

Phenomenology of implicit anxiety in euphoric mania

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Abstract. Some if not all people with bipolar disorder experience euphoric mania, which is the object of this paper's phenomenological analysis. Euphoric mania is unique in that it is typically reported to be an absolutely comfortable state, whereas experiences of dysphoric or irritable mania and mixed states usually involve some negative emotions. However, how researchers and patients use the concept involves ambiguity regarding whether the experience of euphoric mania is really 'happy' and free of anxiety, which, if it exists, must be 'implicit' in the subjective perspective. If patients are in fact anxious, it is of clinical importance for them to become conscious of and come to terms with this anxiety. This paper will examine the phenomenon of euphoric mania and argue that although they are not conscious of it, some persons in euphoric mania are anxious in an implicit way.

1 INTRODUCTION

This paper applies a bottom-up approach to the project of reconceptualising mental illness by focusing on a particular symptom of a mental disorder, that is, euphoric mania in bipolar disorder. Reconceptualising euphoric mania will affect the larger project of reconceptualising mental illness itself, especially because, as Koukopoulos and Gaemi [1] pointed out, mania in a broader sense is relevant to many other psychiatric conditions.

Manic and hypomanic episodes are essential criteria for diagnosing bipolar 1 or 2 disorder in DSM-5. But the concept of mania is somewhat ambiguous, although the clinical definition of a manic episode is operationally determined. There is controversy surrounding whether one is really 'happy' or free of distress during mania. This paper will consider happiness as 'peace of mind' or a state in which people are not anxious in any sense (if such a state is possible), or even if they have anxiety, come to terms with it successfully². While some bipolar patients, especially those who experience dysphoric or irritable moods during manic episodes, tend to deny that they feel comfortable, other patients report that they are in extreme 'euphoria' or 'abnormally and persistently elevated, expansive' moods [2]; thus, they are usually reluctant to be cured through medication or other treatments.

In the following, first, I will explain another reason for studying anxiety in mania and why I adopt phenomenology as the methodology for this study (section 2). In sections 3, 4 and 5, I will refer to phenomenological arguments in order to describe anxiety in mania.

2 REASON AND METHODOLOGY FOR STUDYING ANXIETY IN MANIA

Before exploring whether or not manic patients have anxiety in section 3, I would like to review the reasons for doing so. Among these reasons is a clinical one, namely that subjective comfortability often leads patients to conclude that they do not need treatment. Jamison [3], both a patient with bipolar disorder and a psychologist, stated that 'Some of my reluctance, no doubt, stemmed from a fundamental denial that what I had was a real disease. This is a common reaction that follows, rather counter-intuitively, in the wake of early episodes of "manic depressive illness"' (p. 91).

It seems possible that, in some cases, there may be no compelling reason to cure mania. Treatment is often required for social reasons: Mania has to be cured because patients engage in excessive behaviours, such as buying extremely expensive items. However, the problem becomes complicated in relation to persons with bipolar 2 disorder, who by definition do not cause any serious social problems. At this point, there is reason to suspect that one might be pathologising happiness, or trying to cure mania through considering what is really a normal condition as an illness. In fact, hypomania seems to be simply a good state to experience from the outside. During a hypomanic episode, an individual tends to feel powerful, work energetically and be creative. In addition, hypomania also seems to be subjectively good; persons who are hypomanic are more likely to lack insight into their disorder than persons who are manic [4].

Despite these considerations, it is still possible to claim that hypomania needs to be cured. Mania, including hypomania, cannot be separated from depression. One can argue, following Ghaemi [4], that mania and hypomania inevitably cause depression, and that hypomania is pathological in that it is recurrent: Extreme happiness is rare, but hypomania often occurs. Therefore, it can be argued that hypomania is pathological from the objective and diachronic perspectives.

Even if psychiatrists tell patients that what has to be cured is not hypomania but inevitable depression, patients still have the following two options: to take medicine because they want to avoid depression or to refrain from taking it because they do not want to lose the hypomania. Actually, problems with conformity to medication represent one of the biggest issues with bipolar disorder (*e.g.* [5]). If patients identify mania and hypomania with happiness and high productivity, they may well refuse medication and accept depression in order to maintain the mania. However, if they detect an implicit anxiety in euphoric hypomania, their attitude towards their condition must change. If there is any distress, they need not have patience, but instead detect their distress and come to terms with it in some way. Clinical treatment will not represent self-restriction against their desire, but rather harmonisation with their suppressed need.

To show the existence of anxiety and to describe it, phenomenology and phenomenological psychopathology may be

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² My position represents the opposite of hedonism.

good resources. While we cannot easily extricate mania from happiness depending exclusively on patients' self-reports, phenomenological analysis can reveal much more complicated structures of experience, which can accommodate apparently contradictory states; for example, a patient may state that he is completely happy, while he is actually anxious. It is impossible to study the nature of implicit anxiety in mania if one assumes that self-knowledge is always true as some analytic philosophers do (e.g. [6]).

3 THE EXISTENCE OF ANXIETY IN MANIA

Phenomenological psychopathology has traditionally tried to study alterations of structures of experience in psychiatric conditions. However, anxiety in mania has not attracted much attention. Two short descriptions by Kimura [7] and Minkowski [8] were mainly interested in the temporal structure of mania, and Binswanger [9] denied any distress in mania; rather, he characterised mania as an 'optimism of recognition' and 'mood'. Thus, these researchers did not take anxiety in mania seriously. In a recent work, however, Kraus [10] stated that he could not deny the possibility of anxiety in manic patients. Although it was not a major theme in his work, I would suggest that the possibility of anxiety described by Kraus should be taken seriously and developed further in that it enables us to make a phenomenological distinction between mania and happiness which might be hard to make, for instance, from Binswanger's [9] perspective.

The self-confidence of manic persons is real, even though it appears to be pretence. Kraus's Patient 'Z' stated, 'I am the measure of things when I am manic' ([10], p. 35). Manic persons over-identify themselves with social virtues, values and convictions, but once they begin to doubt this identification, their confidence rapidly disappears. Thus, there may be potential anxiety in their experiences. Patient Z stated, 'It is highly important for me to gain from others evidence of my perfect behavior, good conduct and justice. Therefore, after all, by exaggerating them, I desperately struggle to persuade others' [10].

In this case, it may be argued that Z did not experience euphoric mania, and that it was instead dysphoric, where he actually felt anxiety in his manic episodes. However, my point remains intact even if this is true, since pure euphoria, in which people do not feel any anxiety at all, cannot be isolated from Z's experience. Even in absolute confidence in themselves, manic people still strive for evidence of their value. This seems to be why they ardently engage in goal-seeking activities. Necessity of evidence means necessity of the suppression of anxiety.

Jamison [11] described another case of euphoric mania which was indicative of anxiety. Jamison called euphoric mania 'exuberance', and said that Theodore Roosevelt was a good example of it. According to a discussion of Roosevelt by a reporter from the *New York Times*, 'A hundred times a day the President will laugh, and when he laughs he does it with the same energy with which he talks. It is usually a roar of laughter and it comes nearly every five minutes... sometimes he doubles up in paroxysm' (p. 8). Interestingly, Jamison described Roosevelt as, 'by temperament, utterly incapable of being indifferent' (p. 5). This temperament forced him to carry out, for example, an 'exuberant campaign' to prevent environmental destruction. Even if he maintained absolute confidence in his behaviour in manic periods, I would contend that underlying his

energetic behaviour was sensitivity to anxiety. If he had not imagined or had not been anxious about catastrophic results resulting from an indifference to environmental problems, he would not have said that 'there can be no greater issue than that of conservation in this country'.

According to Kraus [12], even when patients are not manic, anxiety is likely to induce mania: The harder the patients try to overcome their anxiety, the greater the danger of inducing mania becomes. Kraus noted, 'the manic and melancholic are said to have a tendency to be easily influenced by relationships to related figures. When they struggle to overcome anxiety for their incompetence by identifying themselves with highly-evaluated personalities all the more the danger of inducing mania increases because they are nevertheless denying themselves by identifying with others' (p. 84).

Kraus admitted that patients have 'potential anxiety' during manic episodes and give potential anxiety important status in the course of illness. However, this concept is elusive. While the word 'potential' implies that manic people are not anxious when they are identifying with their ideals, we see from Z's description that he is actually anxious in an implicit way. Such 'implicit anxiety' is paradoxical in that it seems to contradict the patient's confidence. However, Kraus did not go into any more detail, so further elucidation is required.

Here, I cannot show that every manic person has implicit anxiety. It is possible that manic experiences are heterogeneous. For example, it is known that some patients' manias are triggered by life events and that others' manias are caused by antidepressants. It is natural to say that implicit anxiety in mania might be relevant in the former cases, but irrelevant in the latter, since those patients may become manic for purely biological reasons.

Although this paper does not suggest that every manic experience is associated with implicit anxiety, it is useful to consider some people's manias in terms of this notion. Such individuals might become manic because something matters more to them than it does to other people, and they cannot ignore it. In the following, I argue that implicit anxiety underlies the incapacity to be indifferent.

4 EXISTENTIAL FEELING

4.1 Influence of Heidegger's 'mood'

Ratcliffe [13, 14] introduced the term 'existential feeling' to indicate certain kinds of emotions that otherwise remained unnamed. It is based on Heidegger's concepts of 'mood' (in German, *Stimmung*) and 'attunement' (in German, *Befindlichkeit*), although we will see later that existential feeling is different in a radical way from Heidegger's original terms.

Heidegger [15] distinguished two types of moods as follows: inauthentic moods have specific objects, while authentic moods do not. Heidegger saw fear as an example of an inauthentic mood. Whenever we fear, we fear for something, such as being insulted. Anxiety (in German, *Angst*), on the other hand, as an example of an authentic mood, does not have a specific object. Rather, it influences the whole of being-in-the-world. Ratcliffe [13] adopted the concept of authentic moods, changed the term to 'existential feeling' and revised its definition.

Although 'existential feeling' roughly corresponds to Heidegger's 'mood', Ratcliffe had reasons to adopt another term. Two of these relate to the limitations of Heidegger's argument:

We have confirmed so far that existential feeling is remarkably altered when people are manic in such a way that they feel the world is lively and colourful. However, there is no anxiety apparent in retrospective narratives by patients like Jamison. It seems that, unless they are highly reflexive, patients like Z in Kraus's work cannot be conscious of anxiety during mania. Thus, implicit anxiety in mania does not appear in first-person narratives. If this is the case, it seems that implicit anxiety is different from existential feeling. In fact, given Ratcliffe's account to the effect that we can read the alteration of existential feelings in patients' narratives, it is doubtful whether anxiety in mania is an existential feeling. We have to ask whether anxiety in mania has the two essential features of existential feeling – that it involves both experienced possibilities and bodily feelings.

With regard to the first feature, implicit anxiety appears in the horizontal structure of Z's report. Z stated, 'It is highly important for me to gain from others evidence of my perfect behavior, good conduct and justice. Therefore, after all by exaggerating them, I desperately struggle to persuade others.' His reflection on his experience enabled him to admit his anxiety during mania, which was associated with his self-evaluation and social reputation. At least, his manic episode does not seem to have lost a universal structure of a kind of experienced possibility, that is, the possibility that his conviction of his value would be denied by what others would say to him or what he would do. As he admitted, because he noticed these possibilities, he exaggerated his behaviour. In manic episodes, patient Z's horizon of experience contained the possibility of being denied and his conviction was threatened by this.

Anxiety in mania, we now see, can be rephrased as the persistent possibility of being denied in the horizontal structure of manic experience. Thus, it shares one essential feature with existential feeling, but does not match the other, namely being felt bodily. In bipolar disorders accompanied by euphoric episodes, patients – except highly reflexive patients like Z – have no negative feelings. This is whatBinswanger [24] called the 'optimism of mood' and 'recognition'. Such optimism may be the basis of the lack of insight which is arguably the essence of the disorder (*e.g.* [4]): The fact that most patients refuse to admit that their experiences are pathological must be interconnected with the lack of negative bodily feelings. Thus, anxiety in mania cannot be interpreted as an existential feeling because it is essential to the notion that certain kinds of experienced possibility are felt by one's lived body [16]. Rather, anxiety is implicit in manic patients' perspectives in most cases.

If we accept that anxiety is not felt, we might be inclined to doubt its reality. However, this doubt is based on a narrow conception of anxiety. As we will see in the next section, in Heidegger's conception, anxiety is almost always hidden from the person experiencing it. Although implicit anxiety in mania represents a slightly different situation, Heidegger's view is helpful in making clear the elusive status of implicit anxiety in mania.

5 HEIDEGGER'S CONCEPTION OF ANXIETY AND A SHORTCOMING OF EXISTENTIAL FEELING

5.1 Heidegger's concept of anxiety

Anxiety might be implicit in our subjectivity and still exist in some way. Its elusive status, in fact, shares an essential feature

with what Heidegger [15] meant with the same term (in German, *Angst*), although the two anxieties do not necessarily wholly correspond to each other. We have already confirmed that Heidegger's 'anxiety' is objectless and 'about our being-in-the-world itself' ([15]. p. 186), while fear has objects in the world. However, Heidegger went on to say that, in our average everyday lives, we flee (in German, *flüchten*) from our authentic selves to worldly objects; we 'fall (in German, *verfallen*) into the comfortability of publicity' (p. 189). This means that we flee from uncanniness (in German, *Unheimlichkeit*) and turn our back on anxiety.

The fact that we do not feel anxiety as Heidegger defined it does not mean that we are free from anxiety in everyday life; rather, being-in-the-world is always 'determined by anxiety' [15]. Roughly, we can always face our anxiety for and about being-in-the-world, and familiarity with the world is only possible through the concealment of uncanniness.

This self-deceptive nature of anxiety in Heidegger's view is analogous to what this paper is seeking in a manic experience. However, it is difficult to allege that anxiety as described by Heidegger is the same as implicit anxiety in mania in a strict sense. Heidegger's conception of anxiety is about our being-in-the-world itself, and ultimately, death. Therefore, we all have anxiety in an implicit way, and it is absolutely impossible for us to have experiences after death. However, Heidegger's notion of anxiety gives us many analogous points to build on. We have to understand that we do not need to limit the notion of anxiety to that which is actually felt. Anxiety can also be that which does not appear but still determines our conscious lives. Furthermore, at exceptional and important moments of life, we can face anxiety in Heidegger's sense. The attitude of turning away from anxiety influences our life, even if we are unconscious of it.

5.2 A shortcoming of the concept of existential feeling

Existential feeling, according to Ratcliffe [13, 14], is based on Heidegger's concept of anxiety, although he put it in a different phenomenological context in order to overcome the term's limitations. However, I would suggest that this process took away one of the notion's most interesting and important features – its implicitness. This occurred because Ratcliffe defined existential feeling as something felt by the lived body. I think it is true that existential feeling enables us to detect some significant alterations of structure of experience in psychiatric conditions. It helps us to pay close attention to what is felt only through the perceiving body, particularly when we are reading patients' first-person narratives. However, there are also implicit, and yet important, emotions in psychiatric experiences. I contend that phenomenological psychopathology benefits from focusing on what is accessible only by close reflection and first- or second-person conscious 'studies' on experiences. I would also argue that the original usage of Heidegger's term 'anxiety' has the potential to provide us with a phenomenological basis for such an elusive domain within patients' subjectivity.

According to Ratcliffe, existential feeling is usually tacit and felt in the background, but this tacitness is not the same as the implicit status of anxiety in mania. Ratcliffe assumed that we can become aware of the feeling by directing attention to it. He took strained eyes, as described by Sartre [25], as an example. They add heavy colour to our intentional states, and we can easily notice the change. However, in reality, people in euphoric mania cannot gain awareness of their implicit anxiety by

redirecting their attention. Implicit anxiety is not felt, even in a tacit way. This is why patients deny any distress in their experiences.

In order to notice, or more exactly, detect implicit anxiety, patients need to reflect upon their experiences and motivations for behaviour. Here, reflection is different from the mere redirection of attention. Rather, it requires changes in conceptual and narrative understandings of first-person experiences. This process includes a change in *as what* patients think their mental states: They consider what was, for them, an absolutely good state as an expression of anxiety. It is not only a temporal redirection of attention, but an enduring change of verbal understanding.

Implicit anxiety may not be felt because people in manic episodes always subconsciously suppress anxiety, or in Heidegger's words, flee from it ([15], p. 185). Here, we cannot say that they are not anxious because we are not conscious of the suppressed anxiety – the implicit anxiety in mania, especially about being denied, constitutes horizons of the patients' experiences – even though it is not felt and might even fuel the patients' excessive behaviour and recognition. Implicit anxiety, I would argue, constitutes horizons of manic experiences. One may be inclined to point out a shortcoming of the concept of implicit anxiety: How can we say that implicit anxiety is *real* in the patients' experience? If it is implicit and they cannot be conscious of it, it seems doubtful that we can prove its existence.

We (first and second person) can verbally understand the existence of implicit anxiety because fleeing from anxiety influences our behaviour and ways of thinking. Implicit anxiety has to be suppressed in order to remain implicit. For example, anxiety about being denied by others has to be suppressed by gaining positive reactions from others. Those who have implicit anxiety are thus forced to prevent the anxiety from becoming conspicuous.

Of course, most of our behaviours are influenced by implicit anxiety. In this sense, the manic and the happy might be the same. Happiness might also be possible only if we carefully and successfully suppress implicit anxieties. However, manic people are different from happy ones because they suppress implicit anxiety by being activated at a biologically unsustainable rate. That might be why patients tend to be depressed after manic episodes, which Gaemi [4] called 'the psychological law of gravity'. Usually, the higher one gets during a manic episode, the more depressed one eventually becomes.

Heightened energy enables manic people to see new ways to tackle problems. When they do not need to sleep and they can think far faster than usual, the world affords many more possible solutions. This is why manic patients can ignore their implicit anxiety.

Of course, it may not be the case that patients can intentionally induce mania at any time, but it seems to me to be true that at least some manic patients want to be manic to escape from anxiety, and this desire should be essential to manifestations of mania. While it would be misleading to simply say that patients achieve mania to suppress their anxiety or make it implicit, heightened energy should be a necessary and desirable condition for patients. The fact that some manic people need to be high to suppress their anxiety shows that the implicit anxiety behind manic euphoria is much greater than that of people in ordinary states.

6 CONCLUSION

This presentation has focused on implicit anxiety in mania. Although phenomenological psychopathologists, including Kraus, have argued extensively that the alterations of manic experiences and their descriptions have significant explanatory power, they have not sufficiently described anxiety in mania. This has limited the clinical relevance of their works.

Existential feeling is, in part, a useful concept to describe implicit anxiety in mania because the term is related to the horizontal structure of pathological experience. However, the term is also insufficient, since it is confined to what is felt bodily. Thus, we need a subtler conception of anxiety that determines the horizontal structure of one's conscious life but cannot become conspicuous through the patient's conscious focus. Heidegger's notion of anxiety captures this: It determines our lives in both a horizontal (Heidegger did not use the term *horizon*) and an implicit way; we flee from it by falling. Although this concept does not necessarily correspond to hidden anxiety in mania, we can use it to understand implicit anxiety's elusive status.

As I mentioned earlier in this paper, if we are anxious in an implicit way in euphoric mania, the mania is not happiness. However, if we adopt Heidegger's notion of anxiety in a strict sense, it would be virtually impossible to be happy. If happiness is to be possible in everyday life, it must be a correct way of fleeing from anxiety, perhaps representing a harmonisation with it.

Although we confirmed that implicit anxiety in mania is possible and described how it is possible, a problem remains regarding the nature of implicit anxiety and the unique way of fleeing from it by elevating mood. Empirical research into how many patients have implicit anxiety is required, although valid methods for detecting hidden anxiety must be developed before this can be accomplished. I am willing to collaborate on such an empirical project.

REFERENCES

- [1] A. Koukopoulos and N. Gaemi. The Primacy of Mania: A Reconsideration of Mood Disorders. *European Psychiatry*, 24: 125-134 (2009).
- [2] *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. American Psychiatric Publishing Incorporated (2013).
- [3] K. R. Jamison. *An Unquiet Mind: A Memoir of Moods and Madness*. Random House LLC (2009).
- [4] N. Ghaemi. Understanding Mania and Depression. In: *The Oxford Handbook of Philosophy and Psychiatry*. K. W. M. Fulford, M. Davies, R. Gipps, G. Graham, J. Sadler, G. Stanghellini, T. Thornton (Eds). Oxford University Press (2013).
- [5] C. Newman. Bipolar Disorder. In: *Encyclopedia of Cognitive Behavior Therapy*. A. Freeman, F. H. Stephanie, N. M. Arthur, N. M. Christine, A. Mark. (Eds.). Springer (2006).
- [6] S. Shoemaker. *Self-Knowledge and Self-Identity*. Cornell University Press (1963).
- [7] B. Kimura. An Anthropological and Temporal Study of the Relationship between Melancholy and Manic Depressive Illness. In: *Bin Kimura Collection: 4*. Kobundo (2001).
- [8] E. Minkowski. *Lived Time: Phenomenological and Psychopathological Studies*. Northwestern University Press (1970).
- [9] L. Binswanger. *Melancholy und Mania; Phenomenological Studies*. Neske (1960).
- [10] A. Kraus. *Social Behaviours and Psychoses in Manic Depression: An Existential and Role Analytic Investigation*. Enke (1977).

- [11] K. Jamison. *Exuberance: The Passion for Life*. Vintage (2005).
- [12] A. Kraus. Practical Consequences of Role Theory Approach on the Example of Psychoses in Manic Depression. In: *Psychopathology and Practice*. W. Janzarik (Ed.). *Clinical Psychology and Psychopathology Vol. 35*. Enke (1985).
- [13] M. Ratcliffe. The Feeling of Being. *Journal of Consciousness Studies*, 12(8-10):45-63 (2005).
- [14] M. Ratcliffe. *Feelings of Being: Phenomenology, Psychiatry and the Sense of Reality*. Oxford University Press (2008).
- [15] M. Heidegger. *Being and Time*. Max Niemeyer Verlag (2006).
- [16] M. Ratcliffe. The Phenomenology of Existential Feeling. In: *Feelings of Being Alive*. S. Marienberg, J. Fingerhut (Eds). De Gruyter (2012).
- [17] E. Husserl. *Cartesian Meditations: An Introduction to Phenomenology*. Nijhoff (1960).
- [18] E. Husserl. *Experience and Judgment*. Routledge. (1973).
- [19] E. Husserl. *Analyses Concerning Passive and Active Synthesis: Lectures on Transcendental Logic*. Springer (2001).
- [20] M. Merleau-Ponty. *Phenomenology of Perception*. Psychology Press (1962).
- [21] E. Husserl. *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy: Second Book*. Springer (1983).
- [22] E. Merleau-Ponty. *The Visible and the Invisible*. Northwestern University Press (1968).
- [23] W. Styron. *Darkness Visible: A Memoir of Madness*. Vintage (2001).
- [24] L. Binswanger. *On Flight of Ideas*. Garland (1933).
- [25] J. P. Sartre. *Being and Nothing*. Gallimard (1943).