

## Artigos

# The unity of pathological existential feelings and the emergence of doubt

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## ABSTRACT

In this work, I discuss the concept of *existential feelings* recently developed by Matthew Ratcliffe in three steps. First, I examine the concept, taking into account its initial formulation and internal aspects. After presenting how this affective dimension resists the traditional body/cognition dichotomy in classical philosophy of emotion, I draw attention to the inconspicuous nature of these feelings and its structuring role in our intentional life. While it includes bodily elements that can be identified and described, its significance becomes most apparent when its proper functioning is disrupted. The unfolding of an ordinary experience, its “normality”, thus depends on a level of habituality and normalcy in which these feelings are *not* manifest. Second, I analyze the assumption that cases of illness provide us with a lens through which to access this tacit dimension. In line with Ratcliffe, I argue that psychiatric disorders offer a privileged standpoint for grasping this affective-structural dimension of our intentional life. However, despite their apparent diversity, I argue that *pathological* existential feelings must share something if they are to be clinically relevant. So, third and finally, I argue for a kind of unity underlying pathological existential feelings in psychiatric disorders. I propose that a distinctive sense of doubt can be meaningfully attributed to the lived experience of these conditions. The implications of this notion for a phenomenologically informed psychiatry are also explored.

Keywords: Phenomenology; Philosophy of psychiatry; Affectivity; Existential feelings; Doubt

## RESUMO

Neste trabalho, discuto o conceito de sentimentos existenciais, recentemente desenvolvido por Matthew Ratcliffe, em três etapas. Primeiro, examino o conceito, levando em consideração sua formulação inicial e seus aspectos internos. Após apresentar como essa dimensão afetiva resiste à dicotomia tradicional corpo/cognição na filosofia clássica das emoções, chamo a atenção para a natureza discreta desses sentimentos e seu papel estruturante em nossa vida intencional. Embora inclua elementos corporais que podem ser identificados e descritos, sua importância torna-se mais evidente quando seu funcionamento adequado é interrompido. O desenrolar de uma experiência comum, sua “normalidade”, depende, portanto, de um nível de habitualidade e normalidade no qual esses sentimentos não se manifestam. Segundo, analiso a suposição de que os casos de doença nos fornecem uma lente através

da qual podemos acessar essa dimensão tácita. Em consonância com Ratcliffe, argumento que os transtornos psiquiátricos oferecem um ponto de vista privilegiado para apreender essa dimensão afetivo-estrutural de nossa vida intencional. Contudo, apesar de sua aparente diversidade, defendo que os sentimentos existenciais patológicos devem compartilhar algo em comum para serem clinicamente relevantes. Em terceiro e último lugar, defendo uma espécie de unidade subjacente aos sentimentos existenciais patológicos nos transtornos psiquiátricos. Proponho que um senso distintivo de dúvida possa ser atribuído, de forma significativa, à experiência vivida dessas condições. As implicações dessa noção para uma psiquiatria com base na fenomenologia também são exploradas.

Keywords: Fenomenologia; Filosofia da psiquiatria; Afetividade; Sentimentos existenciais; Dúvida

## 1 INTRODUCTION

In this work, I discuss the concept of *existential feelings* recently developed by Matthew Ratcliffe. My main goal consists, first, in examining the concept, taking into account its historical background and internal elements, while emphasizing the theoretical and descriptive gains that this notion promotes, both in the recent philosophy of emotion and the study of psychiatric cases. After presenting the general framework that guides the contemporary philosophy of emotion and its relation to the notion of feeling (Section 2), I present the notion of existential feelings as a distinct phenomenological category (Section 3). Given the implicit trait of these feelings in ordinary experience, it will be necessary further to evaluate the appropriate ways of access to this dimension, drawing attention to the methodological role played by psychiatric disorders. Finally, (Section 4), I suggest that the experiential alterations found in psychiatric disorders can be articulated in terms of a distinctive sense of doubt. Additionally, I propose that this sense of doubt provides the much-needed unity underlying pathological existential feelings in psychiatric disorders, making them clinically meaningful.

## 2 PHILOSOPHICAL APPROACHES TO FEELING

The renewed interest in emotions within contemporary philosophy marks a return to a rich and complex tradition in Western thought, which has long been concerned with questions regarding the nature and significance of our emotional life.<sup>1</sup> Philosophy, at least from Aristotle to James, has consistently emphasized the

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<sup>1</sup> Cohen, A. & Stern, R. *Thinking about the Emotions: A Philosophical History*.

psychosomatic nature of emotions, conceiving them as mental states that involve both bodily and cognitive components.<sup>2</sup> In contrast, the early 20th century witnessed a marked hostility toward the study of emotions, driven largely by the hegemonic rise of behaviorism and its concomitant rejection of the notion of mental states.<sup>3</sup> The resurgence of interest in emotions in the early 1960s, now framed within a cognitivist paradigm, represented a significant departure from the traditional psychosomatic conceptions of the phenomenon. This departure has been understood as introducing a new, mutually exclusive understanding of emotions, conceiving them either as purely physiological-bodily states or as purely cognitive-evaluative ones.

Historically, the emphasis on the cognitive and evaluative aspects of emotion led to the devaluation of its bodily dimensions, which came to be seen as merely physiological processes. In this perspective, the experiential components of emotion, such as feelings, were relegated to the status of mere epiphenomena: states confined to the body, devoid of content, and incapable of relating to objects in the world. In response, numerous attempts to overcome this 'disembodied stance'<sup>4</sup> and to restore the connection between bodily and cognitive elements of emotion have emerged in recent years, particularly through the dialogue between phenomenological philosophy and the embodied cognitive sciences.<sup>5</sup>

In recent theories of emotion, there is a renewed concern with the nature and role of feelings in our emotional life. Broadly speaking, feelings encompass all forms of felt emotional experience, capturing the phenomenal and qualitative dimensions of these states. By virtue of their eminently experiential function, feelings figure as intrinsic to emotions in some approaches, while in others, are assigned to a secondary, and therefore dissociable role from emotional states.<sup>6</sup>

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<sup>2</sup> Plamper, J. *The History of Emotions: An Introduction*.

<sup>3</sup> Scarantino, A. & De Sousa, R. *Emotion*.

<sup>4</sup> Colombetti, G. & Thompson, E. *The Feeling Body: Towards an Enactive Approach to Emotion*, p. 47–49.

<sup>5</sup> Colombetti, G. *The Feeling Body: Affective Science Meets the Enactive Mind*.

<sup>6</sup> Thonhauser, G. *Feeling*.

The disagreement over the role of feelings in emotional experience became well known as the dispute between *feeling* and *cognitive* theories of emotion. While feeling theories maintain the constitutive role of feelings in emotional experience, cognitive theories, broadly speaking, argue for their irrelevance, conceiving emotions primarily in terms of evaluative judgments about objects in the world.<sup>7</sup>

Peter Goldie made a significant contribution to overcoming this divide by rejecting the assumption that feelings are nothing more than bodily states lacking intentionality. As constitutive elements of emotional experience, certain bodily feelings (what he terms 'feelings towards') are endowed with an inherent directedness toward objects in the world, without being reducible to cognitive elements such as beliefs, desires, or a belief-desire aggregate (the so-called add-on theories).<sup>8</sup> Although the developments of Goldie and the so-called hybrid and componential theories have contributed to reconciling the cognitive and bodily aspects of emotion, it is still possible to consider a neglected dimension of bodily feelings, which has only very recently been highlighted in the literature from a phenomenological perspective.

Since the current philosophy of emotion relies predominantly on the analysis of *episodic* emotions (understood here as brief, intense, and causally determined mental states) feelings are often described in terms of the more or less salient phenomenal and qualitative aspects of emotions. In this direction, Matthew Ratcliffe has recently drawn attention to an underexplored class of feelings that play a central role in structuring our intentional life, feelings whose experience remains inseparable from our "ways of finding ourselves in the world".<sup>9</sup>

In response to traditional assumptions regarding the notion of feeling, Ratcliffe maintains that: 1. Some feelings are not exactly intentional but are rather part of the

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<sup>7</sup> Scarantino, A. & De Sousa, R. *Emotion*.

<sup>8</sup> Goldie, P. *The Emotions: A Philosophical Exploration*, pp. 58–61; Goldie, P. *Emotions, feelings and intentionality*, pp. 241–246.

<sup>9</sup> Ratcliffe, M. *The feeling of being*; Ratcliffe, M. *Feelings of Being: Phenomenology, Psychiatry and the Sense of Reality*; Ratcliffe, M. *Existential Feeling and Psychopathology*; Ratcliffe, M. *The Phenomenology of Existential Feeling*; Ratcliffe, M. *Experiences of Depression: A Study in Phenomenology*; Ratcliffe, M. *Existential Feelings*.

*structure of intentionality*, simultaneously contributing to how we experience our bodies and the world; 2. There is a need to distinguish between bodily feelings referred to the body (the location of a feeling) and feelings referred to aspects outside the body (a feeling *of*); and 3. Some of these feelings are not necessarily objects of consciousness.<sup>10</sup>

This tacit dimension, through which we become conscious of something, thus constitutes a primitive affective core, phenomenologically prior to the distinction between non-intentional bodily feelings and their evaluative aspects. This affective dimension stands for the constitution of general sense of relatedness to the world, articulated through the *felt* body. Ratcliffe refers to this basic, pre-intentional dimension, on which our intentional life rests "existential feelings". In what follows, I examine in detail the formulation of this notion, its components, and its function as a phenomenological category.

### 3 EXISTENTIAL FEELING AS A PHENOMENOLOGICAL CATEGORY

According to Ratcliffe, existential feelings encompass both bodily feelings and background orientations that condition and structure our possibilities in the world.<sup>11</sup> These two aspects correspond to the *nature* and *function* of existential feelings, which can be described phenomenologically in structural and experiential terms. This implies that, in addition to their structuring role, these tacit feelings exhibit also distinctive phenomenal qualities.<sup>12</sup>

Attestation to this affective layer can be found in everyday discourse that expresses basic modes of self-world relationship, although it remains inaccessible through standard emotional categories, such as:

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<sup>10</sup> Ratcliffe, M. *The feeling of being*, p.46.

<sup>11</sup> Ratcliffe, M. *Feelings of Being: Phenomenology, Psychiatry and the Sense of Reality*.

<sup>12</sup> Kreuch, G. *Self-feeling: Can self-consciousness be understood as a feeling?* These two aspects compose together a unitary phenomenon captured by the notion of existential feeling and are distinguishable only for analytical purposes. If in Ratcliffe's early texts (2005; 2008), the emphasis falls on the bodily aspect of these feelings, in later texts (Ratcliffe, 2012; 2015), he highlights the structuring feature of the space of possibilities that regulates experience.

“The feeling of being: ‘complete’, ‘flawed and diminished’, ‘unworthy’, ‘humble’, ‘separate and in limitation’, ‘at home’, ‘a fraud’, ‘slightly lost’, ‘overwhelmed’, ‘abandoned’, ‘stared at’, ‘torn’, ‘disconnected from the world’, ‘invulnerable’, ‘unloved’, ‘watched’, ‘empty’, ‘in control’, ‘powerful’, ‘completely helpless’, ‘part of the real world again’, ‘trapped and weighed down’, ‘part of a larger machine’, ‘at one with life’, ‘at one with nature’, ‘there’, ‘familiar’, ‘real’”<sup>13</sup>.

Whereas emotions and moods are typically understood as intentionally directed mental states (whether short- or long-lasting), sometimes oriented toward diffuse objects, existential feelings structure the affective background from which specific affective states can emerge.

Due to their structuring character, such feelings remain in the experiential background in common experience. They underlie our general sense of reality and belonging, shaping how we experience ourselves, others, and the world. Existential feelings "are not directed at specific objects or situations but [...] *background orientations* through which experience as a whole is structured"; they are simultaneously *bodily states* "which influence one's *awareness* [...], they constitute the basic structure of 'being there,' a 'hold on things' that functions as a presupposed context for all intellectual and practical activity [...]".<sup>14</sup> This double characteristic corresponds, respectively, to the *nature* and *function* of existential feelings. I elucidate these two aspects below.

### 3.1 The Tactile-bodily Nature of Existential Feelings

A proper understanding of the *nature* of existential feelings depends on a non-reductive understanding of the body. From a phenomenological point of view, the body is not to be confused with another object of consciousness but rather as the "zero point" of experience, that is, as the central core from which our experience necessarily starts. The phenomenological distinction between the physical body (*Körper*) and lived body (*Leib*) presents two different ways of experiencing and understanding the body. As such, it does not represent an ontological split between two objects in the world but

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<sup>13</sup> Ratcliffe, M. *The feeling of being*, p.47.

<sup>14</sup> Ratcliffe, M. *The feeling of being*, p.48, emphasis added.

rather presents the possibility of the assumption of different perspectives regarding the body.<sup>15</sup>

Similarly, Ratcliffe holds that existential feelings depend on a particular bodily configuration. This configuration and its internal modifications in turn directly shape our self-world experience. To the affective dimension of our embodied being in the world belongs, therefore, a primordial *being in touch with the world*.<sup>16</sup> Naturally, this being in touch with the world depends on different modalities of intentionality, among which vision traditionally represents the paradigmatic model. However, an adequate description of the experiential indistinction between body and world, captured by existential feelings, demands the examination of other modalities of intentionality beyond the visual paradigm. Ratcliffe suggests that a rigorous phenomenology of touch can help us to elucidate the experiential indistinction between our embodied self and the world. In this sense, the tactile modality presents an essentially relational feature whose experience does not conform to a clear distinction between bodily feeling and world experience. The close connection between touch and proprioception is relevant here since tactile experience intrinsically incorporates the experience of the *touching* and the *touched body*.<sup>17</sup>

The identification of this structuring bodily dimension also admits further refinement. For example, Gallagher called attention to the *pre-noetic* dimension of bodily experience, departing from the distinction between *body image* and *body schema*.<sup>18</sup> In my opinion, the distinction between body image and body schema is an important heuristic tool for elucidating the bodily nature of existential feelings. In fact, Ratcliffe's initial position suggests —in a somewhat counterintuitive way, the location of existential feelings at the level of the *body image*:

The 'existential feelings' that I have listed are perhaps best understood at the level of the *body image*. They are ordinarily part of the background structure of experience, constituting ways of finding oneself in a world

<sup>15</sup> Gallagher, S. & Zahavi, D. *The Phenomenological Mind*.

<sup>16</sup> Ratcliffe, M. *Feelings of Being: Phenomenology, Psychiatry and the Sense of Reality*, p.93.

<sup>17</sup> Ratcliffe, M. *Feelings of Being: Phenomenology, Psychiatry and the Sense of Reality*, p.77; pp.81-83.

<sup>18</sup> Gallagher, S. *How the Body Shapes the Mind*.



that shape more specific experiences. Nevertheless, they are phenomenologically available, as is evident from the various, usually metaphorical descriptions employed to communicate them. So they are part of the structure of experience, rather than an experientially inaccessible contributor to that structure<sup>19</sup>.

In contrast, Slaby & Stephan maintained that the body *schema* offers the most suitable framework for understanding the bodily nature of existential feelings:

[...] the most interesting among these bodily feelings are not punctual like a localized itch or a pain in one's left ear, but rather broadly distributed in the area of one's felt body in general. "*Body schema*" might be the appropriate notion here [...] it refers to the subjective field in which (some) bodily processes and states *can be consciously registered*. While usually not at the forefront of consciousness, the body schema *can become conscious* once we actively focus on it<sup>20</sup>.

Slaby & Stephan thus attempt to broaden the body schema domain by incorporating affective elements into the sensory-motor dimension recognized by Gallagher. In my view, Ratcliffe's location of existential feelings at the body-image level is phenomenologically inadequate, if we consider the dependence on sophisticated intentional, doxastic, and conceptual elements intrinsic to this dimension. On the other hand, Ratcliffe's resistance to locating existential feelings at body-schematic processes is due to the alleged experiential inaccessibility of this level, contrary to the phenomenality of existential feelings in exceptional cases. In our common daily life, such feelings remain implicit in the background of our intentional life. It is only when sudden alterations occur (as in psychiatric disorders), that existential feelings come to the experiential foreground. A crucial point, however, is that it is precisely cases of illness that uniquely reveal the phenomenality of the body-schematic dimension.

Notably, illness renders the body-schematic dimension phenomenally salient, not through intentional focus or thematic awareness, but precisely by becoming disrupted and conspicuously present.<sup>21</sup> Thus, it is only when our ordinary experience

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<sup>19</sup> Ratcliffe, M. *The feeling of being*, pp. 52-53, emphasis added.

<sup>20</sup> Slaby, J. & Stephan, A. *Affective intentionality and self-consciousness*, p.509, emphasis added.

<sup>21</sup> Gallagher, S. *How the Body Shapes the Mind*.



breaks down that we can gain access to and meaningfully describe the body schema.<sup>22</sup> It is therefore entirely possible to become aware of these background feelings without thematizing them as objects, but rather as the affective tonality that qualitatively shapes the experience as a whole. Both background feelings and more salient feelings can thus be understood as pre-reflective modes of bodily self-awareness that only differ in degrees of self- presentation.<sup>23</sup>

While promising, Slaby & Stephan's suggestion remains unexplored in the literature. In my view, the suggestion seems informative for two reasons. On the one hand, broadening the notion of body schema to include affective aspects may contribute to understanding the motivational elements involved in the process of sensory-motor perception.<sup>24</sup> On the other hand, the examination of the notion of existential feelings from a non-strictly phenomenological basis could also allow for the investigation of the neurobiological basis of these feelings.

### 3.2. *The Structuring Function of Existential Feelings*

Another central aspect of the notion of existential feelings is its *function*. Ratcliffe refines his initial approach to explore how background bodily feelings embody the *kinds* of possibilities that structure experience.<sup>25</sup> The aim is to show the internal link between diffuse bodily feelings and experiential possibilities in a dynamic structure responsible for shaping our sense of reality and belonging to the world. The link between certain background feelings and the way in which the general space of experiential possibilities can be increased, decreased, opened, or restricted by specific experiential alterations should thus be made explicit in each case:

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<sup>22</sup> Later on, Ratcliffe (2015, p.62) qualifies his position by defining kinesthetic and proprioceptive experiences as constitutive of existential feelings, acknowledging that there is “some degree of correspondence between my ‘existential feeling’ and Gallagher’s ‘body schema’”, without elaborating on its implications, however.

<sup>23</sup> Colombetti, G. *Varieties of pre-reflective self-awareness: foreground and background bodily feelings in emotion experience*.

<sup>24</sup> Bower, M. & Gallagher, S. *Bodily Affects as Prenoetic Elements in Enactive Perception*.

<sup>25</sup> Ratcliffe, M. *The Phenomenology of Existential Feeling*; Ratcliffe, M. *Experiences of Depression: A Study in Phenomenology*.

Variants of existential feeling are often described as 'the feeling of x', where x can be a single word, such as 'unfamiliarity', 'strangeness', or 'detachment'. People also talk of 'the feeling of being x', where x might be 'cut off from everyone', 'behind a glass wall', 'suffocated', or, in contrast, 'at home in the world'<sup>26</sup>.

If we recognize that subtle bodily changes in the kinesthetic, proprioceptive, visceral, or tactile spheres can acquire phenomenality, i.e., they can be felt, the requirement for a phenomenological elucidation of what it is like to suffer such changes seems justified. In this case, the diverse experiential alterations described in first-person narratives, such as the "feeling of x" or the "feeling of being y", can now be seen in terms of loss or addition of experiential possibilities and the consequent modification of the ways in which we find ourselves in the world.

In his early formulations, Ratcliffe<sup>27</sup> suggested that the thesis that possibilities are integral to experience itself (instead of the experience of mere actualities) gets empirical evidence, as in the case of Gibson's studies on perception.<sup>28</sup> Whereas lately<sup>29</sup> the notion of horizon in classical phenomenology plays an important role in understanding how experience integrates possibilities.<sup>30</sup>

By referring to the well-known treatment of perceptual experience in the phenomenological tradition, Ratcliffe illustrates how the experience of a given object holds additional aspects beyond its actual perspective appearance. Our perceptual experience does not result only from what is immediately and effectively given to us. Rather, it depends fundamentally on the hidden but perceptually possible aspects and profiles. For example, to perceive my chair as a chair, I must have access to its current perception plus the possibility of perceiving it from another angle based on my bodily movements. Similarly, the structure of the perception of the chair also depends on the

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<sup>26</sup> Ratcliffe, M. *Experiences of Depression: A Study in Phenomenology*, pp.36-37.

<sup>27</sup> Ratcliffe, M. *The feeling of being*; Ratcliffe, M. *Feelings of Being: Phenomenology, Psychiatry and the Sense of Reality*.

<sup>28</sup> Gibson, J. J. *The Ecological Approach to Visual Perception*. Later on, Ratcliffe (2015, p.61) restricts the scope of the theory of affordances in understanding the bodily dispositions promoted by existential feelings.

<sup>29</sup> Ratcliffe, M. *Experiences of Depression: A Study in Phenomenology*.

<sup>30</sup> Husserl, E. *Experience and Judgment*.

possibility of situating it in a more general relational context, for example, in my office, as the environment that gives it the meaning of “something to sit on”. This means that my experience is not informed solely by physical stimuli but makes reference to a possible, non-actual perception that informs and constitutes the present perception.<sup>31</sup>

Still assuming the perceptual model as exemplary, it is worth noticing that the structure of experience also depends simultaneously on intersensory, intersubjective, and kinesthetic aspects. These aspects highlight the primacy of the practical domain in the phenomenological treatment of the notion of possibility, whose most fundamental and primitive dimension is captured by the expression “I can”, directly linked to an embodied conception of possibilities.<sup>32</sup>

Perception, however, is only a particular case of the general thesis according to which “any actual experience points beyond itself to possible experiences which, in turn, point to new possible experiences and so ad infinitum”.<sup>33</sup> In ordinary situations, the way experience incorporates possibilities depends on a “mode of anticipation” based on the certainty of its actualization — as in interpersonal encounters, when I assume that the people I meet are actually people and not robots.<sup>34</sup> Were it otherwise, the general mode of encountering entities in the world would be marked by insecurity and inability to connect. This suggests that usually, common experience rests on a basic layer of trust, whose function is to endow experience with a stable and coherent character. There are also cases where the anticipation can falter, producing modes of doubt<sup>35</sup> or uncertainty.<sup>36</sup> For example, walking down the street at night I may doubt that what is moving towards me is *actually* a person, depending on the lighting

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<sup>31</sup> Sokolowski, R. *Introduction to Phenomenology*.

<sup>32</sup> Mohanty, J.N. *Husserl on “Possibility”*.

<sup>33</sup> Husserl, E. *Ideas Pertaining to A Pure Phenomenology and to A Phenomenological Philosophy. First Book*, p.107.

<sup>34</sup> As in Capgras syndrome, where individuals experience the delusion that an impostor, usually a robot, has replaced a close relative. See McLaughlin, B. *Monothematic delusions and existential feelings*.

<sup>35</sup> Carel, H. *Bodily Doubt*, Fazakas, I. & Gozé, T. *The Promise of the World: Towards a Transcendental History of Trust* and Ratcliffe, M. *Selfhood, Schizophrenia, and the Interpersonal Regulation of Experience* have also pointed to the foundational role of trust in structuring experience.

<sup>36</sup> Ratcliffe, M. *On losing certainty*.

conditions. This variation between the modes of certainty and doubt indicates that the structure of perception, in particular and experience in general, is dynamic and allows for some variability in relation to expectations of various kinds, which may or may not be fulfilled.<sup>37</sup> The form that experience takes, in turn, will depend on the interaction between the habitual expectation and the fulfillment or not of these expectations. This happens when, using my kinesthetic possibilities, for example, I approach what is being presented to me in the modality of doubt, and I realize with certainty that yes, it is a person.

Even when established on the basis of trust, experience allows for a trace of indeterminacy and vulnerability that is salient in the modifications that the very structure of experience exhibits. Additionally, accepting the possibilities of failures and frustrations in the structure of experience suggests that the overall shape of experience can fail. At a deeper level, some of these failures may entail a sense of radical experiential transformation, presenting aspects of the experience as absent or excessive. Ratcliffe's<sup>38</sup> thesis maintains that precisely these altered possibilities, immediately linked to a distinct phenomenal element, may become salient in psychiatric disorders.

This is an important point, as it allows us to understand the importance of the concept of existential feelings as both structuring the horizon of possibilities that experience incorporates *and* providing the phenomenal and qualitative character of anomalous experiences:

To find oneself in a world is to have a sense of the various ways in which things might be encountered—as perceptually or practically accessible, as somehow significant, as available to others. And changes in the overall style of experience, in *existential feeling*, are shifts in the kinds of possibility one is receptive to<sup>39</sup>.

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<sup>37</sup> Husserl, E. *Experience and Judgment*.

<sup>38</sup> Ratcliffe, M. *The Phenomenology of Existential Feeling*; Ratcliffe, M. *Experiences of Depression: A Study in Phenomenology*.

<sup>39</sup> Ratcliffe, M. *Experiences of Depression: A Study in Phenomenology*, p.51, emphasis added.

The quote above suggests that, as diverse as the “ways of finding ourselves in the world” are the kinds of possibilities that experience incorporates. Now, if the bodily configuration of these background feelings, such as kinaesthetic dispositions, proprioception, visceral and tactile feelings, conditions the *kinds* of experiential possibilities available, it is expected that changes in this very configuration may also cause changes in the overall self-world relationship. Psychiatric disorders are illustrative here because they allow us to see, by contrast, how a shift in background feelings may also imply the modification of kinds of experiential possibilities available and the consequent alteration of the individual's sense of reality and belonging to the world.

#### 4 PATHOLOGICAL EXISTENTIAL FEELINGS AND THE EMERGENCE OF DOUBT

Because of their tacit and non-salient character, existential feelings usually remain in the background of experience, and their description depends on unusual ways of access. Changes at this structuring level of experience may also imply a modification in the various ways of relating to oneself, others, and the world. Additionally, it is assumed that these alterations admit nuances, ranging from imperceptible changes to abrupt alterations, ruptures, and breakdowns:

The world can sometimes appear unfamiliar, unreal, distant or close. It can be something that one feels apart from or at one with. One can feel in control of one's situation as a whole or overwhelmed by it. One can feel like a participant in the world or like a detached, estranged observer, staring at objects that do not feel quite 'there'<sup>40</sup>.

Unusual modes of self and world experience in psychiatric disorders thus presuppose not only a modification, but sometimes a complete rupture in the basic sense of reality and belonging to the world.<sup>41</sup> Precisely, the change toward non-ordinary modes of experience points out, by contrast, to the loss of those tacit elements that allow our common feeling of being “at home in the world”. Psychiatric disorders thus

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<sup>40</sup> Ratcliffe, M. *The feeling of being*, p.47.

<sup>41</sup> Ratcliffe, M. *The feeling of being*; Ratcliffe, M. *Experiences of Depression: A Study in Phenomenology*.

emerge as an important *locus* where existential feelings acquire phenomenal qualities. This change might be described as the change from everyday existential feelings towards *pathological* existential feelings.<sup>42</sup>

From a methodological point of view, much of Ratcliffe's work on existential feelings is conditioned by the analysis of how certain psychiatric disorders may concomitantly promote changes in our background affectivity. Ratcliffe discusses various affective alterations that may emerge from, or accompany, specific psychiatric disorders including schizophrenia, depression, and monothematic delusions such as Capgras and Cotard syndromes, to name a few. According to Ratcliffe, the *pathological* existential feelings that emerge in these conditions differ from everyday, non-pathological ones as they involve a "complete or partial loss of openness to interpersonal possibilities" or a "felt loss of access to other people".<sup>43</sup> The criteria presented for an existential feeling to count as pathological thus concern a disruption in the interpersonal dimension of experience and the way certain pathologies prevent us from being open to others in a significant way. Let's call it the *interpersonal disturbance criterion*.

At this point, however, we may ask whether this is actually sufficient for a feeling to count as pathological. For instance, severe disturbances in the interpersonal structure of experience can also be found in a variety of non-pathological situations,

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<sup>42</sup> Ratcliffe, M. *The feeling of being*, p. 287.

<sup>43</sup> Ratcliffe, M. *The feeling of being*, p. 287. Regarding the relationship between pathological and non-pathological existential feelings, see also: Ratcliffe, M. *Existential feeling and psychopathology*; Warsop, A. *Existential feeling, touch and 'belonging'*; and Ratcliffe, M. *Belonging to the World Through the Feeling Body*. Warsop, for instance, raises the question of how 'unusual' changes in experience relate to 'pathological' ones, and how existential feelings that are pathological can be distinguished from those that are not. In response, Ratcliffe acknowledges the difficulty of the question and suggests that he should have spoken of "existential feelings in psychiatric illness" rather than "pathological existential feelings" (2009, p. 206), so as to avoid the issue. However, he ultimately suggests that "all pathologies of existential feeling centrally involve profound and debilitating changes in the structure of *interpersonal* experience" (2009, p. 206).

such as grief, incarceration, and racial discrimination.<sup>44</sup> Similarly, all of these experiences may arguably involve existential feelings that, in a relevant sense, entail some kind of “felt loss of access to other people” without necessarily implying a pathological experience.

Now, I would like to suggest that, in addition to the interpersonal disturbance criterion, pathological existential feelings must also exhibit something distinctive to illness experiences in order to be (a) properly distinguished from non-pathological instances of interpersonal disturbances and (b) be clinically relevant, for instance, in diagnostic or therapeutic contexts. Additionally, different pathologies exhibit markedly different phenomenal qualities, and the way in which depression disrupts the interpersonal dimension of experience is likely very different from how, say, schizophrenia does. Let’s call it the *phenomenal distinction criterion*.

Despite the phenomenal multiplicity across different pathologies, I suggest that *pathological* existential feelings must share some common feature if they are to meet (a) and (b). In other words, is there a specific aspect that permeates and encompasses all (and only) *pathological* existential feelings in psychiatric disorders? Is it possible to identify a unifying feature that underlies the diverse experiences and manifestations of psychiatric disorders? Moreover, could this unifying feature serve as a basis for distinguishing among the various phenomenal manifestations of pathological existential feeling across different conditions?

Next, I examine a specific type of existential feeling that acquires prominence precisely in the emergence of illness, namely doubt.

#### 4.1 *Doubting oneself, others and the world*

It has recently been proposed that the core experience of illness can be understood and presented in terms of *bodily doubt*.<sup>45</sup> The emergence of bodily doubt

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<sup>44</sup> For an overview of the interpersonal disturbances in each of these cases, see: Ratcliffe, M. *Grief Worlds: A Study of Emotional Experience*; Guenther, L. *Solitary Confinement: Social Death and its Afterlives*; Ahmed, S. *A phenomenology of whiteness*.

<sup>45</sup> Carel, H. *Bodily Doubt*; Carel, H. *Phenomenology of Illness*.



points to the disruption of the tacit certainty of the body's normal functioning when pathological processes emerge. As such, it entails a radical modification of ordinary experience, insofar as it brings with it a series of losses, such as the loss of *continuity*, *transparency*, and *faith in one's own body*.<sup>46</sup> Most crucially, this framework is intended to encompass the inherent sense of doubt that is characteristic of illnesses experiences in *general*, whether somatic or mental.

Whether or not *bodily* doubt is an intrinsic feature of psychiatric experiences is something that I'm not going to further discuss here.<sup>47</sup> What I do want to discuss is that the phenomenology of psychiatric disorders presents significant forms of distress, instability and doubt that, although exhibiting bodily aspects<sup>48</sup>, cannot be completely exhausted by them, as shown by some of the very defining features of psychiatric disorders. For example:

Thoughts may become obsessive, preferences addictive, perceptions hallucinatory, beliefs delusional, and post-traumatic amnesia may impose ignorance of one's past. Paralysed by phobic anxiety a person may avoid any and all public places. Numbed by major depression a person may listlessly disengage from people and projects once held near and dear<sup>49</sup>.

Additionally, a common element found in some first-person narratives is that the phenomenology of psychiatric disorders somehow comprises an individual's experiential *totality*. A comprehensive sense of doubt is sometimes referred not only to bodily capacities, but to the totality of the individual's relationships, i.e., to oneself, others, and the world.<sup>50</sup> For instance, experiential alterations in psychiatric disorders

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<sup>46</sup> Carel, H. *Phenomenology of Illness*, p.88.

<sup>47</sup> For a more detailed treatment of this point, see Lopes, M. V. *Para além da dúvida corporal: a dúvida como problema existencial e sua relevância para a psiquiatria*.

<sup>48</sup> Fuchs, T. *Corporealized and Disembodied Minds. A Phenomenological View of the Body in Melancholia and Schizophrenia*; Fuchs, T. & Schlimme, J. *Embodiment and Psychopathology: A Phenomenological Perspective*.

<sup>49</sup> Graham, G. *The disordered mind: an introduction to philosophy of mind and mental illness*, p.4

<sup>50</sup> I have elsewhere referred to this phenomenon as *existential doubt* (Lopes, M. V. *Para além da dúvida corporal: a dúvida como problema existencial e sua relevância para a psiquiatria*). For a critique of the concept of existential doubt as a overly cognitivist concept, See Nogueira de Carvalho, F. *Dúvida Existencial e o Alcance da Cognição Corporificada*. In phenomenologically informed approaches, this is sometimes described as the loss of natural evidence or the loss of

such as delusions and hallucinations feature doubt as a central element, one that, while it may involve bodily aspects, is not limited to them. These cases present a profound, encompassing sense of doubt that permeates the *entire* structure of experience:

If you doubt one, two, or three things, it might be possible to prove that these things are true via evidence and rational argument. When you doubt *everything*, that is a whole different problem<sup>51</sup>.

A similar view can also be found in depression:

I have absolutely no faith, in fact, in anything. [...] I see that depression manifests itself as a *crisis of faith*. Not religious faith, but the almost born instinct that things are fluid, that they unfold and change, that new kinds of moment are eventually possible, that the future will arrive. I am in a time-locked place, where the moment I am in will stretch on, agonizingly, for ever. There is no possibility of redemption or hope. It is a final giving up on everything. It is death<sup>52</sup>.

In both cases we can see the linguistic articulation of a pervasive feeling of doubt, not only in relation to one's body or interpersonal relations, but in experience *as a whole*. While this feeling may certainly involve bodily aspects and imply some kind of interpersonal loss, these are not its primary defining features.

In this view, for an existential feeling to qualify as *pathological*, it must involve a pervasive sense of doubt that is experientially manifest and occurs in conjunction with, or as a consequence of, psychiatric disorders. Another, stronger way to put this is to say that every pathological existential feeling in the context of psychiatric disorders either is, or entails, an existential feeling of doubt. In this case, a pathological existential feeling inherently involves the experience of some level of doubt regarding the very

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certainty. See Blankenburg, W. *First steps toward a psychopathology of 'common sense'*; Ratcliffe, M. *On losing certainty*.

<sup>51</sup> Jeppsson, S. (2022). *My Strategies for Dealing with Radical Psychotic Doubt: A Schizo-Something Philosopher's Tale* p. 1097, emphasis added.

<sup>52</sup> Lott, T. *The Scent of Dried Roses*, pp.246-7, emphasis added.

structure of experience: its continuity, regularity, and overall stability, rather than merely reflecting an alteration in its bodily or interpersonal aspects.

So far, I have argued for the need to move beyond what I have called the *interpersonal disturbance criterion*. This is important because it establishes a common ground for identifying and distinguishing *pathological* existential feelings from their non-pathological counterparts, with important implications for both diagnostic and therapeutic approaches in psychiatry. However, I still left unexplained what I have called the *phenomenal distinction criterion*: if pathological existential feelings in psychiatric disorders derive their unity from an underlying, pervasive sense of doubt, how can we distinguish the phenomenal differences of doubt across different conditions?

Addressing this question is essential for ensuring that such clarification of the pathological existential feelings is meaningful in clinical and therapeutic contexts. While I have been unable to address this issue, I would like to suggest that my effort at conceptual distinction may serve as a motivation for seeking evidence in first-person narratives and/or empirical, especially qualitative approaches. Such evidence could help further explore how this constitutive type of doubt manifests across different conditions and how it might inform diagnostic and therapeutic interventions.

## **Concluding Remarks**

In this paper I examined Matthew Ratcliffe's concept of existential feelings, emphasizing their foundational yet often unnoticed role in structuring experience. By analyzing how disruptions in psychiatric disorders reveal this tacit dimension, I have argued that *pathological* existential feelings, despite their diversity, share an underlying unity: beyond bodily and interpersonal aspects, a pervasive sense of doubt can be found in the very structure of experience in psychiatric disorders. The importance of identifying such unity, I have argued, lies in establishing a common ground for distinguishing pathological existential feelings from their everyday counterparts, with implications for both diagnostic and therapeutic approaches in psychiatry. Speculative as it may be, this conceptual distinction serves as an initial suggestion for seeking

evidence in first-person narratives and/or empirical, especially qualitative approaches, that may help us to further explore how this constitutive type of doubt manifests across different conditions and how it might inform therapeutic interventions.

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