The contribution of Michel Henry to today's clinical practice

Gilberto Safra*

Universidade de São Paulo, Instituto de Psicologia, Departamento de Psicologia Clínica. São Paulo, SP, Brasil

Abstract: This study discusses the contemporary psychopathological pictures derived from a sociocultural context in which human life is organized according to the fundamental principles that characterize modernity and postmodernity. Today, distress is a result of a world characterized by hyper-realities, in which the human originary conditions are forgotten. In this context, it is observed that the human body is the focus of the most fundamental changes that deserve our reflection. The clinical situation needs to be reinvented in order to manage the new forms of subjectivity. To that end, the contributions of Michel Henry are highly relevant. The present study discusses some of the most fundamental concepts developed by this author in dialogue with the clinical situation.

Keywords: clinic, corporeality, Michel Henry, postmodernity, hyper-reality

The clinical situation is a significant research field because it not only enables sharing fundamental issues of the human condition but also questioning about the human suffering related to the malaise of our time.

The suffering of our patients must not only be understood as a result of their desires and biographies but also as a fact arising from a particular sociocultural context in which human life is organized according to the fundamental principles that have characterized modernity and postmodernity. In the modern horizon, there is excessive use of the rationality abstracted from human originary experiences. Horkheimer (1976) argued that the abstract operation of the mechanism of thought would be used to classify, infer, and deduct, regardless of the experience or subject with which human beings are engaged, trying to exclude any non-intellectual factor from the process. This is the methodological approach used by science that will define the field of life among humans.

As a consequence of this state of life, descriptions of psychopathological frameworks have been emerging in the psychoanalytic literature since the 1950s. These frameworks are characterized by the distortion of the self, pointing to the construction of an artifact of personality in place of the human face. Regarding the different psychopathological descriptions found in the literature, I highlight: the "as if" personality, the false self, the normotic, the simulacrum, among others. From the point of view of experiences reported by patients, there are reports of the feelings of futility, loss of authenticity, absence of a meaning of life and boredom.

These pathoses have to be seen as phenomena that denounce cultural characteristics of the present time, because they are a result of subjectivation processes, which some authors call "hyperreality" (Baudrillard, 1988).

Epstein (1995) affirms that the hyperreality phenomenon is the result of the modern design, which sought to rebuild a vital reality, supposedly authentic, by a super-signification conquered with the use of abstractions. The hypersignified reality actually resulted in the formation of pseudorealities. Technology has an important participation in this process of construction through the mass media. This process would lead to a hyperrepresentation of the reality, which would cause the weakness of what is real. Epstein discusses the appearance of the following phenomena:

a. Hypertextuality: a phenomenon by which the literature is subject to the schools of literary criticism, leading to the emergence of literature as a form. In this case, the literary text is fragmented into categories of critical analysis, failing to be an elaboration of the historical reality, i.e., the worldview of the author, a field of symbolic meanings;

b. Hyperexistentialism: this is an aspect extensively discussed by Dostoyevsky in many books, particularly in Notes from Underground (1864/2010), in which the character addresses existence as an abstraction of the being, in which it is as if the reality of the self disappear;

c. Hypersexuality: human sexuality becomes an abstract scheme and the artificial reproduction of bodily images emerges in the culture, supposedly being more effective than the physical reality of the human body, images that seek the creation of erotic ecstasies in place of the inter-human encounter. Sex becomes a spectacle with the manifestation of a sexuality that is not created in the interiority of the person but rather in the aesthetic rapture artificially produced by the media (cinema, television, Internet

---

*   Corresponding author: iamsafra@uol.com.br

etc.). The human being eagerly seeks to be the image culturally projected, whose fundamental characteristic are abstract hyperboles of the feminine and the masculine;

d. Hypersocialization: this phenomenon occurs as a simulacrum of the community experience. In this kind of situation, the social experience is ideologically defined and demanded in a way that singularity and fraternal friendship are destroyed.

According to Epstein (1995), it could be possible to mention the existence of a hyperself, often found in current clinical practice. In these situations, there are individuals whose personalities appear as digital artifacts. In a previous work, I presented the description of a mode of organizing the self in this field of phenomena, which I called "avatar personality". In these personalities

there is the desire of complete disappearance of the original personality and in its place rise what is called "avatar" in the Internet language. These individuals identify themselves with the technique. This situation occurs when children are unable to repudiate what is presented to them, being seduced by the technique and by the supposed power that it seems to produce. A virtual personality arises in this situation. There is no identification with the human aspect, but with the technique and its aesthetics! These individuals appear as beings without history, they use technological emblems as fetish. (Safra, 2012, p. 41)

Since the 1960s, there have been authors in the psychoanalytic field that, to deal with this kind of phenomenon in their clinical practice, seek the elaboration of non-representational understandings of the human being and the clinical management. Among them, I highlight: a) Winnicott (1954/1992), who presented a model of non-represented suffering (thoughtless anxieties) and also discusses the not happened and the desire of the self; b) Bion (1973), who addresses the importance of non-sensory psychic reality; c) Storolow (1992), who presents, with the help of Heiddeger, what he called "post-modern psychoanalysis".

There are authors in the field of literature and philosophy who, sensitive to the conditions of the contemporary world, point out the way in which the cultural situation of hyper-signification affects the human being. In that sense, Pessanha (2000) affirms:

Immersed in the superstition of the calendar and in the habit of chronology, the world-man tried to pull me toward human measure: he even forged a name-cell to catch me. Then I realized that the relief felt by Adam when naming things was the pure opposite of the horror that they feel when they are named by the mouth-massacre of the man that knows. With

the loving help of no and alcohol—the first leading me through the land of avoidance and the second through lying and disguising—I waited patiently for the time that the tenderness of the night made me its possession… Today, nestled in the purity of the enigma and protected by the vigil of the star, an almost-Buddhic-smile appears in my mouth whenever it hears a word not yet pierced by the shock of existing things. How to embrace a man when his heart is not an extravagant demand? (Pessanha, 2000, p. 29)

In the field of philosophy, Michel Henry made fruitful contributions that assist in approaching the clinical situation of the human ethos in a more syntonic way. Through his thinking, we are in the face of an understanding of the human being that surpasses the dichotomies and the artificialities created by excessive abstractions, which are frequent in our field of work.

Michel Henry's contribution to the field of clinical psychology does not only occur due to epistemological need in the approach to the human being, but especially to meet the clinical and ethical needs so we can embrace the complexity of the problems that arise in our current practice.

It is significant to note that if we take the picture described by Winnicott (1960/1990) as false self, we will note that it is characterized by the fact that, in these cases, the mind is often dissociated from corporeality. Winnicott states:

When a False Self becomes organized in an individual who has a high intellectual potential, there is a strong tendency for the mind to become the location of the False Self, in this case there develops the dissociation between intellectual activity and psychosomatic existence. (Winnicott, 1960/1990, p. 144)

In 1949, Winnicott affirmed the fundamental importance of the body in the satisfactory development of the child. He points out:

The mind does not exist as an entity in the individual's scheme of things provided the individual psyche-soma or body scheme has come satisfactorily through the very early developmental stages; mind is then no more than a special case of the functioning of the psyche-soma. (Winnicott, 1949/1992, p. 244)

Winnicott repositions the body both in the understanding of the constitution of the self, of human suffering, and the management of the clinical situation. His conception of the human being points out that there is a primary creativity in him that appears as being alive, as aliveness. Similarly, according to his conception, being a therapist is being a psychosomatic presence in the clinical situation.

It seems significant that in the theoretical and clinical elaborations of Winnicott the body occupies a central place, because we can realize that the body is the major missing in the psychopathological frameworks described in the psychoanalytic literature since the late 1950s. During modernity, the body had the same fate as nature before human action. In the modern design, the human being sought to dominate nature and treated its body as other, which should be dominated by the will of the subject. The body became mechanized, being treated as a cluster of functions losing its originary position of being a place of revelation. The body becomes a part of the mechanization of the world and the production of goods.

Weber (1904/1985) states that the "disenchantment of the world", linked to the loss of magical and religious components, matches the protestant ethic, which is structured concomitantly to capitalism:

> *When asceticism was taken out of the monasteries and transferred to the professional life, it started influencing the secular morality by contributing mightily to the formation of the modern economic and technical order, linked to mass production through the machine.* (Weber, 1904/1985, p. 130-131)

The Winnicottian clinical practice seeks to reposition the body as the home of the being and a place of revelation. We are invited to host an agonizing and suffering body without the presence of the other and without the language of the community. The body holds knowledge that has not been articulated mentally and that seeks the friendship of the body of the other.

However, the current situation worsens, because new cultural settings arise in postmodernity due to the hypertrophy of aesthetics in the place of ethics and due to a spatiotemporal organization under the rule of the cybernetic language, unrelated to the human corporeality. The body becomes more and more like a commodity released in a culture of spectacle and total visibility. Baudrillard (1996) draws attention to the fact that, currently, narcissism is used as social control by means of a directed exploration, instigating the belief that each one is responsible for his/her own body by valuing it and investing in it, according to signs reflected and mediated by mass models. The individuals do not think that they are bodies, but that they have a body to be manipulated by technological means until it reaches the aesthetic standard dictated by the mass media. The body appears as something external to the subject, in which even sexuality is engendered by a vector that is external to the self.

We can observe the emergence of bodies as part of postmodern events. These bodies are part of the projects of the individuals that try to create an identity which, even though original, is often not linked to their family or ethnic roots. Featherstone (1999) extensively discusses these practices and presents several examples that are being used to change the appearance of the human body, such as: cutting, tattooing, piercing, eating or not eating and implants and prostheses placement, among others.

In this field of discussion, the contribution of Michel Henry becomes significant because, in his philosophy of life, he recognizes that the body has been neglected in the development of the Western thought, since the body has been reduced to an object outside the human being. However, the body does not belong to the dimension of exteriority. According to Henry (2002), the body has two modes of appearing to the human being: as an object of the world and as a subjective body.

> *First, the body presents itself to us in the world and is immediately interpreted as an object of the world, something that is visible, something that I can see, touch, and feel. However, it is nothing but the apparent body. The real body is the living body, the body in which I am placed, that I never see and is a bundle of powers - I can, I grasp with my own hand—and I develop this power from the inside, out of the world. This is a metaphysical fascinating reality, because I have two bodies: the visible one and the invisible one. The being of the body is subjective, it is absolute immanence, it is absolute transparency. The whole body that I am, and which is my real body, is the living body; it is with this body that I actually move, grasp, hold, and stay with others.* (Henry, 2002, p. 156)

The consequence of this kind of statement is that human life, in all of its dimensions, only happens within sensitivity. The human being is affected in an originary way in the interiority of its being-body. Therefore, according to Henry, there is an originary sensitive affectivity. We are not facing life because we access it through representations but because it occurs as a revelation in our sensitivity. Life happens as pathos. For Henry, the affection is the essence of selfness. The self happens as agony from suffering and enjoying. "The pure phenomenological materiality of 'proving to oneself', specific to all life and thus to all self alive in which this "proving to oneself" is fulfilled, is an originary affection or, as we now say, pathos" (Henry, 2001, p.143).

From this perspective, on the basis of the psychopathological frameworks, we observe the attempt of the individual to isolate this originary affective donation, either through a supposed disconnection or its distortion. This is a very frequent perspective in the contemporary world, in which we do not host a living body that suffers, but the presentation of the spectacle of a body, an external and aesthetic object that becomes a place for manipulations to achieve a life without pain and to be displayed as a scenario of a virtual and ideal aesthetic.

The therapeutic work implies a process in which it is possible to make room for the reconnection and re-establishment of the roots of the self, through an intercorporeal

dialogue and the access to the originary affectivity that allows the patient to be the one who suffers. Henry (2001) states:

> *Life experiences itself as pathos; it is an originary and pure affection, an affection that we call transcendental because it indeed makes possible experiencing itself, without distance from the inexorable suffering and the unsurpassable passivity of a passion. It is in this affectivity and as affectivity that the self-revelation of life is accomplished. The originary affectivity is the phenomenological matter of self-revelation that constitutes the essence of life. From this matter, it makes an impressional matter, which is never an inert matter, the dead identity of a thing. It is an impressional matter experiencing itself impressionally and, whilst doing so, a living self-impressionality. This living self-impressionality is flesh. Only because it belongs to flesh, because it brings this pathetic and alive self-impressionality in itself, any conceivable impression can be what it is, an "impression", a suffering and enjoying impressional matter in which it self-impressions itself. The affective character, "impressional", of impression is not a banality, whose facticity we are limited to confirm; in its coming—not knowing how, not knowing from where, not knowing from what—it resubmits to its more interior possibility, to its belonging to flesh, to its pathetic self-revelation in life.* (Henry, 2001, p. 66)

In this line of understanding, it becomes necessary to comprehend that the fundamental dimension of the clinical practice is not only providing an expertise space in which it is possible to host the originary affectivity, but also enabling the modalization of the affective experience of the patient. In this case, we are not only talking about a space for intersubjectivity, but rather an intercorporeality field.

The experience of the patient has to be accompanied by the affective experience of the therapist. The patient is understood by what our flesh reveals about the patient. From this perspective, the therapist needs to be someone rooted in himself, able to navigate the affective availabilities occurring in the interiority of the self.

With the help of the elaborations from Heiddeger, Stolorow (2011) tries to re-discuss the psychoanalytic field from an understanding of the psychic experience primarily based on affectivity. The author emphasizes that pain itself is not pathological; however, the tuning deficiency of caregivers with respect to the affective experience of children can lead to a pathologizing process. Sotolorow (2011) states:

> *From this perspective, developmental trauma is viewed not as an instinctual flooding of an ill-equipped Cartesian container, as Freud (1926) would have it, but as experience of unbearable affect. Furthermore, the intolerability of an affect*

state cannot be explained solely, or even primarily, on the basis of the quantity or intensity of the painful feelings evoked by an injurious event. Traumatic affect states can be grasped only in terms of the relational systems in which they are felt. Developmental trauma originates within a formative intersubjective context whose central feature is malattunement to painful affect – a breakdown of the child-caregiver interaffective system – leading the child's loss of affect-integrating capacity and thereby to an unbearable, overwhelmed, disorganized state. Painful or frightening affect becomes traumatic when the attunement that the child needs to assist in its tolerance, containment, and integration is profoundly absent. (Sotolorow, 2011, p. 27)

I agree with the statements of Stolorow, because when the psychoanalytic processes are managed to recover the patient's possibility of being, these processes point to the need that patients show in the therapeutic relationship for finding a space in which their affections can meet the comprehensive face of the other.

An analyst, along its route, had the opportunity to learn sign language. He was invited to conduct a clinical work in a deaf-mute institution because he was fluent in sign language and was available to work with that population, and to that end he organized a therapeutic group with some individuals of that institution. His therapeutic action followed the principles that were familiar to him. Suddenly, while working with the group, he started experiencing profound suffering due to the way the group was behaving. This occurred because the members of the group used sign language so fast that he was unable to understand. He warned the group that the communication was too quick for him, but the participants of the group ignored him and continued to communicate with each other faster and faster. He experienced great distress, until he finally understood the importance of their feelings. He realized that, because the members of the group performed that kind of communication, he was deaf-mute in that context. He could then communicate to the group what he was feeling. His feelings explained the truth of that situation. When he made his statement to the group, the participants told him they had not realized what he was experiencing, but now he could truly know what their experience was like, what being a deaf-mute in a world of speakers meant.

The affectivity of the analyst revealed what was fundamental in the problematic of those individuals, which allowed him to enter the target community and truly turn out to be the analyst of the group.

Another interesting situation occurred with a therapist who worked in a hospital with newborn babies. She was taking care of some children who born premature. These babies needed to be admitted to the hospital so that they could achieve the necessary maturity. These children were accompanied by their mothers, who went to the hospital daily to maintain contact with their children

and participate in the feeding process. However, some mothers could not communicate with their children, because they found their children strange, the relationships they established were overly objectified. This meant that there was no intercorporeal contact between babies and mothers.

The therapist tried to mediate the situation to facilitate the contact of the mothers with their babies and the babies with their mothers. To that end, she positioned herself in front of the babies with such availability that, given the immaturity of the babies, she felt tenderness. From that feeling of tenderness she described to the mothers how she saw the babies. To a certain extent, she offered the mothers the feeling of tenderness that they could not feel in that context. Something very interesting happened: as if guided by the affection of the therapist, the mothers could see the babies through the perspective of tenderness, enabling the establishment of intercorporeal communication between them and their babies.

The reported experiences help us consider the importance of the contribution of Michel Henry when he points out the existence of an originary subjectivity that is not composed of representational networks but rather emotional availability. This originary affection is always present in human beings, even in their psychic or mental illnesses. The fundamental ethical dimension of this type of clinical practice is to provide our affective sensitivity to the other, a perspective that is only possible through dialogue or intercorporeal communion.

Michel Henry helps us recall the fundamentals of the human condition. In our work, we face the suffering of the other. They seek in us the witnesses of their pain experienced without the comprehensive face of the other. The pain of our patients is a path for accessing knowledge about the human existence, which seeks to be unveiled in the presence of the other.

The great difficulty for the therapist is that this type of clinical practice demands some sort of conversion, so that we are not just sitting as listeners of a wish that is represented, but affected by the suffering of the other, so that it is possible for the patient to embrace the pain experienced, so that his/her self can find its authenticity and the possible modulation of his/her affective experience.

From this perspective, we can find significant contributions in the work of Michel Henry, in the reinvention of the clinical situation that redefine our work considering the demands made by our patients that arise from the contemporary malaise.

A contribuição de Michel Henry para a prática clínica na atualidade

Resumo: Este trabalho busca discutir os quadros psicopatológicos contemporâneos, decorrentes de um contexto sociocultural, no qual encontramos a vida humana organizada segundo os princípios fundamentais que caracterizaram a modernidade e a pós-modernidade. O mal-estar na atualidade acontece como resultado de um mundo assentado em hiper-realidades, nas quais as condições originárias do ser humano são esquecidas. Nesse contexto, observa-se que o corpo humano é o foco das alterações mais fundamentais, que merecem nossas reflexões. A situação clínica necessita ser reinventada para dar conta das novas formas de subjetivação, e para isso as contribuições de Michel Henry são profundamente relevantes. Apresentam-se alguns dos conceitos mais fundamentais desse autor em diálogo com a situação clínica.

Palavras-chave: clínica, corporeidade, Michel Henry, pós-modernidade, hiper-realidade.

La contribución de Michel Henry para la práctica clínica actual

Resumen: En este trabajo se examina la psicopatología contemporánea derivada de un contexto socio-cultural en el que nos encontramos con la vida humana organizada de acuerdo a los principios fundamentales que caracterizan la modernidad y la posmodernidad. El malestar actual ocurre como resultado de un mundo fundamentado en la hiperrealidad, en el cual se olvidan las condiciones originadas del ser humano. En este contexto, se observa que el cuerpo humano es el centro de los cambios más fundamentales, que merecen nuestra reflexión. La situación clínica debe ser reinventada para tener en cuenta las nuevas formas de subjetividad, y para eso las contribuciones de Michel Henry son profundamente relevantes. En el texto se presentan algunos de los conceptos más fundamentales de este autor en diálogo con la situación clínica.

Palabras clave: clínica, corporalidad, Michel Henry, postmodernismo, hiperrealidad.

La contribution de Michel Henry pour la pratique clinique aujourd'hui

Résumé: Ce document traite de la psychopathologie contemporaine, issue d'un contexte socio-culturel, dans lequel nous trouvons la vie humaine organisée selon les principes fondamentaux qui caractérisent la modernité et la postmodernité. Le malaise a lieu aujourd'hui à la suite d'un monde basé dans les hyperréalités, où les conditions originaires de l'homme sont

oubliées. Dans ce contexte, on observe que le corps humain est au centre des changements les plus fondamentaux, qui méritent notre réflexion. La situation clinique doit être réinventée pour tenir compte des nouvelles formes de subjectivité, et par conséquence les contributions de Michel Henry sont hautement pertinentes. Cette contribution présente certains des concepts les plus fondamentaux que l'auteur a développé en dialogue avec la situation clinique.

Mots-clés: clinique, la corporéité, Michel Henry, le postmodernité, l'hyperréalité.

References

Baudrillard, J. (1988). Selected writings. Stanford, CA: Stanford UP.

Baudrillard, J. (1996) A troca simbólica e a morte. São Paulo, SP: Loyola.

Bion, W. (1973). Atenção e interpretação. Rio de Janeiro, RJ: Imago.

Dostoiévski, F. (2000). Memórias do subsolo. São Paulo, SP: Editora 34. (Trabalho original publicado em 1864)

Espstein, M. (1995). After the future: The paradoxes of postmodernism and contemporary russian culture. Amherst, MA: University of Massachusetts.

Featherstone, M. (1999). Body modification: An introduction. Londres: Sage.

Henry, M. (2001). Encarnação: por uma filosofia da carne (F. L. F. Martins, trad.). Lisboa: Círculo de Leitores.

Henry, M. (2002). Auto-donation. Entretiens et conférences. Paris, França: Prétentaine.

Horkheimer, M. (1976). Eclipse da razão. Rio de Janeiro, RJ: Labor do Brasil.

Pessanha, J. (2000). Ignorância do Sempre. São Paulo, SP: Ateliê Editorial.

Safra, G. (2012). A família, mundo contemporâneo e novas modalidades de subjetivação. Trieb, 11, 33-46.

Stolorow, D. R., & Atwood, E. G. (1992). Context of being. The intersubjective foundations of psychological life. Nova York, NY: Routledge.

Stolorow, R. (2011). World, affectivity, trauma. Heidegger and post-cartesian psychoanalysis. Nova York, NY: Routledge.

Weber, M. (1985). A ética protestante e o espírito do capitalismo. São Paulo, SP: Pioneira. (Trabalho original publicado em 1904)

Winnicott, W.D. (1990). True and False Self. The maturational process and the facilitating environment. Londres, Inglaterra: Karnac. (Trabalho original publicado em 1960)

Winnicott, W. D. (1992). Metapsychological and clinical aspects of regression within the psycho-analytical set-up. In Through Paediatrics to Psychoanalysis. Collected papers. Londres, Inglaterra: Karnac. (Trabalho original publicado em 1954)

Winnicott, W. D. (1992) Mind and its relation to the psyche-soma. Through Paediatrics to Psychoanalysis. Collected Papers. Londres, Inglaterra: Karnac. (Trabalho original publicado em 1949)