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A Piagetian Perspective on Emotional Awareness: Normative and Clinical Applications

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Richard D. Lane est professeur de psychiatrie, psychologie et neurosciences à l'Université de l'Arizona. Il a été l'éditeur en chef de l'ouvrage *Cognitive Neuroscience of Emotion* publié en 2000 par Oxford University Press. Il est secrétaire de l'American Psychosomatic Society et membre élu de l'American College of Psychiatrists. Ses recherches ont pour objet la compréhension des mécanismes par lesquels le stress émotionnel peut engendrer des affections physiques et s'orientent dans trois directions principales: les différences individuelles dans le ressenti et l'expression des émotions, la neuroanatomie fonctionnelle des émotions et de leur perception et les mécanismes neurologiques par lesquels les émotions peuvent provoquer des arrêts cardiaques.

Résumé de la conférence

Emotion has traditionally been equated with conscious feeling states and contrasted with cognition or conscious thought. In the past two decades, however, it has become increasingly clear that most of cognition proceeds in the absence of conscious awareness, and that the distinction between implicit (unconscious) and explicit (conscious) processes first discovered in the cognitive domain applies equally well to emotion. Emotion consists of autonomic, behavioral, cognitive and experiential components with the explicit "feeling" component constituting only one part of an emotional response that may or may not be present in any given instance. The extent to which feelings are attended to, reflected upon and represented in language will influence the extent to which they become known to the individual. More generally, the ability to become aware of one's own emotions or feelings is a cognitive skill like any other. As such, this skill can be understood to develop in a manner parallel to that which Piaget described for cognition more generally. From this perspective, emotional experience emerges from a sensori-motor foundation just as Piaget proposed for conscious thought. With development, awareness of one's own emotions become more differentiated and integrated and is experienced more as a mental state and less as a bodily state.



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[Résumé de la conférence de R. Lane, suite]

This talk will review the cognitive-developmental theory of “levels of emotional awareness” and the psychometric findings with the Levels of Emotional Awareness Scale (LEAS) in healthy individuals and clinical populations. In healthy volunteers the LEAS correlates positively with openness to experience, the ability to recognize emotions, certain facets of emotional intelligence, the ability to empathize, the tendency to report somatic symptoms in a differentiated way, impulse control and a stable sense of well-being in the context of a temporary negative mood. Clinically, lower emotional awareness is associated with greater pain in patients with irritable bowel syndrome and emotion processing deficits in several psychiatric disorders including somatoform disorders, anorexia, bulimia, PTSD, depression and borderline personality disorder. Lower LEAS scores have also been associated with obesity relative to normal weight and essential hypertension relative to hypertension (high blood pressure) secondary to other medical conditions such as kidney disease. Together these findings suggest that the ability to be aware of one’s own emotions and action tendencies in advance of their expression has important influences on a person’s ability to regulate their own emotions, engage in adaptive social behavior and avoid some of the medical complications that may arise when conscious processing of emotional responses is limited.

Lecture proposée

Lane, R. D., Pollermann, B. Z. (2002). The complexity of emotion representations. In L. F. Barrett & P. Salovey (Eds.), *The wisdom in feeling: Psychological processes in emotional intelligence* (pp. 271–296). New York: Guilford Press.