

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/40685171>

# Why anguish?

Article in *Journal of Psychopharmacology* · December 2009

DOI: 10.1177/0269881109354134 · Source: PubMed

---

CITATIONS

0

READS

747

2 authors, including:



**Valentim Gentil**

University of São Paulo

119 PUBLICATIONS 3,029 CITATIONS

SEE PROFILE

Some of the authors of this publication are also working on these related projects:



Mood Improvement in Healthy Volunteers [View project](#)



Human experimental pharmacology in anxiety disorders [View project](#)



Journal of Psychopharmacology

0(00) 1–2

© The Author(s) 2009

Reprints and permissions:

sagepub.co.uk/journalsPermissions.nav

DOI: 10.1177/0269881109354134

jop.sagepub.com



## Why anguish?

### V Gentil<sup>1</sup> and MLF Gentil<sup>2</sup>

In the search for consistent targets for brain function investigation, we propose that the concept of 'Anguish' may have clinical and neurobiological relevance. A feeling of tightness or oppression in the thoracic region of emotional origin has been reported across civilizations. Etymologically, this is the meaning of 'Anguish', a 12th Century word from Middle English 'angwisshe' and Anglo-French 'anguisse', 'angoisse', which come from the Latin 'angustus', 'angustia' (narrowness) and 'angere' (to press together), and from the Greek 'anghós' (to press tight, to strangle). These words derive from the Indo-Germanic root 'Angh' (tight, painfully constricted), itself traceable to the ancient Egyptian 'anj' (López-Ibor, 2007). Similar feelings are clearly identified in unrelated languages, including Japanese 胸の苦しみ (or 'mune no kurushimi', meaning distress or suffering in the chest) and Hungarian ('aggodalom', 'gyötrődés'). Lewis (1979, p. 75) considered the Hebrew ַצַּר (or 'Tzar') as an eloquent example of the association of tightness and distress.

The symptom is described in old psychiatric texts in Latin languages, as well as in German (e.g., 'Præcordialangst', 'Enge/Druck auf der Brust'; 'Oppressionsgefühl') and English (e.g., 'precordial anguish'). Its distinction from anxiety was specifically addressed by French authors of the 19th Century. However, the concept vanished from the international psychiatric lexicon in the second half of the 20th Century, partly as a consequence of imprecise translations of the German 'Angst' for 'anxiety', partly because of the use of different meanings for these and related words in the fields of philosophy and psychoanalysis, and partly because there was no compelling reason to discriminate between those phenomena prior to the age of modern psychopharmacology (see Berrios, 1999; Lewis, 1979; López-Ibor, 1969). In English,

*'anguish has remained a lay term with the additional connotation of mental pain. It is more severe than anxiety, and also refers to other emotions such as depression. It was never used as a technical term, but rather as a descriptive term of severe and painful emotions'*  
(Lader, Personal communication, 27 October 2007)

Lewis included the 'feeling of compression of the chest' among many other subjective body discomforts and manifest disturbances, involuntary autonomic, physiological and biochemical changes of the syndrome of 'anxiety' (Lewis, 1979, p. 87). He pointed out that anxiety '*must be directed towards the future*', hence '*...anguish, which combines the ideas of present pain and present agony of mind, is inappropriate for anxiety*'. So, Lewis explicitly acknowledged 'anguish' as a symptom, and remarked that '*...the etymologically equivalent terms such as angoisse, angustia are widely and perhaps legitimately pressed into service in other languages*'. Its clinical usefulness was noted by Kuhn (1958, p. 459) in his earliest reports on the effects of imipramine: '*The patients express themselves as feeling much better, fatigue disappears, the feeling of heaviness in the limbs vanishes, and the sense of oppression in the chest gives way to a feeling of relief*'. Kuhn also noted the worsening of anxiety and panic induced by this medication in patients with 'neurovegetative lability'.

We, and many colleagues from various countries, have learned to pay attention to the presence of 'Angústia' (in Portuguese) in our patients. Different from anxiety or fear, anguish is not universally experienced. It appears to be present in less than 50% of the population, including normal individuals, patients with various mental disorders (not just depression or panic, but also in mixed states and schizoaffective disorder), as well as children, both normal and with affective disorders. Given its profile, 'anguish' may be a particular form of elementary emotional expression. Current studies of brain processing of visceral symptoms (e.g. Craig, 2009; Lansing et al., 2009) suggest that an emotion characterized by 'present pain and present agony of mind with tightness in the chest' is mediated through neurobiologically different pathways from those identified for

<sup>1</sup>Department of Psychiatry, University of São Paulo Medical School, São Paulo, Brazil.

<sup>2</sup>Private Practice, São Paulo, Brazil.

#### Corresponding author:

V Gentil, Department of Psychiatry, University of São Paulo Medical School, São Paulo, Brazil. Email: vgentil@usp.br

fear, anxiety or panic (e.g. Deakin and Graeff, 1991; Graeff and Del-Ben, 2008). We would like to invite your readers to consider this subject for further investigation.

### Acknowledgements

We are grateful to JJ López-Ibor, MH Lader, Wulf Rössler, Doris Moreno, Itiro Shirakawa, Cornelia Rossi, Thomas Ban, Siegfried Kasper, Núbio Negrão, Clarice Gorenstein, Taki Cordás, and Thomas Ito for helpful information.

### References

- Berrios G (1999) Anxiety disorders: A conceptual history. *J Affect Dis* 56: 83–94.
- Craig AD (2009) How do you feel now? The anterior insula and human awareness. *Nat Rev Neurosci* 10: 59–70.
- Deakin JFW, Graeff FG (1991) 5-HT and mechanisms of defence. *J Psychopharmacol* 5: 305–315.
- Graeff FG, Del-Ben CM (2008) Neurobiology of panic disorder: From animal models to brain neuroimaging. *Neurosci Biobehav Rev* 32: 1326–1335.
- Kuhn R (1958) The treatment of depressive states with G 22355 (imipramine hydrochloride). *Am J Psychiatry* 115: 459–464.
- Lansing RW, Gracely RH, Banzett RB (2009) The multiple dimensions of dyspnea: Review and hypotheses. *Resp Physiol Neurobiol* 167: 53–60.
- Lewis A (1979) problems presented by the ambiguous word 'anxiety' as used in psychopathology. In: *The Later Papers of Sir Aubrey Lewis*, chapter 7 (*Israel Ann Psychiatry Related Discipl.*, 1967; 5: 105–121), pp. 72–88. Oxford: Oxford University Press.
- Lopez Ibor JJ (1969) *Angustia Vital*. Madrid: Paz Montalvo.
- López-Ibor JJ (2007) Causas psiquiátricas del dolor torácico. In: Diaz-Rubio M, Macaya C, López-Ibor JJ (eds) *Dolor Torácico Incierto*. Madrid: Fundación Mutua Madrileña.