

Chapter 7

Reclaiming Embodiment in Medically Unexplained Physical Symptoms (MUPS)

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“One of the biggest challenges faced by people who have chronic illnesses is that of being believed. Of being listened to by professionals, and finding people who understand that conditions like fibromyalgia, M.E. [myalgic encephalomyelitis] and so on are real, physical illnesses.” This heartfelt cry stems from Emsy’s Internet blog on medically unexplained physical symptoms (MUPS).¹ If you browse the Internet, you will soon discover that there are many people like Emsy: people who (chronically) suffer from bodily pain or fatigue, while their suffering is not recognized as a “real, physical illness.” Since MUPS can imply any kind of physical distress, it rather involves a general “working diagnosis” than a specific diagnosis (Olde Hartman et al. 2013). Examples of MUPS include chronic fatigue, musculoskeletal pain, headache, stomachache, nausea, palpitations, and dizziness.

Figures about estimated prevalence of MUPS are widely divergent, depending on different types of MUPS and different medical disciplines. It is estimated that for about 40 percent of physical complaints that are presented to a general practitioner no specific cause can be found (Steinbrecher, Koerber, Frieser, and Hiller 2011). Even though a large number of unexplained complaints disappear automatically or can be easily treated by some household remedy, chronic MUPS form a major challenge for contemporary health care. Since MUPS are hard to treat, the majority of patients are major “consumers” of medical care, which causes a considerable economic burden for society (Konnopka et al. 2012). On the individual level, MUPS often involve poor communication between therapists and patients, which, on the one hand, causes feelings of misrecognition and stigmatization in patients, and on the other, feelings of being powerless in therapists and physicians. Physicians become frustrated, which has a negative impact on the patient–physician relationship (Salmon 2007; Wileman, May, and Chew-Graham 2002).

Because of this problem of communication and recognition, MUPS patients widely share their experiences on the Internet and through various kinds of social media, like Emsy did. Her call for recognition, not in the consultation room, but in the public space of the Internet, illustrates the limits of what contemporary (conventional) medicine can accomplish. As I will suggest at the end of this chapter, however, the blogosphere should not only be seen as a place where people can dump their (unheard) complaints. It can also be seen as a space that enables possible writing which can “touch the body” (Nancy 2008a, 9). To give voice to the body in MUPS, as I will argue here, we need a kind of talking and writing that does not rigidify the body. The Internet might be an appropriate place for writing that resists fixed meanings because of its transient nature.

The “unexplained” of MUPS, undeniably, lays bare the epistemological deficit of medicine. It is striking, however, that in actual practice this “unexplained” does not refrain professionals from providing explanations. Similar to the usage of various other terms and labels, the usage of MUPS often goes together with the reasoning that if there are no physical causes to be found, the cause of these kinds of symptoms should be looked for in some psychological or emotional disturbance. This kind of reasoning is called psychosomatics: physical, somatic problems are caused by psychological problems.

One could say that the origin of this reasoning goes back to Freud’s psychoanalysis of hysteria (Wilson 2004). Freud claimed that symptoms such as paralysis or speech loss in cases of hysteria are caused by a conversion of psychological pain or anxiety into neurological symptoms. The term *conversion* or *conversion disorder* is still used nowadays. Other terms that are used to express the (one-way) traffic between the realm of the psyche and the soma include: *somatoform disorders*, *functional disorders*, *somatic disorder*, and *somatization*. Besides the fact that these different labels, according to the categorization of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, refer to (slightly) different clinical phenomena, they also have different connotations. For the purpose of my analysis I will not discuss these differences, but will focus on the general reasoning underlying nearly all these different labels, that is, the idea that the unexplained physical symptom is related to some sort of psychological trouble. Whenever this searching for psychological causes is based upon a dualistic ontology—which is often the case in contemporary health care—it looks like a ghost hunt: searching for the “ghost in the machine” (Ryle 1949).

The purpose of this chapter is to explore whether and how it is possible to do justice to MUPS without resorting to psychological explanation. I believe that this is only possible if we start with a redefinition of the concept of the body in medicine. Psychological explanation is always lurking, exactly because of a very limited, narrow concept of the body. Contemporary

medicine embraces the idea of the body as an extended and individual thing, as a machine that works in a mechanical way, as an object that as such is ontologically similar to a dead body, a corpse or cadaver (Leder 1992). To provide a richer concept of embodiment, I will first draw on phenomenological ideas on the body and will then discuss a phenomenological explanation of MUPS as provided by Bullington (2013). Even though this explanation implies a rejection of the concept of the body as extended thing, it does not suffice to avoid psychologization. Alluding to Shusterman's (2005) work, we can say that Bullington's analysis suffers from "somatic attention deficit." Yet, as I will show, Shusterman's pragmatist criticism is not sufficient for truly regaining the physical, material body.

To be able to reclaim the body in MUPS, we need to revise phenomenology in such a way that the experience of the lived embodied subject also includes the experience of the subject's physical, material existence. For this materialist switch, I will draw on the work of the French philosopher Jean-Luc Nancy. As we will see, his analysis of embodiment will also imply a reconsideration of Descartes's idea of material extension. Since Nancy's work is highly abstract, aphoristic, and sometimes even impenetrable, it is not obvious to translate his thought to the practical world of health and medicine.² I believe, however, that his reflections on the body can help us addressing MUPS in such a way that its physical, material dimension can be recognized.

PHENOMENOLOGY AND MUPS

Whereas medicine, generally speaking, considers patients' bodies as things, objects, or defective machines that can be repaired, phenomenologically oriented studies show that experiences of health, or able-ness, and of illness and disability cannot simply be reduced to physical "normality" or "abnormality." Phenomenology of health and illness therefore claims that we should also take into consideration patients' lived experiences of their bodies (Aho and Aho 2009; Carel 2011, 2012a; Leder 1990; Toombs 1993, 1995). Accordingly, the majority of present phenomenological studies on healthy, ill, able, and disabled bodies fall back on the distinction between the objective body (*Körper*) and the lived body (*Leib*).

Husserl writes in his *Ideas II* (1989, §§36–38) that whereas *Körper* refers to the meaning of one's body in terms of an intentional object, that is, an object perceived and apprehended through an array of adumbrations (*Abschattungen*) and to which one may attribute physical features, *Leib* refers to the meaning of one's own body as a "non-thing" (Waldenfels 1989), a non-intentional experience of one's own body localized in one's body, in one's sense organ. In an earlier section of *Ideas II*, Husserl described the *Leib* as the

“organ of perception” (*Wahrnehmungsorgan*), which is the medium (*Mittel*) of all perception, and which is necessarily involved in all perception (*ist bei aller Wahrnehmung nowtwendig dabei*) (§18). So, according to Husserl, the *Leib* forms the condition for the possibility of perception. In contrast with Kant, he thus maintains that rather than the so-called pure forms of intuition (the forms of time and space) it is the existence of an organ of perception that conditions the appearance (*Erscheinung*) of spatiotemporal things.

Most typical about the *Leib* is that it is caught in a circle of constitution: It is constitutive for perception in the sense that no perception can take place without it, but it is also itself constituted, which means that it is not pre-given as a non-experienced structure. Rather, the *Leib* is constituted by means of sensorial experience. It is thus a constituting-constituted structure. In phenomenological discourse this means that the *Leib* not only conditions appearance but also appears itself, albeit in a typical way. As Husserl explains in §36, the *Leib* is constituted through localized sensations that he calls “sensings” (*Empfindnisse*). These localized sensations are materialized mainly by the senses of touch, warmth, cold, proprioception, kinesthetic sensations, and pain. On the basis of these “sensings,” one’s body does not appear as a thing in adumbrations, but merely as an embodied “here” and “now,” a zero-point for all movement, orientation, and perception.

It is this idea of *Leib* as the embodied, nonformal, condition of world disclosure that has become a central idea in Merleau-Ponty’s *Phenomenology of Perception*, where it is called the subject body (*corps sujet*), the lived body (*corps vécu*), or one’s own body (*corps propre*). In his early work, Merleau-Ponty writes that it is especially by means of motor intentionality that the “transcendental” embodied subject discloses its world. Drawing on Merleau-Ponty’s distinction between objective body and lived body Bullington (2013) provides an analysis from the “psychosomatic body.” According to her, the lived body should be understood as “someone’s lived relationship to the world” (30). She thus emphasizes the lived body’s potential to disclose the world and its capacity to give meaning to the world. Consequently she considers “psychosomatic pathology” (i.e., MUPS) as a breakdown in the dialog between a person and the lifeworld. And this breakdown goes together with a reduction of experience to “being-in-the-world *as body*” (59). Causes for this breakdown are, according to Bullington, challenging situations in a person’s life, such as family and/or marital problems, economic worries, problems at work, and sexual difficulties (63). People produce psychosomatic problems or MUPS when they respond to these challenges through a low level of sense-making. In Merleau-Pontian terms this would mean that these people’s “intentional arc” becomes smaller and smaller, which goes together with reducing all situations and experiences to “body and habit” (70). With this, Bullington means that people get fixated with their body as a physical

organism, including its acquired habits. In other words, through the psychosomatic breakdown the body loses its capacity of “lived body” and is reduced to an object.

Even though Bullington sheds some new light on the thorny problem of psychosomatics or MUPS, I feel that her account is not entirely convincing, for two reasons. First, her explanation of psychosomatics in terms of a lifeworld breakdown seems to be too general. In fact, from a phenomenological perspective, any illness or disorder—whether it is psychosomatic or not—goes (often) together with the shrinking of the body’s meaning: from subjective embodiment to the body as object. Bullington seems to endorse such a general phenomenological view on illness and embodiment, since she explicitly refers to Kay Toomb’s description of her life with MS, which is clearly a somatic and not a psychosomatic problem, to explain the decrease of bodily intentionality (62).

There is a second, more profound, problem with her theory. This becomes clear if we look at her suggestions for treating psychosomatic problems. The most important step in the treatment is, according to Bullington, to redefine the problem of the body into a lifeworld problem (72). Patients need to be supported to “get from body expression back to personal, higher order meaning constitution” (70). Elsewhere in the texts she writes that the “patient must let go of the body” (16). It seems to me that this approach to MUPS is in fact very similar to psychological approaches according to which patients are invited to use their cognitive capacities (turning negative thoughts into positive ones; coping strategies) in order to relieve their problems. The only difference here is that Bullington does not use the psychological vocabulary but instead hints at a phenomenological one. But one might wonder what in actual fact the difference is between the development of “higher-order meaning constitution” and “changing one’s mindset.” What I find even more troubling is that this higher order meaning constitution apparently needs to go together with a rejection of the focus on the physical body. This requirement of “letting go of the body” will certainly not help to de-stigmatize MUPS. More likely it will only reinforce the view that the physical problem is “not real.” Bullington’s nonpsychological vocabulary has the advantage that one could no longer say that “it is all in the head,” but one can wonder whether the judgment “it is all in the lifeworld” is more effective.

HOW EMBODIED IS THE LIVED BODY?

Bullington’s analysis teaches us that health—the absence of psychosomatic problems—is predominantly related to the degree in which the lived body is not bothered by experiences in which the objective, physical body is in the

foreground. In that sense her analysis is very much in line with phenomenological accounts of health and illness, which stress that the least our body is present for ourselves the better our health. This is nourished by the view that the “lived body” when engaged in actions and not troubled by itself is in the back of our experience, or as Leder (1990) puts it, is “absent.” The experience of the lived body, so it seems, does not go together with very distinct experiences of one’s own physical body. This is a point of criticism that is, for instance, raised by Shusterman (2005). He claims that Merleau-Ponty’s work suffers from a “somatic attention deficit.” He writes: “Although surpassing other philosophers in emphasizing the body’s expressive role, Merleau-Ponty hardly wants to listen to what the body seems to say about itself in terms of its conscious somatic sensations, such as explicit kinesthetic or proprioceptive feelings” (151). According to him, Merleau-Ponty creates a dualism between representational consciousness of one’s body and pre-reflective body awareness, while subsequently criticizing the first form of body experience as if this would not result in genuine knowledge concerning one’s own body. Shusterman claims that this focus on pre-reflective awareness ignores the value of specific forms of “somatic attention.”

Merleau-Ponty stresses that people become skillful in handling their world through pre-reflective habit formation. Shusterman argues that this might all be true as long as our bodily habits are “good” in the sense that we do not suffer from them. To cure of bad bodily habits—for example, poor bodily posture, insufficient movement of one’s entire body while throwing a ball, too tensed shoulder muscles while sitting behind a computer—somatic attention is indispensable according to Shusterman. Various types of body work, including yoga, meditation, and the *Feldenkreis* method, “seek to improve unreflective behavior that hinders our experience and performance” (166).³ As we all know, many people who suffer from MUPS resort to therapies that include some sort of somatic attention training.

We thus see that Bullington’s approach of MUPS, while endorsing the phenomenological account of the body as the zero-point of world-disclosure, involves the request of paying less attention to the physical dimension of the lived body in order to be able to restore a higher level of sense-giving. Shusterman, by contrast, pleads for more somatic attention, while criticizing phenomenology’s assumed premise that we should not be explicitly aware of our own lived body. As to the possible treatment of MUPS, Bullington’s approach would fit in a psychotherapeutic program, whereas Shusterman’s view would fit into a physiotherapeutic one. It is not my intention here to compare which kind of approach is more efficient to actually treat MUPS. If we look at various clinical studies, both kinds of therapies can have their merits.

The unexplained in MUPS refers to not being possible to indicate the underlying pathology in the physical body. This “unexplained” may disappear

if the body is considered as different and more than just a physical thing. This is also what Bullington aims at in her analysis. However, the problem in her analysis, as in many phenomenological ones, is that the phenomenological difference between *Leib* and *Körper* easily falls prey to a new form of dualism. It is as if the lived body, the sense-giving body, in fact, becomes a sort of replacement for what previously was named “soul,” spirit, and so on. This, for sure, is caused by the fact that Husserl and Merleau-Ponty’s philosophies are still transcendently oriented. The lived body is seen as a transcendental structure; it is the condition of possibility of world-disclosure. Shusterman, however, claims that the lived body need not always imply a transcendental position: “To treat the lived body as subject does not require treating it *only* as a purely transcendental subject that cannot also be observed as an empirical one” (174). According to Shusterman, who draws more on pragmatism than on phenomenology, the distinction, made by Mead, between the perceiving “I” and the perceived “me” “should not be erected into an insurmountable epistemological obstacle to observe the lived body” (175).

To respond to the epistemological question of how to reconcile the radical different ways in which we may have access to our own body and how we can know it, Shusterman suggests the possibility of a constant switching between a transcendental and an empirical position. However, he does not touch upon the more fundamental question of transcendentalism as such. It seems to me that the idea of the lived body as a transcendental subject which is not purely transcendental does not simply imply that it can switch from positions, from being transcendental to being empirical. More fundamentally, if we take embodiment of the lived body seriously, impure transcendentalism implies a circle of constitution: It implies that the (transcendental) constituting subject is constituted by the empirical. The lived body, as zero-point, discloses the world, but at the same time it is no absolute zero-point, since it is the point that is formed, constituted by empirical sensations of being felt, of sensing oneself. The deeper philosophical problem, which is not further explored by Shusterman, is the question how we must understand the constitution of meaning, *Sinngebung*, without presuming a pure transcendental, sense-giving subject.

To address this thorny question, I will now turn to the work of Jean-Luc Nancy. In fact, Nancy’s many different philosophical analyses—whether they address issues of politics, religion, ontology, art, or literature—all circle around the question of sense, meaning (*sens*). Sense-making, for sure, is related to human beings, but as Nancy makes very clear, we should not understand this process starting from individual sense-giving subjects, individual beings-in-the world. By contrast Nancy claims that the origin or beginning of sense-making consists of the worldly, nontranscendental fact of bodies, human and nonhuman ones, that coexist next to one another (Nancy 2008a,

39–41). To understand how the physical, extended body is involved in sense-making, we need to take into account that existence implies coexistence. In the following sections, I will unravel Nancy's complex notion of embodiment while explaining his notions of coexistence, subjectivity, and his interpretation of Descartes. After this theoretical detour, I will assess in what ways Nancy's ideas may help us to find a way to make sense of the body in MUPS.

RETHINKING EXISTENCE

Nancy's philosophy can be seen as an elaboration of Heidegger's existential analysis of human beings although his starting point is entirely different. Whereas Heidegger prioritizes humans' singular existence over humans' being with one another (*Mitsein*), Nancy claims that existence's singularity and *Jemeinigkeit* are conditioned by a fundamental *être-avec* (being-with) or *être-ensemble* (being-together). Interestingly, Nancy does not simply refer here to the social life of humans. "Being-with" involves the being with bodies, all kinds of bodies. As he writes: "The ontology of being-with is an ontology of bodies, of every body, whether they be inanimate, animate, sentient, speaking, thinking, having weight, and so on. Above all else, 'body' really means what is outside, insofar as it is outside, next to, against, nearby, with a(n) (other) body, from body to body, in the dis-position" (Nancy 2000, 84). What all bodies have in common is that they are material and are extended: They occupy a certain place, which at that very moment cannot be occupied by another body. Bodies that are with one another therefore exist in the mode of what Descartes had called *partes extra partes*. They are next to one another, outside one another. As such they do not fuse or coincide but remain different.

The term *partes extra partes* is abundantly used by Nancy in various texts (e.g., 2000, 2008a). It is interesting to note here that Merleau-Ponty also uses this term in the first part of his *Phenomenology of Perception*. While Nancy uses it to describe the way in which bodies exist next to one another, and thus to define an alternative ontology of bodies, Merleau-Ponty uses it to criticize the Cartesian mechanistic view on the body, that is, the body as a thing. According to Merleau-Ponty, *partes extra partes* implies a mechanical and external relation between bodies, and between body and world, instead of an intentional relation (Merleau-Ponty 2006, 73). Nancy would agree with Merleau-Ponty that the *partes extra partes* implies an external relation, but in contrast with Merleau-Ponty he would claim that the body as subject can only emerge from the "extra." Nancy uses the term thus not so much as to focus on the parts as such, but exactly on the fact that they exist outside one another. We have to focus on the "extra," which is the principle of differing and spacing.

Since Nancy considers the ontological “being-with” in terms of *partes extra partes*, his ontology entails a materialist view. But it is crucial to underline that he distances himself from mainstream materialism. For him, matter is not the same as substance or mass. Matter as substance or mass involves that which is self-containing and coinciding with itself. By contrast, Nancy writes: “‘Matter’ is not above all an immanent density that is absolutely closed in itself. On the contrary, it is first the very difference through which *something* is possible, as *thing* and as *some*” (Nancy 1993, 57). In line with this, Nancy differentiates between a body belonging to a crowd (*foule*) and a body belonging to a mass. And then he immediately adds that a body as mass is not worth the name body (Nancy 2008a, 124). The body as mass is the body of a mass grave; it is the body as cadaver; it is the body that does not sense anymore: the body as substance or self-coinciding mass. It is clear then that Nancy, like all phenomenologists, rejects the idea of the body as substance, yet at the same time he claims that the body is material. The body is matter, but not in the sense of substance. It is matter in the sense of non-coincidence.

We could say that the plurality of material bodies which differ from one another forms the condition of possibility of a singular being in the world, even though Nancy would not use the term *condition of possibility*, since he only wants to employ an “empirical logic, without transcendental reason” (Nancy 2008a, 53). In order to understand the singularity of being-in-the-world, we should take seriously the materiality of given bodies. Hence Heidegger’s existential analysis gets a materialist underpinning.⁴ It is difference (or *différance*) that “constitutes” individual existence or *Dasein*. Difference and non-coincidence are given with the “*extra*” of the *partes extra partes*. It is also through the *extra*, the being distinct of bodies, that world-disclosure and thus sense-making takes place. For Nancy, world-disclosure is like a creation *ex nihilo*; there is no other fundament for this creation than the plurality of bodies, which differ from one another. Therefore he claims: “The world *no longer has* a sense, but it *is* sense” (1993, 8). The world is sense for us, not because we are intentionally related to it, but because we as embodied beings are part of the plurality of bodies. Or as James writes, we are “plugged into” the world of bodies (2006, 145). We are part of the ongoing differing between bodies.

EXTENDED, TOUCHABLE BEINGS

Now that we have seen how sense, world, and body emerge from the ontological structure of “being-with” and *partes extra partes* it is time to explore how this typical body ontology can help us in analyzing people’s bodily experiences and how to think of experiences of bodily pain and discomfort

when no lesions or pathology can be found in the body. As we have seen, Bullington's phenomenological account of MUPS boils down to an explanation according to which the body as material entity has to let go of in favor of higher-level sense-making. Her analysis thus implies a turn from the material body to nonmaterial sense-making. In that sense, she reinstalls a dualism between the material and the nonmaterial. While intending to escape from the Cartesian legacy of body-mind dualism, Bullington eventually remains stuck in the dualism between the being extended and outside of the body and some alleged interiority of sense-making.

Nancy circumvents this trap, not so much by criticizing Descartes but, conversely, by providing an alternative reading of Descartes's work. According to Nancy, Descartes's error does not so much consist in his description of the body as *res extensa*, as the majority of phenomenologists would claim, but only in the fact that he considered the *extra* of the *partes extra partes* as an empty space, a void, instead of the "place of differentiation" (Nancy 2008a, 97). If we look closely at Descartes's texts, so Nancy argues, we will see that the Cartesian *cogito* is not determined by some interiority, but that it is, from its very outset, determined by extension. Ultimately, Nancy claims that it is an error in reasoning to presume that all kinds of mental activities (thinking, feeling, experiencing, etc.) stem from some interiority.

In his early text *Ego Sum*, published in 1979, and only recently translated into English, Nancy (2016) aims at showing that the soul is extended while reading Descartes's *Meditations*. The turning point from doubt into indubitable truth is marked by the following passage from the second Meditation: "So that, having weighed all these considerations sufficiently and more than sufficiently, I can finally decide that this proposition, 'I am, I exist' [*ego sum, ego existo*], whenever it is uttered by me, or conceived in my mind, is necessarily true" (Descartes 2008, AT VII: 25). Nancy draws our attention to the fact that Descartes in this passage uses the personal pronoun "*ego*" even though this usage is redundant—*sum* and *existo* would have sufficed.⁵ Following Beneveniste's idea that the (utterance of the) personal pronoun "*ego*" constitutes the *ego*, Nancy reveals the performativity which is at stake here.

Let me rehearse Nancy interpretation here quickly—elsewhere, I have discussed it in more detail (Slatman 2014, 151–154). The human "I" utters, externalizes itself, by the articulation of *ego*. At the moment I say "I," I am no longer a *cogito* withdrawn into myself, but my thought is extended, and my mind is embodied in the matter of the sounds I emit. Saying and thinking "I" constitutes the unity of body and mind. This unity does not exist as a substance; the *ego* does not coincide with itself, nor has it the permanent mode of being of a substance. The *ego* exists as the "convulsion" of "orality": it exists only when it is uttered, cried out, whispered, or moaned. This is why the first evidence of *cogito ergo sum*, which of course has been cited to death,

needs to be revised. In common readings of this statement the “I” (or *ego*) in *cogito* is understood as a thinking substance (*res cogitans*). In contrast, the *ego* that, according to Nancy, surfaces as a spasm of “orality” exists indubitably, but is no substance. The *ego* in *cogito* should be thought of as “for,” that is, “I speak” or “I utter”: “Hence *cogito*, or from now on, *for* (I say, I fabulate, I discourse, I perform, I am performing) is the performative of performance” (Nancy 2016, 85). The mouth is the “place” where thought is “outside,” and where thought externalizes itself. “The incommensurable extension of thought is the opening of the mouth” (111). In sum, the so-called Cartesian subject is not based upon interiority—it is always already outside and extended.

According to Nancy, the subject is opposed to substance. The subject is the “I” or *ego* without a self-enclosed character. Being subject means “being open.” In his later work, Nancy develops this idea of subjectivity while using the concepts of touch and exteriority. Touch and touching are the key concepts of his materialism. Only matter can be touched, and only matter can touch other matter. Matter can be touched and touching as a result of its quantitative quality, which is primarily described as *outwardness* or *exteriority* (*extériorité*). Human bodies, or subjects, Nancy claims, exist as a touch (*une touche*). We are material bodies that just like all other matter can be touched, but in addition we can sense or feel being touched: Through our experience of our touchability, we have a relationship with our own materiality. We differ from ourselves because we can sense our own matter. We are matter *and* we sense matter. The difference of the body is given with feeling—*le sentir*. The body that senses its own matter is the *sentant* that simultaneously senses (*sent*) and is sensed (*sent*) (Nancy 2008a, 127). It is through this difference at the heart of any experience that “I am an outside to myself” (128).

It is along these lines that Nancy claims that Husserl’s description of the two touching hands, which produce localized sensations and thus a *Leib* experience, should not be read as if this *Leib* involves some subjective interiority. To be able to touch myself, I need to have an exteriority (that can be touched) and I have to be “outside” of myself (128). According to Nancy, the lived body is always material, physical, extended, and therefore he abolishes the distinction between *Körper* and *Leib* (Morin 2016). Of course, we do not just have experiences of something that literally touches our skin. We may be “touched”—*être touché*—in many other ways; for instance, we may be deeply moved when hearing a piece of music. Likewise, we have particular internal physical experiences, such as a sudden stitch in our side. Should we see this as a disqualification of the theory of exteriority as the basis of physical experiences? Don’t we always experience a certain intimacy in our internal physical feelings as well?

In this respect Nancy refers to the description of health according to the eighteenth-century biologist and physiologist Marie François Xavier Bichat:

When we do not feel our stomach, heart, and intestines, there is a “silence” of our organs. In his view this may well be called an “intimacy” (129). But this intimacy eventually means nothing but a non-experience. It is a condition in which we do not experience anything, and in such situation there is no body as subject. This intimacy that cannot be experienced merely plays out at the level of mass or substance, not at the level of the subject. We can only speak of a body when it undergoes a certain experience, and experience is only possible when the body is “outside” of itself.

MAKING SENSE OF MUPS

This idea of touch and exteriority can help us to reclaim the body in MUPS. A major problem with MUPS is that experiences of pain, discomfort, and fatigue may seem to be strictly subjective and not objectifiable by means of medical measurements and tests. It is exactly because of the “subjective” character of these symptoms that most theorists and professionals resort to some idea of interiority—the realm of the mind or the psyche—as their possible cause and solution. Nancy does not deny the occurrence of private subjective experiences. Rather he denies that such experiences *emerge* from some private interior. Pain, like joy, emerge from touch, and are therefore experienced “at the outside.” Exactly because of the outwardness structure of all bodily experiences they cannot be “all in one’s mind.” Someone who, for instance, suffers from chronic back pain, while no somatic cause has been identified, is nonetheless touched by something. Instead of restlessly searching for the cause of this pain, it would be better to simply acknowledge that the material, extended body is in pain.

This is the first step in recognizing that MUPS are physically “real.” But this, obviously, is not sufficient. Here we touch upon the problem of how to give words to a physical pain or discomfort which cannot be measured by medical tests. It is clear that the medical vocabulary, which is also eagerly used by patients and laypeople, falls short for naming this pain. Nancy would probably claim that this limit in naming is actually a positive thing. This might sound strange, but according to Nancy we must be very careful when we talk about the body. It is very easy to attribute all kinds of meanings to the body, but in such discursive practices we lose sight of the ontological given that the body does not “have” sense, but rather “is sense.” The body expresses sense through the fact that it is given as unique and singular, as different from any other body. In that sense, the material body should not be considered as a sign or signifier of something else (e.g., a sign for some hidden psychological problems). The paradox of writing and talking about the body, then, is that this creates a discourse of the body, which reduces it to a sign or signifier.

According to Nancy, the (mainstream) idea that the body functions as a sign or signifier (and thus refers to something else than itself) is anchored in the Christian doctrine of incarnation. Indeed, incarnation implies that the word (*logos*) becomes flesh (*sarx*); that the immaterial God is incarnated in his material son (Nancy 2008b). What thus happens is that something immaterial gets into something material, penetrates it. And subsequently the material entity (the son) becomes the representation of the immaterial entity (God). Following this logic of incarnation, material bodies are often seen as the material and visible sign of some immaterial meaning behind or beyond it. Nancy contradicts this logic of incarnation while, again, referring to the ontological meaning of the *partes extra partes*. If we take seriously that the way of being of bodies is constituted by the fact that they exist “outside” (*extra*) one another, this implies that they do not penetrate one another, and that they do not fuse with one another. Bodies are impenetrable by means of the *partes extra partes*. This also means that a material body cannot be penetrated by something nonmaterial, by some immaterial meaning or sense, or by some immaterial psyche or soul. If, however, a body is penetrated, this implies the destruction of the *extra* and as such the death of the living body: “A body’s material. It’s dense. It’s impenetrable. Penetrate it, and you break it, puncture it, tear it” (2008a, 150).

James (2006) rightly observes that Nancy’s rejection of the idea that we should see bodies as signs or signifiers forms a criticism of social-constructivist accounts of embodiment. Nancy’s account can therefore do more justice to the actual, material body which is at stake in medicine (115). But still the question remains, if the material body is not a sign or signifier, how, then, can we make sense of it, and how can we talk about it? Nancy claims that this is only possible by means of *excription* (2008a, 9–13). This neologism refers to a process that can be seen as the opposite of signification. Instead of attributing sense to words, *excription* implies “flushing out signification” (21), the detachment of sense from words (71). *Excription* takes place at the limit, the edge of sense. I would translate this idea as follows: Making sense of the body (without reducing it to something else) is possible only if we do not attribute specific meaning or sense to the body. We rather have to free the body from given meanings. To consider sense-making in such a way is totally counter-intuitive, and it seems to be in sharp contrast with what happens in medical practices. Professionals and patients constantly (have to) talk and write about the body and constantly (have to) give it specific meanings, and are therefore constantly in a process of signification. The idea of writing “outside the text” seems to be more suitable for poetry than for accounts of physical illness experiences.

Still I believe that the call for *excription* can be met to a certain extent. *Excription* does not mean the end of writing, but rather the “fragmentation

of writing.” It is through fragmentation that writing responds to “the ongoing protest of bodies in—against—writing” (2008a, 21). If we want to give voice to the body in MUPS, we need to interrupt, disturb the rigidified meanings of “body” and “mind,” such as they are widely used by professionals, patients, and laypeople, and release alternative elusive and fragmented meanings. I believe that such fragmentation can take place through a huge variety of body words, words that resemble or not, synonyms or antonyms, but always differ from one another. This kind of writing could, undoubtedly, take place in the virtual space of the Internet in which digital signs materialize as quickly as they de-materialize. Evidently, the majority of people who use the Internet to write about their bodies in pain and discomfort still rehearse the dominant body-mind vocabulary here, and as such do not yet use the full potential of the Internet as *excription* space. To get unconventional “body words” to circulate, we first have to establish which different meanings different people attribute to bodies in pain and discomfort. This is the aim of my new research project.⁶

NOTES

1. This excerpt stems from a blog that was posted in 2014: <https://emsysblog.wordpress.com/2014/03/03/medically-unexplained-symptoms/>

2. His philosophy is, to date, only scarcely used to rethink the medical encounter (e.g., Devisch 2012; Devisch and Vanheule 2014).

3. Shusterman also performs and teaches various somatic attention exercises: see the Somaesthetics YouTube channel: <https://www.youtube.com/channel/UCgKznM1s94HVgivuQQR0eeA>

4. “If Dasein must be characterized by its Jemeinigkeit (the ‘being-each-time-my-own’ of its event), by the singularity of a someone having or making sense of ‘mineness’ (or ipseity), this someone would be unthinkable without the material-transcendental (existential) resource of some oneness of the thing in general, without the reality of the res as material difference. Matter means here: the reality of difference—and différance—that is necessary in order for there to be something and some things and not merely the identity of a pure inherence” (Nancy 1993, 57).

5. It is common in Latin to omit the personal pronoun in verbal constructions. As we all know, we say *cogito* and not *ego cogito*.

6. This project, *Mind the Body: Rethinking Embodiment in Healthcare*, is funded by the Netherlands Organization for Science (NWO) in the form of a VICI grant (016.VICI.170.026). In this project, which runs from 2017 until 2022, my research team and I will explore the meaning of embodiment in MUPS, obesity, and depression.