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Sartre, Existentialism and Panic Attacks

by

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Jean-Paul Sartre, the French Marxist philosopher, was the father of modern existentialism and one of the most influential thinkers of the twentieth century. His renowned phenomenological "revelation", as described in his first novel *Nausea*, was the starting point of his philosophical system: a series of distressing mental and physical experiences which led him to a new understanding of the nature of existence. Yet, ignored by philosophers and undetected by literary critics and biographers, Sartre's unique brand of perceptual tribulations would seem today to owe more to psychopathology than to philosophical enlightenment. Set against a background of early phobic reactions and recurring episodes of acute anxiety, the now famous "revelation" of human existence would appear to be an undiagnosed case of panic disorder.

Born in 1905, Sartre was the unlikely cousin of Albert Schweitzer, the Christian physician and missionary who won the Nobel Peace Prize in 1952 for his work among the lepers of Africa. After years of brilliant studies, Sartre became the valedictorian of the class of 1929 at the Paris Ecole Normale Supérieure, the most prestigious post-graduate program in philosophy within the French university system. He began a teacher's career and gradually established himself as the most gifted proponent of existentialism, an atheistic philosophical system which grew out of phenomenology, Marxist dialectics and the influence of Heidegger, Husserl and Nietzsche. To the dismay of many, and especially the Catholic church, Sartre also became a role model for a large segment of young intellectuals between 1948 and 1980, the year of his death. He was awarded the Nobel Prize for literature in 1964.

In 1938 Sartre published his first and most significant novel, *Nausea*. It is a thinly disguised autobiographical account of his years as a young assistant professor of philosophy in a dismal coastal city in northern France. Although the place and the identity of the characters have been altered, all biographers have recognized in this novel the personal thoughts and decisive philosophical transformations which took place within the author's life during the same time period. Among existentialists *Nausea* remains a most important contribution,

because it contains the descriptions of Sartre's unique perceptual experiences and new awareness of existence:

Suddenly, all at once, the veil is torn away, I have understood, I have *seen*. . . And then I had this revelation, it took my breath away. Never had I suspected what it meant to "exist" . . .¹

Since 1938, the more striking and intense passages of the book have traditionally been explained by critics as moments of unique psychological intuition. However, re-examination of the text from a medical perspective suggests a thoroughly different interpretation. The events related in *Nausea* are so closely related to a set of newly defined symptoms that a clinical investigation of Sartre's experiences is now in order.

It should be borne in mind that the symptomatology of panic states was virtually unknown between 1935 and 1960. "Shell-shock" traumatic states, conversion hysteria and anxiety neurosis were recognized and treated primarily by psychiatrists who subscribed to psychoanalytic theory. It was not until the early 1970s that medical research uncovered the demonstrated biological model of a catecholamine-related panic disorder, which eventually led to a complete etiology, symptomatology, diagnosis and treatment.

The revised edition of *DSM-III*, established by the American Psychiatric Association in 1987, lists a set of thirteen associated symptoms which guide the physician in considering a possible diagnosis of panic disorder, with or without agoraphobia. Using these guidelines, we will now excerpt from Sartre's novel certain key passages, followed by the symptoms which they seem to match.

An absolute panic took hold of me. I no longer knew where I was going. I ran along the docks . . . I kept saying to myself in anguish: "Where shall I go? Where shall I go? *Anything* can happen" (p. 115) [unexpected onset of panic with sensation of impending doom.]

I feel like vomiting, and all of a sudden there it is: The Nausea. A really bad attack, it shakes me from top to bottom. I had seen it coming for the last hour (p. 176). [abdominal distress, nausea, preceded by anticipatory anxiety.]

Nothing looks real; I feel surrounded by cardboard scenery which could suddenly be removed (p. 113). [Dissociation and derealization.]

With my heart pounding wildly, I would suddenly swing around: What was happening behind my back? (p. 115). [Tachycardia]

I should so like to let myself go, to forget, to sleep, but I can't: I'm suffocating. (p. 181) [Neurogenic dyspnea and shortness of breath.]

Everybody is looking at me . . . I get up, everything spins about me. (p. 117) [Dizziness].

I was surrounded, seized by a slow, colored whirlpool and I couldn't see why it was there or why it was like that. I felt myself being pushed forward. I floated along . . . Madeleine came floating up to me to take off my overcoat: I didn't recognize her. (p. 32) [Feelings of unreality and depersonalization.]

Well? What's the matter with him? Why is he shrinking back into his chair? Do I frighten people now? They aren't completely wrong to be frightened. I can feel that I could do anything. For example plunge this cheese-knife into the Autodidact's eye. (p. 177)
[Fear of going insane or doing something uncontrolled.]

Under its "Diagnostic Criteria for Panic Disorder," the APA indicates that the positive identification of four symptoms out of thirteen is strongly suggestive of panic attacks. Sartre's experiences, as recorded in *Nausea*, satisfying at least seven, while also meeting the guidelines set forth under paragraphs A, B and C of the same differential diagnosis table.²

Confronted by such distressful events, Sartre seemed in dire need of help, but it is doubtful that he would have turned to anyone for fear of being ridiculed:

If I grabbed one of them by the lapels of his coat, and I said to him: "Come to my help," he would think: "What the devil is this crab?" and would run off. (p. 178).

Panic states would not be recognized for another forty years, and benzodiazepines, tricyclic antidepressants and MAOI's were unavailable in 1938. Sartre, therefore, had to rationalize the waves of anxiety that were tormenting him, and ascribe to his experiences as a logical explanation which could reassure the internal coherence of his mind. This he achieved by integrating his ordeal and his scholarly work: he became convinced that these attacks, which he now had grouped under the generic name of *Nausea*, were in fact unique instances of heightened perceptiveness. They afforded him privileged insights into the real meaning of existence:

So this is the *Nausea*: this blinding revelation? To think how I have racked my brains over it! To think how much I have written about it! Now I know: I exist — the world exists — and I know that the world exists. That's all. (p. 176).

Such a rationalization led to the perceptual foundation of modern existentialism, which is still accepted without any reservation by literary critics and philosophers alike. Yet the record left by the book itself is not the only indication that something was seriously amiss while Sartre elevated his frightening experiences to the level of philosophical discernment. Other mental health disturbances in his personal life help bring the clinical picture revealed by his novel into a clearer focus.

Jean-Paul Sartre began to experience phobic reactions when he was fourteen years old. They did not appear to have been precipitated by childhood trauma, and they grew more troublesome in his adult years. Sartre was terrified by most forms of marine life and shellfish, particularly crabs and lobsters. Even though he was considered by most to be a good swimmer, he seldom ventured into the ocean, held back by a dreaded conviction that some huge, crab-like sea-monster would reach out and drag him to the bottom. This obsession brought about several episodes of sheer panic, during which Sartre bolted out of the water and ran to the safety of the beach.³ The only treatment prescribed by his personal physician was a mild dose of belladonna extract at bedtime, which was ineffective in alleviating the symptoms. Sartre's phobia began to permeate

his writings, and along with varied descriptions of acute anxiety, it can also be seen in *Nausea*:

Haven't you thought about what there may be *under* the water? A monster? A huge carapace half embedded in the mud. A dozen pair of claws slowly furrowing the slime . . . I went nearer, watching for an eddy, a tiny ripple. (p. 116.).

The writer Simone de Beauvoir, his lifetime companion and lover, corroborated in her memoirs the severity of Sartre's phobia, and the extent to which it had become part of their lives:

We visited a whole succession of towns, villages, abbeys and chateaux . . . throughout this trip the lobsters had been trying to trail along behind him.⁴

Gradually, Sartre's affliction forced him into an insidious but classic pattern of avoidance behavior and co-dependency:

He began to go out a lot with two of his former pupils, of whom he was very fond: their presence protected him from crabs and similar monsters.⁵

Another episode in Sartre's life contributed to the exacerbation of his phobia and anxiety. In 1948, Dr. Lagache, one of Sartre's former students, was completing a residency in psychiatry at the prestigious Saint-Anne Hospital in Paris. He invited Sartre to experience the hallucinatory effects of a mescaline injection under medical supervision.⁶ Unfortunately, what had been planned as a challenging study of drug-induced images and anomalies of sense perception turned into a nightmare. Sartre suffered vivid and frightful hallucinations which predictably included a projection of his phobia: swarms of giant crabs and even a demented octopus. The effect of the mescaline took a couple of days to wear off, but Sartre continued to have flashbacks for more than a year. Dr. Lagache and his colleagues tried to persuade him that the drug could no longer be blamed, and that he was going through something quite different than a mescaline-induced episode of terror; but Sartre was convinced that the injection still caused his fears. Just as he had explained away his anxiety attacks in the past, he now rationalized that he was going mad (another common feature in panic disorder):

I know what the matter with me is: I am on the edge of a chronic hallucinatory psychosis. (As defined at the time, this was an illness which in ten years would inevitably produce total insanity.)⁷

Yet another affliction further undermined Sartre's fragile mental stability: he became addicted to prescription drugs. In the years following the end of the second world war, he began to use increasing amounts of amphetamines each morning, in order to write longer. The side-effects of the drug soon reinforced his state of free-floating anxiety, until evidence of loss of motor coordination began to set in. Consequently, by day's end, Sartre needed a large dose of barbiturate to fall asleep. At breakfast, he would normally take ten tablets of Corydrane (a French restricted prescription drug containing 7.2 mg of amphetamine tartrate per tablet), and at bedtime he would absorb five capsules of Belladonal⁸ (containing each 50 mg of phenobarbital and 12 mg of belladonna extract). In all, Sartre consumed a daily regimen of 72 mg of amphetamines, 250 mg of phenobarbital

and 120 mg of belladonna extract. Soon he found himself entrapped in the self-perpetuating cycle of amphetamine/barbiturate abuse, an addiction which is often primed by the depression resulting from chronic and untreated cases of panic disorder.

Once again Sartre refused to seek help, and chose instead to justify his drug-dependence and phobia as the logical outcome of the psychology of despair he had elaborated. Once more his friends accepted his explanation, as would, later, his biographers:

The tension engendered by his philosophical research brought his fears to the surface again. We concluded that they were the physical expression of a deep emotional malaise.⁹

But in *Being and Nothingness*, Sartre's monumental philosophical manifesto, he unknowingly included a description of anxiety which represents an almost clinical assessment of the particular form of alienating fear experienced by most patients with panic disorder:

My anxiety is distinguished from fear in that fear is fear of being in the world, whereas anxiety is anxiety before myself.¹⁰

While Sartre's symptoms of acute anxiety had eluded his biographers, there were a few clinicians in the 1970s who took a stand against his philosophy. They found that its constant emphasis on a meaningless existence fostered a propitious climate for the development of mental illness:

The schizoid sense of futility, disillusionment and underlying anxiety is apparent in existentialism. These thinkers, from Kierkegaard to Sartre, find human existence to be rooted in anxiety and insecurity. . . . This is schizoid despair and loss of contact with the verities of emotional reality, rationalized into a philosophy.¹¹

In the light of new understandings of the nature of anxiety made possible by medical research in the past fifteen years, we believe that it is now legitimate to suspect that Sartre's painful but much admired episodes of philosophical insights have been misinterpreted. They represent, in fact, a culmination of symptoms that are strongly suggestive of an unrecognized case of panic disorder. Considering Sartre's documented history of phobia, avoidance behavior, co-dependency and drug abuse, the possibility of such a diagnosis becomes even more compelling. All his life Jean-Paul Sartre had chosen to side with the darkness of this world; it would, therefore, be fitting that the very premises of his existentialism might have originated in panic attacks.

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