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The Phenomenology of Shame, Guilt and the Body in Body Dysmorphic Disorder and Depression

ABSTRACT

From a phenomenological viewpoint, shame and guilt may be regarded as emotions which have incorporated the gaze and the voice of the other, respectively. The spontaneous and unreflected performance of the primordial bodily self has suffered a rupture: In shame or guilt we are rejected, separated from the others, and thrown back on ourselves. This reflective turn of spontaneous experience is connected with an alienation of primordial bodiliness that may be described as a "corporealization": The lived-body is changed into the objective, corporeal body or "body-for-others." The polarity of "bodiliness" and "corporeality" may further a phenomenological understanding of several mental disorders connected with shame and guilt. This is shown by the examples of body dysmorphic disorder and melancholic depression.

Shame and guilt belong to the self-related and self-evaluating emotions which constitute a peculiarity of human development: to the best of our knowledge, even higher developed animals know neither shame nor guilt. This points to a connection of those affects with the formation of self-consciousness which I will investigate from a phenomenological viewpoint. My first focus will be on the alteration brought about by shame and guilt in prereflective bodily experience. This alteration is essentially linked to the

adoption of the perspective of the other. On this basis, I will analyse the role which shame and guilt play in certain psychopathological conditions.

The Dialectics of Lived and Corporeal Body

My starting-point is the polarity of the lived and the corporeal body as conceptualized by the phenomenological tradition, especially by Merleau-Ponty (1962). The *lived body* means not only the felt body, the subjective space of bodily sensations, but comprises my prereflective experience as a whole, insofar as it is conveyed by the medium of the body, by its senses and limbs. I act through my body, perceive and exist through it, without explicitly reflecting on it. Hence, lived bodiliness means my relation to the world as mediated and lived by the body, or my embodied being-in-the-world. The *corporeal body*, on the other hand, is the anatomical object of physiology and medicine which can be observed, grasped and even manipulated—an object, however, which by its properties of being a living organism and, moreover, the field of expression of a *person*, enters a complex relation to the subjective “lived-body.”

In phenomenological psychology and medicine the corporeal body was often looked upon as a mere result of objectifying reflection and as an object of scientific investigation—as a “foreign body” in the original life-world of prereflective experience. This view seems problematic since it puts up a new dualism which only replaces the older one of body and mind. In fact, the corporeal body may well be experienced in the realm of bodiliness, even though in a peculiar negativity. It appears

- (1) in the experience of heaviness, fatigue, injury, or illness; i.e., whenever the lived-body loses its “taken for granted” carrying role and becomes the sluggish, obstinate or fragile body which “I have;”
- (2) in all kinds of clumsiness (e.g., when we try to perform or train a certain movement that we have not yet mastered, the body is no longer medium but, as it were, a difficult tool to be handled;
- (3) in situations of exposure to the view of others when the body becomes an object for them, a “body-for-others” (*corps pour autrui*, Sartre, 1956). Thus is the case, e.g., in shame, when we suddenly become aware of our blushing body in an embarrassing way; in our conscious appearance, e.g., in clothing, make-up, deliberate gesture or facial expression, etc.; or else in the physical

examination by the doctor who objectifies and, as it were, turns the lived into the corporeal body.

If we take all this together, the corporeal body appears whenever a reaction or resistance arises to the primary performance of the lived-body; when the body loses its prereflective, automatic coherence with the surrounding world; when our spontaneous bodily expressions are disturbed, blocked, or objectified by an inversion of our attention upon ourselves. The corporeal body is the obstinate or heavy body that eludes my disposal; the body as shown or exposed to others; the body that I am bound to, or that I reflect upon. Primordial or lived bodiliness is a constant outward movement, directed to the environment from a hidden center, and participating in the world. Corporeality appears whenever this movement is paralysed or stopped, when the lived-body is thrown back on itself, reified or “corporealized.” This is accompanied by an alteration in temporality: spontaneous life, always reaching out for the future, is interrupted, and the subject is suddenly fixed on the present moment or on a lost past.

There is also an interaction between the corporealizing effects of (1) fatigue, injury or illness, (2) clumsiness and (3) the gaze of the other in self-exposure, shame, etc. The heavy, clumsy or injured body does not fit to what is appropriate or expected in a given situation and, therefore, becomes especially vulnerable to the others’ gaze. Thus, the corporealized body is prone to cause feelings of embarrassment, shame or guilt. There may even a vicious circle arise here, i.e., when a clumsy person gets ashamed, which in turn undermines spontaneous bodiliness so as to make one even more clumsy, etc.¹ The way our body is prereflectively lived influences the way we feel towards others, and vice versa.

Bodiliness and corporeality are, therefore, dialectically intertwined. The body oscillates in the polarity of being unnoticed or conspicuous, of automatic performance or interfering resistance, of being subject or object, being lived or being had. The body, as Merleau-Ponty (1962) put it, reveals the fundamental “ambiguity” of human existence. Now, as we saw, the polarity of lived and corporeal body is closely connected with the interpersonal sphere: the body becomes an object in the proper sense only when it is seen by *the other*. Following Sartre’s (1956) analysis, we may consider in more detail how bodiliness is altered by this gaze.

The Gaze of the Other

If I see another person, I perceive her essentially in her gaze which is directed towards the objects like a ray; I see her as the center of a gaze. Now, if this roaming gaze turns on me, I am suddenly caught, as it were, in a force field, in a suction that attracts me, or in a stream that floods me. I am torn out of the centrality of my lived-body and become an object inside another world. The other's gaze decentralizes my world. This is why every time two people catch sight of each other a subtle fight of gazes for impact, power and rank begins. My face above all is exposed to the other's gaze, bare and unprotected. To withstand his gaze is like struggling against a torrent. This flooding, then, is also expressed by the face's blushing in shame.

Primordial, prereflective bodiliness does not know about itself; it is directed towards the outside from a hidden center. The lived-body has no access to the inner source from which its directions, drives, and intentions spring: it lives itself and by this remains blind to itself. Even my corporeal body is only visible for me in parts; my face remains hidden from me, always "in the back" of my gaze. It is by this blind spot that the other's gaze seizes my lived-body, grasps it and changes it into a seen, corporeal body. The other's gaze catches me just because I am undetectable for my own gaze, and turns my hidden centrality inside out. At the same time, it inverts the directions of my bodiliness turned towards the world and makes me shrink to the size of my corporeal body. Suddenly the experience of "me-here-now" arises.

Once grasped by the other's gaze, the lived-body has changed fundamentally: from now on, it bears the imprint of the other; it has become body-for-others, i.e., object, thing, naked body. The other's gaze reifies or "corporealizes" the lived-body. This applies especially for the objectifying, e.g., cold, scrutinizing, contemptuous, or voyeuristic gaze: it throws the person back on her own body, it seizes, captivates and subjects her. The "corporealization" by the gaze of the other paralyzes the lived-body and petrifies it for the moment, as the look of the Gorgo Medusa does in the Greek myth.

This interruption of the movement of living and inversion of the direction of experience is connected with reflection and self-consciousness. The mirror, in which the lived appears as corporeal body, is the paradigm for the external aspect of oneself, internalized as reflection. The mirror represents the perspective of the others on my body: by taking over this perspective on myself,

self-consciousness is constituted. An essential step in this process is marked by the development of shame.

The Phenomenology of Shame

Shame is immediately related to the other's gaze. Typically it arises in situations of disclosure or rejection. Someone dares to come forth out of his former neutrality, e.g., by confidently addressing another person, asking her for something, presenting something expectantly to others, etc. By this, he discloses and uncovers himself, shows himself as needy or vulnerable in some way. To his consternation, however, his request or initiative is in vain: he is not understood, turned down, or even laughed at, and experiences a painful feeling of rejection. Other situations of shame imply the uncovering of a hidden action, being caught at doing something unseemly, and left unprotected to the eyes of the public.

Quite often shame results from the experience of making a fool of oneself, of becoming ridiculous. Shame thus arises from acting awkwardly or improperly: from the inadequacy of one's spontaneous behaviour to expectations of others or the norms of decency; from clumsiness or lack of body control (e.g. in the stutterer); from a mishap of the body, revealing its mere corporeality (as in the limping or the hunchback). We also experience as ridiculous or comical, and therefore as shameful, a behaviour which is artificial, only put on or exaggerated—in other words, all that only imitates or mimics the natural grace of uninhibited bodiliness. As we can see, shame is caused by ridiculousness, awkwardness, inadequacy, artificiality or imitation, taken all together: by the *alienation* of primordial bodiliness from which suddenly the ordinary and earthly corporeality falls out, as it were, and is discovered. A dichotomy arises between our ambitions and our facticity; we fall back on the limits which the body sets to our projects. Thus we meet at the roots of ridiculousness and shame a “corporealization” as well: “We always laugh when a person appears as a thing to us,” as Bergson (1959) put it.

This corresponds to the characteristic experience of shame itself: being painfully affected by centripetal directions, i.e., by piercing gazes or pointing fingers from all sides; lowering one's eyes in order to escape those gazes; a feeling of shrinking such as one could “sink through the floor with

shame," a desperate desire to hide oneself—all this means paralysis and corporealization in the presence of the others. The reddening and warmth of the face, or the "burning shame" corresponds to the painful gazes which are felt like hot rays; the ashamed person is actually the "focus" of attention. This phenomenological structure of shame means that the lived-body has taken up and internalized its being seen; the exposure as corporeal body before the eyes of the others has become a part of its feelings. Thus we may say that *shame is the incorporated gaze of the other*. The alteration of bodiliness brought about by shame has been described by Heinrich von Kleist in his famous essay, "On the puppet theatre:"

The narrator reports on a young man of exceptional natural grace who loses his innocence just before the narrator's eyes by a single remark: After a bath taken together with the narrator, the boy catches sight of himself in a mirror just when performing a gesture that reminds him of a beautiful sculpture they both had once seen. Quite upset, he speaks of his discovery, but the narrator only laughs and makes a mocking remark, whereupon the young man blushes shamefully. He tries to repeat the gesture several times, but fails in a comical way. From this day on the young man is no more what he was before: "An invisible and mysterious power seemed to enclose the free play of his gestures, and when a year had passed, no sign of his former charm could be noticed . . ." (Kleist, 1962, p. 343).

The "natural grace" of the young man, corresponding to his spontaneous bodiliness, is already broken by the mirror as the materialized gaze of the other, but even more so by the interpersonal constellation of ridiculousness, embarrassment and shame. With this his corporeal body comes to the fore, not only visually in the mirror, but also in the awkwardness of his movement and its comical repetition. Physiologically, the lost coherence with the world appears in a change of blood circulation (blushing), in trembling, or in a disturbance of motor coordination. This disorganization turns the attention of the ashamed person to his body, leading to a vicious circle of corporealization and self-consciousness, as mentioned before. Hence, his subsequent movements and behaviour get "willed" and intended instead of spontaneous and automatic. Thus, the gaze of the other adds not only an outward appearance to the bodiliness, but also breaks through the immediacy of one's bodily being. In shame, and under the gaze of the other, bodiliness not only gets

looked-at and nude, but also “put on,” pretended or artificial. As a result, what one is becomes what one performs or the role one plays.

The “self-performance” of the *histrionic* person who likes to play a role before others may thus be regarded as a defence against the shame which could arise if she were seen as she *really* is. Obviously the *persona*, the mask before one’s authentic feelings, corresponds to the clothing which has to cover the naked body. One hides the body in the same way as one hides one’s proper feelings. Shame may also be avoided in the opposite way, that is, by *shyness* and *inhibition*: these are subliminal, continuously shameful attitudes which prevent exposure and thus attacks of shame.

However the ways of coping with shame may vary: shame means, according to Hegel, “man’s separation from his natural and sensual existence.”² It takes away the innocence of the lived-body, implying an experience of depersonalization which throws the subject back on himself. This sudden inversion leads to a dissociation of experiencing and perceiving subject: The ashamed person *doubles* by perceiving herself from outside, i.e., being the perceiver and the perceived at the same time. She looks with the eyes of the others at her embodied self which has become ridiculous and ashamed. It is precisely the negation (*Nichtung*) of this primordial self, experienced with a feeling of destruction, that gives rise to self-consciousness, to the “I-self.” Therefore, shame is the fundamental affect of reflective knowing-about-one-self, of self-perception from the standpoint of the others, or “the public.”³

In early childhood development the affect of shame is preceded by feelings of embarrassment or shyness. They do not include a self-evaluating, but already a negative, unpleasant component: e.g., when the child at 8 months of age shows distress in response to the appearance of strangers, or at 16 to 18 months discovers his picture in the mirror—an event which is often accompanied by gestures of embarrassment (Stipek et al., 1992; Lewis, 1995). The actual shame evolving later on implies a self-evaluation, a primitive form of judgment: to be ashamed means the experience of insufficiency, disapproval, even annihilation by critical, contemptuous or punishing gazes. The person who is ashamed falls out of her interpersonal relations for the moment and experiences an elementary self-devaluation. It is no coincidence that in ontogenesis shame precedes guilt and conscience: shame means the loss of childlike “innocence” also in the moral sense. The corporealization and

depersonalization of the lived-body is essentially felt as “unworthiness.” It is expressed last not least by the covering of the body through clothing and by the command of the privacy of excretions: the child learns that he no more *is* his embodied appearance in the full sense, but *has* it as corporeal body, and, therefore, also has to *deal with* it in a certain way.

In the paradise tale of the Genesis we find reflexion, shame and conscience closely connected with each other: self-consciousness as well as knowledge of good and evil arise with the experience of nakedness and shame. Adam and Eve “open their eyes” and recognize themselves in their nakedness which they now try to hide from God’s gaze—as it were, the ubiquitous gaze of the other. Shameful nakedness results from the interruption of pure self-expression, from the reflection of primordial bodiliness by the gaze of the other. Moreover, with the apple from the tree of knowledge also comes knowledge of one’s mortality: this confirms the restriction of bodiliness by the gaze of the other which deprives it of its former “eternity” (the pure and timeless “becoming” of the lived-body) and converts it into a limited, transient and earthly body.⁴

The Phenomenology of Guilt

As we have seen, shame already bears the germ of guilt. Shame becomes guilt when the social norms are internalized as one’s own feelings of value and when self-condemnation anticipates public exposure. This presupposes the development of a personal center, with the beginning capacity to regard oneself as the originator of one’s actions, to evaluate and feel responsible for them.

In contrast to shame, guilt is no more bound to the immediate presence of the other; its impact is more lasting. The event one is to be blamed for lies in the past. Thus the *present* rejection of shame becomes the *already executed* expulsion of elementary guilt. Instead of being exposed to, and paralyzed by, the others’ gazes, the culprit feels, as it were, already abandoned. The German psychiatrist Conrad (1992, p. 36) has described the awareness of severe guilt, e.g., of a murder, as a radical change in experienced space:

Something has changed irretrievably and can never return to its former state. The world still seems the same, the chair, the table, the trees and the

clouds are the same as they were before. And yet everything is different: their relation to me, the culprit, is altered; they are innocent, not concerned by my guilt. Thus they have moved and turned away from me, they do not care for me any more and leave me in the lurch.

In elementary guilt the person falls out of the common world; an abyss has opened between her and the others which cannot be bridged again. Every friendly word, every innocent gesture only increases the pain of being expelled. With that, and like shame, guilt causes a corporealization, though not so much by painfully felt gazes of the others but by the *separation* from them. It throws the guilty person back on herself and lets her corporeality come forth as a heavy load that drags her down. Shame “burns,” but guilt “weighs.” The guilty person feels dejected, depressed, keeps his head bowed, and a heavy weight lies oppressing on his chest. As in shame, the polarity of lived and corporeal body thus forms a matrix for the expression of guilt feelings.

This inhibition and weight corresponds to the sticking of guilt to the *past*. The culprit ponders over his motives and calls his act to mind again and again. He is excluded from the living present and approaching future. Guilt does not ease like shame does outside of the shameful situation; it accompanies the guilty individual and attaches him to his debtor or victim even over a far distance. To be guilty implies something unresolved or irreparable which gets stuck in its unfinished state and like a foreign body resists melting in the progression of life.

Guilt thus stops the movement of life and ties us to a moment in the past, which it presents at the same time as irretrievable to us. Guilt means, as Buber wrote, “the real insight into the irreversibility of lived time, a fact that manifests itself in the strongest of all human perspectives, namely on one’s own death” (Buber, 1960, pp. 110f). We gain our existential knowledge of time through interruptions of the stream of life, mainly through irreversible separations from others to whom our lived time was related so far—be it through loss or through guilt. Standstill of time, interruption of the primordial movement of life, rejection and expulsion: these are not only experiences of corporealization, but in germ equivalents of death (Lifton, 1979).

The origins of these experiences date far back. In infancy the elementary feeling of guilt arises when the child’s expansive activities meet parental refusal or when his disobedience results in disapproval, restriction or even violent

punishment. These sanctions imply a momentary loss of the parents' love, the experience of being separated, cut off and thrown back on oneself with a feeling of consternation, paralysis, and even annihilation. This elementary feeling of loss might also be derived from the primeval "fear of disgregation" (*grex* = flock) described by the German psychiatrist and ethologist Bilz (1971): to humans, being abandoned, deserted or expelled from one's tribe, originally meant losing the vital shelter of the group. It was equal to a death sentence and caused a massive alarm reaction.⁵

This elementary guilt experience, however, is only the early form of the feeling of guilt itself, which has internalized and now anticipates disapproval and sanctions. Erikson (1950) remarked that "visual shame precedes auditory guilt," the former being related to the gaze, the latter to the voice. But what exactly is the connection between guilt and voice? Spitz (1967) and Bruner (1977), from a psychoanalytic view point, have described how the child answers to parental refusals and denials with an *identification*. In concrete terms this happens by the child evoking in himself or imitating the mother's "no." Thus, in his second year one can often observe the playing child say "no, no" to himself (or to his puppet) and shake his head. He anticipates the frustrating refusal by his mother as a precaution, so to speak, and turns it against his own impulses. By this the child internalizes the interaction with his mother as an inner dialogue; he speaks to himself by contradicting himself, thus turning himself into his own object.

As we can see, *taking over the negation from others is the original form of self-reflexion, as well as guilt*. In guilt, the parents' reproach becomes a self-reproach; the external condemnation ("that was wrong," "nasty," "shame on you!") becomes a self-condemnation ("I was nasty," "shame on me"). Following G.H. Mead, it is precisely the reflexivity of the vocal gesture—we hear ourselves speaking—which favours this inversion of perspectives: the speaker always speaks to himself as well. "We are, especially through the use of the vocal gestures, continually arousing in ourselves those responses which we call out in other persons, so that we are taking in the attitudes of the other persons into our own conduct" (Mead, 1962, p. 69). Hence, the child gradually incorporates the evaluation and judgments of the others and opposes his own strivings by judging and negating them. With that he also calls back the negative feelings originally experienced in the situation of refusal.

Just as shame represents the incorporated gaze of the others, so guilt their incorporated voice. Both feelings are inseparably connected with the development of self-consciousness and the inwardly turned movement of reflexion. The internalization of interpersonal experiences culminates in the dialogic structure of conscience: Conscience testifies to guilt; one has to answer to its “call” or “voice” just as to the courts. Thus, we have inside us both a prosecutor and a defence. Originally, conscience confronts the subject as an incorruptible, autonomous, even foreign power. Since ancient times it was therefore interpreted as the impact of supra-natural, god-like powers, of the ancestors, Furies or other avenging goddesses; later it became the *vox dei* itself, or else localized as an incorporated voice in the heart. Only with the further development during childhood and adolescence is the incorporated “super-ego” transformed into an authentic, personal conscience. This, however, is not an authoritarian, controlling, “occupying power in the conquered town,” as Freud meant it to be,⁶ but a personal responsibility which has appropriated and integrated central interpersonal values.

This move is linked to a specific human faculty, namely to adopt a “metaperspective” on one’s relation towards others, or in Laing’s (1966) term, a “self-other metaperspective.” It means the dialectic integration of the primary, bodily or centrifugal perspective and the centripetal “view from the outside” forced on the subject, e.g., in shame or guilt. Centrifugal and centripetal perspective each enter into a higher order view, a “view from nowhere” (Nagel, 1986) that relativizes my own, as well as the other’s, point of view. I am able to assert myself in the face of devaluating gazes or reproaches by transcending the actual painful situation, e.g., by anticipating a possible reconciliation or compensation. Taking a metaperspective thus helps to cope with tormenting feelings of shame and guilt, since the centripetal fixation by the gaze or voice of the other is relaxed or removed, and the body’s own space is extended again. Thus, the vicious circle of corporealization and shame or guilt may be overcome.

Let me summarize my considerations so far. My starting-point was the polarity of lived and corporeal body. The latter appears when the primordial, participating bodiliness is thrown back on itself, restricted and corporealized. This inversion is ontogenetically connected with the rise of reflexive consciousness on the one hand, and with alienation, disappointment, embarrassment,

shame and guilt on the other. Shame and guilt may be regarded as the main reflective, separating, and at the same time individualizing affects, in which the gaze or the voice of the other are incorporated and taken up into the memory of the body. The resulting inhibition and corporealization is connected with an elementary feeling of negative self-worth.

Integrated in one's personality by the further development, shame, as well as guilt, certainly fulfill essential tasks in the regulation of interpersonal relations. Shame protects us from wounding self-exposure and self-revelation before others; guilt and conscience indicate a hurting of others that could lead to a break in our relations to them. Taking a metaperspective on situations that cause shame or guilt helps to cope with the corporealization and self-devaluation inherent in the primary affects. In certain psychic disorders, however, both affects may reveal unimpededly their corporealizing and separating effects. I will give an example of both of them.

Body Dysmorphic Disorder as the Paradigm of a “Shame Disorder”

The situation of shame and being seen is of special importance for the pathology of the external body or body image in certain disorders such as body dysmorphic disorder, erythrophobia, or social phobia. They typically manifest themselves for the first time in puberty, when the body changes and gains a new external aspect through the developing sexual sphere.

Thus body dysmorphic disorder is closely connected to shame: it is characterized by overvalued fears of an assumed bodily ugliness or mishap mainly related to the face as the locus of shame expression. The patients complain of a huge nose, of the form of the mouth or other parts, excessive hair in the face, swelling or reddening of the complexion, etc. Intensive shamefulness, fear of visual exposure and feelings of being constantly observed, stared or laughed at by the others may culminate in paranoid ideas of reference. Often the body part concerned is felt as prominent and as bigger than before, or paraesthesia may occur; thus the disturbance of the body image (or corporeal body) changes the felt or lived body as well. The symptoms increase in the presence of others and fade when being alone which makes the patients retreat from contacts as far as possible. Cosmetic surgery is often sought, but

as a rule does not alter the severe lack of self-esteem in which the disorder is rooted.

In body dysmorphic disorder shame thus becomes manifest in the gaze of the other which the patient feels immediately on his body and which he is not able to withstand. The corporealizing effect of shame is conspicuous: the body part concerned stands out as particularized and bulky, as a constant object of attention; it seems to be the focus of all gazes and renders spontaneous bodily performance impossible. The lived becomes conscious as corporeal body; and with it, the patient's thinking is "reflected," introverted, and constantly revolves around the body and the self. At this point, the pathological process divides from normal shame: the latter remains a feeling connected to a specific interpersonal constellation and shows a typical course of sudden rise and subsequent fainting. The ashamed person normally regains at least part of his self-esteem when leaving the shameful situation. He is able to adopt a "self-other metaperspective" and thus break through the encirclement caused by the embarrassing interpersonal situation. Dysmorphic shame, however, is constantly renewed by the patient's egocentric perception of self and others. He is not able to "neutralize" their gazes, i.e., to recognize them as not always being directed towards himself. Instead, he continues to see himself with their eyes, to feel an ubiquitous, contemptuous gaze on his body—the gaze of *the Other*.

In the final analysis, the patient's bodily appearance stands only vicariously for a complete insufficiency of his basic self-esteem. The seemingly misshapen body part represents as *pars pro toto* the disturbance in the relation to others characterized by an inability to take a metaperspective. In body dysmorphic disorder, the patient is overwhelmed by the others' perspective on himself, while feeling his own self-devaluation in their gazes. Since this devaluating (self-)perception, as we saw, is corporealizing at the same time, it prepares the ground for a reified body perception which concentrates on one of its exposed parts. The vicious circle of corporealization and shameful self-awareness has become fixed. The "body-for-others" now dominates the lived-body and leads to sociophobic avoidance.

Patients with body dysmorphic disorder are mostly characterized by sensitive, dependent, ambitious or narcissistic tendencies (Philipps, 1991 & 2000), which are especially threatened by possible set-backs or failures in the interpersonal

sphere. This points to a defensive function of the body dysmorphic ideation: the corporealization of the body may cover a deeper insecurity in one's personal appearance, especially in the sphere of sexuality: where the assumed ugliness legitimizes one's failure to establish a relationship to the other sex. This insufficiency often felt for the first time in puberty would be harder to acknowledge than an imagined external mishap which might even be "repaired" by surgery. Here the dialectics of lived and corporeal body become visible again: corporealization may also be a way to express inner conflicts and put them at a distance. However, this is done at the price of a self-alienation: in body dysmorphic disorder we often find a depersonalisation of the lived-body as well as feelings of derealisation. Thus, pathological shame not only means corporealization, but also alienation caused by constant self-consciousness and separation from others.

Guilt and Melancholia

The manifold significance of guilt in psychopathology shall also be illustrated by one example only, namely the connection of guilt and melancholic depression.

The specific affinity of melancholia and guilt feelings has been interpreted by German psychopathologists in different ways. Kurt Schneider (1950) assumed that in the depressive delusions of guilt, illness and poverty, primeval human fears are released. Kaestner (1947) and Janzarik (1957) emphasized the depressive's failure to realize values by feeling them or participating in them while at the same time painfully experiencing the mere "should" of their fulfilment. Tellenbach (1983) viewed the "remanence" or falling short of rigid self-expectations as an essential element of the *Typus Melancholicus*, that is, the person prone to melancholic-depressive disorder.

Finally, the predisposition to guilt experiences may be derived from the melancholic disturbance of lived time described by Straus (1960) and v. Gebattel (1954) as an "inhibition of vital becoming." This standstill of the movement of life does not permit the patient to step forward into future, and by this, to conclude and leave behind his past experiences. "The more the inhibition increases, and the speed of inner time decreases, the more the determining power of the past is experienced" (Straus, 1960, p. 137) and remains in con-

sciousness as omission or failure, as constantly growing guilt. In melancholia, time continuously turns into guilt, which can no more be discharged.

In spite of these different interpretations the question is not yet settled of how the groundless and seemingly absurd, often delusional ideas of guilt may come about, which apparently arise *de novo* from the melancholic state and cannot be understood as a mere reaction to experiences of failure or standstill. In German psychopathology they have been addressed as “elementary and, as it were, creaturely guilt feelings” which only afterwards find their material in the patient’s biography (Weitbrecht, 1948, p. 64). A patient of mine described them as what may be called a bodily experience of guilt:

It comes from below, from the belly, like a terrible oppression mounting up to the chest; then a pressure arises like a crime that I have committed; I feel it like a wound here on my chest, that is my tortured conscience . . . then it sucks forth my memories, and I have to think again of all that I have missed or done wrong . . .

Such descriptions point to the possibility that the melancholic feeling of being guilty may be rooted in bodily experience itself, and in this way may secondarily materialize in concrete, yet arbitrary memories: the reminiscences from different guilt experiences may turn up at the same time, when the person is in a bodily and emotional state corresponding to their first appearance.⁷ But how are we to understand this elementary “guilt as such” in terms of a phenomenology of the body? How can one feel “bodily guilt”?

In order to give an answer to that, I will describe melancholia in phenomenological terms as a corporealization of the lived-body. Melancholia may be regarded as a “stasis,” a freezing or rigidity of the lived-body. This shows first in an exhaustion of drive and impulse, resulting in a bodily restriction. This may focus on single areas of the body (e.g., feeling of an armour or tyre around the chest, of a lump in the throat, pressure in the head) or else manifest itself as a diffuse anxiety, an overall bodily rigidity.⁸ Local or general oppression condenses the fluid and mobile lived-body to the solid and heavy corporeal body which puts up resistance to all remaining expansive impulses. The patient’s gaze becomes tired and blunt, the voice dull, the gestures weak; excretions cease; even breathing, normally a subliminal muscular action, may become a task to be carried out against the load felt on the chest. Thus, the

corporeality of the body, otherwise left out of account in everyday performance, now emerges as an obstacle. The faculties of perception and movement are weakened and finally immured by the rigidity which is clearly visible in the gaze, the face or the gestures of the patient. His capacity to participate in the world by his senses and feelings is replaced by alienation and depersonalisation.

Corporealization thus means that the body does not give access to the world any more, but stands in the way as an insistent and vexing obstacle. For the melancholic patient, this radical separation from the world and the others implies not only a severe loss, but also recalls the early experiences of elementary guilt which I have described as “desertedness” or “expulsion.” The bodily restriction of the melancholic, his anxiety without object and his loss of a living relation to the world correspond to the child’s bodily experience of guilt, to his fear of “disgregation” or of a punishment that is tantamount to an expulsion from the basic community with others.

These early experiences are stored in the memory that is connected to specific mood and body states. Now they unite with the similar melancholic state to form the “creaturely guilt feelings” named above. They evoke a feeling of existential separation or expulsion, which means to be “guilty as such,” and only secondarily do they materialize in presumed omissions or sins. For the “*Typus Melancholicus*” (i.e., the personality prone to suffer from melancholia, cf. Tellenbach, 1980), the emotional bonds to his fellowmen are of utmost and vital importance; becoming guilty means for him to fall out of the necessary community and security. In nihilistic delusion, this separation even results in a derealisation. The complete loss of affective resonance lets others appear to be fakes and actors who present an infernal theater to the patient. The Dutch psychiatrist Piet Kuiper, who fell ill from psychotic depression, reported his experience:

Someone who resembled my wife, was walking beside me, and my friends visited me . . . Everything was as it would be normally. The figure representing my wife constantly reminded me of what I had failed to do for her . . . What looks like normal life is not. I found myself on the other side. And now I realized what the cause of death had been . . . I had died, but God had removed this event from my consciousness . . . A harsher punishment could hardly be imagined. Without being aware of having died,

you are in a hell that resembles in all details the world you had lived in, and thus God lets you see and feel that you have made nothing of your life. (Kuiper, 1991, p. 136)

As we can see, there is an intrinsic relation of sociality and temporality: being cut off from others is tantamount to being cut off from the future and being delivered to one's past. Painfully, the patient experiences his rigidity in contrast to the movement of life going on in his environment. The corporealization in depression is thus equivalent to a *desynchronization*, an uncoupling from common intersubjective time (Fuchs, 2001).

In melancholic depression, the patient experiences utter bodily rigidity and separation from others as a devastating experience of guilt which reactivates an archaic, punishing conscience. Thus, the vicious circle between corporealization and guilt constantly reinforces his self-reproaches. It is not the perhaps objectively given occasions for guilt or remorse in the patient's biography, but often vain or banal contents which then become issues for his self-reproaches. Neither do such guilt feelings lead to a mature coping process, to insight, acceptance, or remorse for the (assumed or actual) mistakes. Melancholic guilt is not embedded in a personal relation which could make this possible; it results precisely from the *interruption* of all relations. It remains basically autistic. The wronged persons named by the patient are only pseudo-authorities toward whom there is no actual remorse, even less a reconciliation. The melancholic is so identified with his guilt that he is guilty *per se*; this corresponds to an archaic, undifferentiated self-perception. He feels like being the center of a "guilt-world," in which everything becomes a sign of his omission. There is no forgiveness, no remorse or reparation in the future; being guilty comprises his total being. The frequent paranoid delusions of punishment (being captured in the next moment, handed over to the courts, incarcerated or executed) correspond to a cruel, archaic and primitive guilt experience. Finally, suicide for the melancholic does not mean anticipated relief (as it often does for the neurotic patient), but rather adequate punishment, the execution of a death sentence. It is not by chance that Freud used melancholia as a paradigm for the power of his "death drive."

In melancholic depression the elementary bodily and emotional experiences of separation and repulsion return which are inevitably bound to the process of individualization and of becoming a person—at least in western cultures.⁹

By the gaze and voice of the other, primordial bodiliness receives a rupture which never wholly heals again and which is still felt in the reflective emotions of shame and guilt. Guilt is necessarily connected with the process of building up a self-conscious ego, of becoming an individual. For man as an essentially social being which needs love and warmth, the corporealizing experiences of restriction, separation and repulsion that accompany the development of self-consciousness are, in the last analysis, equivalents to death. The melancholic pays a high price for becoming an individual, since the sum of guilt feelings and separation once connected to this process falls back on him with unimpeded force. Melancholic depression thus illustrates how deeply our early interpersonal experiences are moulded into the memory of the lived body.

Conclusion

Shame and guilt, the reflexive emotions, are closely connected to the development of self-consciousness and intersubjectivity. They presuppose the ability to see oneself with the eyes of the other, and to speak to oneself as the others do. They incorporate a devaluating gaze or voice which corporealizes the lived body. However, their regulating role in the interpersonal sphere is also dependent on the ability to adopt a “metaperspective” on the relation of self and other, for this higher perspective allows the ashamed or guilty person to relativize his present feelings in view of a possible reconciliation and compensation. Only if this metaperspective fails, as in conditions such as body dysmorphic disorder or melancholia, shame and guilt may gain a pervasive, unbalanced power. The lived-body, then, loses its uninhibited performance and participation in the world and the patient will suffer from somatic symptoms which express this separation and corporealization. At the same time, he is trapped by the gaze or the voice of an ubiquitous other, surrounded by a world of contempt or reproach. Totally identified with his present experience, he loses the capacity to change perspective and to transcend the situation towards an intersubjective, higher order view. *The capability of adopting a metaperspective depends on an open interpersonal space which allows for freedom of self-distancing.* This common space is threatened by extreme shame and guilt. In the last analysis, body dysmorphic, as well as depressive delusions, are rooted in a state of self characterized by a shrinking and loss of lived space, by corporealization and reification.

As we have seen, shame and guilt play an important role in certain pathological conditions, even though these may not be understood as their mere extensions. A phenomenological anthropology of reflexive emotions may thus further our understanding of psychopathology.

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Notes

- ¹ I owe this idea to Frederick Wertz (personal communication).
- ² “. . . die Scheidung des Menschen von seinem natuerlichen und sinnlichen Seyn.”—G.W.F. Hegel (1817) *Heidelberger Enzyklopaedie der philosophischen Wissenschaften*, 24th Addition (Works ed. Glockner, 3.WW, 8, 94).
- ³ “I feel shame as I appear to the other . . . Pure shame is not a feeling of being this or that guilty object but in general to be *an* object; that is, of *recognizing myself* in this degraded, fixed, and dependent being which I am for the other” (Sartre, 1956, p. 384). This connection of shame and self-consciousness has also been thoroughly explored by G. Seidler (2000).
- ⁴ The close connection of embarrassment, conscience and self-consciousness is expressed by the latin word *conscientia*: Originally it meant “knowing about,” knowing by oneself,” then more and more the interpersonal situation of “being aware of oneself before others,” i.e., being embarrassed and “self-conscious.” Around the first century it gradually acquired the meaning of “conscience.” Descartes was the first to use it as an equivalent to consciousness in general (cf. Jung, 1933).
- ⁵ Recall that in Genesis the Fall of Man results in expulsion from paradise which would be equivalent to the social sanctions against offences culminating in exclusion from the community. In many primitive cultures, this kind of punishment was even more common for serious crimes than was the death sentence.
- ⁶ S. Freud, *Das Unbehagen in der Kultur*, Collected Works Vol. 14, p. 482.
- ⁷ Cf. the investigations on state dependent learning and mood-congruent memories, e.g. Bower 1981, Blaney 1986.
- ⁸ “Anxious” as well as “*Angst*” are derived from the latin “*angustiae*” which means “narrows,” “restriction.”
- ⁹ Murphy (1978) has shown in a historical survey that even in the western world depression appears as a “guilt disease” not before the 17th or 18th century. In Robert Burtons “Anatomy of Melancholia” (1621) there is still no talk about guilt feelings. We may assume that the pathoplastic development of melancholia was influenced by the growing individualization and internalization of psychic phenomena: Modern man experiences himself more and more as a responsible agent of his actions and his life plan; by leading his life by himself, he always becomes potentially guilty. The collective “inherited guilt” of christian Medieval Age shifts towards the individual “existential guilt” which Heidegger then elevated to an “existential” of being-there as such.