhibitions, symptoms and anxiety. In J. Strachey (Ed.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XX*, pp. 75–176. London: Hogarth Press. (Original work published 1926.)

Frijda, N. H. (1986). *The Emotions*. Cambridge: Cambridge University Press.

Frijda, N. H. (1994). Varieties of affect: Emotions and episodes, moods, and sentiments. In P. Ekman and R. J. Davidson (Eds), *The Nature of Emotion: Fundamental Questions*, pp. 59–67. New York, NY: Oxford University Press.

Frith, C. D. (2004). Schizophrenia and theory of mind. *Psychological Medicine*, 34, 385–9.

Frith, U. (1989). *Autism: Explaining the Enigma*. Oxford: Basil Blackwell.

Froese, T. and Fuchs, T. (2012). The extended body: A case study in the neurophenomenology of social interaction. *Phenomenology and the Cognitive Sciences*, 11, 205–36.

Fuchs, T. (2000). *Leib, Raum, Person. Entwurf einer phänomenologischen Anthropologie*. Stuttgart: Klett-Cotta.

Fuchs, T. (2005a). Corporealized and disembodied minds. *A phenomenological view of the body in melancholia and schizophrenia. Philosophy, Psychiatry, & Psychology*, 12, 95–107.

Fuchs, T. (2005b). Delusional mood and delusional perception—A phenomenological analysis. *Psychopathology*, 38, 133–9.

Fuchs, T. (2007). Psychotherapy of the lived space. *A phenomenological and ecological concept. American Journal of Psychotherapy*, 61, 432–9.

Fuchs, T. (2010). Phenomenology and psychopathology. In S. Gallagher and D. Schmicking (Eds), *Handbook of Phenomenology and the Cognitive Sciences*, pp. 547–73. Dordrecht: Springer.

Fuchs, T. (2012). The feeling of being alive. Organic foundations of self-awareness. In J. Fingerhut and S. Marienberg (Eds), *Feelings of Being Alive*, pp. 149–166. Berlin: De Gruyter.

Fuchs, T. (in press). Depression, intercorporeality and interaffectivity. *Journal of Consciousness Studies*.

Fuchs, T. and De Jaegher, H. (2009). Enactive intersubjectivity: Participatory sense-making and mutual incorporation. *Phenomenology and the Cognitive Sciences*, 8, 465–86.

Gallagher, S. (2004). Understanding interpersonal problems in autism: interaction theory as an alternative to theory of mind. *Philosophy, Psychiatry, & Psychology*, 11, 199–217.

Gibson, J. (1979). *The Ecological Approach to Visual Perception*. Boston, MA: Houghton Mifflin.

Goldie, P. (2000). *The Emotions: A Philosophical Exploration*. Oxford: Clarendon Press.

Gordon, R. (1987). *The Structure of Emotions*. Cambridge: Cambridge University Press.

Grube, M. (2006). Towards an empirically based validation of intuitive diagnostic: Rümke's "praecox feeling" across the schizophrenic spectrum: preliminary results. *Psychopathology*, 39, 209–17.

Hatfield, E., Cacioppo, J., and Rapson, R. L. (1994). *Emotional Contagion*. New York, NY: Cambridge University Press.

The Phenomenology of Affectivity

- Havas, M., Gutowski, K. A., Lucarelli, M. J., Davidson, R. J. Havas, D. A., and Glenberg, A. (2010). Cosmetic use of botulinum toxin-A affects processing of emotional language. *Psychological Science*, 21, 95–900.
- Heidegger, M. (1962). *Being and Time* (J. Macquarrie and E. Robinson, Trans.). Oxford: Blackwell.
- Hobson, R. P. (2002). *The Cradle of Thought*. London: Macmillan.
- James, W. (1884). What is an emotion? *Mind*, 9, 188–205.
- Jaspers, K. (1968). *General Psychopathology* (J. Hoenig and M. W. Hamilton, Trans.). Chicago, IL: University of Chicago Press.
- Kimura, B. (1972). *Hito to Hito no Aida*. Tokyo: Kobundo.
- (In German: Weinmayr, E. (Trans.) (1995). *Zwischen Mensch und Mensch. Strukturen japanischer Subjektivitaet*. Darmstadt: Wissenschaftliche Buchgesellschaft.)
- Kitanaka, J. (2012). *Depression in Japan: Psychiatric Cures for a Society in Distress*. Princeton, NJ: Princeton University Press.
- Koehler, W. (1992). *Gestalt Psychology: An Introduction to New Concepts in Modern Psychology*. New York, NY: Liveright.
- Kraus, A. (2002). Melancholie: eine Art von Depersonalisation? In T. Fuchs and C. Mundt (Eds), *Affekt und Affektive Stoerungen*, pp. 169–86. Paderborn: Schoeningh.
- Lyons, W. (1980). *Emotion*. Cambridge: Cambridge University Press.
- Merleau-Ponty, M. (1962). *The Phenomenology of Perception*. New York, NY: Humanities Press.
- Merleau-Ponty, M. (1964). Eye and mind (C. Dallery, Trans.). In J. Edie (Ed.), *The Primacy of Perception*, pp. 159–90. Evanston, IL: Northwestern University Press.
- Nussbaum, M. C. (2001). *Upheavals of Thought. The Intelligence of Emotions*. Cambridge: Cambridge University Press.
- Polanyi, M. (1967). *The Tacit Dimension*. Garden City, NY: Anchor Books.
- Radovic, F. and Radovic, S. (2002). Feelings of unreality: A conceptual and phenomenological analysis of the language of depersonalization. *Philosophy, Psychiatry, & Psychology*, 9, 271–9.
- Ratcliffe, M. (2008). *Feelings of Being. Phenomenology, Psychiatry and the Sense of Reality*. Oxford: Oxford University Press.
- Ratcliffe, M. (2009). Existential feeling and psychopathology. *Philosophy, Psychiatry, & Psychology*, 16, 179–94.
- Rhodes, J. and Gipps, R. G. T. (2008). Delusions, certainty, and the background. *Philosophy, Psychiatry, & Psychology*, 15, 295–310.
- Rümke, H. C. (1990). The nuclear symptom of schizophrenia and the praecox feeling. *History of Psychiatry*, 1, 331–41. (Original work published 1941.)
- Schneider, K. (1920). Die Schichtung des emotionalen Lebens und der Aufbau der Depressionszustände. *Zeitschrift für die gesamte Neurologie und Psychiatrie*, 59, 281–6.
- Schneider, K. (1959). *Clinical psychopathology*. New York, NY: Grune & Stratton.
- Schore, A. N. (1999). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Mahwah, NJ: Lawrence Erlbaum Assoc. Inc.
- Sheets-Johnstone, M. (1999). Emotion and movement. *A beginning empirical- phenomenological analysis of their relationship*. *Journal of Consciousness Studies*, 6, 259–77.

The Phenomenology of Affectivity

Slaby, J. and Stephan, A. (2008). Affective intentionality and self-consciousness. *Consciousness and Cognition*, 17, 506–13.

Solomon, A. (2001). *The Noonday Demon: An Atlas of Depression*. London: Vintage Books.

Solomon, R. (1976). *The Passions*. New York, NY: Anchor/Doubleday.

Stanghellini, G. (2004). *Disembodied Spirits and Deanimated Bodies: The Psychopathology of Common Sense*. Oxford: Oxford University Press.

Stephan, A. and Slaby, J. (2011). Affektive Intentionalitaet, existenzielle Gefuehle und Selbstbewusstsein. In J. Slaby, A. Stephan, S. Walter, and H. Walter (Eds), *Affektive Intentionalitaet*, pp. 206–29. Paderborn: Mentis.

Stern, D. N. (1985). *The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology*. New York, NY: Basic Books.

Williams, L. E. and Bargh, J. A. (2008). Experiencing physical warmth promotes interpersonal warmth. *Science*, 24, 606–7.

Wittgenstein, L. (1969). *On Certainty*. Oxford: Basil Blackwell.

Notes:

(1) Even at the age of seventy, Freud admitted that he was “ignorant of what an affect is” (Freud 1926, p. 132).

(2) That means, believing that *p is the case*; for example, being angry means judging “to have been wronged by another person” which is the propositional content of the anger.

(3) These structural qualities of perception have been particularly explored by Gestalt psychology (cf. Koehler 1992) and nowadays been rediscovered by infant research as so-called “vitality affects” (Stern 1985). See also the phenomenology of affectivity in Fuchs (2000, pp. 193–217).

(4) In animals, mood states seem to determine instinctive behaviour more specifically, resulting in circumscribed phases for hunting, mating, breeding, playing, exploring, recovery, etc. On the neurobiological level, moods may be regarded as generally motivating or readiness states based on neuromodulatory and endocrine functions, the main modulating transmitters being norepinephrine (attention, impulsivity), serotonin (activation), acetylcholine (attention), and dopamine (pleasure, rewarding). For the neurobiology of moods, see e.g., Schore (1999).

(5) For example, “if rain is infrequent in a region over long periods, the climate is arid” (Alpert and Rosen 1990).

(6) Schneider (1920) already pointed out that the “vital disturbances” of bodily feelings in severe depression are so intense that emotions can no longer arise. Of course, there are emotions that remain despite the loss of affectability, in particular feelings of guilt, anxiety or despair. However, these emotions show some characteristic features: (1) they do not connect, but rather separate the subject from the world and from the others; (2) their felt bodily quality is characterized by constriction and rigidity, thus corresponding to the depressive state; (3) they are embedded in the prevailing depressed mood rather than arising as independent feelings; therefore their intentional objects are just as ubiquitous as arbitrary.

(7) According to Darwin (1872), emotional expressions once served particular action functions (e.g., baring one’s teeth in anger to prepare for attack), but now accompany emotions in rudimentary ways in order to communicate these emotions to others. Evolutionary psychologists have advanced the hypothesis that hominids have evolved both with increasingly differentiated facial expressions and with sophisticated capabilities of understanding these affect displays. In any case, though strongly varying between and within cultures, emotional expression is a crucial facet of interpersonal communication in all societies; according to Ekman et al. (1972) it is based on six cross-culturally invariant emotions (happiness, sadness, fear, anger, surprise, and disgust).

Thomas Fuchs

