

INTERSUBJECTIVITY AND EMBODIMENT IN THE FIELD OF PSYCHOTHERAPY

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ABSTRACT. Intersubjectivity is one of the most important concepts of the phenomenological school of thought. The approach assumes that our being in the world is based on relations with Others. The idea has a central role not only in the philosophy of perception but in psy-sciences as well. Mostly all branches of psychology agree that the self is constituted by its relations. However, there is much less consensus on how decisive these relations are. Therefore, the question of intersubjectivity has become the question of how we perceive human beings: as biological or social entities. Psy-sciences have never had one coherent and consensual paradigm, although nowadays the natural scientific standards are the most prevailing in the field, which prioritizes biological explanations over socio-cultural aspects. The study attempts to connect the phenomenological approach to intersubjectivity to the psychological approach to embodiment. For this, first, it elaborates on an essential problem of psy-sciences, transmitted by classical philosophy, namely the mind-body dualism, which implicitly establishes the current paradigm. Then, it aims to describe how the phenomenological approach, especially the philosophy of Maurice Merleau-Ponty,

could dissolve the classical dualism through the assumption of the body-mind-world unity. Merleau-Ponty was one of those thinkers of the 20th century who laid down the foundations of the scientific paradigm of embodiment. Afterward, I illustrate the phenomenological concept above through Ben Rumble's psychological approach, which applies the embodiment paradigm for the therapeutic process as a professional. The final part of the study attempts to establish a relation between the psychological attitude based on embodiment and the psychoanalytic theory of Sándor Ferenczi, the Hungarian psychoanalyst.

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Introduction¹

There has never been a consensus among professionals on the boundaries of the discipline, the main subject matters, and the

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¹ When the study refers to psychology, it refers to 'psy-sciences' in general. It is almost impossible to speak of psychology as a homogeneous paradigm or discipline, as is the case in other scientific domains. Instead, it is more accurate to think of it as a discourse (Foucault 1981) in which diverse theoretical approaches and therapeutic procedures frequently compete, while their interactions jointly produce the knowledge on the psychological processes of human beings. Psy-sciences are the practices and grounding theories of psychology, psychiatry, psychoanalysis, pedagogy, criminology, special education, etc. (Rose 1999). There are various kinds of techniques, from contradictory theoretical backgrounds. Therefore, we should not generalize them; however, we should speak about a kind of paradigm that mainstream psychology is based on, and which nowadays follows the modern, natural scientific method.

most suitable methods (Robinson 2000). Psy-sciences are still fluctuating between natural scientific and human scientific viewpoints. After the neuropharmacological revolution in the 60s-70s, neuroscientific and cognitive interpretations have come to the fore, that prioritize biological explanations over socio-cultural reasons (Deacon and Lickel 2009; van der Kolk 2014; Walsh, Teo and Baydala 2014). The *American Psychological Association* officially defines psychology as the 'study of the mind and behavior' (APA 2015), thus emphasizing the natural scientific framework in the description of the human psychic structure, its health, and illness. On this basis, mainstream psychology - which includes academic teaching, theorizing, research, and the most common treatment techniques resulting from them - is dominated by the cognitive-scientific and neuroscientific model (Kóváry 2017:55). Under this paradigm, mainstream psychology currently subsumes mental health problems to a medical model and localizes mental disorders in the brain and nervous system (Davis 2011; van der Kolk 2014; Miller 2003).

Today's cognitive psychologists, for example, may know of Wilhelm Wundt's pioneering research in the late nineteenth century. The real nature of his research is likely to be ignored, however, as the cognitivist focuses on the experiments that seem most familiar or relevant to today. The resulting view ignores Wundt's social psychological and anthropological work, which to him was an essential part of psychology. The resulting, Whiggish perspective is that Wundt was the father of today's cognitivists - robbing him of his wider, more philosophically complex vision (Harris 2009:22).

In contrast, a psychological paradigm based on relationality and intersubjectivity assumes that the self is unfolding through

the connections of early childhood which claims something very similar to the tenet of the phenomenological school of thought (Bálint 1968; Chodorow 1999; Fónagy and Target 2003; Zimmerman et al. 2019). As it postulates, the self is constituted and unfolds through its relation to Others (in this case "others" could be not only persons but cultural agents, institutions, etc.). According to phenomenology, the intersubjective relation is not only a connection between two minds or consciousness, but it has a bodily dimension, as the connection comes into being in the present, here, and now. Mental processes are described as 'embodied' because an incomplete but cognitively productive re-experience is produced in the brain as if the individual were there in the very situation, the very emotional state, or with the very object of thought (Niedenthal and Maringer 2005). Also, therapy is an interpersonal event and in this sense an embodied event where the client and the therapist could reenact those significant relations that the self is composed of (Rumble 2010:134).

Current mainstream psychological interpretations and treatments marginalize the experience of the lived body and its relations in favor of the single mind. Many critiques of the natural scientific paradigm argue that mental disorders are not individual pathologies but symptoms of social problems, and therefore the body has a critical role as it is a discursive space in which the micro and macro levels of power meet (Fisher 2009). Mark Fisher argues 'Capitalist realism insists on treating mental health as if it were a natural fact, like weather (but, then again, weather is no longer a natural fact so much as a political-economic effect). [...] we need to ask: how has it become acceptable that so many people, and especially

so many young people, are ill?’ (Fisher 2009: 19). The critique of power and its mediating institutions (like the mainstream scientific paradigm, including present-day psychology) links individual experiences to a complex approach to social relations. Thereby, this form of analysis broadening the perspective of sciences with aspects such as culture, society, economy, and those power-related discourses that produce a particular form of knowledge about the human being in every epoch (Fox, Prilleltensky and Austin 2009; Foucault 1981).

The study attempts to re-read some theoretical concepts on therapy through the phenomenological approach on intersubjectivity and the psychological approach on embodiment. By this, it would like to emphasize the importance of the body and its relations in the most important psychological concepts and the healing process. For this, the study first elaborates on one basic problem of psy-sciences, inherited by classical philosophy, namely the mind-body dualism, which inherently defines the current paradigm of the discipline (Chiesa 2011). Then, it describes how the phenomenological approach, especially the philosophy of Maurice Merleau-Ponty, could dissolve the dualism through the assumption of the body-mind-world unity ([1964] 1992). Merleau-Ponty was one of those who laid down the foundations of the embodiment paradigm which has now become very popular. Afterward, I illustrate the phenomenological concepts through Ben Rumble’s ideas, who apply the embodiment paradigm for the psychotherapeutic process as a professional (Rumble 2010). The last part of the study attempts to establish a relation between the psychological attitude based on embodiment and the early intersubjective theory of the well-known

Hungarian psychoanalyst Sándor Ferenczi (Kiss 2021).

What Has Psychology Inherited from the Mind-Body Dualism?

People tend to locate mental disorders in the realm of the mind, while the body is most commonly secondary in the theories and therapeutic practices of mainstream psychology. This tendency is partially based on that tradition of western modernity which divides the mind and the body as two entirely different faculties of the human being. The Cartesian mind-body opposition implies the primacy of the former over the latter: the mind is the reasoning part, the governor of the passive body, and therefore more valuable than the flesh, which is biologically determined and subsumed to its instincts (Hatfield 2013). According to this rationalist philosophy, nature works in mechanistic schemes, like a clockwork, and the body is the part of it with its vital processes, emotions, and affections (Aune 1970; Hatfield 2013).

The positivist scientific worldview implicitly incorporated the ubiquitous topos of dualism that underpins modern psy-sciences as well (Chiesa 2011). Its early branch, behaviorism conceptualized the body as an automaton that responds to stimuli (Mills 2000). Although later psychological developments have refined this mechanistic conception, the idea of the passive body implicitly lives on in the most influential scientific trends, such as cognitive sciences, thus it still has had an impact on university education, research directions, methods, and therapeutic procedures (Fox et al. 2009).

In the cognitive model of mental disorders, the body is peripheral to the mind. More specifically, the paradigm centralizes its field of research around cognitive processes and speaks about the body as the apparatus of sensory processing (Adams 2010; Wilson and Foglia 2017). Perception is thereby localized in the brain where cognitive structures process sensory information from the external world. Meanwhile, clinical literature based on the natural scientific perspective cursorily conceptualizes the experience of the lived body and its significance in psychic processes. 'The perceiver and the perceived are always united by a situated relation and its partial perception. Here, presence and absence are constant partners in the world, no longer a dichotomy' (Sanz and Burkitt 2001: 49).

The embodiment paradigm, not only in psychology but in a wide variety of disciplines, tries to show that ignoring the lived body hinders understanding of the human being and its relation with the environment. The paradigm, therefore, seeks to introduce a holistic perspective on the body and perception. In the case of psychological practice, it emphasizes that feelings and behavior are not at-

tributable only to the mind, but also to the interaction of the body with its environment (Meier et al. 2012; McBride and Kwee 2018).²

The embodiment paradigm relates with numerous threads to the phenomenological movement. 20th-century phenomenology attempted to resolve the body-mind dichotomy that has characterized Western thought. The movement paid particular attention to the experience of the perception and the body as its primary and active medium. According to it, the body is not a fixed object, but it is always dynamically constructed in the here-and-now of every situation. Therefore, the body is providing an invisible dimension to our being. This dimension is what phenomenology calls 'world' (Merleau-Ponty [1964] 1992; Renaud 1991). The work of the French phenomenologist, Maurice Merleau-Ponty, is fundamental to the embodiment theory of the body. He argues that mind, body, and the world exist in a complex, 'intertwined' relation (chiasmus); i.e., sensation and thinking are not separable from each other or the given situation, but embedded in the world (Merleau-Ponty [1964] 1992). This also implies that perception is not generalizable, since each of us occupies a different position in the shared world.

² It is important to mention that in the cognitive paradigm, the idea of embodied cognition has been spreading in recent decades. The branch tries to emphasize the interdependent and inseparable relation between mind and body, and that the latter plays a significant role in cognitive processes, not as a mere medium but as an agent. Furthermore, the paradigm attempts to conceptualize the situatedness of the body, i.e., the influence of concrete interactions in cognitive processes (Schubert and Gün 2009). However, several

studies on the topic highlight that empirical support for embodied cognition and the coherent theoretical framework that can be built by it is very incomplete (Körner, Topolinski and Strack 2015). One reason for this deficiency is that, although the embodiment paradigm seeks to incorporate the subjective experience of living in a body into psychology, it is precisely the subjectivity that is difficult to measure and even less generalizable for modern psychological research based on objective scientific standards.

Unlike traditional mainstream psychology, for Merleau-Ponty, perception is reducible neither to the mind or to the brain of the individual. [...] He offers a theory of the phenomenal primacy of perception in which perception and its truth is located neither in the individual or in the environment around him or her. Rather, the perceptual faith in the solid existence of an objective world is something that exists between persons and the world. That is to say, perceptual truth is only established in the relation between people and the world, by the way in which they relate to one another and interact (Sanz and Burkitt 2001:39).

Merleau-Ponty exemplifies the complex relation of the three faculties with the image of the living 'flesh.' As the flesh is made up of intertwined tissues, the body, consciousness, and the world are interwoven (Merleau-Ponty [1964] 1992:133). This phenomenological understanding could help us to explain our corporeality in a deeper and more complex way, not only from a philosophical perspective but in many other ways. As we will see, the theory has fundamental insights into psychology and therapeutic processes.

The Body as a Hypothesis – Embodiment in Psychotherapy

Ben Rumble, in his study "*The body as a hypothesis and as a question: towards a concept of therapist embodiment*" elaborates on the dimension of the body in terms of psychotherapy (Rumble 2010). It is particularly important for him because, in his view, in the case of trauma and mental disorders, a disturbance in the client's relationship to his or her own body is also developing. Therefore,

for effective treatment, it is necessary to address this bodily dimension too. Moreover, in some cases, it is the bodily presence that could help to resolve the client's problem. However, the question arises: how can the therapist understand this non-verbal, bodily dimension, of which the client, too, is unaware?

Rumble interprets the therapeutic presence of the body through two concepts which are also central to the phenomenological theory. These are (I) the body-image, the corporeality that unfolds in the intersubjective relations, and (II) the sensation, which refers to the materiality of the body. Rumble interprets the notion of body-image through the phenomenological concept of the body by Merleau-Ponty. The lived body, as has been discussed earlier, is the medium of our being-in-the-world. On this basis, the world is not an 'object,' but rather a familiar milieu, or habitation. Being-in-the-world is provided by various bodily habits, like our everyday reflective actions. I naturally orient myself in a familiar space (e.g., at my home, the city where I live), ride my bicycle, type with my fingers on the computer's keyboard. During these activities, I am inhabiting, living, and moving with my world, meanwhile forgetting the bodily dimension of these actions. Our unreflected processes, however, are not mere automatisms, but, as Merleau-Ponty calls them, 'lived intentions' (131).

The complex and reciprocal relationship between the self and the world shapes the body-image, which is not a mere cognitive representation, but a dynamic form that is constantly unfolding. An important insight for therapy is that in our intersubjective relations we perceive the Other's body in the same way. Relating to Others involves a sense of bodily connectedness. This

interconnectedness creates a background for the participants, a background that determines the character of their interaction, in which the possibility of explicit verbal and cognitive exchange could come about. In other words, bodily presence and interconnectedness provide the most fundamental dimension of any human relationship. The intersubjective relationship between therapist and client could unfold through the body image. This is a constant and non-verbal dimension. Rumble assumes that through this, the clinician could quasi-perceive what the client's experience of its body might be. These perceptions precede the dialogue of the therapy as a kind of 'unthought known' (134). The shared world and the bodily dimension, which mutually help the therapist and the client to resonate with each other, create a third, *hypothetical body*.

[A]s a clinician I possess my own body as a set of present positions as I wait for the client, then stand, greet and sit with the client, for example. But it also seems that the more I am able to instill an inner stillness into my body as I listen to the client, the more the potential of my body image is open to being influenced by the client's embodied presence. A third more elusive body emerges between us, which I experience as a kind of hypothesis 'is this the body you mean?' to be drawn on privately in my own clinical thinking, or shared with the client as seems appropriate (134).

A coherent body-image, which comes about in parallel with the environment, is thus necessary to perceive the world not as a series of disintegrating objects, but as a whole. However, trauma or mental disturbances could break down the coherence of the mind, body, and world unity.³ As much research has shown, trauma is retained as a bodily memory for the survivors (van der Kolk 2014; Orbach 2004). It is a memory that resurfaces again and again in fragmented and dissociated forms. Rumble describes the various disturbances affecting body-image as 'pockets of embodied distress' (Rumble 2010:133). If the 'pockets' disrupt the body-image, the event of the therapeutic relationship becomes questionable, since the bodily background that could mediate the verbally and cognitively formed meanings is missing.

Although Merleau-Ponty's ideas on intersubjectivity add useful and novel insights to our understanding of therapy, the assumption of the hypothetical body in the case of the trauma is blocked. The formation of it could be interrupted by the client's traumatic body memory and the 'pockets of embodied distress.' To find a solution to this seemingly unsolvable problem, Rumble goes one step back and examines the body not only as an intersubjective construction but as a living and sensation-laden material. The body is present in the therapy not only as a hypothesis but also as a living matter through its affects. The body-image is never given, the participants have to create it through their

³ Rumble mentions two extreme examples of the disruption of body coherence. At one end of the scale, there are schizophrenia-like conditions. Here, the body image becomes disintegrated, open, and elusive. As Artaud describes, it becomes a sieve. On the other end,

there are body-image disorders, such as anorexia or bulimia. In this case, an excessively rigid body image develops which is not flexible and cannot respond dynamically to the given situation (Rumble 2010:133).

interaction. However, the materiality of the body is always present, manifested through its sensations. Rumble refers to the psychoanalyst, Armando Ferrari (2004). He assumes that our relationship to the world is first and foremost the consequences of our perceptions and sensations gained through our lived body. On this basis, Ferrari postulates the body as a 'concrete original object:' original because the materiality of the body is not merely the result of abstract relations; concrete because the body provides the here-and-now of the sensation; object because the body is the primary object of consciousness.

To find a solution to this problem, Rumble mentions the theory of affective communication from infant studies (Rumble 2010:136). According to this, there is a specific intersubjective role of the affects from the early, pre-verbal period. It ensures the affect attunement between the infant and his or her caregiver. The child's affective expressions have a communicative function. They anticipate the caregiver's responses. Affective communication among the two, the rhythm and success of the call, and the response determine the emotional relationship between the two parties and also

the quality of their attachment. This is a responsive emotional attunement, in which the caregiver's task is to interpret and then modulate the child's call, thus keeping its arousal within tolerable parameters. Through this, the child can mentalize his or her arousal and affections, which ultimately helps to develop self-regulation.⁴

Consequently, it is impossible to understand consciousness without understanding sensation and corporeality. Mind, body, and world are interwoven like living flesh. In fact, sensations make us think: in sensation the body always wants to let us know something, therefore we have to pay attention to its messages. Normally we are able to interpret them, but in the case of trauma, for example, decoding becomes much more difficult. 'Distress pockets,' mentioned earlier, break down the unity of the body, the mind, and the world. As a result, overwhelming emotions circulate regardless of the body-image, as a kind of energy excess that cannot find its place. Surplus energy acts as a foreign force that overwhelms the person's space for thinking, which dissolves the connection between body and mind. Therapeutic relation has the capacity to reconstruct this split, through the care of the

⁴ In most cases, individuals who undergo therapy have problems not only with their lived body-image but also with their bodily affections. In early intersubjective trauma, for example, the body of the caregiver is an overstimulating sensation for the infant, who cannot insert it into his or her body image. The caregiver could eliminate these intolerable feelings by responding to them with attentiveness and love. This is what Bion (1967) identifies as the container function: the caregiver takes over and contains unbearable feelings (beta elements), fine-tunes the excitement, and then

gives it back to the child in the form of playfulness and joy (alpha elements). On this basis, the feeling is a 'proto-thought,' modulated through care and tamed into thought (Rumble 2010:136). The carer's care provides a container, temporarily taking over overflowing feelings, and creates a sort of free space in the infant's mind which enables them reflection and thinking. In other words, the infant's thinking requires the stable bodily background created by the relationship with the caregiver and their capacity to be the container of the child's feelings.

therapist. It could reproduce the non-verbal, unconscious bodily presence and the hypothetical body image that emerges from the relation. The mutual dialogue shapes the intersubjective dimension of the therapy, or, as Rumble calls it, the 'rhythmic background of the verbal relationship' (Beebe and Lachman, 2002; Rumble 2010:130). As a cause of this background, the client's body starts to behave as it did in the early relationship with the caregiver. In response, the therapist usually develops certain bodily sensations, surprising physical reactions too.

In earlier psychodynamic concepts these have been interpreted as a kind of re-enactment and projective identification which is an avoidable phenomenon on the side of the therapist. However, the bodily responses could be interpreted in relation to the client, as the therapist's body is also an actor in the therapeutic connection. The professional is not just a mere surface of the client's thoughts, by the presence he or she is able to fulfill the same container function that Bion attributed to the carer (136). By this, the therapist becomes a surrogate body that takes over unbearable feelings from the client, and therefore, helps to create free space in their mind to regain the capacity to think. The basis of the intervention is the therapist's ability to track and modulate the client's arousal. To achieve this, it is also important that the therapist has to be aware of his or her relationship to their body.

Based on the coupling which characterizes the intersubjective body, this more containing body might then return to and be felt by the client. The therapist's surrogate body, and the supplementary body it gives rise to, might then allow the milieu which disrupted the client's embodied being to slowly approach and possibly find words (137).

The Centralisation of the Relation in Early Psychoanalytical Theory

An early example of this relational model is the work of Sándor Ferenczi, a Hungarian psychoanalyst, and disciple of Sigmund Freud. Ferenczi puts great emphasis on the therapeutic relationship, the empathy that emerges within it, and the problem of the shared world. He was one of the firsts who placed intersubjectivity at the center of the therapeutic practice (Szecsődy 2007). Ferenczi's theory emphasizes the collapse of the shared world in the case of psychological problems, and thus sees the solution in their reparation. He thematized this idea in his three-phase trauma theory from 1933 (Ferenczi 1933 [2018]). In the first phase, the child is full of trust towards the adults around, but at the same time, he or she is also vulnerable to their internal processes. In the second phase, the adult unexpectedly or repeatedly does something perceived as frightening, painful, or overwhelming by the child. In the third phase, the child wants to understand the incomprehensible situation to be reassured, but the adult does not provide a framework for interpretation, either because he or she does not realize their actions or because of their sense of guilt. As a result, the adult may act as if the incident never happened or even discipline the child.

For Ferenczi, consequently, trauma is dialogic, since it is never an individual event, but an essentially intersubjective experience. Trauma is also the deprivation of meaning, and in many cases by parental power in early childhood. A 'competent infant,' who is not traumatized, slowly becomes able to understand his or her internal states because they are given meaning by the care of the mother

or caregiver (Ferenczi 1929 [2018]). In this sense, the caregiver acts as a kind of translator, tunes the child's emotions in a way that is appropriate to the shared world of the society. Translation is also a learning process. Through this, the child studies to recognize and interpret its inner states in the language of Others. In trauma, however, the parental power either imposes itself on or withdraws itself from the child's personal experiences (Lénárd and Tényi 2001:160.; Winnicott 1971 [2002]). In the process, the person is deprived of the cognition of his or her inner states, which in turn creates a phenomenologically empty self (Fónagy and Target 1997). Through the withdrawal of meaning, the person is alienated from the shared world of symbolic meanings. In the end, the child eventually becomes incompetent in situating his or her experiences in the symbolic and interpersonal space of meanings (Lénárd and Tényi 2001:157).

According to Ferenczi's theory on trauma, subjectivity unfolds through intersubjective relations, starting from the pre-verbal period. The origin of adult psychological problems is the rupture in this early relation, or more precisely, this rupture is the trauma itself (Bálint 1968). From this perspective, therapy has to resolve the traumatic fracture. However, if therapy involves the dis-subjectification of the client, for example through the reductive approach of universal diagnostic systems, the practice reiterates the original trauma at an institutional level. If the trauma is inherently intersubjective, its resolution must also take place within such a framework, in which both parties participate in the here-and-now of the situation and the shared world. This embodied therapeutic relationship opens up a space for jointly constituted meanings and

senses. This would be the essence of Ferenczi's method: through the common meaning-making, the therapist acknowledges the client's feelings, and thus initiates and reinscribes them into the world from which he or she has been alienated through the early trauma (Ferenczi 1931 [2018]).

To maintain empathy and commitment to the client, Ferenczi stresses the importance of the therapist's active, flexible participation in the shared meaning-making process, which sometimes requires alteration from general rules for easier adaptation to the situation. He emphasizes that mutuality prevents authoritarian institutional interpretations. For this Ferenczi proposed the 'active technique' (Bálint 1968; Ferenczi 1931 [2018]) that gives priority to transference from the side of the client and counter-transference by the therapist. In the language of Merleau-Ponty and Rumble, this could provide the intersubjective background of the therapy. The adjective 'active' indicates that here, instead of the emotional abstinence promoted by Freud, the therapist must have been taking an active part of the emotional milieu created in therapy. In Ferenczi's view, an endeavor to quasi-objectivity limits and rigidifies the discourse pattern of the therapy, which could stall the healing work and may also repeat the authoritarian parental power experienced in the original trauma. Therefore, the active, emotional presence of the therapist was a fundamental element of healing for Ferenczi in the early era of psychotherapy (Ferenczi 1931 [2018]; 1932 [1998]).

The analytical situation – i.e., the restrained coolness, the professional hypocrisy, and – hidden behind it, but never revealed – a dislike of the patient, which, nevertheless, he felt in all his being – such a situation was

not essentially different from that which in his childhood had led to the illness. When, in addition to the strain caused by this analytical situation, we imposed on the patient the further burden of reproducing the original trauma, we created a situation that was indeed unbearable. Small wonder that our effort produced no better results than the original trauma (Ferenczi 1933 [2018]: 186).

Conclusion

In modern psy-scientific tradition, the role of the body is not emphasized enough. However, the paradigm of embodiment could serve as an effective framework of therapy to help develop an alternative bodily experience. The idea of embodiment does not only give an extra dimension to therapeutic work. Since our bodily existence grounds our being-in-the-world, without it, neither therapy nor any intersubjective relations are imaginable, as phenomenological thought emphasizes as well. The concept of body-image helps to conceptualize the idea of the shared world in the space of therapy, and the idea of sensation helps to share personal bodily experiences between therapist and client. Furthermore, the interplay between phenomenology and psychology presented by the study illustrates how interdisciplinary thinking could serve as a tool for a critique of mainstream psychology and provide a more complex understanding of trauma, psychic disturbances, and therapeutic relation. Natural scientific psychology could give us useful insights into the physiological laws of the human mind, cognitive processes, and perception; however, it hardly gives any explanation for complex psychic events regarding human existence, like anguish, love, friendship, or guilt (Davis 2011). Phenomenological

thought, on the other hand, could bring us closer to understanding these topics, from the aspect of the ever-changing nature of being. For this reason, elevation to other disciplinary fields would lead us to a profound understanding of our internal states and our relations with others.

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